

Samaritan Choice Plans

2019 FORMULARY

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 11/01/2019. For more recent information or other questions, please contact us, Samaritan Choice Plans at 1-800-832-4580 or, for TTY users, 1-800-735-2900, daily 8 a.m. to 8 p.m., or visit <https://choice.samhealthplans.org/choice-benefits-home/your-benefits>.

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 11/01/2019. The formulary may change at any time. You will receive notice when necessary. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Samaritan Choice Plans Formulary?

A formulary is a list of covered drugs selected by Samaritan Choice Plans 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. Samaritan Choice Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Samaritan Choice Plans network pharmacy, and other plan rules are followed.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. To get updated information about the drugs covered by Samaritan Choice Plans please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical conditions that

they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the Table of Contents. 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. 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 generic drugs?

Samaritan Choice Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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:** Samaritan Choice Plans 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, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Samaritan Choice Plans limits the amount of the drug that our plan will cover. For example, Samaritan Choice Plans provides 30 tabs per 30 days per prescription of Brintellix. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Samaritan Choice Plans 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. 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 and back cover pages.

Your prescriber can ask Samaritan Choice Plans 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 to request an exception to the Samaritan Choice Plans?” on page 4 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 you learn that Samaritan Choice Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Samaritan Choice Plans. 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 provider can ask Samaritan Choice Plans to make an exception and cover your drug. See below for information about how to request an exception.

How to request an exception to the Samaritan Choice Plans Formulary?

Your provider can ask Samaritan Choice Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You 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.
- You 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Samaritan Choice Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Samaritan Choice Plans will only approve your 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.

Your prescriber should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When they request a formulary or utilization restriction exception they should submit a statement supporting the request.** Generally, we must make our decision within 72 hours of getting the prescriber's supporting statement. They can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For more information

For more detailed information about your Samaritan Choice Plans prescription drug coverage, please review the Samaritan Choice Plans website <https://choice.samhealthplans.org/choice-benefits-home/your-benefits>. If you have questions about Samaritan Choice Plans please contact us at 1-800-832-4580 or, for TTY users, 1-800-735-2900, daily 8 a.m. to 8 p.m.

Samaritan Choice Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Samaritan Choice Plans. If you have trouble finding your drug in the list, turn to the Index at the back of the book.

The first column of the chart lists the drug name. Brand name drugs are bold (e.g., **STRATTERA**) and generic drugs are not bolded (e.g., ATOMOXETINE HCL). If brand and generic are both covered by Samaritan Choice Plan the drug will be displayed as **Brand Name** (Generic Name), (e.g., **STRATTERA ORAL CAPSULE** (ATOMOXETINE HCL)). Brand and generic status columns are referring to the copay tier level of which it will pay at. Please refer for to your Summary of Benefit and Coverage to see your copay amounts.

The information in the Notes column tells you if Samaritan Choice Plans has any special requirements for coverage of your drug.

Legend

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

Opioid Limits:

All Opiates: Maximum of 2 fills in a 60-day period.

Opiate anti-tussive limits:

- Liquids:
 - Maximum of 240ML per fill.
- Tablets/Capsules:
 - Maximum 7-day supply per fill.

Short-acting Opiate (SAO) Limits:

- New to therapy:
 - Maximum of 49 MED.
 - Maximum 7-day supply per fill.
- Experience with therapy:
 - Maximum of 90 MED.

Long-acting Opiate (LOA) Limits:

- PA required.
- Maximum of 90 MED.

