Samaritan Health Plans

2026 Formulary
List of Covered Drugs

Samaritan Large Group Plans

Note to existing members: This formulary may have changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Samaritan Large Group. When it refers to “plan” or “our plan,” it means Samaritan Large Group. You must generally use network pharmacies to use your prescription drug benefit.

If you have any questions, please call Customer Service at **541-768-4550**, toll free **800-832-4580** (TTY 800-735-2900), Monday through Friday, from 8 a.m. to 8 p.m.

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2026.

Samaritan Health Plans

Important information about your plan

This document provides highlights of your pharmacy benefits.

To find out how a drug is covered under your plan, you can view the entire formulary and pharmacy information available online at **samhealthplans.org/members/employer-group-members** or call our Customer Service Department.

You have a broad access to our network pharmacies. A list of participating network pharmacies is also online at **samhealthplans.org/members/employer-group-members**.

Using your prescription drug benefit

Your prescription drug benefit requires that you fill your prescription at a network or participating pharmacy. Always present your current member identification card at a network or participating pharmacy. You may purchase up to a 90-day supply of certain maintenance drugs at either a retail pharmacy or a mail order pharmacy.

Using your prescription drug formulary

The formulary or drug list is a list of brand and generic prescription medications approved by the Food and Drug Administration (FDA). The drug list is developed by physicians and pharmacists through a Pharmacy and Therapeutics Committee. It is designed to offer drug treatment options for covered medical conditions.

The formulary can help you and your provider find covered options that are safe and effective and less costly to help minimize your out of pocket expense.

Some prescription drugs require a prior authorization or approval to determine the medical necessity of that specific drug and to determine whether the drugs we have on formulary will work just as well as the medication you and your provider are requesting.

Prescriptions by mail

You are able to order your maintenance medications using a participating or network mail order pharmacy. Our online pharmacy directory can help you find a mail order pharmacy in our network. A list of participating network pharmacies is online at **samhealthplans.org/members/employer-group-members.** If you have any questions, please call Customer Service at the number on the cover page of the document.

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Out of network or non-participating pharmacies

Sometimes due to certain emergencies or reasons, you may need to use a pharmacy that is not in our network. If this happens, you will need to pay the full price of the medication at the time of purchase.

You can apply for reimbursement using our reimbursement forms available on our website **samhealthplans.org/members/employer-group-members.** Approval of reimbursement requests is always subject to your plan's limitations and exclusions. Members will be reimbursed based on the plan's in-network contracted rate for prescription drugs minus member co-pay or co-insurance.

What is a formulary (drug list)?

A formulary is a list of covered drugs selected by our plan, in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your member materials.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the plan rules in making these changes.

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not notify you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section below entitled "How do I request an exception to the formulary?"

How do I use the formulary (drug list)?

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

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2026.

Medical condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index at the end of the formulary. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are brand-name drugs?

Brand-name drugs are medications approved by the FDA and protected by a drug patent, which prevents other manufactures from making that specific medication for a number of years. It is only the pharmaceutical company that holds that patent that has the exclusive rights to make and sell that drug.

What are generic drugs?

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. It is tested by the FDA to be as safe and effective as brand-name drugs. Generally, generic drugs cost less than brand name drugs.

What are maintenance drugs?

Maintenance drugs are drugs that are usually prescribed to treat conditions that are considered long-term or chronic. Examples of such conditions are diabetes and high blood pressure.

Preventive medications

Preventive medications will pay at $0 not subject to deductible when preventive criteria for medication is met. Medications may be listed on any tier on the formulary document.

Note: If preventive criteria for medication is not met it will pay at the designated formulary tier subject to deductible if applicable.

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2026.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that 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:** For certain drugs, our plan limits the amount of the drug that we will cover during a specific time-frame such as daily or monthly.

- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if 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 equivalent to the strength of the specific opioid medicine your doctor has prescribed.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

Your prescriber can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the formulary?" for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If our plan does not cover your drug, you have two options:

- Your prescriber can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- Your prescriber can ask us to make an exception and cover your drug. See below for information about how to request an exception.

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2026.

How do I request an exception to the formulary?

Your prescriber can ask us to make an exception to our coverage rules by faxing a request to 844-403-1029 or submitting electronically through Surescripts or CoverMyMeds. There are several types of exceptions that they can ask us to make.

- They can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- They can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- They can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, they can ask us to waive the limit and cover a greater amount.

Generally, we will only approve the request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

We will make a coverage determination within 48 hours of receipt for standard requests and expedited requests unless additional information is required.

Insulin Products

Copays for all formulary insulins will be capped at either $75 per month OR your copay/coinsurance payment, whichever is less. Please note that this does not apply to insulins that are not on our formulary, which are approved for use through an exception process.

For more information

For more detailed information about your prescription drug coverage, please review your member materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2026.

Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., AMOXIL) and generic drugs are lower-case (e.g. amoxicillin).

The information in the “Notes” column tells you if our plan has any special requirements for coverage of your drug.

List of abbreviations

EA: Each.

PA: Prior authorization. Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that 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.

PV: Preventive Medications.

QL: Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. This may be in addition to a standard one-month or three-month supply.

ST: Step therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if 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.

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.

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Long-acting opioid limits:

- PA required.
- Maximum of 89.99 MME.

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Drug Name	Brand Tier	Generic Tier	Formulary Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
Adhd Agent - Selective Alpha Adrenergic Agonists**			
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG		Tier 2	QL (4 EA per 1 day)
GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG		Tier 2	QL (2 EA per 1 day)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**			
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
Amphetamine Mixtures**			
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 2	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 2	
AMPHET-DEXTROAMPHET 3-BEAD ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 2	QL (1 EA per 1 day)
Amphetamines**			
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 2	QL (1 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL		Tier 2	QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL		Tier 2	QL (1 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG		Tier 2	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		Tier 2	ST; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LISDEXAMFETAMINE DIMESYLATE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	ST; QL (1 EA per 1 day)
Anti-Obesity - Glp-1 Receptor Agonists**			
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; QL (0.072 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; QL (0.072 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; QL (0.072 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	Tier 4		PA; QL (0.11 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	Tier 4		PA; QL (0.11 ML per 1 day)
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**			
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 5		PA; QL (1 EA per 1 day)
Histamine H3-Receptor Antagonist/Inverse Agonists**			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5		PA; QL (2 EA per 1 day)
Stimulants - Misc.**			
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 2	Tier 2	QL (1 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 2	Tier 2	QL (1 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 2	Tier 2	QL (2 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 2	Tier 2	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 2	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 20 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 2	
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
METHYLPHENIDATE HCL ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG		Tier 2	
METHYLPHENIDATE TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR		Tier 3	QL (30 EA per 30 days)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 2	QL (30 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 4		PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 5		PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 5		PA
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 5		PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 5		PA
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier 5		PA
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 5		PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 5		PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 5		PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier 5		PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier 5		PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 5		PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 5		PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 5		PA
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 5		PA
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 5		PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 5		PA
Aminoglycosides			
Aminoglycosides**			
NEOMYCIN SULFATE ORAL TABLET 500 MG		Tier 2	
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/5ML		Tier 3	PA; QL (280 ML per 56 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Analgesics - Anti-Inflammatory			
Antirheumatic - Janus Kinase (Jak) Inhibitors**			
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5		PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 5		PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5		PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5		PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 5		PA
Anti-Tnf-Alpha - Monoclonal Antibodies**			
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	Tier 5		PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Tier 5		PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	Tier 5		PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Tier 5		PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) **40 MG/0.4ML, 40 MG/0.8ML**	Tier 5	Tier 5	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (ADALIMUMAB-ADBM (2 SYRINGE)) **10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML**	Tier 5	Tier 5	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) **40 MG/0.8ML**	Tier 5	Tier 5	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) **40 MG/0.8ML**	Tier 5	Tier 5	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 5		PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 5		PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5		PA
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ADALIMUMAB-ADAZ) **40 MG/0.4ML, 80 MG/0.8ML**	Tier 5	Tier 5	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ADALIMUMAB-ADAZ) **10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML**	Tier 5	Tier 5	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ADALIMUMAB-ADAZ) **80 MG/0.8ML**	Tier 5	Tier 5	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	Tier 5		PA
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 5		PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 5		PA
Cyclooxygenase 2 (Cox-2) Inhibitors**			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Interleukin-6 Receptor Inhibitors**			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5		PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 5		PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5		PA; QL (0.13 ML per 1 day)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA; QL (0.13 ML per 1 day)
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 2	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 2	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 2	
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 2	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 2	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 2	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 2	
IBU ORAL TABLET (IBUPROFEN) **400 MG, 600 MG, 800 MG**	Tier 2	Tier 2	
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 2	
INDOMETHACIN ORAL CAPSULE 25 MG, 50 MG		Tier 2	
KETOPROFEN ORAL CAPSULE 50 MG		Tier 2	
KETOROLAC TROMETHAMINE +RFID INJECTION SOLUTION 30 MG/ML		Tier 2	
KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML, 30 MG/ML		Tier 2	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		Tier 2	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 2	
NAPROXEN DR ORAL TABLET DELAYED RELEASE 500 MG		Tier 3	
NAPROXEN ORAL SUSPENSION 125 MG/5ML		Tier 4	
NAPROXEN ORAL TABLET 250 MG, 375 MG, 500 MG		Tier 2	
NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 3	
NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG		Tier 2	
OXAPROZIN ORAL TABLET 600 MG		Tier 2	
PIROXICAM ORAL CAPSULE 10 MG, 20 MG		Tier 2	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 2	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		Tier 4	
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET 30 MG	Tier 5		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 5		PA
Pyrimidine Synthesis Inhibitors**			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 2	
Selective Costimulation Modulators**			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 5		PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5		PA
Soluble Tumor Necrosis Factor Receptor Agents**			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5		PA
Analgesics - Nonnarcotic			
Analgesics-Sedatives**			
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) **50-325-40 MG**	Tier 2	Tier 2	QL (20 EA per 30 days)
BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 2	QL (20 EA per 30 days)
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 2	QL (20 EA per 30 days)
TENCON ORAL TABLET (BUTALBITAL-ACETAMINOPHEN) **50-325 MG**	Tier 3	Tier 2	QL (20 EA per 30 days)
Salicylates**			
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BAYER LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV
CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
DIFLUNISAL ORAL TABLET 500 MG		Tier 2	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
FT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
FT ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) **81 MG**	Tier 1	Tier 1	PV
Analgesics - Opioid			
Codeine Combinations**			
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML, 300-30 MG/12.5ML		Tier 2	QL (136 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL		Tier 2	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL		Tier 2	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL		Tier 2	QL (10 EA per 1 day)
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG		Tier 2	QL (20 EA per 30 days)
BUTALBITAL-ASA-CAFF-CODEINE ORAL CAPSULE 50-325-40-30 MG		Tier 2	QL (20 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Dihydrocodeine Combinations**			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 2	QL (12 EA per 1 day)
Hydrocodone Combinations**			
HYDROCODONE-ACETAMINOPHEN SOLUTION 10-300 MG/15ML ORAL		Tier 2	QL (73.5 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 10-325 MG/15ML ORAL		Tier 2	QL (73.5 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 2.5-325 MG ORAL		Tier 2	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL		Tier 2	QL (6 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL		Tier 2	QL (6 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL		Tier 2	QL (6 EA per 1 day)
Opioid Agonists**			
CODEINE SULFATE ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 2	QL (6 EA per 1 day)
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/2ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 2	PA; QL (0.34 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 2	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 2	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML, 0.25 MG/0.5ML		Tier 2	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 2	QL (12.25 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML		Tier 2	
HYDROMORPHONE HCL TABLET 2 MG ORAL		Tier 2	QL (6 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL		Tier 2	QL (3 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL		Tier 2	QL (1 EA per 1 day)
MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML		Tier 2	QL (49 ML per 1 day)
MEPERIDINE HCL ORAL TABLET 50 MG		Tier 2	QL (9 EA per 1 day)
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	PA
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML		Tier 2	QL (2.4 ML per 1 day)
MORPHINE SULFATE ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG		Tier 2	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 2	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 2	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INTRAVENOUS SOLUTION 2 MG/ML, 50 MG/ML		Tier 2	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL		Tier 2	QL (24.5 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL		Tier 2	QL (12.25 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL		Tier 2	QL (3 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL		Tier 2	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 4		PA; QL (2 EA per 1 day)
NUCYNTA TABLET 100 MG ORAL	Tier 3		QL (1 EA per 1 day)
NUCYNTA TABLET 50 MG ORAL	Tier 3		QL (2 EA per 1 day)
NUCYNTA TABLET 75 MG ORAL	Tier 3		QL (1 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 2	QL (6 EA per 1 day)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 2	QL (1.6 ML per 1 day)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 2	QL (32.6 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL		Tier 2	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL		Tier 2	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL		Tier 2	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL		Tier 2	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL		Tier 2	QL (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 3		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 2	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL		Tier 2	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL		Tier 2	QL (3 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL (OXYCODONE HCL)	Tier 3	Tier 4	QL (2 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL (OXYCODONE HCL)	Tier 3	Tier 4	QL (1 EA per 1 day)
TRAMADOL HCL TABLET 100 MG ORAL		Tier 2	QL (4 EA per 1 day)
TRAMADOL HCL TABLET 25 MG ORAL		Tier 4	
TRAMADOL HCL TABLET 50 MG ORAL		Tier 2	QL (8 EA per 1 day)
TRAMADOL HCL TABLET 75 MG ORAL		Tier 4	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 4		PA; QL (4 EA per 1 day)
Opioid Combinations**			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 2	Tier 2	QL (3 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 2	Tier 2	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 2	Tier 2	QL (6 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 2	Tier 2	QL (4 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML		Tier 3	QL (32.6 ML per 1 day)
Opioid Partial Agonists**			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 4		PA; QL (2 EA per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	Tier 5		QL (0.046 ML per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	Tier 5		QL (0.069 ML per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	Tier 5		QL (0.092 ML per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	Tier 5		QL (0.023 ML per 1 day)
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	Tier 5		QL (0.013 ML per 1 day)
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	Tier 5		QL (0.007 ML per 1 day)
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	Tier 5		QL (0.01 ML per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL		Tier 2	QL (3 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL		Tier 2	QL (4 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL		Tier 2	QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL		Tier 2	QL (90 EA per 23 days)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL		Tier 2	QL (90 EA per 30 days)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL		Tier 2	QL (4 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL		Tier 4	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL		Tier 4	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 2	PA; QL (0.15 EA per 1 day)
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 2	QL (2.5 ML per 1 day)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 2	QL (5 EA per 1 day)
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	Tier 5		QL (0.018 ML per 1 day)
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	Tier 5		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 4		QL (3 EA per 1 day)
Tramadol Combinations**			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 2	QL (8 EA per 1 day)
Androgens-Anabolic			
Androgens**			
DANAZOL ORAL CAPSULE 200 MG		Tier 2	
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 2	
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 2	
TESTOSTERONE GEL 1.62 % TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL		Tier 2	ST

