

2025 Formulary list of covered drugs

InterCommunity Health Network CCO

If you have any questions, please call Customer Service:

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Your pharmacy benefits

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2025.

At IHN-CCO, our aim is to make sure that you get the right medicine (drug) coverage that meets your needs. Many prescriptions (drugs) are covered under your Oregon Health Plan drug coverage, but not all drugs are. Some drugs need a prior approval, some have a limit on how much/many you can get at a given time.

How do you know which ones are covered, and which ones are not? This booklet will let you know what drugs are covered. This is known as our formulary or drug list.

Getting started with our drug list

You can fill your drugs at any pharmacy that is contracted with IHN-CCO.

Some important things for you to know and do before you fill your prescription.

- Ask your provider before you leave their office if your drug is covered.
- If IHN-CCO does not cover the prescription your provider has written for you, ask if there is one that is covered that would work for you.
- If it is not covered and you and/or your provider still want us to consider covering it, ask your provider to submit a request for prior approval.
- If we do approve or cannot approve the request for whatever reason, we will let you and your provider know.

If we are unable to approve a requested drug, we will contact you and your provider and tell you about our appeals process.

Our prior approval reviews are done and overseen by licensed clinical pharmacists using IHN-CCO's Pharmacy and Therapeutics (P&T) committee's guidelines. Our P&T committee is made up of practicing doctors and clinical pharmacists.

Filling a prescription

- You can have your prescription filled at any contracted pharmacy in IHN-CCO's network. A list of network pharmacies is available on our website at IHNtogether.org/Prescriptions.
- Make sure you show your IHN-CCO Member ID card.
- If IHN-CCO covers the drug, or you received prior approval from us to fill your drug, there will be no copay. If a pharmacy asks you to pay for a prescription that we cover, please call our customer service department before paying for it.

How to use the formulary (Drug List)

There are two ways to find your drug on the formulary:

1. **Medical condition:** The drugs in this formulary are grouped into sections. The sections depend on the type of medical conditions that they are used to treat.
2. **Alphabetical listing:** The Index provides an alphabetical (A-Z) list of all of the drugs included on our formulary.

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Generic drugs

A generic drug works the same as brand name drugs. Most times when there is a generic drug available, its brand name will not be covered.

Restrictions on formulary drugs

Although IHN-CCO has a formulary of drugs we cover, some of them may have some rules about their use and how we cover them. These may include

- **Prior authorization (PA):** You will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits (QL):** Our plan limits the amount of the drug that we will cover.
- **Step therapy (ST):** Our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
 - Example:
 - Drug A and drug B both treat your medical condition.
 - We may not cover drug B unless you try drug A first.
 - If drug A does not work for you, we will then cover drug B.

Morphine Milligram Equivalent (MME)

This shows the amount of morphine in milligrams that is equal to the strength of the opioid drug your doctor has prescribed. The Oregon Health Plan has rules in place on how much we can approve at a time if it is your first time taking an opioid.

Over-the-counter (OTC) drugs

IHN-CCO will cover OTC drugs that are on our formulary or drug list. You will need a prescription from your provider for it to be covered.

Drugs not listed in our formulary or drug list

We usually do not cover drugs that are not on our formulary. However, if your provider believes that a drug that is not on our formulary is the best treatment for you, your provider may submit a prior approval to us for review. Usually, your specific drug may be considered for coverage if:

- There is a medical reason you need that particular drug.
- Other drugs on our formulary have not worked for you.

Non-covered drugs

To help you get the most of out of your pharmacy drug benefit, we continually review drugs on our formulary and may add or remove drugs or change our coverage rules on some drugs. If a drug you take is removed from our formulary, we will let you know at least 30 days before the planned change.

There are also certain drugs that are not covered. These include:

- Drugs whose use are not approved by the Food and Drug Administration (FDA).

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2025.

- Drugs that are used to treat conditions that are not covered by the Oregon Health Plan.
- Drugs that are covered directly by the state. These are known as the mental health carve out drugs. A list can be found at oregon.gov/OHA/hsd/ohp/pages/policy-pharmacy.aspx.
- Drugs that are used for cosmetic reasons.
- Drugs to help you get pregnant.
- Drugs used for sexual dysfunction.
- Drugs used for weight loss.
- Drugs used for non-medically accepted indications. These uses are considered experimental or investigational.

Extended day supply

IHN-CCO offers an extended day supply of up to 90 days at a time for certain drugs. If a drug qualifies for a 90-day extended supply, it will show on our online formulary. Drugs that qualify:

- Certain generic diabetes treatments.
- Certain generic hypertension treatments.
- Certain generic cholesterol (statins) treatments.
- Birth controls.

We may also allow an additional fill of a drug in the following situations.

- Your drug is lost or stolen or spilled.
- You need extra drug because you are travelling.
- You need an extra supply to keep at work or at school.
- You need extra drug because your dose was changed.

Emergency Supply

You may need a drug that is not covered by IHN-CCO or has rules on how we cover. Your provider or pharmacist may ask for a up to a five-day emergency. To request an emergency supply, please call customer service.

Vaccinations

IHN-CCO covers listed vaccines at the pharmacy for members 19 years of age and older. Members 18 years and younger must go to their provider's office.

For more information

Please review your member materials for more information about your pharmacy coverage.

List of abbreviations

EA: Each.

PA: Prior authorization.

QL: Quantity limit.

ST: Step therapy.

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Opioid limits:

Opioid anti-tussive limits:

- Liquids: Maximum of 240ML per fill.
- Tablets/capsules: Maximum seven-day supply per fill.

Short-acting opioid limits:

- New to therapy:
 - Maximum of 49.99 MME.
 - Maximum seven-day supply per fill.
- Experience with therapy:
 - Maximum of 89.99 MME.

Long-acting opioid limits:

- PA required.
- Maximum of 89.99 MME.