Samaritan Choice Formulary

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Samaritan Choice Formulary

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
STRATTERA ORAL CAPSULE (ATOMOXETINE HCL) 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Tier 3	Tier 2	
*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	
AMPHETAMINE-DEXTROAMPHETAMINE ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG		Tier 2	
*Amphetamines***			
DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 2	
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG, 5 MG		Tier 2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 4		
*Stimulants - Misc.***			
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Tier 4		QL (30 EA per 30 days)
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	
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
METADATE ER ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 20 MG	Tier 2	Tier 2	
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 18 MG, 27 MG, 36 MG, 54 MG		Tier 2	
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 27 MG, 36 MG, 54 MG		Tier 2	
METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 2	
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 2	QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 72 MG	Tier 2	Tier 2	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (METHYLPHENIDATE HCL ER (LA)) 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Aminoglycosides			
*Aminoglycosides***			
NEOMYCIN SULFATE ORAL TABLET 500 MG		Tier 2	
Analgesics - Anti-Inflammatory			
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5		PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5		PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	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
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5		PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5		PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	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	
*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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 2	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 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	
FENORTHO ORAL CAPSULE (FENOPROFEN CALCIUM) 200 MG	Tier 2	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 ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG		Tier 2	
KETOPROFEN ORAL CAPSULE 25 MG, 50 MG, 75 MG		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	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 2	
NAPROXEN DR ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 2	
NAPROXEN ORAL SUSPENSION 125 MG/5ML		Tier 2	
NAPROXEN ORAL TABLET 250 MG, 375 MG, 500 MG		Tier 2	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG		Tier 2	
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	
PROFENO ORAL TABLET (FENOPROFEN CALCIUM) 600 MG	Tier 2	Tier 2	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 2	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		Tier 2	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	Tier 4		
*Pyrimidine Synthesis Inhibitors***			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 2	
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 5		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
BUTALBITAL-APAP ORAL TABLET 50-325 MG		Tier 2	
BUTALBITAL-APAP-CAFFEINE ORAL TABLET 50-325-40 MG		Tier 2	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 2	
CAPACET ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 2	Tier 2	
ESGIC ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 2	Tier 2	
MARTEN-TAB ORAL TABLET 50-325 MG		Tier 2	
TENCON ORAL TABLET (BUTALBITAL-ACETAMINOPHEN) 50-325 MG	Tier 2	Tier 2	
ZEBUTAL ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 2	Tier 2	
*Salicylates***			
ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN LOW DOSE ADULT ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN REGIMEN LOW DOSE ADULT ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
GOODSENSE ASPIRIN ADULT LOW ST ORAL TABLET CHEWABLE 81 MG		Tier 1	
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
HM ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 1	Tier 1	
PX ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
PX ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
RA ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	
RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
RA ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
RA CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
SALSALATE ORAL TABLET 500 MG, 750 MG		Tier 2	
SB ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
SB ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 1	Tier 1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 1	Tier 1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 1	Tier 1	