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TESTOSTERONE GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL		Tier 3	ST
TESTOSTERONE GEL 20.25 MG/ACT (1.62%) TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 25 MG/2.5GM (1%) TRANSDERMAL		Tier 2	PA; ST
TESTOSTERONE GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 50 MG/5GM (1%) TRANSDERMAL		Tier 2	ST
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 2	ST
Anorectal And Related Products			
Intrarectal Steroids**			
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 2	
Nitrate Vasodilating Agents**			
NITROGLYCERIN RECTAL OINTMENT 0.4 %		Tier 3	QL (30 GM per 365 days)
Rectal Anesthetic/Steroids**			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 2	
Rectal Steroids**			
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) **2.5 %**	Tier 2	Tier 2	
Anthelmintics			
Anthelmintics**			
BILTRICIDE ORAL TABLET (PRAZIQUANTEL) **600 MG**	Tier 3	Tier 2	
IVERMECTIN ORAL TABLET 3 MG		Tier 2	PA
Antianginal Agents			
Antianginals-Other**			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 2	PA
Nitrates**			
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ISOSORBIDE MONONITRATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 60 MG		Tier 2	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		Tier 2	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		Tier 2	
NITROGLYCERIN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 2	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 2	
Antianxiety Agents			
Antianxiety Agents - Misc.**			
BUSPIRONE HCL ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG, 7.5 MG		Tier 2	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	
HYDROXYZINE HCL SYRUP 10 MG/5ML ORAL		Tier 2	
HYDROXYZINE HCL SYRUP 10 MG/5ML ORAL		Tier 3	
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
MEPROBAMATE ORAL TABLET 400 MG		Tier 2	
Benzodiazepines**			
ALPRAZOLAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 2	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2		
ALPRAZOLAM ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	
ALPRAZOLAM XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 2	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG, 25 MG, 5 MG		Tier 2	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG, 3.75 MG, 7.5 MG		Tier 2	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) **2 MG/ML**	Tier 2	Tier 2	
LORAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG		Tier 2	
Antiarrhythmics			
Antiarrhythmics Type I-A**			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG		Tier 2	
QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG		Tier 2	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 2	
Antiarrhythmics Type I-B**			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG		Tier 2	
Antiarrhythmics Type I-C**			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 2	
PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG		Tier 2	
Antiarrhythmics Type Iii**			
AMIODARONE HCL ORAL TABLET 100 MG, 200 MG, 400 MG		Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 4		
Antiasthmatic And Bronchodilator Agents			
Adrenergic Combinations**			
ADVAIR HFA INHALATION AEROSOL (FLUTICASONE-SALMETEROL) **115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT**	Tier 2	Tier 3	QL (0.4 GM per 1 day)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (UMECLIDINIUM-VILANTEROL) **62.5-25 MCG/ACT**	Tier 3	Tier 3	QL (1 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 3		QL (2 EA per 1 day)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2		QL (10.2 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 3		ST; QL (0.36 GM per 1 day)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		Tier 1	PV; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 3		QL (0.14 GM per 1 day)
DULERA AEROSOL 100-5 MCG/ACT INHALATION	Tier 3		QL (1 GM per 30 days)
DULERA AEROSOL 200-5 MCG/ACT INHALATION	Tier 3		QL (1 GM per 30 days)
DULERA AEROSOL 50-5 MCG/ACT INHALATION	Tier 3		QL (0.47 GM per 1 day)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT		Tier 3	
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 3		QL (0.14 GM per 1 day)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 3		QL (0.35 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3		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	PV; QL (1 EA per 30 days)
Anti-Ige Monoclonal Antibodies**			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Beta Adrenergics**			
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION		Tier 1	PV
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION		Tier 1	PV; QL (0.447 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION		Tier 1	PV; QL (0.567 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION		Tier 1	PV; QL (1.2 GM per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		Tier 2	QL (6 EA per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION		Tier 2	QL (6 EA per 1 day)
FORMOTEROL FUMARATE INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		Tier 3	QL (4 ML per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 3		QL (0.067 EA per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3		QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3		QL (0.14 GM per 1 day)
TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG		Tier 2	
XOPENEX HFA INHALATION AEROSOL (LEVALBUTEROL TARTRATE) **45 MCG/ACT**	Tier 3	Tier 2	QL (2 GM per 30 days)
Bronchodilators - Anticholinergics**			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (2 GM per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3		QL (1 EA per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3		QL (3 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 3		QL (0.134 GM per 1 day)
TIOTROPIUM BROMIDE INHALATION CAPSULE 18 MCG		Tier 2	QL (30 EA per 30 days)
Leukotriene Receptor Antagonists**			
MONTELUKAST SODIUM ORAL PACKET 4 MG		Tier 2	
MONTELUKAST SODIUM ORAL TABLET 10 MG		Tier 2	
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		Tier 2	
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
ROFLUMILAST ORAL TABLET 250 MCG, 500 MCG		Tier 2	PA
Steroid Inhalants**			
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2		QL (0.067 EA per 1 day)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2		QL (0.067 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2		QL (0.067 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2		QL (0.067 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2		QL (0.867 GM per 1 day)
BUDESONIDE SUSPENSION 0.25 MG/2ML INHALATION		Tier 2	QL (8 ML per 1 day)
BUDESONIDE SUSPENSION 0.5 MG/2ML INHALATION		Tier 2	QL (4 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BUDESONIDE SUSPENSION 1 MG/2ML INHALATION		Tier 2	QL (2 ML per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT		Tier 4	QL (4 EA per 1 day)
FLUTICASONE PROPIONATE HFA AEROSOL 110 MCG/ACT INHALATION		Tier 4	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA AEROSOL 220 MCG/ACT INHALATION		Tier 4	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION		Tier 4	QL (0.707 GM per 1 day)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 4		QL (1 EA per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2		QL (0.71 GM per 1 day)
Xanthines**			
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG, 450 MG		Tier 2	
Anticoagulants			
Coumarin Anticoagulants**			
WARFARIN SODIUM ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		Tier 1	PV
Direct Factor Xa Inhibitors**			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 3		QL (3 EA per 1 day)
ELIQUIS TABLET 2.5 MG ORAL	Tier 3		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL	Tier 3		QL (3 EA per 1 day)
RIVAROXABAN ORAL SUSPENSION RECONSTITUTED 1 MG/ML		Tier 2	
RIVAROXABAN ORAL TABLET 2.5 MG		Tier 2	QL (2 EA per 1 day)
XARELTO TABLET 10 MG ORAL	Tier 3		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL	Tier 3		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL	Tier 3		QL (1 EA per 1 day)
Low Molecular Weight Heparins**			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 2	QL (35 ML per 180 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 2	QL (35 ML per 180 days)
Thrombin Inhibitors - Selective Direct & Reversible**			
DABIGATRAN ETEXILATE MESYLATE ORAL CAPSULE 110 MG, 150 MG, 75 MG		Tier 2	
Anticonvulsants			
Ampa Glutamate Receptor Antagonists**			
PERAMPANEL ORAL SUSPENSION 0.5 MG/ML		Tier 2	
Anticonvulsants - Benzodiazepines**			
CLOBAZAM ORAL SUSPENSION 2.5 MG/ML		Tier 2	PA
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 2	PA
CLONAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
CLONAZEPAM ORAL TABLET DISPERSIBLE 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 2	
Anticonvulsants - Misc.**			
CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 2	ST
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 2	
CARBAMAZEPINE ORAL TABLET 200 MG		Tier 2	
CARBAMAZEPINE SUSPENSION 100 MG/5ML ORAL		Tier 2	
CARBAMAZEPINE SUSPENSION 200 MG/10ML ORAL		Tier 3	
CARBAMAZEPINE TABLET CHEWABLE 100 MG ORAL		Tier 2	
CARBAMAZEPINE TABLET CHEWABLE 200 MG ORAL		Tier 3	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 2	
LACOSAMIDE ORAL SOLUTION 10 MG/ML, 100 MG/10ML, 50 MG/5ML		Tier 2	PA
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 2	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 2	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML, 500 MG/5ML		Tier 2	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 2	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 2	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 2	
PREGABALIN CAPSULE 100 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL		Tier 2	QL (2 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL		Tier 2	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 2	QL (30 ML per 1 day)
PRIMIDONE TABLET 125 MG ORAL		Tier 4	
PRIMIDONE TABLET 250 MG ORAL		Tier 2	
PRIMIDONE TABLET 50 MG ORAL		Tier 2	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) **500 MG**	Tier 2	Tier 2	
SUBVENITE ORAL TABLET (LAMOTRIGINE) **100 MG, 150 MG, 200 MG, 25 MG**	Tier 2	Tier 2	
SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) **35 X 25 MG**	Tier 2	Tier 2	
SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) **84 X 25 MG & 14X100 MG**	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) **42 X 25 MG & 7 X 100 MG**	Tier 2	Tier 2	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG, 50 MG		Tier 2	
TOPIRAMATE ORAL SOLUTION 25 MG/ML		Tier 2	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
Gaba Modulators**			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 2	
Hydantoins**			
DILANTIN ORAL CAPSULE 30 MG	Tier 3		
PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) **200 MG, 300 MG**	Tier 2	Tier 2	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) **50 MG**	Tier 2	Tier 2	
PHENYTOIN ORAL SUSPENSION 125 MG/5ML		Tier 2	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG		Tier 2	
Succinimides**			
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 2	
Valproic Acid**			
DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG		Tier 2	
DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG		Tier 2	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 2	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML, 500 MG/5ML		Tier 2	
VALPROIC ACID ORAL CAPSULE 250 MG		Tier 2	
VALPROIC ACID SOLUTION 250 MG/5ML ORAL		Tier 2	
VALPROIC ACID SOLUTION 250 MG/5ML ORAL		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VALPROIC ACID SOLUTION 500 MG/10ML ORAL		Tier 3	
Antidepressants			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG, 7.5 MG		Tier 2	
MIRTAZAPINE ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG		Tier 2	
Antidepressants - Misc.**			
BUPROPION HCL ER (SR) ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG		Tier 2	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG		Tier 2	
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 2	
Gaba Receptor Modulator - Neuroactive Steroid**			
ZURZUVAE CAPSULE 20 MG ORAL	Tier 5		PA; QL (28 EA per 365 days)
ZURZUVAE CAPSULE 25 MG ORAL	Tier 5		PA; QL (28 EA per 365 days)
ZURZUVAE CAPSULE 30 MG ORAL	Tier 5		PA; QL (14 EA per 365 days)
Monoamine Oxidase Inhibitors (Maois)**			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 5		
TRANYLCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 2	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	
CITALOPRAM HYDROBROMIDE SOLUTION 10 MG/5ML ORAL		Tier 2	
CITALOPRAM HYDROBROMIDE SOLUTION 20 MG/10ML ORAL		Tier 3	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
ESCITALOPRAM OXALATE SOLUTION 10 MG/10ML ORAL		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ESCITALOPRAM OXALATE SOLUTION 5 MG/5ML ORAL		Tier 2	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		Tier 2	
FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE 90 MG		Tier 2	
FLUOXETINE HCL ORAL SOLUTION 20 MG/5ML		Tier 2	
FLUOXETINE HCL ORAL TABLET 10 MG, 20 MG		Tier 2	
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		Tier 2	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG		Tier 2	
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 2	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
Serotonin Modulators**			
TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 300 MG, 50 MG		Tier 2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3		ST
VILAZODONE HCL ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	ST
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG		Tier 2	
VENLAFAXINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG		Tier 2	
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL		Tier 3	
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225 MG ORAL		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL		Tier 3	
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL		Tier 3	
VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 2	
Tricyclic Agents**			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 2	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 2	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG		Tier 2	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		Tier 2	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 2	
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
Biguanides**			
METFORMIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 1	PV
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		Tier 1	PV
Diabetic Other**			
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 3		QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 3		QL (2 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG		Tier 1	PV; QL (2 EA per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG		Tier 4	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3		ST
SAXAGLIPTIN HCL ORAL TABLET 2.5 MG, 5 MG		Tier 2	ST
TRADJENTA ORAL TABLET 5 MG	Tier 4		ST
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG		Tier 4	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 4		ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 4		ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4		ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 4		ST
SAXAGLIPTIN-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG		Tier 2	ST
Human Insulin**			
ADMELOG INJECTION SOLUTION (INSULIN LISPRO) **100 UNIT/ML**	Tier 1	Tier 1	PV
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) **100 UNIT/ML**	Tier 1	Tier 1	PV
APIDRA INJECTION SOLUTION 100 UNIT/ML	Tier 1		PV
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		PV
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		PV
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 1		PV
HUMALOG INJECTION SOLUTION (INSULIN LISPRO) **100 UNIT/ML**	Tier 1	Tier 1	PV
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO JUNIOR KWIKPEN) **100 UNIT/ML**	Tier 1	Tier 1	PV
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) **100 UNIT/ML**	Tier 1	Tier 1	PV
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 1		PV
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 1		PV
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN LISPRO PROT & LISPRO) **(75-25) 100 UNIT/ML**	Tier 1	Tier 1	PV
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 1		PV
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1		PV
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		PV
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		PV
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 1		PV
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		PV
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1		PV
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 4		
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		Tier 3	PA
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		PV
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		PV
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		PV
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		PV
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		PV
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		PV
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		PV
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		PV
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1		PV
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 1		PV
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN ASP PROT & ASP FLEXPEN) **(70-30) 100 UNIT/ML**	Tier 1	Tier 1	PV
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN ASPART FLEXPEN) **100 UNIT/ML**	Tier 1	Tier 1	PV
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (INSULIN ASPART PROT & ASPART) **(70-30) 100 UNIT/ML**	Tier 1	Tier 1	PV
NOVOLOG RELION INJECTION SOLUTION (INSULIN ASPART) **100 UNIT/ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE MAX SOLOSTAR) **300 UNIT/ML**	Tier 4	Tier 2	ST
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE SOLOSTAR) **300 UNIT/ML**	Tier 4	Tier 2	ST
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 3		PA; QL (0.072 ML per 1 day)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML, 5 MCG/0.02ML		Tier 3	PA; QL (1 ML per 30 days)
LIRAGLUTIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		Tier 2	PA; QL (3 ML per 30 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3		PA; QL (0.11 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 3		PA; QL (0.11 ML per 1 day)
RYBELSUS TABLET 14 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
RYBELSUS TABLET 3 MG ORAL	Tier 3		PA; QL (60 EA per 365 days)
RYBELSUS TABLET 7 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
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 3		PA; QL (0.08 ML per 1 day)
Meglitinide Analogues**			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 2	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Tier 3		ST