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| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
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| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | | | |
| *Amphetamine Mixtures*** | | | |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | Tier 1 | | |
| AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | | Tier 1 | QL (1 EA per 1 day) |
| AMPHETAMINE-DEXTROAMPHETAMINE ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG | | Tier 1 | |
| *Amphetamines*** | | | |
| DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | | Tier 1 | PA; QL (1 EA per 1 day) |
| *Anti-Obesity - Glp-1 Receptor Agonists*** | | | |
| WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; QL (0.072 ML per 1 day) |
| WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; QL (0.072 ML per 1 day) |
| WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; QL (0.072 ML per 1 day) |
| WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS | Tier 1 | | PA; QL (0.11 ML per 1 day) |
| WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS | Tier 1 | | PA; QL (0.11 ML per 1 day) |
| *Stimulants - Misc.*** | | | |
| CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | Tier 1 | QL (1 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | Tier 1 | QL (1 EA per 1 day) |
| CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | Tier 1 | QL (2 EA per 1 day) |
| CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | Tier 1 | QL (1 EA per 1 day) |
| DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | | Tier 1 | QL (1 EA per 1 day) |
| DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 1 | |
| METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | | Tier 1 | QL (2 EA per 1 day) |
| METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 20 MG | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL | | Tier 1 | QL (2 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 1 | |
| METHYLPHENIDATE HCL ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG | | Tier 1 | AGE (Max 10 Years) |
| *Allergenic Extracts/Biologicals Misc* | | | |
| *Allergenic Extracts*** | | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU | Tier 1 | | PA |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (20 MG DAILY DOSE) ORAL | Tier 1 | | PA; Specialty |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | Tier 1 | | PA; Specialty |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | Tier 1 | | PA; Specialty |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG | Tier 1 | | PA; Specialty |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG | Tier 1 | | PA; Specialty |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG | Tier 1 | | PA; Specialty |
| *Alternative Medicines* | | | |
| *Alternative Medicine - Cr's*** | | | |
| CRANBERRY ORAL TABLET 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CRANBERRY ULTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| SM CRANBERRY ULTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| SV CRANBERRY ORAL TABLET 500 MG | | Tier 1 | |
| *Alternative Medicine - Me's*** | | | |
| CVS MELATONIN EXTRA STRENGTH ORAL LIQUID 5 MG/15ML | | Tier 1 | |
| CVS MELATONIN GUMMIES ORAL TABLET CHEWABLE 5 MG | | Tier 1 | |
| CVS MELATONIN ORAL CAPSULE 10 MG, 5 MG | | Tier 1 | |
| CVS MELATONIN ORAL LIQUID 5 MG/15ML | | Tier 1 | |
| CVS MELATONIN ORAL TABLET 10 MG, 3 MG, 5 MG | | Tier 1 | |
| CVS MELATONIN ORAL TABLET CHEWABLE 5 MG | | Tier 1 | |
| CVS MELATONIN ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| CVS MELATONIN SUBLINGUAL TABLET SUBLINGUAL 10 MG | | Tier 1 | |
| CVS QUALITY SLEEP ORAL CAPSULE 10 MG | | Tier 1 | |
| FT MELATONIN EXTRA STRENGTH ORAL TABLET CHEWABLE 5 MG | | Tier 1 | |
| FT MELATONIN EXTRA STRENGTH ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| FT MELATONIN ORAL TABLET 3 MG | | Tier 1 | |
| GNP MELATONIN MAXIMUM STRENGTH ORAL TABLET 5 MG | | Tier 1 | |
| GNP MELATONIN ORAL TABLET 3 MG | | Tier 1 | |
| GNP MELATONIN SUBLINGUAL TABLET SUBLINGUAL 10 MG | | Tier 1 | |
| HM MELATONIN ORAL TABLET 5 MG | | Tier 1 | |
| HM MELATONIN QUICK DISSOLVE ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| HM MELATONIN SUBLINGUAL TABLET SUBLINGUAL 10 MG | | Tier 1 | |
| KP MELATONIN ORAL TABLET 3 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MELATONIN ER ORAL TABLET EXTENDED RELEASE 5 MG | | Tier 1 | |
| MELATONIN EXTRA STRENGTH ORAL LIQUID 5 MG/15ML | | Tier 1 | |
| MELATONIN EXTRA STRENGTH ORAL TABLET 10 MG | | Tier 1 | |
| MELATONIN EXTRA STRENGTH ORAL TABLET CHEWABLE 5 MG | | Tier 1 | |
| MELATONIN FAST DISSOLVE MAX ST ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| MELATONIN FAST DISSOLVE ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| MELATONIN GUMMIES ORAL TABLET CHEWABLE 5 MG | | Tier 1 | |
| MELATONIN MAXIMUM STRENGTH ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| MELATONIN ORAL CAPSULE 1 MG, 10 MG, 3 MG, 5 MG | | Tier 1 | |
| MELATONIN ORAL TABLET 1 MG, 10 MG, 3 MG, 300 MCG, 5 MG | | Tier 1 | |
| MELATONIN ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| MELATONIN QUICK DISSOLVE ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| MELATONIN QUICK DISSOLVE SUBLINGUAL TABLET SUBLINGUAL 10 MG | | Tier 1 | |
| MELATONIN SUBLINGUAL TABLET SUBLINGUAL 10 MG, 3 MG | | Tier 1 | |
| QC MELATONIN MAX ST ORAL TABLET 5 MG | | Tier 1 | |
| QC MELATONIN QUICK DISSOLVE ORAL TABLET DISPERSIBLE 10 MG | | Tier 1 | |
| RA MELATONIN ORAL TABLET 10 MG, 3 MG, 5 MG | | Tier 1 | |
| SLEEP GUMMIES ORAL TABLET CHEWABLE 5 MG | | Tier 1 | |
| SM MELATONIN ORAL TABLET 3 MG, 5 MG | | Tier 1 | |
| SV MELATONIN ORAL TABLET 5 MG | | Tier 1 | |
| YUMVS MELATONIN ORAL TABLET CHEWABLE (MELATONIN) 5 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------------------|
| *Alternative Medicine Combinations - Two Ingredients*** | | | |
| FISH OIL + D3 ORAL CAPSULE 1200-1000 MG-UNIT | | Tier 1 | Extended DS (90 Days) |
| FISH OIL-VITAMIN D ORAL CAPSULE 1200-1000 MG-UNIT | | Tier 1 | Extended DS (90 Days) |
| MELATONIN-PYRIDOXINE ORAL TABLET 1-10 MG | | Tier 1 | |
| OMEGA-3 FISH OIL-VITAMIN D3 ORAL CAPSULE 1200-1000 MG-UNIT | | Tier 1 | Extended DS (90 Days) |
| *Aminoglycosides* | | | |
| *Aminoglycosides*** | | | |
| HUMATIN ORAL CAPSULE 250 MG | Tier 1 | | |
| NEOMYCIN SULFATE ORAL TABLET 500 MG | | Tier 1 | |
| *Analgesics - Anti-Inflammatory* | | | |
| *Antirheumatic - Janus Kinase (Jak) Inhibitors*** | | | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | Tier 1 | | PA; Specialty; QL (12 ML per 1 day) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| XELJANZ ORAL TABLET 5 MG | Tier 1 | | PA; Specialty |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | Tier 1 | | PA; Specialty |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | | |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | | Tier 1 | PA; Specialty |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | | Tier 1 | PA; Specialty |
| ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | | Tier 1 | PA; Specialty |
| ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML | | Tier 1 | PA; Specialty |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML | Tier 1 | | PA; Specialty |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--|
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML | Tier 1 | | PA; Specialty |
| SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.036 ML per 1 day) |
| SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.018 ML per 1 day) |
| SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.036 ML per 1 day) |
| SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.018 ML per 1 day) |
| YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | Tier 1 | | PA; Specialty |
| *Cyclooxygenase 2 (Cox-2) Inhibitors*** | | | |
| CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG | | Tier 1 | |
| *Interleukin-1 Receptor Antagonist (IL-1Ra)*** | | | |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | Tier 1 | | PA; Specialty |
| *Interleukin-6 Receptor Inhibitors*** | | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | Tier 1 | | PA; Specialty; QL (0.13 ML per 1 day) |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 1 | | PA; Specialty; QL (0.13 ML per 1 day) |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | Tier 1 | | PA; Specialty |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | Tier 1 | | PA; Specialty; QL (0.13 ML per 1 day) |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 1 | | PA; Specialty; QL (0.13 ML per 1 day) |
| *Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** | | | |
| ADDAPRIN ORAL TABLET (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE (IBUPROFEN JUNIOR STRENGTH) 100 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| ADVIL LIQUI-GELS MINIS ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ADVIL MIGRAINE ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| ADVIL ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| ADVIL ORAL TABLET (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| ALEVE ORAL TABLET 220 MG | Tier 1 | | |
| ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| ALL DAY RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| CHILDRENS ADVIL ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| CHILDRENS IBUPROFEN 100 ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| CHILDRENS MEDI-PROFEN ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| CHILDRENS MOTRIN ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| CVS ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| CVS CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| CVS IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| CVS IBUPROFEN CHILDRENS ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| CVS IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| CVS IBUPROFEN JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| CVS IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| CVS IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| CVS NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG | | Tier 1 | |
| EQ ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| EQ IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQ IBUPROFEN JUNIOR ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| EQ IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| EQ IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| EQ NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| EQL CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| EQL IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| EQL IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| EQL IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| EQL NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| FLANAX ORAL TABLET 220 MG | Tier 1 | | |
| FT ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| FT IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| FT IBUPROFEN IB CHILDRENS ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| FT IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| FT IBUPROFEN MINIS ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| FT IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| FT IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| FT PAIN RELIEF ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| GNP CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| GNP IBUPROFEN CHILDRENS ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| GNP IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| GNP IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| GNP NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE IBUPROFEN CHILDRENS ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GOODSENSE IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| HM IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| HM IBUPROFEN IB ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| HM IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| HM IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| HM NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| HY-VEE ALL DAY RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| IBUPROFEN 100 JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| INDOMETHACIN ORAL CAPSULE 25 MG, 50 MG | | Tier 1 | |
| INFANTS ADVIL ORAL SUSPENSION (GNP IBUPROFEN INFANTS) 50 MG/1.25ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| INFANTS IBUPROFEN ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| I-PRIN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| KLS IBUPROFEN IB ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| KLS IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| MEDI-FIRST IBUPROFEN ORAL TABLET (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MEDI-PROFEN ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MEDI-PROFEN ORAL SUSPENSION (GNP IBUPROFEN INFANTS) 40 MG/ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MEDI-PROFEN ORAL TABLET (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MEDI-PROFEN ORAL TABLET (NAPROXEN SODIUM) 220 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MEIJER IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| MELOXICAM ORAL TABLET 15 MG, 7.5 MG | | Tier 1 | Extended DS (90 Days) |
| MM IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| MOTRIN CHILDRENS ORAL TABLET CHEWABLE (IBUPROFEN JUNIOR STRENGTH) 100 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MOTRIN IB ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MOTRIN IB ORAL TABLET (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| MOTRIN INFANTS DROPS ORAL SUSPENSION (GNP IBUPROFEN INFANTS) 50 MG/1.25ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| NABUMETONE ORAL TABLET 500 MG, 750 MG | | Tier 1 | |
| NAPROXEN ORAL TABLET 250 MG, 375 MG, 500 MG | | Tier 1 | Extended DS (90 Days) |
| NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG | | Tier 1 | Extended DS (90 Days) |
| PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG | Tier 1 | | |
| PROPRINAL ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| PX ALL DAY RELIEF ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| PX CHILDRENS PROFEN IB ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| PX IBUPROFEN JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| PX IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| PX INFANTS PROFEN IB ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| QC CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| QC IBUPROFEN IB ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| QC IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| QC IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| QC NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| RA IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| RA IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| RA IBUPROFEN JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| RA IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| RA IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| RA NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| RA PAIN RELIEF IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| SB IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| SB INFANTS IBUPROFEN ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| SB NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| SM CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| SM IBUPROFEN IB CHILDRENS ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| SM IBUPROFEN IB ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| SM IBUPROFEN IB ORAL TABLET CHEWABLE 100 MG | | Tier 1 | Extended DS (90 Days) |
| SM IBUPROFEN ORAL CAPSULE 200 MG | | Tier 1 | Extended DS (90 Days) |
| SM IBUPROFEN ORAL TABLET 200 MG | | Tier 1 | Extended DS (90 Days) |
| SM INFANTS IBUPROFEN ORAL SUSPENSION 50 MG/1.25ML | | Tier 1 | Extended DS (90 Days) |
| SM NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 1 | Extended DS (90 Days) |
| SULINDAC ORAL TABLET 150 MG, 200 MG | | Tier 1 | |
| WAL-PROFEN ORAL CAPSULE (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| WAL-PROFEN ORAL TABLET (IBUPROFEN) 200 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| *Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| OTEZLA ORAL TABLET 30 MG | Tier 1 | | PA; Specialty |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|--|
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | Tier 1 | | PA; Specialty |
| *Pyrimidine Synthesis Inhibitors*** | | | |
| LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG | | Tier 1 | |
| *Selective Costimulation Modulators*** | | | |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | Tier 1 | | PA; Specialty |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | Tier 1 | | PA; Specialty |
| *Soluble Tumor Necrosis Factor Receptor Agents*** | | | |
| ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.072 ML per 1 day) |
| ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.143 ML per 1 day) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | Tier 1 | | PA; Specialty; QL (0.143 ML per 1 day) |
| *Analgesics - Nonnarcotic* | | | |
| *Analgesic Combinations*** | | | |
| EXCEDRIN TENSION HEADACHE ORAL TABLET (TENSION HEADACHE) 500-65 MG | Tier 1 | Tier 1 | |
| PANADOL EXTRA ORAL TABLET (TENSION HEADACHE) 500-65 MG | Tier 1 | Tier 1 | |
| RA TENSION HEADACHE ORAL TABLET 500-65 MG | | Tier 1 | |
| *Analgesics Other*** | | | |
| ACETAMINOPHEN CHILDRENS ORAL SOLUTION 160 MG/5ML | | Tier 1 | |
| ACETAMINOPHEN CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| ACETAMINOPHEN EXTRA STRENGTH ORAL CAPSULE 500 MG | | Tier 1 | |
| ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| ACETAMINOPHEN INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| ACETAMINOPHEN JUNIOR STRENGTH ORAL TABLET DISPERSIBLE 160 MG | | Tier 1 | |
| ACETAMINOPHEN ORAL LIQUID 160 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| ACETAMINOPHEN ORAL SOLUTION 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML | | Tier 1 | |
| ACETAMINOPHEN ORAL SUSPENSION 650 MG/20.3ML | | Tier 1 | |
| ACETAMINOPHEN RAPID TABS CHILD ORAL TABLET DISPERSIBLE 80 MG | | Tier 1 | |
| AMINOFEN ORAL TABLET 325 MG | | Tier 1 | |
| APHEN ORAL TABLET (ACETAMINOPHEN) 325 MG | Tier 1 | Tier 1 | |
| BETATEMP CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| CHILDRENS ACETAMINOPHEN ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| CHILDRENS ASPIRIN FREE ORAL ELIXIR 80 MG/2.5ML | | Tier 1 | |
| CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE (CHILDRENS APAP) 80 MG | Tier 1 | Tier 1 | |
| CHILDRENS NON-ASPIRIN ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| CHILDRENS NON-ASPIRIN ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| CHILDRENS PAIN RELIEVER ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| CURANOL ORAL LIQUID 160 MG/5ML | | Tier 1 | |
| CVS ACETAMINOPHEN EX ST ORAL LIQUID 500 MG/15ML | | Tier 1 | |
| CVS ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 1 | |
| CVS ACETAMINOPHEN ORAL LIQUID 500 MG/15ML | | Tier 1 | |
| CVS ACETAMINOPHEN ORAL TABLET 325 MG | | Tier 1 | |
| CVS CHILDS NON-ASPIRIN ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| CVS FEVER REDUCING CHILDRENS RECTAL SUPPOSITORY 120 MG | | Tier 1 | |
| CVS INFANTS PAIN RELIEF DROPS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| CVS NON-ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| CVS NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CVS PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| CVS PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| CVS PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| CVS PAIN RELIEF ORAL TABLET 500 MG | | Tier 1 | |
| CVS PAIN RELIEF REGULAR ST ORAL TABLET 325 MG | | Tier 1 | |
| ED-APAP ORAL LIQUID 160 MG/5ML | | Tier 1 | |
| EQ ACETAMINOPHEN ORAL TABLET 325 MG, 500 MG | | Tier 1 | |
| EQ PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| EQ PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| EQ PAIN RELIEF/RAPID BURST ORAL LIQUID 500 MG/15ML | | Tier 1 | |
| EQ PAIN RELIEVER EX ST ORAL TABLET 500 MG | | Tier 1 | |
| EQ PAIN RELIEVER ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| EQ PAIN RELIEVER ORAL TABLET 325 MG, 500 MG | | Tier 1 | |
| EQL ACETAMINOPHEN CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| EQL ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 1 | |
| EQL ACETAMINOPHEN ORAL TABLET 325 MG | | Tier 1 | |
| FEVERALL ADULTS RECTAL SUPPOSITORY (ACETAMINOPHEN) 650 MG | Tier 1 | Tier 1 | |
| FEVERALL CHILDRENS RECTAL SUPPOSITORY (ACETAMINOPHEN) 120 MG | Tier 1 | Tier 1 | |
| FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG | Tier 1 | | |
| FT PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| FT PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FT PAIN RELIEF ADULT EXTRA ST ORAL TABLET 500 MG | | Tier 1 | |
| FT PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| FT PAIN RELIEF ORAL TABLET 325 MG | | Tier 1 | |
| FT PAIN RELIEVER EX STR ADULT ORAL TABLET 500 MG | | Tier 1 | |
| GNP ACETAMINOPHEN ORAL TABLET 325 MG | | Tier 1 | |
| GNP CHILDREN'S PAIN & FEVER ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| GNP INFANTS PAIN/FEVER ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| GNP PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| GNP PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| GNP PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| GNP PAIN RELIEF ORAL TABLET 325 MG | | Tier 1 | |
| GOODSENSE PAIN & FEVER CHILD ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| GOODSENSE PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| GOODSENSE PAIN RELIEF EXTRA ST ORAL TABLET 500 MG | | Tier 1 | |
| GOODSENSE PAIN RELIEF ORAL TABLET 325 MG | | Tier 1 | |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET (ACETAMINOPHEN) 500 MG | Tier 1 | Tier 1 | |
| HM PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| HM PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| HM PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| HM PAIN RELIEVE CHILD DYE-FREE ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| HM PAIN RELIEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| HM PAIN RELIEVER ORAL TABLET 325 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| INFANTS PAIN & FEVER ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| KLS ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 1 | |
| LIQUID ACETAMINOPHEN ORAL LIQUID 160 MG/5ML | | Tier 1 | |
| LIQUID PAIN RELIEF ORAL LIQUID 160 MG/5ML | | Tier 1 | |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID (CHILDRENS SILAPAP) 160 MG/5ML | Tier 1 | Tier 1 | |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID (PAIN RELIEVER) 500 MG/15ML | Tier 1 | Tier 1 | |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE (CHILDRENS APAP) 80 MG | Tier 1 | Tier 1 | |
| MAPAP ORAL CAPSULE 500 MG | | Tier 1 | |
| MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID (CHILDRENS SILAPAP) 160 MG/5ML | Tier 1 | Tier 1 | |
| MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| MAX RELIEF JUNIOR ORAL ELIXIR (APRA) 160 MG/5ML | Tier 1 | Tier 1 | |
| MEDI-TABS CHILDRENS ORAL ELIXIR (APRA) 80 MG/2.5ML | Tier 1 | Tier 1 | |
| MEDI-TABS EXTRA STRENGTH ORAL TABLET (ACETAMINOPHEN) 500 MG | Tier 1 | Tier 1 | |
| MEIJER ASPIRIN FREE ORAL TABLET 325 MG, 500 MG | | Tier 1 | |
| MM ACETAMINOPHEN EX STR ORAL TABLET (ACETAMINOPHEN) 500 MG | Tier 1 | Tier 1 | |
| M-PAP ORAL LIQUID 160 MG/5ML | | Tier 1 | |
| NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| NON-ASPIRIN ORAL TABLET 325 MG, 500 MG | | Tier 1 | |
| NON-ASPIRIN PAIN RELIEF ORAL TABLET 325 MG | | Tier 1 | |
| PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| PAIN & FEVER KIDS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| PAIN AND FEVER RELIEF KIDS ORAL LIQUID 160 MG/5ML | | Tier 1 | |
| PAIN RELIEF CHILDRENS ORAL ELIXIR 160 MG/5ML | | Tier 1 | |
| PAIN RELIEF CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| PAIN RELIEF EXTRA STRENGTH ORAL CAPSULE 500 MG | | Tier 1 | |
| PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| PAIN RELIEF ORAL LIQUID 500 MG/15ML | | Tier 1 | |
| PAIN RELIEF REGULAR STRENGTH ORAL TABLET 325 MG | | Tier 1 | |
| PAIN RELIEVER EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| PAIN RELIEVER FOR ADULTS ORAL TABLET 500 MG | | Tier 1 | |
| PAIN RELIEVER ORAL TABLET 325 MG | | Tier 1 | |
| PAIN RELIEVER/FEVER REDUCER RECTAL SUPPOSITORY 120 MG | | Tier 1 | |
| PANADOL CHILDRENS ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| PANADOL EXTRA STRENGTH ORAL TABLET (ACETAMINOPHEN) 500 MG | Tier 1 | Tier 1 | |
| PANADOL INFANTS ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| PEDIACARE CHILDREN ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| PEDIACARE INFANTS ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| PHARBETOL EXTRA STRENGTH ORAL TABLET (ACETAMINOPHEN) 500 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PHARBETOL ORAL TABLET (ACETAMINOPHEN) 325 MG | Tier 1 | Tier 1 | |
| PX CHILDRENS PAIN RELIEF ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| PX PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| QC ACETAMINOPHEN INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| QC NON-ASPIRIN CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| QC NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| QC PAIN RELIEF CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| QC PAIN RELIEF EXTRA STRENGTH ORAL LIQUID 500 MG/15ML | | Tier 1 | |
| QC PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| QC PAIN RELIEF INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| QC PAIN RELIEF ORAL TABLET 325 MG | | Tier 1 | |
| RA ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 1 | |
| RA ACETAMINOPHEN ORAL TABLET 325 MG | | Tier 1 | |
| RA CHILDRENS FEVER/PAIN ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| RA FEVER REDUCER/PAIN RELIEVER ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| RA PAIN RELIEF ACETAMINOPHEN ORAL TABLET 325 MG, 500 MG | | Tier 1 | |
| RA PAIN RELIEVER EX ST ORAL LIQUID 500 MG/15ML | | Tier 1 | |
| SB CHILDRENS NON-ASPIRIN ORAL TABLET DISPERSIBLE 80 MG | | Tier 1 | |
| SB NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| SB NON-ASPIRIN JR STRENGTH ORAL TABLET DISPERSIBLE 160 MG | | Tier 1 | |
| SB NON-ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| SB NON-ASPIRIN ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SB PAIN RELIEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| SB PAIN RELIEVER EX ST ORAL TABLET 500 MG | | Tier 1 | |
| SM PAIN & FEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| SM PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| SM PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 1 | |
| SM PAIN RELIEF ORAL TABLET 500 MG | | Tier 1 | |
| SM PAIN RELIEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | | Tier 1 | |
| SM PAIN RELIEVER EX ST ORAL TABLET 500 MG | | Tier 1 | |
| SM PAIN RELIEVER ORAL TABLET 325 MG | | Tier 1 | |
| SM RAPID MELTS JUNIOR ORAL TABLET DISPERSIBLE 160 MG | | Tier 1 | |
| TYLENOL CHILDRENS ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| TYLENOL EXTRA STRENGTH ORAL TABLET (ACETAMINOPHEN) 500 MG | Tier 1 | Tier 1 | |
| TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION (ACETAMINOPHEN) 160 MG/5ML | Tier 1 | Tier 1 | |
| TYLENOL ORAL CAPSULE (CVS ACETAMINOPHEN) 325 MG | Tier 1 | Tier 1 | |
| TYLENOL ORAL TABLET (ACETAMINOPHEN) 325 MG | Tier 1 | Tier 1 | |
| *Analgesics-Sedatives*** | | | |
| BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG | Tier 1 | Tier 1 | QL (20 EA per 30 days) |
| BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE 50-300-40 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG | | Tier 1 | QL (20 EA per 30 days) |
| *Salicylate Combinations*** | | | |
| BUFFERIN ORAL TABLET (SM ASPIRIN TRI-BUFFERED) 325 MG | Tier 1 | Tier 1 | |
| TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| *Salicylates*** | | | |
| ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN EC ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN RECTAL SUPPOSITORY 300 MG | | Tier 1 | |
| ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ASPIRIN TABLET DELAYED RELEASE 81 MG ORAL | | Tier 1 | Extended DS (90 Days) |
| BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG | Tier 1 | | |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | | |
| BAYER ASPIRIN ORAL TABLET (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |
| BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG | Tier 1 | | |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | | |
| CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ASPIRIN EC TABLET DELAYED RELEASE 325 MG ORAL | | Tier 1 | |
| CVS ASPIRIN EC TABLET DELAYED RELEASE 81 MG ORAL | | Tier 1 | Extended DS (90 Days) |
| CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| CVS ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| CVS GENUINE ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | | |
| ECOTRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |
| EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| EQ ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EQL ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| FT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| FT ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| FT ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| FT ENTERIC COATED ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| GENUINE ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| GNP ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| GNP ASPIRIN TABLET DELAYED RELEASE 325 MG ORAL | | Tier 1 | |
| GNP ASPIRIN TABLET DELAYED RELEASE 81 MG ORAL | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE ASPIRIN ADULTS ORAL TABLET 325 MG | | Tier 1 | |
| GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| HM ADULT ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| HM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| HM ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| HM ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| MEDI-FIRST ASPIRIN ORAL TABLET (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |
| MEDIQUE ASPIRIN ORAL TABLET (ASPIRIN) 325 MG | Tier 1 | Tier 1 | |
| MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| PX ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| PX ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| PX ENTERIC ASPIRIN TABLET DELAYED RELEASE 325 MG ORAL | | Tier 1 | |
| PX ENTERIC ASPIRIN TABLET DELAYED RELEASE 81 MG ORAL | | Tier 1 | Extended DS (90 Days) |
| QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| QC ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| QC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| QC ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| RA ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| RA ASPIRIN EC TABLET DELAYED RELEASE 325 MG ORAL | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| RA ASPIRIN EC TABLET DELAYED RELEASE 81 MG ORAL | | Tier 1 | Extended DS (90 Days) |
| RA ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| SB ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| SB ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | | Tier 1 | |
| SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SM ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | Extended DS (90 Days) |
| SM ASPIRIN ORAL TABLET 325 MG | | Tier 1 | |
| SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG | | Tier 1 | Extended DS (90 Days) |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | | |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG | Tier 1 | | |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | | |
| *Analgesics - Opioid* | | | |
| *Codeine Combinations*** | | | |
| ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML, 300-30 MG/12.5ML | | Tier 1 | QL (136 ML per 1 day) |
| ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL | | Tier 1 | QL (13 EA per 1 day) |
| ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL | | Tier 1 | QL (10 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|----------------------------|
| ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL | | Tier 1 | QL (10 EA per 1 day) |
| *Dihydrocodeine Combinations*** | | | |
| APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG | | Tier 1 | QL (12 EA per 1 day) |
| *Hydrocodone Combinations*** | | | |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 10-325 MG/15ML ORAL | | Tier 1 | QL (73.5 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL | | Tier 1 | QL (98 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL | | Tier 1 | QL (98 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL | | Tier 1 | QL (98 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL | | Tier 1 | QL (4 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL | | Tier 1 | QL (4 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL | | Tier 1 | QL (9 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL | | Tier 1 | QL (9 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL | | Tier 1 | QL (6 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL | | Tier 1 | QL (6 EA per 1 day) |
| HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL | | Tier 1 | QL (4 EA per 1 day) |
| HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL | | Tier 1 | QL (9 EA per 1 day) |
| HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL | | Tier 1 | QL (6 EA per 1 day) |
| LORTAB ORAL ELIXIR 10-300 MG/15ML | Tier 1 | | QL (73.5 ML per 1 day) |
| *Opioid Agonists*** | | | |
| CODEINE SULFATE TABLET 15 MG ORAL | | Tier 1 | QL (21 EA per 1 day) |
| CODEINE SULFATE TABLET 30 MG ORAL | | Tier 1 | QL (10 EA per 1 day) |
| CODEINE SULFATE TABLET 60 MG ORAL | | Tier 1 | QL (5 EA per 1 day) |
| FENTANYL TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR | | Tier 1 | PA; QL (0.34 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL | | Tier 1 | PA; QL (2 EA per 1 day) |
| HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL | | Tier 1 | PA; QL (2 EA per 1 day) |
| HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL | | Tier 1 | PA; QL (2 EA per 1 day) |
| HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL | | Tier 1 | PA; QL (2 EA per 1 day) |
| HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL | | Tier 1 | PA; QL (2 EA per 1 day) |
| HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL | | Tier 1 | PA; QL (4 EA per 1 day) |
| HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | | Tier 1 | PA; QL (1 EA per 1 day) |
| HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG | | Tier 1 | PA; QL (2 EA per 1 day) |
| HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML | | Tier 1 | QL (12.25 ML per 1 day) |
| HYDROMORPHONE HCL TABLET 2 MG ORAL | | Tier 1 | QL (6 EA per 1 day) |
| HYDROMORPHONE HCL TABLET 4 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| HYDROMORPHONE HCL TABLET 8 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML | | Tier 1 | QL (49 ML per 1 day) |
| MEPERIDINE HCL ORAL TABLET 50 MG | | Tier 1 | QL (9 EA per 1 day) |
| METHADONE HCL INTENSOL ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML | Tier 1 | Tier 1 | |
| METHADONE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML | | Tier 1 | |
| METHADONE HCL ORAL TABLET 10 MG, 5 MG | | Tier 1 | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| METHADOSE ORAL TABLET SOLUBLE (METHADONE HCL) 40 MG | Tier 1 | Tier 1 | QL (180 EA per 30 days) |
| MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML | | Tier 1 | QL (2.4 ML per 1 day) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | | Tier 1 | PA; QL (2 EA per 1 day) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | | Tier 1 | PA; QL (1 EA per 1 day) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL | | Tier 1 | PA; QL (1 EA per 1 day) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL | | Tier 1 | PA; QL (1 EA per 1 day) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL | | Tier 1 | PA; QL (1 EA per 1 day) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL | | Tier 1 | PA; QL (1 EA per 1 day) |
| MORPHINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG | | Tier 1 | PA; QL (2 EA per 1 day) |
| MORPHINE SULFATE ER ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG | | Tier 1 | PA; QL (3 EA per 1 day) |
| MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL | | Tier 1 | QL (24.5 ML per 1 day) |
| MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL | | Tier 1 | QL (12.25 ML per 1 day) |
| MORPHINE SULFATE TABLET 15 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| MORPHINE SULFATE TABLET 30 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | Tier 1 | | PA; QL (2 EA per 1 day) |
| NUCYNTA TABLET 100 MG ORAL | Tier 1 | | QL (1 EA per 1 day) |
| NUCYNTA TABLET 50 MG ORAL | Tier 1 | | QL (2 EA per 1 day) |
| NUCYNTA TABLET 75 MG ORAL | Tier 1 | | QL (1 EA per 1 day) |
| OXYCODONE HCL ORAL CAPSULE 5 MG | | Tier 1 | QL (6 EA per 1 day) |
| OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML | | Tier 1 | QL (1.6 ML per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| OXYCODONE HCL ORAL SOLUTION 5 MG/5ML | | Tier 1 | QL (32.6 ML per 1 day) |
| OXYCODONE HCL TABLET 10 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| OXYCODONE HCL TABLET 15 MG ORAL | | Tier 1 | QL (2 EA per 1 day) |
| OXYCODONE HCL TABLET 20 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| OXYCODONE HCL TABLET 30 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| OXYCODONE HCL TABLET 5 MG ORAL | | Tier 1 | QL (6 EA per 1 day) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 10 MG, 20 MG, 40 MG, 80 MG | Tier 1 | Tier 1 | PA; QL (4 EA per 1 day) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 60 MG | Tier 1 | | PA; QL (4 EA per 1 day) |
| OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG | | Tier 1 | PA; QL (4 EA per 1 day) |
| OXYMORPHONE HCL TABLET 10 MG ORAL | | Tier 1 | QL (1 EA per 1 day) |
| OXYMORPHONE HCL TABLET 5 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL | Tier 1 | | QL (2 EA per 1 day) |
| ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL | Tier 1 | | QL (1 EA per 1 day) |
| TRAMADOL HCL TABLET 100 MG ORAL | | Tier 1 | QL (4 EA per 1 day) |
| TRAMADOL HCL TABLET 50 MG ORAL | | Tier 1 | QL (8 EA per 1 day) |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | Tier 1 | | PA; QL (4 EA per 1 day) |
| *Opioid Combinations*** | | | |
| ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) | Tier 1 | Tier 1 | QL (3 EA per 1 day) |
| ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) | Tier 1 | Tier 1 | QL (12 EA per 1 day) |
| ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) | Tier 1 | Tier 1 | QL (6 EA per 1 day) |
| ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) | Tier 1 | Tier 1 | QL (4 EA per 1 day) |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | | Tier 1 | QL (32.6 ML per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| *Opioid Partial Agonists*** | | | |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.046 ML per 1 day) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.069 ML per 1 day) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.092 ML per 1 day) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.023 ML per 1 day) |
| BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.013 ML per 1 day) |
| BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.007 ML per 1 day) |
| BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.01 ML per 1 day) |
| BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL | | Tier 1 | QL (3 EA per 1 day) |
| BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL | | Tier 1 | QL (4 EA per 1 day) |
| BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL | | Tier 1 | QL (2 EA per 1 day) |
| BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL | | Tier 1 | QL (90 EA per 23 days) |
| BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL | | Tier 1 | QL (90 EA per 30 days) |
| BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL | | Tier 1 | QL (4 EA per 1 day) |
| BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL | | Tier 1 | QL (3 EA per 1 day) |
| BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL | | Tier 1 | QL (4 EA per 1 day) |
| BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR | | Tier 1 | PA; QL (0.15 EA per 1 day) |
| BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML | | Tier 1 | QL (2.5 ML per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG | | Tier 1 | QL (5 EA per 1 day) |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.018 ML per 1 day) |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS | Tier 1 | | Specialty; QL (0.054 ML per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | Tier 1 | | QL (3 EA per 1 day) |
| *Tramadol Combinations*** | | | |
| TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG | | Tier 1 | QL (8 EA per 1 day) |
| *Androgens-Anabolic* | | | |
| *Androgens*** | | | |
| TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML | | Tier 1 | |
| TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML | | Tier 1 | |
| TESTOSTERONE TRANSDERMAL GEL 1.62 %, 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) | | Tier 1 | PA |
| TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT | | Tier 1 | PA |
| *Anorectal And Related Products* | | | |
| *Intrarectal Steroids*** | | | |
| CORTIFOAM EXTERNAL FOAM 10 % | Tier 1 | | |
| HYDROCORTISONE RECTAL ENEMA 100 MG/60ML | | Tier 1 | |
| *Rectal Steroids*** | | | |
| PREPARATION H EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 1 % | Tier 1 | Tier 1 | |
| PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 1 % | Tier 1 | Tier 1 | |
| PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 % | Tier 1 | Tier 1 | |
| PROCTOSOL HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PROCTOZONE-HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 % | Tier 1 | Tier 1 | |
| *Antacids* | | | |
| *Antacid & Simethicone*** | | | |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION (ANTACID/SIMETHICONE DS) 400-400-40 MG/5ML | Tier 1 | Tier 1 | |
| ALUM & MAG HYDROXIDE-SIMETH ORAL SUSPENSION 1200-1200-120 MG/30ML | | Tier 1 | |
| ANTACID & ANTI-GAS MAX STR ORAL SUSPENSION 800-800-80 MG/10ML | | Tier 1 | |
| ANTACID & ANTIGAS ORAL SUSPENSION 200-200-20 MG/5ML, 2400-2400-240 MG/30ML | | Tier 1 | |
| ANTACID ADVANCED ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| ANTACID ANTI-GAS MAX STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID ANTI-GAS REG STRENGTH ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| ANTACID FAST RELIEF ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID I ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID III ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| ANTACID LIQUID ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID M ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML, 800-800-80 MG/10ML | | Tier 1 | |
| ANTACID ORAL SUSPENSION 200-200-20 MG/5ML, 400-400-40 MG/10ML | | Tier 1 | |
| ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| ANTACID/ANTIGAS ORAL SUSPENSION 400-400-40 MG/10ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| COMFORT GEL ANTACID & ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| COMFORT GEL ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML, 400-400-40 MG/5ML | | Tier 1 | |
| COMFORT GEL ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| CVS ANTACID PLUS ANTIGAS ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| CVS ANTACID/ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML, 400-400-40 MG/5ML | | Tier 1 | |
| EQ ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| EQ ANTACID/ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| EQL ANTACID ADVANCED MAX ST ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| EQL ANTACID/ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| FT ANTACID & ANTIGAS ORAL SUSPENSION 200-200-20 MG/5ML, 400-400-40 MG/5ML | | Tier 1 | |
| GERI-LANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| GERI-MOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| GERI-MOX ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| GNP ANTACID & ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML, 400-400-40 MG/5ML | | Tier 1 | |
| GNP ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| GOODSENSE ADVANCED ANTACID ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| GOODSENSE ANTACID & GAS RELIEF ORAL SUSPENSION 400-400-40 MG/10ML, 400-400-40 MG/5ML, 800-800-80 MG/10ML | | Tier 1 | |
| HM ANTACID ANTI-GAS EX ST ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| HM ANTACID ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| HYVEE ADVANCED ANTACID ORAL SUSPENSION (ANTACID/SIMETHICONE DS) 400-400-40 MG/5ML | Tier 1 | Tier 1 | |
| MAALOX MAX ORAL SUSPENSION (ANTACID/SIMETHICONE DS) 400-400-40 MG/5ML | Tier 1 | Tier 1 | |
| MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION (ANTACID/SIMETHICONE DS) 400-400-40 MG/5ML | Tier 1 | Tier 1 | |
| MAG-AL PLUS ORAL LIQUID 200-200-20 MG/5ML | | Tier 1 | |
| MAG-AL PLUS XS ORAL LIQUID 400-400-40 MG/5ML | | Tier 1 | |
| MAGNESIUM-ALUMINUM-SIMETHICONE ORAL SUSPENSION 2400-2400-240 MG/30ML | | Tier 1 | |
| MEIJER ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| MEIJER ANTACID ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| MINTOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION (ANTACID/SIMETHICONE DS) 400-400-40 MG/5ML | Tier 1 | Tier 1 | |
| MYLANTA TONIGHT ORAL SUSPENSION 800-270-80 MG/10ML | Tier 1 | | |
| PX ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| PX ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| QC ANTACID ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| QC ANTACID/ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML, 400-400-40 MG/10ML, 400-400-40 MG/5ML | | Tier 1 | |
| QC ANTACID/ANTIGAS ORAL SUSPENSION 400-400-40 MG/10ML | | Tier 1 | |
| RA ANTACID/ANTI-GAS MAX ST ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| RA ANTACID/ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| RA ANTACID/GAS RELIEF MAX ST ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| SB ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| SM ANTACID ADVANCED MAX ST ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| SM ANTACID ADVANCED ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| SM ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| SM ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | | Tier 1 | |
| SM ANTACID ORAL SUSPENSION 400-400-40 MG/10ML | | Tier 1 | |
| SM ANTACID/ANTIGAS ORAL SUSPENSION 200-200-20 MG/5ML | | Tier 1 | |
| *Antacids - Aluminum Salts*** | | | |
| ALUMINUM HYDROXIDE GEL ORAL SUSPENSION 320 MG/5ML | | Tier 1 | |
| *Antacids - Bicarbonate*** | | | |
| SODIUM BICARBONATE ORAL TABLET 325 MG, 650 MG | | Tier 1 | |
| *Antacids - Calcium Salts*** | | | |
| ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| ANTACID CALCIUM ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| ANTACID CALCIUM RICH ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| ANTACID MAXIMUM ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| ANTACID ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| ANTACID REGULAR STRENGTH ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CALCIUM ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| CALCIUM ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| CALCIUM CARBONATE ANTACID ORAL SUSPENSION 1250 MG/5ML | | Tier 1 | |
| CALCIUM CARBONATE ANTACID ORAL TABLET 648 MG | | Tier 1 | |
| CALCIUM CARBONATE ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| CAL-GEST ANTACID ORAL TABLET CHEWABLE (ANTACID) 500 MG | Tier 1 | Tier 1 | |
| CHILDRENS SOOTHE ORAL TABLET CHEWABLE (CHILDRENS PEPTO) 400 MG | Tier 1 | Tier 1 | |
| CVS ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| CVS ANTACID KIDS ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| CVS ANTACID MAXIMUM STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| CVS ANTACID ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| CVS ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| CVS SMOOTH ANTACID EXTRA ST ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| EQ ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| EQ ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| EQ ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| EQL ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| EQL ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| FT ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FT ANTACID REGULAR STRENGTH ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| GNP ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| GNP ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| GNP ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| GOODSENSE ANTACID EXTRA STR ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| GOODSENSE ANTACID ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | | Tier 1 | |
| HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE (ANTACID) 500 MG | Tier 1 | Tier 1 | |
| HM ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| HM ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| HM CALCIUM ANTACID EX ST ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| LONG LASTING ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| MAALOX CHILDRENS ORAL TABLET CHEWABLE (CHILDRENS PEPTO) 400 MG | Tier 1 | Tier 1 | |
| PX ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| PX ANTACID MAXIMUM STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| PX CALCIUM ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| QC ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| QC ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| QC ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |
| RA ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| RA ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SB ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| SB ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| SM ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| SM CALCIUM ANTACID EX ST ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| SM CALCIUM ANTACID ORAL TABLET CHEWABLE 500 MG | | Tier 1 | |
| SM SMOOTH ANTACID EX ST ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| SMOOTH ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | | Tier 1 | |
| TUMS CHEWY BITES ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| TUMS E-X 750 ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| TUMS LASTING EFFECTS ORAL TABLET CHEWABLE (ANTACID) 500 MG | Tier 1 | Tier 1 | |
| TUMS ORAL TABLET CHEWABLE (ANTACID) 500 MG | Tier 1 | Tier 1 | |
| TUMS SMOOTHIES ORAL TABLET CHEWABLE (ANTACID EXTRA STRENGTH) 750 MG | Tier 1 | Tier 1 | |
| TUMS ULTRA 1000 ORAL TABLET CHEWABLE (ANTACID ULTRA STRENGTH) 1000 MG | Tier 1 | Tier 1 | |
| *Antacids - Magnesium Salts*** | | | |
| GNP MAGNESIUM OXIDE ORAL TABLET 250 MG | | Tier 1 | |
| MAGNESIUM OXIDE (ANTACID) ORAL CAPSULE 500 MG | | Tier 1 | |
| MAGNESIUM OXIDE ORAL TABLET 250 MG, 400 MG | | Tier 1 | |
| MAOX ORAL TABLET (MAGNESIUM OXIDE) 420 MG | Tier 1 | Tier 1 | |
| QC MAGNESIUM ORAL TABLET 250 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| URO-MAG ORAL CAPSULE 140 MG | Tier 1 | | |
| *Anthelmintics* | | | |
| *Anthelmintics*** | | | |
| CVS PINWORM TREATMENT ORAL SUSPENSION 144 (50 BASE) MG/ML | | Tier 1 | |
| IVERMECTIN ORAL TABLET 3 MG | | Tier 1 | PA |
| PIN-AWAY ORAL SUSPENSION 144 (50 BASE) MG/ML | | Tier 1 | |
| PINWORM MEDICINE ORAL SUSPENSION 144 (50 BASE) MG/ML | | Tier 1 | |
| REESES PINWORM MEDICINE ORAL SUSPENSION 144 (50 BASE) MG/ML | | Tier 1 | |
| *Antianginal Agents* | | | |
| *Nitrates*** | | | |
| ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG | | Tier 1 | |
| ISOSORBIDE MONONITRATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 60 MG | | Tier 1 | |
| ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG | | Tier 1 | |
| NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG | | Tier 1 | |
| NITROGLYCERIN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | | Tier 1 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (NITROGLYCERIN) 0.6 MG | Tier 1 | Tier 1 | |
| *Antianxiety Agents* | | | |
| *Antianxiety Agents - Misc.*** | | | |
| HYDROXYZINE HCL INTRAMUSCULAR SOLUTION 25 MG/ML, 50 MG/ML | | Tier 1 | Extended DS (90 Days) |
| HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---|
| *Antiarrhythmics* | | | |
| *Antiarrhythmics Type I-A*** | | | |
| QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG | | Tier 1 | |
| QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG | | Tier 1 | |
| *Antiarrhythmics Type I-C*** | | | |
| FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG | | Tier 1 | |
| PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG, 300 MG | | Tier 1 | |
| *Antiarrhythmics Type Iii*** | | | |
| AMIODARONE HCL ORAL TABLET 200 MG, 400 MG | | Tier 1 | |
| *Antiasthmatic And Bronchodilator Agents* | | | |
| *Adrenergic Combinations*** | | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | Tier 1 | | QL (0.4 GM per 1 day) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | Tier 1 | | QL (2 EA per 1 day) |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT | Tier 1 | | QL (0.36 GM per 1 day) |
| BREYNA INHALATION AEROSOL (BUDESONIDE-FORMOTEROL FUMARATE) 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | Tier 1 | Tier 1 | QL (0.35 GM per 1 day); Extended DS (90 Days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | Tier 1 | | QL (0.36 GM per 1 day) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | Tier 1 | | QL (4 GM per 30 days) |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT | Tier 1 | | QL (0.47 GM per 1 day) |
| IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML | | Tier 1 | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | Tier 1 | | QL (0.14 GM per 1 day) |
| SYMBICORT INHALATION AEROSOL (BUDESONIDE-FORMOTEROL FUMARATE) 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | Tier 1 | Tier 1 | QL (0.35 GM per 1 day); Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | Tier 1 | | ST; QL (2 EA per 1 day) |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Tier 1 | Tier 1 | QL (2 EA per 1 day); Extended DS (90 Days) |
| *Anti-Ige Monoclonal Antibodies*** | | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 1 | | PA; Specialty |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 1 | | PA; Specialty |
| *Beta Adrenergics*** | | | |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION | | Tier 1 | QL (18 ML per 1 day) |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION | | Tier 1 | |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION | | Tier 1 | QL (18 ML per 1 day) |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION | | Tier 1 | QL (18 ML per 1 day) |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION | | Tier 1 | |
| ALBUTEROL SULFATE ORAL SYRUP 2 MG/5ML | | Tier 1 | |
| ALBUTEROL SULFATE ORAL TABLET 2 MG, 4 MG | | Tier 1 | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | Tier 1 | | QL (60 EA per 30 days) |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | Tier 1 | | QL (0.14 GM per 1 day) |
| TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG | | Tier 1 | |
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA) | Tier 1 | Tier 1 | QL (0.534 GM per 1 day); Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|--|
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA) | Tier 1 | Tier 1 | QL (1.2 GM per 1 day); Extended DS (90 Days) |
| *Bronchodilators - Anticholinergics*** | | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | Tier 1 | | QL (2 GM per 30 days) |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | Tier 1 | | QL (1 EA per 1 day) |
| IPRATROPIUM BROMIDE INHALATION SOLUTION 0.02 % | | Tier 1 | |
| TIOTROPIUM BROMIDE MONOHYDRATE INHALATION CAPSULE 18 MCG | | Tier 1 | QL (30 EA per 30 days) |
| *Leukotriene Receptor Antagonists*** | | | |
| MONTELUKAST SODIUM ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG | | Tier 1 | PA |
| *Selective Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| ROFLUMILAST ORAL TABLET 250 MCG, 500 MCG | | Tier 1 | PA |
| *Steroid Inhalants*** | | | |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 1 | | QL (2 EA per 30 days) |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 1 | | QL (2 EA per 30 days) |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | Tier 1 | | QL (2 EA per 30 days) |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 1 | | QL (2 EA per 30 days) |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Tier 1 | | QL (0.44 GM per 1 day) |
| BUDESONIDE SUSPENSION 0.25 MG/2ML INHALATION | | Tier 1 | QL (8 ML per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| BUDESONIDE SUSPENSION 0.5 MG/2ML INHALATION | | Tier 1 | QL (4 ML per 1 day) |
| BUDESONIDE SUSPENSION 1 MG/2ML INHALATION | | Tier 1 | QL (2 ML per 1 day) |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT | | Tier 1 | QL (4 EA per 1 day) |
| FLUTICASONE PROPIONATE HFA AEROSOL 110 MCG/ACT INHALATION | | Tier 1 | QL (24 GM per 30 days) |
| FLUTICASONE PROPIONATE HFA AEROSOL 220 MCG/ACT INHALATION | | Tier 1 | QL (24 GM per 30 days) |
| FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION | | Tier 1 | QL (22 GM per 30 days) |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT | Tier 1 | | QL (0.71 GM per 1 day) |
| *Xanthines*** | | | |
| ELIXOPHYLLIN ORAL ELIXIR (THEOPHYLLINE) 80 MG/15ML | Tier 1 | Tier 1 | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | Tier 1 | | |
| THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG, 450 MG | | Tier 1 | |
| *Anticoagulants* | | | |
| *Coumarin Anticoagulants*** | | | |
| JANTOVEN ORAL TABLET (WARFARIN SODIUM) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 1 | Tier 1 | |
| *Direct Factor Xa Inhibitors*** | | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | Tier 1 | | QL (3 EA per 1 day) |
| ELIQUIS TABLET 2.5 MG ORAL | Tier 1 | | QL (2 EA per 1 day) |
| ELIQUIS TABLET 5 MG ORAL | Tier 1 | | QL (3 EA per 1 day) |
| XARELTO TABLET 10 MG ORAL | Tier 1 | | QL (1 EA per 1 day) |
| XARELTO TABLET 15 MG ORAL | Tier 1 | | QL (2 EA per 1 day) |
| XARELTO TABLET 2.5 MG ORAL | Tier 1 | | QL (2 EA per 1 day) |
| XARELTO TABLET 20 MG ORAL | Tier 1 | | QL (1 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-------------------------|
| *Low Molecular Weight Heparins*** | | | |
| ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML | | Tier 1 | QL (35 ML per 180 days) |
| ENOXAPARIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML | | Tier 1 | QL (35 ML per 180 days) |
| *Anticonvulsants* | | | |
| *Anticonvulsants - Benzodiazepines*** | | | |
| CLOBAZAM ORAL SUSPENSION 2.5 MG/ML | | Tier 1 | PA |
| CLOBAZAM ORAL TABLET 10 MG, 20 MG | | Tier 1 | PA |
| CLONAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 1 | |
| DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG | | Tier 1 | |
| *Anticonvulsants - Misc.*** | | | |
| CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | | Tier 1 | |
| CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG | | Tier 1 | |
| CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML | | Tier 1 | |
| CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG, 200 MG | | Tier 1 | |
| EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG | Tier 1 | Tier 1 | |
| GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG | | Tier 1 | |
| GABAPENTIN ORAL SOLUTION 250 MG/5ML, 300 MG/6ML | | Tier 1 | |
| GABAPENTIN ORAL TABLET 600 MG, 800 MG | | Tier 1 | |
| LACOSAMIDE ORAL SOLUTION 10 MG/ML, 100 MG/10ML, 50 MG/5ML | | Tier 1 | PA |
| LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | | Tier 1 | PA |
| LEVETIRACETAM ORAL SOLUTION 100 MG/ML, 500 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG | | Tier 1 | |
| OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG | | Tier 1 | |
| PREGABALIN CAPSULE 100 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| PREGABALIN CAPSULE 150 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| PREGABALIN CAPSULE 200 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| PREGABALIN CAPSULE 225 MG ORAL | | Tier 1 | QL (2 EA per 1 day) |
| PREGABALIN CAPSULE 25 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| PREGABALIN CAPSULE 300 MG ORAL | | Tier 1 | QL (2 EA per 1 day) |
| PREGABALIN CAPSULE 50 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| PREGABALIN CAPSULE 75 MG ORAL | | Tier 1 | QL (3 EA per 1 day) |
| PREGABALIN ORAL SOLUTION 20 MG/ML | | Tier 1 | QL (30 ML per 1 day) |
| PRIMIDONE ORAL TABLET 250 MG, 50 MG | | Tier 1 | |
| ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG | Tier 1 | Tier 1 | |
| TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG | | Tier 1 | Extended DS (90 Days) |
| TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 1 | |
| *Gaba Modulators*** | | | |
| TIAGABINE HCL TABLET 12 MG ORAL | | Tier 1 | PA |
| TIAGABINE HCL TABLET 16 MG ORAL | | Tier 1 | PA |
| TIAGABINE HCL TABLET 2 MG ORAL | | Tier 1 | |
| TIAGABINE HCL TABLET 4 MG ORAL | | Tier 1 | |
| *Hydantoins*** | | | |
| DILANTIN ORAL CAPSULE 30 MG | Tier 1 | | |
| PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) 200 MG, 300 MG | Tier 1 | Tier 1 | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG | Tier 1 | Tier 1 | |
| PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML | | Tier 1 | |
| PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Succinimides*** | | | |
| ETHOSUXIMIDE ORAL CAPSULE 250 MG | | Tier 1 | |
| ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML | | Tier 1 | |
| *Antidiabetics* | | | |
| *Alpha-Glucosidase Inhibitors*** | | | |
| ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | |
| *Biguanides*** | | | |
| METFORMIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG | | Tier 1 | Extended DS (90 Days) |
| METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG | | Tier 1 | Extended DS (90 Days) |
| *Diabetic Other - Combinations*** | | | |
| CVS GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| DEX4 GLUCOSE ORAL TABLET CHEWABLE (KROGER GLUCOSE) 4-6 GM-MG | Tier 1 | Tier 1 | |
| DEX4 NATURALS ORAL TABLET CHEWABLE (KROGER GLUCOSE) 4-6 GM-MG | Tier 1 | Tier 1 | |
| DEX4 ORAL TABLET CHEWABLE (KROGER GLUCOSE) 4-6 GM-MG | Tier 1 | Tier 1 | |
| DEX4 POUCH PACK ORAL TABLET CHEWABLE (KROGER GLUCOSE) 4-6 GM-MG | Tier 1 | Tier 1 | |
| GLUCOSE INSTANT ENERGY ORAL TABLET CHEWABLE 4-6 GM-MG, 6-4 MG-GM | | Tier 1 | |
| GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| GNP GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| GOODSENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| HY-VEE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| LEADER GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| LONGS GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| MEIJER GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| PREFERRED PLUS GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| PX GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| RA GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG, 6-4 MG-GM | | Tier 1 | |
| RELION GLUCOSE ORAL TABLET CHEWABLE (KROGER GLUCOSE) 4-6 GM-MG | Tier 1 | Tier 1 | |
| SM GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| SMART SENSE GLUCOSE ORAL TABLET CHEWABLE (KROGER GLUCOSE) 4-6 GM-MG | Tier 1 | Tier 1 | |
| TGT GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| UP & UP GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| VALUE PLUS GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| WALGREENS GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG | | Tier 1 | |
| *Diabetic Other*** | | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | Tier 1 | | QL (2 EA per 30 days) |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | Tier 1 | | QL (2 EA per 30 days) |
| BD GLUCOSE ORAL TABLET CHEWABLE 5 GM | Tier 1 | | |
| CVS GLUCOSE ORAL GEL 15 GM/38GM, 40 % | | Tier 1 | |
| CVS GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| CVS SOFT GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE (GLUCOSE) 4 GM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | Tier 1 | | |
| GLUCAGON EMERGENCY INJECTION KIT 1 MG | | Tier 1 | QL (2 EA per 30 days) |
| GLUCO TO GO 15 ORAL GEL (VALUE PLUS GLUCOSE) 40 % | Tier 1 | Tier 1 | |
| GLUCO TO GO ORAL TABLET CHEWABLE (GLUCOSE) 4 GM | Tier 1 | Tier 1 | |
| GLUCOSE ORAL GEL 40 % | | Tier 1 | |
| GLUTOSE 15 ORAL GEL (VALUE PLUS GLUCOSE) 40 % | Tier 1 | Tier 1 | |
| GLUTOSE 5 ORAL GEL (VALUE PLUS GLUCOSE) 40 % | Tier 1 | Tier 1 | |
| GNP GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| GNP QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| LEADER QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| RELION GLUCOSE ORAL GEL (VALUE PLUS GLUCOSE) 15 GM/38GM | Tier 1 | Tier 1 | |
| SM GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| SWEET CHEEKS ORAL GEL (VALUE PLUS GLUCOSE) 40 % | Tier 1 | Tier 1 | |
| TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE (GLUCOSE) 4 GM | Tier 1 | Tier 1 | |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (GLUCOSE) 4 GM | Tier 1 | Tier 1 | |
| WALGREENS GLUCOSE ORAL TABLET CHEWABLE 4 GM | | Tier 1 | |
| *Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** | | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 1 | | ST |
| SAXAGLIPTIN HCL ORAL TABLET 2.5 MG, 5 MG | | Tier 1 | ST |
| TRADJENTA ORAL TABLET 5 MG | Tier 1 | | ST |
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** | | | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | Tier 1 | | ST |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | Tier 1 | | ST |
| SAXAGLIPTIN-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG | | Tier 1 | ST |
| *Human Insulin*** | | | |
| ADMELOG INJECTION SOLUTION (INSULIN LISPRO) 100 UNIT/ML | Tier 1 | Tier 1 | |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML | Tier 1 | Tier 1 | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| FIASP INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |
| HUMALOG INJECTION SOLUTION (INSULIN LISPRO) 100 UNIT/ML | Tier 1 | Tier 1 | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO JUNIOR KWIKPEN) 100 UNIT/ML | Tier 1 | Tier 1 | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML | Tier 1 | Tier 1 | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML | Tier 1 | | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | Tier 1 | | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | Tier 1 | | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN LISPRO PROT & LISPRO) (75-25) 100 UNIT/ML | Tier 1 | Tier 1 | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | Tier 1 | | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 1 | | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 1 | | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | | |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 1 | | |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | | Tier 1 | |
| INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | | Tier 1 | PA |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML | | Tier 1 | |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | | Tier 1 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN ASP PROT & ASP FLEXPEN) (70-30) 100 UNIT/ML | Tier 1 | Tier 1 | |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN ASPART FLEXPEN) 100 UNIT/ML | Tier 1 | Tier 1 | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN ASPART FLEXPEN) 100 UNIT/ML | Tier 1 | Tier 1 | |
| NOVOLOG INJECTION SOLUTION (INSULIN ASPART) 100 UNIT/ML | Tier 1 | Tier 1 | |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (INSULIN ASPART PROT & ASPART) (70-30) 100 UNIT/ML | Tier 1 | Tier 1 | |
| NOVOLOG RELION INJECTION SOLUTION (INSULIN ASPART) 100 UNIT/ML | Tier 1 | Tier 1 | |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE MAX SOLOSTAR) 300 UNIT/ML | Tier 1 | Tier 1 | ST |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE SOLOSTAR) 300 UNIT/ML | Tier 1 | Tier 1 | ST |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|----------------------------|
| *Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** | | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML | Tier 1 | | PA |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | Tier 1 | | PA |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML | Tier 1 | | PA |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | Tier 1 | | PA; QL (0.08 ML per 1 day) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (LIRAGLUTIDE) 18 MG/3ML | Tier 1 | Tier 1 | PA |
| *Meglitinide Analogues*** | | | |
| NATEGLINIDE ORAL TABLET 120 MG, 60 MG | | Tier 1 | |
| REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 1 | |
| *Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors*** | | | |
| FARXIGA ORAL TABLET (DAPAGLIFLOZIN PROPANEDIOL) 10 MG, 5 MG | Tier 1 | Tier 1 | PA; QL (1 EA per 1 day) |
| INVOKANA ORAL TABLET 100 MG, 300 MG | Tier 1 | | PA; QL (1 EA per 1 day) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 1 | | PA; QL (1 EA per 1 day) |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | Tier 1 | | PA; QL (1 EA per 1 day) |
| *Sulfonylureas*** | | | |
| GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG | | Tier 1 | Extended DS (90 Days) |
| GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| GLIPIZIDE ORAL TABLET 10 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG | | Tier 1 | |
| GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Thiazolidinediones*** | | | |
| PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG | | Tier 1 | Extended DS (90 Days) |
| *Antidiarrheal/Probiotic Agents* | | | |
| *Antidiarrheal/Probiotic Agents - Misc.*** | | | |
| 4X PROBIOTIC ORAL TABLET | | Tier 1 | |
| ABATINEX ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| ACIDOPHILUS EXTRA STRENGTH ORAL CAPSULE | | Tier 1 | |
| ACIDOPHILUS HIGH-POTENCY ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| ACIDOPHILUS LACTOBACILLUS ORAL CAPSULE | | Tier 1 | |
| ACIDOPHILUS ORAL CAPSULE 100 MG | | Tier 1 | |
| ACIDOPHILUS ORAL TABLET | | Tier 1 | |
| ACIDOPHILUS PEARLS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE | | Tier 1 | |
| ACIDOPHILUS PROBIOTIC FORMULA ORAL TABLET | | Tier 1 | |
| ACIDOPHILUS PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| ACIDOPHILUS PROBIOTIC ORAL TABLET | | Tier 1 | |
| ACIDOPHILUS SUPER PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| ACIDOPHILUS/BIFIDUS ORAL TABLET CHEWABLE | | Tier 1 | |
| ACIDOPHILUS/GOAT MILK ORAL CAPSULE | | Tier 1 | |
| ACIDOPHILUS/L-SPOROGENES ORAL TABLET | | Tier 1 | |
| ACIDOPHILUS/PECTIN ORAL CAPSULE 100 MG | | Tier 1 | |
| ACIDOPHILUS-BACILLUS COAGULANS ORAL TABLET | | Tier 1 | |
| ACTIPHORA ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| ADVANCED PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| ADVANCED PROBIOTIC-14 ORAL CAPSULE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ALIGN DUALBIOTIC ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| ALIGN EXTRA STRENGTH ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| ALIGN JR FOR KIDS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| ALIGN KIDS PROBIOTIC ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| ALIGN ORAL CAPSULE (SUPER PROBIOTIC) 4 MG | Tier 1 | Tier 1 | |
| ALIGN ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| ALOE 10000 & PROBIOTICS ORAL CAPSULE | | Tier 1 | |
| AZO COMPLETE FEMININE BALANCE ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| AZO DUAL PROTECTION ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| BACICAP ORAL CAPSULE | | Tier 1 | |
| BACID ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| BACID ORAL TABLET (ACIDOPHILUS PROBIOTIC BLEND) | Tier 1 | Tier 1 | |
| BIOGAIA PROTECTIS MUM ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| BIOHM PROBIOTIC CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| BIOHM PROBIOTIC SUPPLEMENT ORAL CAPSULE | | Tier 1 | |
| BIOHM PROBIOTIC/VITAMIN C ORAL CAPSULE | | Tier 1 | |
| BIO-KULT ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| BIOMEPRO ORAL CAPSULE | | Tier 1 | |
| BIOTINEX ORAL CAPSULE | | Tier 1 | |
| BISMUTH ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| BISMUTH SUBSALICYLATE ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| CHILDRENS PROBIOTIC ORAL TABLET CHEWABLE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CULTRELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE ADVANCED REGULARITY ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE BLOATING & GAS DEF ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| CULTURELLE HEALTH & WELLNESS ORAL CAPSULE (CVS PROBIOTIC (LACTOBACILLUS)) | Tier 1 | Tier 1 | |
| CULTURELLE IMMUNE DEFENSE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| CULTURELLE IMMUNE DEFENSE ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE IMMUNITY SUPPORT ORAL CAPSULE (CVS PROBIOTIC (LACTOBACILLUS)) | Tier 1 | Tier 1 | |
| CULTURELLE KID PROBIOTIC+FIBER ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| CULTURELLE ORAL CAPSULE (CVS PROBIOTIC (LACTOBACILLUS)) | Tier 1 | Tier 1 | |
| CULTURELLE PRO & PREBIOTIC ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE PROBIOTICS KIDS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE PROBIOTICS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE PRO-WELL HEALTH ORAL CAPSULE (CVS PROBIOTIC (LACTOBACILLUS)) | Tier 1 | Tier 1 | |
| CULTURELLE PRO-WELL ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| CULTURELLE TOTAL BALANCE ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| CULTURELLE WOMENS 4 IN 1 ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CVS ACIDOPHILUS PROBIOTIC ORAL TABLET | | Tier 1 | |
| CVS ADULT 50+ PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS ADULT PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS ADV PROBIOTIC GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS ANTI-DIARRHEAL ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| CVS DAILY PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS DIGESTIVE PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS EVERYDAY CARE PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS MOOD SUPPORT PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS PROBIOTIC ADULT 50+ ORAL CAPSULE | | Tier 1 | |
| CVS PROBIOTIC CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS PROBIOTIC MAXIMUM STRENGTH ORAL CAPSULE | | Tier 1 | |
| CVS PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS PROBIOTIC ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS PROBIOTIC PEARLS EX ST ORAL CAPSULE | | Tier 1 | |
| CVS SENIOR PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| CVS STOMACH RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| CVS STOMACH RELIEF ORAL SUSPENSION 525 MG/15ML, 525 MG/30ML | | Tier 1 | |
| CVS STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| DAILY CHEWABLE PROBIOTIC-14 ORAL TABLET CHEWABLE | | Tier 1 | |
| DAILY DIGESTIVE PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| DAILY PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| DAILY PROBIOTIC SUPPLEMENT ORAL CAPSULE 250 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| DIALYVITE PROBIOTIC ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIARRHEA ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV KID DIGST/IMMUNE ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV LACTOSE SUPPORT ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV MULTI-STRAIN ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV MULTI-STRAIN ULT ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV PREBIOT+PROBIOT ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV+BOWEL SUPPORT ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV+FIBER SUPPORT ORAL TABLET (ACIDOPHILUS PROBIOTIC BLEND) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV+GAS DEFENSE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE ADV+LACTOSE SUPPORT ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE ADVANTAGE GUMMIES ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIGESTIVE ADVANTAGE KIDS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| DIGESTIVE ADVANTAGE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| DIGESTIVE HEALTH PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| DIGESTIVE PROBIOTIC ORAL CAPSULE 250 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| DIOTAME INSTYDOSE ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| DIOTAME ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| ENVIVE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| EQ PINK-BISMUTH ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| EQ PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| EQ PROBIOTIC-LACTOBACILLUS ORAL CAPSULE | | Tier 1 | |
| EQ STOMACH RELIEF ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| EQ STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| EQL 2 IN 1 PROBIOTIC ORAL TABLET | | Tier 1 | |
| EQL 4X PROBIOTIC ORAL TABLET | | Tier 1 | |
| EQL DAILY PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| EQL DIGESTIVE PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| EQL PROBIOTIC COLON SUPPORT ORAL CAPSULE | | Tier 1 | |
| EQL STOMACH RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| EQL STOMACH RELIEF ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| EQL STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| ESTROVEN SLIMBIOTICS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FEM-DOPHILUS WOMENS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORA VANCE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORAJEN ACIDOPHILUS ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| FLORAJEN DIGESTION ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORAJEN WOMEN ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| FLORAJEN3 ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FLORAJEN4KIDS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORANEX ORAL TABLET (LACTOBACILLUS) | Tier 1 | Tier 1 | |
| FLORASTOR ADVANCED ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORASTOR ORAL CAPSULE (SACCHAROMYCES BOULARDII) 250 MG | Tier 1 | Tier 1 | |
| FLORASTOR SELECT GUT BOOST ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FLORAXIS ORAL TABLET (ACIDOPHILUS PROBIOTIC BLEND) | Tier 1 | Tier 1 | |
| FORTIFY DAILY PROBIOTIC ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| FREE + PURE DAILY PROBIOTIC ORAL CAPSULE 250 MG | | Tier 1 | |
| FREEZE DRIED ACIDOPHILUS ORAL CAPSULE | | Tier 1 | |
| FT PROBIOTIC ORAL CAPSULE 250 MG | | Tier 1 | |
| FT STOMACH RELIEF ORAL SUSPENSION 525 MG/30ML | | Tier 1 | |
| FT STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| GENORAVANCE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| GNP ACIDOPHILUS HIGH POTENCY ORAL CAPSULE | | Tier 1 | |
| GNP ADVANCED PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| GNP PINK BISMUTH ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| GNP PINK BISMUTH ULTRA STR ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| GNP PROBIOTIC COLON SUPPORT ORAL CAPSULE | | Tier 1 | |
| GNP STOMACH RELIEF ORAL SUSPENSION 525 MG/30ML | | Tier 1 | |
| GOODSENSE STOMACH RELIEF ORAL SUSPENSION 1050 MG/30ML, 525 MG/30ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GOODSENSE STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| GUTVITE IMMUNE SUPPORT ORAL CAPSULE | | Tier 1 | |
| HIGH POTENCY PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| HM PROBIOTIC DIGESTIVE HEALTH ORAL CAPSULE | | Tier 1 | |
| HM STOMACH RELIEF ORAL SUSPENSION 525 MG/30ML | | Tier 1 | |
| HM STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| HM STOMACH RELIEF ULTRA ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| IDEAL BOWEL SUPPORT ORAL CAPSULE | | Tier 1 | |
| INTESTINEX ORAL CAPSULE (ACIDOPHILUS) 600 MG | Tier 1 | Tier 1 | |
| JARRO-DOPHILUS HYPOALLERGENIC ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| JARRO-DOPHILUS PROBIOT+PRE+FOS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION (STOMACH RELIEF PLUS) 525 MG/15ML | Tier 1 | Tier 1 | |
| KAOPECTATE ORAL SUSPENSION (STOMACH RELIEF) 262 MG/15ML | Tier 1 | Tier 1 | |
| LACTEOL DIARRHEASE ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| LACTOBACILLUS EXTRA STRENGTH ORAL CAPSULE | | Tier 1 | |
| LACTOBACILLUS ORAL TABLET 0.05-0.05 MG | | Tier 1 | |
| LACTOBACILLUS PROBIOTIC ORAL TABLET | | Tier 1 | |
| LACTO-PECTIN ORAL CAPSULE | | Tier 1 | |
| MEDI-BISMUTH ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| MEGA PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| META BIOTIC/BIO-ACTIVE 12 ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| NATRUL PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| NEWFLORA PROBIOTIC ORAL CAPSULE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PEARLS IC ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION (STOMACH RELIEF PLUS) 525 MG/15ML | Tier 1 | Tier 1 | |
| PEPTO-BISMOL ORAL SUSPENSION (STOMACH RELIEF) 262 MG/15ML, 524 MG/30ML | Tier 1 | Tier 1 | |
| PEPTO-BISMOL ORAL TABLET CHEWABLE (STOMACH RELIEF) 262 MG | Tier 1 | Tier 1 | |
| PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE (STOMACH RELIEF) 262 MG | Tier 1 | Tier 1 | |
| PHILLIPS COLON HEALTH ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PINK BISMUTH MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| PINK BISMUTH ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| PREORBOTIC ORAL CAPSULE | | Tier 1 | |
| PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| PRIMADOPHILUS ORAL CAPSULE | | Tier 1 | |
| PROBIATA ORAL TABLET (LACTOBACILLUS) | Tier 1 | Tier 1 | |
| PROBIO DEFENSE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIOFLEXX ORAL CAPSULE | | Tier 1 | |
| PROBIOMAX COMPLETE DF ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIOMAX DAILY DF ORAL CAPSULE | | Tier 1 | |
| PROBIOMAX LEAN DF ORAL CAPSULE (SUPER PROBIOTIC) 25 MG | Tier 1 | Tier 1 | |
| PROBIOMAX SERENITY ORAL CAPSULE (ACIDOPHILUS) 43.75 MG | Tier 1 | Tier 1 | |
| PROBIONEXX ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC & ACIDOPHILUS EX ST ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC (LACTOBACILLUS) ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC + IMMUNE ORAL TABLET CHEWABLE | | Tier 1 | |
| PROBIOTIC + OMEGA-3 ORAL CAPSULE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PROBIOTIC + TURMERIC EXTRACT ORAL CAPSULE 400 MG | | Tier 1 | |
| PROBIOTIC 10 ULTRA STRENGTH ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC ACIDOPHILUS ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC ACIDOPHILUS ORAL TABLET CHEWABLE | | Tier 1 | |
| PROBIOTIC BLEND ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC CHOCOLATE BEARS ORAL TABLET CHEWABLE | | Tier 1 | |
| PROBIOTIC COLON SUPPORT ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC DAILY ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC DIGESTIVE SUP-INULIN ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC DIGESTIVE SUPP ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC GOLD EXTRA STRENGTH ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC MATURE ADULT ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC MULTI-ENZYME ORAL TABLET | | Tier 1 | |
| PROBIOTIC ORAL CAPSULE 250 MG | | Tier 1 | |
| PROBIOTIC ORAL TABLET CHEWABLE | | Tier 1 | |
| PROBIOTIC PEARLS ADVANTAGE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIOTIC PEARLS MAX POTENCY ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIOTIC PEARLS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIOTIC PEARLS WOMENS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIOTIC PRODUCT ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC PRODUCT ORAL TABLET CHEWABLE | | Tier 1 | |
| PROBIOTIC/PREBIOTIC/CRANBERRY ORAL CAPSULE | | Tier 1 | |
| PROBIOTIC-10 ULTIMATE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROBIZEN ORAL CAPSULE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PRO-FLORA IMMUNE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| PROVELLA ORAL TABLET (ACIDOPHILUS PROBIOTIC BLEND) | Tier 1 | Tier 1 | |
| PX STOMACH RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| PX STOMACH RELIEF ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| PX STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| QC DIARRHEA RELIEF ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| QC PINK BISMUTH ORAL SUSPENSION 262 MG/15ML, 525 MG/15ML | | Tier 1 | |
| QC STOMACH RELIEF ORAL SUSPENSION 525 MG/30ML | | Tier 1 | |
| QC STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| QC STOMACH RELIEF ULTRA ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| QUAD-PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| RA DIGESTIVE HEALTH ORAL CAPSULE | | Tier 1 | |
| RA PROBIOTIC ACIDOPHILUS ORAL CAPSULE 1 MG | | Tier 1 | |
| RA PROBIOTIC COLON CARE ORAL CAPSULE | | Tier 1 | |
| RA PROBIOTIC COMPLEX ORAL CAPSULE | | Tier 1 | |
| RA PROBIOTIC DIGESTIVE SUPPORT ORAL CAPSULE | | Tier 1 | |
| RA PROBIOTIC GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| RA PROBIOTIC MAX STRENGTH ORAL CAPSULE | | Tier 1 | |
| RA STOMACH RELIEF ORAL SUSPENSION 262 MG/15ML | | Tier 1 | |
| REPHRESH PRO-B ORAL CAPSULE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| RESTORA ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| REVITAFLOL ORAL CAPSULE | | Tier 1 | |
| RISA-BID PROBIOTIC ORAL TABLET (ACIDOPHILUS PROBIOTIC BLEND) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| RISAQUAD ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| RISAQUAD-2 ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| SACCHAROMYCIN DF ORAL CAPSULE (SACCHAROMYCES BOULARDII) 250 MG | Tier 1 | Tier 1 | |
| SD PROBIOTIC-10 COMPLEX ULTRA ORAL CAPSULE | | Tier 1 | |
| SM 4X PROBIOTIC ORAL TABLET | | Tier 1 | |
| SM ACIDOPHILUS ORAL CAPSULE | | Tier 1 | |
| SM ADVANCED PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| SM PROBIOTIC ORAL CAPSULE 250 MG | | Tier 1 | |
| SM STOMACH RELIEF ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML | | Tier 1 | |
| SM STOMACH RELIEF ORAL TABLET CHEWABLE 262 MG | | Tier 1 | |
| SMARTY PANTS KIDS PROBIOTIC ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION (STOMACH RELIEF PLUS) 525 MG/15ML | Tier 1 | Tier 1 | |
| SOOTHE ORAL SUSPENSION (STOMACH RELIEF) 262 MG/15ML, 525 MG/30ML | Tier 1 | Tier 1 | |
| SOOTHE ORAL TABLET CHEWABLE (STOMACH RELIEF) 262 MG | Tier 1 | Tier 1 | |
| STABLEGI ORAL CAPSULE (SACCHAROMYCIN DF) 250 MG | Tier 1 | Tier 1 | |
| STOMACH RELIEF EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| STOMACH RELIEF ORAL SUSPENSION 525 MG/15ML, 525 MG/30ML | | Tier 1 | |
| STOMACH RELIEF ULTRA ORAL SUSPENSION 525 MG/15ML | | Tier 1 | |
| SUPER PROBIOTIC DIGESTIVE ORAL CAPSULE | | Tier 1 | |
| SUPERIOR PROBIOTIC ORAL CAPSULE | | Tier 1 | |
| TRIPLE PROBIOTIC ORAL TABLET | | Tier 1 | |
| TRUBIOTICS DIGEST + IMM HEALTH ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| TRUBIOTICS DIGEST + IMM HEALTH ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| TRUBIOTICS KIDS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| TRUBIOTICS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| ULTRAFLOA IMMUNE HEALTH ORAL CAPSULE (SUPER PROBIOTIC) 170 MG | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS ADULT ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS KIDS CUBES ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS KIDS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS MENS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS MIND & BODY ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS ULTRA ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| UP4 PROBIOTICS WOMENS ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| UPSPRING DUAL PRENATAL IMMUN ORAL CAPSULE (CVS PROBIOTIC (LACTOBACILLUS)) | Tier 1 | Tier 1 | |
| VH ESSENTIALS OPTIBALANCE ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| VISBIOME HIGH POTENCY ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| VSL#3 ORAL CAPSULE (SUPER PROBIOTIC) | Tier 1 | Tier 1 | |
| WOMENS 50 BILLION ORAL CAPSULE | | Tier 1 | |
| YUMVS PROBIOTIC ZERO ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| YUMVSKIDS PROBIOTIC ZERO ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| YUM-YUM DOPHILUS ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| YUM-YUM DOPHILUS PROBIOTIC ORAL TABLET CHEWABLE (ACIDOPHILUS) | Tier 1 | Tier 1 | |
| *Antidiarrheal/Probiotic Combinations*** | | | |
| ACIDOPHILUS/PECTIN ORAL CAPSULE | | Tier 1 | |
| CULTURELLE ADULT ULT BALANCE ORAL CAPSULE (PROBIOTIC DIGESTIVE SUPPORT) | Tier 1 | Tier 1 | |
| CULTURELLE DIGESTIVE DAILY ORAL CAPSULE (PROBIOTIC DIGESTIVE SUPPORT) | Tier 1 | Tier 1 | |
| CULTURELLE DIGESTIVE DAILY PRO ORAL CAPSULE (PROBIOTIC DIGESTIVE SUPPORT) | Tier 1 | Tier 1 | |
| CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (PROBIOTIC DIGESTIVE SUPPORT) | Tier 1 | Tier 1 | |
| CULTURELLE HEALTH (INULIN) ORAL CAPSULE (PROBIOTIC DIGESTIVE SUPPORT) | Tier 1 | Tier 1 | |
| CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE (PROBIOTIC DIGESTIVE SUPPORT) | Tier 1 | Tier 1 | |
| EQL PROBIOTIC ACIDOPHILUS ORAL CAPSULE | | Tier 1 | |
| GNP PROBIOTIC EXTRA STRENGTH ORAL CAPSULE | | Tier 1 | |
| KALA ORAL TABLET (ACIDOPHILUS/CITRUS PECTIN) | Tier 1 | Tier 1 | |
| *Antiperistaltic Agents*** | | | |
| ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| CVS ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| CVS ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| DIAMODE ORAL TABLET 2 MG | | Tier 1 | |
| DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML | | Tier 1 | |
| DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG | | Tier 1 | |
| EQ ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| EQ ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQL ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| FT ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| FT ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| GNP ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| GNP ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| HM ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| HM ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| IMODIUM A-D ORAL CAPSULE (LOPERAMIDE HCL) 2 MG | Tier 1 | Tier 1 | |
| IMODIUM A-D ORAL TABLET (ANTI-DIARRHEAL) 2 MG | Tier 1 | Tier 1 | |
| LOPERAMIDE HCL ORAL TABLET 2 MG | | Tier 1 | |
| MEIJER ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| PX ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| QC ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| QC ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| RA ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| SB ANTI-DIARRHEA ORAL TABLET 2 MG | | Tier 1 | |
| SM ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 1 | |
| SM ANTI-DIARRHEAL ORAL TABLET 2 MG | | Tier 1 | |
| *Antidotes And Specific Antagonists* | | | |
| *Antidotes - Chelating Agents*** | | | |
| DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG | | Tier 1 | PA |
| *Antidotes And Specific Antagonists*** | | | |
| ACTIDOSE-AQUA ORAL LIQUID 15 GM/72ML, 25 GM/120ML, 50 GM/240ML | Tier 1 | | |
| ACTIVATED VEGETABLE CHARCOAL ORAL CAPSULE 260 MG | | Tier 1 | |
| CHARCOCAPS ORAL CAPSULE (CHARCOAL ACTIVATED) 260 MG | Tier 1 | Tier 1 | |
| CVS CHARCOAL ORAL CAPSULE 260 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|---------------------------------------|
| KERR INSTA-CHAR ORAL LIQUID 25 GM/120ML, 50 GM/240ML | Tier 1 | | |
| REQUA ACTIVATED CHARCOAL ORAL CAPSULE (CHARCOAL ACTIVATED) 260 MG | Tier 1 | Tier 1 | |
| SM IPECAC SYRUP ORAL SYRUP | | Tier 1 | |
| *Opioid Antagonists*** | | | |
| NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML | | Tier 1 | QL (4 ML per 365 days) |
| NALTREXONE HCL ORAL TABLET 50 MG | | Tier 1 | |
| NARCAN NASAL LIQUID (NALOXONE HCL) 4 MG/0.1ML | Tier 1 | Tier 1 | QL (4 EA per 180 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | Tier 1 | | PA; Specialty; QL (0.04 EA per 1 day) |
| *Antiemetics* | | | |
| *5-Ht3 Receptor Antagonists*** | | | |
| GRANISETRON HCL ORAL TABLET 1 MG | | Tier 1 | |
| ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML | | Tier 1 | QL (600 ML per 30 days) |
| ONDANSETRON HCL TABLET 4 MG ORAL | | Tier 1 | QL (180 EA per 30 days) |
| ONDANSETRON HCL TABLET 8 MG ORAL | | Tier 1 | QL (90 EA per 30 days) |
| ONDANSETRON TABLET DISPERSIBLE 16 MG ORAL | | Tier 1 | |
| ONDANSETRON TABLET DISPERSIBLE 4 MG ORAL | | Tier 1 | QL (180 EA per 30 days) |
| ONDANSETRON TABLET DISPERSIBLE 8 MG ORAL | | Tier 1 | QL (90 EA per 30 days) |
| *Antiemetic Combinations*** | | | |
| DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG | | Tier 1 | |
| *Antiemetics - Anticholinergic*** | | | |
| ANTIVERT ORAL TABLET CHEWABLE (MECLIZINE HCL) 25 MG | Tier 1 | Tier 1 | |
| BONINE ORAL TABLET CHEWABLE (MECLIZINE HCL) 25 MG | Tier 1 | Tier 1 | |
| CVS MOTION SICKNESS II ORAL TABLET 25 MG | | Tier 1 | |
| CVS MOTION SICKNESS LESS DROWS ORAL TABLET 25 MG | | Tier 1 | |
| CVS MOTION SICKNESS ORAL TABLET 50 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CVS MOTION SICKNESS RELIEF ORAL TABLET CHEWABLE 25 MG | | Tier 1 | |
| DRAMAMINE LESS DROWSY ORAL TABLET (MECLIZINE HCL) 25 MG | Tier 1 | Tier 1 | |
| DRAMAMINE MOTION SICKNESS KIDS ORAL TABLET CHEWABLE 25 MG | Tier 1 | | |
| DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE (MECLIZINE HCL) 25 MG | Tier 1 | Tier 1 | |
| DRAMAMINE ORAL TABLET (MECLIZINE HCL) 25 MG | Tier 1 | Tier 1 | |
| DRAMAMINE ORAL TABLET (TRAV-TABS) 50 MG | Tier 1 | Tier 1 | |
| DRAMAMINE ORAL TABLET CHEWABLE 50 MG | Tier 1 | | |
| DRIMINATE ORAL TABLET (TRAV-TABS) 50 MG | Tier 1 | Tier 1 | |
| EQ MOTION SICKNESS RELIEF ORAL TABLET 50 MG | | Tier 1 | |
| EQL MOTION SICKNESS RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| FT MOTION SICKNESS ORAL TABLET 25 MG, 50 MG | | Tier 1 | |
| GNP MOTION SICKNESS RELIEF ORAL TABLET 25 MG, 50 MG | | Tier 1 | |
| GOODSENSE MOTION SICKNESS ORAL TABLET 50 MG | | Tier 1 | |
| HM MOTION SICKNESS ORAL TABLET 50 MG | | Tier 1 | |
| MECLIZINE HCL ORAL TABLET 12.5 MG | | Tier 1 | |
| MEDI-MECLIZINE ORAL TABLET (MECLIZINE HCL) 25 MG | Tier 1 | Tier 1 | |
| MOTION SICKNESS RELIEF ORAL TABLET 25 MG, 50 MG | | Tier 1 | |
| MOTION SICKNESS RELIEF ORAL TABLET CHEWABLE 25 MG | | Tier 1 | |
| MOTION-TIME ORAL TABLET CHEWABLE 25 MG | | Tier 1 | |
| QC MOTION SICKNESS RELIEF ORAL TABLET 50 MG | | Tier 1 | |
| QC TRAVEL EASE ORAL TABLET CHEWABLE 25 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| RA MOTION SICKNESS RELIEF ORAL TABLET 50 MG | | Tier 1 | |
| RA MOTION SICKNESS RELIEF ORAL TABLET CHEWABLE 25 MG | | Tier 1 | |
| SB MOTION SICKNESS ORAL TABLET 50 MG | | Tier 1 | |
| SM MOTION SICKNESS ORAL TABLET 25 MG, 50 MG | | Tier 1 | |
| TRAVEL-EASE ORAL TABLET 25 MG | | Tier 1 | |
| WAL-DRAM ORAL TABLET (TRAV-TABS) 50 MG | Tier 1 | Tier 1 | |
| *Antiemetics - Miscellaneous*** | | | |
| DRONABINOL ORAL CAPSULE 2.5 MG, 5 MG | | Tier 1 | PA |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | | |
| APREPITANT ORAL 80 & 125 MG | | Tier 1 | PA |
| APREPITANT ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG | | Tier 1 | PA |
| *Antifungals* | | | |
| *Antifungals*** | | | |
| TERBINAFINE HCL ORAL TABLET 250 MG | | Tier 1 | QL (90 EA per 365 days) |
| *Imidazoles*** | | | |
| KETOCONAZOLE ORAL TABLET 200 MG | | Tier 1 | PA |
| *Triazoles*** | | | |
| FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML | | Tier 1 | |
| FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | | Tier 1 | |
| ITRACONAZOLE ORAL CAPSULE 100 MG | | Tier 1 | |
| ITRACONAZOLE ORAL SOLUTION 10 MG/ML | | Tier 1 | PA |
| VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML | | Tier 1 | PA |
| VORICONAZOLE ORAL TABLET 200 MG, 50 MG | | Tier 1 | PA |
| *Antihistamines* | | | |
| *Antihistamines - Alkylamines*** | | | |
| ALLERGY ORAL TABLET 4 MG | | Tier 1 | |
| ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CHLORHIST ORAL TABLET 4 MG | | Tier 1 | |
| CHLORPHEN ORAL TABLET 4 MG | | Tier 1 | |
| CHLORPHENIRAMINE MALEATE ORAL TABLET 4 MG | | Tier 1 | |
| CHLOR-TRIMETON ALLERGY ORAL TABLET EXTENDED RELEASE (CHLORPHENIRAMINE MALEATE ER) 12 MG | Tier 1 | Tier 1 | |
| CVS ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| CVS ALLERGY RELIEF ORAL TABLET EXTENDED RELEASE 12 MG | | Tier 1 | |
| DIABETIC TUSSIN ALLERGY ORAL SYRUP (ED CHLORPED JR) 2 MG/5ML | Tier 1 | Tier 1 | |
| EQ ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| EQ CHLORTABS ORAL TABLET 4 MG | | Tier 1 | |
| EQL ALLERGY ORAL TABLET 4 MG | | Tier 1 | |
| FT ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| GNP ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| GOODSENSE ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| HM ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| PHARBECHLOR ORAL TABLET 4 MG | | Tier 1 | |
| QC ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| QC CHLOR-PHENIRAMINE ORAL TABLET 4 MG | | Tier 1 | |
| RA ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 1 | |
| RA CHLORPHENIRAMINE MALEATE ORAL TABLET 4 MG | | Tier 1 | |
| SB CHLORPHENIRAMINE ORAL TABLET 4 MG | | Tier 1 | |
| SM ALLERGY 4 HOUR ORAL TABLET 4 MG | | Tier 1 | |
| WAL-FINATE ORAL TABLET (ALLER-CHLOR) 4 MG | Tier 1 | Tier 1 | |
| *Antihistamines - Ethanolamines*** | | | |
| ALER-CAP ORAL CAPSULE 25 MG | | Tier 1 | |
| ALERTAB ORAL TABLET 25 MG | | Tier 1 | |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET (COMPLETE ALLERGY MEDICINE) 25 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ALLERGY ORAL CAPSULE 25 MG | | Tier 1 | |
| ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| ANTI-HIST ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| BANOPHEN ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 1 | Tier 1 | |
| BANOPHEN ORAL CAPSULE (DIPHENHYDRAMINE HCL) 50 MG | Tier 1 | Tier 1 | |
| BANOPHEN ORAL TABLET (COMPLETE ALLERGY MEDICINE) 25 MG | Tier 1 | Tier 1 | |
| BENADRYL ALLERGY ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 1 | Tier 1 | |
| BENADRYL ALLERGY ORAL TABLET (COMPLETE ALLERGY MEDICINE) 25 MG | Tier 1 | Tier 1 | |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET (COMPLETE ALLERGY MEDICINE) 25 MG | Tier 1 | Tier 1 | |
| COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG | | Tier 1 | |
| COMPLETE ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| CVS ALLERGY ORAL CAPSULE 25 MG | | Tier 1 | |
| CVS ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| CVS ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| DIPHEN ORAL TABLET 25 MG | | Tier 1 | |
| DIPHENHYDRAMINE HCL ORAL CAPSULE 25 MG | | Tier 1 | |
| DIPHENHYDRAMINE HCL ORAL TABLET 25 MG | | Tier 1 | |
| EQ ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| EQ ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| EQL ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| EQL ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| FT ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| FT ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| GERI-DRYL ORAL TABLET 25 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GNP ALLERGY ORAL CAPSULE 25 MG | | Tier 1 | |
| GNP ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| GNP ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| GNP ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| GOODSENSE ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| GOODSENSE ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| HM ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| HM ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| KLS ALLERGY MEDICINE ORAL TABLET 25 MG | | Tier 1 | |
| KP DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG | | Tier 1 | |
| MEDI-PHEDRYL ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 1 | Tier 1 | |
| MEIJER ANTIHISTAMINE ALLERGY ORAL CAPSULE 25 MG | | Tier 1 | |
| MM ALLER-BEN ORAL TABLET (COMPLETE ALLERGY MEDICINE) 25 MG | Tier 1 | Tier 1 | |
| PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG | | Tier 1 | |
| PX ALLERGY ORAL CAPSULE 25 MG | | Tier 1 | |
| PX ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| QC ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |
| QC ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| QC COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG | | Tier 1 | |
| RA ALLERGY MEDICATION ORAL CAPSULE 25 MG | | Tier 1 | |
| RA ALLERGY MEDICATION ORAL TABLET 25 MG | | Tier 1 | |
| RA ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| RA ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| RA COMPLETE ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| SB ALLERGY MEDICINE ORAL TABLET 25 MG | | Tier 1 | |
| SB ALLERGY ORAL CAPSULE 25 MG | | Tier 1 | |
| SM ALLERGY RELIEF ORAL TABLET 25 MG | | Tier 1 | |
| TOTAL ALLERGY ORAL TABLET 25 MG | | Tier 1 | |
| WAL-DRYL ALLERGY ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 1 | Tier 1 | |
| WAL-DRYL ALLERGY ORAL TABLET (COMPLETE ALLERGY MEDICINE) 25 MG | Tier 1 | Tier 1 | |
| *Antihistamines - Non-Sedating*** | | | |
| ALL DAY ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| ALL-DAY ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| ALLERGY (CETIRIZINE) ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| ALLERGY 24HOUR INDOOR/OUTDOOR ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| ALLERGY REL CHILD (LORATADINE) ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG | | Tier 1 | |
| ALLERGY RELIEF 24-HR ORAL TABLET 10 MG | | Tier 1 | |
| ALLERGY RELIEF CETIRIZINE ORAL TABLET 10 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| ALLERGY RELIEF CHILDRENS 24-HR ORAL SOLUTION 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| ALLERGY RELIEF CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| ALLERGY RELIEF/INDOOR/OUTDOOR ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CETIRIZINE HCL ALLERGY CHILD ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| CETIRIZINE HCL CHILDRENS ALRGY ORAL SOLUTION 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| CETIRIZINE HCL ORAL SOLUTION 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| CETIRIZINE HCL ORAL TABLET 5 MG | | Tier 1 | Extended DS (90 Days) |
| CHILDRENS 24 HOUR ALLERGY ORAL SOLUTION 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| CLARITIN ALLERGY CHILDRENS ORAL SOLUTION (CHILDRENS LORATADINE) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| CLARITIN ORAL SOLUTION (CHILDRENS LORATADINE) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| CLARITIN ORAL TABLET (LORATADINE) 10 MG | Tier 1 | Tier 1 | |
| CVS ALLERG REL CHILD (LORAT) ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| CVS ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| CVS ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| CVS ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| CVS ALLERGY RELIEF(CETIRIZINE) ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| CVS INDOOR/OUTDOOR ALLERGY RLF ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| EQ ALL DAY ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| EQ ALLERG RELIEF CHILD (CETIR) ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| EQ ALLERG RELIEF CHILD (LORAT) ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| EQ ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| EQ ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| EQ ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| EQ ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| EQ LORATADINE ORAL TABLET 10 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQL ALL DAY ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| EQL ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| EQL ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| FT ALL DAY ALLERGY 24 HOUR ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| FT ALL DAY ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| FT ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| FT ALL DAY ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| FT ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| FT ALLERGY RELIEF CETIRIZINE ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| FT ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| FT ALLERGY RELIEF LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| FT ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| GNP ALL DAY ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| GNP ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| GNP LORATADINE CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| GNP LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| GNP LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| GOODSENSE ALL DAY ALLERGY ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| GOODSENSE ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE ALLERGY RELIEF CHILD ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| GOODSENSE ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| HM ALL DAY ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| HM ALL DAY ALLERGY ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| HM ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| HM ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| HM CETIRIZINE HCL ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| HM LORATADINE CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| HM LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| KLS ALLERCLEAR ORAL TABLET (LORATADINE) 10 MG | Tier 1 | Tier 1 | |
| KLS ALLER-TEC CHILDRENS ORAL SOLUTION (CETIRIZINE HCL) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| KLS ALLER-TEC ORAL TABLET (CETIRIZINE HCL) 10 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| LORADAMED ORAL TABLET 10 MG | | Tier 1 | |
| LORATADINE CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| MEIJER ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| MEIJER LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| PX ALLERGY RELIEF CETIRIZINE ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| PX ALLERGY RELIEF LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| PX CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| QC ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| QC ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| QC ALLERGY RELIEF CHILDRENS ORAL SYRUP 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| QC CETIRIZINE ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| QC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| QC LORATADINE ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| RA ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| RA ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG | | Tier 1 | |
| RA ALLERGY RELIEF CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| RA ALLERGY RELIEF CHILDRENS ORAL SYRUP 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| RA LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| RA LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| SB ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| SB CETIRIZINE HCL CHILDRENS ORAL SOLUTION 1 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| SB LORATADINE ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| SB LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| SB LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| SM ALL DAY ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| SM ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| SM ALL DAY ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 1 | |
| SM ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| SM CHILDRENS LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| SM LORATADINE ORAL SOLUTION 5 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| SM LORATADINE ORAL TABLET 10 MG | | Tier 1 | |
| WAL-ITIN CHILDRENS ORAL SOLUTION (CHILDRENS LORATADINE) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| WAL-ITIN ORAL SOLUTION (CHILDRENS LORATADINE) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| WAL-ITIN ORAL TABLET (LORATADINE) 10 MG | Tier 1 | Tier 1 | |
| WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION (CETIRIZINE HCL) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION (CETIRIZINE HCL) 1 MG/ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| WAL-ZYR CHILDRENS ORAL SOLUTION (CETIRIZINE HCL) 1 MG/ML, 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| WAL-ZYR ORAL SOLUTION (CETIRIZINE HCL) 5 MG/5ML | Tier 1 | Tier 1 | AGE (Max 10 Years) |
| WAL-ZYR ORAL TABLET (CETIRIZINE HCL) 10 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| *Antihistamines - Phenothiazines*** | | | |
| PROMETHAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/ML | | Tier 1 | |
| PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML | | Tier 1 | |
| PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG | | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG | Tier 1 | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | Tier 1 | | |
| *Antihistamines - Piperidines*** | | | |
| CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML | | Tier 1 | |
| CYPROHEPTADINE HCL ORAL TABLET 4 MG | | Tier 1 | |
| *Antihyperlipidemics* | | | |
| *Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** | | | |
| NEXLIZET ORAL TABLET 180-10 MG | Tier 1 | | PA |
| *Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** | | | |
| NEXLETOL ORAL TABLET 180 MG | Tier 1 | | PA |
| *Antihyperlipidemics - Misc.*** | | | |
| OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM | | Tier 1 | |
| *Bile Acid Sequestrants*** | | | |
| CHOLESTYRAMINE ORAL PACKET 4 GM | | Tier 1 | |
| CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE | | Tier 1 | |
| PREVALITE ORAL PACKET (CHOLESTYRAMINE LIGHT) 4 GM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PREVALITE ORAL POWDER (CHOLESTYRAMINE LIGHT) 4 GM/DOSE | Tier 1 | Tier 1 | |
| *Fibric Acid Derivatives*** | | | |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 134 MG, 200 MG, 43 MG, 67 MG | | Tier 1 | Extended DS (90 Days) |
| FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG | | Tier 1 | Extended DS (90 Days) |
| FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG | | Tier 1 | Extended DS (90 Days) |
| GEMFIBROZIL ORAL TABLET 600 MG | | Tier 1 | |
| *Hmg Coa Reductase Inhibitors*** | | | |
| ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG | | Tier 1 | Extended DS (90 Days) |
| PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| ROSUVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| *Intestinal Cholesterol Absorption Inhibitors*** | | | |
| EZETIMIBE ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| *Nicotinic Acid Derivatives*** | | | |
| NIACIN ER (ANTHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG | | Tier 1 | |
| *Pcsk9 Inhibitors*** | | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML | Tier 1 | | PA |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | Tier 1 | | PA |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | Tier 1 | | PA |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | Tier 1 | | PA |
| *Small Interfering Rna (Sirna) Pcsk9 Inhibitors*** | | | |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML | Tier 1 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Antihypertensives* | | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** | | | |
| AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG | | Tier 1 | Extended DS (90 Days) |
| *Ace Inhibitors & Thiazide/Thiazide-Like*** | | | |
| FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG | | Tier 1 | |
| LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | | Tier 1 | Extended DS (90 Days) |
| *Ace Inhibitors*** | | | |
| BENAZEPRIL HCL ORAL TABLET 5 MG | | Tier 1 | Extended DS (90 Days) |
| CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | | Tier 1 | |
| ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG | | Tier 1 | Extended DS (90 Days) |
| LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG | | Tier 1 | |
| QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| RAMIPRIL ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| *Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*** | | | |
| LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG | | Tier 1 | Extended DS (90 Days) |
| OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | | Tier 1 | Extended DS (90 Days) |
| *Angiotensin Ii Receptor Antagonists*** | | | |
| IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG | | Tier 1 | Extended DS (90 Days) |
| LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| *Antiadrenergics - Centrally Acting*** | | | |
| CLONIDINE HCL ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG | | Tier 1 | |
| GUANFACINE HCL ORAL TABLET 1 MG, 2 MG | | Tier 1 | |
| METHYLDOPA ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| *Antiadrenergics - Peripherally Acting*** | | | |
| DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG | | Tier 1 | |
| PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG | | Tier 1 | |
| *Vasodilators*** | | | |
| HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| *Anti-Infective Agents - Misc.* | | | |
| *Anti-Infective Agents - Misc.*** | | | |
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML | Tier 1 | | |
| METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML | Tier 1 | | |
| METRONIDAZOLE ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| TRIMETHOPRIM ORAL TABLET 100 MG | | Tier 1 | |
| XIFAXAN ORAL TABLET 550 MG | Tier 1 | | PA |
| *Anti-Infective Misc. - Combinations*** | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL SUSPENSION 800-160 MG/20ML | | Tier 1 | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG | | Tier 1 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML | Tier 1 | Tier 1 | |
| *Antiprotozoal Agents*** | | | |
| NITAZOXANIDE ORAL TABLET 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| *Glycopeptides*** | | | |
| VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG | | Tier 1 | |
| *Leprostatics*** | | | |
| DAPSONE ORAL TABLET 100 MG, 25 MG | | Tier 1 | |
| *Lincosamides*** | | | |
| CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG | | Tier 1 | |
| CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML | | Tier 1 | |
| *Urinary Anti-Infectives*** | | | |
| NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 50 MG | | Tier 1 | |
| NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG | | Tier 1 | |
| *Antimalarials* | | | |
| *Antimalarial Combinations*** | | | |
| ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG | | Tier 1 | PA |
| *Antimalarials*** | | | |
| CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG, 500 MG | | Tier 1 | PA |
| HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG | | Tier 1 | |
| MEFLOQUINE HCL ORAL TABLET 250 MG | | Tier 1 | PA |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG | | Tier 1 | |
| *Antimyasthenic/Cholinergic Agents* | | | |
| *Antimyasthenic/Cholinergic Agents*** | | | |
| PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG | | Tier 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML | | Tier 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG | | Tier 1 | |
| *Antimycobacterial Agents* | | | |
| *Antimycobacterial Agents*** | | | |
| ETHAMBUTOL HCL ORAL TABLET 100 MG, 400 MG | | Tier 1 | |
| ISONIAZID ORAL SYRUP 50 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------------------|
| ISONIAZID ORAL TABLET 100 MG, 300 MG | | Tier 1 | |
| PRIFTIN ORAL TABLET 150 MG | Tier 1 | | PA |
| PYRAZINAMIDE ORAL TABLET 500 MG | | Tier 1 | |
| RIFAMPIN ORAL CAPSULE 150 MG, 300 MG | | Tier 1 | |
| *Antineoplastics And Adjunctive Therapies* | | | |
| *Alkylating Agents*** | | | |
| MYLERAN ORAL TABLET 2 MG | Tier 1 | | |
| *Antiadrenals*** | | | |
| LYSODREN ORAL TABLET 500 MG | Tier 1 | | |
| *Antiandrogens*** | | | |
| BICALUTAMIDE ORAL TABLET 50 MG | | Tier 1 | |
| EULEXIN ORAL CAPSULE (FLUTAMIDE) 125 MG | Tier 1 | Tier 1 | |
| NILUTAMIDE ORAL TABLET 150 MG | | Tier 1 | Specialty |
| *Antiestrogens*** | | | |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | Tier 1 | | |
| TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG | | Tier 1 | |
| TOREMIFENE CITRATE ORAL TABLET 60 MG | | Tier 1 | |
| *Antimetabolites*** | | | |
| CAPECITABINE ORAL TABLET 150 MG, 500 MG | | Tier 1 | Specialty |
| MERCAPTOPYRINE ORAL TABLET 50 MG | | Tier 1 | |
| METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML | | Tier 1 | |
| METHOTREXATE SODIUM INJECTION SOLUTION 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML | | Tier 1 | |
| METHOTREXATE SODIUM ORAL TABLET 2.5 MG | | Tier 1 | |
| TABLOID ORAL TABLET 40 MG | Tier 1 | | Specialty |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 1 | | |
| *Antineoplastic - Akt Inhibitors*** | | | |
| TRUQAP ORAL TABLET 160 MG, 200 MG | Tier 1 | | PA; Specialty; QL (64 EA per 28 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|--|
| *Antineoplastic - Alk Inhibitors*** | | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 1 | | PA; Specialty; QL (8 EA per 1 day) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | Tier 1 | | PA; Specialty; QL (30 EA per 180 days) |
| ALUNBRIG TABLET 180 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| ALUNBRIG TABLET 30 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| ALUNBRIG TABLET 90 MG ORAL | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| LORBRENA TABLET 100 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| LORBRENA TABLET 25 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| XALKORI CAPSULE 200 MG ORAL | Tier 1 | | PA; Specialty; QL (5 EA per 1 day) |
| XALKORI CAPSULE 250 MG ORAL | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| ZYKADIA ORAL TABLET 150 MG | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| *Antineoplastic - Anti-Cd20 Antibodies*** | | | |
| RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Tier 1 | | PA; Specialty |
| RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Tier 1 | | PA; Specialty |
| RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Tier 1 | | PA; Specialty |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Tier 1 | | PA; Specialty |
| *Antineoplastic - Anti-Her2 Agents*** | | | |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Antineoplastic - Bcr-Abl Kinase Inhibitors*** | | | |
| BOSULIF CAPSULE 100 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| BOSULIF CAPSULE 50 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| BOSULIF TABLET 100 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|---------------------------------------|
| BOSULIF TABLET 400 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| BOSULIF TABLET 500 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| DASATINIB ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | | Tier 1 | PA; Specialty |
| IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG | | Tier 1 | Specialty |
| SCEMBLIX TABLET 20 MG ORAL | Tier 1 | | PA; Specialty; QL (20 EA per 1 day) |
| SCEMBLIX TABLET 40 MG ORAL | Tier 1 | | PA; Specialty; QL (10 EA per 1 day) |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Antineoplastic - Braf Kinase Inhibitors*** | | | |
| BRAFTOVI ORAL CAPSULE 75 MG | Tier 1 | | PA; Specialty; QL (6 EA per 1 day) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | Tier 1 | | PA; Specialty; QL (3.5 ML per 1 day) |
| OJEMDA TABLET 100 MG ORAL | Tier 1 | | PA; Specialty; QL (0.58 EA per 1 day) |
| OJEMDA TABLET 100 MG ORAL | Tier 1 | | PA; Specialty; QL (0.72 EA per 1 day) |
| OJEMDA TABLET 100 MG ORAL | Tier 1 | | PA; Specialty; QL (0.86 EA per 1 day) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Antineoplastic - Btk Inhibitors*** | | | |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| CALQUENCE ORAL TABLET 100 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 1 | | PA; Specialty |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | Tier 1 | | PA; Specialty; QL (8 ML per 1 day) |
| IMBRUVICA ORAL TABLET 420 MG, 560 MG | Tier 1 | | PA; Specialty |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| *Antineoplastic - Egfr Inhibitors*** | | | |
| ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG | | Tier 1 | PA; Specialty |
| EXKIVITY ORAL CAPSULE 40 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Antineoplastic - Fgfr Kinase Inhibitors*** | | | |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 1 | | PA; Specialty; QL (5 EA per 1 day) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Antineoplastic - Gamma Secretase Inhibitors*** | | | |
| OGSIVEO ORAL TABLET 50 MG | Tier 1 | | PA; Specialty; QL (6 EA per 1 day) |
| *Antineoplastic - Hif-2-Alpha Inhibitors*** | | | |
| WELIREG ORAL TABLET 40 MG | Tier 1 | | PA; Specialty |
| *Antineoplastic - Histone Deacetylase Inhibitors*** | | | |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 1 | | PA; Specialty |
| *Antineoplastic - Hormonal And Related Agent Combinations*** | | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Antineoplastic - Kras Inhibitors*** | | | |
| KRAZATI ORAL TABLET 200 MG | Tier 1 | | PA; Specialty; QL (6 EA per 1 day) |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | Tier 1 | | PA; Specialty; QL (8 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------------------|
| *Antineoplastic - Mek Inhibitors*** | | | |
| COTELLIC ORAL TABLET 20 MG | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| MEKINIST TABLET 0.5 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| MEKINIST TABLET 2 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| MEKTOVI ORAL TABLET 15 MG | Tier 1 | | PA; Specialty; QL (6 EA per 1 day) |
| *Antineoplastic - Met Inhibitors*** | | | |
| TEPMETKO ORAL TABLET 225 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Antineoplastic - Mtor Kinase Inhibitors*** | | | |
| TORPENZ ORAL TABLET (EVEROLIMUS) 10 MG, 2.5 MG, 5 MG, 7.5 MG | Tier 1 | Tier 1 | PA; Specialty |
| *Antineoplastic - Multikinase Inhibitors*** | | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| FOTIVDA ORAL CAPSULE 1.34 MG | Tier 1 | | PA; Specialty; QL (0.75 EA per 1 day) |
| LAPATINIB DITOSYLATE ORAL TABLET 250 MG | | Tier 1 | Specialty |
| PAZOPANIB HCL ORAL TABLET 200 MG | | Tier 1 | PA; Specialty; QL (4 EA per 1 day) |
| RYDAPT ORAL CAPSULE 25 MG | Tier 1 | | PA; Specialty; QL (8 EA per 1 day) |
| SORAFENIB TOSYLATE ORAL TABLET 200 MG | | Tier 1 | PA; Specialty; QL (4 EA per 1 day) |
| SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | | Tier 1 | PA; Specialty |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Antineoplastic - Ret Inhibitors*** | | | |
| RETEVMO CAPSULE 40 MG ORAL | Tier 1 | | PA; Specialty; QL (6 EA per 1 day) |
| RETEVMO CAPSULE 80 MG ORAL | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** | | | |
| AUGTYRO ORAL CAPSULE 40 MG | Tier 1 | | PA; Specialty; QL (8 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------------------|
| ROZLYTREK CAPSULE 100 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| ROZLYTREK CAPSULE 200 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| ROZLYTREK ORAL PACKET 50 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Antineoplastic Combinations*** | | | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 1 | | PA; Specialty |
| *Antineoplastics Misc.*** | | | |
| HYDROXYUREA ORAL CAPSULE 500 MG | | Tier 1 | |
| MATULANE ORAL CAPSULE 50 MG | Tier 1 | | Specialty |
| *Aromatase Inhibitors*** | | | |
| ANASTROZOLE ORAL TABLET 1 MG | | Tier 1 | |
| EXEMESTANE ORAL TABLET 25 MG | | Tier 1 | |
| LETROZOLE ORAL TABLET 2.5 MG | | Tier 1 | |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 1 | | PA; Specialty; QL (21 EA per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 1 | | PA; Specialty; QL (21 EA per 28 days) |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | Tier 1 | | PA; Specialty |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 1 | | PA; Specialty |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 1 | | PA; Specialty |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Estrogens-Antineoplastic*** | | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 1 | | PA |