TGT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
TGT ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
TGT ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
TGT CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
Analgesics - Opioid			
*Codeine Combinations***			
ACETAMINOPHEN-CODEINE #2 ORAL TABLET 300-15 MG		Tier 2	QL (390 EA per 30 days)
ACETAMINOPHEN-CODEINE #3 ORAL TABLET 300-30 MG		Tier 2	QL (300 EA per 30 days)
ACETAMINOPHEN-CODEINE #4 ORAL TABLET 300-60 MG		Tier 2	QL (300 EA per 30 days)
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML		Tier 2	QL (136 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL 300-15 MG		Tier 2	QL (390 EA per 30 days)
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG		Tier 2	
BUTALBITAL-ASA-CAFF-CODEINE ORAL CAPSULE 50-325-40-30 MG		Tier 2	
TYLENOL WITH CODEINE #3 ORAL TABLET (ACETAMINOPHEN-CODEINE) 300-30 MG	Tier 4	Tier 2	QL (300 EA per 30 days)
TYLENOL WITH CODEINE #4 ORAL TABLET (ACETAMINOPHEN-CODEINE) 300-60 MG	Tier 4	Tier 2	QL (300 EA per 30 days)
*Dihydrocodeine Combinations***			
DVORAH ORAL TABLET (APAP-CAFF-DIHYDROCODEINE) 325-30-16 MG	Tier 2	Tier 2	QL (360 EA per 30 days)
PANLOR ORAL TABLET 325-30-16 MG		Tier 2	QL (360 EA per 30 days)
SYNALGOS-DC ORAL CAPSULE (ASPIRIN-CAFF-DIHYDROCODEINE) 356.4-30-16 MG	Tier 4	Tier 2	QL (330 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TREZIX ORAL CAPSULE (APAP-CAFF-DIHYDROCODEINE) 320.5-30-16 MG	Tier 4	Tier 2	QL (360 EA per 30 days)
*Hydrocodone Combinations***			
HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL 2.5-108 MG/5ML		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL 5-217 MG/10ML		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL 7.5-325 MG/15ML		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 2.5-325 MG ORAL 2.5-325 MG		Tier 2	QL (360 EA per 30 days)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL 7.5-200 MG		Tier 2	QL (180 EA per 30 days)
IBUDONE TABLET 10-200 MG ORAL (HYDROCODONE-IBUPROFEN) 10-200 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
IBUDONE TABLET 5-200 MG ORAL (HYDROCODONE-IBUPROFEN) 5-200 MG	Tier 4	Tier 2	QL (270 EA per 30 days)
LORCET HD ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 10-325 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
LORCET ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 5-325 MG	Tier 4	Tier 2	QL (270 EA per 30 days)
LORCET PLUS ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 4	Tier 2	QL (180 EA per 30 days)
LORTAB ORAL ELIXIR 10-300 MG/15ML	Tier 4		QL (73.5 ML per 1 day)
NORCO TABLET 10-325 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 10-325 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
NORCO TABLET 5-325 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 5-325 MG	Tier 4	Tier 2	QL (270 EA per 30 days)
NORCO TABLET 7.5-325 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 4	Tier 2	QL (180 EA per 30 days)
VICODIN ES ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 7.5-300 MG	Tier 4	Tier 2	QL (180 EA per 30 days)
VICODIN HP ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 10-300 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
VICODIN ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 5-300 MG	Tier 4	Tier 2	QL (270 EA per 30 days)
XODOL TABLET 10-300 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 10-300 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
XODOL TABLET 5-300 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 5-300 MG	Tier 4	Tier 2	QL (270 EA per 30 days)
XODOL TABLET 7.5-300 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 7.5-300 MG	Tier 4	Tier 2	QL (180 EA per 30 days)
XYLON ORAL TABLET (HYDROCODONE-IBUPROFEN) 10-200 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
ZAMICET ORAL SOLUTION (HYDROCODONE-ACETAMINOPHEN) 10-325 MG/15ML	Tier 4	Tier 2	QL (73.5 ML per 1 day)
*Meperidine Combinations***			
MEPERIDINE-PROMETHAZINE ORAL CAPSULE 50-25 MG		Tier 2	QL (270 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Opioid Agonists***			
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	Tier 3		PA; QL (90 EA per 30 days)
CODEINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 2	QL (630 EA per 30 days)
CODEINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 2	QL (300 EA per 30 days)
CODEINE SULFATE TABLET 60 MG ORAL 60 MG		Tier 2	QL (150 EA per 30 days)
DEMEROL ORAL TABLET (MEPERIDINE HCL) 100 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
DILAUDID ORAL LIQUID (HYDROMORPHONE HCL) 1 MG/ML	Tier 4	Tier 2	QL (367.5 ML per 30 days)
DILAUDID TABLET 2 MG ORAL (HYDROMORPHONE HCL) 2 MG	Tier 2	Tier 2	QL (180 EA per 30 days)
DILAUDID TABLET 4 MG ORAL (HYDROMORPHONE HCL) 4 MG	Tier 2	Tier 2	QL (90 EA per 30 days)