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3		ST
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**			
FARXIGA ORAL TABLET (DAPAGLIFLOZIN PROPANEDIOL) **10 MG, 5 MG**	Tier 3	Tier 3	ST; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3		ST; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3		ST; QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**			
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 3		ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 3		ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR (DAPAGLIFLOZIN PRO-METFORMIN ER) **10-1000 MG, 5-1000 MG**	Tier 3	Tier 3	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG	Tier 3		ST
Sulfonylurea-Biguanide Combinations**			
GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
Sulfonylureas**			
GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 2	
GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		Tier 1	PV
GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG		Tier 1	PV
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Thiazolidinedione-Biguanide Combinations**			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 2	
Thiazolidinediones**			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 2	
Antidiarrheal/Probiotic Agents			
Antiperistaltic Agents**			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML		Tier 2	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG		Tier 2	
Antidotes And Specific Antagonists			
Antidotes - Chelating Agents**			
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 5	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5		
Opioid Antagonists**			
FT NALOXONE HCL NASAL LIQUID 4 MG/0.1ML		Tier 2	QL (4 EA per 180 days)
GNP NALOXONE HCL NASAL LIQUID 4 MG/0.1ML		Tier 2	QL (4 EA per 180 days)
NALOXONE HCL INJECTION SOLUTION 0.4 MG/ML, 4 MG/10ML		Tier 2	
NALOXONE HCL INJECTION SOLUTION CARTRIDGE 0.4 MG/ML		Tier 2	
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.4 MG/ML, 2 MG/2ML		Tier 2	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 2	
NARCAN NASAL LIQUID (NALOXONE HCL) **4 MG/0.1ML**	Tier 2	Tier 2	QL (4 EA per 180 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5		QL (0.04 EA per 1 day)
Antiemetics			
5-Ht3 Receptor Antagonists**			
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 2	QL (600 ML per 30 days)
ONDANSETRON HCL TABLET 4 MG ORAL		Tier 2	QL (180 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ONDANSETRON HCL TABLET 8 MG ORAL		Tier 2	QL (90 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 16 MG ORAL		Tier 2	
ONDANSETRON TABLET DISPERSIBLE 4 MG ORAL		Tier 2	QL (180 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 8 MG ORAL		Tier 2	QL (90 EA per 30 days)
Antiemetic Combinations**			
DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG		Tier 3	
Antiemetics - Anticholinergic**			
MECLIZINE HCL ORAL TABLET 50 MG		Tier 2	
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 2	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		Tier 2	
Antiemetics - Miscellaneous**			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 2	PA
Antifungals			
Antifungals**			
GRISEOFULVIN MICROSIZE ORAL SUSPENSION 125 MG/5ML		Tier 2	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 125 MG, 250 MG		Tier 2	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 2	
TERBINAFINE HCL ORAL TABLET 250 MG		Tier 2	QL (90 EA per 365 days)
Imidazoles**			
KETOCONAZOLE ORAL TABLET 200 MG		Tier 2	
Triazoles**			
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		Tier 2	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 2	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 2	
ITRACONAZOLE ORAL SOLUTION 10 MG/ML		Tier 2	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 2	
Antihistamines			
Antihistamines - Phenothiazines**			
PROMETHAZINE HCL ORAL SOLUTION 12.5 MG/10ML, 6.25 MG/5ML		Tier 2	
PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG, 25 MG		Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3		
Antihistamines - Piperidines**			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 2	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 2	
Antihyperlipidemics			
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**			
NEXLIZET ORAL TABLET 180-10 MG	Tier 4		PA
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**			
NEXLETOL ORAL TABLET 180 MG	Tier 4		PA
Antihyperlipidemics - Misc.**			
ICOSAPENT ETHYL ORAL CAPSULE 0.5 GM		Tier 2	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 2	
Bile Acid Sequestrants**			
CHOLESTYRAMINE LIGHT ORAL PACKET 4 GM		Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GM/DOSE		Tier 2	
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 2	
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 2	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 2	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 2	
Fibric Acid Derivatives**			
FENOFIBRATE MICRONIZED ORAL CAPSULE 134 MG, 200 MG, 43 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 2	
GEMFIBROZIL ORAL TABLET 600 MG		Tier 2	
Hmg Coa Reductase Inhibitors**			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	PV
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	PV
PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 2	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	
SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG		Tier 1	PV
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 2	
Intestinal Cholesterol Absorption Inhibitors**			
EZETIMIBE ORAL TABLET 10 MG		Tier 2	
Nicotinic Acid Derivatives**			
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 2	
Pcsk9 Inhibitors**			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 5		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 5		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Small Interfering Rna (Sirna) Pcsk9 Inhibitors**			
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA
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 2	
Ace Inhibitors & Thiazide/Thiazide-Like**			
BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG		Tier 2	
FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG		Tier 2	
LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 1	PV
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 2	
Ace Inhibitors**			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	
CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 2	
ENALAPRIL MALEATE ORAL SOLUTION 1 MG/ML		Tier 3	
ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	
FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	
LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		Tier 1	PV
MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG		Tier 2	
QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	
RAMIPRIL ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG		Tier 4	
IRBESARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		Tier 2	
LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		Tier 2	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		Tier 2	
VALSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG		Tier 2	
Angiotensin Ii Receptor Antagonists**			
CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 2	
IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG		Tier 2	
LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG		Tier 2	
VALSARTAN ORAL SOLUTION 4 MG/ML		Tier 4	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 2	
Antiadrenergics - Centrally Acting**			
CLONIDINE HCL ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG		Tier 2	
CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR		Tier 3	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		Tier 2	
METHYLDOPA ORAL TABLET 250 MG, 500 MG		Tier 2	
Antiadrenergics - Peripherally Acting**			
DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG		Tier 2	
PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 2	
Beta Blocker & Diuretic Combinations**			
ATENOLOL-CHLORTHALIDONE ORAL TABLET 100-25 MG, 50-25 MG		Tier 2	
BISOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG		Tier 2	
METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG		Tier 2	
Vasodilators**			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 2	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		Tier 2	
TRIMETHOPRIM ORAL TABLET 100 MG		Tier 2	
XIFAXAN ORAL TABLET 550 MG	Tier 4		PA
Anti-Infective Misc. - Combinations**			
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL SUSPENSION 800-160 MG/20ML		Tier 2	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		Tier 2	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) **200-40 MG/5ML**	Tier 2	Tier 2	
Carbapenems**			
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		Tier 2	
Glycopeptides**			
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/300ML-%		Tier 2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.75 GM, 2 GM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 2	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML		Tier 2	
Lincosamides**			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG		Tier 2	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 2	
Oxazolidinones**			
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 2	PA
LINEZOLID ORAL TABLET 600 MG		Tier 2	PA
Urinary Anti-Infectives**			
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 2	
Antimalarials			
Antimalarial Combinations**			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 2	
Antimalarials**			
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 2	
Antimyasthenic/Cholinergic Agents			
Antimyasthenic/Cholinergic Agents**			
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 2	
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 4	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 2	
Antimycobacterial Agents			
Antimycobacterial Agents**			
ETHAMBUTOL HCL ORAL TABLET 400 MG		Tier 2	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 2	
ISONIAZID ORAL TABLET 100 MG, 300 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRETOMANID ORAL TABLET 200 MG		Tier 5	PA; QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3		PA
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 2	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5		PA
Antineoplastics And Adjunctive Therapies			
Alkylating Agents**			
MYLERAN ORAL TABLET 2 MG	Tier 5		PA
Androgen Biosynthesis Inhibitors**			
ABIRATERONE ACETATE ORAL TABLET 500 MG		Tier 2	PA
ABIRTEGA ORAL TABLET (ABIRATERONE ACETATE) **250 MG**	Tier 2	Tier 2	PA
Antiadrenals**			
LYSODREN ORAL TABLET 500 MG	Tier 3		PA
Antiandrogens**			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 4	PA
EULEXIN ORAL CAPSULE 125 MG	Tier 5		PA
NILUTAMIDE ORAL TABLET 150 MG		Tier 5	PA
NUBEQA ORAL TABLET 300 MG	Tier 5		PA; QL (4 EA per 1 day)
Antiestrogens**			
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	PV
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 5	PA
Antimetabolites**			
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED 100 MG		Tier 2	
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 2	
MERCAPTOPURINE ORAL TABLET 50 MG		Tier 2	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 2	
TABLOID ORAL TABLET 40 MG	Tier 5		PA
Antineoplastic - Akt Inhibitors**			
TRUQAP ORAL TABLET 200 MG	Tier 5		PA; QL (64 EA per 28 days)
Antineoplastic - Alk Inhibitors**			
ALECENSA ORAL CAPSULE 150 MG	Tier 5		PA; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 5		PA; QL (30 EA per 180 days)
ALUNBRIG TABLET 180 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
ALUNBRIG TABLET 30 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
ALUNBRIG TABLET 90 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
LORBRENA TABLET 100 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
LORBRENA TABLET 25 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
XALKORI CAPSULE 200 MG ORAL	Tier 5		PA; QL (5 EA per 1 day)
XALKORI CAPSULE 250 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA; QL (3 EA per 1 day)
Antineoplastic - Anti-Her2 Agents**			
HERNEXEOS ORAL TABLET 60 MG	Tier 5		PA; QL (3 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5		PA; QL (4 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
BOSULIF CAPSULE 100 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
BOSULIF CAPSULE 50 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
BOSULIF TABLET 100 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
BOSULIF TABLET 400 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
BOSULIF TABLET 500 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5		PA; QL (1 EA per 1 day)
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 2	
NILOTINIB HCL ORAL CAPSULE 150 MG, 200 MG, 50 MG		Tier 5	PA; QL (4 EA per 1 day)
PHYRAGO ORAL TABLET (DASATINIB) **100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG**	Tier 5	Tier 5	PA
SCEMBLIX TABLET 20 MG ORAL	Tier 5		PA; QL (20 EA per 1 day)
SCEMBLIX TABLET 40 MG ORAL	Tier 5		PA; QL (10 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antineoplastic - Braf Kinase Inhibitors**			
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5		PA; QL (6 EA per 1 day)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 5		PA; QL (3.5 ML per 1 day)
OJEMDA TABLET 100 MG ORAL	Tier 5		PA; QL (0.58 EA per 1 day)
OJEMDA TABLET 100 MG ORAL	Tier 5		PA; QL (0.72 EA per 1 day)
OJEMDA TABLET 100 MG ORAL	Tier 5		PA; QL (0.86 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5		PA; QL (4 EA per 1 day)
Antineoplastic - Btk Inhibitors**			
BRUKINSA ORAL CAPSULE 80 MG	Tier 5		PA; QL (4 EA per 1 day)
BRUKINSA ORAL TABLET 160 MG	Tier 5		PA; QL (2 EA per 1 day)
CALQUENCE ORAL TABLET 100 MG	Tier 5		PA; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5		PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5		PA; QL (8 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5		PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5		PA; QL (2 EA per 1 day)
Antineoplastic - Csf1r Kinase Inhibitors**			
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5		PA; QL (8 EA per 28 days)
Antineoplastic - Egfr Inhibitors**			
ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG		Tier 2	
GEFITINIB ORAL TABLET 250 MG		Tier 3	PA
LAZCLUZE TABLET 240 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
LAZCLUZE TABLET 80 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5		PA; QL (1 EA per 1 day)
Antineoplastic - Fgfr Kinase Inhibitors**			
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5		PA; QL (3 EA per 1 day)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5		PA; QL (4 EA per 1 day)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5		PA; QL (5 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5		PA; QL (1 EA per 1 day)
Antineoplastic - Gamma Secretase Inhibitors**			
OGSIVEO ORAL TABLET 50 MG	Tier 5		PA; QL (6 EA per 1 day)
Antineoplastic - Hif-2-Alpha Inhibitors**			
WELIREG ORAL TABLET 40 MG	Tier 5		PA
Antineoplastic - Histone Deacetylase Inhibitors**			
ZOLINZA ORAL CAPSULE 100 MG	Tier 5		PA
Antineoplastic - Hormonal And Related Agent Combinations**			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5		PA; QL (2 EA per 1 day)
Antineoplastic - Kras Inhibitors**			
KRAZATI ORAL TABLET 200 MG	Tier 5		PA; QL (6 EA per 1 day)
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5		PA; QL (8 EA per 1 day)
Antineoplastic - Mek Inhibitors**			
COTELLIC ORAL TABLET 20 MG	Tier 5		PA; QL (3 EA per 1 day)
MEKINIST TABLET 0.5 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
MEKINIST TABLET 2 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
MEKTOVI ORAL TABLET 15 MG	Tier 5		PA; QL (6 EA per 1 day)
Antineoplastic - Met Inhibitors**			
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5		PA; QL (4 EA per 1 day)
TEPMETKO ORAL TABLET 225 MG	Tier 5		PA; 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 5	Tier 5	PA
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5		PA; QL (1 EA per 1 day)
FOTIVDA ORAL CAPSULE 1.34 MG	Tier 5		PA; QL (0.75 EA per 1 day)
LAPATINIB DITOSYLATE ORAL TABLET 250 MG		Tier 5	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PAZOPANIB HCL TABLET 200 MG ORAL		Tier 5	PA; QL (4 EA per 1 day)
PAZOPANIB HCL TABLET 400 MG ORAL		Tier 2	
RYDAPT ORAL CAPSULE 25 MG	Tier 5		PA; QL (8 EA per 1 day)
SORAFENIB TOSYLATE ORAL TABLET 200 MG		Tier 5	PA; QL (4 EA per 1 day)
SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 5	
TURALIO ORAL CAPSULE 125 MG	Tier 5		PA; QL (4 EA per 1 day)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5		PA; QL (2 EA per 1 day)
Antineoplastic - Protease Activators**			
MODEYSO ORAL CAPSULE 125 MG	Tier 5		PA; QL (0.72 EA per 1 day)
Antineoplastic - Proteasome Inhibitors**			
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG		Tier 2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		PA; QL (4 EA per 28 days)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**			
AUGTYRO ORAL CAPSULE 40 MG	Tier 5		PA; QL (8 EA per 1 day)
IBTROZI ORAL CAPSULE 200 MG	Tier 5		PA; QL (3 EA per 1 day)
ROZLYTREK CAPSULE 100 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
ROZLYTREK CAPSULE 200 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
ROZLYTREK ORAL PACKET 50 MG	Tier 5		PA; QL (2 EA per 1 day)
Antineoplastic Antibiotics**			
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 2	
Antineoplastic Combinations**			
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 5		PA; QL (66 EA per 28 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5		PA
Antineoplastic Enzymes**			
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antineoplastics Misc.**			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 5		PA
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 2	
MATULANE ORAL CAPSULE 50 MG	Tier 5		PA
Aromatase Inhibitors**			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	PV
EXEMESTANE ORAL TABLET 25 MG		Tier 1	PV
LETROZOLE ORAL TABLET 2.5 MG		Tier 2	
Chemotherapy Adjuncts - Keratinocyte Growth Factors**			
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	Tier 3		
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5		PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5		PA; QL (21 EA per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5		PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5		PA; QL (2 EA per 1 day)
Folic Acid Antagonists Rescue Agents**			
LEUCOVORIN CALCIUM INJECTION SOLUTION 500 MG/50ML		Tier 2	
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG		Tier 2	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG		Tier 2	
Imidazotetrazines**			
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 5	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**			
VORANIGO TABLET 10 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
VORANIGO TABLET 40 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5		PA; QL (2 EA per 1 day)
TIBSOVO ORAL TABLET 250 MG	Tier 5		PA; QL (2 EA per 1 day)
Janus Associated Kinase (Jak) Inhibitors**			
VONJO ORAL CAPSULE 100 MG	Tier 5		PA; QL (4 EA per 1 day)
Lhrh Analogs**			
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 84 days)
ELIGARD KIT 30 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 112 days)
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 168 days)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 28 days)
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5		
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 5		PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 5		PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 5		PA; QL (1 EA per 168 days)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Tier 5		PA; QL (1 EA per 84 days)
VABRINTY KIT 22.5 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 84 days)
VABRINTY KIT 30 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 112 days)
VABRINTY KIT 45 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 168 days)
Mitotic Inhibitors**			
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 5	PA
Nitrogen Mustards And Related Analogues**			
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		Tier 2	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LEUKERAN ORAL TABLET 2 MG	Tier 5		PA
Nitrosoureas**			
LOMUSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		Tier 5	PA
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
ITOVEBI TABLET 3 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
ITOVEBI TABLET 9 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5		PA; QL (1 EA per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5		PA; QL (2 EA per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5		PA; QL (2 EA per 1 day)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA TABLET 100 MG ORAL	Tier 5		PA; QL (6 EA per 1 day)
LYNPARZA TABLET 150 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5		PA; QL (1 EA per 1 day)
Progestins-Antineoplastic**			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML		Tier 2	
MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG		Tier 2	
Retinoids**			
TRETINOIN ORAL CAPSULE 10 MG		Tier 2	
Selective Estrogen Receptor Degraders**			
ORSERDU TABLET 345 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
ORSERDU TABLET 86 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
Selective Retinoid X Receptor Agonists**			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 2	
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		PA
Urinary Tract Protective Agents**			
MESNA ORAL TABLET 400 MG		Tier 5	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
FRUZAQLA CAPSULE 1 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
FRUZAQLA CAPSULE 5 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA
Antiparkinson And Related Therapy Agents			
Antiparkinson Anticholinergics**			
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG, 5 MG		Tier 2	
Antiparkinson Dopaminergics**			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 2	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 2	
AMANTADINE HCL ORAL TABLET 100 MG		Tier 2	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 2	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antiparkinson Monoamine Oxidase Inhibitors**			
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 2	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 2	
Levodopa Combinations**			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 2	
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 2	
CARBIDOPA-LEVODOPA-ENTACAPONE ORAL TABLET 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG		Tier 2	
Nonergoline Dopamine Receptor Agonists**			
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 3		
PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG		Tier 2	
ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG		Tier 2	
Peripheral Comt Inhibitors**			
ENTACAPONE ORAL TABLET 200 MG		Tier 2	
Antipsychotics/Antimanic Agents			
Antimanic Agents**			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		Tier 2	
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		Tier 2	
Antipsychotics - Misc.**			
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5		ST
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Benzisoxazoles**			
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 5		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 5		PA; QL (2 ML per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 5		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5		
RISPERIDONE ORAL SOLUTION 1 MG/ML		Tier 2	
RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 2	
RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 2	
Butyrophenones**			
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 2	
HALOPERIDOL ORAL TABLET 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG		Tier 2	
Dibenzodiazepines**			
CLOZAPINE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
Dibenzothiazepines**			
QUETIAPINE FUMARATE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG		Tier 2	
Dibenzoxazepines**			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG		Tier 2	
Dihydroindolones**			
MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG		Tier 2	
Muscarinic Agent - Combinations**			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 5		PA; QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 5		PA; QL (2 EA per 1 day)
Phenothiazines**			
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML		Tier 2	
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
FLUPHENAZINE HCL ORAL TABLET 2.5 MG, 5 MG		Tier 2	
PERPHENAZINE ORAL TABLET 2 MG, 4 MG, 8 MG		Tier 2	
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG, 5 MG		Tier 2	
PROCHLORPERAZINE RECTAL SUPPOSITORY 25 MG		Tier 2	
THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG		Tier 2	
Quinolinone Derivatives**			
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML		Tier 2	
ARIPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5		PA; QL (1 EA per 1 day)
Thienbenzodiazepines**			
OLANZAPINE INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG		Tier 2	
OLANZAPINE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG		Tier 2	
OLANZAPINE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	
Thioxanthenes**			
THIOTHIXENE ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 2	
Antivirals			
Antiretroviral Combinations**			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 2	
BIKTARVY TABLET 30-120-15 MG ORAL	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BIKTARVY TABLET 50-200-25 MG ORAL	Tier 5		QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Tier 5		QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5		QL (1 EA per 1 day)
DESCOVY TABLET 120-15 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
DESCOVY TABLET 200-25 MG ORAL	Tier 5		QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Tier 5		QL (1 EA per 1 day)
EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG		Tier 5	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG, 600-300-300 MG		Tier 5	
EMTRICITABINE-TENOFOVIR DF ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 1	PV
EMTRICITAB-RILPIVIR-TENOFOV DF ORAL TABLET 200-25-300 MG		Tier 5	
EVOTAZ ORAL TABLET 300-150 MG	Tier 5		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5		QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Tier 5		
KALETRA ORAL SOLUTION 400-100 MG/5ML	Tier 5		
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 2	
LOPINAVIR-RITONAVIR ORAL TABLET 100-25 MG, 200-50 MG		Tier 5	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5		
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5		QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5		
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		Tier 5	QL (10 EA per 1 day)
Antiretrovirals - Capsid Inhibitors**			
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 5		PA; QL (1 EA per 180 days)
YEZTUGO ORAL TABLET 300 MG	Tier 5		PA; QL (4 EA per 180 days)
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 5		PA; QL (3 ML per 180 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
MARAVIROC ORAL TABLET 150 MG, 300 MG		Tier 5	
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5		
Antiretrovirals - Gp120-Directed Attachment Inhibitor**			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 5		QL (2 EA per 1 day)
Antiretrovirals - Integrase Inhibitors**			
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 5		
ISENTRESS HD ORAL TABLET 600 MG	Tier 5		QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	Tier 5		
ISENTRESS ORAL TABLET 400 MG	Tier 5		
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 5		
TIVICAY ORAL TABLET 50 MG	Tier 5		
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 5		QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 5		QL (1 EA per 1 day)
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE 250 MG	Tier 5		
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 2	
DARUNAVIR ORAL TABLET 600 MG, 800 MG		Tier 5	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 5	
NORVIR ORAL PACKET 100 MG	Tier 5		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5		
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 5		
REYATAZ ORAL PACKET 50 MG	Tier 5		
RITONAVIR ORAL TABLET 100 MG		Tier 5	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
EDURANT ORAL TABLET 25 MG	Tier 5		
EFAVIRENZ ORAL TABLET 600 MG		Tier 2	
ETRAVIRINE ORAL TABLET 100 MG, 200 MG		Tier 5	
INTELENCE ORAL TABLET 25 MG	Tier 5		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG		Tier 2	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 2	
NEVIRAPINE ORAL TABLET 200 MG		Tier 2	
PIFELTRO ORAL TABLET 100 MG	Tier 5		QL (1 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 2	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 2	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 5	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5		
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 2	
LAMIVUDINE SOLUTION 10 MG/ML ORAL		Tier 2	
LAMIVUDINE SOLUTION 300 MG/30ML ORAL		Tier 3	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**			
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 2	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 2	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 2	
Antiretrovirals - Rti-Nucleotide Analogues**			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 5	
VIREAD ORAL POWDER 40 MG/GM	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5		
Antiretrovirals Adjuvants**			
TYBOST ORAL TABLET 150 MG	Tier 3		
Antiviral Combinations**			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 1		PV; QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 1		PV; QL (11 EA per 56 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 1		PV; QL (6 EA per 1 day)
Cmv Agents**			
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 2	
Hepatitis B Agents**			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 2	
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV
LAMIVUDINE ORAL TABLET 100 MG		Tier 2	
Hepatitis C Agent - Combinations**			
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG		Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5		PA
Hepatitis C Agents**			
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 5		
RIBAVIRIN ORAL CAPSULE 200 MG		Tier 2	
Herpes Agents - Purine Analogues**			
ACYCLOVIR ORAL CAPSULE 200 MG		Tier 2	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		Tier 2	
ACYCLOVIR SUSPENSION 200 MG/5ML ORAL		Tier 3	
ACYCLOVIR SUSPENSION 200 MG/5ML ORAL		Tier 2	
ACYCLOVIR SUSPENSION 800 MG/20ML ORAL		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG		Tier 2	
Herpes Agents - Thymidine Analogues**			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 2	
Influenza Agents**			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 2	
Misc. Antivirals**			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 1		PV; QL (8 EA per 1 day)
Neuraminidase Inhibitors**			
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG, 45 MG, 75 MG		Tier 2	
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 2	
Rsv Agents - Nucleoside Analogues**			
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED 6 GM		Tier 5	PA
Beta Blockers			
Alpha-Beta Blockers**			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		Tier 2	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
Beta Blockers Cardio-Selective**			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 2	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 2	
NEBIVOLOL HCL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Beta Blockers Non-Selective**			
NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 2	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 2	
PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML		Tier 2	
PROPRANOLOL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 1	PV
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 2	
SOTALOL HCL ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG		Tier 2	
Calcium Channel Blockers			
Calcium Channel Blockers**			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) **120 MG, 180 MG, 240 MG, 300 MG**	Tier 2	Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 60 MG, 90 MG		Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 2	
DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG		Tier 2	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 2	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
ISRADIPINE ORAL CAPSULE 2.5 MG, 5 MG		Tier 2	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 2	
NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 2	
NIFEDIPINE ORAL CAPSULE 10 MG, 20 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG		Tier 4	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **120 MG, 300 MG, 420 MG**	Tier 2	Tier 2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **180 MG, 240 MG, 360 MG**	Tier 2	Tier 2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG		Tier 2	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 2	
VERAPAMIL HCL ORAL TABLET 120 MG, 40 MG, 80 MG		Tier 2	
Cardiotonics			
Cardiac Glycosides**			
DIGOXIN INJECTION SOLUTION 0.25 MG/ML		Tier 2	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 2	
DIGOXIN ORAL TABLET 125 MCG, 250 MCG		Tier 2	
Cardiovascular Agents - Misc.			
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 4		PA
SACUBITRIL-VALSARTAN ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Tier 2	PA
Prostaglandin Vasodilators**			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5		PA
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 5	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; 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 5		PA; QL (1 EA per 21 days)
Pulmonary Hypertension - Endothelin Receptor Antagonists**			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 5	PA; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 2	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**			
ALYQ ORAL TABLET (TADALAFIL (PAH)) **20 MG**	Tier 2	Tier 2	PA; QL (2 EA per 1 day)
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 2	PA
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 2	PA; QL (3 EA per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 2	
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 2	
CEFADROXIL ORAL TABLET 1 GM		Tier 2	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM, 3 GM		Tier 2	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM		Tier 2	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 3-4 GM/150ML-%		Tier 2	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 3-2 GM-%(50ML)		Tier 2	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG		Tier 2	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CEPHALEXIN ORAL TABLET 250 MG, 500 MG		Tier 2	
Cephalosporins - 2Nd Generation**			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 2	
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 2	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 250 MG/5ML		Tier 2	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 2	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 2	
CEFUROXIME SODIUM INJECTION SOLUTION RECONSTITUTED 750 MG		Tier 2	
Cephalosporins - 3Rd Generation**			
CEFDINIR ORAL CAPSULE 300 MG		Tier 2	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEFIXIME ORAL CAPSULE 400 MG		Tier 2	
CEFIXIME ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 2	
CEFPODOXIME PROXETIL ORAL TABLET 200 MG		Tier 2	
Contraceptives			
Biphasic Contraceptives - Oral**			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 1		PV
PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV

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	PV
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	PV
VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
Combination Contraceptives - Oral**			
AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
BALZIVA ORAL TABLET (BRIELLYN) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 1	Tier 1	PV
CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
DASETTA 1/35 (28) ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG		Tier 1	PV
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
FEIRZA 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 1	Tier 1	PV
GALBRIELA ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.8-25 MG-MCG**	Tier 1	Tier 1	PV
GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
JOYEAUX ORAL TABLET (LEVONORGEST-ETH ESTRADIOL-IRON) **0.1-20 MG-MCG(21)**	Tier 1	Tier 1	PV
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.8-25 MG-MCG**	Tier 1	Tier 1	PV
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-35 MG-MCG**	Tier 1	Tier 1	PV
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
LUIZZA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
LUIZZA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
MARLISSA ORAL TABLET 0.15-30 MG-MCG		Tier 1	PV
MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 1	Tier 1	PV
MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1		PV
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 2		
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 1		PV
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
PHILITH ORAL TABLET (BRIELLYN) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 1		PV
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.03 MG**	Tier 1	Tier 1	PV
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 1		PV
TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 1	Tier 1	PV
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1		PV
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) **3-0.03-0.451 MG**	Tier 1	Tier 1	PV
VALTYA 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-35 MG-MCG**	Tier 1	Tier 1	PV
VALTYA 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-50 MG-MCG**	Tier 1	Tier 1	PV
VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
VYFEMLA ORAL TABLET (BRIELLYN) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
XELRIA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-35 MG-MCG**	Tier 1	Tier 1	PV
ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.03 MG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Combination Contraceptives - Transdermal**			
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 1		PV
XULANE TRANSDERMAL PATCH WEEKLY (NORELGESTROMIN-ETH ESTRADIOL) **150-35 MCG/24HR**	Tier 1	Tier 1	PV
ZAFEMY TRANSDERMAL PATCH WEEKLY (NORELGESTROMIN-ETH ESTRADIOL) **150-35 MCG/24HR**	Tier 1	Tier 1	PV
Combination Contraceptives - Vaginal**			
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 1		PV
ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) **0.12-0.015 MG/24HR**	Tier 1	Tier 1	PV
ENILLORING VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) **0.12-0.015 MG/24HR**	Tier 1	Tier 1	PV
HALOETTE VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) **0.12-0.015 MG/24HR**	Tier 1	Tier 1	PV
Continuous Contraceptives - Oral**			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **90-20 MCG**	Tier 1	Tier 1	PV
DOLISHALE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **90-20 MCG**	Tier 1	Tier 1	PV
Copper Contraceptives - Iud**			
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 1		PV
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 1		PV
Emergency Contraceptives**			
AFTERA ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
AFTERPILL ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ELLA ORAL TABLET 30 MG	Tier 1		PV
HER STYLE ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
MY CHOICE ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
MY WAY ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
NEW DAY ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
OPTION 2 ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
PLAN B ONE-STEP ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
REACT ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
SHEWISE ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
TAKE ACTION ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
Extended-Cycle Contraceptives - Oral**			
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.1-0.02 & 0.01 MG**	Tier 1	Tier 1	PV
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.1-0.02 & 0.01 MG**	Tier 1	Tier 1	PV
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) **42-21-21-7 DAYS**	Tier 1	Tier 1	PV
ROSYRAH ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) **42-21-21-7 DAYS**	Tier 1	Tier 1	PV
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
Four Phase Contraceptives - Oral**			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 1		PV
Progestin Contraceptives - Implants**			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 1		PV
Progestin Contraceptives - Injectable**			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 1		PV
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML		Tier 1	PV
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	PV
Progestin Contraceptives - Iud**			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 1		PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 1		PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Tier 1		PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 1		PV