| *Folic Acid Antagonists Rescue Agents*** | | | |
| LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG | | Tier 1 | |
| *Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** | | | |
| REZLIDHIA ORAL CAPSULE 150 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| TIBSOVO ORAL TABLET 250 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------------------|
| *Janus Associated Kinase (Jak) Inhibitors*** | | | |
| VONJO ORAL CAPSULE 100 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Lhrh Analogs*** | | | |
| ELIGARD KIT 22.5 MG SUBCUTANEOUS | Tier 1 | | Specialty; QL (1 EA per 84 days) |
| ELIGARD KIT 30 MG SUBCUTANEOUS | Tier 1 | | Specialty; QL (1 EA per 112 days) |
| ELIGARD KIT 45 MG SUBCUTANEOUS | Tier 1 | | Specialty; QL (1 EA per 168 days) |
| ELIGARD KIT 7.5 MG SUBCUTANEOUS | Tier 1 | | Specialty; QL (1 EA per 28 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | Tier 1 | | PA; Specialty; QL (1 EA per 28 days) |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | Tier 1 | | PA; Specialty; QL (1 EA per 84 days) |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | Tier 1 | | PA; Specialty; QL (1 EA per 112 days) |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 1 | | PA; Specialty; QL (1 EA per 168 days) |
| *Mitotic Inhibitors*** | | | |
| ETOPOSIDE ORAL CAPSULE 50 MG | | Tier 1 | Specialty |
| *Nitrogen Mustards And Related Analogues*** | | | |
| LEUKERAN ORAL TABLET 2 MG | Tier 1 | | PA |
| MELPHALAN ORAL TABLET 2 MG | | Tier 1 | Specialty |
| *Nitrosoureas*** | | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Tier 1 | | PA; Specialty |
| *Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** | | | |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | | |
| LYNPARZA TABLET 100 MG ORAL | Tier 1 | | PA; Specialty; QL (6 EA per 1 day) |
| LYNPARZA TABLET 150 MG ORAL | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------------------|
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Progestins-Antineoplastic*** | | | |
| MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML | | Tier 1 | |
| MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG | | Tier 1 | |
| *Retinoids*** | | | |
| TRETINOIN ORAL CAPSULE 10 MG | | Tier 1 | Specialty |
| *Selective Estrogen Receptor Degraders*** | | | |
| ORSERDU TABLET 345 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| ORSERDU TABLET 86 MG ORAL | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| *Selective Retinoid X Receptor Agonists*** | | | |
| BEXAROTENE ORAL CAPSULE 75 MG | | Tier 1 | Specialty |
| *Topoisomerase I Inhibitors*** | | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 1 | | PA; Specialty |
| *Urinary Tract Protective Agents*** | | | |
| MESNEX ORAL TABLET 400 MG | Tier 1 | | Specialty |
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** | | | |
| FRUZAQLA CAPSULE 1 MG ORAL | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| FRUZAQLA CAPSULE 5 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 1 | | PA; Specialty |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | Tier 1 | | PA; Specialty |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | Tier 1 | | PA; Specialty |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | Tier 1 | | PA; Specialty |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | Tier 1 | | PA; Specialty |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | Tier 1 | | PA; Specialty |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 1 | | PA; Specialty |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | Tier 1 | | PA; Specialty |
| *Antiparkinson And Related Therapy Agents* | | | |
| *Antiparkinson Anticholinergics*** | | | |
| BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 1 | |
| TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG, 5 MG | | Tier 1 | |
| *Antiparkinson Dopaminergics*** | | | |
| AMANTADINE HCL ORAL CAPSULE 100 MG | | Tier 1 | |
| AMANTADINE HCL ORAL SOLUTION 50 MG/5ML | | Tier 1 | |
| AMANTADINE HCL ORAL TABLET 100 MG | | Tier 1 | |
| BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG | | Tier 1 | |
| BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG | | Tier 1 | |
| *Antiparkinson Monoamine Oxidase Inhibitors*** | | | |
| SELEGILINE HCL ORAL CAPSULE 5 MG | | Tier 1 | |
| SELEGILINE HCL ORAL TABLET 5 MG | | Tier 1 | |
| *Levodopa Combinations*** | | | |
| CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG | | Tier 1 | |
| CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG | | Tier 1 | |
| *Nonergoline Dopamine Receptor Agonists*** | | | |
| PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG | | Tier 1 | PA |
| ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG | | Tier 1 | PA |
| *Antipsychotics/Antimanic Agents* | | | |
| *Phenothiazines*** | | | |
| COMPRO RECTAL SUPPOSITORY (PROCHLORPERAZINE) 25 MG | Tier 1 | Tier 1 | |
| PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG, 5 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| *Antivirals* | | | |
| *Antiretroviral Combinations*** | | | |
| ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG | | Tier 1 | |
| BIKTARVY TABLET 30-120-15 MG ORAL | Tier 1 | | AGE (Max 10 Years) |
| BIKTARVY TABLET 50-200-25 MG ORAL | Tier 1 | | QL (1 EA per 1 day) |
| CIMDUO ORAL TABLET 300-300 MG | Tier 1 | | QL (1 EA per 1 day) |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 1 | | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 1 | | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | Tier 1 | | PA; QL (1 EA per 1 day) |
| DOVATO ORAL TABLET 50-300 MG | Tier 1 | | QL (1 EA per 1 day) |
| EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG | | Tier 1 | |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG, 600-300-300 MG | | Tier 1 | |
| EMTRICITABINE-TENOFOVIR DF ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | | Tier 1 | |
| EVOTAZ ORAL TABLET 300-150 MG | Tier 1 | | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 1 | | QL (1 EA per 1 day) |
| JULUCA ORAL TABLET 50-25 MG | Tier 1 | | |
| LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG | | Tier 1 | |
| LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML | | Tier 1 | |
| LOPINAVIR-RITONAVIR ORAL TABLET 100-25 MG, 200-50 MG | | Tier 1 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 1 | | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 1 | | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | Tier 1 | | QL (1 EA per 1 day) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 1 | | |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | | Tier 1 | QL (10 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|----------------------------|
| *Antiretrovirals - Capsid Inhibitors*** | | | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | Tier 1 | | PA; QL (1 EA per 180 days) |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** | | | |
| MARAVIROC ORAL TABLET 150 MG, 300 MG | | Tier 1 | |
| *Antiretrovirals - Fusion Inhibitors*** | | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | Tier 1 | | QL (2 EA per 1 day) |
| *Antiretrovirals - Gp120-Directed Attachment Inhibitor*** | | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | Tier 1 | | QL (2 EA per 1 day) |
| *Antiretrovirals - Integrase Inhibitors*** | | | |
| ISENTRESS HD ORAL TABLET 600 MG | Tier 1 | | QL (2 EA per 1 day) |
| ISENTRESS ORAL PACKET 100 MG | Tier 1 | | |
| ISENTRESS ORAL TABLET 400 MG | Tier 1 | | |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | Tier 1 | | |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | Tier 1 | | |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | Tier 1 | | QL (6 EA per 1 day) |
| *Antiretrovirals - Protease Inhibitors*** | | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 1 | | |
| ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG | | Tier 1 | |
| DARUNAVIR ORAL TABLET 600 MG, 800 MG | | Tier 1 | |
| FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG | | Tier 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | Tier 1 | | |
| NORVIR ORAL CAPSULE 100 MG | Tier 1 | | |
| NORVIR ORAL SOLUTION 80 MG/ML | Tier 1 | | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 1 | | AGE (Max 10 Years) |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Tier 1 | | |
| REYATAZ ORAL PACKET 50 MG | Tier 1 | | AGE (Max 10 Years) |
| RITONAVIR ORAL TABLET 100 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** | | | |
| EDURANT ORAL TABLET 25 MG | Tier 1 | | |
| EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG | | Tier 1 | |
| EFAVIRENZ ORAL TABLET 600 MG | | Tier 1 | |
| ETRAVIRINE ORAL TABLET 100 MG, 200 MG | | Tier 1 | |
| INTELENCE ORAL TABLET 25 MG | Tier 1 | | AGE (Max 10 Years) |
| NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG | | Tier 1 | |
| NEVIRAPINE ORAL SUSPENSION 50 MG/5ML | | Tier 1 | |
| NEVIRAPINE ORAL TABLET 200 MG | | Tier 1 | |
| PIFELTRO ORAL TABLET 100 MG | Tier 1 | | QL (1 EA per 1 day) |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** | | | |
| ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML | | Tier 1 | |
| ABACAVIR SULFATE ORAL TABLET 300 MG | | Tier 1 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** | | | |
| EMTRICITABINE ORAL CAPSULE 200 MG | | Tier 1 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 1 | | |
| LAMIVUDINE ORAL SOLUTION 10 MG/ML | | Tier 1 | |
| LAMIVUDINE ORAL TABLET 150 MG, 300 MG | | Tier 1 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** | | | |
| STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG | | Tier 1 | |
| ZIDOVUDINE ORAL CAPSULE 100 MG | | Tier 1 | |
| ZIDOVUDINE ORAL SYRUP 50 MG/5ML | | Tier 1 | |
| ZIDOVUDINE ORAL TABLET 300 MG | | Tier 1 | |
| *Antiretrovirals - Rti-Nucleotide Analogues*** | | | |
| TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG | | Tier 1 | |
| VIREAD ORAL POWDER 40 MG/GM | Tier 1 | | AGE (Max 10 Years) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | Tier 1 | | AGE (Max 10 Years) |
| *Hepatitis B Agents*** | | | |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | Tier 1 | | |
| *Hepatitis C Agent - Combinations*** | | | |
| MAVYRET ORAL TABLET 100-40 MG | Tier 1 | | ST; Specialty; QL (3 EA per 1 day) |
| SOFOBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | | Tier 1 | ST; Specialty; QL (1 EA per 1 day) |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 1 | | PA; Specialty |
| *Hepatitis C Agents*** | | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 1 | | Specialty |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | Tier 1 | | Specialty |
| RIBAVIRIN ORAL CAPSULE 200 MG | | Tier 1 | Specialty |
| RIBAVIRIN ORAL TABLET 200 MG | | Tier 1 | Specialty |
| *Herpes Agents - Purine Analogues*** | | | |
| ACYCLOVIR ORAL CAPSULE 200 MG | | Tier 1 | |
| ACYCLOVIR ORAL SUSPENSION 200 MG/5ML | | Tier 1 | |
| ACYCLOVIR ORAL TABLET 400 MG, 800 MG | | Tier 1 | |
| VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG | | Tier 1 | ST |
| *Neuraminidase Inhibitors*** | | | |
| OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG, 45 MG, 75 MG | | Tier 1 | |
| OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML | | Tier 1 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 1 | | |
| *Beta Blockers* | | | |
| *Alpha-Beta Blockers*** | | | |
| CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | | Tier 1 | Extended DS (90 Days) |
| LABELTALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Beta Blockers Cardio-Selective*** | | | |
| ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG | | Tier 1 | |
| ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG | | Tier 1 | Extended DS (90 Days) |
| NEBIVOLOL HCL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | | Tier 1 | |
| *Beta Blockers Non-Selective*** | | | |
| NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG | | Tier 1 | |
| PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML | | Tier 1 | AGE (Max 10 Years) |
| PROPRANOLOL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 60 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| SORINE ORAL TABLET (SOTALOL HCL) 120 MG, 160 MG, 240 MG, 80 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG | | Tier 1 | |
| *Calcium Channel Blockers* | | | |
| *Calcium Channel Blockers*** | | | |
| AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | Tier 1 | | Extended DS (90 Days) |
| DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | | Tier 1 | |
| DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 60 MG, 90 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG | | Tier 1 | |
| DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG | | Tier 1 | Extended DS (90 Days) |
| DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG | | Tier 1 | Extended DS (90 Days) |
| FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG | | Tier 1 | Extended DS (90 Days) |
| NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG | | Tier 1 | Extended DS (90 Days) |
| NIFEDIPINE ORAL CAPSULE 10 MG | | Tier 1 | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG | Tier 1 | Tier 1 | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG | Tier 1 | Tier 1 | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG, 360 MG | Tier 1 | Tier 1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG, 420 MG | Tier 1 | Tier 1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG | Tier 1 | Tier 1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG, 360 MG | Tier 1 | Tier 1 | |
| VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG | | Tier 1 | |
| VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG | | Tier 1 | Extended DS (90 Days) |
| VERAPAMIL HCL ORAL TABLET 120 MG, 40 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--------------------------------------|
| *Cardiotonics* | | | |
| *Cardiac Glycosides*** | | | |
| DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG | Tier 1 | Tier 1 | |
| *Cardiovascular Agents - Misc.* | | | |
| *Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** | | | |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | Tier 1 | | PA |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 1 | | PA |
| *Prostaglandin Vasodilators*** | | | |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | Tier 1 | | PA; Specialty |
| TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | | Tier 1 | PA; Specialty |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | Tier 1 | | PA; Specialty; QL (2.9 ML per 1 day) |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML | Tier 1 | | PA; Specialty; QL (2.9 ML per 1 day) |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML | Tier 1 | | PA; Specialty; QL (2.9 ML per 1 day) |
| *Pulmonary Hypertension - Activin Signaling Inhibitor*** | | | |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | Tier 1 | | PA; Specialty; QL (1 EA per 21 days) |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** | | | |
| AMBRISENTAN ORAL TABLET 10 MG, 5 MG | | Tier 1 | PA; Specialty; QL (1 EA per 1 day) |
| BOSENTAN ORAL TABLET 125 MG, 62.5 MG | | Tier 1 | PA; Specialty; QL (2 EA per 1 day) |
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | | |
| ALYQ ORAL TABLET (TADALAFIL (PAH)) 20 MG | Tier 1 | Tier 1 | PA; Specialty; QL (2 EA per 1 day) |
| SILDENAFIL CITRATE ORAL TABLET 20 MG | | Tier 1 | PA; Specialty; QL (3 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Cephalosporins* | | | |
| *Cephalosporins - 1St Generation*** | | | |
| CEFADROXIL ORAL CAPSULE 500 MG | | Tier 1 | |
| CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG | | Tier 1 | |
| CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML | | Tier 1 | |
| CEPHALEXIN ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| *Cephalosporins - 2Nd Generation*** | | | |
| CEFACLOR ORAL CAPSULE 250 MG, 500 MG | | Tier 1 | |
| CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML, 375 MG/5ML | | Tier 1 | |
| CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| *Cephalosporins - 3Rd Generation*** | | | |
| CEFDINIR ORAL CAPSULE 300 MG | | Tier 1 | |
| CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML | | Tier 1 | |
| CEFIXIME ORAL CAPSULE 400 MG | | Tier 1 | |
| CEFIXIME ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | | Tier 1 | |
| CEFPODOXIME PROXETIL ORAL TABLET 100 MG, 200 MG | | Tier 1 | |
| *Contraceptives* | | | |
| *Biphasic Contraceptives - Oral*** | | | |
| AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | Tier 1 | | |
| PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | | Tier 1 | |
| VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| *Combination Contraceptives - Oral*** | | | |
| AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | | |
| AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | | |
| BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| DASETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG | | Tier 1 | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | | |
| HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| JOYEAUX ORAL TABLET (LEVONORGEST-ETH ESTRADIOL-IRON) 0.1-20 MG-MCG(21) | Tier 1 | Tier 1 | |
| JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG | Tier 1 | Tier 1 | |
| KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG | Tier 1 | Tier 1 | |
| KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | | |
| LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG | Tier 1 | Tier 1 | |
| LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| MARLISSA ORAL TABLET 0.15-30 MG-MCG | | Tier 1 | |
| MERZEE ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG | Tier 1 | | |
| MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG | Tier 1 | Tier 1 | |
| MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | | |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG | Tier 1 | | |
| NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | | |
| NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | | |
| TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG | Tier 1 | | |
| TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG | Tier 1 | Tier 1 | |
| VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| WERA ORAL TABLET 0.5-35 MG-MCG | Tier 1 | | |
| WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| *Combination Contraceptives - Transdermal*** | | | |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR | Tier 1 | | |
| XULANE TRANSDERMAL PATCH WEEKLY (NOELGESTROMIN-ETH ESTRADIOL) 150-35 MCG/24HR | Tier 1 | Tier 1 | |
| ZAFEMY TRANSDERMAL PATCH WEEKLY (NOELGESTROMIN-ETH ESTRADIOL) 150-35 MCG/24HR | Tier 1 | Tier 1 | |
| *Combination Contraceptives - Vaginal*** | | | |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR | Tier 1 | | QL (1 EA per 330 days) |
| ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR | Tier 1 | Tier 1 | |
| ENILLORING VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR | Tier 1 | Tier 1 | |
| HALOETTE VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR | Tier 1 | Tier 1 | |
| *Continuous Contraceptives - Oral*** | | | |
| AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| DOLISHALE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG | Tier 1 | Tier 1 | |
| *Emergency Contraceptives*** | | | |
| AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| AFTERPILL ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| CURAE ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| ELLA ORAL TABLET 30 MG | Tier 1 | | |
| HER STYLE ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| PLAN B ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| *Extended-Cycle Contraceptives - Oral*** | | | |
| AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |
| ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG | Tier 1 | Tier 1 | |
| CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG | Tier 1 | Tier 1 | |
| DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG | Tier 1 | Tier 1 | |
| FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS | Tier 1 | Tier 1 | |
| ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG | Tier 1 | Tier 1 | |
| JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG | Tier 1 | Tier 1 | |
| RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS | Tier 1 | Tier 1 | |
| SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG | Tier 1 | Tier 1 | |
| *Four Phase Contraceptives - Oral*** | | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | Tier 1 | | |
| *Progestin Contraceptives - Injectable*** | | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | Tier 1 | | |
| MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML | | Tier 1 | |
| *Progestin Contraceptives - Oral*** | | | |
| CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| EMZAHH ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| LYLEQ ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| OPILL ORAL TABLET 0.075 MG | Tier 1 | | |
| SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| SLYND ORAL TABLET 4 MG | Tier 1 | | |
| *Triphasic Contraceptives - Oral*** | | | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | | |
| DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50- 30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG- MCG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |
| NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| TILIA FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG | Tier 1 | Tier 1 | |
| TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-LEGEST FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG | Tier 1 | Tier 1 | |
| TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-NYMYO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |
| TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG | Tier 1 | | |
| *Corticosteroids* | | | |
| *Glucocorticosteroids*** | | | |
| BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG | | Tier 1 | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 1 | | |
| DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML | | Tier 1 | |
| DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML | | Tier 1 | |
| DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG | | Tier 1 | |
| HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 1 | |
| METHYLPREDNISOLONE ORAL TABLET 4 MG | | Tier 1 | |
| METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG | | Tier 1 | |
| PREDNISOLONE ORAL SOLUTION 15 MG/5ML | | Tier 1 | |
| PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML, 6.7 (5 BASE) MG/5ML | | Tier 1 | |
| PREDNISONE ORAL SOLUTION 5 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| PREDNISONE ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48) | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------------------|
| *Mineralocorticoids*** | | | |
| FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG | | Tier 1 | |
| *Cough/Cold/Allergy* | | | |
| *Antitussive - Nonnarcotic*** | | | |
| BENZONATATE ORAL CAPSULE 100 MG, 200 MG | | Tier 1 | |
| CVS TUSSIN LONG-ACTING ORAL LIQUID 15 MG/5ML | | Tier 1 | |
| EQL TUSSIN COUGH LONG-ACTING ORAL SYRUP 15 MG/5ML | | Tier 1 | |
| GILTUSS HONEY DM CHILDRENS ORAL LIQUID (QC COUGH RELIEF) 15 MG/5ML | Tier 1 | Tier 1 | |
| GILTUSS HONEY DM ORAL LIQUID (QC COUGH RELIEF) 30 MG/10ML | Tier 1 | Tier 1 | |
| GNP TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML | | Tier 1 | |
| PX TUSSIN MAX ORAL SYRUP 15 MG/5ML | | Tier 1 | |
| ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML | Tier 1 | | |
| SM COUGH RELIEF ORAL SYRUP 15 MG/5ML | | Tier 1 | |
| TUSSIN COUGH ORAL SYRUP 15 MG/5ML | | Tier 1 | |
| WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID (QC COUGH RELIEF) 15 MG/5ML | Tier 1 | Tier 1 | |
| WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP (CVS TUSSIN MAXIMUM STRENGTH) 15 MG/5ML | Tier 1 | Tier 1 | |
| *Antitussive - Opioid*** | | | |
| HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| HYDROCODONE BIT-HOMATROP MBR ORAL TABLET 5-1.5 MG | | Tier 1 | QL (6 EA per 1 day) |
| HYDROMET ORAL SOLUTION 5-1.5 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| *Antitussive-Expectorant - Decongest-Analgesic*** | | | |
| COLD MULTI-SYMPATOM SEVERE DAY ORAL TABLET 5-10-200-325 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-------------------------------------|
| *Antitussive-Expectorant*** | | | |
| CHEST CONGESTION RELIEF DM ORAL SYRUP 10-100 MG/5ML | | Tier 1 | |
| CODITUSSIN AC ORAL LIQUID 200-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| DEXTROMETHORPHAN-GUAIFENESIN ORAL SYRUP 10-100 MG/5ML, 20-200 MG/10ML | | Tier 1 | |
| EQ TUSSIN DM COUGH/CHEST ORAL SYRUP 10-100 MG/5ML | | Tier 1 | |
| EQL TUSSIN DM COUGH/CHEST CONG ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| G TUSSIN AC ORAL SOLUTION 100-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| GERI-TUSSIN DM ORAL SYRUP 10-100 MG/5ML | | Tier 1 | |
| GUAIATUSSIN AC ORAL SYRUP 100-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| GUAICON DMS ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| GUAIFENESIN AC ORAL SYRUP 100-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML, 200-20 MG/10ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| GUAIFENESIN-DM ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| MAXI-TUSS AC ORAL SOLUTION 100-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| MEDI-TUSSIN DM ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| RA TUSSIN COUGH DM SUGAR FREE ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| SILTUSSIN-DM ALCOHOL FREE ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| SM TUSSIN COUGH/CHEST CONGEST ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| SM TUSSIN DM ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| TUSSIN DM ORAL SYRUP 100-10 MG/5ML | | Tier 1 | |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP (ALTARUSSIN DM) 100-10 MG/5ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-------------------------------------|
| *Antitussive-Expectorants-Decongestant*** | | | |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| *Decongestant & Antihistamine*** | | | |
| ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| ALLERGY RELIEF D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| ALLERGY RELIEF D-24 ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| CVS ALLERGY RELIEF-D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| EQ ALLERGY & CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 1 | Tier 1 | |
| EQL ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| FT ALLERGY D-12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| FT ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| GNP ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| GNP ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| HM ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| HM ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 1 | Tier 1 | |
| KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 1 | Tier 1 | |
| LORATADINE-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| LORATADINE-D 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| MEIJER ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| PX ALLERGY RELIEF D (LORATID) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| QC LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| RA ALLERGY RELF & NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| RA ALLERGY RLF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| RA ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| SB ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |
| SM LORATADINE D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 1 | |
| SM LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 1 | Tier 1 | |
| WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 1 | Tier 1 | |
| WAL-TAP CHILDRENS ORAL ELIXIR 1-2.5 MG/5ML | Tier 1 | | Extended DS (90 Days) |
| *Decongestant-Analgesic*** | | | |
| ALL DAY SINUS/COLD D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG | | Tier 1 | |
| CVS SINUS & COLD-D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG | | Tier 1 | |
| EQ SINUS & COLD-D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG | | Tier 1 | |
| *Expectorants*** | | | |
| ALTARUSSIN ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| BUCKLEYS CHEST CONGESTION ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 100 MG/5ML | Tier 1 | Tier 1 | |
| CHEST CONGESTION CHILDRENS ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| CHEST CONGESTION RELIEF CHILD ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| COUGHTAB ORAL TABLET 200 MG | | Tier 1 | |
| CVS CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| CVS TUSSIN ADULT CHEST CONGEST ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 100 MG/5ML | Tier 1 | Tier 1 | |
| DIABETIC TUSSIN EX ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 100 MG/5ML | Tier 1 | Tier 1 | |
| EQL TUSSIN MUCUS/CHEST CONGEST ORAL LIQUID 100 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FT CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| FT TUSSIN ADULT ORAL LIQUID 200 MG/10ML | | Tier 1 | |
| GERI-TUSSIN ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| GERI-TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 1 | |
| GNP MUCUS RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| GNP TAB TUSSIN ORAL TABLET 400 MG | | Tier 1 | |
| GNP TUSSIN MUCUS & CHEST CONG ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| GOODSENSE MUCUS RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| GUAIFENESIN ORAL LIQUID 100 MG/5ML, 200 MG/10ML, 300 MG/15ML | | Tier 1 | |
| GUAIFENESIN ORAL TABLET 200 MG | | Tier 1 | |
| HM CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| KLS MUCUS RELIEF CHEST ORAL TABLET 400 MG | | Tier 1 | |
| MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 200 MG/10ML | Tier 1 | Tier 1 | |
| MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 400 MG/20ML | Tier 1 | Tier 1 | |
| MUCOSA ORAL TABLET 400 MG | | Tier 1 | |
| MUCUS & CHEST CONGESTION ORAL LIQUID 100 MG/5ML, 200 MG/10ML | | Tier 1 | |
| MUCUS RELIEF CHEST CONGESTION ORAL LIQUID 400 MG/20ML | | Tier 1 | |
| MUCUS RELIEF CHEST CONGESTION ORAL TABLET 400 MG | | Tier 1 | |
| MUCUS RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| MUCUS+CHEST CONGESTION ORAL LIQUID 200 MG/10ML | | Tier 1 | |
| PHARBINEX ORAL TABLET 400 MG | | Tier 1 | |
| PX TUSSIN ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| QC MEDIFIN 400 ORAL TABLET 400 MG | | Tier 1 | |
| QC MEDIFIN MUCUS RELIEF CHILD ORAL LIQUID 100 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| QC MUCUS RELIEF CHILDRENS ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| QC TUSSIN EXPECTORANT ADULT ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| QC TUSSIN MUCUS/CONGESTION ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| RA TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| RA TUSSIN ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| REFENESEN 400 ORAL TABLET 400 MG | | Tier 1 | |
| ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 200 MG/10ML | Tier 1 | Tier 1 | |
| SB COUGH CONTROL ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| SB COUGHTAB ORAL TABLET 200 MG | | Tier 1 | |
| SB MUCUS RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| SILTUSSIN SA ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| SM CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 1 | |
| SM MUCUS RELIEF CHILDRENS ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| SM TUSSIN MUCUS+CHEST CONGEST ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| TUSNEL-EX ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 100 MG/5ML | Tier 1 | Tier 1 | |
| TUSSIN MUCUS & CHEST CONGEST ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| TUSSIN MUCUS+CHEST CONGEST SF ORAL LIQUID 200 MG/10ML | | Tier 1 | |
| TUSSIN MUCUS+CHEST CONGESTION ORAL LIQUID 100 MG/5ML | | Tier 1 | |
| WAL-TUSSIN CHEST CONGESTION ORAL LIQUID (SCOT-TUSSIN EXPECTORANT) 100 MG/5ML | Tier 1 | Tier 1 | |
| WAL-TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 1 | |
| XPECT ORAL TABLET (GUAIFENESIN) 400 MG | Tier 1 | Tier 1 | |
| *Misc. Respiratory Inhalants*** | | | |
| SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------------------|
| *Non-Narc Antitussive-Antihistamine*** | | | |
| PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML | | Tier 1 | |
| *Opioid Antitussive-Antihistamine*** | | | |
| HYDROCOD POLI-CHLORPHE POLI ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| PROMETHAZINE-CODEINE ORAL SYRUP 6.25-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| *Opioid Antitussive-Decongestant-Antihistamine*** | | | |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | | Tier 1 | QL (240 ML Max Qty Per Fill Retail) |
| *Dermatologicals* | | | |
| *Acne Antibiotics*** | | | |
| CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 % | | Tier 1 | AGE (Max 20 Years) |
| CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 % | | Tier 1 | AGE (Max 20 Years) |
| ERYTHROMYCIN EXTERNAL GEL 2 % | | Tier 1 | PA |
| ERYTHROMYCIN EXTERNAL SOLUTION 2 % | | Tier 1 | PA |
| *Acne Combinations*** | | | |
| CLINDAMYCIN PHOS-BENZOYL PEROX GEL 1-5 % EXTERNAL | | Tier 1 | PA |
| NEUAC EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1.2-5 % | Tier 1 | Tier 1 | AGE (Max 20 Years) |
| *Acne Products*** | | | |
| ACUTANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | Tier 1 | PA |
| ACNE FOAMING WASH EXTERNAL LIQUID 10 % | | Tier 1 | AGE (Max 20 Years) |
| ACNE MEDICATION 10 EXTERNAL GEL 10 % | | Tier 1 | AGE (Max 20 Years) |
| ACNE MEDICATION 2.5 EXTERNAL GEL 2.5 % | | Tier 1 | AGE (Max 20 Years) |
| ACNE MEDICATION 5 EXTERNAL GEL 5 % | | Tier 1 | AGE (Max 20 Years) |
| ACNE TREATMENT EXTERNAL GEL 10 % | | Tier 1 | AGE (Max 20 Years) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ACNE-CLEAR EXTERNAL GEL 10 % | | Tier 1 | AGE (Max 20 Years) |
| AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG | Tier 1 | Tier 1 | PA |
| BENZOYL PEROXIDE EXTERNAL GEL 10 %, 2.5 %, 5 % | | Tier 1 | AGE (Max 20 Years) |
| BENZOYL PEROXIDE EXTERNAL LIQUID 10 % | | Tier 1 | AGE (Max 20 Years) |
| BENZOYL PEROXIDE WASH EXTERNAL LIQUID 10 %, 5 % | | Tier 1 | AGE (Max 20 Years) |
| BP GEL EXTERNAL GEL 10 %, 5 % | | Tier 1 | AGE (Max 20 Years) |
| BP WASH EXTERNAL LIQUID 10 %, 5 % | | Tier 1 | AGE (Max 20 Years) |
| CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | Tier 1 | PA |
| CVS ACNE FOAMING FACE WASH EXTERNAL LIQUID 10 % | | Tier 1 | AGE (Max 20 Years) |
| CVS ACNE TREATMENT EXTERNAL GEL 10 % | | Tier 1 | AGE (Max 20 Years) |
| CVS ADVANCED 3-IN-1 CLEANSER EXTERNAL LIQUID 5 % | | Tier 1 | AGE (Max 20 Years) |
| CVS FOAMING ACNE FACE WASH EXTERNAL LIQUID 10 % | | Tier 1 | AGE (Max 20 Years) |
| MYORISAN ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | Tier 1 | PA |
| TRETINOIN EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % | | Tier 1 | PA |
| TRETINOIN EXTERNAL GEL 0.01 %, 0.025 % | | Tier 1 | PA |
| ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | Tier 1 | PA |
| *Antibiotic Mixtures Topical*** | | | |
| CVS ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| CVS POLY BACITRACIN EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| DOUBLE ANTIBIOTIC EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| EQ TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| EQL FIRST AID ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FIRST AID ANTIBIOTIC EXTERNAL OINTMENT 3.5-500-10000 | | Tier 1 | |
| FT DOUBLE ANTIBIOTIC EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| FT TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| GNP TRIPLE ANTIBIOTIC EXTERNAL OINTMENT | | Tier 1 | |
| GOODSENSE FIRST AID ANTIBIOTIC EXTERNAL OINTMENT | | Tier 1 | |
| HM DOUBLE ANTIBIOTIC EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| HM TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| KP DOUBLE ANTIBIOTIC EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| LANABIOTIC EXTERNAL OINTMENT (TRIPLE ANTIBIOTIC) 5-500-10000 | Tier 1 | Tier 1 | |
| MEDI-FIRST TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 5-400-5000 MG-UNIT | | Tier 1 | |
| MEIJER TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| NEOSPORIN EXTERNAL OINTMENT (RA DOUBLE ANTIBIOTIC) 500-10000 UNIT/GM | Tier 1 | Tier 1 | |
| NEOSPORIN ORIGINAL EXTERNAL OINTMENT (TRIPLE ANTIBIOTIC) | Tier 1 | Tier 1 | |
| POLY BACITRACIN EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| POLYSPORIN EXTERNAL OINTMENT (RA DOUBLE ANTIBIOTIC) 500-10000 UNIT/GM | Tier 1 | Tier 1 | |
| PX TRIPLE EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| QC TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| RA TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| SB TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| SM DOUBLE ANTIBIOTIC EXTERNAL OINTMENT 500-10000 UNIT/GM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SM TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| SM TRIPLE ANTIBIOTIC ORIGINAL EXTERNAL OINTMENT 3.5-400-5000 | | Tier 1 | |
| TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 , 5-400-5000 , 5-400-5000 MG-UNIT | | Tier 1 | |
| WAL-SPORIN EXTERNAL OINTMENT 500-100000 UNIT/GM | | Tier 1 | |
| *Antibiotics - Topical*** | | | |
| ALTABAX EXTERNAL OINTMENT 1 % | Tier 1 | | |
| ANTIBIOTIC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| BACITRACIN ZINC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| BACITRACIN ZINC-ALOE EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| BACITRAYCIN PLUS EXTERNAL OINTMENT (BACITRACIN) 500 UNIT/GM | Tier 1 | Tier 1 | |
| CVS BACITRACIN EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| CVS BACITRACIN ZINC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| EQ BACITRACIN ZINC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| EQL BACITRACIN ZINC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| FT ANTIBIOTIC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| GNP BACITRACIN ZINC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| HM BACITRACIN ZINC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| MUPIROCIN EXTERNAL OINTMENT 2 % | | Tier 1 | |
| QC BACITRACIN EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| RA BACITRACIN EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| RA BACITRACIN ZINC FIRST AID EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| SB BACITRACIN EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-----------------------------|
| SM ANTIBIOTIC EXTERNAL OINTMENT 500 UNIT/GM | | Tier 1 | |
| *Antifungals - Topical*** | | | |
| ATHLETES FOOT (TERBINAFINE) EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 % | Tier 1 | Tier 1 | PA; QL (6.6 ML per 30 days) |
| CVS ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| CVS JOCK ITCH EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| EQ ATHLETES FOOT (TERBINAFINE) EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| EQL ATHLETES FOOT(TERBINAFINE) EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| FT ATHLETES FOOT (TERBINAFINE) EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| GNP TERBINAFINE HYDROCHLORIDE EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| KLAYESTA EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM | Tier 1 | Tier 1 | QL (60 GM per 30 days) |
| NYAMYC EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM | Tier 1 | Tier 1 | QL (60 GM per 30 days) |
| NYSTATIN EXTERNAL CREAM 100000 UNIT/GM | | Tier 1 | QL (60 GM per 30 days) |
| NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM | | Tier 1 | QL (60 GM per 30 days) |
| NYSTOP EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM | Tier 1 | Tier 1 | QL (60 GM per 30 days) |
| QC ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| RA ANTIFUNGAL FOOT CARE EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| RA FOOT CARE (TERBINAFINE) EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| SM ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| TERBINAFINE HCL EXTERNAL CREAM 1 % | | Tier 1 | QL (60 GM per 30 days) |
| *Anti-Inflammatory Agents - Topical*** | | | |
| ALEVE ARTHRITIS PAIN EXTERNAL GEL (DICLOFENAC SODIUM) 1 % | Tier 1 | Tier 1 | QL (500 GM per 30 days) |
| ARTHRITIS PAIN RELIEVER EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--------------------------------------|
| ASPERCREME ARTHRITIS PAIN EXTERNAL GEL (DICLOFENAC SODIUM) 1 % | Tier 1 | Tier 1 | QL (500 GM per 30 days) |
| CVS DICLOFENAC SODIUM EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| EQ ARTHRITIS PAIN EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| EQ ARTHRITIS PAIN RELIEVER EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| FT ARTHRITIS PAIN EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| GNP ARTHRITIS PAIN EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| GNP DICLOFENAC SODIUM EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| GOODSENSE ARTHRITIS PAIN EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| KLS ARTHRITIS PAIN RELIEF EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| KLS DICLOFENAC SODIUM EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| MM ARTHRITIS PAIN RELIEVER EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| MOTRIN ARTHRITIS PAIN EXTERNAL GEL (DICLOFENAC SODIUM) 1 % | Tier 1 | Tier 1 | QL (500 GM per 30 days) |
| PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL (DICLOFENAC SODIUM) 1 % | Tier 1 | Tier 1 | QL (500 GM per 30 days) |
| QC DICLOFENAC SODIUM EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| SM ARTHRITIS PAIN EXTERNAL GEL 1 % | | Tier 1 | QL (500 GM per 30 days) |
| VOLTAREN ARTHRITIS PAIN EXTERNAL GEL (DICLOFENAC SODIUM) 1 % | Tier 1 | Tier 1 | QL (500 GM per 30 days) |
| *Antineoplastic Antimetabolites - Topical*** | | | |
| FLUOROURACIL EXTERNAL CREAM 5 % | | Tier 1 | PA |
| FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 % | | Tier 1 | PA |
| *Antipsoriatics - Systemic*** | | | |
| ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG | | Tier 1 | PA |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML | Tier 1 | | PA; Specialty; QL (2 ML per 56 days) |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | Tier 1 | | PA; Specialty; QL (2 ML per 56 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--|
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 1 | | PA; Specialty; QL (0.072 ML per 1 day) |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 1 | | PA; Specialty; QL (0.072 ML per 1 day) |
| STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.006 ML per 1 day) |
| STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.018 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 1 | | PA; Specialty; QL (0.006 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML | Tier 1 | | PA; Specialty; QL (1 ML per 28 days) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML | Tier 1 | | PA; Specialty; QL (1 ML per 28 days) |
| *Antipsoriatics*** | | | |
| CALCIPOTRIENE EXTERNAL CREAM 0.005 % | | Tier 1 | |
| CALCIPOTRIENE EXTERNAL SOLUTION 0.005 % | | Tier 1 | |
| TAZAROTENE EXTERNAL CREAM 0.1 % | | Tier 1 | PA |
| *Antiseborrheic Products*** | | | |
| SELENIUM SULFIDE EXTERNAL LOTION 2.5 % | | Tier 1 | PA; QL (120 ML per 30 days) |
| *Antivirals - Topical*** | | | |
| ACYCLOVIR EXTERNAL OINTMENT 5 % | | Tier 1 | QL (15 GM per 30 days) |
| *Astringents*** | | | |
| ASTRINGENT EXTERNAL PACKET | | Tier 1 | |
| BABY EASE EXTERNAL OINTMENT 30 % | Tier 1 | | |
| BORO-PACKS EXTERNAL PACKET 49-51 % | | Tier 1 | |
| BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT (DIAPER RASH) 40 % | Tier 1 | Tier 1 | |
| CVS ASTRINGENT SOLUTION EXTERNAL PACKET | | Tier 1 | |
| CVS DIAPER RASH EXTERNAL OINTMENT 40 % | | Tier 1 | |
| CVS ZINC OXIDE EXTERNAL OINTMENT 20 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|--|
| DOMEBORO EXTERNAL PACKET (ALUM SULFATE-CA ACETATE) | Tier 1 | Tier 1 | |
| ENDIT EXTERNAL OINTMENT 20 % | | Tier 1 | |
| EQ DIAPER RASH EXTERNAL OINTMENT 40 % | | Tier 1 | |
| EQL BABY BASICS DIAPER RASH EXTERNAL OINTMENT 40 % | | Tier 1 | |
| GNP ZINC OXIDE EXTERNAL OINTMENT 20 % | | Tier 1 | |
| MEDPURA ZINC OXIDE EXTERNAL OINTMENT (ZINC OXIDE) 20 % | Tier 1 | Tier 1 | |
| MEIJER ZINC OXIDE EXTERNAL OINTMENT 20 % | | Tier 1 | |
| PINXAV EXTERNAL OINTMENT 30 % | Tier 1 | | |
| QC DIAPER RASH EXTERNAL OINTMENT 40 % | | Tier 1 | |
| QC ZINC OXIDE EXTERNAL OINTMENT 20 % | | Tier 1 | |
| RA ZINC OXIDE EXTERNAL OINTMENT 20 % | | Tier 1 | |
| TRIPLE PASTE EXTERNAL OINTMENT 12.8 % | Tier 1 | | |
| ZINC OXIDE EXTERNAL OINTMENT 25 %, 40 % | | Tier 1 | |
| *Atopic Dermatitis - Monoclonal Antibodies*** | | | |
| DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.082 ML per 1 day) |
| DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.143 ML per 1 day) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.048 ML per 1 day) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.082 ML per 1 day) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS | Tier 1 | | PA; Specialty; QL (0.143 ML per 1 day) |
| *Burn Products*** | | | |
| SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| *Corticosteroids - Topical*** | | | |
| ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 1 | |
| AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT (HYDROCORTISONE) 1 % | Tier 1 | Tier 1 | |
| AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT (HYDROCORTISONE) 1 % | Tier 1 | Tier 1 | |
| AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 % | | Tier 1 | |
| BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 % | | Tier 1 | |
| CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 % | | Tier 1 | |
| CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 % | | Tier 1 | |
| CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 % | | Tier 1 | |
| CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) 0.05 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 EXTERNAL OINTMENT (HYDROCORTISONE) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 INTENSIVE MOISTURE EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 OVERNIGHT EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 PLUS EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT (HYDROCORTISONE) 1 % | Tier 1 | Tier 1 | |
| CORTIZONE-10/ALOE EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| CVS ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 1 | |
| CVS CORTISONE INTENSE HEALING EXTERNAL CREAM 1 % | | Tier 1 | |
| CVS CORTISONE MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 1 | |
| CVS CORTISONE MAXIMUM STRENGTH EXTERNAL OINTMENT 1 % | | Tier 1 | |
| CVS HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 1 % | | Tier 1 | |
| EQ HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 1 | |
| EQ HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 1 | |
| EQL ANTI-ITCH INTENSIVE HEAL EXTERNAL CREAM 1 % | | Tier 1 | |
| EQL ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 1 | |
| EQL ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 % | | Tier 1 | |
| FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 % | | Tier 1 | |
| FLUOCINONIDE EXTERNAL CREAM 0.05 %, 0.1 % | | Tier 1 | |
| FLUOCINONIDE EXTERNAL GEL 0.05 % | | Tier 1 | |
| FLUOCINONIDE EXTERNAL OINTMENT 0.05 % | | Tier 1 | |
| FLUOCINONIDE EXTERNAL SOLUTION 0.05 % | | Tier 1 | |
| FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 % | | Tier 1 | |
| FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 % | | Tier 1 | |
| FT ITCH RELIEF MAX STRENGTH EXTERNAL CREAM 1 % | | Tier 1 | |
| FT ITCH RELIEF MAX STRENGTH EXTERNAL OINTMENT 1 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FT ITCH RELIEF/ALOE MAX STR EXTERNAL CREAM 1 % | | Tier 1 | |
| GNP HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 1 | |
| GNP HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 1 | |
| GNP HYDROCORTISONE/ALOE EXTERNAL CREAM 1 % | | Tier 1 | |
| GOODSENSE ANTI-ITCH MAX STR EXTERNAL CREAM 1 % | | Tier 1 | |
| GOODSENSE ANTI-ITCH MAXIMUM ST EXTERNAL OINTMENT 1 % | | Tier 1 | |
| HM HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 1 | |
| HM HYDROCORTISONE-ALOE MAX ST EXTERNAL CREAM 1 % | | Tier 1 | |
| HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 1 % | | Tier 1 | |
| HYDROCORTISONE EXTERNAL CREAM 1 %, 2.5 % | | Tier 1 | |
| HYDROCORTISONE EXTERNAL OINTMENT 2.5 % | | Tier 1 | |
| HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 1 | |
| HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 1 | |
| HYDROCORTISONE MAX ST/12 MOIST EXTERNAL CREAM 1 % | | Tier 1 | |
| HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 1 | |
| HYDROCORTISONE ULTRA-MOISTURE EXTERNAL CREAM 1 % | | Tier 1 | |
| HYDROCORTISONE/ALOE MAX STR EXTERNAL CREAM 1 % | | Tier 1 | |
| MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM (ALA-CORT) 1 % | Tier 1 | Tier 1 | |
| MEIJER HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 1 | |
| MOMETASONE FUROATE EXTERNAL CREAM 0.1 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| MOMETASONE FUROATE EXTERNAL OINTMENT 0.1 % | | Tier 1 | |
| MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 % | | Tier 1 | |
| PX HYDROCREAM EXTERNAL CREAM 1 % | | Tier 1 | |
| QC ANTI-ITCH ALOE EXTERNAL CREAM 1 % | | Tier 1 | |
| QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 1 | |
| RA ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 1 | |
| RA ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 % | | Tier 1 | |
| RA HYDROCORTISONE PLUS 12 EXTERNAL CREAM 1 % | | Tier 1 | |
| RA HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 1 | |
| SB HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 1 | |
| SB HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 1 | |
| SM HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 1 | |
| SM HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 1 | |
| SM HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 1 | |
| TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %, 0.1 % | | Tier 1 | |
| TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 % | | Tier 1 | |
| TRIAMCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %, 0.1 %, 0.5 % | | Tier 1 | |
| TRIDERM EXTERNAL CREAM (TRIAMCINOLONE ACETONIDE) 0.5 % | Tier 1 | Tier 1 | |
| *Imidazole-Related Antifungals - Topical*** | | | |
| ANTIFUNGAL (CLOTRIMAZOLE) EXTERNAL CREAM 1 % | | Tier 1 | |
| ANTIFUNGAL CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 1 | |
| ANTI-FUNGAL EXTERNAL CREAM 1 % | | Tier 1 | |
| ANTIFUNGAL EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|----------------------------|
| ANTIFUNGAL EXTERNAL POWDER 2 % | | Tier 1 | QL (85 GM per 30 days) |
| ATHLETES FOOT (CLOTRIMAZOLE) EXTERNAL CREAM 1 % | | Tier 1 | |
| ATHLETES FOOT EXTERNAL POWDER 2 % | | Tier 1 | QL (85 GM per 30 days) |
| ATHLETES FOOT POWDER SPRAY EXTERNAL AEROSOL POWDER 2 % | | Tier 1 | QL (133 GM per 30 days) |
| BAZA ANTIFUNGAL EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |
| CAVILON EXTERNAL CREAM 2 % | Tier 1 | | |
| CLOTRIMAZOLE AF EXTERNAL CREAM 1 % | | Tier 1 | |
| CLOTRIMAZOLE ANTI-FUNGAL EXTERNAL CREAM 1 % | | Tier 1 | |
| CLOTRIMAZOLE ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | |
| CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % | Tier 1 | | |
| CVS ATHLETES FOOT EXTERNAL AEROSOL POWDER 2 % | | Tier 1 | QL (133 GM per 30 days) |
| CVS CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 1 | |
| CVS ITCH RELIEF EXTERNAL CREAM 1 % | | Tier 1 | |
| CVS RINGWORM EXTERNAL CREAM 1 % | | Tier 1 | |
| DESENEK EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 1 | Tier 1 | |
| DESENEK JOCK ITCH EXTERNAL AEROSOL POWDER 2 % | Tier 1 | | |
| ECONAZOLE NITRATE EXTERNAL CREAM 1 % | | Tier 1 | PA; QL (85 GM per 30 days) |
| EQ ANTIFUNGAL EXTERNAL CREAM 1 % | | Tier 1 | |
| EQ ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | |
| EQ JOCK ITCH EXTERNAL CREAM 1 % | | Tier 1 | |
| EQL ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | |
| FT ANTIFUNGAL EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |
| FT ATHLETES FOOT (CLOTRIMAZ) EXTERNAL CREAM 1 % | | Tier 1 | |
| GNP ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-----------------------------|
| GNP MICONAZORB AF EXTERNAL POWDER 2 % | | Tier 1 | QL (85 GM per 30 days) |
| GOODSENSE ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | |
| JOCK ITCH EXTERNAL CREAM 1 % | | Tier 1 | |
| JOCK ITCH RELIEF EXTERNAL CREAM 1 % | | Tier 1 | |
| KETOCONAZOLE EXTERNAL CREAM 2 % | | Tier 1 | PA; QL (60 GM per 30 days) |
| KETOCONAZOLE EXTERNAL SHAMPOO 2 % | | Tier 1 | PA; QL (120 ML per 30 days) |
| LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER 2 % | Tier 1 | | |
| LOTRIMIN AF EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 1 | Tier 1 | |
| LOTRIMIN AF JOCK ITCH EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 1 | Tier 1 | |
| LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER 2 % | Tier 1 | | |
| LOTRIMIN AF POWDER EXTERNAL AEROSOL POWDER 2 % | Tier 1 | | |
| MICADERM EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |
| MICATIN EXTERNAL CREAM 2 % | Tier 1 | | |
| MICONAZOLE ANTIFUNGAL EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |
| MICONAZOLE NITRATE EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |
| MICONAZORB AF EXTERNAL POWDER 2 % | | Tier 1 | QL (85 GM per 30 days) |
| MYCOZYL AC EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 1 | Tier 1 | |
| PRO-EX ANTIFUNGAL EXTERNAL CREAM 1 % | | Tier 1 | |
| PX ATHLETIC FOOT EXTERNAL CREAM 1 % | | Tier 1 | |
| QC ATHLETES FOOT EXTERNAL AEROSOL POWDER 2 % | | Tier 1 | QL (133 GM per 30 days) |
| QC CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 1 | |
| RA ATHELETES FOOT EXTERNAL AEROSOL POWDER 2 % | | Tier 1 | QL (133 GM per 30 days) |
| RA ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| RA CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 1 | |
| RA JOCK ITCH EXTERNAL CREAM 1 % | | Tier 1 | |
| SB CLOTRIMAZOLE FOOT EXTERNAL CREAM 1 % | | Tier 1 | |
| SM ANTIFUNGAL CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 1 | |
| SM ANTIFUNGAL MICONAZOLE EXTERNAL CREAM 2 % | | Tier 1 | QL (198 GM per 30 days) |
| TINEACIDE EXTERNAL CREAM 2 % | Tier 1 | | |
| TM-CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 1 | |
| *Immunomodulators Imidazoquinolinamines - Topical*** | | | |
| IMIQUIMOD EXTERNAL CREAM 5 % | | Tier 1 | |
| *Keratolytic/Antimitotic/Vesicant Agents*** | | | |
| PODOFILOX EXTERNAL GEL 0.5 % | | Tier 1 | |
| PODOFILOX EXTERNAL SOLUTION 0.5 % | | Tier 1 | |
| *Liniment Combinations*** | | | |
| CAMPHOTREX EXTERNAL GEL 10-4 % | Tier 1 | | |
| *Local Anesthetics - Topical*** | | | |
| ARTHRITIS PAIN RELIEVING EXTERNAL CREAM 0.075 % | | Tier 1 | |
| CAPSAICIN HP EXTERNAL CREAM 0.1 % | | Tier 1 | |
| CAPSAICIN PAIN RELIEF EXTERNAL CREAM 0.1 % | | Tier 1 | |
| CAPSAID ES ARTHRITIS RELIEF EXTERNAL CREAM 0.1 % | | Tier 1 | |
| CAPZASIN-HP EXTERNAL CREAM (CAPSAICIN) 0.1 % | Tier 1 | Tier 1 | |
| CAPZASIN-P EXTERNAL CREAM 0.035 % | Tier 1 | | |
| CAPZIX EXTERNAL CREAM 0.1 % | | Tier 1 | |
| CIRCATA EXTERNAL CREAM 0.05 % | Tier 1 | | |
| CVS CAPSAICIN HP EXTERNAL CREAM 0.1 % | | Tier 1 | |
| DERMACINRX PENETRAL EXTERNAL CREAM (CAPSAICIN) 0.025 % | Tier 1 | Tier 1 | |
| GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| JELCAINE STERILE EXTERNAL GEL 2 % | | Tier 1 | |
| LIDOCAINE EXTERNAL OINTMENT 5 % | | Tier 1 | |
| LIDOCAINE EXTERNAL PATCH 5 % | | Tier 1 | PA |
| LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 % | | Tier 1 | |
| REGENECARE HA EXTERNAL GEL (BURN GEL) 2 % | Tier 1 | Tier 1 | |
| SURE RESULT SR RELIEF EXTERNAL CREAM 0.025 % | | Tier 1 | |
| XEROBURN EXTERNAL GEL (BURN GEL) 2 % | Tier 1 | Tier 1 | |
| ZOSTRIX HP EXTERNAL CREAM (CAPSAICIN) 0.075 %, 0.1 % | Tier 1 | Tier 1 | |
| ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 % | Tier 1 | | |
| *Macrolide Immunosuppressants - Topical*** | | | |
| TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 % | | Tier 1 | PA |
| *Misc. Topical*** | | | |
| DRYSOL EXTERNAL SOLUTION 20 % | Tier 1 | | |
| *Scabicide Combinations*** | | | |
| CVS LICE KILLING EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| EQ LICE KILLING MAX ST EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| EQL LICE KILLING MAX ST EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| FT LICE KILLING MAX ST EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| GNP LICE KILLING EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| GNP LICE TREATMENT EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| GOODSENSE LICE KILLING MAX STR EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| LICE KILLING EXTERNAL SHAMPOO 4-0.33 % | | Tier 1 | |
| LICE KILLING MAXIMUM STRENGTH EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| LICE KILLING SHAMPOO MAX STR EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| LICEMD EXTERNAL GEL 0.33-4 % | Tier 1 | | |
| NIX COMPLETE LICE TREATMENT COMBINATION KIT 1 & 0.25 % | Tier 1 | | |
| RA LICE MAXIMUM STRENGTH EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO (LICE KILLING) 0.33-4 % | Tier 1 | Tier 1 | |
| SB LICE KILLING MAX ST EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| SM LICE KILLING EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| SM LICE KILLING MAX STRENGTH EXTERNAL SHAMPOO 0.33-4 % | | Tier 1 | |
| STOP LICE MAXIMUM STRENGTH EXTERNAL LIQUID 0.33-4 % | | Tier 1 | |
| *Scabicides & Pediculicides*** | | | |
| BEDDING SPRAY LICE TREATMENT AEROSOL 0.5 % | | Tier 1 | |
| CVS LICE TREATMENT EXTERNAL LIQUID 1 % | | Tier 1 | |
| CVS LICE-BEDBUG-MITE AEROSOL 0.5 % | | Tier 1 | |
| FT LICE-BEDBUG-MITE AEROSOL 0.5 % | | Tier 1 | |
| GNP HOME LICE/BEDBUG/DUST MITE AEROSOL 0.5 % | | Tier 1 | |
| GNP LICE TREATMENT EXTERNAL LIQUID 1 % | | Tier 1 | |
| GOODSENSE LICE KILLING EXTERNAL LIQUID 1 % | | Tier 1 | |
| LICE TREATMENT CREME RINSE EXTERNAL LIQUID 1 % | | Tier 1 | |
| LICE TREATMENT EXTERNAL LIQUID 1 % | | Tier 1 | |
| MALATHION EXTERNAL LOTION 0.5 % | | Tier 1 | |
| NIX CREME RINSE EXTERNAL LIQUID (SB LICE TREATMENT) 1 % | Tier 1 | Tier 1 | |
| NIX LICE KILLING SPRAY LIQUID 0.25 % | Tier 1 | | |
| PERMETHRIN EXTERNAL CREAM 5 % | | Tier 1 | |
| RA LICE TREATMENT EXTERNAL LIQUID 1 % | | Tier 1 | |
| SM BEDDING LICE TREATMENT AEROSOL 0.5 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| SM LICE TREATMENT EXTERNAL LIQUID 1 % | | Tier 1 | |
| STOP LICE AEROSOL 0.5 % | | Tier 1 | |
| STOP LICE STEP 3 AEROSOL 0.5 % | | Tier 1 | |
| *Type II 5-Alpha Reductase Inhibitors*** | | | |
| FINASTERIDE ORAL TABLET 1 MG | | Tier 1 | QL (1 EA per 1 day) |
| *Diagnostic Products* | | | |
| *Diagnostic Drugs*** | | | |
| GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG | Tier 1 | | |
| *Diagnostic Tests*** | | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ACCU-TREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ADVANCE INTUITION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ADVOCATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| AGAMATRIX AMP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| AGAMATRIX PRESTO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ASSURE 3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ASSURE 4 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| ASSURE II CHECK IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ASSURE II IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ASSURE PLATINUM IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ASSURE PRISM MULTI TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ASSURE PRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| BIOTEL CARE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CARESENS N GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CARETOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHOICE NO CODING IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CONTOUR NEXT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CONTOUR TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| CVS TRUE METRIX GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| DIATRUE PLUS TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| DUO-CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASY PLUS II GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| EASY STEP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| EASY TALK PLUS II TEST STRIPS IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASY TOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| EASY TRAK II GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| EASYGLUCO IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASYMAX 15 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASYMAX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EASYPRO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ELEMENT COMPACT TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| ELEMENT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| EQ BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| EVOLUTION AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA 6 CONNECT IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA GD20 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA TN'G ADVANCE PRO IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA TN'G/TN'G VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORACARE GD40 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORACARE TEST N GO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORTISCARE G1 TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FORTISCARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FREESTYLE LITE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| FREESTYLE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GE100 BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| GHT TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| GLUCO PERFECT 3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| GLUCOCARD SHINE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCOCARD VITAL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCOCARD X-SENSOR IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCOCOM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GLUCOSE METER TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| GOODSENSE BLOOD GLUCOSE IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| IGLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| INFINITY VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| KROGER BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| LIBERTY TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| MEIJER TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| MEIJER TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| MICRODOT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| MM BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| MYGLUCOHEALTH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| NEUTEK 2TEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ONE DROP TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ONETOUCH ULTRA IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ONETOUCH ULTRA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| ONETOUCH VERIO IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| OPTIUMEZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------|