DILAUDID TABLET 8 MG ORAL (HYDROMORPHONE HCL) 8 MG	Tier 4	Tier 2	QL (30 EA per 30 days)
DOLOPHINE ORAL TABLET (METHADONE HCL) 10 MG, 5 MG	Tier 4	Tier 2	PA
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 100 MCG/HR	Tier 3	Tier 2	PA; QL (30 EA per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 12 MCG/HR	Tier 3	Tier 2	PA; QL (15 EA per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 25 MCG/HR	Tier 3	Tier 2	PA; QL (15 EA per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 50 MCG/HR	Tier 3	Tier 2	PA; QL (15 EA per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 75 MCG/HR	Tier 3	Tier 2	PA; QL (30 EA per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Tier 3		PA; QL (60 EA per 30 days)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROMORPHONE HCL ER) 12 MG, 16 MG, 32 MG, 8 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MCG/5ML-%		Tier 2	
FENTANYL PATCH 72 HOUR 37.5 MCG/HR TRANSDERMAL 37.5 MCG/HR		Tier 2	PA; QL (15 EA per 30 days)
FENTANYL PATCH 72 HOUR 62.5 MCG/HR TRANSDERMAL 62.5 MCG/HR		Tier 2	PA; QL (15 EA per 30 days)
FENTANYL PATCH 72 HOUR 87.5 MCG/HR TRANSDERMAL 87.5 MCG/HR		Tier 2	PA; QL (15 EA per 30 days)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML		Tier 2	
HYDROMORPHONE HCL RECTAL SUPPOSITORY 3 MG		Tier 2	QL (120 EA per 30 days)
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%		Tier 2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 3		PA; QL (30 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (MORPHINE SULFATE ER) 10 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (MORPHINE SULFATE ER) 100 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (MORPHINE SULFATE ER) 20 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL 200 MG	Tier 2		PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (MORPHINE SULFATE ER) 30 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (MORPHINE SULFATE ER) 40 MG	Tier 2	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (MORPHINE SULFATE ER) 50 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (MORPHINE SULFATE ER) 60 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (MORPHINE SULFATE ER) 80 MG	Tier 4	Tier 2	PA; QL (60 EA per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET 2 MG		Tier 2	QL (90 EA per 30 days)
MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML		Tier 2	QL (49 ML per 1 day)
MEPERIDINE HCL TABLET 50 MG ORAL 50 MG		Tier 2	QL (270 EA per 30 days)
MEPERIDINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 500-0.9 MG/50ML-%		Tier 2	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG	Tier 3		PA; QL (60 EA per 30 days)
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 2	QL (72 ML per 30 days)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG		Tier 2	PA; QL (60 EA per 30 days)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 2	PA; QL (30 EA per 30 days)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL 45 MG		Tier 2	PA; QL (30 EA per 30 days)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		Tier 2	PA; QL (30 EA per 30 days)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL 75 MG		Tier 2	PA; QL (30 EA per 30 days)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL 90 MG		Tier 2	PA; QL (30 EA per 30 days)
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 2	QL (735 ML per 30 days)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 2	QL (367.5 ML per 30 days)
MORPHINE SULFATE SUPPOSITORY 10 MG RECTAL 10 MG		Tier 2	QL (120 EA per 30 days)
MORPHINE SULFATE SUPPOSITORY 20 MG RECTAL 20 MG		Tier 2	QL (60 EA per 30 days)
MORPHINE SULFATE SUPPOSITORY 30 MG RECTAL 30 MG		Tier 2	QL (30 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MORPHINE SULFATE SUPPOSITORY 5 MG RECTAL 5 MG		Tier 2	QL (270 EA per 30 days)
MORPHINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 2	QL (90 EA per 30 days)
MORPHINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 2	QL (30 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE (MORPHINE SULFATE ER) 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Tier 4	Tier 2	PA; QL (90 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3		PA; QL (60 EA per 30 days)
NUCYNTA TABLET 100 MG ORAL 100 MG	Tier 3		QL (30 EA per 30 days)
NUCYNTA TABLET 50 MG ORAL 50 MG	Tier 3		QL (60 EA per 30 days)
NUCYNTA TABLET 75 MG ORAL 75 MG	Tier 3		QL (30 EA per 30 days)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	Tier 3		PA; QL (120 EA per 30 days)
OPANA TABLET 10 MG ORAL (OXYMORPHONE HCL) 10 MG	Tier 4	Tier 2	QL (30 EA per 30 days)
OPANA TABLET 5 MG ORAL (OXYMORPHONE HCL) 5 MG	Tier 4	Tier 2	QL (90 EA per 30 days)
OXAYDO TABLET ABUSE-DETERRENT 5 MG ORAL 5 MG	Tier 3		QL (180 EA per 30 days)