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) **0.5/0.75/1-35 MG-MCG**	Tier 1	Tier 1	PV
NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) **0.5/0.75/1-35 MG-MCG**	Tier 1	Tier 1	PV
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1		PV
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Corticosteroids			
Glucocorticosteroids**			
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		Tier 2	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		Tier 2	
DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG		Tier 2	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 2	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		Tier 2	
METHYLPREDNISOLONE SODIUM SUCC INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG		Tier 2	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML		Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4		
PREDNISONE ORAL SOLUTION 5 MG/5ML		Tier 2	
PREDNISONE ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		Tier 2	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		Tier 2	
Mineralocorticoids**			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 2	
Cough/Cold/Allergy			
Antitussive - Nonnarcotic**			
BENZONATATE ORAL CAPSULE 100 MG, 200 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antitussive - Opioid**			
HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
HYDROCODONE BIT-HOMATROP MBR ORAL TABLET 5-1.5 MG		Tier 2	QL (6 EA per 1 day)
HYDROMET ORAL SOLUTION 5-1.5 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Antitussive-Expectorant**			
CODITUSSIN AC ORAL LIQUID 200-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
G TUSSIN AC ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML, 200-20 MG/10ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
MAXI-TUSS AC ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Antitussive-Expectorants-Decongestant**			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Decongestant & Antihistamine**			
12 HOUR ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALL DAY ALLERGY D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY REL D12 (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG, 180-240 MG		Tier 2	
ALLERGY RELIEF D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG, 60-120 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY-D 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
CVS ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG, 60-120 MG		Tier 2	
CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
CVS ALLERGY RELIEF-D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQ ALLERGY & CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQ ALLERGY RELIEF D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 2	Tier 2	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR (ALLERGY RELIEF D-24) **10-240 MG**	Tier 2	Tier 2	
EQ ALLERGY RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQL ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
FT ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
FT ALLERGY & CONGESTION-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FT ALLERGY D-12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
FT ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
GNP ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
GNP ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
GNP ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
GNP ALLERGY-D ALLERGY & CONGES ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
GNP FEXOFENADINE/PSE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
GNP LORATADINE-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
GOODSENSE ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) **5-120 MG**	Tier 2	Tier 2	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR (ALLERGY RELIEF D-24) **10-240 MG**	Tier 2	Tier 2	
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 2	Tier 2	
LORATADINE-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
LORATADINE-D 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
MEIJER ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
PROMETHAZINE-PHENYLEPHRINE ORAL SYRUP 6.25-5 MG/5ML		Tier 2	
QC LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SB ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (FEXOFENADINE-PSEUDOEPHED ER) **60-120 MG**	Tier 2	Tier 2	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR (FEXOFENADINE-PSEUDOEPHED ER) **180-240 MG**	Tier 2	Tier 2	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (ALLERGY RELIEF D-24) **10-240 MG**	Tier 2	Tier 2	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) **5-120 MG**	Tier 2	Tier 2	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 2	Tier 2	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 3	Tier 2	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 3	Tier 2	
Decongestant W/ Expectorant**			
CVS MUCUS D EXTENDED RELEASE ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
CVS MUCUS D MAX ST ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200-120 MG		Tier 2	
EQ MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG		Tier 2	
EQ MUCUS-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
FT MUCUS RELIEF D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FT MUCUS RELIEF-D MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG		Tier 2	
FT MUCUS RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
MUCUS D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG		Tier 2	
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG, 60-600 MG		Tier 2	
MUCUS RELIEF D 12HR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG, 60-600 MG		Tier 2	
PSEUDOEPHEDRINE-GUAIFENESIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG, 60-600 MG		Tier 2	
Misc. Respiratory Inhalants**			
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %		Tier 2	
Non-Narc Antitussive-Antihistamine**			
PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML		Tier 2	
Non-Narc Antitussive-Decongestant-Antihistamine**			
PSEUDOEPH-BROMPHEN-DM ORAL SYRUP 30-2-10 MG/5ML		Tier 2	
Opioid Antitussive-Antihistamine**			
PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Opioid Antitussive-Decongestant-Antihistamine**			
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Dermatologicals			
Acne Antibiotics**			
CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) **1 %**	Tier 2	Tier 2	
CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) **1 %**	Tier 2	Tier 2	
CLINDAMYCIN PHOS (TWICE-DAILY) EXTERNAL GEL 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 2	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 2	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 2	
Acne Combinations**			
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 2	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 2	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL LIQUID 10-5 %		Tier 2	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL SUSPENSION 9-4.25 %		Tier 2	
Acne Products**			
ACCUTANE ORAL CAPSULE (ISOTRETINOIN) **10 MG, 20 MG, 30 MG, 40 MG**	Tier 2	Tier 2	
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 2	
ADAPALENE EXTERNAL GEL 0.1 %		Tier 2	
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) **10 MG, 20 MG, 30 MG, 40 MG**	Tier 2	Tier 2	
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) **10 MG, 20 MG, 30 MG, 40 MG**	Tier 2	Tier 2	
TRETINOIN EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %		Tier 2	
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %, 0.05 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %		Tier 4	
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %		Tier 4	
Antibiotics - Topical**			
MUPIROCIN CALCIUM EXTERNAL CREAM 2 %		Tier 3	
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 2	
Antifungals - Topical Combinations**			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 2	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 2	
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 2	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 2	
Antifungals - Topical**			
CICLODAN EXTERNAL SOLUTION (CICLOPIROX) **8 %**	Tier 2	Tier 2	
CICLOPIROX EXTERNAL GEL 0.77 %		Tier 2	
CICLOPIROX EXTERNAL SHAMPOO 1 %		Tier 2	
CICLOPIROX OLAMINE EXTERNAL CREAM 0.77 %		Tier 2	
CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 %		Tier 2	
KLAYESTA EXTERNAL POWDER (NYSTATIN) **100000 UNIT/GM**	Tier 2	Tier 2	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		Tier 2	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 2	
NYSTOP EXTERNAL POWDER (NYSTATIN) **100000 UNIT/GM**	Tier 2	Tier 2	
Antineoplastic Antimetabolites - Topical**			
FLUOROURACIL EXTERNAL CREAM 5 %		Tier 2	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antipsoriatics - Systemic**			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 2	PA
SELARSDI SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS (USTEKINUMAB-AEKN)	Tier 5	Tier 5	PA; QL (0.006 ML per 1 day)
SELARSDI SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS (USTEKINUMAB-AEKN)	Tier 5	Tier 5	PA; QL (0.018 ML per 1 day)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA
STEQEYMA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Tier 5		PA; QL (0.006 ML per 1 day)
STEQEYMA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Tier 5		PA; QL (0.018 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 5		PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 5		PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 5		PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5		PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5		PA
YESINTEK SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Tier 5		PA; QL (0.006 ML per 1 day)
YESINTEK SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Tier 5		PA; QL (0.018 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5		PA; QL (0.006 ML per 1 day)
Antipsoriatics**			
CALCIPOTRIENE EXTERNAL CREAM 0.005 %		Tier 2	
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 2	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 2	
TAZAROTENE CREAM 0.05 % EXTERNAL		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TAZAROTENE CREAM 0.1 % EXTERNAL		Tier 2	PA
TAZAROTENE GEL 0.05 % EXTERNAL		Tier 2	
TAZAROTENE GEL 0.1 % EXTERNAL		Tier 4	
Antiseborrheic Products**			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 2	
SODIUM SULFACETAMIDE EXTERNAL SHAMPOO 9.8 %		Tier 2	
Antivirals - Topical**			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 2	
Atopic Dermatitis - Monoclonal Antibodies**			
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 5		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 5		PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 5		PA; QL (0.15 ML per 1 day)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 5		PA; QL (0.15 ML per 1 day)
Burn Products**			
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) **1 %**	Tier 2	Tier 2	
Corticosteroids - Topical**			
ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 2	
CLOBETASOL PROPIONATE E EXTERNAL CREAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL FOAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 2	
CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) **0.05 %**	Tier 2	Tier 2	
CVS CORTISONE MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
CVS CORTISONE MAXIMUM STRENGTH EXTERNAL OINTMENT 1 %		Tier 2	
EQ HYDROCORTISONE EXTERNAL CREAM 1 %		Tier 2	
EQ HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
EQL ANTI-ITCH INTENSIVE HEAL EXTERNAL CREAM 1 %		Tier 2	
EQL ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
EQL ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 %		Tier 2	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 2	
FLUOCINONIDE EXTERNAL GEL 0.05 %		Tier 2	
FLUOCINONIDE EXTERNAL OINTMENT 0.05 %		Tier 2	
FLUOCINONIDE EXTERNAL SOLUTION 0.05 %		Tier 2	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 2	
FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 %		Tier 2	
FT ITCH RELIEF MAX STRENGTH EXTERNAL CREAM 1 %		Tier 2	
FT ITCH RELIEF MAX STRENGTH EXTERNAL OINTMENT 1 %		Tier 2	
FT ITCH RELIEF/ALOE MAX STR EXTERNAL CREAM 1 %		Tier 2	
GNP HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
GNP HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
GNP HYDROCORTISONE/ALOE EXTERNAL CREAM 1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GOODSENSE ANTI-ITCH MAXIMUM ST EXTERNAL OINTMENT 1 %		Tier 2	
HALCINONIDE EXTERNAL SOLUTION 0.1 %		Tier 2	
HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE EXTERNAL CREAM 2.5 %		Tier 2	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 2	
HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
HYDROCORTISONE MAX ST/12 MOIST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE ULTRA-MOISTURE EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE/ALOE MAX STR EXTERNAL CREAM 1 %		Tier 2	
MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM (HYDROCORTISONE) **1 %**	Tier 2	Tier 2	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 2	
MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 %		Tier 2	
QC ANTI-ITCH ALOE EXTERNAL CREAM 1 %		Tier 2	
QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
SB HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %, 0.1 %, 0.5 %		Tier 2	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 2	
TRIAMCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %, 0.1 %, 0.5 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Emollient/Keratolytic Agents**			
UREA EXTERNAL CREAM 20 %		Tier 2	
Eyelid Cleansers & Lubricants**			
OCUSOFT HYPOCHLOR EXTERNAL SOLUTION	Tier 1		PV
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	Tier 1		PV
THERATEARS STERILID CLEANSER EXTERNAL SOLUTION	Tier 1		PV
ZENOPTIQ EXTERNAL SOLUTION	Tier 1		PV
Imidazole-Related Antifungals - Topical**			
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 2	
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 2	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 2	
OXICONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 4	
Immunomodulators Imidazoquinolinamines - Topical**			
IMIQUIMOD CREAM 3.75 % EXTERNAL		Tier 5	PA
IMIQUIMOD CREAM 5 % EXTERNAL		Tier 2	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %		Tier 5	PA
Local Anesthetics - Topical**			
GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) **2 %**	Tier 2	Tier 2	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 2	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 2	PA
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 2	
Macrolide Immunosuppressants - Topical**			
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 2	PA
Rosacea Agents**			
AZELAIC ACID EXTERNAL GEL 15 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METRONIDAZOLE EXTERNAL CREAM 0.75 %		Tier 2	
METRONIDAZOLE EXTERNAL GEL 0.75 %, 1 %		Tier 2	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 2	
Scabicides & Pediculicides**			
MALATHION EXTERNAL LOTION 0.5 %		Tier 2	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 2	
Topical Anesthetic Combinations**			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 2	
Type Ii 5-Alpha Reductase Inhibitors**			
FINASTERIDE ORAL TABLET 1 MG		Tier 2	QL (1 EA per 1 day)
Diagnostic Products			
Diagnostic Tests**			
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ACCU-CHEK GUIDE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ACCUTREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ADVANCE INTUITION TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
ADVANCE MICRO-DRAW TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ADVANCE MICRO-DRAW TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVOCATE REDI-CODE STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ADVOCATE REDI-CODE STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVOCATE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
AGAMATRIX PRESTO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
AGAMATRIX PRESTO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE 3 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE 3 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE 4 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE 4 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE II CHECK IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
ASSURE II STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE II STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE PLATINUM STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE PLATINUM STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE PRISM MULTI TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE PRISM MULTI TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE PRO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ASSURE PRO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE TITANIUM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
BIOTEL CARE TEST STRIPS IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP		Tier 1	PV
BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CARESENS N GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARESENS S GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CARETOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CONTOUR NEXT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CONTOUR PLUS TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CONTOUR TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP		Tier 1	PV
CVS TRUE METRIX GLUCOSE TEST IN VITRO STRIP		Tier 1	PV
DIASTIX IN VITRO STRIP	Tier 3		
DIASTIX REAGENT IN VITRO STRIP	Tier 3		
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
DUO-CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASY PLUS II GLUCOSE TEST IN VITRO STRIP		Tier 1	PV
EASY STEP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	PV
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASY TOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	PV
EASY TRAK II GLUCOSE TEST IN VITRO STRIP		Tier 1	PV
EASYGLUCO IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
EASYMAX 15 TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
EASYMAX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EASYPRO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ELEMENT COMPACT TEST IN VITRO STRIP		Tier 4	
ELEMENT TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
EQ BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	PV
EQ BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
EVOLUTION AUTOCODE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FONDCIRCLE BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	PV
FORA 6 CONNECT IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FORA GD20 TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FORA TN'G ADVANCE PRO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FORA TN'G/TN'G VOICE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FORACARE GD40 TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FORACARE TEST N GO TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
FREESTYLE INSULINX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FREESTYLE LITE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
FREESTYLE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
GLUCOCARD EXPRESSION TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GLUCOCARD EXPRESSION TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
GLUCOCARD SHINE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
GLUCOCARD VITAL TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GLUCOCARD VITAL TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
GLUCOCARD X-SENSOR STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GLUCOCARD X-SENSOR STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
GLUCOCOM TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GNP EASY TOUCH GLUCOSE TEST STRIP IN VITRO		Tier 1	PV
GNP EASY TOUCH GLUCOSE TEST STRIP IN VITRO		Tier 4	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
IGLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
INFINITY VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 2	Tier 1	
MEIJER TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
MICRODOT TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
MICRODOT TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
MM EASY TOUCH GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
MYGLUCOHEALTH TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
NEUTEK 2TEK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
NEUTEK 2TEK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
NOVA MAX GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
NOVA MAX GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
ONE DROP TEST IN VITRO STRIP		Tier 1	PV
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ONETOUCH ULTRA IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ONETOUCH ULTRA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
ONETOUCH VERIO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OPTIUMEZ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
OPTIUMEZ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
POCKETCHEM EZ TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	Tier 1		PV
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP		Tier 4	
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
PTS PANELS EGLU TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
QUICKTEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RELION CONFIRM/MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RELION PREMIER TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RELION PRIME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RELION ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
TRUETEST TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
TRUETEST TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
TRUETRACK TEST IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
UNISTRIP1 GENERIC IN VITRO STRIP (GE100 BLOOD GLUCOSE TEST)	Tier 4	Tier 4	
VERASENS BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	PV
VERASENS BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	PV
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 3		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 3		PA
Diuretics			
Carbonic Anhydrase Inhibitors**			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 2	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 2	
ACETAZOLAMIDE SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG		Tier 2	
METHAZOLAMIDE ORAL TABLET 50 MG		Tier 2	
Diuretic Combinations**			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		Tier 2	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		Tier 2	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		Tier 2	
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		Tier 2	
Loop Diuretics**			
BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
FUROSEMIDE ORAL SOLUTION 10 MG/ML, 8 MG/ML		Tier 2	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 2	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG		Tier 2	
Potassium Sparing Diuretics**			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 2	
SPIRONOLACTONE ORAL SUSPENSION 25 MG/5ML		Tier 4	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Thiazides And Thiazide-Like Diuretics**			
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG		Tier 2	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		Tier 2	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG		Tier 2	
METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
Endocrine And Metabolic Agents - Misc.			
Bisphosphonates**			
ALENDRONATE SODIUM TABLET 10 MG ORAL		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 35 MG ORAL		Tier 2	QL (8 EA per 28 days)
ALENDRONATE SODIUM TABLET 70 MG ORAL		Tier 2	QL (0.143 EA per 1 day)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 150 MG ORAL		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 35 MG ORAL		Tier 2	QL (4 EA per 28 days)
Calcimimetic Agents**			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 5	
Calcitonins**			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 2	
Carnitine Replenisher - Agents**			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 2	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 2	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Dopamine Receptor Agonists**			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 2	
Gnrh/Lhrh Antagonists**			
ORILISSA TABLET 150 MG ORAL	Tier 4		PA; QL (1 EA per 1 day)
ORILISSA TABLET 200 MG ORAL	Tier 4		PA; QL (2 EA per 1 day)
Growth Hormones**			
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 5		PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 5		PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 5		PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 5		PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 5		PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 5		PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 5		PA
Hyperparathyroid Treatment - Vitamin D Analogs**			
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 2	
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**			
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 5		PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 5		PA; QL (1 EA per 84 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 5		PA; QL (1 EA per 168 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Neurokinin 3 (Nk3) Receptor Antagonists**			
VEOZAH ORAL TABLET 45 MG	Tier 5		PA; QL (1 EA per 1 day)
Selective Estrogen Receptor Modulators (Serms)**			