| PHARMACIST CHOICE NO CODING IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| POCKETCHEM EZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| PTS PANELS EGLU TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| QUICKTEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION PREMIER TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION PRIME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RELION ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| SMART SENSE PREMIUM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| SMART SENSE VALUE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| SOLUS V2 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| SUPREME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| TGT BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| UNISTRIP1 GENERIC IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | QL (200 EA per 30 days) |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | QL (200 EA per 30 days) |
| *Infection Tests*** | | | |
| BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST) | Tier 1 | Tier 1 | QL (8 EA per 30 days) |
| FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST) | Tier 1 | Tier 1 | QL (8 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST) | Tier 1 | Tier 1 | QL (8 EA per 30 days) |
| LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT | Tier 1 | | QL (8 EA per 30 days) |
| MYLAB BOX COVID-19 TESTING IN VITRO KIT | Tier 1 | | QL (8 EA per 30 days) |
| QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST) | Tier 1 | Tier 1 | QL (8 EA per 30 days) |
| *Digestive Aids* | | | |
| *Digestive Enzymes*** | | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | Tier 1 | | PA |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | Tier 1 | | PA |
| *Diuretics* | | | |
| *Carbonic Anhydrase Inhibitors*** | | | |
| ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG | | Tier 1 | |
| ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG | | Tier 1 | |
| METHAZOLAMIDE ORAL TABLET 25 MG, 50 MG | | Tier 1 | |
| *Diuretic Combinations*** | | | |
| AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG | | Tier 1 | |
| SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG | | Tier 1 | Extended DS (90 Days) |
| TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG | | Tier 1 | Extended DS (90 Days) |
| TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG | | Tier 1 | Extended DS (90 Days) |
| *Loop Diuretics*** | | | |
| BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| FUROSEMIDE ORAL SOLUTION 10 MG/ML, 8 MG/ML | | Tier 1 | |
| FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG | | Tier 1 | Extended DS (90 Days) |
| SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 1 | | |
| TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| *Potassium Sparing Diuretics*** | | | |
| AMILORIDE HCL ORAL TABLET 5 MG | | Tier 1 | Extended DS (90 Days) |
| SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| *Thiazides And Thiazide-Like Diuretics*** | | | |
| CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG | | Tier 1 | Extended DS (90 Days) |
| HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG | | Tier 1 | Extended DS (90 Days) |
| METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 1 | Extended DS (90 Days) |
| THALITONE ORAL TABLET 15 MG | Tier 1 | | |
| *Endocrine And Metabolic Agents - Misc.* | | | |
| *Bisphosphonates*** | | | |
| ALENDRONATE SODIUM ORAL SOLUTION 70 MG/75ML | | Tier 1 | |
| ALENDRONATE SODIUM TABLET 10 MG ORAL | | Tier 1 | QL (30 EA per 30 days) |
| ALENDRONATE SODIUM TABLET 35 MG ORAL | | Tier 1 | QL (8 EA per 28 days) |
| ALENDRONATE SODIUM TABLET 5 MG ORAL | | Tier 1 | QL (30 EA per 30 days) |
| ALENDRONATE SODIUM TABLET 70 MG ORAL | | Tier 1 | QL (4 EA per 28 days) |
| *Calcimimetic Agents*** | | | |
| CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG | | Tier 1 | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|---------------------------------------|
| *Calcitonins*** | | | |
| CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT | | Tier 1 | |
| *Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** | | | |
| XPHOZAH ORAL TABLET 20 MG, 30 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Gnrh/Lhrh Antagonists*** | | | |
| ORLISSA TABLET 150 MG ORAL | Tier 1 | | PA; QL (1 EA per 1 day) |
| ORLISSA TABLET 200 MG ORAL | Tier 1 | | PA; QL (2 EA per 1 day) |
| *Growth Hormones*** | | | |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG | Tier 1 | | PA; Specialty |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** | | | |
| CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG | | Tier 1 | |
| CALCITRIOL ORAL SOLUTION 1 MCG/ML | | Tier 1 | |
| *Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** | | | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG | Tier 1 | | PA; Specialty; QL (1 EA per 28 days) |
| LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR | Tier 1 | | Specialty; QL (1 EA per 84 days) |
| LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR | Tier 1 | | PA; Specialty; QL (1 EA per 84 days) |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 1 | | PA; Specialty; QL (1 EA per 168 days) |
| *Neurokinin 3 (Nk3) Receptor Antagonists*** | | | |
| VEOZAH ORAL TABLET 45 MG | Tier 1 | | PA; QL (1 EA per 1 day) |
| *Phenylketonuria Treatment - Agents*** | | | |
| SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET 100 MG | | Tier 1 | Specialty |
| *Selective Estrogen Receptor Modulators (Serms)*** | | | |
| RALOXIFENE HCL ORAL TABLET 60 MG | | Tier 1 | |
| *Vasopressin*** | | | |
| DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 % | | Tier 1 | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| DESMOPRESSIN ACETATE INJECTION SOLUTION 4 MCG/ML | | Tier 1 | PA |
| DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG | | Tier 1 | |
| DESMOPRESSIN ACETATE PF INJECTION SOLUTION 4 MCG/ML | | Tier 1 | PA |
| DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 % | | Tier 1 | PA |
| *Estrogens* | | | |
| *Estrogen & Progestin*** | | | |
| AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG | Tier 1 | Tier 1 | |
| MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG | Tier 1 | Tier 1 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | Tier 1 | | PA |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 1 | | PA |
| *Estrogens*** | | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | Tier 1 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 1 | | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | Tier 1 | |
| ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 1 | |
| ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | | Tier 1 | |
| ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML | | Tier 1 | |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | Tier 1 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 1 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Fluoroquinolones* | | | |
| *Fluoroquinolones*** | | | |
| CIPRO ORAL SUSPENSION RECONSTITUTED (CIPROFLOXACIN) 250 MG/5ML (5%), 500 MG/5ML (10%) | Tier 1 | Tier 1 | |
| CIPROFLOXACIN HCL ORAL TABLET 100 MG, 250 MG, 500 MG, 750 MG | | Tier 1 | |
| LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG | | Tier 1 | |
| MOXIFLOXACIN HCL ORAL TABLET 400 MG | | Tier 1 | |
| *Gastrointestinal Agents - Misc.* | | | |
| *Antiflatulents*** | | | |
| CVS GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| DRXCHOICE GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| FT GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| GNP GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| HEARTLAND GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| HM GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| MYLANTA GAS MINIS ORAL TABLET CHEWABLE 41.667 MG | Tier 1 | | |
| QC GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| RA GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| SIMETHICONE ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| SM GAS RELIEF ORAL TABLET CHEWABLE 80 MG | | Tier 1 | |
| *Gallstone Solubilizing Agents*** | | | |
| URSODIOL ORAL CAPSULE 300 MG | | Tier 1 | |
| URSODIOL ORAL TABLET 250 MG, 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--|
| *Gastrointestinal Stimulants*** | | | |
| METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML | | Tier 1 | |
| METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| *Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*** | | | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Inflammatory Bowel Agents*** | | | |
| MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM | | Tier 1 | |
| MESALAMINE RECTAL ENEMA 4 GM | | Tier 1 | |
| MESALAMINE-CLEANSER RECTAL KIT 4 GM | | Tier 1 | |
| SFROWASA RECTAL ENEMA 4 GM/60ML | Tier 1 | | |
| SULFASALAZINE ORAL TABLET 500 MG | | Tier 1 | |
| SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG | | Tier 1 | |
| *Integrin Receptor Antagonists*** | | | |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML | Tier 1 | | PA; Specialty; QL (0.05 ML per 1 day) |
| *Interleukin Antagonists*** | | | |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | Tier 1 | | PA; Specialty; QL (0.072 ML per 1 day) |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 1 | | PA; Specialty; QL (0.072 ML per 1 day) |
| *Intestinal Acidifiers*** | | | |
| ENULOSE ORAL SOLUTION 10 GM/15ML | | Tier 1 | |
| GENERLAC ORAL SOLUTION 10 GM/15ML | | Tier 1 | |
| LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML | | Tier 1 | |
| *Peroxisome Proliferator-Activated Receptor Agonists*** | | | |
| IQIRVO ORAL TABLET 80 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Phosphate Binder Agents*** | | | |
| CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|--|
| CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG | | Tier 1 | |
| CALCIUM ACETATE ORAL TABLET 667 MG | | Tier 1 | |
| LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | | Tier 1 | PA |
| SEVELAMER CARBONATE ORAL TABLET 800 MG | | Tier 1 | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*** | | | |
| VELSIPITY ORAL TABLET 2 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Tumor Necrosis Factor Alpha Blockers*** | | | |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 1 | | PA; Specialty; QL (0.036 EA per 1 day) |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | Tier 1 | | PA; Specialty; QL (0.036 EA per 1 day) |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 1 | | PA; Specialty; QL (0.036 EA per 1 day) |
| *Genitourinary Agents - Miscellaneous* | | | |
| *5-Alpha Reductase Inhibitors*** | | | |
| FINASTERIDE ORAL TABLET 5 MG | | Tier 1 | |
| *Alpha 1-Adrenoceptor Antagonists*** | | | |
| TAMSULOSIN HCL ORAL CAPSULE 0.4 MG | | Tier 1 | |
| *Citrates*** | | | |
| POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) | | Tier 1 | |
| *Igan Agents - Endothelin & Angiotensin Ii Receptor Antag*** | | | |
| FILSPARI ORAL TABLET 200 MG, 400 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Urinary Analgesics*** | | | |
| PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG | Tier 1 | Tier 1 | |
| PHENAZOPYRIDINE HCL ORAL TABLET 100 MG | | Tier 1 | |
| *Gout Agents* | | | |
| *Gout Agents*** | | | |
| ALLOPURINOL ORAL TABLET 100 MG, 300 MG | | Tier 1 | Extended DS (90 Days) |
| COLCHICINE ORAL CAPSULE 0.6 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| COLCHICINE ORAL TABLET 0.6 MG | | Tier 1 | |
| *Uricosurics*** | | | |
| PROBENECID ORAL TABLET 500 MG | | Tier 1 | |
| *Hematological Agents - Misc.* | | | |
| *Direct-Acting P2y12 Inhibitors*** | | | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | Tier 1 | | PA; QL (2 EA per 1 day) |
| *Platelet Aggregation Inhibitors*** | | | |
| DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG | | Tier 1 | |
| *Pyruvate Kinase Activators*** | | | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Thienopyridine Derivatives*** | | | |
| CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG | | Tier 1 | |
| PRASUGREL HCL ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| *Hematopoietic Agents* | | | |
| *Cobalamins*** | | | |
| B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL (VITAMIN B-12) 500 MCG | Tier 1 | Tier 1 | |
| B-12 ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| B-12 SUBLINGUAL TABLET SUBLINGUAL 1000 MCG, 2500 MCG, 3000 MCG, 500 MCG, 5000 MCG | | Tier 1 | |
| B-12 TABLET 100 MCG ORAL | | Tier 1 | |
| B-12 TABLET 1000 MCG ORAL | | Tier 1 | Extended DS (90 Days) |
| B-12 TABLET 250 MCG ORAL | | Tier 1 | |
| B-12 TABLET 50 MCG ORAL | | Tier 1 | |
| B-12 TABLET 500 MCG ORAL | | Tier 1 | |
| B-12 TR ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| B-12-SL SUBLINGUAL TABLET SUBLINGUAL 1000 MCG | | Tier 1 | |
| CVS B-12 ORAL TABLET 500 MCG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CVS VITAMIN B12 ORAL TABLET 1000 MCG | | Tier 1 | Extended DS (90 Days) |
| CVS VITAMIN B-12 ORAL TABLET 1000 MCG | | Tier 1 | Extended DS (90 Days) |
| CVS VITAMIN B12 ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| CVS VITAMIN B-12 SUBLINGUAL TABLET SUBLINGUAL 5000 MCG | | Tier 1 | |
| DODEX INJECTION SOLUTION (CYANOCOBALAMIN) 1000 MCG/ML | Tier 1 | Tier 1 | |
| EQL B-12 ORAL TABLET 1000 MCG | | Tier 1 | Extended DS (90 Days) |
| EQL VITAMIN B-12 ORAL TABLET 500 MCG | | Tier 1 | |
| EQL VITAMIN B-12 TR ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| FINEST NUTRITION VITAMIN B-12 ORAL TABLET (VITAMIN B-12) 500 MCG | Tier 1 | Tier 1 | |
| FT VITAMIN B-12 ORAL TABLET 500 MCG | | Tier 1 | |
| FT VITAMIN B-12 PR ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| FT VITAMIN B-12 SUBLINGUAL TABLET SUBLINGUAL 2500 MCG, 5000 MCG | | Tier 1 | |
| GNP B-12 SUBLINGUAL TABLET SUBLINGUAL 2500 MCG | | Tier 1 | |
| GNP VITAMIN B-12 ORAL TABLET 500 MCG | | Tier 1 | |
| GNP VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| HM VITAMIN B-12 ORAL TABLET 500 MCG | | Tier 1 | |
| KP VITAMIN B-12 ORAL TABLET 1000 MCG | | Tier 1 | Extended DS (90 Days) |
| QC VITAMIN B12 ORAL TABLET 500 MCG | | Tier 1 | |
| QC VITAMIN B12 ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| QC VITAMIN B12 SUBLINGUAL TABLET SUBLINGUAL 5000 MCG | | Tier 1 | |
| RA VITAMIN B-12 ORAL TABLET 100 MCG | | Tier 1 | |
| RA VITAMIN B-12 TR ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| SM VITAMIN B-12 ORAL TABLET 100 MCG, 500 MCG | | Tier 1 | |
| SM VITAMIN B12 TR ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SV VITAMIN B-12 ER ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| TRUE VITAMIN B12 TABLET 1000 MCG ORAL | | Tier 1 | Extended DS (90 Days) |
| TRUE VITAMIN B12 TABLET 500 MCG ORAL | | Tier 1 | |
| VITAMIN B 12 ORAL TABLET 500 MCG | | Tier 1 | |
| VITAMIN B-12 ER ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| VITAMIN B12 ORAL TABLET 100 MCG | | Tier 1 | |
| VITAMIN B12 ORAL TABLET EXTENDED RELEASE 1000 MCG | | Tier 1 | |
| VITAMIN B-12 SUBLINGUAL TABLET SUBLINGUAL 1000 MCG, 2500 MCG, 3000 MCG, 5000 MCG, 6000 MCG | | Tier 1 | |
| VITAMIN B12 SUBLINGUAL TABLET SUBLINGUAL 3000 MCG | | Tier 1 | |
| VITAMIN B-12 TABLET 100 MCG ORAL | | Tier 1 | |
| VITAMIN B-12 TABLET 1000 MCG ORAL | | Tier 1 | Extended DS (90 Days) |
| VITAMIN B-12 TABLET 250 MCG ORAL | | Tier 1 | |
| VITAMIN B-12 TABLET 50 MCG ORAL | | Tier 1 | |
| *Erythropoiesis-Stimulating Agents (Esas)*** | | | |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Tier 1 | | PA; Specialty |
| *Folic Acid/Folates*** | | | |
| CVS FOLIC ACID ORAL TABLET 800 MCG | | Tier 1 | Extended DS (90 Days) |
| FOLATE ORAL TABLET 400 MCG | | Tier 1 | Extended DS (90 Days) |
| FOLIC ACID ORAL TABLET 1 MG, 400 MCG, 800 MCG | | Tier 1 | Extended DS (90 Days) |
| FT FOLIC ACID ORAL TABLET 400 MCG, 800 MCG | | Tier 1 | Extended DS (90 Days) |
| GNP FOLIC ACID ORAL TABLET 400 MCG | | Tier 1 | Extended DS (90 Days) |
| HM FOLIC ACID ORAL TABLET 400 MCG | | Tier 1 | Extended DS (90 Days) |
| KP FOLIC ACID ORAL TABLET 1 MG, 800 MCG | | Tier 1 | Extended DS (90 Days) |
| PX FOLIC ACID ORAL TABLET 400 MCG | | Tier 1 | Extended DS (90 Days) |
| QC FOLIC ACID ORAL TABLET 800 MCG | | Tier 1 | Extended DS (90 Days) |
| RA FOLIC ACID ORAL TABLET 400 MCG, 800 MCG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SM FOLIC ACID ORAL TABLET 400 MCG | | Tier 1 | Extended DS (90 Days) |
| TRUE FOLIC ACID ORAL TABLET 1 MG, 400 MCG | | Tier 1 | |
| YL FOLIC ACID ORAL TABLET 400 MCG | | Tier 1 | Extended DS (90 Days) |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** | | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | Tier 1 | | PA; Specialty |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 1 | | PA; Specialty |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Tier 1 | | PA; Specialty |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 1 | | PA; Specialty |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 1 | | PA; Specialty |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML | Tier 1 | | PA; Specialty |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 1 | | PA; Specialty |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 1 | | PA; Specialty |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 1 | | PA; Specialty |
| *Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** | | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | Tier 1 | | PA; Specialty |
| *Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** | | | |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 1 | | PA; Specialty |
| *Iron Combinations*** | | | |
| FERRO-SEQUELS ORAL TABLET EXTENDED RELEASE 65-25 MG | Tier 1 | | |
| PROTECTIRON ORAL TABLET 60-1 MG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| *Iron*** | | | |
| BPROTECTED PEDIA IRON ORAL SOLUTION (FERROUS SULFATE) 75 (15 FE) MG/ML | Tier 1 | Tier 1 | |
| CVS IRON TABLET 240 (27 FE) MG ORAL | | Tier 1 | |
| CVS IRON TABLET 325 (65 FE) MG ORAL | | Tier 1 | Extended DS (90 Days) |
| EQL IRON SUPPLEMENT THERAPY ORAL TABLET 325 MG | | Tier 1 | Extended DS (90 Days) |
| FE TABS ORAL TABLET DELAYED RELEASE 325 (65 FE) MG | | Tier 1 | |
| FERATE ORAL TABLET (FERROUS GLUCONATE) 240 (27 FE) MG | Tier 1 | Tier 1 | |
| FERGON ORAL TABLET (FERROUS GLUCONATE) 240 (27 FE) MG | Tier 1 | Tier 1 | |
| FER-IN-SOL ORAL SOLUTION (FERROUS SULFATE) 75 (15 FE) MG/ML | Tier 1 | Tier 1 | |
| FEROSUL ORAL TABLET (FERROUS SULFATE) 325 (65 FE) MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| FERROTABS ORAL TABLET 240 MG | | Tier 1 | |
| FERROUS GLUCONATE ORAL TABLET 324 (37.5 FE) MG, 324 (38 FE) MG | | Tier 1 | |
| FERROUS SULFATE ORAL TABLET DELAYED RELEASE 325 (65 FE) MG | | Tier 1 | |
| FERROUS SULFATE SOLUTION 220 (44 FE) MG/5ML ORAL | | Tier 1 | |
| FERROUS SULFATE SOLUTION 300 (60 FE) MG/5ML ORAL | | Tier 1 | PA |
| FE-VITE IRON ORAL SOLUTION 75 (15 FE) MG/ML | | Tier 1 | |
| GOODSENSE IRON ORAL TABLET (FERROUS SULFATE) 325 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| IRON (FERROUS SULFATE) ORAL SOLUTION 75 (15 FE) MG/ML | | Tier 1 | |
| IRON (FERROUS SULFATE) ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| IRON 27 ORAL TABLET 240 (27 FE) MG | | Tier 1 | |
| IRON HIGH-POTENCY ORAL TABLET 325 MG | | Tier 1 | Extended DS (90 Days) |
| IRON INFANT & TODDLER ORAL SOLUTION 75 (15 FE) MG/ML | | Tier 1 | |
| IRON INFANT/TODDLER ORAL SOLUTION 75 (15 FE) MG/ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| IRON SUPPLEMENT ORAL SOLUTION 15 MG/ML, 220 (44 FE) MG/5ML | | Tier 1 | |
| IRON TABLET 240 (27 FE) MG ORAL | | Tier 1 | |
| IRON TABLET 325 (65 FE) MG ORAL | | Tier 1 | Extended DS (90 Days) |
| KP FERROUS GLUCONATE ORAL TABLET 324 (37.5 FE) MG | | Tier 1 | |
| KP FERROUS SULFATE ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| MEIJER FERROUS SULFATE ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| NAT-RUL IRON ORAL TABLET 325 MG | | Tier 1 | Extended DS (90 Days) |
| ONE VITE FERROUS SULFATE ORAL SOLUTION (FERROUS SULFATE) 220 (44 FE) MG/5ML | Tier 1 | Tier 1 | |
| PC PEDIATRIC IRON DROPS ORAL SOLUTION 75 (15 FE) MG/ML | | Tier 1 | |
| QC FERROUS SULFATE ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| RA IRON ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| SM IRON ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| SPATONE PUR-ABSORB IRON ORAL SOLUTION 5 MG/20ML | Tier 1 | | |
| SV IRON ORAL TABLET 325 (65 FE) MG | | Tier 1 | Extended DS (90 Days) |
| *Hemostatics* | | | |
| *Hemostatics - Systemic*** | | | |
| TRANEXAMIC ACID ORAL TABLET 650 MG | | Tier 1 | PA |
| *Hypnotics/Sedatives/Sleep Disorder Agents* | | | |
| *Antihistamine Hypnotics*** | | | |
| CVS SLEEP AID NIGHTTIME ORAL CAPSULE 25 MG | | Tier 1 | |
| CVS SLEEP AID NIGHTTIME ORAL TABLET 25 MG | | Tier 1 | |
| CVS SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| CVS SLEEPAID (DIPHENHYDRAMINE) ORAL TABLET 25 MG | | Tier 1 | |
| CVS SLEEP-AID (DOXYLAMINE) ORAL TABLET 25 MG | | Tier 1 | |
| CVS SLEEP-AID NIGHTTIME ORAL CAPSULE 25 MG, 50 MG | | Tier 1 | |
| CVS ULTRA SLEEP ORAL TABLET 25 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQ NIGHTTIME SLEEP AID MAX ST ORAL CAPSULE 50 MG | | Tier 1 | |
| EQ SLEEP-AID ORAL TABLET 25 MG | | Tier 1 | |
| EQL NIGHTTIME SLEEP AID ORAL CAPSULE 25 MG | | Tier 1 | |
| EQL NIGHTTIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| FT NIGHTTIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| FT SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG | | Tier 1 | |
| FT SLEEP-AID MAXIMUM STRENGTH ORAL CAPSULE 50 MG | | Tier 1 | |
| GNP NIGHTTIME SLEEP-AID MAX ST ORAL CAPSULE 50 MG | | Tier 1 | |
| GNP SLEEP AID NIGHTTIME ORAL TABLET 25 MG | | Tier 1 | |
| GNP SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| GOODSENSE SLEEP AID ORAL CAPSULE 50 MG | | Tier 1 | |
| GOODSENSE SLEEP-AID MAX STR ORAL CAPSULE 50 MG | | Tier 1 | |
| GOODSENSE SLEEPTIME ORAL CAPSULE 25 MG | | Tier 1 | |
| HM NIGHTTIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| HM Z-SLEEP ORAL CAPSULE 25 MG | | Tier 1 | |
| KLS SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| NIGHT TIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| NIGHTTIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| NYTOL QUICKCAPS ORAL TABLET (SLEEP TABS) 25 MG | Tier 1 | Tier 1 | |
| QC REST SIMPLY ORAL TABLET 25 MG | | Tier 1 | |
| QC SLEEP AID MAX ST ORAL CAPSULE 50 MG | | Tier 1 | |
| QC SLEEP-AID MAX ST ORAL CAPSULE 50 MG | | Tier 1 | |
| QC SLEEP-AID NIGHTTIME ORAL CAPSULE 25 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| RA NIGHT SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| RA NIGHTTIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| RA SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG | | Tier 1 | |
| RA SLEEP AID ORAL CAPSULE 50 MG | | Tier 1 | |
| RA SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| SB SLEEP ORAL TABLET 25 MG | | Tier 1 | |
| SIMPLY SLEEP ORAL TABLET (SLEEP TABS) 25 MG | Tier 1 | Tier 1 | |
| SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG | | Tier 1 | |
| SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG | | Tier 1 | |
| SLEEP-AID ORAL CAPSULE 25 MG, 50 MG | | Tier 1 | |
| SLEEP-AID ORAL TABLET 25 MG | | Tier 1 | |
| SLEEP-TABS ORAL TABLET 25 MG | | Tier 1 | |
| SM NIGHTTIME SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| SM SLEEP AID ORAL TABLET 25 MG | | Tier 1 | |
| SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET (SLEEP TABS) 25 MG | Tier 1 | Tier 1 | |
| SOMINEX ORAL TABLET (SLEEP TABS) 25 MG | Tier 1 | Tier 1 | |
| UNISOM SLEEPGELS ORAL CAPSULE (EQL SLEEP AID) 50 MG | Tier 1 | Tier 1 | |
| UNISOM SLEEPMINIS ORAL CAPSULE (EQ SLEEP-AID NIGHTTIME) 25 MG | Tier 1 | Tier 1 | |
| UNISOM SLEEPTABS ORAL TABLET (SLEEP AID) 25 MG | Tier 1 | Tier 1 | |
| WAL-SLEEP Z ORAL CAPSULE (EQ SLEEP-AID NIGHTTIME) 25 MG | Tier 1 | Tier 1 | |
| WAL-SOM MAXIMUM STRENGTH ORAL CAPSULE 50 MG | | Tier 1 | |
| WAL-SOM ORAL TABLET 25 MG | | Tier 1 | |
| ZZZQUIL ORAL CAPSULE (EQ SLEEP-AID NIGHTTIME) 25 MG | Tier 1 | Tier 1 | |
| *Barbiturate Hypnotics*** | | | |
| PHENOBARBITAL ORAL ELIXIR 20 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG | | Tier 1 | |
| *Benzodiazepine Hypnotics*** | | | |
| MIDAZOLAM HCL (PF) INJECTION SOLUTION 10 MG/2ML, 5 MG/ML | | Tier 1 | |
| MIDAZOLAM HCL INJECTION SOLUTION 10 MG/2ML, 25 MG/5ML, 5 MG/ML, 50 MG/10ML | | Tier 1 | |
| *Laxatives* | | | |
| *Bowel Evacuant Combinations*** | | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | Tier 1 | | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM | Tier 1 | Tier 1 | |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM | Tier 1 | Tier 1 | |
| NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | | Tier 1 | PA |
| *Bulk Laxatives*** | | | |
| CITRUCEL ORAL POWDER | Tier 1 | | |
| CVS DAILY FIBER ORAL CAPSULE 0.52 GM | | Tier 1 | |
| CVS FIBER ORAL CAPSULE 0.52 GM | | Tier 1 | |
| CVS NATURAL DAILY FIBER ORAL POWDER 43 %, 58.6 % | | Tier 1 | |
| DAILY FIBER ORAL CAPSULE 400 MG | | Tier 1 | |
| EQ DAILY FIBER ORAL CAPSULE 400 MG | | Tier 1 | |
| EQ FIBER THERAPY ORAL CAPSULE 0.52 GM | | Tier 1 | |
| EQL FIBER THERAPY ORAL POWDER 28.3 %, 43 % | | Tier 1 | |
| EQL NATURAL FIBER ORAL POWDER 28.3 % | | Tier 1 | |
| FIBER ORAL POWDER 28.3 % | | Tier 1 | |
| FT FIBER ORAL POWDER 43 % | | Tier 1 | |
| FT FIBER SUPPLEMENT ORAL CAPSULE 400 MG | | Tier 1 | |
| GNP FIBER ORAL POWDER 43 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GNP NATURAL FIBER ORAL CAPSULE 0.52 GM | | Tier 1 | |
| GNP NATURAL FIBER ORAL POWDER 28.3 % | | Tier 1 | |
| HM FIBER POWDER ORAL POWDER 43 % | | Tier 1 | |
| KONSYL DAILY FIBER ORAL POWDER 28.3 % | | Tier 1 | |
| MEDI-MUCIL ORAL CAPSULE (QC FIBER LAXATIVE) 0.52 GM | Tier 1 | Tier 1 | |
| METAMUCIL 3 IN 1 DAILY FIBER ORAL CAPSULE (HM FIBER) 400 MG | Tier 1 | Tier 1 | |
| METAMUCIL 4 IN 1 FIBER ORAL PACKET (DAILY FIBER) 51.7 % | Tier 1 | Tier 1 | |
| METAMUCIL 4 IN 1 FIBER ORAL POWDER (DAILY FIBER) 43 % | Tier 1 | Tier 1 | |
| METAMUCIL FREE & NATURAL ORAL POWDER (DAILY FIBER) 43 % | Tier 1 | Tier 1 | |
| METAMUCIL ORAL CAPSULE 0.36 GM | Tier 1 | | |
| METAMUCIL ORAL POWDER 48.57 % | Tier 1 | | |
| METAMUCIL SMOOTH TEXTURE ORAL POWDER (NATURAL FIBER LAXATIVE) 28.3 %, 58.6 % | Tier 1 | Tier 1 | |
| NATURAL FIBER LAXATIVE ORAL POWDER 30.9 % | | Tier 1 | |
| NATURAL FIBER ORAL POWDER 58.6 % | | Tier 1 | |
| PSYLLIUM FIBER ORAL CAPSULE 0.52 GM | | Tier 1 | |
| PX FIBER ORAL CAPSULE 0.52 GM | | Tier 1 | |
| QC PSYLLIUM FIBER ORAL POWDER 43 % | | Tier 1 | |
| RA MULTIHEALTH FIBER ORAL POWDER 43 %, 58.6 % | | Tier 1 | |
| REGULOID ORAL CAPSULE (QC FIBER LAXATIVE) 0.52 GM | Tier 1 | Tier 1 | |
| REGULOID ORAL POWDER (NATURAL FIBER LAXATIVE) 28.3 % | Tier 1 | Tier 1 | |
| REGULOID ORAL POWDER (DAILY FIBER) 43 % | Tier 1 | Tier 1 | |
| SM FIBER ORAL POWDER 28.3 %, 43 %, 58.6 % | | Tier 1 | |
| SOLUBLE FIBER THERAPY ORAL POWDER | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| WAL-MUCIL ORAL CAPSULE (QC FIBER LAXATIVE) 0.52 GM | Tier 1 | Tier 1 | |
| WAL-MUCIL ORAL POWDER (NATURAL FIBER LAXATIVE) 28.3 %, 58.6 % | Tier 1 | Tier 1 | |
| WAL-MUCIL ORAL POWDER (DAILY FIBER) 43 % | Tier 1 | Tier 1 | |
| *Laxative Combinations*** | | | |
| PHILLIPS DAILY CARE FIBER GOOD ORAL TABLET CHEWABLE (CVS FIBER GUMMIES) | Tier 1 | Tier 1 | |
| *Laxatives - Miscellaneous*** | | | |
| CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| CONSTULOSE ORAL SOLUTION 10 GM/15ML | | Tier 1 | |
| CVS PURELAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| CVS PURELAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| EQ LAXATIVE ORAL PACKET 17 GM | | Tier 1 | |
| EQL CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| FT CLEARLAX ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| GAVILAX ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| GENTLELAX ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| GLYCERIN (CHILD) RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |
| GLYCERIN (INFANTS & CHILDREN) RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |
| GLYCERIN (PEDIATRIC) RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |
| GLYCERIN CHILDRENS RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GLYCOLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| GNP CLEARLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| GNP CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| GNP GLYCERIN CHILD RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |
| GOODSENSE CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| HEALTHYLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| HM CLEARLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| HM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| KLS LAXACLEAR ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML | | Tier 1 | |
| MIRALAX MIX-IN PAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| MIRALAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| MIRALAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| MM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| PEG 3350 ORAL PACKET 17 GM | | Tier 1 | |
| PEG 3350 ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| QC NATURA-LAX ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| RA LAXATIVE ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| SB GLYCERIN PEDIATRIC RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SB POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| SM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| SM GLYCERIN PEDIATRIC RECTAL SUPPOSITORY 1.2 GM | | Tier 1 | |
| SMOOTH LAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 1 | Tier 1 | |
| SMOOTH LAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP | Tier 1 | Tier 1 | |
| TRUE LAXATIVE ORAL POWDER 17 GM/SCOOP | | Tier 1 | |
| *Laxatives & Dss*** | | | |
| COLACE 2-IN-1 ORAL TABLET (SENNOSIDES-DOCUSATE SODIUM) 8.6-50 MG | Tier 1 | Tier 1 | |
| CVS SENNA PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| CVS STOOL SOFTENER/LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| DOCUZEN ORAL TABLET 8.6-50 MG | | Tier 1 | |
| EASY-LAX PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| EQ SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| EQ STOOL SOFTENER/LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| EQL SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| FT SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| FT STOOL SOFTENER ORAL TABLET 50-8.6 MG | | Tier 1 | |
| GNP SENNA PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| GNP STOOL SOFTENER/LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| GOODSENSE STIMULANT LAX PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| GOODSENSE STIMULANT LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| HM SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| HM STOOL SOFTENER/LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| LAXACIN ORAL TABLET 8.6-50 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MEDI-NATURAL PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| QC SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| QC STOOL SOFTENER PLS LAXATIVE ORAL TABLET 50-8.6 MG, 8.6-50 MG | | Tier 1 | |
| RA 2-IN-1 LAX/STOOL SOFTENER ORAL TABLET 8.6-50 MG | | Tier 1 | |
| RA P COL-RITE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SB DOCUSATE SODIUM/SENNA ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENXON-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENNA PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENNA S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENNA-DOCUSATE SODIUM ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENNA-PLUS ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENNA-TIME S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SENOKOT S ORAL TABLET (SENNOSIDES-DOCUSATE SODIUM) 8.6-50 MG | Tier 1 | Tier 1 | |
| SM SENNA-S ORAL TABLET 8.6-50 MG | | Tier 1 | |
| SM STOOL SOFTENER/LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| STIMULANT LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| STOOL SOFTENER LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| STOOL SOFTENER PLUS LAXATIVE ORAL TABLET 8.6-50 MG | | Tier 1 | |
| STOOL SOFTENER/LAXATIVE ORAL TABLET 50-8.6 MG | | Tier 1 | |
| VEGETABLE LAX+STOOL SOFTENER ORAL TABLET 8.6-50 MG | | Tier 1 | |
| *Saline Laxative Mixtures*** | | | |
| CVS ENEMA DISPOSABLE RECTAL ENEMA 19-7 GM/118ML | | Tier 1 | |
| CVS ENEMA READY-TO-USE RECTAL ENEMA 7-19 GM/118ML | | Tier 1 | |
| ENEMA DISPOSABLE RECTAL ENEMA | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ENEMA READY-TO-USE RECTAL ENEMA 7-19 GM/118ML | | Tier 1 | |
| ENEMA RECTAL ENEMA | | Tier 1 | |
| EQ ENEMA RECTAL ENEMA 19-7 GM/118ML | | Tier 1 | |
| EQL READY-TO-USE ENEMA RECTAL ENEMA | | Tier 1 | |
| FLEET ENEMA RECTAL ENEMA (ENEMA) | Tier 1 | Tier 1 | |
| FLEET PEDIATRIC RECTAL ENEMA (ENEMA PEDIATRIC) 3.5-9.5 GM/59ML | Tier 1 | Tier 1 | |
| FLEET SALINE ENEMA RECTAL ENEMA (ENEMA) 7-19 GM/197ML | Tier 1 | Tier 1 | |
| FT ENEMA SALINE RECTAL ENEMA 7-19 GM/118ML | | Tier 1 | |
| GOODSENSE ENEMA RECTAL ENEMA 7-19 GM/118ML | | Tier 1 | |
| HM ENEMA RECTAL ENEMA 7-19 GM/118ML | | Tier 1 | |
| QC ENEMA RECTAL ENEMA 16-6 GM/133ML | | Tier 1 | |
| RA ENEMA RECTAL ENEMA 7-19 GM/118ML | | Tier 1 | |
| RA SALINE ENEMA RECTAL ENEMA 19-7 GM/118ML | | Tier 1 | |
| SM ENEMA RECTAL ENEMA | | Tier 1 | |
| *Saline Laxatives*** | | | |
| CITROMA ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML | Tier 1 | Tier 1 | |
| CVS MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| CVS MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML, 400 MG/5ML | | Tier 1 | |
| DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION (MILK OF MAGNESIA) 400 MG/5ML | Tier 1 | Tier 1 | |
| DULCOLAX ORAL SUSPENSION (MILK OF MAGNESIA) 1200 MG/15ML | Tier 1 | Tier 1 | |
| EQ MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| EQL MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQL MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML, 400 MG/5ML | | Tier 1 | |
| FRESKARO MAGNESIUM CITRATE ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML | Tier 1 | Tier 1 | |
| FT MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| FT MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| GENTLE LAXATIVE ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| GNP MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| GNP MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| GOODSENSE MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| GOODSENSE MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| HM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| HM MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML, 2400 MG/30ML, 400 MG/5ML | | Tier 1 | |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML | Tier 1 | Tier 1 | |
| PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION (MILK OF MAGNESIA) 400 MG/5ML | Tier 1 | Tier 1 | |
| PX MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| QC MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| QC MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML | | Tier 1 | |
| RA MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| RA MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SB MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| SB MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML | | Tier 1 | |
| SM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML | | Tier 1 | |
| SM MILK OF MAGNESIA ORAL SUSPENSION 1200 MG/15ML | | Tier 1 | |
| *Stimulant Laxatives*** | | | |
| BISACODYL LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| BLACK-DRAUGHT LAX-SENNA ORAL TABLET (SENNA) 8.6 MG | Tier 1 | Tier 1 | |
| CVS GENTLE LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| CVS SENNA ORAL CAPSULE 8.6 MG | | Tier 1 | |
| CVS SENNA ORAL TABLET 8.6 MG | | Tier 1 | |
| DULCOLAX RECTAL SUPPOSITORY (BISACODYL) 10 MG | Tier 1 | Tier 1 | |
| EQ NATURAL LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| EQ NATURAL VEGETABLE LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| EQ VEGETABLE LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| EQL SENNA LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| EVAC-U-GEN ORAL TABLET (SENNA) 8.6 MG | Tier 1 | Tier 1 | |
| FLEET BISACODYL RECTAL ENEMA 10 MG/30ML | Tier 1 | | |
| FT GENTLE LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| FT SENNA LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| FT SENNA LAXATIVES ORAL TABLET 8.6 MG | | Tier 1 | |
| GENTLE LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| GERI-KOT ORAL TABLET 8.6 MG | | Tier 1 | |
| GNP GENTLE LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GNP SENNA LAX ORAL TABLET 8.6 MG | | Tier 1 | |
| GOODSENSE SENNA LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| HM GENTLE LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| HM SENNA ORAL TABLET 8.6 MG | | Tier 1 | |
| KP SENNA ORAL TABLET 8.6 MG | | Tier 1 | |
| LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| MEDI-NATURAL ORAL TABLET 8.6 MG | | Tier 1 | |
| NATURAL SENNA LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| ONELAX RECTAL SUPPOSITORY (BISACODYL) 10 MG | Tier 1 | Tier 1 | |
| PX VEGETABLE LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| QC GENTLE LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| QC SENNA ORAL TABLET 8.6 MG | | Tier 1 | |
| QC VEGETABLE LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| RA FAST RELIEF LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| SB LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| SB SENNA-LAX ORAL TABLET 8.6 MG | | Tier 1 | |
| SENNALAX ORAL TABLET 8.6 MG | | Tier 1 | |
| SENNALAX ORAL CAPSULE 8.6 MG | | Tier 1 | |
| SENNALAX ORAL TABLET 8.6 MG | | Tier 1 | |
| SENNALAX-TABS ORAL TABLET 8.6 MG | | Tier 1 | |
| SENNALAX-TIME ORAL TABLET 8.6 MG | | Tier 1 | |
| SENOKOT ORAL TABLET (SENNALAX) 8.6 MG | Tier 1 | Tier 1 | |
| SM LAXATIVE RECTAL SUPPOSITORY 10 MG | | Tier 1 | |
| SM SENNA LAXATIVE ORAL TABLET 8.6 MG | | Tier 1 | |
| THE MAGIC BULLET RECTAL SUPPOSITORY (BISACODYL) 10 MG | Tier 1 | Tier 1 | |
| *Surfactant Laxatives*** | | | |
| COLACE ORAL CAPSULE (DSS) 100 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CVS STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| DOCU LIQUID ORAL LIQUID (DOCUSATE SODIUM) 100 MG/10ML | Tier 1 | Tier 1 | |
| DOCU ORAL LIQUID 50 MG/5ML | | Tier 1 | |
| DOCUSATE SODIUM ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| DOCUSATE SODIUM ORAL LIQUID 100 MG/10ML | | Tier 1 | |
| DOK ORAL TABLET (DOCUSATE SODIUM) 100 MG | Tier 1 | Tier 1 | |
| DSS ORAL CAPSULE 250 MG | | Tier 1 | |
| DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 1 | Tier 1 | |
| DULCOLAX STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 1 | Tier 1 | |
| EASY-LAX ORAL CAPSULE 100 MG | | Tier 1 | |
| EQ STOOL SOFTENER EXTRA STR ORAL CAPSULE 250 MG | | Tier 1 | |
| EQ STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| EQL STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 1 | |
| FLEET STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 1 | Tier 1 | |
| FT STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| FT STOOL SOFTENER ORAL TABLET 100 MG | | Tier 1 | |
| GNP STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| GOODSENSE STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 1 | |
| HEALTHY MAMA MOVE IT ALONG ORAL TABLET (DOCUSATE SODIUM) 100 MG | Tier 1 | Tier 1 | |
| HM STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| KLS STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 1 | |
| MM STOOL SOFTENER LAXATIVE ORAL CAPSULE 100 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MM STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 1 | |
| ONELAX DOCUSATE SODIUM ORAL LIQUID (DOCUSATE SODIUM) 50 MG/5ML | Tier 1 | Tier 1 | |
| PHILLIPS STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 1 | Tier 1 | |
| PX DOCUSATE SODIUM ORAL CAPSULE 100 MG | | Tier 1 | |
| QC STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| RA COL-RITE ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| RA STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 1 | |
| SB DOCUSATE SODIUM ORAL CAPSULE 100 MG | | Tier 1 | |
| SM STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| SM STOOL SOFTENER ORAL TABLET 100 MG | | Tier 1 | |
| STOOL SOFTENER LAXATIVE ORAL CAPSULE 100 MG | | Tier 1 | |
| STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | | Tier 1 | |
| STOOL SOFTENER ORAL LIQUID 50 MG/5ML | | Tier 1 | |
| STOOL SOFTENER ORAL TABLET 100 MG | | Tier 1 | |
| *Macrolides* | | | |
| *Azithromycin*** | | | |
| AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | | Tier 1 | |
| AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG | | Tier 1 | |
| *Clarithromycin*** | | | |
| CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| *Erythromycins*** | | | |
| E.E.S. 400 ORAL TABLET (ERYTHROMYCIN ETHYLSUCCINATE) 400 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | Tier 1 | | |
| ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG | | Tier 1 | |
| ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 400 MG/5ML | | Tier 1 | |
| *Medical Devices And Supplies* | | | |
| *Applicators,Cotton Balls,Etc*** | | | |
| ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP) | Tier 1 | Tier 1 | |
| ALCOHOL PADS PAD 70 % | | Tier 1 | |
| ALCOHOL PREP PAD 70 % | | Tier 1 | |
| ALCOHOL PREP PADS PAD 70 % | | Tier 1 | |
| ALCOHOL SWABS PAD | | Tier 1 | |
| ALCOHOL SWABSTICK PAD (ALCOHOL PREP) | Tier 1 | Tier 1 | |
| ALCOH-WIPE SHEET | | Tier 1 | |
| AUM ALCOHOL PREP PADS PAD 70 % | | Tier 1 | |
| BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP) | Tier 1 | Tier 1 | |
| CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| CVS ALCOHOL PREP PADS PAD 70 % | | Tier 1 | |
| CVS PREP PAD 70 % | | Tier 1 | |
| DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| EASY COMFORT ALCOHOL PADS PAD | | Tier 1 | |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| EQL ALCOHOL SWABS PAD 70 % | | Tier 1 | |
| ESSENTRA WIPES 9X9" SHEET 70 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| GLOBAL ALCOHOL PREP EASE PAD 70 % | | Tier 1 | |
| GNP ALCOHOL SWABS PAD 70 % | | Tier 1 | |
| H-E-B INCONTROL ALCOHOL PAD | | Tier 1 | |
| HM STERILE ALCOHOL PREP PAD | | Tier 1 | |
| MEIJER ALCOHOL SWABS PAD 70 % | | Tier 1 | |
| PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP) | Tier 1 | Tier 1 | |
| PRO COMFORT ALCOHOL PAD 70 % | | Tier 1 | |
| PURE COMFORT ALCOHOL PREP PAD | | Tier 1 | |
| QC ALCOHOL SWABS PAD 70 % | | Tier 1 | |
| RA ALCOHOL SWABS PAD 70 % | | Tier 1 | |
| REALITY SWABS PAD | | Tier 1 | |
| RELION ALCOHOL SWABS PAD (ALCOHOL PREP) | Tier 1 | Tier 1 | |
| SAPS CARE ALCOHOL PREP PAD 70 % | | Tier 1 | |
| SAPS HEALTH ALCOHOL PREP PAD | | Tier 1 | |
| SAPS HEALTH CARE ALCOHOL PREP PAD 70 % | | Tier 1 | |
| SB ALCOHOL PREP PAD 70 % | | Tier 1 | |
| SM ALCOHOL PREP PAD | | Tier 1 | |
| SURE COMFORT ALCOHOL PREP PAD 70 % | | Tier 1 | |
| TRUE COMFORT ALCOHOL PREP PADS PAD 70 % | | Tier 1 | |
| TRUE COMFORT PRO ALCOHOL PREP PAD 70 % | | Tier 1 | |
| ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP) | Tier 1 | Tier 1 | |
| ULTILET ALCOHOL SWABS PAD | | Tier 1 | |
| ULTRA-CARE ALCOHOL PREP PADS PAD 70 % | | Tier 1 | |
| WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 % | Tier 1 | Tier 1 | |
| ZEV RX STERILE ALCOHOL PREP PAD PAD 70 % | | Tier 1 | |
| *Condoms - Female*** | | | |
| FC2 FEMALE CONDOM | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *Condoms - Male*** | | | |
| AIMSCO LUBRICATED | | Tier 1 | |
| CONDOMS | | Tier 1 | |
| DUREX EXTRA SENSITIVE THIN (MAXX) | Tier 1 | Tier 1 | |
| DUREX EXTRA SENSITIVE THIN DEVICE (MAXX) | Tier 1 | Tier 1 | |
| DUREX REALFEEL DEVICE | Tier 1 | | |
| DUREX TROPICAL (MAXX) | Tier 1 | Tier 1 | |
| FANTASY LUBRICATED (MAXX) | Tier 1 | Tier 1 | |
| FANTASY LUBRICATED/SPERMICIDE (MAXX) | Tier 1 | Tier 1 | |
| KAMELEON LUBRICATED (MAXX) | Tier 1 | Tier 1 | |
| KIMONO | | Tier 1 | |
| KIMONO COLORS DEVICE (MAXX) | Tier 1 | Tier 1 | |
| KIMONO MAXX-LARGE FLARE (MAXX) | Tier 1 | Tier 1 | |
| KIMONO MICRO THIN PLUS | | Tier 1 | |
| KIMONO PLUS | | Tier 1 | |
| KIMONO PS | | Tier 1 | |
| KIMONO PS PLUS | | Tier 1 | |
| KIMONO SENSATION | | Tier 1 | |
| KIMONO SENSATION PLUS | | Tier 1 | |
| KIMONO SPECIAL DEVICE (MAXX) | Tier 1 | Tier 1 | |
| K-Y ME & YOU EXTRA LUBRICATED DEVICE (MAXX) | Tier 1 | Tier 1 | |
| K-Y ME & YOU INTENSE DEVICE (MAXX) | Tier 1 | Tier 1 | |
| MAXX PLUS | | Tier 1 | |
| REALITY LATEX CONDOMS (MAXX) | Tier 1 | Tier 1 | |
| REALITY LATEX/ULTRA TEXTURED DEVICE (MAXX) | Tier 1 | Tier 1 | |
| REALITY LATEX/ULTRA THIN DEVICE (MAXX) | Tier 1 | Tier 1 | |
| TROJAN MAGNUM (MAXX) | Tier 1 | Tier 1 | |
| TROJAN ULTRA THIN (MAXX) | Tier 1 | Tier 1 | |
| TROJAN ULTRA THIN/SPERMICIDAL (MAXX) | Tier 1 | Tier 1 | |
| TROJAN-ENZ LUBRICATED (MAXX) | Tier 1 | Tier 1 | |
| TROJAN-ENZ/SPERMICIDAL (MAXX) | Tier 1 | Tier 1 | |
| TRUE COVER DEVICE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TRUSTEX COLOR CONDOMS + LUBE (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUB/RIBBED/STUDDED (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUB/SPERMICIDE EX ST (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUB/SPERMICIDE XL (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUBRICATED (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUBRICATED EX LARGE (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUBRICATED EXTRA ST (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX LUBRICATED/SPERMICIDE (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX NATURAL CONDOMS + LUBE (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX NON-LUBRICATED (KIMONO MICRO THIN) | Tier 1 | Tier 1 | |
| TRUSTEX RIA LUB/SPERMICIDE (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX RIA LUBRICATED (MAXX) | Tier 1 | Tier 1 | |
| TRUSTEX RIA NON-LUBRICATED (KIMONO MICRO THIN) | Tier 1 | Tier 1 | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD (MAXX) | Tier 1 | Tier 1 | |
| *Diaphragms*** | | | |
| CAYA VAGINAL DIAPHRAGM | Tier 1 | | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % | Tier 1 | | |
| *Glucose Monitoring Test Supplies*** | | | |
| 1ST TIER UNILET COMFORTOUCH | | Tier 1 | |
| ACCU-CHEK AVIVA PLUS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ACCU-CHEK FASTCLIX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACCU-CHEK GUIDE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ACCU-CHEK GUIDE ME KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ACCU-CHEK SAFE-T PRO LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACCU-CHEK SOFTCLIX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACTI-LANCE 28G | | Tier 1 | |
| ACTI-LANCE LITE LANCETS 28G | | Tier 1 | |
| ACTI-LANCE SPECIAL LANCETS 17G | | Tier 1 | |
| ACTI-LANCE UNIVERSAL 23G | | Tier 1 | |
| ADJUSTABLE LANCING DEVICE | | Tier 1 | |
| ADVANCE INTUITION METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ADVANCE INTUITION MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) | Tier 1 | Tier 1 | |
| ADVANCE MICRO-DRAW METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ADVANCED MOBILE LANCET | | Tier 1 | |
| ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ADVOCATE BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ADVOCATE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ADVOCATE LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| ADVOCATE LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ADVOCATE RAPID-SAFE LANCING (LANCET DEVICE) | Tier 1 | Tier 1 | |
| ADVOCATE REDI-CODE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ADVOCATE REDI-CODE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ADVOCATE REDI-CODE+ DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ADVOCATE SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ADVOCATE SAFETY LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| AGAMATRIX AMP DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| AGAMATRIX JAZZ WIRELESS 2 KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| AGAMATRIX PRESTO KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| AGAMATRIX PRESTO PRO METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| AGAMATRIX ULTRA-THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| AIMSCO TWIST LANCETS 32G | | Tier 1 | |
| AIMSCO TWIST LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| AQUALANCE LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE 3 METER KIT | Tier 1 | | |
| ASSURE 4 METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ASSURE COMFORT LANCETS 28G | | Tier 1 | |
| ASSURE LANCE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE PLUS SAFETY 25G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE PLUS SAFETY 30G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE SAFETY LANCET 28G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE PLATINUM METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ASSURE PRISM MULTI METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| ASSURE PRO BLOOD GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| AURORA LANCET SUPER THIN 30G | | Tier 1 | |
| AURORA LANCET THIN 23G | | Tier 1 | |
| AUTO-LANCET (LANCET DEVICE) | Tier 1 | Tier 1 | |
| AUTO-LANCET MINI (LANCET DEVICE) | Tier 1 | Tier 1 | |
| AUTOLET LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| AUTOLET MINI (LANCET DEVICE) | Tier 1 | Tier 1 | |
| AUTOLET PLATFORMS (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| AUTOLET PLUS (LANCET DEVICE) | Tier 1 | Tier 1 | |
| BD LATITUDE DIABETES KIT (BLOOD GLUCOSE MONITOR SYSTEM) | Tier 1 | Tier 1 | |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| BD MICROTAINER LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| BIGFOOT UNITY PROGRAM KIT (DIABETES MONITOR DIGIT ADD-ON) | Tier 1 | Tier 1 | |
| BIOTEL CARE BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| BLOOD GLUCOSE MONITORING 333 DEVICE | | Tier 1 | |
| BLOOD GLUCOSE SYSTEM PAK KIT | | Tier 1 | |
| BLULINK GLUCOSE MONITORING SYS DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CARDIOCOM LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| CAREONE ADVANCED LANCING DEV | | Tier 1 | |
| CAREONE BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CAREONE LANCET SUPER THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| CAREONE LANCET THIN 23G | | Tier 1 | |
| CARESENS LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| CARESENS LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| CARESENS N FELIZ BT DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CARESENS N FELIZ DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CARESENS N GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CARESENS N VOICE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CARETOUCH LANCING/EJECTOR (LANCET DEVICE) | Tier 1 | Tier 1 | |
| CARETOUCH MONITOR SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CARETOUCH SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| CARETOUCH SAFETY LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| CARETOUCH TWIST LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| CARETOUCH TWIST LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| CARETOUCH TWIST LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| CARETOUCH TWIST MC LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| CHOSEN LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| CHOSEN LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| CHOSEN SAFETY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| CLEANLET LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CLEVER CHEK AUTO-CODE VOICE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CLEVER CHEK LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| CLEVER CHEK SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CLEVER CHOICE COMFORT EZ (LANCETS) | Tier 1 | Tier 1 | |
| CLEVER CHOICE LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| CLEVER CHOICE LANCETS 23G (LANCETS) | Tier 1 | Tier 1 | |
| CLEVER CHOICE LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| CLEVER CHOICE MICRO SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CLEVER CHOICE MINI SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CLEVER CHOICE TALK SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| COAGUCHEK LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| COMFORT ASSURED LANCETS 28G | | Tier 1 | |
| COMFORT ASSURED LANCETS 33G | | Tier 1 | |
| COMFORT LANCETS | | Tier 1 | |
| COMFORT TOUCH LANCETS 31G (LANCETS) | Tier 1 | Tier 1 | |
| COMFORT TOUCH PLUS LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| COMFORT TOUCH PLUS LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| COMFORT TOUCH TWIST LANCET 30G (LANCETS) | Tier 1 | Tier 1 | |
| CONTOUR MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CONTOUR NEXT EZ KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CONTOUR NEXT GEN MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CONTOUR NEXT GEN MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CONTOUR NEXT LINK KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CONTOUR NEXT MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CONTOUR NEXT ONE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| CONTOUR NEXT ONE KIT | Tier 1 | | |
| COOL MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| COOL MONITOR KIT KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CVS BLOOD GLUCOSE METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| CVS LANCETS 21G | | Tier 1 | |
| CVS LANCETS MICRO THIN 33G | | Tier 1 | |
| CVS LANCETS ORIGINAL | | Tier 1 | |
| CVS LANCETS THIN 26G | | Tier 1 | |
| CVS LANCETS ULTRA THIN 30G | | Tier 1 | |
| CVS LANCETS ULTRA-THIN 30G | | Tier 1 | |
| CVS LANCING DEVICE | | Tier 1 | |
| CVS ULTRA THIN LANCETS | | Tier 1 | |
| D-CARE GLUCOMETER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| DEXCOM G6 RECEIVER DEVICE | Tier 1 | | PA |
| DEXCOM G6 SENSOR | Tier 1 | | PA |
| DEXCOM G6 TRANSMITTER | Tier 1 | | PA |
| DEXCOM G7 RECEIVER DEVICE | Tier 1 | | PA |
| DEXCOM G7 SENSOR | Tier 1 | | PA |
| DIABETES CARE KIT | | Tier 1 | |
| DIABETES MONITOR DIGIT SOLN KIT | | Tier 1 | |
| DIATHRIVE BLOOD GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| DIATHRIVE LANCET ULTRA THIN 30 (LANCETS) | Tier 1 | Tier 1 | |
| DIATHRIVE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| DIATHRIVE LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| DIATHRIVE+ GLUCOSE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| DIATRUE PLUS BLOOD GLUCOSE DEVICE | | Tier 1 | |
| DROPLET GENTEEL LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| DROPLET LANCETS ULTRA THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| DROPLET LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| DROPLET PERSONAL LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| DRUG MART LANCETS THIN 26G | | Tier 1 | |
| DRUG MART LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| DRUG MART ON-THE-GO LANCET 30G (LANCETS) | Tier 1 | Tier 1 | |
| DRUG MART UNILET LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| DRUG MART UNILET LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| DRUG MART UNILET LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| EASY COMFORT LANCETS | | Tier 1 | |
| EASY COMFORT LANCETS TWIST TOP | | Tier 1 | |
| EASY MAX T1 GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EASY MINI EJECT LANCING DEVICE | | Tier 1 | |
| EASY MINI LANCING DEVICE | | Tier 1 | |
| EASY PLUS II GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| EASY STEP GLUCOSE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EASY TALK BLOOD GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| EASY TOUCH GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EASY TOUCH HEALTHPRO GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EASY TOUCH LANCETS 23G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 28G/TWIST (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 30G/TWIST (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 32G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 32G/TWIST (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCETS 33G/TWIST (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY LANCETS 23G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| EASY TRAK BLOOD GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| EASY TRAK II BLOOD GLUCOSE SYS DEVICE | | Tier 1 | |
| EASYGLUCO KIT | Tier 1 | | |
| EASYMAX NG BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EASYMAX NG BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EASYMAX V BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EASYPRO BLOOD GLUCOSE MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EASYPRO PLUS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ELEMENT AUTOCODE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ELEMENT COMPACT GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| ELEMENT COMPACT V GLUCOSE SYS DEVICE | | Tier 1 | |
| ELEMENT PLUS DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EMBRACE BLOOD GLUCOSE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EMBRACE EVO GLUCOSE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EMBRACE EVO GLUCOSE MONITORING KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EMBRACE LANCETS ULTRA THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| EMBRACE LANCING DEVICE/EJECTOR | | Tier 1 | |
| EMBRACE PRESSURE ACTIVATED 21G (LANCETS) | Tier 1 | Tier 1 | |
| EMBRACE PRESSURE ACTIVATED 28G (LANCETS) | Tier 1 | Tier 1 | |
| EMBRACE PRO GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EMBRACE TALK BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EMBRACE TALK MONITORING SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| EMBRACE WAVE BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EMBRACE WAVE GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| EQL COLOR LANCETS 21G | | Tier 1 | |
| EQL COLOR LANCETS MICRO 33G | | Tier 1 | |
| EQL SUPER THIN LANCETS 30G | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQL THIN LANCETS 26G | | Tier 1 | |
| EVOLUTION AUTOCODE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| E-Z JECT LANCET MICRO-THIN 33G (LANCETS) | Tier 1 | Tier 1 | |
| E-Z JECT LANCET SUPER THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| E-Z JECT LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| E-Z JECT LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| E-Z JECT LANCETS THIN 26G (LANCETS) | Tier 1 | Tier 1 | |
| EZ-LETS LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| EZ-LETS LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| EZ-LETS LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| EZ-LETS LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| FIFTY50 GLUCOSE METER 2.0 KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FIFTY50 SAFETY SEAL LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| FIFTY50 UNILET LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| FINE 30 (LANCETS) | Tier 1 | Tier 1 | |
| FINGERSTIX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| FORA LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| FORA TEST N' GO MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA TN'G VOICE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA V10/V12/D10/D20 TEST KIT | Tier 1 | | |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORA V30A BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FORACARE GD40 MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORACARE PREMIUM V10 DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORACARE TEST N GO MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FORTISCARE T1 GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FREDS PHARMACY AUTOLET LANCING | | Tier 1 | |
| FREDS PHARMACY UNILET LANC 28G | | Tier 1 | |
| FREDS PHARMACY UNILET LANC 30G | | Tier 1 | |
| FREESTYLE FREEDOM LITE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FREESTYLE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| FREESTYLE LIBRE 14 DAY READER DEVICE | Tier 1 | | PA |
| FREESTYLE LIBRE 14 DAY SENSOR | Tier 1 | | PA |
| FREESTYLE LIBRE 2 READER DEVICE | Tier 1 | | PA |
| FREESTYLE LIBRE 2 SENSOR | Tier 1 | | PA |
| FREESTYLE LIBRE 3 PLUS SENSOR | Tier 1 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| FREESTYLE LIBRE 3 READER DEVICE | Tier 1 | | PA |
| FREESTYLE LIBRE 3 SENSOR | Tier 1 | | PA |
| FREESTYLE LIBRE READER DEVICE | Tier 1 | | PA |