OXAYDO TABLET ABUSE-DETERRENT 7.5 MG ORAL 7.5 MG	Tier 3		QL (120 EA per 30 days)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 2	QL (180 EA per 30 days)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 2	QL (48 ML per 30 days)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 2	QL (32.6 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL 10 MG		Tier 2	QL (90 EA per 30 days)
OXYCODONE HCL TABLET 20 MG ORAL 20 MG		Tier 2	QL (30 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 10 MG, 20 MG, 40 MG	Tier 3	Tier 2	PA; QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 15 MG, 30 MG, 60 MG, 80 MG	Tier 3	Tier 2	PA; QL (120 EA per 30 days)
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 (120 EA per 30 days)
ROXICODONE TABLET 15 MG ORAL (OXYCODONE HCL) 15 MG	Tier 4	Tier 2	QL (60 EA per 30 days)
ROXICODONE TABLET 30 MG ORAL (OXYCODONE HCL) 30 MG	Tier 4	Tier 2	QL (30 EA per 30 days)
ROXICODONE TABLET 5 MG ORAL (OXYCODONE HCL) 5 MG	Tier 4	Tier 2	QL (180 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL 15 MG	Tier 3		QL (60 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL 30 MG	Tier 3		QL (30 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL 5 MG	Tier 3		QL (180 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTRAM ORAL TABLET (TRAMADOL HCL) 50 MG	Tier 4	Tier 2	QL (240 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 3		PA; QL (120 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL 10 MG	Tier 3		PA; QL (60 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL 15 MG	Tier 3		PA; QL (60 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL 20 MG	Tier 3		PA; QL (60 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL 30 MG	Tier 3		PA; QL (60 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL 40 MG	Tier 3		PA; QL (60 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 50 MG ORAL 50 MG	Tier 3		PA; QL (120 EA per 30 days)
*Opioid Combinations***			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG	Tier 2	Tier 2	QL (90 EA per 30 days)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG	Tier 2	Tier 2	QL (360 EA per 30 days)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG	Tier 2	Tier 2	QL (180 EA per 30 days)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 2	Tier 2	QL (120 EA per 30 days)
NALOCET ORAL TABLET 2.5-300 MG		Tier 3	QL (390 EA per 30 days)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML		Tier 2	QL (32.6 ML per 1 day)
OXYCODONE-ASPIRIN ORAL TABLET 4.8355-325 MG		Tier 2	QL (180 EA per 30 days)
OXYCODONE-IBUPROFEN ORAL TABLET 5-400 MG		Tier 2	QL (180 EA per 30 days)
PERCOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG	Tier 4	Tier 2	QL (90 EA per 30 days)
PERCOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG	Tier 4	Tier 2	QL (360 EA per 30 days)
PERCOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG	Tier 4	Tier 2	QL (180 EA per 30 days)
PERCOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 4	Tier 2	QL (120 EA per 30 days)
PRIMLEV TABLET 10-300 MG ORAL 10-300 MG	Tier 4		QL (90 EA per 30 days)
PRIMLEV TABLET 5-300 MG ORAL 5-300 MG	Tier 4		QL (180 EA per 30 days)
PRIMLEV TABLET 7.5-300 MG ORAL 7.5-300 MG	Tier 4		QL (120 EA per 30 days)
*Opioid Partial Agonists***			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3		PA; QL (60 EA per 30 days)
BUPRENORPHINE HCL SUBLINGUAL TABLET SUBLINGUAL 2 MG, 8 MG		Tier 2	
BUPRENORPHINE HCL-NALOXONE HCL SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG		Tier 2	QL (90 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 2	QL (2.5 ML per 1 day)
BUTRANS TRANSDERMAL PATCH WEEKLY (BUPRENORPHINE) 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	Tier 3	Tier 2	PA; QL (4.5 EA per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (BUPRENORPHINE) 7.5 MCG/HR	Tier 3	Tier 3	PA; QL (4.5 EA per 30 days)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 2	QL (150 EA per 30 days)
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 3		
*Tramadol Combinations***			
ULTRACET ORAL TABLET (TRAMADOL-ACETAMINOPHEN) 37.5-325 MG	Tier 4	Tier 2	QL (240 EA per 30 days)
Androgens-Anabolic			
*Androgens***			
ANDROGEL TRANSDERMAL GEL (TESTOSTERONE) 40.5 MG/2.5GM (1.62%)	Tier 3	Tier 2	ST
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 12.5 MG/ACT (1%) TRANSDERMAL 12.5 MG/ACT (1%)		Tier 2	ST
TESTOSTERONE GEL 25 MG/2.5GM (1%) TRANSDERMAL 25 MG/2.5GM (1%)		Tier 2	
TESTOSTERONE GEL 50 MG/5GM (1%) TRANSDERMAL 50 MG/5GM (1%)		Tier 2	ST
Anorectal Agents			
*Intrarectal Steroids***			
COLOCORT RECTAL ENEMA (HYDROCORTISONE) 100 MG/60ML	Tier 2	Tier 2	
*Rectal Anesthetic/Steroids***			
HYDROCORTISONE ACE-PRAMOXINE RECTAL CREAM 1-1 %, 2.5-1 %		Tier 2	
*Rectal Steroids***			
ANUSOL-HC RECTAL SUPPOSITORY (ANUCORT-HC) 25 MG	Tier 2	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY (ANUCORT-HC) 25 MG	Tier 2	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY (HYDROCORTISONE ACETATE) 30 MG	Tier 2	Tier 2	