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	PV
Vasopressin**			
DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %		Tier 2	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 2	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 2	
Estrogens			
Estrogen & Androgen**			
COVARYX HS ORAL TABLET (EST ESTROGENS-METHYLTEST HS) **0.625-1.25 MG**	Tier 3	Tier 2	
COVARYX ORAL TABLET (EST ESTROGENS-METHYLTEST) **1.25-2.5 MG**	Tier 3	Tier 2	
EEMT HS ORAL TABLET (EST ESTROGENS-METHYLTEST HS) **0.625-1.25 MG**	Tier 3	Tier 2	
EEMT ORAL TABLET (EST ESTROGENS-METHYLTEST) **1.25-2.5 MG**	Tier 3	Tier 2	
EST ESTROGENS-METHYLTEST DS ORAL TABLET 1.25-2.5 MG		Tier 2	
ESTRATEST H.S. ORAL TABLET (EST ESTROGENS-METHYLTEST HS) **0.625-1.25 MG**	Tier 3	Tier 2	
Estrogen & Progestin**			
ABIGALE LO ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) **0.5-0.1 MG**	Tier 2	Tier 2	
ABIGALE ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) **1-0.5 MG**	Tier 2	Tier 2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) **0.5-2.5 MG-MCG, 1-5 MG-MCG**	Tier 2	Tier 2	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) **1-5 MG-MCG**	Tier 2	Tier 2	
MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) **1-0.5 MG**	Tier 2	Tier 2	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 3		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3		
Estrogens**			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) **0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR**	Tier 3	Tier 2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 2		
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 2	Tier 2	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
ESTRADIOL TRANSDERMAL GEL 0.75 MG/0.75GM, 0.75 MG/1.25 GM (0.06%), 1.25 MG/1.25GM		Tier 2	
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 2	
ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML		Tier 2	
ESTROGENS CONJUGATED ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Tier 2	
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 2	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Fluoroquinolones			
Fluoroquinolones**			
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	Tier 3		
CIPROFLOXACIN HCL ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 2	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 2	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 2	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 2	
OFLOXACIN ORAL TABLET 400 MG		Tier 2	
Gastrointestinal Agents - Misc.			
5-Ht4 Receptor Agonists**			
PRUCALOPRIDE SUCCINATE ORAL TABLET 1 MG, 2 MG		Tier 2	
Gallstone Solubilizing Agents**			
URSODIOL ORAL CAPSULE 300 MG		Tier 2	
Gastrointestinal Antiallergy Agents**			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 2	
Gastrointestinal Chloride Channel Activators**			
LUBIPROSTONE CAPSULE 24 MCG ORAL		Tier 2	
LUBIPROSTONE CAPSULE 8 MCG ORAL		Tier 2	QL (2 EA per 1 day)
Gastrointestinal Stimulants**			
METOCLOPRAMIDE HCL +RFID INJECTION SOLUTION 5 MG/ML		Tier 2	
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		Tier 2	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		Tier 2	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5		PA; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3		
Inflammatory Bowel Agents**			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 2	
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 2	
MESALAMINE RECTAL ENEMA 4 GM		Tier 2	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 4	
MESALAMINE TABLET DELAYED RELEASE 1.2 GM ORAL		Tier 2	
MESALAMINE TABLET DELAYED RELEASE 800 MG ORAL		Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 2	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 2	
Integrin Receptor Antagonists**			
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 5		PA; QL (0.05 ML per 1 day)
Interleukin Antagonists**			
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5		PA; QL (0.072 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5		PA; QL (0.072 ML per 1 day)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5		PA; QL (104 ML per 180 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 5		PA
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5		PA; QL (104 ML per 180 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 5		PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5		PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5		PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5		PA; QL (104 ML per 180 days)
Intestinal Acidifiers**			
ENULOSE ORAL SOLUTION 10 GM/15ML		Tier 2	
GENERLAC ORAL SOLUTION 10 GM/15ML		Tier 2	
LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML		Tier 2	
Peroxisome Proliferator-Activated Receptor Agonists**			
IQIRVO ORAL TABLET 80 MG	Tier 5		PA; QL (1 EA per 1 day)
LIVDELZI ORAL CAPSULE 10 MG	Tier 5		PA; QL (1 EA per 1 day)
Phosphate Binder Agents**			
CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG		Tier 1	PV
CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG		Tier 1	PV
CALCIUM ACETATE ORAL TABLET 667 MG		Tier 1	PV
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 3	PA
SEVELAMER CARBONATE ORAL PACKET 0.8 GM, 2.4 GM		Tier 5	
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 5	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 2	
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**			
VELSIPITY ORAL TABLET 2 MG	Tier 5		PA; QL (1 EA per 1 day)
Tumor Necrosis Factor Alpha Blockers**			
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5		PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5		PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5		PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Genitourinary Agents - Miscellaneous			
5-Alpha Reductase Inhibitors**			
FINASTERIDE ORAL TABLET 5 MG		Tier 2	
Alpha 1-Adrenoceptor Antagonists**			
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		Tier 2	
Citrates**			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 5 MEQ (540 MG)		Tier 2	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 1.5-1 GM/15ML, 3-2 GM/30ML, 500-334 MG/5ML		Tier 2	
SODIUM CITRATE-CITRIC ACID ORAL SOLUTION 1500-1002 MG/15ML, 3000-2004 MG/30ML		Tier 2	
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**			
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5		PA; QL (1 EA per 1 day)
Interstitial Cystitis Agents**			
ELMIRON ORAL CAPSULE 100 MG	Tier 4		
Urinary Analgesics**			
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG, 200 MG		Tier 2	
Gout Agents			
Gout Agent Combinations**			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 2	
Gout Agents**			
ALLOPURINOL ORAL TABLET 100 MG, 300 MG		Tier 2	
COLCHICINE ORAL TABLET 0.6 MG		Tier 2	
Uricosurics**			
PROBENECID ORAL TABLET 500 MG		Tier 2	
Hematological Agents - Misc.			
Direct-Acting P2y12 Inhibitors**			
TICAGRELOR ORAL TABLET 60 MG, 90 MG		Tier 2	PA; QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Hematorheologic Agents**			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 2	
Phosphodiesterase Iii Inhibitors**			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 2	
Platelet Aggregation Inhibitor Combinations**			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 2	
Platelet Aggregation Inhibitors**			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 2	
Pyruvate Kinase Activators**			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5		PA; 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 5		PA; QL (1 EA per 1 day)
Quinazoline Agents**			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 2	
Thienopyridine Derivatives**			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 2	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
Hematopoietic Agents			
Amino Acids**			
L-GLUTAMINE ORAL PACKET 5 GM		Tier 2	
Cobalamins**			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 2	
Erythropoiesis-Stimulating Agents (Esas)**			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 5		PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 5		PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 5		PA
Folic Acid/Folates**			
FOLIC ACID ORAL TABLET 1 MG		Tier 2	
Granulocyte Colony-Stimulating Factors (G-Csf)**			
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5		PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5		PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5		PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Tier 5		PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Thrombopoietin (Tpo) Receptor Agonists**			
ELTROMBOPAG OLAMINE ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		Tier 5	PA; QL (2 EA per 1 day)
Hemostatics			
Hemostatics - Systemic**			
TRANEXAMIC ACID ORAL TABLET 650 MG		Tier 2	PA
Hypnotics/Sedatives/Sleep Disorder Agents			
Barbiturate Hypnotics**			
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML, 30 MG/7.5ML, 60 MG/15ML		Tier 2	
PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG		Tier 2	
Benzodiazepine Hypnotics**			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 2	
FLURAZEPAM HCL ORAL CAPSULE 15 MG, 30 MG		Tier 2	
MIDAZOLAM HCL (PF) INJECTION SOLUTION 10 MG/2ML, 5 MG/ML		Tier 1	PV
MIDAZOLAM HCL INJECTION SOLUTION 10 MG/2ML, 25 MG/5ML, 5 MG/ML, 50 MG/10ML		Tier 1	PV
TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG		Tier 2	
TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG		Tier 2	
Non-Benzodiazepine - Gaba-Receptor Modulators**			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 2	
ZALEPLON ORAL CAPSULE 10 MG, 5 MG		Tier 2	
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 2	QL (30 EA per 30 days)
Selective Melatonin Receptor Agonists**			
RAMELTEON ORAL TABLET 8 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Laxatives			
Bowel Evacuant Combinations**			
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) **236 GM**	Tier 2	Tier 2	QL (236 ML per 30 days)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) **420 GM**	Tier 2	Tier 2	QL (420 ML per 30 days)
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 2	QL (100 EA per 30 days)
PEG-KCL-NACL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 2	QL (100 EA per 30 days)
Laxatives - Miscellaneous**			
CONSTULOSE ORAL SOLUTION 10 GM/15ML		Tier 2	
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		Tier 2	
Macrolides			
Azithromycin**			
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 2	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		Tier 2	
Clarithromycin**			
CLARITHROMYCIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG		Tier 2	
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 2	
Erythromycins**			
E.E.S. 400 ORAL TABLET 400 MG	Tier 3		
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 2	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 400 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Medical Devices And Supplies			
Applicators,Cotton Balls,Etc**			
ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
ALCOHOL PADS PAD 70 %		Tier 1	PV
ALCOHOL PREP PAD 70 %		Tier 1	PV
ALCOHOL PREP PADS PAD 70 %		Tier 1	PV
ALCOHOL SWABS PAD		Tier 1	PV
ALCOHOL SWABSTICK PAD		Tier 1	PV
AUM ALCOHOL PREP PADS PAD 70 %		Tier 1	PV
BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)	Tier 1	Tier 1	PV
CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
CVS ALCOHOL PREP PADS PAD 70 %		Tier 1	PV
CVS PREP PAD 70 %		Tier 1	PV
DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
EASY COMFORT ALCOHOL PADS PAD		Tier 1	PV
EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
EQL ALCOHOL SWABS PAD 70 %		Tier 1	PV
FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 1	PV
GNP ALCOHOL SWABS PAD 70 %		Tier 1	PV
GOODSENSE ALCOHOL SWABS PAD 70 %		Tier 1	PV
H-E-B INCONTROL ALCOHOL PAD		Tier 1	PV
MEIJER ALCOHOL SWABS PAD 70 %		Tier 1	PV
PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)	Tier 1	Tier 1	PV
PRO COMFORT ALCOHOL PAD 70 %		Tier 1	PV
PURE COMFORT ALCOHOL PREP PAD		Tier 1	PV
QC ALCOHOL SWABS PAD 70 %		Tier 1	PV
REALITY SWABS PAD		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RELION ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 1	Tier 1	PV
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 1	PV
SAPS HEALTH ALCOHOL PREP PAD		Tier 1	PV
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 1	PV
SB ALCOHOL PREP PAD 70 %		Tier 1	PV
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 1	PV
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 1	PV
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		Tier 1	PV
ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 1	Tier 1	PV
ULTILET ALCOHOL SWABS PAD		Tier 1	PV
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 1	PV
WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	PV
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 1	PV
Cervical Caps**			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1		PV
Condoms - Female**			
FC2 FEMALE CONDOM	Tier 1		PV
Condoms - Male**			
AIMSCO LUBRICATED		Tier 1	PV
CONDOMS		Tier 1	PV
DUREX EXTRA SENSITIVE THIN (MAXX)	Tier 1	Tier 1	PV
DUREX EXTRA SENSITIVE THIN DEVICE (MAXX)	Tier 1	Tier 1	PV
DUREX REALFEEL DEVICE	Tier 1		PV
DUREX TROPICAL (MAXX)	Tier 1	Tier 1	PV
FANTASY LUBRICATED (MAXX)	Tier 1	Tier 1	PV
FANTASY LUBRICATED/SPERMICIDE (MAXX)	Tier 1	Tier 1	PV
KAMELEON LUBRICATED (MAXX)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KIMONO		Tier 1	PV
KIMONO COLORS DEVICE (MAXX)	Tier 1	Tier 1	PV
KIMONO MAXX-LARGE FLARE (MAXX)	Tier 1	Tier 1	PV
KIMONO MICRO THIN PLUS		Tier 1	PV
KIMONO PLUS		Tier 1	PV
KIMONO PS		Tier 1	PV
KIMONO PS PLUS		Tier 1	PV
KIMONO SENSATION		Tier 1	PV
KIMONO SENSATION PLUS		Tier 1	PV
KIMONO SPECIAL DEVICE (MAXX)	Tier 1	Tier 1	PV
MAXX PLUS		Tier 1	PV
REALITY LATEX CONDOMS (MAXX)	Tier 1	Tier 1	PV
REALITY LATEX/ULTRA TEXTURED DEVICE (MAXX)	Tier 1	Tier 1	PV
REALITY LATEX/ULTRA THIN DEVICE (MAXX)	Tier 1	Tier 1	PV
TROJAN BARESKIN DEVICE (MAXX)	Tier 1	Tier 1	PV
TROJAN ENZ (KIMONO MICRO THIN)	Tier 1	Tier 1	PV
TROJAN MAGNUM (MAXX)	Tier 1	Tier 1	PV
TROJAN ULTRA RIBBED LUBRICATED DEVICE (MAXX)	Tier 1	Tier 1	PV
TROJAN ULTRA THIN (MAXX)	Tier 1	Tier 1	PV
TROJAN ULTRA THIN/SPERMICIDAL (MAXX)	Tier 1	Tier 1	PV
TROJAN-ENZ LUBRICATED (MAXX)	Tier 1	Tier 1	PV
TROJAN-ENZ/SPERMICIDAL (MAXX)	Tier 1	Tier 1	PV
TRUE COVER DEVICE		Tier 1	PV
TRUSTEX COLOR CONDOMS + LUBE (MAXX)	Tier 1	Tier 1	PV
TRUSTEX LUB/RIBBED/STUDDED (MAXX)	Tier 1	Tier 1	PV
TRUSTEX LUB/SPERMICIDE EX ST (MAXX)	Tier 1	Tier 1	PV
TRUSTEX LUB/SPERMICIDE XL (MAXX)	Tier 1	Tier 1	PV
TRUSTEX LUBRICATED (MAXX)	Tier 1	Tier 1	PV
TRUSTEX LUBRICATED EX LARGE (MAXX)	Tier 1	Tier 1	PV
TRUSTEX LUBRICATED EXTRA ST (MAXX)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUSTEX LUBRICATED/SPERMICIDE (MAXX)	Tier 1	Tier 1	PV
TRUSTEX NATURAL CONDOMS + LUBE (MAXX)	Tier 1	Tier 1	PV
TRUSTEX NON-LUBRICATED (KIMONO MICRO THIN)	Tier 1	Tier 1	PV
TRUSTEX RIA LUB/SPERMICIDE (MAXX)	Tier 1	Tier 1	PV
TRUSTEX RIA LUBRICATED (MAXX)	Tier 1	Tier 1	PV
TRUSTEX RIA NON-LUBRICATED (KIMONO MICRO THIN)	Tier 1	Tier 1	PV
TRUSTEX-NONOXYNOL-9/RIB/STUD (MAXX)	Tier 1	Tier 1	PV
Diaphragms**			
CAYA VAGINAL DIAPHRAGM	Tier 1		PV
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 1		PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 1		PV
Glucose Monitoring Test Supplies**			
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Tier 1		PV
ACCU-CHEK FASTCLIX LANCET KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 1	Tier 1	PV
ACCU-CHEK GUIDE KIT W/DEVICE	Tier 1		PV
ACCU-CHEK GUIDE ME KIT W/DEVICE	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 1	Tier 1	PV
ACCU-CHEK SOFTCLIX LANCET DEV KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 1	Tier 1	PV
ACTI-LANCE 28G		Tier 1	PV
ACTI-LANCE LITE LANCETS 28G		Tier 1	PV
ACTI-LANCE SPECIAL LANCETS 17G		Tier 1	PV
ACTI-LANCE UNIVERSAL 23G		Tier 1	PV
ADJUSTABLE LANCING DEVICE		Tier 1	PV
ADVANCED MOBILE LANCET		Tier 1	PV
ADVOCATE LANCETS (LANCETS)	Tier 1	Tier 1	PV
ADVOCATE LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
ADVOCATE LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
ADVOCATE RAPID-SAFE LANCING (LANCET DEVICE)	Tier 1	Tier 1	PV
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
ADVOCATE SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	PV
ADVOCATE SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
ADVOCATE SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 1	Tier 1	PV
AIMSCO TWIST LANCETS 32G		Tier 1	PV
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV
AQUALANCE LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
ASSURE COMFORT LANCETS 28G		Tier 1	PV
ASSURE LANCE LANCETS (LANCETS)	Tier 1	Tier 1	PV
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 1	Tier 1	PV
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 1	Tier 1	PV
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 1	Tier 1	PV
AURORA LANCET SUPER THIN 30G		Tier 1	PV
AURORA LANCET THIN 23G		Tier 1	PV
AUTO-LANCET (LANCET DEVICE)	Tier 1	Tier 1	PV
AUTO-LANCET MINI (LANCET DEVICE)	Tier 1	Tier 1	PV
AUTOLET II CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
AUTOLET LITE CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
AUTOLET LITE LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
AUTOLET LITE STARTER PACK KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
AUTOLET MINI (LANCET DEVICE)	Tier 1	Tier 1	PV
AUTOLET PLATFORMS	Tier 1		PV
AUTOLET PLUS (LANCET DEVICE)	Tier 1	Tier 1	PV
BD MICROTAINER LANCETS (LANCETS)	Tier 1	Tier 1	PV
CARDIOCOM LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
CAREONE ADVANCED LANCING DEV		Tier 1	PV
CAREONE LANCET SUPER THIN 30G (LANCETS)	Tier 1	Tier 1	PV
CAREONE LANCET THIN 23G		Tier 1	PV
CARESENS LANCETS (LANCETS)	Tier 1	Tier 1	PV
CARESENS LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
CARETOUCH LANCING/EJECTOR (LANCET DEVICE)	Tier 1	Tier 1	PV
CARETOUCH SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
CARETOUCH SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARETOUCH TWIST MC LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
CHOSEN LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
CHOSEN LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
CHOSEN SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
CLEANLET LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
CLEVER CHEK LANCETS (LANCETS)	Tier 1	Tier 1	PV
CLEVER CHOICE COMFORT EZ (LANCETS)	Tier 1	Tier 1	PV
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 1	Tier 1	PV
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
COAGUCHEK LANCETS (LANCETS)	Tier 1	Tier 1	PV
COMFORT ASSURED LANCETS 28G		Tier 1	PV
COMFORT ASSURED LANCETS 33G		Tier 1	PV
COMFORT TOUCH LANCETS 31G (LANCETS)	Tier 1	Tier 1	PV
COMFORT TOUCH PLUS LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
COMFORT TOUCH TWIST LANCET 30G (LANCETS)	Tier 1	Tier 1	PV
CONTOUR MONITOR DEVICE	Tier 1		PV
CONTOUR NEXT LINK KIT W/DEVICE	Tier 1		PV
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 1		PV
CONTOUR NEXT ONE KIT	Tier 1		PV
CVS LANCETS ORIGINAL		Tier 1	PV
CVS LANCETS THIN 26G		Tier 1	PV
CVS LANCING DEVICE		Tier 1	PV
CVS ULTRA THIN LANCETS		Tier 1	PV
DEXCOM G6 RECEIVER DEVICE	Tier 2		PA
DEXCOM G6 SENSOR	Tier 2		PA
DEXCOM G6 TRANSMITTER	Tier 2		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DEXCOM G7 RECEIVER DEVICE	Tier 2		PA
DEXCOM G7 SENSOR	Tier 2		PA
DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)	Tier 1	Tier 1	PV
DIATHRIVE LANCETS (LANCETS)	Tier 1	Tier 1	PV
DIATHRIVE LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
DROPLET GENTEEL LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	PV
DROPLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
DROPLET PERSONAL LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
DROPSAFE ACTI-LANCE 23G (LANCETS)	Tier 1	Tier 1	PV
DROPSAFE MEDLANCE LANCET 30G (LANCETS)	Tier 1	Tier 1	PV
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 1	Tier 1	PV
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV
EASY COMFORT LANCETS		Tier 1	PV
EASY COMFORT LANCETS TWIST TOP		Tier 1	PV
EASY MINI EJECT LANCING DEVICE		Tier 1	PV
EASY MINI LANCING DEVICE		Tier 1	PV
EASY TOUCH LANCETS 21G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 32G (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	PV
EMBRACE LANCING DEVICE/EJECTOR		Tier 1	PV
EMBRACE PRESSURE ACTIVATED 21G (LANCETS)	Tier 1	Tier 1	PV
EMBRACE PRESSURE ACTIVATED 28G (LANCETS)	Tier 1	Tier 1	PV
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 1	Tier 1	PV
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV
FINGERSTIX LANCETS (LANCETS)	Tier 1	Tier 1	PV
FONDCIRCLE LANCING DEVICE		Tier 1	PV
FONDCIRCLE SINGLE USE LANCETS		Tier 1	PV
FORA LANCETS (LANCETS)	Tier 1	Tier 1	PV
FORA LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
FREESTYLE LANCETS (LANCETS)	Tier 1	Tier 1	PV
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2		PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2		PA
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2		PA
FREESTYLE LIBRE 2 READER DEVICE	Tier 2		PA
FREESTYLE LIBRE 2 SENSOR	Tier 2		PA
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2		PA
FREESTYLE LIBRE 3 READER DEVICE	Tier 2		PA
FREESTYLE LIBRE 3 SENSOR	Tier 2		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FREESTYLE LIBRE READER DEVICE	Tier 2		PA
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 1	Tier 1	PV
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 1	Tier 1	PV
GENTEEL CONTACT TIPS (BLUE)	Tier 1		PV
GENTEEL CONTACT TIPS (CLEAR)	Tier 1		PV
GENTEEL CONTACT TIPS (GREEN)	Tier 1		PV
GENTEEL CONTACT TIPS (ORANGE)	Tier 1		PV
GENTEEL CONTACT TIPS (RAINBOW)	Tier 1		PV
GENTEEL CONTACT TIPS (VIOLET)	Tier 1		PV
GENTEEL CONTACT TIPS (YELLOW)	Tier 1		PV
GENTEEL NOZZLES	Tier 1		PV
GENTEEL PLUS LANCING (BLACK) (LANCET DEVICE)	Tier 1	Tier 1	PV
GENTEEL PLUS LANCING (PURPLE) (LANCET DEVICE)	Tier 1	Tier 1	PV
GENTEEL PLUS LANCING (WHITE) (LANCET DEVICE)	Tier 1	Tier 1	PV
GENTEEL PLUS LANCING DEV(BLUE) (LANCET DEVICE)	Tier 1	Tier 1	PV
GENTEEL PLUS LANCING DEV(PINK) (LANCET DEVICE)	Tier 1	Tier 1	PV
GLOBAL INJECT EASE LANCETS 28G		Tier 1	PV
GLOBAL INJECT EASE LANCETS 30G		Tier 1	PV
GLOBAL LANCING DEVICE		Tier 1	PV
GLUCOCOM LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
GLUCOCOM LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
GLUCOCOM LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV
GNP LANCING SYSTEM DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
GNP STERILE LANCETS 28G		Tier 1	PV
GNP STERILE LANCETS 30G		Tier 1	PV
GNP STERILE LANCETS 33G		Tier 1	PV
GOJJI LANCING DEVICE/CLEAR CAP (LANCET DEVICE)	Tier 1	Tier 1	PV
GOJJI STERILE LANCETS (LANCETS)	Tier 1	Tier 1	PV
HAEMOLANCE (LANCETS)	Tier 1	Tier 1	PV
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HAEMOLANCE PLUS (LANCETS)	Tier 1	Tier 1	PV
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 1	Tier 1	PV
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 1	Tier 1	PV
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 1	Tier 1	PV
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 1	Tier 1	PV
H-E-B INCONTROL ADV LANCING		Tier 1	PV
H-E-B INCONTROL LANCETS 28G		Tier 1	PV
H-E-B INCONTROL LANCETS 30G		Tier 1	PV
H-E-B INCONTROL LANCETS 33G		Tier 1	PV
HYPOLANCE AST LANCING KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
HY-VEE LANCETS (LANCETS)	Tier 1	Tier 1	PV
HY-VEE THIN LANCETS		Tier 1	PV
IHEALTH LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
IN TOUCH LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
KINNEY LANCETS		Tier 1	PV
KINNEY THIN LANCETS		Tier 1	PV
KROGER AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
KROGER HEALTHPRO LANCET 26G (LANCETS)	Tier 1	Tier 1	PV
KROGER LANCETS		Tier 1	PV
KROGER LANCETS SUPER THIN		Tier 1	PV
KROGER LANCETS THIN		Tier 1	PV
LANCET DEVICE WITH EJECTOR		Tier 1	PV
LANCETS 28G THIN		Tier 1	PV
LANCETS 30G		Tier 1	PV
LANCETS 33G		Tier 1	PV
LANCETS MICRO THIN 33G		Tier 1	PV
LANCETS SUPER THIN (LANCETS)	Tier 1	Tier 1	PV
LANCETS SUPER THIN 28G		Tier 1	PV
LANCETS THIN		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LANCETS ULTRA THIN (LANCETS)	Tier 1	Tier 1	PV
LANCETS ULTRA THIN 30G		Tier 1	PV
LANCING DEVICE		Tier 1	PV
LANZO (LANCET DEVICE)	Tier 1	Tier 1	PV
LEADER ADVANCED LANCING DEVICE		Tier 1	PV
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 1	Tier 1	PV
LITE TOUCH LANCETS		Tier 1	PV
LITE TOUCH LANCING PEN (LANCET DEVICE)	Tier 1	Tier 1	PV
LITETOUCH LANCETS (LANCETS)	Tier 1	Tier 1	PV
LIVE BETTER LANCET SUPER THIN		Tier 1	PV
MEDICHOICE SAFETY LANCET		Tier 1	PV
MEDICHOICE SAFETY LANCET EXTRA		Tier 1	PV
MEDICHOICE SAFETY LANCET NORM		Tier 1	PV
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 1	Tier 1	PV
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 1	Tier 1	PV
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 1	Tier 1	PV
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 1	Tier 1	PV
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	PV
MEIJER LANCETS (LANCETS)	Tier 1	Tier 1	PV
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	PV
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 1	Tier 1	PV
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 1	Tier 1	PV
MICROLET LANCETS (LANCETS)	Tier 1	Tier 1	PV
MICROLET NEXT LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
MINI LANCING DEVICE		Tier 1	PV
MM LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
MM TWIST LANCETS (LANCETS)	Tier 1	Tier 1	PV
MOBILE LANCETS 30G		Tier 1	PV
MONOLET LANCETS (LANCETS)	Tier 1	Tier 1	PV
MONOLET OPD LANCETS (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
MULTI-LANCET DEVICE		Tier 1	PV