| FREESTYLE LITE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| FREESTYLE LITE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FREESTYLE PRECISION NEO SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| FREESTYLE UNISTICK II LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| GE100 BLOOD GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| GE100 BLOOD GLUCOSE SYSTEM KIT W/DEVICE | | Tier 1 | |
| GENTEEL BUTTERFLY TOUCH LANCET (LANCETS) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (BLUE) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (CLEAR) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (GREEN) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (ORANGE) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (RAINBOW) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (VIOLET) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL CONTACT TIPS (YELLOW) (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL NOZZLES (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GENTEEL PLUS LANCING (BLACK) (LANCET DEVICE) | Tier 1 | Tier 1 | |
| GENTEEL PLUS LANCING (PURPLE) (LANCET DEVICE) | Tier 1 | Tier 1 | |
| GENTEEL PLUS LANCING (WHITE) (LANCET DEVICE) | Tier 1 | Tier 1 | |
| GENTEEL PLUS LANCING DEV(BLUE) (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GENTEEL PLUS LANCING DEV(PINK) (LANCET DEVICE) | Tier 1 | Tier 1 | |
| GENTLE-LET GP LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| GENTLE-LET LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| GENTLE-LET PLATFORMS (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| GHT BLOOD GLUCOSE MONITOR KIT W/DEVICE | | Tier 1 | |
| GLOBAL INJECT EASE LANCETS 28G | | Tier 1 | |
| GLOBAL INJECT EASE LANCETS 30G | | Tier 1 | |
| GLOBAL LANCING DEVICE | | Tier 1 | |
| GLUCO PERFECT 3 METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| GLUCOCARD 01 BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| GLUCOCARD 01 BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD 01-MINI GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD EXPRESSION MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD SHINE CONNEX KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD SHINE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| GLUCOCARD SHINE EXPRESS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD SHINE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD SHINE XL DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| GLUCOCARD VITAL MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCOCARD X-METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| GLUCOCOM LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| GLUCOCOM LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| GLUCOCOM LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| GLUCOCOM MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GLUCONAVII BLOOD GLUCOSE SYS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GNP EASY TOUCH GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| GNP LANCETS 21G | | Tier 1 | |
| GNP LANCETS THIN 26G | | Tier 1 | |
| GNP LANCING SYSTEM DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| GNP STERILE LANCETS 28G | | Tier 1 | |
| GNP STERILE LANCETS 30G | | Tier 1 | |
| GNP STERILE LANCETS 33G | | Tier 1 | |
| GNP TRUE METRIX AIR METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GNP TRUE METRIX GLUCOSE METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| GOJJI LANCING DEVICE/CLEAR CAP (LANCET DEVICE) | Tier 1 | Tier 1 | |
| GOJJI STERILE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| GOODSENSE BLOOD GLUCOSE KIT W/DEVICE | | Tier 1 | |
| GOODSENSE COLOR LANCETS 33G | | Tier 1 | |
| GOODSENSE LANCETS 26G UNIV | | Tier 1 | |
| GOODSENSE LANCETS 30G | | Tier 1 | |
| GOODSENSE LANCETS 30G UNIV | | Tier 1 | |
| GOODSENSE LANCETS 33G | | Tier 1 | |
| GOODSENSE LANCETS 33G UNIV | | Tier 1 | |
| GOODSENSE LANCING DEVICE | | Tier 1 | |
| HAEMOLANCE (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| HAEMOLANCE LOW FLOW LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| HAEMOLANCE PLUS (LANCETS) | Tier 1 | Tier 1 | |
| HAEMOLANCE PLUS HIGH FLOW (LANCETS) | Tier 1 | Tier 1 | |
| HAEMOLANCE PLUS LOW FLOW (LANCETS) | Tier 1 | Tier 1 | |
| HAEMOLANCE PLUS MAX FLOW (LANCETS) | Tier 1 | Tier 1 | |
| HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS) | Tier 1 | Tier 1 | |
| HEALTH CARE LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| HEALTHPRO BLOOD GLUCOSE MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| HEALTHY ACCENTS LANCING DEVICE | | Tier 1 | |
| HEALTHY ACCENTS UNILET LANCETS | | Tier 1 | |
| H-E-B INCONTROL ADV LANCING | | Tier 1 | |
| H-E-B INCONTROL LANCETS 28G | | Tier 1 | |
| H-E-B INCONTROL LANCETS 30G | | Tier 1 | |
| H-E-B INCONTROL LANCETS 33G | | Tier 1 | |
| HM EMBRACE TALK SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| HW EMBRACE PRO GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| HY-VEE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| HY-VEE THIN LANCETS | | Tier 1 | |
| IGLUCOSE MONITORING SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| IHEALTH GLUCO+ KIT 10 KIT (DIABETES MONITOR DIGIT ADD-ON) | Tier 1 | Tier 1 | |
| IHEALTH GLUCO+ KIT 100 KIT (DIABETES MONITOR DIGIT ADD-ON) | Tier 1 | Tier 1 | |
| IHEALTH LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| IN TOUCH DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| IN TOUCH LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| IN TOUCH STERILE LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| INFINITY BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| INFINITY VOICE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| KINNEY LANCETS | | Tier 1 | |
| KINNEY THIN LANCETS | | Tier 1 | |
| KROGER AUTOLET LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| KROGER BLOOD GLUCOSE KIT W/DEVICE | | Tier 1 | |
| KROGER HEALTHPRO LANCET 26G (LANCETS) | Tier 1 | Tier 1 | |
| KROGER LANCETS | | Tier 1 | |
| KROGER LANCETS 21G | | Tier 1 | |
| KROGER LANCETS MICRO THIN 33G | | Tier 1 | |
| KROGER LANCETS SUPER THIN | | Tier 1 | |
| KROGER LANCETS THIN | | Tier 1 | |
| KROGER LANCETS THIN 26G | | Tier 1 | |
| KROGER LANCETS ULTRATHIN 30G | | Tier 1 | |
| KROGER LANCING DEVICE | | Tier 1 | |
| KROGER PREMIUM BLOOD GLUCOSE KIT W/DEVICE | | Tier 1 | |
| LANCET DEVICE WITH EJECTOR | | Tier 1 | |
| LANCETS 30G | | Tier 1 | |
| LANCETS 33G | | Tier 1 | |
| LANCETS MICRO THIN 33G | | Tier 1 | |
| LANCETS SUPER THIN (LANCETS) | Tier 1 | Tier 1 | |
| LANCETS SUPER THIN 28G | | Tier 1 | |
| LANCETS THIN | | Tier 1 | |
| LANCETS ULTRA THIN (LANCETS) | Tier 1 | Tier 1 | |
| LANCETS ULTRA THIN 30G | | Tier 1 | |
| LANCING DEVICE | | Tier 1 | |
| LANZO (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| LEADER ADVANCED LANCING DEVICE | | Tier 1 | |
| LIBERTY MEDICAL LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| LIBERTY MINI LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| LIBERTY NXT GENERATION MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| LITE TOUCH LANCETS | | Tier 1 | |
| LITE TOUCH LANCING PEN (LANCET DEVICE) | Tier 1 | Tier 1 | |
| LITETOUCH LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| LIVE BETTER ADV LANCING DEVICE | | Tier 1 | |
| LIVE BETTER LANCET SUPER THIN | | Tier 1 | |
| LIVE BETTER LANCET ULTRA THIN | | Tier 1 | |
| LONGS LANCETS STANDARD | | Tier 1 | |
| LONGS LANCETS THIN | | Tier 1 | |
| LONGS LANCETS ULTRA THIN | | Tier 1 | |
| MEDICHOICE SAFETY LANCET | | Tier 1 | |
| MEDICHOICE SAFETY LANCET EXTRA | | Tier 1 | |
| MEDICHOICE SAFETY LANCET NORM | | Tier 1 | |
| MEDLANCE EXTRA 21G (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE LITE 25G (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE PLUS EXTRA 21G (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE PLUS LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE PLUS LITE 25G (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE PLUS SPECIAL 0.8MM (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE PLUS SUPERLITE 30G (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE PLUS UNIVERSAL 21G (LANCETS) | Tier 1 | Tier 1 | |
| MEDLANCE UNIVERSAL 21G (LANCETS) | Tier 1 | Tier 1 | |
| MEIJER BLOOD GLUCOSE KIT W/DEVICE | | Tier 1 | |
| MEIJER ESSENTIAL BLOOD GLUCOSE KIT W/DEVICE | | Tier 1 | |
| MEIJER LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MEIJER LANCETS THIN (LANCETS) | Tier 1 | Tier 1 | |
| MEIJER LANCETS UNIVERSAL 21G (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MEIJER LANCETS UNIVERSAL 30G (LANCETS) | Tier 1 | Tier 1 | |
| MEIJER LANCETS UNIVERSAL 33G (LANCETS) | Tier 1 | Tier 1 | |
| MEIJER PREMIUM BLOOD GLUCOSE KIT W/DEVICE | | Tier 1 | |
| MEIJER SUPER THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MEIJER TRUE2GO BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MEIJER TRUERESULT GLUCOSE SYS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MEIJER TRUETRACK GLUCOSE SYS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MICROLET LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MICROLET NEXT LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| MINI LANCING DEVICE | | Tier 1 | |
| MM BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MM BLOOD GLUCOSE SYSTEM REFILL KIT | Tier 1 | | |
| MM BLULINK GLUCOSE MONIT SYS DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| MM EASY TOUCH GLUCOSE METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MM LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| MM TWIST LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MONOLET LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MONOLET OPD LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MONOLETTOR SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| MPD SAFETY LANCET 21G | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MPD SAFETY LANCET 23G | | Tier 1 | |
| MPD SAFETY LANCET 28G | | Tier 1 | |
| MPD SAFETY LANCET 30G | | Tier 1 | |
| MULTI-LANCET DEVICE | | Tier 1 | |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| MYGLUCOHEALTH LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| NOVA SAFETY LANCETS 23G (LANCETS) | Tier 1 | Tier 1 | |
| NOVA SAFETY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| NOVA SUREFLEX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| NOVA SUREFLEX LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| ON CALL EXPRESS MONITORING SYS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ONE DROP BLOOD GLUCOSE MONITOR KIT W/DEVICE | | Tier 1 | |
| ONETOUCH DELICA LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH DELICA LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH DELICA LANCING DEV (LANCET DEVICE) | Tier 1 | Tier 1 | |
| ONETOUCH DELICA PLUS LANCET30G (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH DELICA PLUS LANCET33G (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH DELICA PLUS LANCING (LANCET DEVICE) | Tier 1 | Tier 1 | |
| ONETOUCH DELICA SAFETY LANCING (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH FINEPOINT LANCETS (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ONETOUCH ULTRA 2 KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ONETOUCH ULTRASOFT 2 LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH ULTRASOFT LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ONETOUCH VERIO FLEX SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ONETOUCH VERIO IQ SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ONETOUCH VERIO KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ONETOUCH VERIO REFLECT KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| PC LANCETS SUPER THIN 30G | | Tier 1 | |
| PERFECT LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| PERFECT LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| PERFECT POINT SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PHARMACIST CHOICE AUTOCODE SYS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| PHARMACIST CHOICE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PHARMACIST CHOICE MINI SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| PHARMACY COUNTER LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PIP BLOOD GLUCOSE MONITORING DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| PIP LANCETS 28G | | Tier 1 | |
| PIP LANCETS 30G | | Tier 1 | |
| POCKETCHEM EZ SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PRECISION THINS GP LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PREFERRED PLUS LANCETS COLORED | | Tier 1 | |
| PREFERRED PLUS LANCETS THIN | | Tier 1 | |
| PRO COMFORT LANCETS 30G | | Tier 1 | |
| PRO COMFORT LANCETS 31G | | Tier 1 | |
| PRO COMFORT SAFETY LANCETS 30G | | Tier 1 | |
| PRO VOICE V8 GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| PRO VOICE V9 GLUCOSE SYSTEM DEVICE | | Tier 1 | |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| PRODIGY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| PRODIGY LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| PRODIGY NO CODING BLOOD GLUC KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| PRODIGY POCKET BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| PRODIGY SAFETY LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| PRODIGY TWIST TOP LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| PRODIGY VOICE BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| PSS SELECT GP LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PSS SELECT PLATFORMS (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| PSS SELECT SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PURE COMFORT LANCETS 30G | | Tier 1 | |
| PX ADVANCED LANCING DEVICE | | Tier 1 | |
| PX LANCET AUTO INJECTOR | | Tier 1 | |
| PX LANCETS MICROTHIN 33G | | Tier 1 | |
| PX LANCETS ULTRA THIN | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PX LANCETS ULTRA THIN 28G | | Tier 1 | |
| QC ADVANCED LANCING DEVICE | | Tier 1 | |
| QC LANCETS SUPER THIN 30G | | Tier 1 | |
| QC LANCETS ULTRA THIN | | Tier 1 | |
| QC UNILET LANCETS 28G | | Tier 1 | |
| QC UNILET LANCETS MICRO THIN | | Tier 1 | |
| QUICKTEK KIT | Tier 1 | | |
| QUICKTEK/METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) | Tier 1 | Tier 1 | |
| QUINTET AC BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| QUINTET BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS THIN 26G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS THIN 28G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS ULTRA THIN (LANCETS) | Tier 1 | Tier 1 | |
| READYLANCE SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| REALITY LANCETS | | Tier 1 | |
| REALITY TRIGGER LANCETS | | Tier 1 | |
| REFUAH PLUS MONITORING SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RELION CONFIRM GLUCOSE MONITOR KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RELION LANCET DEVICES 30G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS MICRO-THIN 33G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS THIN 26G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS ULTRA-THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| RELION MICRO KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RELION PREMIER BLU MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| RELION PREMIER CLASSIC DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| RELION PREMIER COMPACT SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RELION PREMIER VOICE MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| RELION PRIME MONITOR DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| RELION TRUE MET AIR GLUC METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RELION ULTIMA GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RELION ULTRA THIN LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| RELION ULTRA THIN PLUS LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| REXALL BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| REXALL LANCETS ULTRA THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| RIGHTEST ALTERNATE SITE ADAPT (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| RIGHTEST GD500 LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| RIGHTEST GL300 LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| RIGHTEST GM100 BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RIGHTEST GM300 BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| RIGHTEST GM550 BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| SAFE-T-LANCE (LANCETS) | Tier 1 | Tier 1 | |
| SAFE-T-LANCE PLUS (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCET 30G/PRESSURE ACT | | Tier 1 | |
| SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCETS 23G (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCETS 28G | | Tier 1 | |
| SAPS HEALTH PLUS LANCETS | | Tier 1 | |
| SAPS HEALTH TWIST TOP LANCETS | | Tier 1 | |
| SAPS TWIST TOP LANCETS | | Tier 1 | |
| SAPSCARE TWIST TOP LANCETS | | Tier 1 | |
| SB LANCETS THIN | | Tier 1 | |
| SB LANCETS ULTRA THIN | | Tier 1 | |
| SELECT-LITE LANCING DEVICE | | Tier 1 | |
| SHOPKO AUTOLET LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| SHOPKO ON-THE-GO LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| SHOPKO UNILET LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SHOPKO UNILET LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| SIMPLE DIAGNOSTICS LANCING DEV (LANCET DEVICE) | Tier 1 | Tier 1 | |
| SINGLE-LET (LANCETS) | Tier 1 | Tier 1 | |
| SM LANCETS 33G | | Tier 1 | |
| SM TRUEDRAW LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| SMART DIABETES VANTAGE LANCING (LANCET DEVICE) | Tier 1 | Tier 1 | |
| SMART SENSE COLOR LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SMART SENSE PREMIUM SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SMART SENSE STANDARD LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SMART SENSE SUPER THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SMART SENSE THIN LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| SMART SENSE VALUE GLUCOSE SYS KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SMARTEST EJECT DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| SMARTEST EJECT STARTER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SMARTEST LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SMARTEST PERSONA STARTER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SMARTEST PRONTO STARTER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SMARTEST PROTEGE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| SMARTEST PROTEGE STARTER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| SOLUS V2 LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SOLUS V2 LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| SOLUS V2 TWIST LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| STERILANCE TL (LANCETS) | Tier 1 | Tier 1 | |
| SUPER THIN LANCETS | | Tier 1 | |
| SURE COMFORT LANCETS 18G | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SURE COMFORT LANCETS 21G | | Tier 1 | |
| SURE COMFORT LANCETS 23G | | Tier 1 | |
| SURE COMFORT LANCETS 28G | | Tier 1 | |
| SURE COMFORT LANCETS 30G | | Tier 1 | |
| SURE COMFORT LANCING PEN | | Tier 1 | |
| SURELITE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| TECHLITE AST LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| TECHLITE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| TECHLITE LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| TEMPO REFILL KIT | Tier 1 | | |
| TGT BLOOD GLUCOSE MONITORING KIT W/DEVICE | | Tier 1 | |
| TGT LANCET MICRO THIN 33G | | Tier 1 | |
| TGT LANCET THIN 26G | | Tier 1 | |
| TGT LANCET ULTRA THIN 30G | | Tier 1 | |
| TGT LANCING DEVICE | | Tier 1 | |
| THINLETS GP LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| TODAYS HEALTH LANCING DEVICE | | Tier 1 | |
| TODAYS HEALTH THIN LANCETS 28G | | Tier 1 | |
| TODAYS HEALTH THIN LANCETS 30G | | Tier 1 | |
| TOPCARE LANCETS MICRO-THIN 33G | | Tier 1 | |
| TRAVEL LANCETS | | Tier 1 | |
| TRAVEL LANCETS ADVANCED 28G (LANCETS) | Tier 1 | Tier 1 | |
| TRUE COMFORT SAFETY LANCETS | | Tier 1 | |
| TRUE COMFORT TWIST TOP LANCETS | | Tier 1 | |
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| TRUE METRIX AIR GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| TRUE METRIX AIR GLUCOSE METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| TRUE METRIX GO GLUCOSE METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| TRUE METRIX METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TRUE METRIX METER KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| TRUEDRAW LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| TRUEPLUS LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| TRUEPLUS LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| TRUEPLUS LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| TRUEPLUS LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| TRUEPLUS SAFETY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| TRUERESULT BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| TRUETRACK BLOOD GLUCOSE DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| TRUETRACK BLOOD GLUCOSE KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| TRUETRACK SMART SYSTEM KIT (BLOOD GLUCOSE MONITOR SYSTEM) | Tier 1 | Tier 1 | |
| TWIST TOP LANCETS 30G | | Tier 1 | |
| ULTI-LANCE AUTOMATIC (LANCET DEVICE) | Tier 1 | Tier 1 | |
| ULTILET CLASSIC LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ULTILET LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ULTILET SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ULTILET SAFETY LANCETS 23G (LANCETS) | Tier 1 | Tier 1 | |
| ULTRA THIN LANCETS 31G | | Tier 1 | |
| ULTRA-CARE LANCETS 30G | | Tier 1 | |
| ULTRA-THIN II AUTO LANCET (LANCETS) | Tier 1 | Tier 1 | |
| ULTRA-THIN II LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| UNILET COMFORTOUCH LANCET (LANCETS) | Tier 1 | Tier 1 | |
| UNILET EXCELITE (LANCETS) | Tier 1 | Tier 1 | |
| UNILET EXCELITE II (LANCETS) | Tier 1 | Tier 1 | |
| UNILET G.P. LANCET (LANCETS) | Tier 1 | Tier 1 | |
| UNILET G.P. SUPERLITE LANCET (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| UNILET GP 28 ULTRA THIN (LANCETS) | Tier 1 | Tier 1 | |
| UNILET LANCET (LANCETS) | Tier 1 | Tier 1 | |
| UNILET MICRO-THIN 33G (LANCETS) | Tier 1 | Tier 1 | |
| UNILET SUPERLITE LANCET (LANCETS) | Tier 1 | Tier 1 | |
| UNILET SUPER-THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| UNILET ULTRA-THIN 28G (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 1 (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 2 (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 2 COMFORT (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 2 EXTRA (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 2 NEONATAL (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 2 NORMAL (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 2 SUPER (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 3 (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 3 COMFORT (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 3 EXTRA (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 3 GENTLE (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 3 NEONATAL (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK 3 NORMAL (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK CZT COMFORT (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK CZT NORMAL (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK NORMAL (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK PRO SAFETY LANCET (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK SAFETY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK SAFETY LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK TOUCH SAFETY LANC 21G (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK TOUCH SAFETY LANC 23G (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK TOUCH SAFETY LANC 28G (LANCETS) | Tier 1 | Tier 1 | |
| UNISTIK TOUCH SAFETY LANC 30G (LANCETS) | Tier 1 | Tier 1 | |
| UNIVERSAL 1 LANCETS THIN 26G (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| UNIVERSAL 1 LANCETS THIN 33G (LANCETS) | Tier 1 | Tier 1 | |
| UNIVERSAL 1 LANCETS ULTRA THIN (LANCETS) | Tier 1 | Tier 1 | |
| VALUE PLUS LANCET STANDARD 21G | | Tier 1 | |
| VALUE PLUS LANCETS SUPER THIN | | Tier 1 | |
| VALUE PLUS LANCETS THIN 26G | | Tier 1 | |
| VALUE PLUS LANCING DEVICE | | Tier 1 | |
| VALUMARK LANCET SUPER THIN 30G | | Tier 1 | |
| VALUMARK LANCET ULTRA THIN 28G | | Tier 1 | |
| VERASENS BLOOD GLUCOSE METER DEVICE | | Tier 1 | |
| VERASENS BLOOD GLUCOSE SYSTEM KIT W/DEVICE | | Tier 1 | |
| VERIFINE SAFE LANCET MINI 21G (LANCETS) | Tier 1 | Tier 1 | |
| VERIFINE SAFE LANCET MINI 23G (LANCETS) | Tier 1 | Tier 1 | |
| VERIFINE SAFE LANCET MINI 28G (LANCETS) | Tier 1 | Tier 1 | |
| VERIFINE SAFE LANCET MINI 30G (LANCETS) | Tier 1 | Tier 1 | |
| VERIFINE UNIVERSAL LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| VERIFINE UNIVERSAL LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| VERIFINE UNIVERSAL LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| VIDA MIA AUTOLET LANCING DEV (LANCET DEVICE) | Tier 1 | Tier 1 | |
| VIDA MIA UNILET LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| VIDA MIA UNILET LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| VIVAGUARD INO GLUCOSE METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |
| VIVAGUARD INO GLUCOSE METER KIT | Tier 1 | | |
| VIVAGUARD INO SMART GLUC METER DEVICE (LIBERTY BLOOD GLUCOSE METER) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| VIVAGUARD LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| VIVAGUARD LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| VIVAGUARD LANCING DEVICE (LANCET DEVICE) | Tier 1 | Tier 1 | |
| VIVAGUARD SAFETY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| WALGREENS ADV TRAVEL LANCETS | | Tier 1 | |
| WALGREENS LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| WALGREENS LANCETS MICRO THIN | | Tier 1 | |
| WALGREENS LANCETS SUPER THIN | | Tier 1 | |
| WALGREENS THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| WALGREENS ULTRA THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| WAVESENSE AMP KIT (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE | Tier 1 | Tier 1 | |
| ZEV RX TWIST TOP LANCETS 30G | | Tier 1 | |
| *Insulin Administration Supplies*** | | | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | Tier 1 | | PA |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | Tier 1 | | PA |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | Tier 1 | | PA |
| OMNIPOD 5 G7 PODS (GEN 5) | Tier 1 | | PA |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT | Tier 1 | | PA |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | Tier 1 | | PA |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | Tier 1 | | PA |
| OMNIPOD CLASSIC PODS (GEN 3) | Tier 1 | | PA |
| OMNIPOD DASH INTRO (GEN 4) KIT | Tier 1 | | PA |
| OMNIPOD DASH PDM (GEN 4) KIT | Tier 1 | | PA |
| OMNIPOD DASH PODS (GEN 4) | Tier 1 | | PA |
| *Medical Waste Disposal Systems*** | | | |
| BD SHARPS CONTAINER HOME | | Tier 1 | |
| SHARPS CONTAINER | | Tier 1 | |
| *Misc. Devices*** | | | |
| FOLDING PADDLE WALKER | | Tier 1 | |
| *Needles & Syringes*** | | | |
| 1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| 1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | | Tier 1 | |
| ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ALLERGY SYRINGE 27G X 1/2" 1 ML | | Tier 1 | |
| AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM | | Tier 1 | |
| ASSURE ID DUO PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ASSURE ID PRO PEN NEEDLES (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | | Tier 1 | |
| AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | | Tier 1 | |
| AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| AUM SAFETY PEN NEEDLE (RAYA SURE PEN NEEDLE) 31G X 4 MM | Tier 1 | Tier 1 | |
| AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM | | Tier 1 | |
| BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | | |
| BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| BD BLUNT FILL NEEDLE (HYPODERMIC NEEDLE) 18G X 1-1/2" | Tier 1 | Tier 1 | |
| BD BLUNT FILL NEEDLE W/FILTER (HYPODERMIC NEEDLE) 18G X 1-1/2" | Tier 1 | Tier 1 | |
| BD DISP NEEDLE (HYPODERMIC NEEDLE) 23G X 1" , 25G X 1" | Tier 1 | Tier 1 | |
| BD DISP NEEDLE 30G X 1" | Tier 1 | | |
| BD DISP NEEDLES 16G X 1-1/2" , 25G X 7/8" | Tier 1 | | |
| BD DISP NEEDLES (HYPODERMIC NEEDLE) 18G X 1-1/2" , 19G X 1" , 20G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8" , 27G X 1/2" , 30G X 1/2" | Tier 1 | Tier 1 | |
| BD ECLIPSE LUER-LOK NEEDLE (HYPODERMIC NEEDLE) 30G X 1/2" | Tier 1 | Tier 1 | |
| BD ECLIPSE NEEDLE (HYPODERMIC NEEDLE) 18G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 27G X 1/2" | Tier 1 | Tier 1 | |
| BD ECLIPSE SHIELDED NEEDLE (HYPODERMIC NEEDLE) 18G X 1-1/2" | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BD ECLIPSE SYRINGE (SYRINGE) 21G X 1" 3 ML, 25G X 1" 3 ML | Tier 1 | Tier 1 | |
| BD ECLIPSE SYRINGE/NEEDLE (SYRINGE) 22G X 1" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| BD ECLIPSE SYRINGE/NEEDLE (SYRINGE LUER LOCK) 23G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| BD HYPODERMIC NEEDLE 16G X 1" , 21G X 2" | Tier 1 | | |
| BD HYPODERMIC NEEDLE (HYPODERMIC NEEDLE) 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2" | Tier 1 | Tier 1 | |
| BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML | Tier 1 | | |
| BD INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML | Tier 1 | | |
| BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | Tier 1 | | |
| BD INSULIN SYRINGE ULTRAFINE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| BD INTEGRA NEEDLE (HYPODERMIC NEEDLE) 23G X 1" | Tier 1 | Tier 1 | |
| BD INTEGRA SYRINGE (SYRINGE) 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| BD LUER-LOCK SYRINGE (SYRINGE) 18G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| BD LUER-LOK SYRINGE (SYRINGE) 18G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| BD LUER-LOK SYRINGE 20G X 1" 1 ML | Tier 1 | | |
| BD LUER-LOK SYRINGE (SYRINGE LUER LOCK) 23G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| BD NOKOR ADMIX NEEDLE (HYPODERMIC NEEDLE) 18G X 1-1/2" | Tier 1 | Tier 1 | |
| BD PEN (AUTOPEN) | Tier 1 | Tier 1 | |
| BD PEN MINI (AUTOPEN) | Tier 1 | Tier 1 | |
| BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE ORIGINAL U/F (SURE COMFORT PEN NEEDLES) 29G X 12.7MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| BD PLASTIPAK SYRINGE (SYRINGE) 21G X 1" 3 ML | Tier 1 | Tier 1 | |
| BD PLASTIPAK SYRINGE (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| BD PRECISIONGLIDE NEEDLE (POLY HUB NEEDLE) 23G X 1-1/2" | Tier 1 | Tier 1 | |
| BD PRECISIONGLIDE NEEDLE (HYPODERMIC NEEDLE) 27G X 1-1/2" | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE ALLERGY SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE NEEDLE (HYPODERMIC NEEDLE) 18G X 1-1/2" , 21G X 1" , 25G X 1" , 25G X 5/8" | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE NEEDLE (SYRINGE) 21G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE NEEDLE (POLY HUB NEEDLE) 23G X 1-1/2" | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE NEEDLE 27G X 5/8" | Tier 1 | | |
| BD SAFETYGLIDE SHIELDED NEEDLE (HYPODERMIC NEEDLE) 21G X 1-1/2" , 22G X 1-1/2" , 23G X 1" | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE SYRINGE/NEEDLE (SYRINGE) 25G X 1" 3 ML | Tier 1 | Tier 1 | |
| BD SYRINGE LUER-LOK (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| BD SYRINGE LUER-LOK (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| BD SYRINGE SLIP TIP (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BD SYRINGE SLIP TIP (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML | Tier 1 | Tier 1 | |
| BD SYRINGE SLIP TIP (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| BD SYRINGE/NEEDLE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| BD TB SYRINGE 27G X 1/2" 0.5 ML | Tier 1 | | |
| BD TB SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD VEO INSULIN SYR U/F 1/2UNIT (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML | Tier 1 | Tier 1 | |
| BD VEO INSULIN SYRINGE U/F (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | | Tier 1 | |
| CAREPOINT POLY HUB NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 27G X 1/2" , 30G X 1/2" | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | | Tier 1 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE (SYRINGE) 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 1 ML | | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML (SYRINGE) | Tier 1 | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML (SYRINGE) | Tier 1 | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML (SYRINGE) | Tier 1 | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML (SYRINGE LUER LOCK) | Tier 1 | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML (SYRINGE) | Tier 1 | Tier 1 | |
| CAREPOINT SYRINGE LUER LOCK 3 ML | | Tier 1 | |
| CAREPOINT SYRINGE LUER SLIP 1 ML | | Tier 1 | |
| CAREPOINT TUBERCLN SYR/LUER SL 25G X 5/8" 1 ML | | Tier 1 | |
| CARETOUCH HYPODERMIC NEEDLE (HYPODERMIC NEEDLE) 18G X 1-1/2" , 20G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 27G X 1-1/2" | Tier 1 | Tier 1 | |
| CARETOUCH HYPODERMIC NEEDLE (POLY HUB NEEDLE) 23G X 1-1/2" | Tier 1 | Tier 1 | |
| CARETOUCH HYPODERMIC NEEDLE 26G X 1" | Tier 1 | | |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML | Tier 1 | | |
| CARETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| CARETOUCH LUER LOCK (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| CARETOUCH LUER LOCK (SYRINGE) 23G X 1" 3 ML | Tier 1 | Tier 1 | |
| CARETOUCH LUER LOCK (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CARETOUCH LUER LOCK SYR/NEEDLE (SYRINGE) 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| CARETOUCH LUER LOCK SYR/NEEDLE (SYRINGE LUER LOCK) 23G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| CARETOUCH LUER SLIP (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| CARETOUCH LUER SLIP (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| CEQR SIMPLICITY 2U DEVICE (AUTOPEN) | Tier 1 | Tier 1 | |
| CLEVER CHOICE COMFORT EZ (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM | Tier 1 | Tier 1 | |
| CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES) | Tier 1 | Tier 1 | |
| CLICKFINE PEN NEEDLES 31G X 6 MM (MEIJER PEN NEEDLES) | Tier 1 | Tier 1 | |
| CLICKFINE PEN NEEDLES 31G X 8 MM | | Tier 1 | |
| CLICKFINE PEN NEEDLES 32G X 4 MM (INSUPEN PEN NEEDLES) | Tier 1 | Tier 1 | |
| COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES 33G X 8 MM | Tier 1 | | |
| COMFORT EZ PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PRO PEN NEEDLES (RAYA SURE PEN NEEDLE) 31G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| COMFORT TOUCH INSULIN PEN NEED (RAYA SURE PEN NEEDLE) 31G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) 32G X 8 MM | Tier 1 | Tier 1 | |
| COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM | Tier 1 | Tier 1 | |
| DIATHRIVE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| DIATHRIVE PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| DIATHRIVE PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| DIATHRIVE PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML | Tier 1 | | |
| DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| DROPLET MICRON 34G X 3.5 MM | Tier 1 | | |
| DROPLET PEN NEEDLES 29G X 10MM | Tier 1 | | |
| DROPLET PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM | Tier 1 | Tier 1 | |
| DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| DROPSAFE SICURA (HYPODERMIC NEEDLE) 25G X 1" | Tier 1 | Tier 1 | |
| DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | | Tier 1 | |
| EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | | Tier 1 | |
| EASY GLIDE LUER LOCK SYRINGE (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| EASY GLIDE LUER LOCK SYRINGE (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| EASY GLIDE PEN NEEDLES 33G X 4 MM | | Tier 1 | |
| EASY GLIDE SLIP LOCK SYRINGE 1 ML | | Tier 1 | |
| EASY TOUCH ALLERGY SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK NEEDLES (HYPODERMIC NEEDLE) 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 22G X 3/4" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 27G X 1/2" , 30G X 1/2" | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK NEEDLES (POLY HUB NEEDLE) 23G X 1-1/2" | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK SAFETY SYR (SYRINGE) 18G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK SAFETY SYR (SYRINGE LUER LOCK) 23G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1" , 16G X 1-1/2" , 18G X 1.25" , 23G X 1-1/4" , 24G X 1" , 24G X 1.25" , 30G X 1" , 31G X 5/16" , 32G X 5/16" | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EASY TOUCH HYPODERMIC NEEDLE (HYPODERMIC NEEDLE) 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 26G X 1/2" , 26G X 3/8" , 26G X 5/8" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 1/2" | Tier 1 | Tier 1 | |
| EASY TOUCH HYPODERMIC NEEDLE (POLY HUB NEEDLE) 23G X 1-1/2" | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | Tier 1 | | |
| EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES 30G X 6 MM | Tier 1 | | |
| EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM | Tier 1 | | |
| EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY SYRINGE (SYRINGE) 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE) 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH TB FLIPLOCK SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH TB FLIPLOCK SYRINGE 28G X 1/2" 1 ML | Tier 1 | | |
| EASY TOUCH TB SHEATHLOCK SYR (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML | Tier 1 | | |
| EASYPOINT NEEDLE (HYPODERMIC NEEDLE) 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | Tier 1 | Tier 1 | |
| EASYPOINT NEEDLE/SYRINGE (SYRINGE) 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| EMBRACE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EMBRACE PEN NEEDLES (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| EMBRACE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| EMBRACE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| EMBRACE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| EMBRACE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT INSULIN SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT PEN NEEDLE (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT PEN NEEDLE (RAYA SURE PEN NEEDLE) 31G X 4 MM | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| FIFTY50 PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| FIFTY50 SUPERIOR COMFORT SYR (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM , 31G X 8 MM | | Tier 1 | |
| FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM | | Tier 1 | |
| GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | | Tier 1 | |
| GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM | | Tier 1 | |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML | | Tier 1 | |
| GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML | | Tier 1 | |
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML | | Tier 1 | |
| GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML | | Tier 1 | |
| GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML | | Tier 1 | |
| GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | | Tier 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML | | Tier 1 | |
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM | | Tier 1 | |
| GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM | | Tier 1 | |
| HEALTHWISE MINI PEN NEEDLES 31G X 6 MM | | Tier 1 | |
| HEALTHWISE PEN NEEDLES 29G X 12MM | | Tier 1 | |
| HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM | | Tier 1 | |
| HEALTHWISE UNIFINE PENTIPS 32G X 4 MM | | Tier 1 | |
| HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| H-E-B INCONTROL UNIFINE PENTIP (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| H-E-B INCONTROL UNIFINE PENTIP (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| H-E-B INCONTROL UNIFINE PENTIP (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| HM ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| HUBER NEEDLE 19G X 1" , 20G X 1" , 20G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 22G X 3/4" | | Tier 1 | |
| HYPODERMIC NEEDLE 20G X 3/4" , 21G X 1-1/4" , 22G X 1-1/4" , 23G X 1-1/2" , 25G X 3/4" | | Tier 1 | |
| INCONTROL ULTICARE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| INCONTROL ULTICARE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| INCONTROL ULTICARE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |
| INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM | | Tier 1 | |
| INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) 32G X 8 MM | Tier 1 | Tier 1 | |
| INSUPEN ULTRAFIN (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML | | Tier 1 | |
| KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML | | Tier 1 | |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | | Tier 1 | |
| LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| LITETOUCH INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| LITETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| LITETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML | | Tier 1 | |
| LUER LOCK SAFETY SYRINGES (SYRINGE) 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| LUER LOCK SAFETY SYRINGES (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| MAGELLAN INSULIN SAFETY SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| MAGELLAN TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML | Tier 1 | | |
| MARATHON MEDICAL PENTIPS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MARATHON MEDICAL PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM | Tier 1 | | |
| MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML | | Tier 1 | |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| MEIJER PEN NEEDLES 29G X 12MM , 31G X 8 MM | | Tier 1 | |
| MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| MONOJECT BLUNTIP CANNULA (HYPODERMIC NEEDLE) 20G X 1-1/2" , 21G X 1" | Tier 1 | Tier 1 | |
| MONOJECT BLUNTIP SYR/CANNULA (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 21G X 2" , 25G X 1-1/4" , 25G X 2" , 26G X 1-1/2" , 30G X 3/4" | Tier 1 | | |
| MONOJECT HYPODERMIC NEEDLE (HYPODERMIC NEEDLE) 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" | Tier 1 | Tier 1 | |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML | Tier 1 | | |
| MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML | Tier 1 | Tier 1 | |
| MONOJECT MAGELLAN SAFETY NDL (HYPODERMIC NEEDLE) 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8" | Tier 1 | Tier 1 | |
| MONOJECT MAGELLAN SYRINGE (SYRINGE) 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| MONOJECT PHARMACY TRAY (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| MONOJECT PHARMACY TRAY (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MONOJECT SYRINGE (SYRINGE) 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| MONOJECT SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT SYRINGE (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| MONOJECT SYRINGE PHARMACY TRAY (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| MONOJECT SYRINGE REG LUER (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| MONOJECT SYRINGE REGULAR TIP (SYRINGE 2-3 ML) 3 ML | Tier 1 | Tier 1 | |
| MONOJECT TB SAFETY SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML | Tier 1 | | |
| MONOJECT TB SYRINGE (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| MONOJECT TB SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT TB SYRINGE 28G X 1/2" 1 ML | Tier 1 | | |
| MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| MULTI-DRAW NEEDLE 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" | | Tier 1 | |
| NOKOR VENTED NEEDLE (HYPODERMIC NEEDLE) 18G X 1" | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| NORM-JECT LUER SLIP SYRINGE (SYRINGE LUER SLIP) 1 ML | Tier 1 | Tier 1 | |
| NOVOFINE AUTOCOVER PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| NOVOPEN ECHO DEVICE (AUTOPEN) | Tier 1 | Tier 1 | |
| PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM | | Tier 1 | |
| PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM | | Tier 1 | |
| PENTIPS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| PENTIPS GENERIC PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| PENTIPS GENERIC PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| PENTIPS GENERIC PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| PENTIPS GENERIC PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| PENTIPS GENERIC PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| PERFECT POINT SAFETY NEEDLE (HYPODERMIC NEEDLE) 25G X 1" | Tier 1 | Tier 1 | |
| PIP PEN NEEDLES 31G X 5MM 31G X 5 MM | | Tier 1 | |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| POLY HUB NEEDLE 18G X 1" , 18G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 27G X 1-1/4" , 27G X 1/2" , 30G X 1/2" | | Tier 1 | |
| PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | | Tier 1 | |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | | Tier 1 | |
| PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | | Tier 1 | |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM | | Tier 1 | |
| PX EXTRA SHORT PEN NEEDLES 31G X 6 MM | | Tier 1 | |
| PX INSULIN SYRINGE 30G X 1/2" 0.5 ML | | Tier 1 | |
| PX MINI PEN NEEDLES 31G X 5 MM | | Tier 1 | |
| PX PEN NEEDLE 29G X 12MM , 31G X 8 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PX SHORTLENGTH PEN NEEDLES 31G X 8 MM | | Tier 1 | |
| QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| QC UNIFINE PENTIPS 32G X 4 MM | | Tier 1 | |
| RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | | Tier 1 | |
| RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM | | Tier 1 | |
| RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |
| RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM | | Tier 1 | |
| SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| SECURESAFE HYPODERMIC NEEDLE (HYPODERMIC NEEDLE) 19G X 1" , 19G X 1-1/2" , 21G X 1-1/2" , 22G X 1" , 25G X 1-1/2" , 26G X 1/2" , 27G X 1/2" | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SECURES SAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| SECURES SAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| SECURES SAFE SYRINGE/NEEDLE (SYRINGE) 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| SECURES SAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML | Tier 1 | | |
| SHOPKO UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| SURE COMFORT PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| SYRINGE LUER LOCK 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML, 3 ML | | Tier 1 | |
| SYRINGE LUER SLIP 3 ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| TECHLITE PLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM | | Tier 1 | |
| TODAYS HEALTH PEN NEEDLES 29G X 12MM | | Tier 1 | |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM | | Tier 1 | |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML | | Tier 1 | |
| TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM | | Tier 1 | |
| TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | | Tier 1 | |
| TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 1/4" 0.3 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTICARE MINI PEN NEEDLES (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTICARE SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| ULTICARE TUBERCULIN SAFETY SYR (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML | Tier 1 | Tier 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ULTIGUARD SAFEPACK PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | | Tier 1 | |
| ULTRA FLO INSULIN PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTRA FLO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTRA THIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM | | Tier 1 | |
| ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTRA-THIN II PEN NEEDLE SHORT (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTRA-THIN II PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM | Tier 1 | Tier 1 | |
| UNIFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| UNIFINE PROTECT PEN NEEDLE (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE PROTECT PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE PROTECT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| UNIFINE ULTRA PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE ULTRA PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE ULTRA PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE ULTRA PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |
| VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | Tier 1 | | |
| VANISHPOINT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| VANISHPOINT SAFETY SYRINGE (SYRINGE) 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| VANISHPOINT SAFETY SYRINGE (SYRINGE LUER LOCK) 23G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| VANISHPOINT SYRINGE (SYRINGE) 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 1 | Tier 1 | |
| VANISHPOINT SYRINGE (SYRINGE LUER LOCK) 23G X 1-1/2" 3 ML | Tier 1 | Tier 1 | |
| VANISHPOINT TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| VERIFINE INSULIN PEN NEEDLE (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| VERIFINE INSULIN PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| VERIFINE INSULIN PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| VERIFINE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| VERIFINE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| VERIFINE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| VERIFINE PLUS PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| VERIFINE PLUS PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| VERIFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| VP INSULIN SYRINGE 29G X 1/2" 0.3 ML | | Tier 1 | |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| ZEV RX INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | | Tier 1 | |
| ZEV RX PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| *Spacer/Aerosol-Holding Chambers & Supplies*** | | | |
| AEROCHAMBER HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER MINI CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER MV (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU LARGE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU SMALL (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLO-VU W/MASK (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER PLUS FLOW VU (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER W/FLOWSIGNAL (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER Z-STAT PLUS (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER Z-STAT PLUS/LARGE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROCHAMBER Z-STAT PLUS/SMALL (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| AEROVENT PLUS DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | | Tier 1 | |
| BREATHE COMFORT CHAMBER/CHILD DEVICE | | Tier 1 | |
| BREATHE EASE LARGE DEVICE | | Tier 1 | |
| BREATHE EASE SMALL DEVICE | | Tier 1 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| COMPACT SPACE CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| COMPACT SPACE CHAMBER/MED MASK DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EASIVENT (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| EASIVENT MASK LARGE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| EASIVENT MASK MEDIUM (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| EASIVENT MASK SMALL (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| EQ SPACE CHAMBER ANTI-STATIC DEVICE | | Tier 1 | |
| EQ SPACE CHAMBER ANTI-STATIC L DEVICE | | Tier 1 | |
| EQ SPACE CHAMBER ANTI-STATIC M DEVICE | | Tier 1 | |
| EQ SPACE CHAMBER ANTI-STATIC S DEVICE | | Tier 1 | |
| FLEXICHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| MICROCHAMBER (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| MICROCHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| MICROSPACER (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| OPTICHAMBER DIAMOND (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| OPTICHAMBER DIAMOND DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| OPTICHAMBER DIAMOND-LG MASK DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| OPTICHAMBER DIAMOND-MD MASK (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| OPTICHAMBER DIAMOND-SM MASK (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| POCKET CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| POCKET SPACER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| PRO COMFORT SPACER ADULT | | Tier 1 | |
| PRO COMFORT SPACER CHILD | | Tier 1 | |
| PRO COMFORT SPACER INFANT DEVICE | | Tier 1 | |
| PROCARE SPACER/ADULT MASK DEVICE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|----------------------------|
| PROCARE SPACER/CHILD MASK DEVICE | | Tier 1 | |
| PROCHAMBER VHC DEVICE | | Tier 1 | |
| PURE COMFORT SPACER CHAMBER DEVICE | | Tier 1 | |
| RITEFLO DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM) | Tier 1 | Tier 1 | |
| *Migraine Products* | | | |
| *Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** | | | |
| UBRELVY ORAL TABLET 100 MG, 50 MG | Tier 1 | | PA; QL (10 EA per 30 days) |
| *Cgrp Receptor Antagonists - Monoclonal Antibodies*** | | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 1 | | PA; QL (1 ML per 30 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 1 | | PA; QL (3 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | Tier 1 | | PA; QL (1 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 1 | | PA; QL (1 ML per 30 days) |
| *Migraine Products*** | | | |
| DIHYDROERGOTAMINE MESYLATE INJECTION SOLUTION 1 MG/ML | | Tier 1 | PA |
| *Selective Serotonin Agonists 5-Ht(1)*** | | | |
| ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG | | Tier 1 | QL (12 EA per 30 days) |
| NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG | | Tier 1 | QL (12 EA per 30 days) |
| RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG | | Tier 1 | QL (12 EA per 30 days) |
| RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG | | Tier 1 | QL (12 EA per 30 days) |
| SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT | | Tier 1 | ST; QL (12 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------|
| SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML | | Tier 1 | QL (10 ML per 30 days) |
| SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS | | Tier 1 | QL (10 ML per 30 days) |
| SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS | | Tier 1 | |
| SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML | | Tier 1 | QL (10 ML per 30 days) |
| ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG | | Tier 1 | QL (12 EA per 30 days) |
| ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG | | Tier 1 | QL (12 EA per 30 days) |
| *Selective Serotonin Agonists 5-Ht(1F)*** | | | |
| REYVOW ORAL TABLET 100 MG, 50 MG | Tier 1 | | PA; QL (4 EA per 28 days) |
| *Minerals & Electrolytes* | | | |
| *Calcium Combinations*** | | | |
| CALCIUM + VITAMIN D3 ORAL TABLET 500-5 MG-MCG, 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 500 + D ORAL TABLET 500-3.125 MG-MCG, 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 500 + D3 ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 500 + D3 ORAL TABLET CHEWABLE 250-12.5 MG-MCG | | Tier 1 | |
| CALCIUM 500/D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 500/VITAMIN D ORAL TABLET 500-3.125 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 500+D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 500+D3 ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600 + D ORAL TABLET 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600 + MINERALS ORAL TABLET 600-200 MG-UNIT | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CALCIUM 600 +D HIGH POTENCY ORAL TABLET 600-10 MG-MCG | | Tier 1 | |
| CALCIUM 600/VITAMIN D ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600+D HIGH POTENCY ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600+D PLUS MINERALS ORAL TABLET 600-400 MG-UNIT | | Tier 1 | |
| CALCIUM 600+D TABLET 600-10 MG-MCG ORAL | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600+D TABLET 600-200 MG-UNIT ORAL | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600+D TABLET 600-5 MG-MCG ORAL | | Tier 1 | |
| CALCIUM 600+D3 ORAL TABLET 600-10 MG-MCG, 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM 600-VITAMIN D3 ORAL TABLET 600-3.125 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM CARB-CHOLECALCIFEROL ORAL TABLET 600-10 MG-MCG, 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM CARBONATE-VITAMIN D ORAL CAPSULE 600-5 MG-MCG | | Tier 1 | |
| CALCIUM CARBONATE-VITAMIN D ORAL TABLET 600-5 MG-MCG | | Tier 1 | |
| CALCIUM HIGH POTENCY/VITAMIN D ORAL TABLET 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM ORAL TABLET CHEWABLE 500-2.5 MG-MCG | | Tier 1 | |
| CALCIUM PLUS D3 ABSORBABLE ORAL CAPSULE 600-62.5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALCIUM/C/D ORAL TABLET CHEWABLE 500-10-250 MG-MG-UNIT | | Tier 1 | |
| CALCIUM-MAGNESIUM-VITAMIN D ORAL WAFER 250-125-200 MG-MG-UNIT | | Tier 1 | |
| CALCIUM-VITAMIN D ORAL TABLET 600-3.125 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| CALTRATE MINIS PLUS MINERALS ORAL TABLET 300-800 MG-UNIT | Tier 1 | | |
| CVS OYSTER SHELL CALCIUM-VIT D ORAL TABLET 500-3.125 MG-MCG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQ CALCIUM 500+D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| EQL CALCIUM/VITAMIN D ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| HM CALCIUM-VITAMIN D-MINERALS ORAL TABLET 600-400 MG-UNIT | | Tier 1 | |
| KP CALCIUM 600+D ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| LIQUID CALCIUM/VITAMIN D ORAL CAPSULE 600-5 MG-MCG | | Tier 1 | |
| NAT-RUL OYSTER CALCIUM+VIT D ORAL TABLET 500-3.125 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| ONE VITE CALCIUM + D3 ORAL TABLET (CALCIUM + VITAMIN D3) 600-10 MG-MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| OS-CAL CALCIUM + D3 ORAL TABLET (CALCIUM PLUS VITAMIN D) 500-5 MG-MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| OYSCO 500+D ORAL TABLET (CALCIUM PLUS VITAMIN D) 500-5 MG-MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| OYSTER CALCIUM/D3 ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM + D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM 500 + D ORAL TABLET 500-200 MG-UNIT | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM PLUS D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM W/D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM/D ORAL TABLET 250-3.125 MG-MCG, 500-5 MG-MCG | | Tier 1 | |
| OYSTER SHELL CALCIUM/D3 ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM/VIT D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM/VIT D3 ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| OYSTER SHELL CALCIUM/VITAMIN D TABLET 250-3.125 MG-MCG ORAL | | Tier 1 | |
| OYSTER SHELL CALCIUM/VITAMIN D TABLET 500-5 MG-MCG ORAL | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PX CALCIUM&D ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| QC CALCIUM/MINERALS/VITAMIN D ORAL TABLET 600-400 MG-UNIT | | Tier 1 | |
| RA CALCIUM 600/VIT D/MINERALS ORAL TABLET 600-200 MG-UNIT | | Tier 1 | |
| RA CALCIUM 600/VITAMIN D-3 ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| RA CALCIUM PLUS VITAMIN D ORAL TABLET 600-10 MG-MCG, 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| RA CALCIUM PLUS VITAMIN D3 ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| RA CALCIUM/VITAMIN D/MINERALS ORAL TABLET 600-400 MG-UNIT | | Tier 1 | |
| RA HI CAL ORAL TABLET (CALCIUM PLUS VITAMIN D) 500-5 MG-MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| SB CALCIUM + D ORAL TABLET 600-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| SM CALCIUM 600/VITAMIN D ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| SM CALCIUM/VITAMIN D ORAL TABLET 500-5 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| SM CALCIUM-VITAMIN D ORAL TABLET 500-5 MG-MCG, 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| ULTRA CALCIUM + VITAMIN D3 ORAL TABLET 600-10 MG-MCG | | Tier 1 | Extended DS (90 Days) |
| *Calcium*** | | | |
| CALCIUM 600 HIGH POTENCY ORAL TABLET 600 MG | | Tier 1 | |
| CALCIUM 600 ORAL TABLET 1500 (600 CA) MG, 600 MG | | Tier 1 | |
| CALCIUM CARBONATE ORAL TABLET 1250 (500 CA) MG, 1500 (600 CA) MG, 600 MG | | Tier 1 | |
| CALCIUM CARBONATE ORAL TABLET CHEWABLE 1250 (500 CA) MG | | Tier 1 | |
| CALCIUM CITRATE ORAL TABLET 250 MG, 333 MG, 950 (200 CA) MG | | Tier 1 | |
| CALCIUM HIGH POTENCY ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| CALCIUM OYSTER SHELL ORAL TABLET 1250 (500 CA) MG, 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CVS CALCIUM CARBONATE ORAL TABLET 1250 (500 CA) MG | | Tier 1 | |
| GNP CALCIUM ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| HM CALCIUM ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| OYSTER SHELL CALCIUM ORAL TABLET 500 MG | | Tier 1 | |
| PURE CALCIUM CARBONATE ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| QC CALCIUM FAST DISSOLUTION ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| RA CALCIUM 600 ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| SB OYSTER SHELL CALCIUM ORAL TABLET 500 MG | | Tier 1 | |
| SUPER CALCIUM ORAL TABLET 1500 (600 CA) MG | | Tier 1 | |
| TRUE OYSTER SHELL CALCIUM ORAL TABLET 1250 (500 CA) MG | | Tier 1 | |
| *Electrolytes Oral*** | | | |
| ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| BIOLYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| CERALYTE 70 ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| CERASPORT EX1 ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| CERASPORT ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| CVS ELECTROLYTE SOLUTION ORAL SOLUTION | | Tier 1 | |
| CVS PED ELECTROLYTE FREEZE POP ORAL SOLUTION | | Tier 1 | |