HYDROCORTISONE ACETATE RECTAL SUPPOSITORY 25 MG		Tier 2	
PROCTO-MED HC RECTAL CREAM (HYDROCORTISONE) 2.5 %	Tier 2	Tier 2	
PROCTOSOL HC RECTAL CREAM (HYDROCORTISONE) 2.5 %	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PROCTOZONE-HC RECTAL CREAM (HYDROCORTISONE) 2.5 %	Tier 2	Tier 2	
Anthelmintics			
*Anthelmintics***			
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 4		
IVERMECTIN ORAL TABLET 3 MG		Tier 2	
Antianginal Agents			
*Antianginals-Other***			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 2	PA
*Nitrates***			
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier 3		
ISOSORBIDE DINITRATE ER ORAL TABLET EXTENDED RELEASE 40 MG		Tier 2	
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 2	
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	
MINITRAN TRANSDERMAL PATCH 24 HOUR (NITROGLYCERIN) 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 2	Tier 2	
NITROGLYCERIN INTRAVENOUS SOLUTION 5 MG/ML		Tier 2	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (NITROGLYCERIN) 0.3 MG, 0.4 MG, 0.6 MG	Tier 3	Tier 2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (NITROGLYCERIN ER) 2.5 MG, 6.5 MG, 9 MG	Tier 2	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 SYRUP 10 MG/5ML		Tier 2	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	
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 ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	
ALPRAZOLAM ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
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 3		
Antiasthmatic And Bronchodilator Agents			
*Adrenergic Combinations***			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 1		QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	Tier 3		QL (1 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Tier 3		QL (1 EA per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 3		QL (4 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Tier 3		QL (1 GM per 30 days)
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 2	QL (540 ML per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 3		QL (10.2 GM per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	Tier 1	QL (1 EA per 30 days)
*Beta Adrenergics***			
ALBUTEROL SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG		Tier 2	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION (2.5 MG/3ML) 0.083%		Tier 2	QL (540 ML per 30 days)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%		Tier 2	
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 2	QL (540 ML per 30 days)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 2	QL (540 ML per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 3	Tier 1	QL (17.01 GM per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 3	Tier 1	QL (13.41 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 3		QL (60 EA per 30 days)
TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG		Tier 2	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 3	Tier 1	QL (16.02 GM per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 3	Tier 1	QL (36 GM per 30 days)
XOPENEX HFA INHALATION AEROSOL (LEVALBUTEROL TARTRATE) 45 MCG/ACT	Tier 3	Tier 3	QL (2 GM per 30 days)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (2 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	Tier 3		QL (1 EA per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3		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***			
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 4		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Steroid Inhalants***			
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 3		QL (2 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 3		QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	Tier 3		QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 3		QL (2 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	Tier 3		QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	Tier 3		QL (2 GM per 30 days)
BUDESONIDE SUSPENSION 0.25 MG/2ML INHALATION 0.25 MG/2ML		Tier 2	QL (240 ML per 30 days)
BUDESONIDE SUSPENSION 0.5 MG/2ML INHALATION 0.5 MG/2ML		Tier 2	QL (120 ML per 30 days)
BUDESONIDE SUSPENSION 1 MG/2ML INHALATION 1 MG/2ML		Tier 2	QL (60 ML per 30 days)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION 110 MCG/ACT	Tier 1		QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION 220 MCG/ACT	Tier 1		QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION 44 MCG/ACT	Tier 1		QL (22 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 4		QL (1 EA per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	Tier 1		QL (17.4 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 1		QL (21.3 GM per 30 days)