MULTI-LANCET DEVICE 2 KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	PV
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
NOVA SUREFLEX LANCETS (LANCETS)	Tier 1	Tier 1	PV
NOVA SUREFLEX LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 1	Tier 1	PV
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 1	Tier 1	PV
ONETOUCH DELICA PLUS LANCING (LANCET DEVICE)	Tier 1	Tier 1	PV
ONETOUCH DELICA SAFETY LANCING (LANCETS)	Tier 1	Tier 1	PV
ONETOUCH ULTRA 2 KIT W/DEVICE	Tier 1		PV
ONETOUCH ULTRASOFT 2 LANCETS (LANCETS)	Tier 1	Tier 1	PV
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Tier 1		PV
ONETOUCH VERIO REFLECT KIT W/DEVICE	Tier 1		PV
PERFECT LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
PERFECT LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
PERFECT POINT SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 1	Tier 1	PV
PIP LANCETS 28G		Tier 1	PV
PIP LANCETS 30G		Tier 1	PV
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Tier 1		PV
PRO COMFORT LANCETS 30G		Tier 1	PV
PRO COMFORT LANCETS 31G		Tier 1	PV
PRO COMFORT SAFETY LANCETS 30G		Tier 1	PV
PRODIGY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRODIGY LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
PURE COMFORT LANCETS 30G		Tier 1	PV
PX ADVANCED LANCING DEVICE		Tier 1	PV
PX LANCETS MICROTHIN 33G		Tier 1	PV
PX LANCETS ULTRA THIN 28G		Tier 1	PV
QC ADVANCED LANCING DEVICE		Tier 1	PV
QC LANCETS SUPER THIN 30G		Tier 1	PV
QC LANCETS ULTRA THIN		Tier 1	PV
QC UNILET LANCETS 28G		Tier 1	PV
QC UNILET LANCETS MICRO THIN		Tier 1	PV
READYLANCE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
REALITY LANCETS		Tier 1	PV
REALITY TRIGGER LANCETS		Tier 1	PV
RELION LANCET DEVICES 30G (LANCETS)	Tier 1	Tier 1	PV
RELION LANCETS (LANCETS)	Tier 1	Tier 1	PV
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	PV
RELION LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	PV
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 1	Tier 1	PV
RELION LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
RIGHTEST ALTERNATE SITE ADAPT	Tier 1		PV
RIGHTEST GD500 LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
RIGHTEST GL300 LANCETS (LANCETS)	Tier 1	Tier 1	PV
SAFETY LANCET 30G/PRESSURE ACT		Tier 1	PV
SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	PV
SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
SAFETY LANCETS 28G		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SAPS HEALTH PLUS LANCETS		Tier 1	PV
SAPS HEALTH TWIST TOP LANCETS		Tier 1	PV
SAPS TWIST TOP LANCETS		Tier 1	PV
SAPSCARE TWIST TOP LANCETS		Tier 1	PV
SB LANCETS THIN		Tier 1	PV
SB LANCETS ULTRA THIN		Tier 1	PV
SELECT-LITE LANCING DEVICE		Tier 1	PV
SIMPLE DIAGNOSTICS LANCING DEV (LANCET DEVICE)	Tier 1	Tier 1	PV
SINGLE-LET (LANCETS)	Tier 1	Tier 1	PV
SMART DIABETES VANTAGE LANCING (LANCET DEVICE)	Tier 1	Tier 1	PV
SMARTEST LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
SOLUS V2 LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
SOLUS V2 LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
STERILANCE TL (LANCETS)	Tier 1	Tier 1	PV
SUPER THIN LANCETS		Tier 1	PV
SURE COMFORT LANCETS 18G		Tier 1	PV
SURE COMFORT LANCETS 21G		Tier 1	PV
SURE COMFORT LANCETS 23G		Tier 1	PV
SURE COMFORT LANCETS 28G		Tier 1	PV
SURE COMFORT LANCETS 30G		Tier 1	PV
SURE COMFORT LANCING PEN		Tier 1	PV
SURELITE LANCETS (LANCETS)	Tier 1	Tier 1	PV
TECHLITE AST LANCETS (LANCETS)	Tier 1	Tier 1	PV
TECHLITE LANCETS (LANCETS)	Tier 1	Tier 1	PV
TECHLITE LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
TODAYS HEALTH LANCING DEVICE		Tier 1	PV
TODAYS HEALTH THIN LANCETS 28G		Tier 1	PV
TODAYS HEALTH THIN LANCETS 30G		Tier 1	PV
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 1	Tier 1	PV
TRUE COMFORT SAFETY LANCETS		Tier 1	PV
TRUE COMFORT TWIST TOP LANCETS		Tier 1	PV
TRUEDRAW LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUEPLUS LANCETS 26G (LANCETS)	Tier 1	Tier 1	PV
TRUEPLUS LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
TRUEPLUS LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
TRUEPLUS LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV
TRUEPLUS SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
TWIST TOP LANCETS 30G		Tier 1	PV
ULTI-LANCE AUTOMATIC (LANCET DEVICE)	Tier 1	Tier 1	PV
ULTILET CLASSIC LANCETS (LANCETS)	Tier 1	Tier 1	PV
ULTILET LANCETS (LANCETS)	Tier 1	Tier 1	PV
ULTILET SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	PV
ULTILET SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	PV
ULTRA THIN LANCETS 31G		Tier 1	PV
ULTRA-CARE LANCETS 30G		Tier 1	PV
ULTRA-THIN II AUTO LANCET (LANCETS)	Tier 1	Tier 1	PV
ULTRA-THIN II LANCETS (LANCETS)	Tier 1	Tier 1	PV
UNILET COMFORTOUCH LANCET (LANCETS)	Tier 1	Tier 1	PV
UNILET EXCELITE (LANCETS)	Tier 1	Tier 1	PV
UNILET EXCELITE II (LANCETS)	Tier 1	Tier 1	PV
UNILET G.P. LANCET (LANCETS)	Tier 1	Tier 1	PV
UNILET G.P. SUPERLITE LANCET (LANCETS)	Tier 1	Tier 1	PV
UNILET GP 28 ULTRA THIN (LANCETS)	Tier 1	Tier 1	PV
UNILET LANCET (LANCETS)	Tier 1	Tier 1	PV
UNILET MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	PV
UNILET SUPERLITE LANCET (LANCETS)	Tier 1	Tier 1	PV
UNILET SUPER-THIN 30G (LANCETS)	Tier 1	Tier 1	PV
UNILET ULTRA-THIN 28G (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 1 (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 2 (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 2 COMFORT (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 2 EXTRA (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 2 NEONATAL (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 2 NORMAL (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 2 SUPER (LANCETS)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNISTIK 3 (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 3 COMFORT (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 3 EXTRA (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 3 GENTLE (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 3 NEONATAL (LANCETS)	Tier 1	Tier 1	PV
UNISTIK 3 NORMAL (LANCETS)	Tier 1	Tier 1	PV
UNISTIK CZT COMFORT (LANCETS)	Tier 1	Tier 1	PV
UNISTIK CZT NORMAL (LANCETS)	Tier 1	Tier 1	PV
UNISTIK NORMAL (LANCETS)	Tier 1	Tier 1	PV
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 1	Tier 1	PV
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
UNISTIK SAFETY LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
UNISTIK TOUCH SAFETY LANC 21G (LANCETS)	Tier 1	Tier 1	PV
UNISTIK TOUCH SAFETY LANC 23G (LANCETS)	Tier 1	Tier 1	PV
UNISTIK TOUCH SAFETY LANC 28G (LANCETS)	Tier 1	Tier 1	PV
UNISTIK TOUCH SAFETY LANC 30G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE SAFE LANCET MINI 21G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE SAFE LANCET MINI 23G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE SAFE LANCET MINI 28G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE SAFE LANCET MINI 30G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE UNIVERSAL LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE UNIVERSAL LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
VERIFINE UNIVERSAL LANCETS 33G (LANCETS)	Tier 1	Tier 1	PV
VIVAGUARD LANCETS (LANCETS)	Tier 1	Tier 1	PV
VIVAGUARD LANCETS 30G (LANCETS)	Tier 1	Tier 1	PV
VIVAGUARD LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VIVAGUARD SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	PV
ZEVRX TWIST TOP LANCETS 30G		Tier 1	PV
Insulin Administration Supplies**			
MODD1 PATIENT WELCOME KIT KIT	Tier 3		PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 3		PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 3		PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Tier 3		PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 3		PA
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 3		PA
OMNIPOD DASH PDM (GEN 4) KIT	Tier 3		PA
OMNIPOD DASH PODS (GEN 4)	Tier 3		PA
TWIIST STARTER KIT KIT	Tier 3		PA
Misc. Devices**			
FOLDING PADDLE WALKER		Tier 1	PV; QL (1 EA per 1 day)
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	PV
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	PV
ADVOCATE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	PV
ADVOCATE INSULIN PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
ADVOCATE INSULIN PEN NEEDLES (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
ADVOCATE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	PV
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	PV
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM		Tier 1	PV
ASSURE ID DUO PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
ASSURE ID PRO PEN NEEDLES (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	PV
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM		Tier 1	PV
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	PV
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	PV
AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	PV
BD AUTOSHIELD DUO (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
BD DISP NEEDLE 23G X 1"	Tier 1		PV
BD DISP NEEDLES 16G X 1-1/2" , 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" , 25G X 7/8" , 27G X 1/2" , 30G X 1/2"	Tier 1		PV
BD ECLIPSE SYRINGE/NEEDLE (SYRINGE LUER LOCK) **23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 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		PV
BD INS SYR ULTRAFINE 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	PV
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, U-100 1 ML	Tier 1		PV
BD INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **27G X 1/2" 1 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 1		PV
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE-NEEDLE U-100) **28G X 1/2" 1 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) **30G X 1/2" 1 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 1		PV
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
BD INSULIN SYRINGE ULTRAFINE (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	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD INTEGRA SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
BD LUER-LOK SYRINGE 22G X 1" 3 ML	Tier 2		
BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML (SYRINGE LUER LOCK)	Tier 1	Tier 1	PV
BD LUER-LOK SYRINGE 23G X 1" 3 ML (OTC) (SYRINGE LUER LOCK)	Tier 1	Tier 1	PV
BD LUER-LOK SYRINGE 23G X 1" 3 ML (RX) (SYRINGE LUER LOCK)	Tier 1	Tier 1	PV
BD LUER-LOK SYRINGE 25G X 1" 3 ML	Tier 2		
BD LUER-LOK SYRINGE 25G X 5/8" 1 ML (SYRINGE LUER SLIP)	Tier 1	Tier 1	PV
BD LUER-LOK SYRINGE 25G X 5/8" 3 ML (SYRINGE LUER LOCK)	Tier 1	Tier 1	PV
BD PEN NEEDLE MICRO ULTRAFINE (SURE COMFORT PEN NEEDLES) **32G X 6 MM**	Tier 1	Tier 1	PV
BD PEN NEEDLE MINI ULTRAFINE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
BD PEN NEEDLE NANO ULTRAFINE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
BD PEN NEEDLE ORIG ULTRAFINE (SURE COMFORT PEN NEEDLES) **29G X 12.7MM**	Tier 1	Tier 1	PV
BD PEN NEEDLE SHORT ULTRAFINE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
BD SAFETYGLIDE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
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	PV
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	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD SAFETYGLIDE NEEDLE 25G X 5/8"	Tier 1		PV
BD SYRINGE LUER-LOK 1 ML	Tier 2		
BD SYRINGE SLIP TIP (CAREPOINT TUBERCLN SYR/LUER SL) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML	Tier 1		PV
BD SYRINGE/NEEDLE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
BD SYRINGE/NEEDLE (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
BD TB SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
BD VEO INSULIN SYR U/F 1/2UNIT (TECHLITE INSULIN SYRINGE) **31G X 15/64" 0.3 ML**	Tier 1	Tier 1	PV
BD VEO INSULIN SYR ULTRAFINE (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	PV
CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
CAREFINE PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV
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	PV
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	PV
CAREPOINT SAFETY1ST SYR/NEEDLE (SYRINGE LUER LOCK) **23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
CAREPOINT SYRINGE LUER LOCK (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	Tier 1		PV
CARETOUCH INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE) **29G X 5/16" 1 ML**	Tier 1	Tier 1	PV
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	PV
CARETOUCH LUER LOCK (SYRINGE LUER LOCK) **23G X 1" 3 ML**	Tier 1	Tier 1	PV
CARETOUCH LUER LOCK SYR/NEEDLE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
CARETOUCH PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV
CARETOUCH PEN NEEDLES (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
CLEVER CHOICE COMFORT EZ (MEIJER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	PV
CLEVER CHOICE COMFORT EZ (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G 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	PV
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	PV
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) **33G X 5 MM , 33G X 6 MM**	Tier 1	Tier 1	PV
COMFORT EZ PEN NEEDLES 33G X 8 MM	Tier 1		PV
COMFORT EZ PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM**	Tier 1	Tier 1	PV
COMFORT EZ SHORT PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) **33G X 5 MM , 33G X 6 MM**	Tier 1	Tier 1	PV
DIATHRIVE PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
DIATHRIVE PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
DIATHRIVE PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
DIATHRIVE PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
DROPLET INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
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		PV
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	PV
DROPLET PEN NEEDLES 29G X 10MM	Tier 1		PV
DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
DROPLET PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV
DROPLET PEN NEEDLES (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	PV
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	PV
DROPSAFE SAFETY SYRINGE/NEEDLE (INSULIN SYRINGE) **29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
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	PV
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	PV
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 1	PV
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML, 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" 0.3 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	PV
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	PV
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) **29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
EASY TOUCH FLIPLOCK SAFETY SYR (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
EASY TOUCH FLURINGE (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
EASY TOUCH FLURINGE SHEATHLOCK (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH INSULIN BARRELS U-100 1 ML	Tier 1		PV
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G 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	PV
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	Tier 1		PV
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
EASY TOUCH PEN NEEDLES (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
EASY TOUCH PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 1		PV
EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	PV
EASY TOUCH SAFETY SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH SAFETY SYRINGE (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) **29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
EASY TOUCH TB SHEATHLOCK SYR (CAREPOINT TUBERCLN SYR/LUER SL) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1		PV
EASYPOINT NEEDLE/SYRINGE (SYRINGE LUER LOCK) **23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
EMBECTA AUTOSHIELD DUO (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
EMBECTA INS SYR U/F 1/2 UNIT (TECHLITE INSULIN SYRINGE) **31G X 15/64" 0.3 ML**	Tier 1	Tier 1	PV
EMBECTA INS SYR U/F 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	PV
EMBECTA INSULIN SYR ULTRAFINE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
EMBECTA INSULIN SYR ULTRAFINE (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	PV
EMBECTA INSULIN SYR ULTRAFINE (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	PV
EMBECTA INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
EMBECTA INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G X 1/2" 1 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	Tier 1		PV
EMBECTA INSULIN SYRINGE U-100 (INSULIN SYRINGE-NEEDLE U-100) **28G X 1/2" 1 ML**	Tier 1	Tier 1	PV
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 1		PV
EMBECTA PEN NEEDLE NANO 2 GEN (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
EMBECTA PEN NEEDLE NANO (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
EMBECTA PEN NEEDLE ULTRAFINE (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
EMBECTA PEN NEEDLE ULTRAFINE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
EMBRACE PEN NEEDLES (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
EMBRACE PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM**	Tier 1	Tier 1	PV
EMBRACE PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
EMBRACE PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
EMBRACE PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
FIFTY50 PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
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	PV
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	PV
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	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM		Tier 1	PV
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	PV
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML		Tier 1	PV
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	PV
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	PV
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	PV
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML		Tier 1	PV
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	PV
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		Tier 1	PV
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		Tier 1	PV
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		Tier 1	PV
GNP PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	PV
GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	PV
GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
GNP ULTIGUARD SAFEPACK NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	PV
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		Tier 1	PV
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 1	PV
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	PV
H-E-B INCONTROL UNIFINE PENTIP (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
H-E-B INCONTROL UNIFINE PENTIP (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
H-E-B INCONTROL UNIFINE PENTIP (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
H-E-B INCONTROL UNIFINE PENTIP (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
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	PV
HM ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
HM ULTICARE SHORT PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
INCONTROL ULTICARE PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
INCONTROL ULTICARE PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
INCONTROL ULTICARE PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
INSULIN SYRINGE 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	PV
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 1	PV
INSUPEN32G EXTR3ME (SURE COMFORT PEN NEEDLES) **32G X 6 MM**	Tier 1	Tier 1	PV
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML		Tier 1	PV
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM		Tier 1	PV
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
LEADER UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G 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	PV
LITETOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	PV
LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
LITETOUCH PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
LITETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
LUER LOCK SAFETY SYRINGES (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
MAGELLAN INSULIN SAFETY SYR (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
MARATHON MEDICAL PENTIPS (MEIJER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	PV
MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
MARATHON MEDICAL PENTIPS (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G X 1/2" 1 ML**	Tier 1	Tier 1	PV
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 1		PV
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE-NEEDLE U-100) **27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML**	Tier 1	Tier 1	PV
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		Tier 1	PV
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM		Tier 1	PV
MEIJER PEN NEEDLES 31G X 8 MM		Tier 1	PV
MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
MICRODOT PEN NEEDLE (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	PV
MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
MM PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
MM PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
MM PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, U-100 1 ML	Tier 1		PV
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **27G X 1/2" 1 ML, 28G 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	PV
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
MONOJECT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
MONOJECT MAGELLAN SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
MONOJECT MAGELLAN SYRINGE (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
MONOJECT SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
MONOJECT SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
MONOJECT TB SAFETY SYRINGE (CAREPOINT TUBERCLN SYR/LUER SL) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
MONOJECT TB SYRINGE (CAREPOINT TUBERCLN SYR/LUER SL) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
MONOJECT TB SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G 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**	Tier 1	Tier 1	PV
MONOJECT ULTRA COMFORT SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) **32G X 6 MM**	Tier 1	Tier 1	PV
NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	PV
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM		Tier 1	PV
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	PV
PENTIPS (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
PENTIPS (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
PENTIPS GENERIC PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
PENTIPS GENERIC PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
PENTIPS GENERIC PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
PENTIPS GENERIC PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		Tier 1	PV
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		Tier 1	PV
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM		Tier 1	PV
PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
PREVENT DROPSAFE PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
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	PV
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 6 MM , 32G X 8 MM		Tier 1	PV
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	Tier 1	Tier 1	PV
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 1	PV
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	PV
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 1	PV
PX MINI PEN NEEDLES 31G X 5 MM		Tier 1	PV
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	PV
QC UNIFINE PENTIPS 32G X 4 MM		Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
QUICK TOUCH INSULIN PEN NEEDLE (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE (EASY COMFORT PEN NEEDLES) **33G X 5 MM , 33G X 6 MM**	Tier 1	Tier 1	PV
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	Tier 1		PV
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	PV
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	PV
RELION INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
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	PV
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	PV
RELION PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
RELION PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		Tier 1	PV
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	PV
SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	PV
SECURESAFE SYRINGE/NEEDLE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SURE COMFORT 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, 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	PV
SURE COMFORT PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	PV
TECHLITE INSULIN SYRINGE 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	PV
TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	PV
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
TECHLITE PLUS PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 1	PV
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 1	PV
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	PV
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	PV
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	PV
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	PV
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	PV