| CVS PEDIATRIC ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| ENFAMIL ENFALYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| EQUALYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| FT ELECTROLYTE ORAL SOLUTION | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GNP ELECTROLYTE SOLUTION ORAL SOLUTION | | Tier 1 | |
| GNP PEDIATRIC ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| GOODSENSE ELECTROLYTE ADV CARE ORAL SOLUTION | | Tier 1 | |
| GOODSENSE ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| H-E-B ORAL ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| HYDRALYTE FREEZER POPS ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| HYDRALYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| KINDERLYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| KINDERLYTE PREMAX ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| ORAL ELECTROLYTE FREEZER POPS ORAL SOLUTION | | Tier 1 | |
| ORALYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PED ELECTROLYTE FREEZE POPS ORAL SOLUTION | | Tier 1 | |
| PED ELECTROLYTE FREEZER POPS ORAL SOLUTION | | Tier 1 | |
| PEDIA VANCE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PEDIALYTE ADVANCED CARE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PEDIALYTE FREEZER POPS ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PEDIALYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PEDIALYTE SINGLES ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| PEDIATRIC ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| RA PEDIATRIC ELECTROLYTE ORAL SOLUTION | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| REHYDRALYTE ORAL SOLUTION (ORAL ELECTROLYTES) | Tier 1 | Tier 1 | |
| SB PEDIATRIC ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| SM PEDIATRIC ELECTROLYTE ORAL SOLUTION | | Tier 1 | |
| TRUELYTE ORAL SOLUTION | | Tier 1 | |
| *Fluoride*** | | | |
| NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP | Tier 1 | Tier 1 | AGE (Max 18 Years) |
| NAFRINSE ORAL TABLET CHEWABLE (SODIUM FLUORIDE) 2.2 (1 F) MG | Tier 1 | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE ORAL SOLUTION 0.5 MG/ML, 1.1 (0.5 F) MG/ML | | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE ORAL TABLET 1.1 (0.5 F) MG | | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG | | Tier 1 | AGE (Max 18 Years) |
| SOLUVITA ORAL SOLUTION 0.5 MG/ML | Tier 1 | | |
| *Magnesium*** | | | |
| CVS MAGNESIUM ORAL TABLET 500 MG | | Tier 1 | |
| CVS MAGNESIUM OXIDE ORAL TABLET 250 MG | | Tier 1 | |
| CVS TRIPLE MAGNESIUM COMPLEX ORAL CAPSULE 400 MG | | Tier 1 | |
| FT MAGNESIUM ORAL TABLET 250 MG | | Tier 1 | |
| FT MAGNESIUM OXIDE ORAL TABLET 400 (240 MG) MG | | Tier 1 | |
| MAG-200 ORAL TABLET (KP MAG-OXIDE MAGNESIUM) 200 MG | Tier 1 | Tier 1 | |
| MAG64 ORAL TABLET DELAYED RELEASE 64 MG | Tier 1 | | |
| MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG | Tier 1 | | |
| MAG-G ORAL TABLET 500 (27 MG) MG | | Tier 1 | |
| MAGNESIUM EXTRA STRENGTH ORAL CAPSULE 400 MG | | Tier 1 | |
| MAGNESIUM GLUCONATE ORAL TABLET 250 MG, 550 MG | | Tier 1 | |
| MAGNESIUM ORAL TABLET 400 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MAGNESIUM OXIDE (ELEMENTAL) ORAL TABLET 400 MG | | Tier 1 | |
| MAGNESIUM OXIDE -MG SUPPLEMENT ORAL CAPSULE 400 MG, 500 MG | | Tier 1 | |
| MAGNESIUM OXIDE -MG SUPPLEMENT ORAL TABLET 250 MG, 420 (252 MG) MG, 500 MG | | Tier 1 | |
| MAGNESIUM OXIDE -MG SUPPLEMENT ORAL TABLET CHEWABLE 200 MG | | Tier 1 | |
| MAGNESIUM-OXIDE ORAL TABLET (MAGNESIUM OXIDE -MG SUPPLEMENT) 400 (240 MG) MG | Tier 1 | Tier 1 | |
| MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML | Tier 1 | | |
| MAGOX 400 ORAL TABLET (MAGNESIUM OXIDE -MG SUPPLEMENT) 400 (240 MG) MG | Tier 1 | Tier 1 | |
| MAG-OXIDE ORAL TABLET (KP MAG-OXIDE MAGNESIUM) 200 MG | Tier 1 | Tier 1 | |
| MGO ORAL TABLET 400 (240 MG) MG | | Tier 1 | |
| NATRUL MAGNESIUM ORAL TABLET 250 MG | | Tier 1 | |
| RA MAGNESIUM ORAL CAPSULE 500 MG | | Tier 1 | |
| SM MAGNESIUM OXIDE ORAL TABLET 250 MG | | Tier 1 | |
| SV MAGNESIUM ORAL TABLET 250 MG | | Tier 1 | |
| TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG, 500 MG | | Tier 1 | |
| *Phosphate*** | | | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (PHOSPHOROUS) 155-852-130 MG | Tier 1 | Tier 1 | |
| WES-PHOS 250 NEUTRAL ORAL TABLET 155-852-130 MG | | Tier 1 | |
| *Potassium*** | | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ | Tier 1 | Tier 1 | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 10 MEQ | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTAL) 15 MEQ | Tier 1 | Tier 1 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTAL) 20 MEQ | Tier 1 | Tier 1 | |
| KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ | Tier 1 | Tier 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ | Tier 1 | Tier 1 | |
| POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ | | Tier 1 | |
| POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 20 MEQ | | Tier 1 | |
| POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%) | | Tier 1 | |
| POTASSIUM GLUCONATE ORAL TABLET 550 (90 K) MG | | Tier 1 | |
| *Sodium*** | | | |
| SODIUM CHLORIDE ORAL TABLET 1 GM | | Tier 1 | |
| *Zinc*** | | | |
| CVS ZINC GLUCONATE ORAL TABLET 50 MG | | Tier 1 | |
| EQL NATURAL ZINC ORAL TABLET 50 MG | | Tier 1 | |
| GNP ZINC CHELATED ORAL TABLET 50 MG | | Tier 1 | |
| IS-ZC 50 ORAL TABLET (CHELATED ZINC) 50 MG | Tier 1 | Tier 1 | |
| QC ZINC ORAL TABLET 50 MG | | Tier 1 | |
| RA ZINC ORAL TABLET 50 MG | | Tier 1 | |
| SM ZINC GLUCONATE ORAL TABLET 50 MG | | Tier 1 | |
| SM ZINC ORAL TABLET 50 MG | | Tier 1 | |
| ZINC CHELATED ORAL TABLET 22.5 MG | | Tier 1 | |
| ZINC GLUCONATE ORAL TABLET 50 MG | | Tier 1 | |
| ZINC ORAL TABLET 100 MG, 50 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| *Miscellaneous Therapeutic Classes* | | | |
| *Antileptotics*** | | | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Chelating Agents*** | | | |
| PENICILLAMINE ORAL TABLET 250 MG | | Tier 1 | Specialty |
| *Cyclosporine Analogs*** | | | |
| CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG | | Tier 1 | PA |
| CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG | | Tier 1 | PA |
| GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG | Tier 1 | Tier 1 | PA |
| GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML | Tier 1 | Tier 1 | PA |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | Tier 1 | | PA |
| *Immunomodulators For Myelodysplastic Syndromes*** | | | |
| LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | | Tier 1 | PA; Specialty; QL (1 EA per 1 day) |
| REVLIMID ORAL CAPSULE 2.5 MG, 20 MG | Tier 1 | | Specialty |
| *Inosine Monophosphate Dehydrogenase Inhibitors*** | | | |
| MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG | | Tier 1 | |
| MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML | | Tier 1 | AGE (Max 10 Years) |
| MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG | | Tier 1 | |
| *Macrolide Immunosuppressants*** | | | |
| EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | | Tier 1 | PA |
| SIROLIMUS ORAL SOLUTION 1 MG/ML | | Tier 1 | PA |
| SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 1 | |
| TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| *Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** | | | |
| VIJOICE TABLET THERAPY PACK 125 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| VIJOICE TABLET THERAPY PACK 50 MG ORAL | Tier 1 | | PA; Specialty; QL (1 EA per 1 day) |
| *Potassium Removing Agents*** | | | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | Tier 1 | | PA |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM | Tier 1 | | PA |
| *Purine Analogs*** | | | |
| AZATHIOPRINE ORAL TABLET 100 MG, 50 MG, 75 MG | | Tier 1 | |
| *Mouth/Throat/Dental Agents* | | | |
| *Anesthetics Topical Oral*** | | | |
| LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 % | | Tier 1 | |
| *Anti-Infectives - Throat*** | | | |
| NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML | | Tier 1 | |
| *Antiseptics - Mouth/Throat*** | | | |
| PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 % | Tier 1 | Tier 1 | |
| *Fluoride Dental Products*** | | | |
| SF 5000 PLUS DENTAL CREAM 1.1 % | | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % | | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 % | | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE 5000 PPM DENTAL PASTE 1.1 % | | Tier 1 | AGE (Max 18 Years) |
| SODIUM FLUORIDE DENTAL CREAM 1.1 % | | Tier 1 | AGE (Max 18 Years) |
| *Saliva Stimulants*** | | | |
| PILOCARPINE HCL ORAL TABLET 5 MG | | Tier 1 | |
| *Steroids - Mouth/Throat/Dental*** | | | |
| KOURZEQ MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 % | Tier 1 | Tier 1 | |
| *Multivitamins* | | | |
| *B-Complex Vitamins*** | | | |
| B COMPLEX ORAL CAPSULE | | Tier 1 | |
| B COMPLEX VITAMINS ORAL CAPSULE | | Tier 1 | |
| VITAMIN B COMPLEX ORAL CAPSULE | | Tier 1 | |
| *B-Complex W/ C & Calcium*** | | | |
| GNP B-COMPLEX PLUS VITAMIN C ORAL TABLET | | Tier 1 | |
| QC B-COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| *B-Complex W/ C & Folic Acid*** | | | |
| B COMPLEX-C-FOLIC ACID ORAL TABLET | | Tier 1 | |
| B-COMPLEX BALANCED ORAL TABLET | | Tier 1 | |
| B-COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| B-COMPLEX-C (W/FOLIC ACID) ORAL TABLET | | Tier 1 | |
| B-PLEX ORAL TABLET | | Tier 1 | |
| DIALYVITE 800 ORAL TABLET (RENA-VITE) 0.8 MG | Tier 1 | Tier 1 | |
| EQL SUPER B COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| FULL SPECTRUM B/VITAMIN C ORAL TABLET 0.8 MG | | Tier 1 | |
| KP B COMPLEX-C ORAL TABLET | | Tier 1 | |
| NEPHRO VITAMINS ORAL TABLET 0.8 MG | | Tier 1 | |
| NEPHRO-VITE ORAL TABLET (RENA-VITE) 0.8 MG | Tier 1 | Tier 1 | |
| PX B COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| RENAL VITAMIN ORAL TABLET 0.8 MG | | Tier 1 | |
| RENA-VITE RX ORAL TABLET 1 MG | | Tier 1 | |
| SM B SUPER VITAMIN COMPLEX ORAL TABLET | | Tier 1 | |
| SM B-COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| STRESS FORMULA (FOLIC ACID) ORAL TABLET | | Tier 1 | |
| SUPER B COMPLEX/FA/VIT C ORAL TABLET | | Tier 1 | |
| SUPER B-COMPLEX/VIT C/FA ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| *B-Complex W/ C*** | | | |
| ALLBEE/C ORAL TABLET (B COMPLEX-C) | Tier 1 | Tier 1 | |
| B COMPLEX-C ORAL CAPSULE | | Tier 1 | |
| B COMPLEX-VITAMIN C ORAL CAPSULE | | Tier 1 | |
| B-COMPLEX-C ORAL TABLET | | Tier 1 | |
| BETTER B COMPLEX ORAL TABLET | | Tier 1 | |
| CVS B COMPLEX PLUS C ORAL TABLET | | Tier 1 | |
| CVS SUPER B COMPLEX/C ORAL TABLET | | Tier 1 | |
| HM B COMPLEX/C ORAL TABLET | | Tier 1 | |
| SM SUPER B COMPLEX/C ORAL TABLET | | Tier 1 | |
| SM VITAMIN B COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| SUPER B COMPLEX/VITAMIN C ORAL TABLET | | Tier 1 | |
| SUPER B/C ORAL CAPSULE | | Tier 1 | |
| SUPER B-COMPLEX + VITAMIN C ORAL TABLET | | Tier 1 | |
| VITAMIN B + C COMPLEX ORAL TABLET | | Tier 1 | |
| VITAMIN B COMPLEX-C ORAL CAPSULE | | Tier 1 | |
| *Multiple Vitamins W/ Calcium*** | | | |
| ESSENTIAL ONE DAILY MULTIVIT ORAL TABLET | | Tier 1 | |
| GNP ONE DAILY WOMENS HEALTH ORAL TABLET | | Tier 1 | |
| ONE-A-DAY WOMENS FORMULA ORAL TABLET (EQL ONE DAILY WOMENS) | Tier 1 | Tier 1 | |
| SIGNACAL ORAL TABLET | | Tier 1 | |
| SM ONE DAILY ESSENTIAL ORAL TABLET | | Tier 1 | |
| *Multiple Vitamins W/ Iron*** | | | |
| DAILY VITAMIN FORMULA+IRON ORAL TABLET | | Tier 1 | |
| DAILY VITE MULTIVITAMIN/IRON ORAL TABLET | | Tier 1 | |
| DAILY-VITAMIN/IRON ORAL TABLET | | Tier 1 | |
| MULTIPLE VITAMINS/IRON ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN PLUS IRON ADULT ORAL TABLET | | Tier 1 | |
| MULTI-VITAMIN/IRON ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| NAT-RUL DAILY-VITE+IRON ORAL TABLET | | Tier 1 | |
| ONE DAILY MULTIVITAMIN/IRON ORAL TABLET | | Tier 1 | |
| ONE-DAILY MULTI-VITAMIN/IRON ORAL TABLET | | Tier 1 | |
| ONE-DAILY/IRON ORAL TABLET | | Tier 1 | |
| QC DAILY MULTIVITAMINS/IRON ORAL TABLET | | Tier 1 | |
| SM MULTIPLE VITAMINS/IRON ORAL TABLET | | Tier 1 | |
| STRESS B COMPLEX/IRON ORAL TABLET | | Tier 1 | |
| STRESS FORMULA/IRON ORAL TABLET | | Tier 1 | |
| TAB-A-VITE/IRON ORAL TABLET | | Tier 1 | |
| TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (DAILY VITES/IRON) | Tier 1 | Tier 1 | |
| *Multiple Vitamins W/ Minerals*** | | | |
| 50+ ADULT EYE HEALTH ORAL CAPSULE | | Tier 1 | |
| A THRU Z ADVANCED ADULT ORAL TABLET | | Tier 1 | |
| A THRU Z ADVANCED ORAL TABLET | | Tier 1 | |
| A THRU Z HIGH POTENCY ORAL TABLET | | Tier 1 | |
| A THRU Z SELECT 50+ ADVANCED ORAL TABLET | | Tier 1 | |
| A THRU Z SELECT 50+ MENS ORAL TABLET | | Tier 1 | |
| A THRU Z SELECT ADVANCED ORAL TABLET | | Tier 1 | |
| A THRU Z SELECT ORAL TABLET | | Tier 1 | |
| A THRU Z SELECT ULTIMATE WOMEN ORAL TABLET | | Tier 1 | |
| A THRU Z ULTIMATE MENS ORAL TABLET | | Tier 1 | |
| ABC COMPLETE ADULT ORAL TABLET | | Tier 1 | |
| ABC COMPLETE MENS ORAL TABLET | | Tier 1 | |
| ABC COMPLETE SENIOR 50+ ORAL TABLET | | Tier 1 | |
| ABC COMPLETE SENIOR MENS 50+ ORAL TABLET | | Tier 1 | |
| ABC COMPLETE SENIOR WOMENS 50+ ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ABC COMPLETE WOMENS ORAL TABLET | | Tier 1 | |
| ACTIVNUTRIENTS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| ACTIVNUTRIENTS W/O IRON ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ADULT ONE DAILY GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| ADVANCED DIABETIC MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| ADVANCED EYE HEALTH ORAL CAPSULE | | Tier 1 | |
| ADVANCED MULTI EA ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| AIRBORNE GUMMIES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| AIRBORNE KIDS ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| AIRBORNE ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| AIRBORNE+GOOD REST ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| AIRBORNE+NATURAL ENERGY ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| AIRBORNE+PROBIOTIC ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALGAE BASED CALCIUM ORAL TABLET | | Tier 1 | |
| ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE CALCIUM BONE SUPPORT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE DAILY ENERGY ORAL TABLET | | Tier 1 | |
| ALIVE DIABETIC MULTIVITAMIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE ENERGY 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ALIVE GARDEN GOODNESS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE HAIR, SKIN & NAILS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE MENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE MENS 50+ ULTRA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE MENS COMPLETE MULTI ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE MENS ULTRA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE MULTI-VITAMIN ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE ONCE DAILY WOMENS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE ULTRA POTENCY ADULT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE WOMENS 50+ ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALIVE WOMENS ENERGY ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ALPHA BETIC ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| AMORYN MOOD BOOSTER ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| ANTIOXIDANT A/C/E/SELENIUM ORAL TABLET | | Tier 1 | |
| ANTIOXIDANT FORMULA ORAL TABLET | | Tier 1 | |
| ANTIOXIDANT FORMULA/MINERALS ORAL CAPSULE | | Tier 1 | |
| ANTIOXIDANT ORAL CAPSULE | | Tier 1 | |
| ANTIOXIDANT PROTECTION FORMULA ORAL TABLET | | Tier 1 | |
| ANTIOXIDANT VITAMINS ORAL TABLET | | Tier 1 | |
| APETIBEX ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| APPE-CURB ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| BACMIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| BARIATRIC FUSION ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| BARIATRIC MULTIVITAMINS ORAL CAPSULE | | Tier 1 | |
| BARIATRIC MULTIVITAMINS/IRON ORAL CAPSULE | | Tier 1 | |
| BARIATRIC MULTIVITAMINS/IRON ORAL TABLET CHEWABLE | | Tier 1 | |
| BASIC AM ORAL TABLET | | Tier 1 | |
| BASIC PM ORAL TABLET | | Tier 1 | |
| BIO-35 GLUTEN-FREE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| BIO-35 IRON FREE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| BIOCAL ORAL CAPSULE | | Tier 1 | |
| BIOCEL ORAL TABLET | | Tier 1 | |
| BODY/HAIR/SKIN/NAILS ORAL CAPSULE | | Tier 1 | |
| BONEUP 3 PER DAY ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| BONEUP ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| BONEUP VEGETARIAN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| BPROTECTED MULTI-VITE ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| CAL-DAY 1000 ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTAVITE A-Z COMPLETE-MINERAL ORAL TABLET | | Tier 1 | |
| CENTRAVITES 50 PLUS ORAL TABLET | | Tier 1 | |
| CENTRAVITES ADULTS ORAL TABLET | | Tier 1 | |
| CENTRAVITES ORAL TABLET | | Tier 1 | |
| CENTRUM ADULT 50+ MULTIGUMMIES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM ADULT ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| CENTRUM ADULTS MULTIGUMMIES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM ADULTS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CENTRUM CARDIO ORAL TABLET (B- PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM MEN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM MINIS ADULTS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM MINIS MEN 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM MINIS WOMEN 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| CENTRUM SILVER 50+MEN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SILVER 50+WOMEN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SILVER ADULT 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SILVER ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SILVER ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM SILVER ULTRA WOMENS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SILVER WOMEN 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SPECIALIST HEART ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM SPECIALIST IMMUNE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CENTRUM SPECIALIST VISION ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM ULTRA WOMENS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTRUM VITAMINTS ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CENTRUM WOMEN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CENTURY MATURE ORAL TABLET | | Tier 1 | |
| CENTURY ORAL TABLET | | Tier 1 | |
| CEROVITE SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CERTA PLUS ORAL TABLET | | Tier 1 | |
| CERTAVITE SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CHOICEFUL MULTIVITAMIN ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CITRACAL +D3 ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| COMPANION ORAL TABLET | | Tier 1 | |
| COMPETE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| COMPLETE MULTIVITAMIN/MINERAL ORAL LIQUID | | Tier 1 | |
| CORAL CALCIUM PLUS ORAL CAPSULE | | Tier 1 | |
| CORVITA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CVS ADULT 50+ EYE HEALTH ORAL CAPSULE | | Tier 1 | |
| CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| CVS AIRSHIELD ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CVS DAILY GUMMIES ADULT ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS DAILY GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS DAILY MULTIPLE FOR MEN ORAL TABLET | | Tier 1 | |
| CVS DAILY MULTIPLE WOMEN 50+ ORAL TABLET | | Tier 1 | |
| CVS DAILY MULTIV/MINERAL MENS ORAL TABLET | | Tier 1 | |
| CVS EYE HEALTH & LUTEIN ORAL TABLET | | Tier 1 | |
| CVS EYE HEALTH ADULT 50+ ORAL CAPSULE | | Tier 1 | |
| CVS IMMUNE SUPPORT ORAL CAPSULE | | Tier 1 | |
| CVS MENS DAILY GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS ONE DAILY ESSENTIAL ORAL TABLET | | Tier 1 | |
| CVS ONE DAILY MENS 50+ ADV ORAL TABLET | | Tier 1 | |
| CVS ONE DAILY MENS FORMULA ORAL TABLET | | Tier 1 | |
| CVS ONE DAILY WOMENS 50+ ADV ORAL TABLET | | Tier 1 | |
| CVS ONE DAILY WOMENS FORMULA ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE ADULT 50+ ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE ADULT 50+ ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS SPECTRAVITE ADULTS ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE ADVANCED ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE MEN 50+ ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE MEN ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE SENIOR ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE ULTRA MEN 50+ ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE ULTRA MENS ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CVS SPECTRAVITE ULTRA WOMEN ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE WOMEN 50+ ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE WOMEN ORAL TABLET | | Tier 1 | |
| CVS SPECTRAVITE WOMEN ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS SPECTRAVITE WOMENS SENIOR ORAL TABLET | | Tier 1 | |
| CVS VISION HEALTH ORAL CAPSULE | | Tier 1 | |
| CVS WOMENS ACTIVE DAILY ORAL TABLET | | Tier 1 | |
| CVS WOMENS DAILY GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| DAILY BETIC ORAL TABLET | | Tier 1 | |
| DAILY COMBO MULTI VITAMINS ORAL TABLET | | Tier 1 | |
| DAILY MENS HEALTH FORMULA ORAL TABLET | | Tier 1 | |
| DAILY MULTIPLE VITAMINS/MIN ORAL TABLET | | Tier 1 | |
| DAILY MULTIVITAMIN ORAL CAPSULE | | Tier 1 | |
| DAILY VITAMIN FORMULA+MINERALS ORAL TABLET | | Tier 1 | |
| DAILY VITAMIN PLUS ORAL CAPSULE | | Tier 1 | |
| DAILY WOMENS HEALTH FORMULA ORAL TABLET | | Tier 1 | |
| DAILY-VITAMIN MAXIMUM FORMULA ORAL TABLET | | Tier 1 | |
| DECUBI-VITE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| DEKAS BARIATRIC ORAL TABLET CHEWABLE | | Tier 1 | |
| DEKAS PLUS OCEAN ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| DEKAS PLUS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| DEKAS PLUS ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| DERMAVITE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| DIABETES HEALTH FORMULA ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| DIALYVITE 800/ULTRA D ORAL TABLET | | Tier 1 | |
| DIALYVITE SUPREME D ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| DRY EYE FORMULA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| EMERGEN-C ASHWAGANDHA ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| EMERGEN-C ELDERBERRY ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| EMERGEN-C IMMUNE+ ORAL TABLET CHEWABLE | | Tier 1 | |
| EMERGEN-C TURMERIC & GINGER ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| EQ COMPLETE MULTIVIT ADULT 50+ ORAL TABLET | | Tier 1 | |
| EQ COMPLETE MULTIVITAMIN-ADULT ORAL TABLET | | Tier 1 | |
| EQ MULTIVITAMINS ADULT GUMMY ORAL TABLET CHEWABLE | | Tier 1 | |
| EQ ONE DAILY MENS 50+ ORAL TABLET | | Tier 1 | |
| EQ ONE DAILY MENS HEALTH ORAL TABLET | | Tier 1 | |
| EQ ONE DAILY WOMENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| EQ ONE DAILY WOMENS HEALTH ORAL TABLET | | Tier 1 | |
| EQ VISION FORMULA 50+ ORAL CAPSULE | | Tier 1 | |
| EQL CENTURY MATURE ADULTS 50+ ORAL TABLET | | Tier 1 | |
| EQL CENTURY MATURE MEN 50+ ORAL TABLET | | Tier 1 | |
| EQL CENTURY MATURE ORAL TABLET | | Tier 1 | |
| EQL CENTURY MATURE WOMEN 50+ ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EQL CENTURY MENS ORAL TABLET | | Tier 1 | |
| EQL CENTURY ORAL TABLET | | Tier 1 | |
| EQL CENTURY WOMENS ORAL TABLET | | Tier 1 | |
| EQL ONE DAILY ADULT GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| EQL ONE DAILY MENS 50+ ADVANCE ORAL TABLET | | Tier 1 | |
| EQL ONE DAILY MENS HEALTH ORAL TABLET | | Tier 1 | |
| EQL ONE DAILY MENS ORAL TABLET | | Tier 1 | |
| EQL ONE DAILY WOMENS 50+ ADV ORAL TABLET | | Tier 1 | |
| EQL VISION FORMULA ORAL TABLET | | Tier 1 | |
| ESSENTIA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ESSENTIAL BALANCE ORAL TABLET | | Tier 1 | |
| ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| EYE HEALTH + LUTEIN ORAL TABLET | | Tier 1 | |
| EYE HEALTH ORAL CAPSULE | | Tier 1 | |
| EYE MULTIVITAMIN ORAL CAPSULE | | Tier 1 | |
| EYE MULTIVITAMIN/LUTEIN ORAL CAPSULE | | Tier 1 | |
| EYE MULTIVITAMIN/SODIUM ORAL TABLET | | Tier 1 | |
| EYE VITAMINS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| EYE-VITES ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| FINAZOL ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| FITNESS TABS FOR MEN AM/PM ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| FITNESS TABS FOR WOMEN AM/PM ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| FREEDAVITE ORAL TABLET | | Tier 1 | |
| FT CENTURY ADULTS ORAL TABLET | | Tier 1 | |
| FT HAIR SKIN & NAILS EXTRA STR ORAL TABLET | | Tier 1 | |
| FT IMMUNE SUPPORT ORAL TABLET CHEWABLE | | Tier 1 | |
| GENADEK STEP 1 ORAL CAPSULE | | Tier 1 | |
| GENADEK STEP 2 ORAL CAPSULE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GERI-FREEDA SENIOR FORMULA ORAL TABLET | | Tier 1 | |
| GERIVITE COMPLETE ORAL TABLET | | Tier 1 | |
| GLUCOTEN ORAL CAPSULE | | Tier 1 | |
| GNP CENTURY ADULT ORAL TABLET | | Tier 1 | |
| GNP CENTURY MATURE WOMEN'S 50+ ORAL TABLET | | Tier 1 | |
| GNP HAIR/SKIN/NAILS ORAL TABLET | | Tier 1 | |
| GNP HEALTHY EYES ORAL TABLET | | Tier 1 | |
| GNP HEALTHY EYES SUPERVISION 2 ORAL CAPSULE | | Tier 1 | |
| GNP MEGA MULTI FOR MEN ORAL TABLET | | Tier 1 | |
| GNP MEGA MULTI FOR WOMEN ORAL TABLET | | Tier 1 | |
| GNP ONE DAILY MENS HEALTH 50+ ORAL TABLET | | Tier 1 | |
| GNP ONE DAILY MENS/LYCOPENE ORAL TABLET | | Tier 1 | |
| GNP ONE DAILY WOMENS 50+ ORAL TABLET | | Tier 1 | |
| GNP ONE DAILY WOMENS ORAL TABLET | | Tier 1 | |
| GNP THERAPEUTIC-M ORAL TABLET | | Tier 1 | |
| HAIR SKIN & NAILS ADVANCED ORAL TABLET | | Tier 1 | |
| HAIR SKIN & NAILS ORAL TABLET | | Tier 1 | |
| HAIR SKIN AND NAILS FORMULA ORAL TABLET | | Tier 1 | |
| HAIR SKIN NAILS ORAL CAPSULE | | Tier 1 | |
| HAIR/SKIN/NAILS ORAL CAPSULE | | Tier 1 | |
| HAIR/SKIN/NAILS ORAL TABLET | | Tier 1 | |
| HEAD CARE PROACTIVE HEALTH ORAL TABLET | | Tier 1 | |
| HEALTHY EYES ORAL TABLET | | Tier 1 | |
| HEALTHY EYES SUPERVISION 2 ORAL CAPSULE | | Tier 1 | |
| HEALTHY EYES/LUTEIN-ZEAXANTHIN ORAL CAPSULE | | Tier 1 | |
| HIGH POT MULTIVITAMIN/BETA-CAR ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| HIGH POTENCY MULTIVIT/FA ORAL TABLET | | Tier 1 | |
| HI-KOVITE 2-PART FORMULA ORAL TABLET | | Tier 1 | |
| HI-POTENCY MULTI-VITAMIN ORAL TABLET | | Tier 1 | |
| HM COMPLETE MEN ORAL TABLET | | Tier 1 | |
| HM COMPLETE WOMEN ORAL TABLET | | Tier 1 | |
| HM HAIR/SKIN/NAILS ORAL TABLET | | Tier 1 | |
| HM WOMENS 50+ ADVANCED DAILY ORAL TABLET | | Tier 1 | |
| ICAPS AREDS FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| ICAPS MV ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ICAPS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| IMMUNE ESSENTIALS DAILY ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| IMMUNE SUPPORT ORAL TABLET CHEWABLE | | Tier 1 | |
| I-VITE ORAL TABLET | | Tier 1 | |
| KP ADULTS 50+ DAILY FORMULA ORAL TABLET | | Tier 1 | |
| KP ADULTS DAILY FORMULA ORAL TABLET | | Tier 1 | |
| KP MENS 50+ DAILY FORMULA ORAL TABLET | | Tier 1 | |
| KP MENS DAILY FORMULA ORAL TABLET | | Tier 1 | |
| KP VISION FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| KP VISION FORMULA/LUTEIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| KP WOMENS 50+ DAILY FORMULA ORAL TABLET | | Tier 1 | |
| KP WOMENS DAILY FORMULA ORAL TABLET | | Tier 1 | |
| K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| LIVER DETOX ORAL TABLET | | Tier 1 | |
| LUTEIN-ZEAXANTHIN ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| LYSIPLEX PLUS ORAL LIQUID (MULTIVITAMIN) | Tier 1 | Tier 1 | |
| LYSIPLEX PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MACULAR HEALTH FORMULA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MACUVITE EYE CARE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MACUVITE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MACUVITE/LUTEIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MAXIMUM DAILY GREEN ORAL TABLET | | Tier 1 | |
| MEDI TAB ORAL TABLET | | Tier 1 | |
| MEGA MULTI FOR WOMEN ORAL TABLET | | Tier 1 | |
| MEGA MULTI MEN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MEGAVITE FRUITS & VEGGIES ORAL TABLET | | Tier 1 | |
| MEIJER ADVANCED FORMULA ORAL TABLET | | Tier 1 | |
| MENS 50+ ADVANCED ORAL CAPSULE | | Tier 1 | |
| MENS 50+ MULTI VITAMIN/MIN ORAL TABLET | | Tier 1 | |
| MENS 50+ MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| MENS LIFE PACK ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MENS MULTI HEALTH FORMULA ORAL TABLET | | Tier 1 | |
| MENS MULTI VITAMIN & MINERAL ORAL TABLET | | Tier 1 | |
| MENS MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| MENS MULTIVITAMIN ORAL TABLET CHEWABLE | | Tier 1 | |
| MILLTRIUM ADVANCED FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MILLTRIUM CARDIO ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MILLTRIUM SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MOOD FOOD ES ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MOOD FOOD ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MULTI + OMEGA-3 ADULT GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTI ADULT GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTI COMPLETE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MULTI COMPLETE/IRON ORAL TABLET | | Tier 1 | |
| MULTI FOR HER 50+ ORAL CAPSULE | | Tier 1 | |
| MULTI FOR HER 50+ ORAL TABLET | | Tier 1 | |
| MULTI FOR HER ORAL CAPSULE | | Tier 1 | |
| MULTI FOR HER ORAL TABLET | | Tier 1 | |
| MULTI FOR HIM 50+ ORAL TABLET | | Tier 1 | |
| MULTI FOR HIM ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MULTI FOR HIM ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MULTI VITAMIN/MINERALS ORAL TABLET | | Tier 1 | |
| MULTIA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MULTI-BETIC DIABETES ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MULTI-LEAN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| MULTIPLE VIT/MINERALS/NO IRON ORAL TABLET | | Tier 1 | |
| MULTIPLE VITAMINS/WOMENS ORAL TABLET | | Tier 1 | |
| MULTIPLE VITAMINS-MINERALS ORAL LIQUID | | Tier 1 | |
| MULTIVIT/MULTIMINERAL ADULT ORAL LIQUID | | Tier 1 | |
| MULTIVITAMIN ADULT (MINERALS) ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN ADULTS 50+ ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN ADULTS ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN GUMMIES ADULT ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN GUMMIES MENS ORAL TABLET CHEWABLE | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MULTI-VITAMIN GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN GUMMIES WOMENS ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN MEN 50+ ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN MEN ORAL TABLET | | Tier 1 | |
| MULTI-VITAMIN MENOPAUSAL ORAL TABLET | | Tier 1 | |
| MULTI-VITAMIN MONOCAPS ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN WOMEN 50+ ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN WOMEN ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN WOMENS 50+ ADV ORAL TABLET | | Tier 1 | |
| MULTI-VITAMIN/MINERALS ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN/ZINC STRESS ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN-MINERALS ORAL TABLET | | Tier 1 | |
| MULTI-VITE ORAL LIQUID | | Tier 1 | |
| MVW COMPLETE FORMULATION D3000 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MVW COMPLETE FORMULATION D5000 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MVW COMPLETE FORMULATION MINIS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MVW COMPLETE FORMULATION ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MVW HI-D ADEK GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| MVW MODULATOR FORMULATION MINI ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MVW MODULATOR FORMULATION ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| MYAMULTI ORAL TABLET | | Tier 1 | |
| NAT-RUL THERAVITE-M ORAL TABLET | | Tier 1 | |
| NATRUL-VITES ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| NO IRON MULT VITAMIN-MINERALS ORAL TABLET | | Tier 1 | |
| NUTRICAP ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| NUTRIFAC ZX ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| OCULAR VITAMINS ORAL TABLET | | Tier 1 | |
| OCUTABS ORAL TABLET | | Tier 1 | |
| OCUTABS-LUTEIN ORAL TABLET | | Tier 1 | |
| OCUVITE ADULT 50+ ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| OCUVITE ADULT FORMULA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| OCUVITE EXTRA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| OCUVITE EYE + MULTI ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| OCUVITE EYE HEALTH FORMULA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| OCUVITE EYE HEATHLH GUMMIES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| OCUVITE-LUTEIN ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| OCUVITE-LUTEIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONCOVITE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE A DAY ENERGY ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE A DAY MEN 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE A DAY TRIPLE IMMUNE SUPPRT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE A DAY WOMEN 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE DAILY 50 PLUS ORAL TABLET | | Tier 1 | |
| ONE DAILY CALCIUM/IRON ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ONE DAILY COMPLETE FOR MEN ORAL TABLET | | Tier 1 | |
| ONE DAILY COMPLETE ORAL TABLET | | Tier 1 | |
| ONE DAILY FOR MEN 50+ ADVANCED ORAL TABLET | | Tier 1 | |
| ONE DAILY FOR MEN/LYCOPENE ORAL TABLET | | Tier 1 | |
| ONE DAILY FOR WOMEN 50+ ADV ORAL TABLET | | Tier 1 | |
| ONE DAILY FOR WOMEN ORAL TABLET | | Tier 1 | |
| ONE DAILY HEALTHY WEIGHT ADV ORAL TABLET | | Tier 1 | |
| ONE DAILY HEALTHY WEIGHT ORAL TABLET | | Tier 1 | |
| ONE DAILY MAXIMUM ORAL TABLET | | Tier 1 | |
| ONE DAILY MEN FORMULA W/O IRON ORAL TABLET | | Tier 1 | |
| ONE DAILY MENS 50+ MULTIVIT ORAL TABLET | | Tier 1 | |
| ONE DAILY MENS 50+/LYCOPENE ORAL TABLET | | Tier 1 | |
| ONE DAILY MENS HEALTH ORAL TABLET | | Tier 1 | |
| ONE DAILY MENS ORAL TABLET | | Tier 1 | |
| ONE DAILY MULTIVIT/IRON-FREE ORAL TABLET | | Tier 1 | |
| ONE DAILY MULTIVITAMIN MEN ORAL TABLET | | Tier 1 | |
| ONE DAILY MULTIVITAMIN WOMEN ORAL TABLET | | Tier 1 | |
| ONE DAILY WOMENS 50 PLUS ORAL TABLET | | Tier 1 | |
| ONE DAILY WOMENS 50+ ORAL TABLET | | Tier 1 | |
| ONE DAILY WOMENS ORAL TABLET | | Tier 1 | |
| ONE DAILY/MINERALS ORAL TABLET | | Tier 1 | |
| ONE-A-DAY ENERGY ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS (MINERALS) ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS PRO EDGE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-A-DAY PROACTIVE 65+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ONE-A-DAY WOMENS MIND & BODY ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS PETITES ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| ONE-DAILY MULTI CAPS ORAL CAPSULE | | Tier 1 | |
| ONE-DAILY MULTI-VIT/MINERAL ORAL TABLET | | Tier 1 | |
| OPTIC-VITES ORAL TABLET | | Tier 1 | |
| OPTIC-VITES WITH LUTEIN ORAL TABLET | | Tier 1 | |
| OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| OPTIMUM AIRVITES ORAL TABLET CHEWABLE | | Tier 1 | |
| OPTIMUM PMS ORAL TABLET | | Tier 1 | |
| OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| OPTIVITE P.M.T. ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| OPURITY ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| OSTEOPRIME PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| OSTEOPRIME ULTRA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PARVLEX ORAL TABLET | | Tier 1 | |
| PHYTOMULTI ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PRESCRIPTION SUPPORT MULTIVIT ORAL CAPSULE | | Tier 1 | |
| PRESERVISION AREDS 2 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PRESERVISION AREDS 2 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PRESERVISION AREDS ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PRESERVISION AREDS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PRESERVISION/LUTEIN ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PREVENT ORAL CAPSULE | | Tier 1 | |
| PROBIOTICS + BARIATRIC MULTI ORAL CAPSULE | | Tier 1 | |
| PRO-CAL ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PROCERV HP ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PRORENAL + D ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PRORENAL + D W/ OMEGA-3 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PROSIGHT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PROTECT CARDIO AF ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PROTECT PLUS SO ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PROTEGRA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| PROVIT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| PX ADVANCED FORMULA MULTIVITS ORAL TABLET | | Tier 1 | |
| PX COMPLETE SENIOR MULTIVITS ORAL TABLET | | Tier 1 | |
| PX MENS MULTIVITAMINS ORAL TABLET | | Tier 1 | |
| QC DAILY MULTIVIT/MULTIMINERAL ORAL TABLET | | Tier 1 | |
| QC HAIR SKIN & NAILS ORAL TABLET | | Tier 1 | |
| QC MENS DAILY MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| QC MULTI-VITE 50 & OVER ORAL TABLET | | Tier 1 | |
| QC MULTI-VITE ORAL TABLET | | Tier 1 | |
| QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| QC THERIN-M ORAL TABLET | | Tier 1 | |
| QC WOMENS DAILY MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| QUIN B STRONG ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| QUINTABS-M ORAL TABLET | | Tier 1 | |
| RA CENTRAL-VITE MENS MATURE ORAL TABLET | | Tier 1 | |
| RA CENTRAL-VITE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| RA CENTRAL-VITE WOMENS MATURE ORAL TABLET | | Tier 1 | |
| RA ONE DAILY MAXIMUM ORAL TABLET | | Tier 1 | |
| RA ONE DAILY MENS 50+ W/VIT D3 ORAL TABLET | | Tier 1 | |
| RA ONE DAILY MENS MULTI ORAL TABLET | | Tier 1 | |
| RA ONE DAILY MENS/VIT D-3 ORAL TABLET | | Tier 1 | |
| RENAPLEX ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| RENAPLEX-D ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| SENIOR TABS ORAL TABLET | | Tier 1 | |
| SENTRY ORAL TABLET | | Tier 1 | |
| SENTRY SENIOR MENS 50+ ORAL TABLET | | Tier 1 | |
| SENTRY SENIOR ORAL TABLET | | Tier 1 | |
| SENTRY SENIOR/LUTEIN ORAL TABLET | | Tier 1 | |
| SIDEROL ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| SKIN HAIR & NAILS ADVANCED ORAL CAPSULE | | Tier 1 | |
| SM ANTIOXIDANT VITAMINS ORAL TABLET | | Tier 1 | |
| SM COMPLETE 50+ ORAL TABLET | | Tier 1 | |
| SM COMPLETE 50+ ULTIMATE MENS ORAL TABLET | | Tier 1 | |
| SM COMPLETE 50+ ULTIMATE WOMEN ORAL TABLET | | Tier 1 | |
| SM COMPLETE ADVANCED FORMULA ORAL TABLET | | Tier 1 | |
| SM COMPLETE ORAL TABLET | | Tier 1 | |
| SM COMPLETE SENIOR FORMULA ORAL TABLET | | Tier 1 | |
| SM DAILY DIET SUPPORT ORAL TABLET | | Tier 1 | |
| SM HAIR/SKIN/NAILS ORAL TABLET | | Tier 1 | |
| SM ONE DAILY MENS ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SM ONE DAILY WOMENS ORAL TABLET | | Tier 1 | |
| SM OPTI-VITAMINS ORAL TABLET | | Tier 1 | |
| SOLO ORAL TABLET | | Tier 1 | |
| SPECTRAVITE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| STRESS B COMPLEX/ANTIOXID/ZINC ORAL TABLET | | Tier 1 | |
| STRESS FORMULA/ZINC ORAL TABLET | | Tier 1 | |
| STRESSTABS ADVANCED ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| SUPER ANTIOXIDANT ORAL CAPSULE | | Tier 1 | |
| SUPER ANTIOXIDANTS PROTECTOR ORAL CAPSULE | | Tier 1 | |
| SUPER AYTINAL 50 PLUS ORAL TABLET | | Tier 1 | |
| SUPER AYTINAL ORAL TABLET | | Tier 1 | |
| SUPER D-ZINC-SELENIUM-COPPER ORAL TABLET | | Tier 1 | |
| SUPER MULTIPLE ORAL TABLET | | Tier 1 | |
| SUPER THERA VITE M ORAL TABLET | | Tier 1 | |
| SUPER VITA-MINS ORAL TABLET | | Tier 1 | |
| SUPERIOR MENS MULTI ORAL TABLET | | Tier 1 | |
| SUPERIOR WOMENS MULTI ORAL TABLET | | Tier 1 | |
| SUPPORT ORAL LIQUID | | Tier 1 | |
| SUPPORT-500 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| SYSTANE ICAPS AREDS2 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| SYSTANE ICAPS AREDS2 ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| THERA M PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERA VITAL M ORAL TABLET | | Tier 1 | |
| THERA VITAL-M ORAL TABLET | | Tier 1 | |
| THERABASIC-M ORAL TABLET | | Tier 1 | |
| THERABETIC MULTI-VITAMIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| THERAGRAN-M ADVANCED ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERAGRAN-M ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERAGRAN-M PREMIER 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERAGRAN-M PREMIER ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERA-M ORAL TABLET | | Tier 1 | |
| THERAMILL FORTE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| THERA-MILL M ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERANATAL LACTATION ONE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| THERAPEUTIC FORMULA/HEMATINICS ORAL TABLET | | Tier 1 | |
| THERAPEUTIC-M ORAL TABLET | | Tier 1 | |
| THERA-TABS M ORAL TABLET | | Tier 1 | |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERATRUM COMPLETE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THERA-VITE MAX-M ORAL TABLET | | Tier 1 | |
| THEREMS-M ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| THRIVE FOR LIFE WOMENS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| TROPICAL LIQUID NUTRITION ORAL LIQUID | | Tier 1 | |
| T-VITES ORAL TABLET | | Tier 1 | |
| UDAMIN SP ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ULTRA BONEUP ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| ULTRA FREEDA ORAL TABLET | | Tier 1 | |
| ULTRA FREEDA/IRON ORAL TABLET | | Tier 1 | |
| ULTRA MULTI FORMULA/IRON ORAL CAPSULE | | Tier 1 | |
| ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ULTRACHOICE ADVANCED FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| V-C FORTE ORAL CAPSULE | | Tier 1 | |
| VIC-FORTE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VISION FORMULA 2 ORAL CAPSULE | | Tier 1 | |
| VISION FORMULA/LUTEIN ORAL TABLET | | Tier 1 | |
| VISION HEALTH ORAL CAPSULE | | Tier 1 | |
| VISION OPTIMIZER ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VISION PLUS ORAL CAPSULE | | Tier 1 | |
| VISION VITAMINS ORAL TABLET | | Tier 1 | |
| VISIVITES ORAL TABLET | | Tier 1 | |
| VISIVITES/LUTEIN ORAL TABLET | | Tier 1 | |
| VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VITA HAIR ORAL TABLET | | Tier 1 | |
| VITA S FORTE ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| VITABASIC COMPLETE ORAL TABLET | | Tier 1 | |
| VITABASIC SENIOR ORAL TABLET | | Tier 1 | |
| VITABEX ORAL CAPSULE | | Tier 1 | |
| VITABEX PLUS ORAL CAPSULE | | Tier 1 | |
| VITACEL ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| VITACHEW ADULT MULTI VITAMIN ORAL TABLET CHEWABLE | | Tier 1 | |
| VITAJOY MULTI GUMMIES ADULT ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| VITA-MIN ORAL CAPSULE | | Tier 1 | |
| VITAMINS A-D-E/SELENIUM ORAL TABLET | | Tier 1 | |
| VITAROCA PLUS ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| VITASANA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| VITEYES CLASSIC ADVANCED ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| VITEYES CLASSIC MULTIVITAMIN ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VITEYES COMPLETE ORAL CAPSULE (ACTICAL) | Tier 1 | Tier 1 | |
| VITEYES OPTIC NERVE SUPPORT ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| WAL-BORN VITAMIN C ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| WOMENS 50+ ADVANCED ORAL CAPSULE | | Tier 1 | |
| WOMENS 50+ MULTI VITAMIN ORAL TABLET | | Tier 1 | |
| WOMENS 50+ MULTI VITAMIN/MIN ORAL TABLET | | Tier 1 | |
| WOMENS DAILY FORMULA ORAL TABLET | | Tier 1 | |
| WOMENS LIFE PACK ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| WOMENS MULTI GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| WOMENS MULTI ORAL CAPSULE | | Tier 1 | |
| WOMENS MULTI VITAMIN & MINERAL ORAL TABLET | | Tier 1 | |
| WOMENS MULTIVITAMIN + COLLAGEN ORAL TABLET CHEWABLE | | Tier 1 | |
| WOMENS MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| YELETS TEENAGE FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 1 | Tier 1 | |
| YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| YUMVS MULTI ZERO ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| YUMVS ZERO DIABETIC MULTIVITAMIN ORAL TABLET CHEWABLE (A THRU Z SELECT) | Tier 1 | Tier 1 | |
| *Multivitamins*** | | | |
| CHLOROCAPS ORAL CAPSULE (ANTIOXIDANT FORMULA) | Tier 1 | Tier 1 | |
| DAILY MULTIPLE VITAMINS ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| DAILY VALUE MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| DAILY VITAMIN FORMULA ORAL TABLET | | Tier 1 | |
| DAILY VITAMIN ORAL TABLET | | Tier 1 | |
| DAILY VITAMINS ORAL TABLET | | Tier 1 | |
| DAILY VITE ORAL TABLET | | Tier 1 | |
| DAILY VITES ORAL TABLET | | Tier 1 | |
| DAILY-VITAMIN ORAL TABLET | | Tier 1 | |
| DAILY-VITE MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| DAILY-VITE ORAL TABLET | | Tier 1 | |
| DEKAS ESSENTIAL ORAL CAPSULE | | Tier 1 | |
| ESTROFACTORS ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| GNP ESSENTIAL ONE DAILY ORAL TABLET | | Tier 1 | |
| HEALTHY HAIR/SKIN/NAILS ORAL TABLET | | Tier 1 | |
| HIGH POTENCY MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| MULTI VITAMIN DAILY ORAL TABLET | | Tier 1 | |
| MULTI VITAMIN ORAL TABLET | | Tier 1 | |
| MULTI VITAMIN W/D-3 ORAL TABLET | | Tier 1 | |
| MULTIPLE VITAMIN-FOLIC ACID ORAL TABLET | | Tier 1 | |
| MULTIPLE VITAMINS ESSENTIAL ORAL TABLET | | Tier 1 | |
| MULTIPLE VITAMINS ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN ADULT ORAL TABLET | | Tier 1 | |
| MULTI-VITAMIN DAILY ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN IRON-FREE ORAL TABLET | | Tier 1 | |
| MULTIVITAMIN ORAL TABLET | | Tier 1 | |
| MULTI-VITAMIN ORAL TABLET | | Tier 1 | |
| MV-ONE ORAL CAPSULE | | Tier 1 | |
| NEOMULTIVITE ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| OMNICAP ORAL TABLET | | Tier 1 | |
| ONCE DAILY ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ONE DAILY ESSENTIAL ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| ONE DAILY ESSENTIALS ORAL TABLET | | Tier 1 | |
| ONE DAILY MULTIVITAMIN ADULT ORAL TABLET | | Tier 1 | |
| ONE DAILY ORAL TABLET | | Tier 1 | |
| ONE VITE DAILY MULTIVITAMIN ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| ONE-A-DAY ESSENTIAL ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| ONE-A-DAY MENS ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| ONE-DAILY MULTI VITAMINS ORAL TABLET | | Tier 1 | |
| ONE-DAILY MULTI-VITAMIN ORAL TABLET | | Tier 1 | |
| QC ESSENTIALS ORAL TABLET | | Tier 1 | |
| QUINTABS ORAL TABLET | | Tier 1 | |
| SM MULTIPLE VITAMINS ESSENTIAL ORAL TABLET | | Tier 1 | |
| STRESS FORMULA ORAL TABLET | | Tier 1 | |
| STRESS FORMULA/ZINC/ENERGY ORAL TABLET | | Tier 1 | |
| STRESSTABS ENERGY ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| TAB-A-VITE ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| TAB-A-VITE/BETA CAROTENE ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| THERA ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| THERA-MILL ORAL TABLET | | Tier 1 | |
| THERA-TABS ORAL TABLET | | Tier 1 | |
| THEREMS ORAL TABLET (ANTI-OXIDANT) | Tier 1 | Tier 1 | |
| TRUE DAILY VITE ORAL TABLET | | Tier 1 | |
| VIT E-VIT C-BETA CAROTENE ORAL TABLET 200-250-5000 | | Tier 1 | |
| VITALEE ORAL TABLET | | Tier 1 | |
| VITEYES CLASSIC ZINC FREE ORAL CAPSULE (ANTIOXIDANT FORMULA) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ZE-PLUS ORAL CAPSULE (ANTIOXIDANT FORMULA) | Tier 1 | Tier 1 | |
| *Ped Multi Vitamins W/Fl & Fe*** | | | |
| MULTI-VIT/IRON/FLUORIDE ORAL SOLUTION 0.25-10 MG/ML | | Tier 1 | |
| MULTIVITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML | | Tier 1 | |
| MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML | | Tier 1 | |
| *Ped Multiple Vitamins W/ Minerals*** | | | |
| ACTIVNUTRIENTS ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| CENTRUM KIDS ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| CVS GUMMY DINOS ORAL TABLET CHEWABLE | | Tier 1 | |
| CVS GUMMY MULTIVITAMIN KIDS ORAL TABLET CHEWABLE | | Tier 1 | |
| EMERGEN-C KIDZ IMMUNE+ ORAL TABLET CHEWABLE | | Tier 1 | |
| EMERGEN-C KIDZ ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| EQ MULTIVITAMIN GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| EQ MULTIVITAMINS GUMMY CHILD ORAL TABLET CHEWABLE | | Tier 1 | |
| EQL GUMMIES CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| FLINTSTONES + EXTRA IRON ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES GUMMIES ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES TODDLER ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| GNP MULTI CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| JUST 4 KIDZ MULTIVIT/PROBIOTIC ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN CHILDRENS GUMMIES ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVIT-MIN GUMMIES CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| ONE-A-DAY JOLLY RANCHER ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| VITACHEW MULTIPLE VITAMIN ORAL TABLET CHEWABLE | | Tier 1 | |
| VITALETS CHILDRENS ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE (CHILDRENS GUMMIES) | Tier 1 | Tier 1 | |
| *Ped Mv W/ Fluoride*** | | | |
| FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.5 MG, 1 MG | Tier 1 | Tier 1 | |
| MULTIVITAMIN + FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | | Tier 1 | |
| MULTIVITAMIN W/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | | Tier 1 | |
| MULTIVITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML | | Tier 1 | |
| MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.5 MG/ML | | Tier 1 | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 0.5 MG, 1 MG | Tier 1 | Tier 1 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 0.5 MG, 1 MG | Tier 1 | Tier 1 | |
| SOLUVITA WITH FLUORIDE ORAL SOLUTION (MULTI-VITAMIN/FLUORIDE) 0.25 MG/ML | Tier 1 | Tier 1 | |
| SOLUVITA WITH FLUORIDE ORAL SOLUTION (MULTIVITAMIN/FLUORIDE) 0.5 MG/ML | Tier 1 | Tier 1 | |
| *Ped Mv W/ Iron*** | | | |
| BITE-A-MINS/IRON ORAL TABLET CHEWABLE 15 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CEROVITE JR ORAL TABLET CHEWABLE (MULTIVITAMINS PLUS IRON CHILD) 18 MG | Tier 1 | Tier 1 | |
| CHILDRENS ANIMAL SHAPES ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| CHILDRENS MULTIVITAMIN/IRON ORAL TABLET CHEWABLE 15 MG | | Tier 1 | |
| CVS CHEWABLE CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| CVS CHILDRENS COMPLETE ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| EQ COMPLETE MULTIVITAMIN CHILD ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| EQL CHILD MULTIVIT/MINERALS ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (MULTIVITAMINS PLUS IRON CHILD) 18 MG | Tier 1 | Tier 1 | |
| FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE (MULTIVITAMINS PLUS IRON CHILD) 18 MG | Tier 1 | Tier 1 | |
| FLINTSTONES W/IRON ORAL TABLET CHEWABLE (MULTIVITAMINS PLUS IRON CHILD) 18 MG | Tier 1 | Tier 1 | |
| GNP CHILDRENS CHEWABLES/IRON ORAL TABLET CHEWABLE 15 MG | | Tier 1 | |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (FRUITY CHEWS/IRON) 15 MG | Tier 1 | Tier 1 | |
| PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE (MULTIVITAMINS PLUS IRON CHILD) 18 MG | Tier 1 | Tier 1 | |
| QC CHILDRENS COMPLETE ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| QC CHILDRENS VITAMINS/IRON ORAL TABLET CHEWABLE 15 MG | | Tier 1 | |
| RA VITAMINS COMPLETE CHILDRENS ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |
| SM ANIMAL SHAPES COMPLETE ORAL TABLET CHEWABLE 18 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE (MULTIVITAMINS PLUS IRON CHILD) 18 MG | Tier 1 | Tier 1 | |
| *Ped Vitamins Acd W/ Fluoride*** | | | |
| TRI-VITE/FLUORIDE ORAL SOLUTION 0.5 MG/ML | | Tier 1 | |
| VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.5 MG/ML | | Tier 1 | |
| *Pediatric Multiple Vitamins W/ C & Fa*** | | | |
| ANIMAL CHEWS ORAL TABLET CHEWABLE WITH C & FA | | Tier 1 | |
| *Pediatric Multiple Vitamins*** | | | |
| BITE-A-MINS ORAL TABLET CHEWABLE | | Tier 1 | |
| BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (POLY-VITA) | Tier 1 | Tier 1 | |
| CHILDRENS CHEW MULTIVITAMIN ORAL TABLET CHEWABLE | | Tier 1 | |
| CHILDRENS CHEWABLE MULTI VITS ORAL TABLET CHEWABLE | | Tier 1 | |
| CHILDRENS CHEWABLE VITAMINS ORAL TABLET CHEWABLE | | Tier 1 | |
| CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| FLINSTONES MULTIVITAMIN ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| FLINSTONES PLUS CALCIUM ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| FLINSTONES/MY FIRST ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| FRUITY CHEWS ORAL TABLET CHEWABLE | | Tier 1 | |
| GERBER GROW MIGHTY ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| GERBER LIL' BRAINIES ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GNP CHILDRENS CHEWABLES/EX C ORAL TABLET CHEWABLE | | Tier 1 | |
| GNP LITTLE ONES CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| LITTLE ANIMALS ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN CHILDRENS (W/ FA) ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN CHILDRENS ORAL TABLET CHEWABLE | | Tier 1 | |
| MULTIVITAMIN INFANT & TODDLER ORAL SOLUTION | | Tier 1 | |
| NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID | Tier 1 | | |
| ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| PC PEDIATRIC POLY-VITAMIN DROP ORAL SOLUTION | | Tier 1 | |
| POLY-VI-SOL ORAL SOLUTION (POLY-VITA) | Tier 1 | Tier 1 | |
| POLY-VITE PEDIATRIC ORAL SOLUTION | | Tier 1 | |
| QC CHILDRENS VITAMINS/EXTRA C ORAL TABLET CHEWABLE | | Tier 1 | |
| SM ANIMAL SHAPES KIDS FIRST ORAL TABLET CHEWABLE | | Tier 1 | |
| ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE (ANIMAL CHEWS) | Tier 1 | Tier 1 | |
| *Prenatal Mv & Min W/Fe-Fa & Coenzyme Q10*** | | | |
| THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG | Tier 1 | | |
| *Prenatal Mv & Min W/Fe-Fa*** | | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG | Tier 1 | | |
| ATABEX OB ORAL TABLET 29-1 MG | Tier 1 | | |
| ATABEX ORAL TABLET CHEWABLE 18-0.8 MG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CLASSIC PRENATAL ORAL TABLET 28-0.8 MG | | Tier 1 | |
| C-NATE DHA ORAL CAPSULE 28-1-200 MG | | Tier 1 | |
| COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG | | Tier 1 | |
| CO-NATAL FA ORAL TABLET (PRENATABS FA) | Tier 1 | Tier 1 | |
| CONCEPT DHA ORAL CAPSULE (WESCAP-C DHA) 53.5-38-1 MG | Tier 1 | Tier 1 | |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG | Tier 1 | | |
| CVS PRENATAL ORAL TABLET 27-0.8 MG | | Tier 1 | |
| ELITE-OB ORAL TABLET 50-1.25 MG | Tier 1 | | |
| EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG | | Tier 1 | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | Tier 1 | | |
| GNP PRENATAL ORAL TABLET 28-0.8 MG | | Tier 1 | |
| HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG | Tier 1 | | |
| INATAL GT ORAL TABLET | Tier 1 | | |
| KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG | | Tier 1 | |
| KPN PRENATAL ORAL TABLET 0.1 MG | | Tier 1 | |
| MASONATAL ORAL TABLET 28-0.8 MG | | Tier 1 | |
| M-NATAL PLUS ORAL TABLET 27-1 MG | | Tier 1 | |
| MULTI PRENATAL ORAL TABLET 27-0.8 MG | | Tier 1 | |
| NATALVIT ORAL TABLET | Tier 1 | | |
| NEONATAL PLUS ORAL TABLET (PRENATAL) 27-1 MG | Tier 1 | Tier 1 | |
| NEONATAL PRENATAL ORAL TABLET 27-0.8 MG | | Tier 1 | |
| NEO-VITAL RX ORAL TABLET 1 MG | | Tier 1 | |
| NIVA-PLUS ORAL TABLET (PRENATAL) 27-1 MG | Tier 1 | Tier 1 | |
| OBSTETRIX EC (WITH DOCUSATE) ORAL TABLET 29-1 MG | Tier 1 | | |
| OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG | Tier 1 | | |
| OBTREX ORAL TABLET | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ONE VITE WOMENS ORAL TABLET 27-0.8 MG | | Tier 1 | |
| ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG | Tier 1 | | |
| ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG | Tier 1 | | |
| ONE-A-DAY WOMENS PRENATAL ORAL (SM ONE DAILY PRENATAL) 28-0.8 & 440 MG | Tier 1 | Tier 1 | |
| PNV PRENATAL PLUS MULTIVIT+DHA ORAL 27-1 & 312 MG | | Tier 1 | |
| PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG | | Tier 1 | |
| PNV-SELECT ORAL TABLET 27-0.6-0.4 MG | | Tier 1 | |
| PRENATABS RX ORAL TABLET (THRIVITE RX) 29-1 MG | Tier 1 | Tier 1 | |
| PRENATAL (W/IRON & FA) ORAL TABLET 27-0.8 MG | | Tier 1 | |
| PRENATAL 19 ORAL TABLET 29-1 MG | | Tier 1 | |
| PRENATAL 19 ORAL TABLET CHEWABLE | | Tier 1 | |
| PRENATAL COMPLETE ORAL CAPSULE THERAPY PACK | | Tier 1 | |
| PRENATAL COMPLETE ORAL TABLET 14-0.4 MG | | Tier 1 | |
| PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG | Tier 1 | | |
| PRENATAL FORMULA A-FREE ORAL TABLET 9-0.267 MG | | Tier 1 | |
| PRENATAL FORMULA ORAL CAPSULE 28-0.8-235 MG | | Tier 1 | |
| PRENATAL FORTE ORAL TABLET | | Tier 1 | |
| PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG | | Tier 1 | |
| PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG | | Tier 1 | |
| PRENATAL ORAL TABLET 27-0.8 MG, 28-0.8 MG, 6.75-0.2 MG | | Tier 1 | |
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET 27-1 MG | | Tier 1 | |
| PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PRENATAL VITAMIN ORAL TABLET 27-0.8 MG | | Tier 1 | |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG | | Tier 1 | |
| PRENATAL VITAMINS ORAL TABLET 27-0.8 MG, 28-0.8 MG | | Tier 1 | |
| PRENATAL/IRON ORAL TABLET | | Tier 1 | |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG | Tier 1 | | |
| PRENATVITE PLUS ORAL TABLET 1 MG | | Tier 1 | |
| PRENATVITE RX ORAL TABLET 0.8 MG | | Tier 1 | |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG | Tier 1 | | |
| PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG | | Tier 1 | |
| QC PRENATAL ORAL TABLET 28-0.8 MG | | Tier 1 | |
| RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG | | Tier 1 | |
| RA PRENATAL ORAL TABLET 28-0.8 MG | | Tier 1 | |
| SE-NATAL 19 ORAL TABLET 29-1 MG | | Tier 1 | |
| SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG | | Tier 1 | |
| SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG | | Tier 1 | |
| TARON-C DHA ORAL CAPSULE 35-1 MG | Tier 1 | | |
| THERANATAL CORE NUTRITION ORAL TABLET (PRENATAL) 27-1 MG | Tier 1 | Tier 1 | |
| TRICARE ORAL TABLET (PRENATAL) | Tier 1 | Tier 1 | |
| TRINATAL RX 1 ORAL TABLET 60-1 MG | | Tier 1 | |
| TRINATE ORAL TABLET | Tier 1 | | |
| UPSPRING PRENATAL COMPLETE ORAL CAPSULE 9-0.267-191.67 MG | Tier 1 | | |
| VIVA DHA ORAL CAPSULE (RELNATE DHA) 28-1-200 MG | Tier 1 | Tier 1 | |
| WESTAB PLUS ORAL TABLET 27-1 MG | | Tier 1 | |
| *Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** | | | |
| COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG | | Tier 1 | |
| PRENATAL + COMPLETE MULTI ORAL THERAPY PACK 18-0.8 & 290 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG | | Tier 1 | |
| *Prenatal Mv & Min W/Fe-Fa-Dha & Choline*** | | | |
| ONE A DAY PRENATAL ADV BRAIN ORAL THERAPY PACK | Tier 1 | | |
| *Prenatal Mv & Min W/Fe-Fa-Dha*** | | | |
| CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG | | Tier 1 | |
| CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG | Tier 1 | | |
| CVS PRENATAL MULTI+DHA ORAL CAPSULE 27-0.8-250 MG | | Tier 1 | |
| CVS WOMENS PRENATAL+DHA ORAL 28-0.975 & 200 MG | | Tier 1 | |
| ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG | Tier 1 | | |
| OBSTETRIX DHA ORAL 29-1 & 350 MG | Tier 1 | | |
| OBSTETRIX ONE (WITH DOCUSATE) ORAL CAPSULE 38-1-225 MG | Tier 1 | | |
| OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG | Tier 1 | | |
| OBTREX DHA ORAL 29-1 & 350 MG | Tier 1 | | |
| PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG | | Tier 1 | |
| PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG | | Tier 1 | |
| PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-200 MG, 27-0.8-250 MG | | Tier 1 | |
| PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG | Tier 1 | | |
| PRENATAL MULTIVITAMIN PLUS DHA ORAL CAPSULE 27-0.8-250 MG | | Tier 1 | |
| PRENATAL/FOLIC ACID+DHA ORAL CAPSULE 27-0.8-200 MG | | Tier 1 | |
| PRENATAL+DHA ORAL 28-0.975 & 200 MG | | Tier 1 | |
| SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG | Tier 1 | | |
| STUART ONE ORAL CAPSULE 27-0.8-200 MG | Tier 1 | | |
| THERANATAL COMPLETE ORAL 27-1 & 300 MG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| THERANATAL ONE ORAL CAPSULE 27-1-300 MG | Tier 1 | | |
| ULTRA PRENATAL VIT/MIN + DHA ORAL CAPSULE 23-0.8-200 MG | | Tier 1 | |
| VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG | | Tier 1 | |
| WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG | | Tier 1 | |
| ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG | Tier 1 | Tier 1 | |
| *Prenatal Mv & Minerals W/ Fa Without Iron*** | | | |
| CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4 MG | | Tier 1 | |
| *Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron*** | | | |
| CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4-113.5 MG | | Tier 1 | |
| *Prenatal Mv & Minerals W/Fa Without Iron*** | | | |
| ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE (PRENATAL GUMMIES) 0.18-25 MG | Tier 1 | Tier 1 | |
| ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG | Tier 1 | | |
| CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.18-25 MG, 0.4-25 MG | | Tier 1 | |
| GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE 0.12-33.3 MG | Tier 1 | | |
| ONE A DAY PRENATAL ORAL TABLET CHEWABLE (PRENATAL ADULT GUMMY/DHA/FA) 0.4-25 MG | Tier 1 | Tier 1 | |
| PRENATAL + COMPLETE MULTI ORAL THERAPY PACK 0.267 & 373 MG | | Tier 1 | |
| PRENATAL GUMMIES/DHA & FA ORAL TABLET CHEWABLE 0.4-32.5 MG | | Tier 1 | |
| VITAFUSION PRENATAL ORAL TABLET CHEWABLE 0.18-32.5 MG | Tier 1 | | |
| *Prenatal Vitamins*** | | | |
| VITAFOL STRIPS ORAL FILM 1 MG | Tier 1 | | |
| *Specialty Vitamins Products*** | | | |
| A THRU Z ADVANTAGE ORAL TABLET | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ALLERWELL ALLERGY FORMULA ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| BIOTIN PLUS KERATIN ORAL TABLET 10000-100 MCG-MG | | Tier 1 | |
| CENTRUM PERFORMANCE ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| CENTRUM SPECIALIST ENERGY ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| CVS HAIR/SKIN/NAILS ORAL TABLET | | Tier 1 | |
| CVS MENOPAUSE SUPPORT ORAL TABLET | | Tier 1 | |
| ELON MATRIX 5000 COMPLETE ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| ELON MATRIX 5000 ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| ELON MATRIX COMPLETE ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| ELON MATRIX PLUS ORAL TABLET (VITAMINS FOR HAIR) 3000-50-100 MCG-MG-MG | Tier 1 | Tier 1 | |
| ELON R3 ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| HAIR FARE ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| HAIR NOURISHING SUPPLEMENT ORAL TABLET | | Tier 1 | |
| HEART TABS ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| LIPIDSHIELD PLUS ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| MEMORY COMPLEX BRAIN HEALTH ORAL TABLET | | Tier 1 | |
| MG PLUS PROTEIN ORAL TABLET (VITAMINS FOR HAIR) 133 MG | Tier 1 | Tier 1 | |
| MIL ADREGEN ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| MILLTRIUM STAMINA PLUS ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| NERVIVE NERVE RELIEF ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| RA EAR CARE ORAL TABLET | | Tier 1 | |
| THERABETIC EYE HEALTH ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ULTIMATE FAT BURNER ORAL TABLET | | Tier 1 | |
| UPSPRING HE NATAL ORAL TABLET (VITAMINS FOR HAIR) | Tier 1 | Tier 1 | |
| UROSEX ORAL TABLET | | Tier 1 | |
| VARISAN VITALITY ORAL TABLET | | Tier 1 | |
| *Vitamins W/ Lipotropics*** | | | |
| ACTIFLOVIT EAR HEALTH ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| B COMPLEX (LIPOTROPICS) ORAL TABLET | | Tier 1 | |
| B COMPLEX FORMULA 1 (LIPOTROP) ORAL TABLET | | Tier 1 | |
| BALANCED B-50 COMPLEX ORAL TABLET | | Tier 1 | |
| CVS BALANCED B50 ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| CVS INNER EAR PLUS ORAL TABLET | | Tier 1 | |
| EAR HEALTH FORMULA ORAL TABLET | | Tier 1 | |
| EAR HEALTH PLUS ORAL TABLET | | Tier 1 | |
| FLAVOVIT EAR HEALTH ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| LIPO FLAVONOID PLUS ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| LIPOFLAVOVIT ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| LIPOTRIAD ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| MEGA MULTIPLE/CHELATED MINERAL ORAL TABLET | | Tier 1 | |
| NAT-RUL B-50 ORAL TABLET | | Tier 1 | |
| PX B-50 ORAL TABLET (BALANCE B-100) | Tier 1 | Tier 1 | |
| RISANOID PLUS ORAL TABLET | | Tier 1 | |
| ULTRA B-100 COMPLEX ORAL TABLET | | Tier 1 | |
| *Musculoskeletal Therapy Agents* | | | |
| *Central Muscle Relaxants*** | | | |
| BACLOFEN ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | Tier 1 | |
| CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| METHOCARBAMOL ORAL TABLET 500 MG, 750 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------|
| TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG | | Tier 1 | Extended DS (90 Days) |
| *Direct Muscle Relaxants*** | | | |
| DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 1 | |
| *Nasal Agents - Systemic And Topical* | | | |
| *Decongestant Combination Other*** | | | |
| AFRIN MENTHOL SPRAY NASAL SOLUTION 0.05 % | Tier 1 | | |
| *Nasal Agents - Misc.*** | | | |
| NOZIN NASAL SANITIZER NASAL KIT 62 % | Tier 1 | | |
| NOZIN NASAL SANITIZER POPSWAB NASAL SWAB | Tier 1 | | |
| *Nasal Anticholinergics*** | | | |
| IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 % | | Tier 1 | |
| *Nasal Mast Cell Stabilizers*** | | | |
| NASALCROM NASAL AEROSOL SOLUTION (CROMOLYN SODIUM) 5.2 MG/ACT | Tier 1 | Tier 1 | |
| *Nasal Steroids*** | | | |
| ALLERGY NASAL SPRAY NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | PA |
| ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| ALLERGY SPRAY 24 HOUR NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| ALLERGY SPRAY 24 HOUR NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| BUDESONIDE NASAL SUSPENSION 32 MCG/ACT | | Tier 1 | ST |
| CLARISPRAY NASAL SUSPENSION (FLUTICASONE PROPIONATE) 50 MCG/ACT | Tier 1 | Tier 1 | Extended DS (90 Days) |
| CVS BUDESONIDE NASAL SUSPENSION 32 MCG/ACT | | Tier 1 | ST |
| CVS FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| CVS NASAL ALLERGY SPRAY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|---------------------------|
| EQ ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| EQ BUDESONIDE NASAL NASAL SUSPENSION 32 MCG/ACT | | Tier 1 | ST |
| EQ NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| EQL FLUTICASONE CHILDRENS NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| EQL FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| FLONASE ALLERGY RELIEF NASAL SUSPENSION (FLUTICASONE PROPIONATE) 50 MCG/ACT | Tier 1 | Tier 1 | Extended DS (90 Days) |
| FT 24 HOUR NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| FT ALLERGY RELIEF 24 HR NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| GNP 24 HOUR NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| GNP BUDESONIDE NASAL SPRAY NASAL SUSPENSION 32 MCG/ACT | | Tier 1 | ST |
| GNP FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE 24-HR ALLERGY NASAL NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| GOODSENSE NASAL ALLERGY SPRAY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| HM 24 HOUR NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| HM ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| KLS ALLER-CORT NASAL AEROSOL (TRIAMCINOLONE ACETONIDE) 55 MCG/ACT | Tier 1 | Tier 1 | ST; Extended DS (90 Days) |
| KLS ALLER-FLO NASAL SUSPENSION (FLUTICASONE PROPIONATE) 50 MCG/ACT | Tier 1 | Tier 1 | Extended DS (90 Days) |
| NASAL ALLERGY 24 HOUR NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| NASONEX 24HR NASAL SUSPENSION (MOMETASONE FUROATE) 50 MCG/ACT | Tier 1 | Tier 1 | PA |
| QC ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|---------------------------|
| RA BUDESONIDE NASAL SUSPENSION 32 MCG/ACT | | Tier 1 | ST |
| RA NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT | | Tier 1 | ST; Extended DS (90 Days) |
| SM ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT | | Tier 1 | Extended DS (90 Days) |
| *Systemic Decongestants*** | | | |
| 12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| CVS 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| CVS NASAL DECONGESTANT ORAL CAPSULE 30 MG | | Tier 1 | |
| CVS NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| EQ SINUS & CONGESTION MAX STR ORAL TABLET 30 MG | | Tier 1 | |
| EQ SINUS 12-HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| EQL NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| FT NASAL DECONGESTANT MAX STR ORAL TABLET 30 MG | | Tier 1 | |
| FT NASAL DECONGESTANT MAX STR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| GNP NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| GNP PSEUDOEPHEDRINE HCL 12 HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| HM NASAL DECONGESTANT 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| HM NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| KP PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG, 60 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MEIJER NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| NASAL DECONGESTANT 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| NASAL DECONGESTANT D ORAL TABLET 30 MG | | Tier 1 | |
| NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG | | Tier 1 | |
| PX NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 1 | |
| PX NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| QC NASAL DECONGESTANT PE ORAL TABLET 30 MG | | Tier 1 | |
| QC SUPHEDRINE MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| RA SINUS/CONGESTION RELIEF ORAL TABLET 30 MG | | Tier 1 | |
| RA SINUS/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| RA SUPHEDRINE ORAL TABLET 30 MG | | Tier 1 | |
| RA SUPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| SINUS CONGESTION MAX STRENGTH ORAL TABLET 30 MG | | Tier 1 | |
| SM NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG | | Tier 1 | |
| SM NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| SUDAFED ORAL TABLET (DECONGESTANT) 30 MG | Tier 1 | Tier 1 | |
| SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SUDAFED SINUS CONGESTION ORAL TABLET (DECONGESTANT) 30 MG | Tier 1 | Tier 1 | |
| SUDOGEST 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| SUDOGEST MAXIMUM STRENGTH ORAL TABLET (DECONGESTANT) 30 MG | Tier 1 | Tier 1 | |
| SUDOGEST ORAL TABLET (DECONGESTANT) 30 MG | Tier 1 | Tier 1 | |
| SUDOGEST ORAL TABLET (PSEUDOEPHEDRINE HCL) 60 MG | Tier 1 | Tier 1 | |
| SUPHEDRINE 12HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 1 | |
| WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 1 | Tier 1 | |
| WAL-PHED D ORAL TABLET (DECONGESTANT) 30 MG | Tier 1 | Tier 1 | |
| WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 1 | Tier 1 | |
| *Topical Decongestants*** | | | |
| 12 HOUR DECONGESTANT NASAL SOLUTION 0.05 % | | Tier 1 | |
| 12 HOUR NASAL DECONGESTANT NASAL SOLUTION 0.05 % | | Tier 1 | |
| 12 HOUR NASAL RELIEF SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| AFRIN 12 HOUR NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN ALL NIGHT NODRIP NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN ALLERGY SINUS NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN NODRIP CHILDRENS NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN NODRIP NIGHT NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| AFRIN NODRIP ORIGINAL NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN NODRIP SINUS NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN ORIGINAL NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN PUMP MIST NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| AFRIN SEVERE CONGESTION NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| ANEFRIN SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| CVS ALLERGY NASAL MIST NO DRIP NASAL SOLUTION 0.05 % | | Tier 1 | |
| CVS NASAL MIST NASAL SOLUTION 0.05 % | | Tier 1 | |
| CVS NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| CVS SINUS NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| DRISTAN NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| EQ NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| EQL NASAL SPRAY 12 HOUR NASAL SOLUTION 0.05 % | | Tier 1 | |
| EQL NASAL SPRAY NO DRIP NASAL SOLUTION 0.05 % | | Tier 1 | |
| FT NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| GILTUSS SEVERE SINUS NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| GNP NASAL SPRAY EXTRA MOIST NASAL SOLUTION 0.05 % | | Tier 1 | |
| GNP NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| GNP NO DRIP NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| HM NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| HM SINUS NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| LONG ACTING NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| LONG LASTING NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| NASAL DECONGESTANT SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL RELIEF NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL SPRAY 12 HOUR NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL SPRAY EXTRA MOISTURIZING NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL SPRAY MAX STRENGTH NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL SPRAY NO DRIP NASAL SOLUTION 0.05 % | | Tier 1 | |
| NASAL SPRAY SINUS NASAL SOLUTION 0.05 % | | Tier 1 | |
| NO DRIP NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| NOSTRILLA NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| PX NASAL SPRAY MOISTURIZING NASAL SOLUTION 0.05 % | | Tier 1 | |
| PX NO DRIP NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| PX ORIGINAL NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| QC NASAL MIST NO DRIP NASAL SOLUTION 0.05 % | | Tier 1 | |
| QC NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| QC NO DRIP EXTRA MOISTURIZING NASAL SOLUTION 0.05 % | | Tier 1 | |
| QC NO DRIP NASAL RELIEF NASAL SOLUTION 0.05 % | | Tier 1 | |
| QC NO DRIP ORIGINAL 12 HOURS NASAL SOLUTION 0.05 % | | Tier 1 | |
| QLEARQUIL NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| RA 12 HOUR NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| SB 12HR NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| SB NASAL SPRAY NO-DRIP NASAL SOLUTION 0.05 % | | Tier 1 | |
| SB SINUS RELIEF NASAL SOLUTION 0.05 % | | Tier 1 | |
| SINUS NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| SINUS RELIEF MIST NASAL SOLUTION 0.05 % | | Tier 1 | |
| SINUS RELIEF NASAL SOLUTION 0.05 % | | Tier 1 | |
| SM NASAL SPRAY 12 HOUR NASAL SOLUTION 0.05 % | | Tier 1 | |
| SM NASAL SPRAY MOISTURIZING NASAL SOLUTION 0.05 % | | Tier 1 | |
| SM NASAL SPRAY NASAL SOLUTION 0.05 % | | Tier 1 | |
| SM NASAL SPRAY SINUS NASAL SOLUTION 0.05 % | | Tier 1 | |
| VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| VICKS SINEX MOISTURIZING NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| VICKS SINEX SEVERE DECONGEST NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|--------------------------------------|
| VICKS SINEX SEVERE NASAL SOLUTION (12 HOUR NASAL SPRAY) 0.05 % | Tier 1 | Tier 1 | |
| *Neuromuscular Agents* | | | |
| *Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** | | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | Tier 1 | | PA; Specialty; QL (6.7 ML per 1 day) |
| *Nutrients* | | | |
| *Misc. Nutritional Substances*** | | | |
| CVS FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| CVS NATURAL FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| EQL FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| EQL OMEGA 3 FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| FISH OIL BURP-LESS ORAL CAPSULE 1000 MG | | Tier 1 | |
| FISH OIL CONCENTRATE ORAL CAPSULE 1000 MG | | Tier 1 | |
| FISH OIL HIGH POTENCY ORAL CAPSULE 1000 MG | | Tier 1 | |
| FISH OIL OMEGA-3 ORAL CAPSULE 1000 MG | | Tier 1 | |
| GNP FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| HM FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| MAXIMUM EPA ORAL CAPSULE (FISH OIL) 1000 MG | Tier 1 | Tier 1 | |
| NORWEGIAN SALMON OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| OMEGA 3 ORAL CAPSULE 1000 MG | | Tier 1 | |
| OMEGA III EPA+DHA ORAL CAPSULE 1000 MG | | Tier 1 | |
| OMEGA-3 CF ORAL CAPSULE 1000 MG | | Tier 1 | |
| OMEGA-3 FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| OMEGA-3 ORAL CAPSULE 1000 MG | | Tier 1 | |
| PX FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| QC FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| RA FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SB OMEGA-3 FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| SEA-OMEGA ORAL CAPSULE (FISH OIL) 1000 MG | Tier 1 | Tier 1 | |
| SM FISH OIL ORAL CAPSULE 1000 MG | | Tier 1 | |
| SUPER DHA GEMS ORAL CAPSULE (FISH OIL) 1000 MG | Tier 1 | Tier 1 | |
| SUPER OMEGA 3 EPA/DHA ORAL CAPSULE 1000 MG | | Tier 1 | |
| SUPER OMEGA-3 ORAL CAPSULE (FISH OIL) 1000 MG | Tier 1 | Tier 1 | |
| THEROMEGA ORAL CAPSULE (FISH OIL) 1000 MG | Tier 1 | Tier 1 | |
| ULTRA OMEGA 3 ORAL CAPSULE (FISH OIL) 1000 MG | Tier 1 | Tier 1 | |
| *Ophthalmic Agents* | | | |
| *Artificial Tear And Lubricant Combinations*** | | | |
| ALTALUBE OPHTHALMIC OINTMENT (EYE LUBRICANT) 85-15 % | Tier 1 | Tier 1 | |
| ARTIFICIAL EYE OPHTHALMIC OINTMENT 83-15 % | | Tier 1 | |
| ARTIFICIAL TEARS OPHTHALMIC OINTMENT 83-15 % | | Tier 1 | |
| ARTIFICIAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 % | | Tier 1 | |
| BION TEARS PF OPHTHALMIC SOLUTION (ARTIFICIAL TEARS PF) 0.1-0.3 % | Tier 1 | Tier 1 | |
| CVS DRY-EYE RELIEF NIGHTTIME OPHTHALMIC OINTMENT 42.5-57.3 % | | Tier 1 | |
| CVS EYE LUBRICANT NIGHTTIME OPHTHALMIC OINTMENT 3-94 % | | Tier 1 | |
| CVS EYE LUBRICANT OPHTHALMIC OINTMENT | | Tier 1 | |
| CVS LUBRICATING EYE/OVERNIGHT OPHTHALMIC OINTMENT | | Tier 1 | |
| CVS NATURAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % | | Tier 1 | |
| CVS NIGHTTIME DRY-EYE RELIEF OPHTHALMIC OINTMENT | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EQ EYE LUBRICANT OPHTHALMIC OINTMENT | | Tier 1 | |
| EQ RESTORE PM OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| FOR STY RELIEF OPHTHALMIC OINTMENT 31.9-57.7 % | | Tier 1 | |
| GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION (ARTIFICIAL TEARS PF) 0.1-0.3 % | Tier 1 | Tier 1 | |
| GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| GENTEAL TEARS PF OPHTHALMIC SOLUTION (ARTIFICIAL TEARS PF) 0.1-0.3 % | Tier 1 | Tier 1 | |
| GNP NIGHTTIME RELIEF LUB EYE OPHTHALMIC OINTMENT 57.3-42.5 % | | Tier 1 | |
| HYPOTEARs OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| LUBRICANT EYE DROPS (PF) OPHTHALMIC SOLUTION 0.1-0.3 % | | Tier 1 | |
| LUBRICANT EYE FAST ACTING OPHTHALMIC OINTMENT | | Tier 1 | |
| LUBRICANT EYE NIGHTTIME OPHTHALMIC OINTMENT | | Tier 1 | |
| LUBRICANT EYE OPHTHALMIC OINTMENT | | Tier 1 | |
| LUBRICANT EYE PM OPHTHALMIC OINTMENT | | Tier 1 | |
| LUBRICANT PM OPHTHALMIC OINTMENT | | Tier 1 | |
| LUBRICATING TEARS EYE DROPS OPHTHALMIC SOLUTION 0.1-0.3 % | | Tier 1 | |
| LUBRIFRESH P.M. OPHTHALMIC OINTMENT | | Tier 1 | |
| REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 % | Tier 1 | | |
| REFRESH P.M. OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| RETAIN E PM OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| STYE OPHTHALMIC OINTMENT (EYE LUBRICANT) 31.9-57.7 % | Tier 1 | Tier 1 | |
| SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| ULTRA FRESH PM OPHTHALMIC OINTMENT (EYE LUBRICANT) | Tier 1 | Tier 1 | |
| *Artificial Tear Solutions*** | | | |
| GENTEAL TEARS OPHTHALMIC SOLUTION (ARTIFICIAL TEARS) 0.1-0.2-0.3 % | Tier 1 | Tier 1 | |
| JUST TEARS EYE DROPS OPHTHALMIC SOLUTION | | Tier 1 | |
| SM ARTIFICIAL TEARS OPHTHALMIC SOLUTION | | Tier 1 | |
| SOOTHE HYDRATION OPHTHALMIC SOLUTION (ARTIFICIAL TEARS) 1.25 % | Tier 1 | Tier 1 | |
| SOOTHE XP OPHTHALMIC SOLUTION (ARTIFICIAL TEARS) | Tier 1 | Tier 1 | |
| SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (ARTIFICIAL TEARS) | Tier 1 | Tier 1 | |
| SYSTANE CONTACTS OPHTHALMIC SOLUTION (ARTIFICIAL TEARS) | Tier 1 | Tier 1 | |
| *Artificial Tears And Lubricants*** | | | |
| ARTIFICIAL TEARS OPHTHALMIC SOLUTION 1 %, 1.4 % | | Tier 1 | |
| BIOLLE TEARS OPHTHALMIC SOLUTION (LUBRICATING PLUS EYE DROPS) 0.5 % | Tier 1 | Tier 1 | |
| CVS LUBRICANT EYE DROPS (PF) OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| CVS LUBRICANT EYE DROPS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| DRY EYE RELIEF OPHTHALMIC GEL 1 % | | Tier 1 | |
| EQ RESTORE PLUS LUBRICANT EYE OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| EQ RESTORE TEARS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| EYES ALIVE OPHTHALMIC SOLUTION (LUBRICATING PLUS EYE DROPS) 0.5 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FT LUBRICANT EYE DROPS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| GNP LUBRICANT EYE DROPS (PF) OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| GNP LUBRICATING PLUS EYE DROPS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| GOODSENSE LUBRICATING EYE DROP OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| GOODSENSE LUBRICATING PLUS PF OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| HM LUBRICATING PLUS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| LUBRICANT EYE DROPS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| LUBRICANT EYE DROPS PF OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| MOISTURIZING LUBRICANT EYE OPHTHALMIC SOLUTION 0.25 % | | Tier 1 | |
| POLYVINYL ALCOHOL OPHTHALMIC SOLUTION 1.4 % | | Tier 1 | |
| RA LUBRICANT EYE DROPS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| REFRESH LIQUIGEL OPHTHALMIC GEL (CVS LUBRICANT DROPS) 1 % | Tier 1 | Tier 1 | |
| REFRESH PLUS OPHTHALMIC SOLUTION (LUBRICATING PLUS EYE DROPS) 0.5 % | Tier 1 | Tier 1 | |
| REFRESH TEARS OPHTHALMIC SOLUTION (CARBOXYMETHYLCELLULOSE SODIUM) 0.5 % | Tier 1 | Tier 1 | |
| SM LUBRICATING PLUS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| STERILE LUBRICANT OPHTHALMIC LIQUID 0.7 % | Tier 1 | | |
| THERATEARS EXTRA OPHTHALMIC SOLUTION (CVS LUBRICANT EYE DROPS) 0.25 % | Tier 1 | Tier 1 | |
| THERATEARS EXTRA PF OPHTHALMIC SOLUTION 0.25 % | Tier 1 | | |
| THERATEARS OPHTHALMIC SOLUTION (CVS LUBRICANT EYE DROPS) 0.25 % | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| THERATEARS PF OPHTHALMIC SOLUTION 0.25 % | Tier 1 | | |
| ULTRA FRESH OPHTHALMIC SOLUTION (CARBOXYMETHYLCELLULOSE SODIUM) 0.5 % | Tier 1 | Tier 1 | |
| VENTIVA TEARS OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| *Beta-Blockers - Ophthalmic*** | | | |
| LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 % | | Tier 1 | |
| TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 % | | Tier 1 | |
| *Cycloplegic Mydriatics*** | | | |
| ATROPINE SULFATE OPHTHALMIC OINTMENT 1 % | | Tier 1 | |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 % | | Tier 1 | |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION (ATROPINE SULFATE) 1 % | Tier 1 | Tier 1 | |
| *Miotics - Direct Acting*** | | | |
| PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 % | | Tier 1 | |
| *Ophthalmic Antibiotics*** | | | |
| BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM | | Tier 1 | |
| CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 % | | Tier 1 | |
| ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM | | Tier 1 | |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | Tier 1 | | |
| GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 % | | Tier 1 | |
| OFLOXACIN OPHTHALMIC SOLUTION 0.3 % | | Tier 1 | |
| TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 % | | Tier 1 | |
| *Ophthalmic Anti-Infective Combinations*** | | | |
| BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM | | Tier 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025 | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-----------------------------|
| POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM | Tier 1 | Tier 1 | |
| POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% | | Tier 1 | |
| *Ophthalmic Antivirals*** | | | |
| TRIFLURIDINE OPHTHALMIC SOLUTION 1 % | | Tier 1 | |
| *Ophthalmic Carbonic Anhydrase Inhibitors*** | | | |
| BRINZOLAMIDE OPHTHALMIC SUSPENSION 1 % | | Tier 1 | |
| *Ophthalmic Ectoparasiticide** | | | |
| XDEMVY OPHTHALMIC SOLUTION 0.25 % | Tier 1 | | PA; QL (10 ML per 180 days) |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** | | | |
| DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 % | | Tier 1 | |
| FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 % | | Tier 1 | |
| KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 % | | Tier 1 | |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** | | | |
| BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %, 0.2 % | | Tier 1 | |
| *Ophthalmic Steroid Combinations*** | | | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | Tier 1 | | |
| NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC OINTMENT 3.5-10000-0.1 | | Tier 1 | |
| NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC SUSPENSION 3.5-10000-0.1 | | Tier 1 | |
| SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SOLUTION 10-0.23 % | | Tier 1 | |
| *Ophthalmic Steroids*** | | | |
| DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 % | | Tier 1 | |
| FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % | Tier 1 | | |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % | Tier 1 | | |
| PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 % | | Tier 1 | |
| *Ophthalmic Sulfonamides*** | | | |
| SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 % | | Tier 1 | |
| SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 % | | Tier 1 | |
| *Prostaglandins - Ophthalmic*** | | | |
| LATANOPROST OPHTHALMIC SOLUTION 0.005 % | | Tier 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | Tier 1 | | |
| *Otic Agents* | | | |
| *Otic Agents - Miscellaneous*** | | | |
| ACETIC ACID OTIC SOLUTION 2 % | | Tier 1 | |
| *Otic Anti-Infectives*** | | | |
| OFLOXACIN OTIC SOLUTION 0.3 % | | Tier 1 | |
| *Otic Steroid-Anti-Infective Combinations*** | | | |
| NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1 | | Tier 1 | |
| NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1 | | Tier 1 | |
| *Otic Steroids*** | | | |
| HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 % | | Tier 1 | |
| *Oxytocics* | | | |
| *Oxytocics*** | | | |
| METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG | Tier 1 | Tier 1 | |
| *Penicillins* | | | |
| *Aminopenicillins*** | | | |
| AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG | | Tier 1 | |
| AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| AMOXICILLIN ORAL TABLET 875 MG | | Tier 1 | |
| AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG | | Tier 1 | |
| AMPICILLIN ORAL CAPSULE 500 MG | | Tier 1 | |
| *Natural Penicillins*** | | | |
| PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML, 250 MG/5ML | | Tier 1 | |
| PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG | | Tier 1 | |
| *Penicillin Combinations*** | | | |
| AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG | | Tier 1 | |
| AMOXICILLIN-POT CLAVULANATE ORAL SUSPENSION RECONSTITUTED 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML | | Tier 1 | |
| AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG | | Tier 1 | |
| AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG | | Tier 1 | |
| *Penicillinase-Resistant Penicillins*** | | | |
| DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG | | Tier 1 | |
| *Progestins* | | | |
| *Progestins*** | | | |
| GALLIFREY ORAL TABLET (NORETHINDRONE ACETATE) 5 MG | Tier 1 | Tier 1 | QL (3 EA per 1 day) |
| MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 1 | |
| PROGESTERONE ORAL CAPSULE 100 MG, 200 MG | | Tier 1 | |
| *Psychotherapeutic And Neurological Agents - Misc.* | | | |
| *Alcohol Deterrents*** | | | |
| ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG | | Tier 1 | |
| DISULFIRAM ORAL TABLET 250 MG, 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|--------------------------------------|
| *Cholinomimetics - Ache Inhibitors*** | | | |
| DONEPEZIL HCL ORAL TABLET 10 MG, 5 MG | | Tier 1 | PA |
| GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG | | Tier 1 | |
| GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG | | Tier 1 | |
| RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG | | Tier 1 | |
| *Movement Disorder Drug Therapy*** | | | |
| AUSTEDO TABLET 12 MG ORAL | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| AUSTEDO TABLET 6 MG ORAL | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| AUSTEDO TABLET 9 MG ORAL | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |
| *Multiple Sclerosis Agents - Interferons*** | | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | Tier 1 | | PA; Specialty; QL (4 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 1 | | PA; Specialty; QL (4 EA per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 1 | | PA; Specialty |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | Tier 1 | | PA; Specialty |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 1 | | PA; Specialty |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | Tier 1 | | PA; Specialty |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 1 | | PA; Specialty |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | Tier 1 | | PA; Specialty |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | | |
| DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG | | Tier 1 | PA; Specialty |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| DIMETHYL FUMARATE STARTER PACK ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG | | Tier 1 | PA; Specialty |
| *Multiple Sclerosis Agents - Potassium Channel Blockers*** | | | |
| DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG | | Tier 1 | Specialty |
| *Multiple Sclerosis Agents*** | | | |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 20 MG/ML, 40 MG/ML | Tier 1 | Tier 1 | PA; Specialty |
| *N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** | | | |
| MEMANTINE HCL ORAL SOLUTION 10 MG/5ML, 2 MG/ML | | Tier 1 | PA |
| MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG | | Tier 1 | PA |
| *Smoking Deterrents*** | | | |
| APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG | | Tier 1 | |
| BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG | | Tier 1 | |
| CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG | | Tier 1 | |
| CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| EQ NICOTINE MOUTH/THROAT GUM 4 MG | | Tier 1 | |
| EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG | | Tier 1 | |
| EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR | | Tier 1 | |
| EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR | | Tier 1 | |
| EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| FT NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| FT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| FT NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| FT NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| GNP NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) 21 MG/24HR | Tier 1 | Tier 1 | |
| HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG | Tier 1 | Tier 1 | |
| KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG | Tier 1 | Tier 1 | |
| KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG | Tier 1 | Tier 1 | |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | Tier 1 | Tier 1 | |
| NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG | | Tier 1 | |
| NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR | | Tier 1 | |
| NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR | | Tier 1 | |
| NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR | | Tier 1 | |
| NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR | | Tier 1 | |
| NICOTROL INHALATION INHALER 10 MG | Tier 1 | | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | Tier 1 | | |
| PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR | | Tier 1 | |
| RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR | | Tier 1 | |
| SM NICOTINE MOUTH/THROAT GUM 4 MG | | Tier 1 | |
| SM NICOTINE MOUTH/THROAT LOZENGE 2 MG | | Tier 1 | |
| SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG | | Tier 1 | |
| SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG | Tier 1 | Tier 1 | |
| VARENICLINE TARTRATE (STARTER) ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 | | Tier 1 | |
| VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG | | Tier 1 | |
| VARENICLINE TARTRATE(CONTINUE) ORAL TABLET 1 MG | | Tier 1 | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | | |
| FINGOLIMOD HCL ORAL CAPSULE 0.5 MG | | Tier 1 | PA; Specialty |
| *Respiratory Agents - Misc.* | | | |
| *Cftr Potentiators*** | | | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| KALYDECO ORAL TABLET 150 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| *Cystic Fibrosis Agent - Combinations*** | | | |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | Tier 1 | | PA; Specialty; QL (4 EA per 1 day) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------------------|
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | Tier 1 | | PA; Specialty; QL (2 EA per 1 day) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | Tier 1 | | PA; Specialty; QL (3 EA per 1 day) |
| *Tetracyclines* | | | |
| *Tetracyclines*** | | | |
| AVIDOXY ORAL TABLET 100 MG | | Tier 1 | Extended DS (90 Days) |
| DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG, 50 MG | | Tier 1 | Extended DS (90 Days) |
| DOXYCYCLINE HYCLATE ORAL TABLET 100 MG | | Tier 1 | Extended DS (90 Days) |
| DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 50 MG | | Tier 1 | Extended DS (90 Days) |
| DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG | | Tier 1 | Extended DS (90 Days) |
| MONDOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG | | Tier 1 | |
| *Thyroid Agents* | | | |
| *Antithyroid Agents*** | | | |
| METHIMAZOLE ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| PROPYLTHIOURACIL ORAL TABLET 50 MG | | Tier 1 | |
| *Thyroid Hormones*** | | | |
| EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| LEVO-T ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| LIOthyronine Sodium Oral Tablet 25 MCG, 5 MCG, 50 MCG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------------------|
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | | ST; Extended DS (90 Days) |
| UNITHROID ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| *Toxoids* | | | |
| *Toxoid Combinations*** | | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | Tier 1 | | AGE (Min 19 Years and Max 64 Years) |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | Tier 1 | | AGE (Min 19 Years) |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | Tier 1 | | AGE (Min 19 Years) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | Tier 1 | | AGE (Min 19 Years) |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | Tier 1 | | AGE (Min 19 Years) |
| *Ulcer Drugs/Antispasmodics/Anticholinergics* | | | |
| *Antispasmodics*** | | | |
| DICYCLOMINE HCL ORAL CAPSULE 10 MG | | Tier 1 | |
| DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML | | Tier 1 | |
| DICYCLOMINE HCL ORAL TABLET 20 MG | | Tier 1 | |
| *Belladonna Alkaloids*** | | | |
| ANASPAZ ORAL TABLET DISPERSIBLE (HYOSCYAMINE SULFATE) 0.125 MG | Tier 1 | Tier 1 | |
| ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG | | Tier 1 | |
| HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML | | Tier 1 | |
| HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG | | Tier 1 | |
| HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | | Tier 1 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5ML | | Tier 1 | |
| OSCIMIN ORAL TABLET 0.125 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | | Tier 1 | |
| *H-2 Antagonists*** | | | |
| ACID CONTROL MAXIMUM STRENGTH ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| ACID CONTROLLER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| ACID CONTROLLER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| ACID REDUCER MAXIMUM STRENGTH ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ACID CONTROLLER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| CVS ACID CONTROLLER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| EQ ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| EQ FAMOTIDINE MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| EQ FAMOTIDINE ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| EQL HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG | | Tier 1 | Extended DS (90 Days) |
| FAMOTIDINE MAXIMUM STRENGTH ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML | | Tier 1 | Extended DS (90 Days) |
| FAMOTIDINE ORAL TABLET 40 MG | | Tier 1 | Extended DS (90 Days) |
| FAMOTIDINE ORIG ST ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| FT ACID REDUCER MAX STRENGTH ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| FT ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| GNP ACID REDUCER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| GNP ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| HEARTBURN RELIEF MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| HEARTBURN RELIEF ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| HM FAMOTIDINE ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| KLS ACID CONTROLLER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------|
| MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET (FAMOTIDINE) 20 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| PEPCID AC MAXIMUM STRENGTH ORAL TABLET (FAMOTIDINE) 20 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| PEPCID AC ORAL TABLET (FAMOTIDINE) 10 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| PX ACID REDUCER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| PX ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| QC ACID CONTROLLER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| QC ACID CONTROLLER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| QC FAMOTIDINE ACID REDUCER ORAL TABLET 10 MG, 20 MG | | Tier 1 | Extended DS (90 Days) |
| RA ACID REDUCER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| RA ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| SB ACID CONTROLLER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| SB ACID CONTROLLER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| SB ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| SM ACID REDUCER MAX ST ORAL TABLET 20 MG | | Tier 1 | Extended DS (90 Days) |
| SM ACID REDUCER ORAL TABLET 10 MG | | Tier 1 | Extended DS (90 Days) |
| ZANTAC 360 MAX ST ORAL TABLET (FAMOTIDINE) 20 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| ZANTAC 360 ORAL TABLET (FAMOTIDINE) 10 MG | Tier 1 | Tier 1 | Extended DS (90 Days) |
| *Misc. Anti-Ulcer*** | | | |
| SUCRALFATE ORAL TABLET 1 GM | | Tier 1 | |
| *Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** | | | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | Tier 1 | | PA; QL (1 EA per 1 day) |
| *Proton Pump Inhibitors*** | | | |
| ACID REDUCER ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| CVS LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CVS OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| EQ LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| EQ OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| EQL LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| EQL OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML | Tier 1 | | |
| FT ACID REDUCER ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| FT OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| GNP LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| GNP OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| GOODSENSE LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| HM LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| KLS LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| KLS OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| LANSOPRAZOLE CAPSULE DELAYED RELEASE 30 MG ORAL | | Tier 1 | QL (60 EA per 30 days) |
| OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG | | Tier 1 | QL (60 EA per 30 days) |
| OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML | Tier 1 | | |
| PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG | | Tier 1 | QL (60 EA per 30 days) |
| PREVACID 24HR ORAL CAPSULE DELAYED RELEASE (LANSOPRAZOLE) 15 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| PRILOSEC OTC ORAL TABLET DELAYED RELEASE (OMEPRAZOLE MAGNESIUM) 20 MG | Tier 1 | Tier 1 | |
| PX OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| QC LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| QC OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| RA OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| SB OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| SM LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | | Tier 1 | |
| SM OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | | Tier 1 | |
| *Quaternary Anticholinergics*** | | | |
| GLYCOPYRROLATE ORAL TABLET 1 MG | | Tier 1 | |
| *Ulcer Drugs - Prostaglandins*** | | | |
| MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG | | Tier 1 | |
| *Urinary Antispasmodics* | | | |
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** | | | |
| OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | | Tier 1 | |
| OXYBUTYNIN CHLORIDE ORAL SOLUTION 5 MG/5ML | | Tier 1 | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG | | Tier 1 | |
| SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG | | Tier 1 | |
| TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG | | Tier 1 | ST |
| TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG | | Tier 1 | ST |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-------------------------------------|
| *Vaccines* | | | |
| *Bacterial Vaccines*** | | | |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG | | Tier 1 | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | | AGE (Min 19 Years and Max 25 Years) |
| MENACTRA INTRAMUSCULAR SOLUTION | Tier 1 | | AGE (Min 19 Years and Max 55 Years) |
| MENQUADFI INTRAMUSCULAR SOLUTION | Tier 1 | | AGE (Min 19 Years) |
| MENVEO INTRAMUSCULAR SOLUTION | Tier 1 | | AGE (Min 19 Years and Max 55 Years) |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 1 | | AGE (Min 19 Years and Max 55 Years) |
| PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML | Tier 1 | | |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | Tier 1 | | |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | | AGE (Min 19 Years and Max 26 Years) |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | Tier 1 | | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | Tier 1 | | |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | Tier 1 | | |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | Tier 1 | | |
| *Viral Vaccine Combinations*** | | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | Tier 1 | | AGE (Min 19 Years) |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 1 | | AGE (Min 19 Years) |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | Tier 1 | | AGE (Min 19 Years) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|-------------------------------------|
| *Viral Vaccines*** | | | |
| AFLURIA INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML | Tier 1 | | |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 1 | | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | Tier 1 | | AGE (Min 19 Years) |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | Tier 1 | | AGE (Min 19 Years) |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUZONE INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | Tier 1 | | AGE (Min 19 Years and Max 45 Years) |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | | AGE (Min 19 Years and Max 45 Years) |
| HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR | Tier 1 | | AGE (Min 19 Years) |
| HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR | Tier 1 | | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | Tier 1 | | AGE (Min 18 Years) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | Tier 1 | | |
| IPOL INJECTION INJECTABLE | Tier 1 | | AGE (Min 19 Years) |
| IXIARO INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | Tier 1 | | AGE (Min 18 Years) |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML | Tier 1 | | |
| NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML | | Tier 1 | |
| PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML | Tier 1 | | |
| PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML | | Tier 1 | |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML | Tier 1 | | AGE (Min 18 Years) |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | Tier 1 | | AGE (Min 19 Years) |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | Tier 1 | | AGE (Min 19 Years) |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | Tier 1 | | |
| VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR | Tier 1 | | |
| VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR | Tier 1 | | AGE (Min 19 Years) |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML | Tier 1 | | AGE (Min 19 Years) |
| YF-VAX SUBCUTANEOUS INJECTABLE | Tier 1 | | |
| *Vaginal And Related Products* | | | |
| *Imidazole-Related Antifungals*** | | | |
| 3 DAY VAGINAL VAGINAL CREAM 2 % | | Tier 1 | |
| CLOTRIMAZOLE 3 VAGINAL CREAM 2 % | | Tier 1 | |
| CLOTRIMAZOLE VAGINAL CREAM 1 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CLOTRIMAZOLE-7 VAGINAL CREAM 1 % | | Tier 1 | |
| CVS CLOTRIMAZOLE 3 VAGINAL CREAM 2 % | | Tier 1 | |
| CVS MICONAZOLE 3 COMBO PACK VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| CVS MICONAZOLE 3 COMBO-SUPP VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| CVS MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| EQ MICONAZOLE 3-DAY COMBO VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| EQ MICONAZOLE 7 DAY TREATMENT VAGINAL CREAM 2 % | | Tier 1 | |
| EQ MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| EQL MICONAZOLE 3 VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| EQL MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| FT CLOTRIMAZOLE 3 VAGINAL CREAM 2 % | | Tier 1 | |
| FT CLOTRIMAZOLE VAGINAL CREAM 1 % | | Tier 1 | |
| FT MICONAZOLE 3 COMB PACK-SUPP VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| FT MICONAZOLE 3 COMBO PACK VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| FT MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| GNP CLOTRIMAZOLE 3 VAGINAL CREAM 2 % | | Tier 1 | |
| GNP MICONAZOLE 3 VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| GNP MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| MICONAZOLE 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| MICONAZOLE 3 COMBO-SUPP VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG | | Tier 1 | |
| MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG | | Tier 1 | |
| MICONAZOLE NITRATE VAGINAL CREAM 2 % | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MONISTAT 3 COMBINATION PACK VAGINAL KIT (RA MICONAZOLE 3 COMBO PACK) 200 & 2 MG-% (9GM) | Tier 1 | Tier 1 | |
| MONISTAT 3 COMBO PACK APP VAGINAL KIT (MICONAZOLE 3 COMBO PACK) 200 & 2 MG-% (9GM) | Tier 1 | Tier 1 | |
| MONISTAT 3 VAGINAL CREAM (QC 3 DAY) 4 % | Tier 1 | Tier 1 | |
| MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) | Tier 1 | | |
| MONISTAT 7 SIMPLY CURE VAGINAL CREAM (MICONAZOLE 7) 2 % | Tier 1 | Tier 1 | |
| PX MICONAZOLE 3-DAY COMBO VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| QC CLOTRIMAZOLE VAGINAL CREAM 1 % | | Tier 1 | |
| QC MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| RA CLOTRIMAZOLE 7 VAGINAL CREAM 1 % | | Tier 1 | |
| RA MICONAZOLE 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| RA MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| SM 3-DAY VAGINAL VAGINAL CREAM 2 % | | Tier 1 | |
| SM CLOTRIMAZOLE VAGINAL VAGINAL CREAM 1 % | | Tier 1 | |
| SM MICONAZOLE 3 APPLICATOR VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| SM MICONAZOLE 3 VAGINAL KIT 200 & 2 MG-% (9GM) | | Tier 1 | |
| SM MICONAZOLE 7 VAGINAL CREAM 2 % | | Tier 1 | |
| SM MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG | | Tier 1 | |
| VAGISTAT-3 VAGINAL KIT (RA MICONAZOLE 3 COMBO PACK) 200 & 2 MG-% (9GM) | Tier 1 | Tier 1 | |
| *Spermicides*** | | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG | Tier 1 | | |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % | Tier 1 | | |
| TODAY SPONGE VAGINAL 1000 MG | Tier 1 | | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % | Tier 1 | | |
| *Vaginal Anti-Infectives*** | | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | Tier 1 | | |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 % | | Tier 1 | |
| VANADAZOLE VAGINAL GEL (METRONIDAZOLE) 0.75 % | Tier 1 | Tier 1 | |
| *Vaginal Contraceptive Ph Modulator - Combinations*** | | | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | Tier 1 | | |
| *Vaginal Corticosteroids*** | | | |
| CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % | Tier 1 | | |
| MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM 1 % | Tier 1 | | |
| *Vaginal Estrogens*** | | | |
| ESTRADIOL VAGINAL CREAM 0.1 MG/GM | | Tier 1 | |
| ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR | Tier 1 | | PA |
| YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG | Tier 1 | Tier 1 | |
| *Vasopressors* | | | |
| *Anaphylaxis Therapy Agents*** | | | |
| EPINEPHRINE (ANAPHYLAXIS) INJECTION SOLUTION 1 MG/ML, 30 MG/30ML | | Tier 1 | |
| EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML | | Tier 1 | |
| *Vasopressors*** | | | |
| EPINEPHRINE INJECTION SOLUTION 1 MG/ML, 10 MG/10ML | | Tier 1 | |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML | | Tier 1 | |
| MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 1 | |
| *Vitamins* | | | |
| *Biotin*** | | | |
| BIOTIN BEAUTY EXTRA STRENGTH ORAL TABLET DISPERSIBLE 5000 MCG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| BIOTIN ORAL TABLET DISPERSIBLE 5 MG | | Tier 1 | |
| *Vitamin B-1*** | | | |
| B1 ORAL TABLET 100 MG | | Tier 1 | |
| B-1 ORAL TABLET 100 MG | | Tier 1 | |
| CVS B-1 ORAL TABLET 100 MG | | Tier 1 | |
| FT VITAMIN B-1 ORAL TABLET 100 MG | | Tier 1 | |
| GNP VITAMIN B-1 ORAL TABLET 100 MG | | Tier 1 | |
| QC VITAMIN B1 ORAL TABLET 100 MG | | Tier 1 | |
| RA VITAMIN B-1 ORAL TABLET 100 MG | | Tier 1 | |
| SM VITAMIN B1 ORAL TABLET 100 MG | | Tier 1 | |
| THIAMINE HCL ORAL TABLET 100 MG | | Tier 1 | |
| THIAMINE MONONITRATE ORAL TABLET 100 MG | | Tier 1 | |
| TRUE VITAMIN B1 ORAL TABLET 100 MG | | Tier 1 | |
| VITAMIN B1 ORAL TABLET 100 MG | | Tier 1 | |
| VITAMIN B-1 ORAL TABLET 100 MG | | Tier 1 | |
| *Vitamin B-2*** | | | |
| B-2 ORAL TABLET 100 MG, 50 MG | | Tier 1 | |
| B-2-400 ORAL CAPSULE 400 MG | Tier 1 | | |
| CVS VITAMIN B-2 ORAL TABLET 100 MG | | Tier 1 | |
| RIBOFLAVIN ORAL TABLET 400 MG | | Tier 1 | |
| TRUE VITAMIN B2 ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | |
| VITAMIN B-2 ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | |
| *Vitamin B-3*** | | | |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE (NIACIN ER) 750 MG | Tier 1 | Tier 1 | |
| KP NIACIN ORAL TABLET 500 MG | | Tier 1 | |
| NIACIN ER ORAL TABLET EXTENDED RELEASE 1000 MG | | Tier 1 | |
| NIACIN ORAL TABLET 100 MG, 50 MG, 500 MG | | Tier 1 | |
| NIAVASC 750 ORAL TABLET EXTENDED RELEASE (NIACIN ER) 750 MG | Tier 1 | Tier 1 | |
| PLAIN NIACIN ORAL TABLET 500 MG | | Tier 1 | |
| PX NIACIN ORAL TABLET 100 MG | | Tier 1 | |
| RA NIACIN ORAL TABLET 100 MG, 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| RA NO FLUSH NIACIN ORAL TABLET 500 MG | | Tier 1 | |
| SLO-NIACIN ORAL TABLET EXTENDED RELEASE (NIACIN ER) 750 MG | Tier 1 | Tier 1 | |
| TRUE VITAMIN B3 ORAL TABLET 100 MG, 50 MG, 500 MG | | Tier 1 | |
| *Vitamin B-6*** | | | |
| B6 NATURAL ORAL TABLET 100 MG | | Tier 1 | |
| B-6 ORAL TABLET 100 MG, 250 MG, 50 MG | | Tier 1 | |
| CVS B6 ORAL TABLET 100 MG | | Tier 1 | |
| EQL B-6 ORAL TABLET 100 MG | | Tier 1 | |
| FT VITAMIN B-6 ORAL TABLET 100 MG | | Tier 1 | |
| GNP VITAMIN B-6 ORAL TABLET 100 MG | | Tier 1 | |
| KP VITAMIN B-6 ORAL TABLET 100 MG | | Tier 1 | |
| PYRIDOXINE HCL ORAL TABLET 25 MG, 50 MG | | Tier 1 | |
| QC VITAMIN B6 ORAL TABLET 100 MG | | Tier 1 | |
| RA VITAMIN B-6 ORAL TABLET 100 MG, 50 MG | | Tier 1 | |
| SM VITAMIN B6 ORAL TABLET 100 MG | | Tier 1 | |
| SM VITAMIN B-6 ORAL TABLET 100 MG | | Tier 1 | |
| TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | |
| VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 1 | |
| VITAMIN B6 ORAL TABLET 100 MG, 250 MG, 50 MG | | Tier 1 | |
| YL VITAMIN B-6 ORAL TABLET 100 MG | | Tier 1 | |
| *Vitamin C*** | | | |
| C 500/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| C-500 ORAL TABLET 500 MG | | Tier 1 | |
| C-500/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| CVS VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| CVS VITAMIN C-ROSE HIPS ORAL TABLET 500 MG, 500-10 MG | | Tier 1 | |
| EASY-C IMMUNE HEALTH ORAL TABLET (ASCORBIC ACID) 500 MG | Tier 1 | Tier 1 | |
| EQL VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| EQL VITAMIN C/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| FT VITAMIN C/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| GNP VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| GNP VITAMIN C W/ROSE HIPS ORAL TABLET 500-37 MG | | Tier 1 | |
| MEIJER C ORAL TABLET 500 MG | | Tier 1 | |
| NATURAL C/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| PX VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| QC VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| QC VITAMIN C WITH ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| RA VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| RA VITAMIN C/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| SB VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| SM VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| SM VITAMIN C/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| TRUE VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| VITAMIN C/BIOFLAVONOIDS/ROSEHP ORAL TABLET 500 MG | | Tier 1 | |
| VITAMIN C/ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| VITAMIN C-ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| YL VITAMIN C ORAL TABLET 500 MG | | Tier 1 | |
| YL VITAMIN C-ROSE HIPS ORAL TABLET 500 MG | | Tier 1 | |
| *Vitamin D*** | | | |
| AQUEOUS VITAMIN D ORAL LIQUID 10 MCG/ML | | Tier 1 | Extended DS (90 Days) |
| BABY DDROPS ORAL LIQUID (BABY SUPER DAILY D3) 10 MCG /0.028ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| BABY DDROPS ORAL LIQUID 10 MCG/0.03ML | Tier 1 | | Extended DS (90 Days) |
| BABY VITAMIN D3 ORAL LIQUID 10 MCG /0.028ML | | Tier 1 | Extended DS (90 Days) |
| BPROTECTED PEDIA D-VITE ORAL LIQUID (VITAMIN D3) 10 MCG/ML | Tier 1 | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CALCIDOL ORAL SOLUTION (ERGOCALCIFEROL) 200 MCG/ML | Tier 1 | Tier 1 | |
| CVS D3 ORAL CAPSULE 10 MCG (400 UNIT), 125 MCG (5000 UT), 2000 UNIT, 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| CVS VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D 1000 ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D 5000 ORAL CAPSULE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| D-1000 EXTRA STRENGTH ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D-1000 ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D2000 ULTRA STRENGTH ORAL CAPSULE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 2000 ORAL CAPSULE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 5000 ORAL CAPSULE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 ADULT ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 EXTRA STRENGTH ORAL CAPSULE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 HIGH POTENCY ORAL CAPSULE 125 MCG (5000 UT), 25 MCG, 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 HIGH POTENCY ORAL TABLET 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| D3 KIDS ORAL TABLET CHEWABLE 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| D3 MAXIMUM STRENGTH ORAL CAPSULE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 ORAL TABLET 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 ORAL TABLET CHEWABLE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3 SUPER STRENGTH ORAL CAPSULE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3-1000 ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3-1000 ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| D3-50 ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| D-400 ORAL TABLET 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| DECARA ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| DELTA D3 ORAL TABLET 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 125 MCG (5000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| D-VI-SOL ORAL LIQUID (VITAMIN D3) 10 MCG/ML | Tier 1 | Tier 1 | Extended DS (90 Days) |
| D-VITE PEDIATRIC ORAL LIQUID 10 MCG/ML | | Tier 1 | Extended DS (90 Days) |
| EQL VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| EQL VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT) | | Tier 1 | |
| FINEST NUTRITION VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| FT VITAMIN D3 ORAL CAPSULE 25 MCG, 50 MCG | | Tier 1 | Extended DS (90 Days) |
| FT VITAMIN D3 ORAL TABLET 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT), 50 MCG | | Tier 1 | Extended DS (90 Days) |
| FT VITAMIN D3 RAPID RELEASE ORAL CAPSULE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP D 1000 ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP D 2000 ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP D3 ORAL CAPSULE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP VITAMIN D MAXIMUM STRENGTH ORAL TABLET 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP VITAMIN D ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP VITAMIN D ORAL TABLET CHEWABLE 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| GNP VITAMIN D SUPER STRENGTH ORAL TABLET 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| GNP VITAMIN D3 EXTRA STRENGTH ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| GNP VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| GNP VITAMIN D-400 ORAL TABLET 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| HM VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| KIDS FIRST VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| KLS D3 ORAL CAPSULE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| KP VITAMIN D ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| KP VITAMIN D ORAL TABLET CHEWABLE 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| KP VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| NAT-RUL VITAMIN D ORAL TABLET 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| NATURAL VITAMIN D-3 ORAL TABLET 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| OPTIMAL D3 ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| OPURITY VITAMIN D ORAL TABLET CHEWABLE (VITAMIN D3) 125 MCG (5000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| PHARMACIST CHOICE D-VITAMIN ORAL LIQUID 400 UNIT/ML | | Tier 1 | Extended DS (90 Days) |
| PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (VITAMIN D3) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| QC VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| QC VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| RA VITAMIN D-3 ORAL CAPSULE 125 MCG (5000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| RA VITAMIN D-3 ORAL TABLET 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| RADIANCE PLATINUM VITAMIN D3 ORAL TABLET (D-5000) 125 MCG (5000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| SM VITAMIN D ORAL TABLET 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SM VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 50 MCG, 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| SM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT), 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| SV VITAMIN D3 ORAL CAPSULE 25 MCG, 50 MCG | | Tier 1 | Extended DS (90 Days) |
| SV VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG | | Tier 1 | Extended DS (90 Days) |
| THERA-D 2000 ORAL TABLET (VITAMIN D) 50 MCG (2000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| THERA-D RAPID REPLETION ORAL TABLET (VITAMIN D) 50 MCG (2000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT), 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG, 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITACHEW VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAJOY DAILY D GUMMIES ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| VITAMIN D (CHOLECALCIFEROL) ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D (CHOLECALCIFEROL) ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D (CHOLECALCIFEROL) ORAL TABLET CHEWABLE 10 MCG (400 UNIT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D (ERGOALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50 MCG (2000 UT), 50000 UNIT | | Tier 1 | |
| VITAMIN D HIGH POTENCY ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D INFANT ORAL LIQUID 10 MCG/ML | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D ORAL CAPSULE 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D ORAL LIQUID 10 MCG/ML | | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| VITAMIN D ORAL TABLET 25 MCG (1000 UT), 400 UNIT | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D-1000 MAX ST ORAL TABLET (VITAMIN D3) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 ADULT GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 EXTRA STRENGTH ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 GUMMIES ADULT ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 MAXIMUM STRENGTH ORAL CAPSULE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 1000 UNIT, 125 MCG (5000 UT), 50 MCG, 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D-3 ORAL CAPSULE 25 MCG (1000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG, 250 MCG (10000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D-3 ORAL TABLET 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 ORAL TABLET CHEWABLE 10 MCG (400 UNIT), 25 MCG (1000 UT), 50 MCG (2000 UT) | | Tier 1 | Extended DS (90 Days) |
| VITAMIN D3 ORAL TABLET DISPERSIBLE 125 MCG (5000 UT) | | Tier 1 | Extended DS (90 Days) |
| WEEKLY-D ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| YUMVS VITAMIN D3 ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D3) 62.5 MCG (2500 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |
| YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT) | Tier 1 | Tier 1 | Extended DS (90 Days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|---------------------------|
| *Vitamin E*** | | | |
| E-200 ORAL CAPSULE 200 UNIT | | Tier 1 | |
| E-400 ORAL CAPSULE 400 UNIT | | Tier 1 | |
| EQL VITAMIN E ORAL CAPSULE 400 UNIT | | Tier 1 | |
| GNP VITAMIN E ORAL CAPSULE 400 UNIT | | Tier 1 | |
| NATURAL VITAMIN E ORAL CAPSULE 100 UNIT, 400 UNIT | | Tier 1 | |
| PX VITAMIN E ORAL CAPSULE 400 UNIT | | Tier 1 | |
| VITAMIN E BLEND ORAL CAPSULE 400 UNIT | | Tier 1 | |
| VITAMIN E ORAL CAPSULE 100 UNIT, 200 UNIT, 400 UNIT | | Tier 1 | |
| *Vitamin K*** | | | |
| K1-1000 ORAL CAPSULE 1 MG | Tier 1 | | |
| PHYTONADIONE ORAL TABLET 5 MG | | Tier 1 | ST; QL (4 EA per 30 days) |

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