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	PV
TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
TRUEPLUS 5-BEVEL PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G 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	PV
TRUEPLUS INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
ULTICARE INSULIN SYR 1/2 UNIT (SURE COMFORT INSULIN SYRINGE) **31G X 1/4" 0.3 ML**	Tier 1	Tier 1	PV
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G 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	PV
ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML**	Tier 1	Tier 1	PV
ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
ULTICARE MICRO PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
ULTICARE MINI PEN NEEDLES (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) **32G X 6 MM**	Tier 1	Tier 1	PV
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	PV
ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	PV
ULTICARE SHORT PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
ULTICARE SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML**	Tier 1	Tier 1	PV
ULTICARE TUBERCULIN SAFETY SYR (CAREPOINT TUBERCLN SYR/LUER SL) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
ULTIGUARD SAFEPACK PEN NEEDLE (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
ULTIGUARD SAFEPACK PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
ULTIGUARD SAFEPACK PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
ULTIGUARD SAFEPACK PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
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	PV
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	PV
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	PV
ULTILET PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 1	PV
ULTRA FLO INSULIN PEN NEEDLES (MEIJER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	PV
ULTRA FLO INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
ULTRA FLO INSULIN PEN NEEDLES (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
ULTRA FLO INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
ULTRA FLO INSULIN PEN NEEDLES (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
ULTRA FLO INSULIN SYR 1/2 UNIT (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML**	Tier 1	Tier 1	PV
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	PV
ULTRA FLO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
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	PV
ULTRA THIN PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
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	PV
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	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	PV
ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
ULTRA-THIN II PEN NEEDLE SHORT (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
ULTRA-THIN II PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM**	Tier 1	Tier 1	PV
UNIFINE OTC PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE OTC PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) **29G X 12MM , 31G X 6 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS PLUS (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
UNIFINE PENTIPS PLUS (EASY GLIDE PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNIFINE PROTECT PEN NEEDLE (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE PROTECT PEN NEEDLE (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	PV
UNIFINE PROTECT PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE SAFECONTROL PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
UNIFINE SAFECONTROL PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
UNIFINE SAFECONTROL PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
UNIFINE ULTRA PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
UNIFINE ULTRA PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	PV
UNIFINE ULTRA PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
UNIFINE ULTRA PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
VANISHPOINT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE) **29G X 5/16" 1 ML**	Tier 1	Tier 1	PV
VANISHPOINT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.5 ML**	Tier 1	Tier 1	PV
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	Tier 1		PV
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	PV
VANISHPOINT SAFETY SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VANISHPOINT SYRINGE (SYRINGE LUER LOCK) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	PV
VANISHPOINT TUBERCULIN SYRINGE (CAREPOINT TUBERCLN SYR/LUER SL) **25G X 5/8" 1 ML**	Tier 1	Tier 1	PV
VANISHPOINT TUBERCULIN SYRINGE 27G X 1/2" 1 ML	Tier 1		PV
VERIFINE INSULIN PEN NEEDLE (MEIJER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	PV
VERIFINE INSULIN PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	PV
VERIFINE INSULIN PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
VERIFINE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
VERIFINE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **28G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	PV
VERIFINE INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	PV
VERIFINE PLUS PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	PV
VERIFINE PLUS PEN NEEDLE (KROGER PEN NEEDLES) **31G X 8 MM**	Tier 1	Tier 1	PV
VERIFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	PV
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	PV
ZEVRX 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	PV
ZEVRX PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	PV
Spacer/Aerosol-Holding Chambers & Supplies**			
AEROCHAMBER MINI CHAMBER DEVICE	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AEROCHAMBER MV	Tier 3		
AEROCHAMBER PLUS FLO-VU LARGE	Tier 3		
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Tier 3		
AEROCHAMBER PLUS FLO-VU MEDIUM	Tier 3		
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Tier 3		
AEROCHAMBER PLUS FLO-VU SMALL	Tier 3		
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Tier 3		
AEROCHAMBER PLUS FLOW VU	Tier 3		
AEROCHAMBER Z-STAT PLUS	Tier 3		
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 3		
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 3		
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 3		
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 3		
EASIVENT	Tier 3		
EASIVENT MASK LARGE	Tier 3		
EASIVENT MASK MEDIUM	Tier 3		
EASIVENT MASK SMALL	Tier 3		
OPTICHAMBER DIAMOND	Tier 2		
OPTICHAMBER DIAMOND DEVICE	Tier 2		
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 2		
OPTICHAMBER DIAMOND-MD MASK	Tier 2		
OPTICHAMBER DIAMOND-SM MASK	Tier 2		
Migraine Products			
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 3		PA; QL (8 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3		PA; QL (10 EA per 30 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies**			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 5		PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 5		PA; QL (4.5 ML per 90 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 5		PA; QL (4.5 ML per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5		PA; QL (3 ML per 30 days)
Ergot Combinations**			
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 4		
Migraine Products**			
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML		Tier 2	QL (12 ML per 30 days)
Selective Serotonin Agonists 5-Ht(1)**			
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 2	QL (12 EA per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 2		QL (12 ML per 30 days)
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 2	QL (12 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 2	ST
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 2	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML		Tier 2	QL (8 ML per 30 days)
ZOLMITRIPTAN NASAL SOLUTION 5 MG		Tier 2	ST
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
Selective Serotonin Agonists 5-Ht(1F)**			
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 5		PA; QL (4 EA per 28 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Minerals & Electrolytes			
Fluoride**			
SODIUM FLUORIDE ORAL SOLUTION 1.1 (0.5 F) MG/ML		Tier 2	
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG		Tier 2	
Phosphate**			
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (PHOSPHOROUS) **155-852-130 MG**	Tier 2	Tier 2	
Potassium Combinations**			
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4		
Potassium**			
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) **10 MEQ**	Tier 2	Tier 2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYS ER) **10 MEQ**	Tier 2	Tier 2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYS ER) **15 MEQ**	Tier 2	Tier 2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYS ER) **20 MEQ**	Tier 2	Tier 2	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) **20 MEQ**	Tier 2	Tier 2	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) **8 MEQ**	Tier 2	Tier 2	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ		Tier 2	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 15 MEQ, 20 MEQ		Tier 2	
POTASSIUM CHLORIDE ORAL PACKET 40 MEQ		Tier 2	
POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Miscellaneous Therapeutic Classes			
Antileprotics**			
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5		PA; QL (2 EA per 1 day)
Chelating Agents**			
TRIENTINE HCL ORAL CAPSULE 500 MG		Tier 2	
Cyclosporine Analogs**			
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 2	
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) **100 MG, 25 MG**	Tier 2	Tier 2	
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) **100 MG/ML**	Tier 2	Tier 2	
Immunomodulators For Myelodysplastic Syndromes**			
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		Tier 5	PA; QL (1 EA per 1 day)
Inosine Monophosphate Dehydrogenase Inhibitors**			
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 2	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 2	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 2	
Macrolide Immunosuppressants**			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 5	PA
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 2	
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 2	
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**			
VIJOICE TABLET THERAPY PACK 125 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VIJOICE TABLET THERAPY PACK 50 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
Potassium Removing Agents**			
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 4		
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4		
Purine Analogs**			
AZATHIOPRINE ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	
Rock Inhibitors**			
REZUROCK ORAL TABLET 200 MG	Tier 5		PA; QL (1 EA per 1 day)
Mouth/Throat/Dental Agents			
Anesthetics Topical Oral**			
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		Tier 2	
Anti-Infectives - Throat**			
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 2	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 2	
Antiseptics - Mouth/Throat**			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) **0.12 %**	Tier 2	Tier 2	
Fluoride Dental Products**			
SF 5000 PLUS DENTAL CREAM 1.1 %		Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 2	
SODIUM FLUORIDE DENTAL CREAM 1.1 %		Tier 2	
Saliva Stimulants**			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 2	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 2	
Steroids - Mouth/Throat/Dental**			
TRIAMCINOLONE ACETONIDE MOUTH/THROAT PASTE 0.1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Multivitamins			
Multivitamins**			
NEOMULTIVITE ORAL TABLET	Tier 1		PV
Ped Multi Vitamins W/Fl & Fe**			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	
Ped Mv W/ Fluoride**			
FLOTREX ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) **0.25 MG, 0.5 MG, 1 MG**	Tier 3	Tier 2	
MULTIVITAMIN W/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 2	
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) **0.25 MG, 0.5 MG, 1 MG**	Tier 3	Tier 2	
POLY-VI-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) **0.25 MG, 0.5 MG, 1 MG**	Tier 3	Tier 2	
Ped Vitamins Acd W/ Fluoride**			
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
Prenatal Mv & Min W/Fe-Fa**			
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3		
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
C-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	PV
COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG		Tier 1	PV
CO-NATAL FA ORAL TABLET (PRENATABS FA)	Tier 1	Tier 1	PV
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 1		PV
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3		
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
DERMACINRX PRETRATE ORAL TABLET (NEO-VITAL RX) **1 MG**	Tier 1	Tier 1	PV
ELITE-OB ORAL TABLET 50-1.25 MG	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3		
FT PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
GNP PRENATAL/FOLIC ACID ORAL TABLET 28-0.8 MG		Tier 1	PV
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG		Tier 1	PV
KOSHER PRENATAL PLUS IRON ORAL TABLET 30-1 MG		Tier 1	PV
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
KPN PRENATAL ORAL TABLET 0.1 MG		Tier 1	PV
MASONATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
MATERVIA ORAL CAPSULE 0.5 MG		Tier 3	
MATRONEX ORAL TABLET 27-1 MG		Tier 1	PV
M-NATAL PLUS ORAL TABLET 27-1 MG		Tier 1	PV
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NEONATAL COMPLETE ORAL TABLET 27-1 MG		Tier 1	PV
NEONATAL PLUS ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	PV
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NIVA-PLUS ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	PV
OB COMPLETE ORAL TABLET 50-1.25 MG	Tier 1		PV
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3		
OBTREX ORAL TABLET	Tier 1		PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 1	PV
ONENATAL RX ORAL TABLET (NEO-VITAL RX) **1 MG**	Tier 1	Tier 1	PV
PNV PRENATAL PLUS MULTIVIT+DHA ORAL 27-1 & 312 MG		Tier 2	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	PV
PRENATABS RX ORAL TABLET (THRIVITE RX) **29-1 MG**	Tier 1	Tier 1	PV
PRENATAL (W/IRON & FA) ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL 19 ORAL TABLET 29-1 MG		Tier 1	PV
PRENATAL 19 ORAL TABLET CHEWABLE		Tier 1	PV
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 1	PV
PRENATAL FORMULA A-FREE ORAL TABLET 9-0.267 MG		Tier 1	PV
PRENATAL FORTE ORAL TABLET		Tier 1	PV
PRENATAL MULTIVIT PLUS FOLATE ORAL TABLET 0.8 MG		Tier 1	PV
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL ORAL TABLET 27-0.8 MG, 27-1 MG, 28-0.8 MG		Tier 1	PV
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET 27-1 MG		Tier 1	PV
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL VITAMINS ORAL TABLET 27-0.8 MG, 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET		Tier 1	PV
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 1		PV
PRENATRIX ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	PV
PRENATRYL ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	PV
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
RELNATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	PV
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	Tier 1		PV
SE-NATAL 19 ORAL TABLET 29-1 MG		Tier 1	PV
SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG		Tier 1	PV
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 1		PV
THERANATAL CORE NUTRITION ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WESTAB PLUS ORAL TABLET 27-1 MG		Tier 1	PV
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**			
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG		Tier 1	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG		Tier 1	PV
Prenatal Mv & Min W/Fe-Fa-Dha**			
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 1	PV
CVS WOMENS PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	PV
PNV-DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	PV
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 1	PV
PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	PV
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	PV
Prenatal Vitamins**			
PRENA1 ORAL TABLET CHEWABLE 1.4 MG		Tier 1	PV
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
BACLOFEN ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	
CHLORZOXAZONE ORAL TABLET 500 MG		Tier 2	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
METAXALONE ORAL TABLET 400 MG, 640 MG, 800 MG		Tier 3	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		Tier 2	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 2	
TIZANIDINE HCL CAPSULE 2 MG ORAL		Tier 3	
TIZANIDINE HCL CAPSULE 4 MG ORAL		Tier 3	
TIZANIDINE HCL CAPSULE 6 MG ORAL		Tier 2	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Direct Muscle Relaxants**			
DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
Nasal Agents - Systemic And Topical			
Nasal Agents - Misc.**			
NOZIN NASAL SANITIZER NASAL KIT 62 %	Tier 1		PV
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB	Tier 1		PV
Nasal Anticholinergics**			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		Tier 2	
Nasal Antihistamines**			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 137 MCG/SPRAY		Tier 2	
Nasal Steroids**			
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 2	
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
Systemic Decongestants**			
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
EQ SINUS & CONGESTION MAX STR ORAL TABLET 30 MG		Tier 2	
EQ SINUS 12-HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
EQL NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
FT NASAL DECONGESTANT MAX STR ORAL TABLET 30 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FT NASAL DECONGESTANT MAX STR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
GNP NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
GNP NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
KP PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG, 60 MG		Tier 2	
MEIJER NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
NASAL DECONGESTANT D MAX STR ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT D ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		Tier 2	
QC NASAL DECONGESTANT PE ORAL TABLET 30 MG		Tier 2	
QC SUPHEDRINE MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) **120 MG**	Tier 3	Tier 2	
SUDOGEST 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET (DECONGESTANT) **30 MG**	Tier 2	Tier 2	
SUDOGEST ORAL TABLET (DECONGESTANT) **30 MG**	Tier 2	Tier 2	
SUDOGEST ORAL TABLET (PSEUDOEPHEDRINE HCL) **60 MG**	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SUPHEDRINE 12HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) **120 MG**	Tier 2	Tier 2	
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) **120 MG**	Tier 2	Tier 2	
Neuromuscular Agents			
Als Agents - Miscellaneous**			
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100ML		Tier 2	
Depolarizing Muscle Relaxants**			
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML, 200 MG/10ML		Tier 2	
SUCCINYLCHOLINE CL +RFID INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML, 200 MG/10ML		Tier 2	
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**			
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 5		PA; QL (6.7 ML per 1 day)
Ophthalmic Agents			
Beta-Blockers - Ophthalmic Combinations**			
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 2-0.5 %		Tier 2	
Beta-Blockers - Ophthalmic**			
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 2	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 2	
TIMOLOL MALEATE (ONCE-DAILY) OPHTHALMIC SOLUTION 0.5 %		Tier 2	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %		Tier 3	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Cycloplegic Mydriatics**			
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		Tier 2	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 4		PA
Miotics - Direct Acting**			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 1.25 %, 2 %, 4 %		Tier 2	
Ophthalmic Antiallergic**			
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 2	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 2	
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.2 %		Tier 2	
Ophthalmic Antibiotics**			
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 2	
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 2	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 2	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 2	
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %, 1.5 %		Tier 2	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 2	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 2	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
Ophthalmic Anti-Infective Combinations**			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 5-400-10000		Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 2	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		Tier 2	
Ophthalmic Antivirals**			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 2	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 3		
Ophthalmic Carbonic Anhydrase Inhibitors**			
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 2	
Ophthalmic Ectoparasiticide*			
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 5		PA; QL (10 ML per 180 days)
Ophthalmic Immunomodulators**			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (CYCLOSPORINE) **0.05 %**	Tier 4	Tier 2	PA
Ophthalmic Local Anesthetics**			
ALTACAINE OPHTHALMIC SOLUTION (TETRACAINE HCL) **0.5 %**	Tier 3	Tier 2	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**			
DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 %		Tier 2	
FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 %		Tier 2	
KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 2	
Ophthalmic Selective Alpha Adrenergic Agonists**			
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.1 %, 0.15 %, 0.2 %		Tier 2	
Ophthalmic Steroid Combinations**			
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC OINTMENT 3.5-10000-0.1		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC SUSPENSION 0.1 %, 3.5-10000-0.1		Tier 2	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1		Tier 2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 2	
Ophthalmic Steroids**			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 2	
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 2	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 2	
Ophthalmic Sulfonamides**			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 2	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 2	
Prostaglandins - Ophthalmic**			
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3		
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 2	
Otic Agents			
Otic Anti-Infectives**			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 2	
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 2	
Otic Steroid-Anti-Infective Combinations**			
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 2	
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 2	
Otic Steroids**			
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 2	
Oxytocics			
Oxytocics**			
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG		Tier 2	
Passive Immunizing And Treatment Agents			
Antiviral Monoclonal Antibodies**			
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 1		PV; QL (1 ML per 365 days)
Penicillins			
Aminopenicillins**			
AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG		Tier 2	
AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML		Tier 2	
AMOXICILLIN ORAL TABLET 500 MG, 875 MG		Tier 2	
AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG		Tier 2	
AMPICILLIN ORAL CAPSULE 500 MG		Tier 2	
AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 250 MG, 500 MG		Tier 2	
Natural Penicillins**			
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG		Tier 2	
Penicillin Combinations**			
AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 2	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG		Tier 2	
Penicillinase-Resistant Penicillins**			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		Tier 2	
Pharmaceutical Adjuvants			
Semi Solid Vehicles**			
WHITE PETROLATUM EXTERNAL GEL		Tier 2	
Progestins			
Progestins**			
GALLIFREY ORAL TABLET (NORETHINDRONE ACETATE) **5 MG**	Tier 2	Tier 2	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 2	
Psychotherapeutic And Neurological Agents - Misc.			
Agents For Opioid Withdrawal**			
LOFEXIDINE HCL ORAL TABLET 0.18 MG		Tier 4	
Alcohol Deterrents**			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 2	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 2	
Anti-Cataplectic Agents**			
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML		Tier 5	PA; QL (18 ML per 1 day)
Antidementia Agent Combinations**			
MEMANTINE HCL-DONEPEZIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG		Tier 2	
Cholinomimetics - Ache Inhibitors**			
DONEPEZIL HCL ORAL TABLET 10 MG, 23 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 2	
GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG		Tier 2	
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG		Tier 2	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 2	
Fibromyalgia Agent - Snris**			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3		
Movement Disorder Drug Therapy**			
AUSTEDO TABLET 12 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
AUSTEDO TABLET 6 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
AUSTEDO TABLET 9 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
Multiple Sclerosis Agents - Interferons**			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5		PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5		PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5		PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5		PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5		PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		Tier 5	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DIMETHYL FUMARATE STARTER PACK ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG		Tier 5	PA
Multiple Sclerosis Agents - Potassium Channel Blockers**			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 5	
Multiple Sclerosis Agents**			
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) **20 MG/ML, 40 MG/ML**	Tier 5	Tier 5	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**			
MEMANTINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG		Tier 2	
MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG		Tier 2	
MEMANTINE HCL SOLUTION 10 MG/5ML ORAL		Tier 3	
MEMANTINE HCL SOLUTION 2 MG/ML ORAL		Tier 2	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**			
GABAPENTIN (ONCE-DAILY) ORAL TABLET 450 MG, 750 MG, 900 MG		Tier 2	
PREGABALIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG		Tier 4	
Smoking Deterrents**			
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 2	QL (2 EA per 1 day)
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day)
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	PV; QL (20 EA per 1 day)
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
FT NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
FT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
FT NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
FT NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
GNP NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
GOODSENSE NICOTINE POLICRILEX MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (24 EA per 1 day)
HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) **21 MG/24HR**	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **2 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) **4 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **4 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) **14 MG/24HR, 21 MG/24HR, 7 MG/24HR**	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day)
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 1		PV; QL (4 ML per 1 day)
QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
VARENICLINE TARTRATE (STARTER) ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		Tier 1	PV; QL (53 EA per 31 days)
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VARENICLINE TARTRATE(CONTINUE) ORAL TABLET 1 MG		Tier 1	PV; QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
FINGOLIMOD HCL ORAL CAPSULE 0.5 MG		Tier 5	PA
Respiratory Agents - Misc.			
Cftr Potentiators**			
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5		PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG	Tier 5		PA; QL (2 EA per 1 day)
Cystic Fibrosis Agent - Combinations**			
ALYFTREK TABLET 10-50-125 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
ALYFTREK TABLET 4-20-50 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5		PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5		PA; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 5		PA; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 5		PA; QL (3 EA per 1 day)
Hydrolytic Enzymes**			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5		PA
Pulmonary Fibrosis Agents**			
PIRFENIDONE ORAL TABLET 534 MG		Tier 2	
Tetracyclines			
Tetracyclines**			
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG, 50 MG		Tier 2	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG, 50 MG		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 2	
MINOCYCLINE HCL ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 3	
Thyroid Agents			
Antithyroid Agents**			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 2	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 2	
Thyroid Hormones**			
ARMOUR THYROID ORAL TABLET (THYROID) **120 MG, 15 MG, 30 MG, 60 MG, 90 MG**	Tier 3	Tier 2	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3		
EVEXITHROID ORAL TABLET (THYROID) **120 MG, 15 MG, 30 MG, 60 MG, 90 MG**	Tier 3	Tier 2	
EVEXITHROID ORAL TABLET 180 MG	Tier 3		
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 2	Tier 2	
LIOMNY ORAL TABLET (LIOTHYRONINE SODIUM) **25 MCG, 5 MCG, 50 MCG**	Tier 2	Tier 2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 3	
NP THYROID ORAL TABLET (THYROID) **120 MG, 15 MG**	Tier 2	Tier 2	
RENTHYROID ORAL TABLET (THYROID) **120 MG, 15 MG, 30 MG, 60 MG, 90 MG**	Tier 3	Tier 2	
SYNTHROID 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 3	Tier 2	
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 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Toxoids			
Toxoid Combinations**			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1		PV
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 1		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 1		PV
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	Tier 1		PV
***Ulcer Drugs/Antispasmodics/Anticholinergics ***			
Antispasmodics**			
DICYCLOMINE HCL ORAL CAPSULE 10 MG		Tier 2	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 2	
DICYCLOMINE HCL ORAL TABLET 20 MG, 40 MG		Tier 2	
Belladonna Alkaloids**			
HYOSCYAMINE SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG		Tier 2	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 2	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE ORAL TABLET DISPERSIBLE 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5ML		Tier 2	
H-2 Antagonists**			
CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML		Tier 2	
CIMETIDINE ORAL TABLET 300 MG, 400 MG, 800 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FAMOTIDINE INTRAVENOUS SOLUTION 20 MG/5ML, 200 MG/50ML, 40 MG/10ML		Tier 2	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 2	
FAMOTIDINE ORAL TABLET 40 MG		Tier 2	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 2	
Misc. Anti-Ulcer**			
SUCRALFATE ORAL SUSPENSION 1 GM/10ML		Tier 3	
SUCRALFATE ORAL TABLET 1 GM		Tier 2	
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**			
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4		PA; QL (1 EA per 1 day)
Proton Pump Inhibitors**			
CVS LANSOPRAZOLE ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG		Tier 3	QL (2 EA per 1 day)
DEXLANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG		Tier 4	
GOODSENSE LANSOPRAZOLE ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG		Tier 3	QL (2 EA per 1 day)
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 30 MG		Tier 2	QL (60 EA per 30 days)
LANSOPRAZOLE ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG		Tier 3	QL (2 EA per 1 day)
OMEPRAZOLE CAPSULE DELAYED RELEASE 10 MG ORAL		Tier 2	QL (2 EA per 1 day)
OMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL		Tier 2	QL (60 EA per 30 days)
OMEPRAZOLE CAPSULE DELAYED RELEASE 40 MG ORAL		Tier 2	QL (60 EA per 30 days)
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG		Tier 2	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 2	QL (2 EA per 1 day)
Quaternary Anticholinergics**			
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 2	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ulcer Drugs - Prostaglandins**			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 2	
Urinary Antispasmodics			
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 2	
FESOTERODINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		Tier 2	
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 2	
OXYBUTYNIN CHLORIDE ORAL SOLUTION 5 MG/5ML		Tier 2	
OXYBUTYNIN CHLORIDE TABLET 2.5 MG ORAL		Tier 4	
OXYBUTYNIN CHLORIDE TABLET 5 MG ORAL		Tier 2	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 4		
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG		Tier 2	
TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG		Tier 2	
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 2	
TROSPIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG		Tier 2	
TROSPIUM CHLORIDE ORAL TABLET 20 MG		Tier 2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**			
MIRABEGRON ER ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		Tier 3	PA; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Urinary Antispasmodics - Cholinergic Agonists**			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 2	
Urinary Antispasmodics - Direct Muscle Relaxants**			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 2	
Vaccines			
Bacterial Vaccines**			
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 1		PV
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1		PV
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1		PV
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 1		PV
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 1		PV
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 1		PV
Viral Vaccine Combinations**			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1		PV
Viral Vaccines**			
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 1		PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 1		PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 1		PV
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1		PV
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1		PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 1		PV
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 1		PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	Tier 1		PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Tier 1		PV
IXIARO INTRAMUSCULAR SUSPENSION	Tier 1		PV
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Tier 1		PV
NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML		Tier 1	PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	Tier 1		PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 1		PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 1		PV
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 1		PV
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1		PV
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1		PV
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1		PV
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 1		PV
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1		PV
Vaginal And Related Products			
Imidazole-Related Antifungals**			
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 2	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 2	
Spermicides**			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 1		PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TODAY SPONGE VAGINAL 1000 MG	Tier 1		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 1		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 1		PV
Vaginal Anti-Infectives**			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 2	
METRONIDAZOLE VAGINAL GEL 0.75 %		Tier 2	
Vaginal Contraceptive Ph Modulator - Combinations**			
PHEXX VAGINAL GEL 1.8-1-0.4 %	Tier 1		PV
Vaginal Estrogens**			
ESTRADIOL VAGINAL CREAM 0.01 %		Tier 2	
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 3		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Tier 3		
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3		
YUVAFEM VAGINAL TABLET (ESTRADIOL) **10 MCG**	Tier 2	Tier 2	
Vasopressors			
Anaphylaxis Therapy Agents**			
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 2	
Vasopressors**			
MIDODRINE HCL ORAL TABLET 5 MG		Tier 2	
Vitamins			
Vitamin D**			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 2	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT		Tier 2	
Vitamin K**			
PHYTONADIONE ORAL TABLET 5 MG		Tier 2	

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