*Xanthines***			
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (THEOPHYLLINE ER) 100 MG, 200 MG, 300 MG	Tier 2	Tier 2	
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 450 MG		Tier 2	
*Anticoagulants - Misc.***			
*Anticoagulants - Misc.***			
SODIUM CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 4 %		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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Direct Factor Xa Inhibitors***			
ELIQUIS STARTER PACK ORAL TABLET 5 MG	Tier 3		QL (90 EA per 30 days)
ELIQUIS TABLET 2.5 MG ORAL 2.5 MG	Tier 3		QL (60 EA per 30 days)
ELIQUIS TABLET 5 MG ORAL 5 MG	Tier 3		QL (90 EA per 30 days)
XARELTO TABLET 10 MG ORAL 10 MG	Tier 3		QL (30 EA per 30 days)
XARELTO TABLET 15 MG ORAL 15 MG	Tier 3		QL (60 EA per 30 days)
XARELTO TABLET 2.5 MG ORAL 2.5 MG	Tier 3		QL (60 EA per 30 days)
XARELTO TABLET 20 MG ORAL 20 MG	Tier 3		QL (30 EA per 30 days)
*Heparins And Heparinoid-Like Agents***			
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE 5000 UNIT/0.5ML		Tier 2	
*Low Molecular Weight Heparins***			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 2	
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 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	
FRAGMIN SUBCUTANEOUS SOLUTION 5000 UNIT/0.2ML	Tier 3		
*Thrombin Inhibitors - Selective Direct & Reversible***			
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%		Tier 2	
PRADAXA ORAL CAPSULE 110 MG	Tier 4		
Anticonvulsants			
*Anticonvulsants - Benzodiazepines***			
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	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG		Tier 2	
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML		Tier 2	
CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG		Tier 2	
EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG	Tier 2	Tier 2	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 2	
LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG	Tier 3	Tier 2	
LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG	Tier 3	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG	Tier 3	Tier 2	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 2	
LEVETIRACETAM INTRAVENOUS SOLUTION 500 MG/5ML		Tier 2	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML		Tier 2	
LEVETIRACETAM ORAL TABLET 250 MG		Tier 2	
LYRICA ORAL CAPSULE (PREGABALIN) 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 3	Tier 2	PA
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 2	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 2	
PRIMIDONE ORAL TABLET 250 MG, 50 MG		Tier 2	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 1000 MG, 500 MG	Tier 2	Tier 2	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 750 MG	Tier 2	Tier 2	
SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG	Tier 2	Tier 2	
SUBVENITE ORAL TABLET (LAMOTRIGINE) 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	
SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG	Tier 2	Tier 2	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (CARBAMAZEPINE ER) 100 MG	Tier 3	Tier 2	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG		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***			
GABITRIL ORAL TABLET (TIAGABINE HCL) 12 MG, 16 MG	Tier 3	Tier 2	
TIAGABINE HCL ORAL TABLET 2 MG, 4 MG		Tier 2	
*Hydantoins***			
DILANTIN CAPSULE 100 MG ORAL (PHENYTOIN SODIUM EXTENDED) 100 MG	Tier 4	Tier 2	
DILANTIN CAPSULE 30 MG ORAL 30 MG	Tier 3		
DILANTIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG	Tier 4	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DILANTIN ORAL SUSPENSION (PHENYTOIN) 125 MG/5ML	Tier 4	Tier 2	
PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) 200 MG, 300 MG	Tier 4	Tier 2	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG	Tier 2	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	
VALPROATE SODIUM ORAL SOLUTION 250 MG/5ML		Tier 2	
VALPROIC ACID ORAL CAPSULE 250 MG		Tier 2	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		Tier 2	
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	
*Modified Cyclics***			
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
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3		ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3		ST
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3		
TRANLYCPROMINE SULFATE ORAL TABLET 10 MG		Tier 2	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	
ESCITALOPRAM OXALATE ORAL SOLUTION 5 MG/5ML		Tier 2	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		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 CONCENTRATE 20 MG/ML		Tier 2	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
*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 ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 225 MG, 37.5 MG, 75 MG		Tier 2	
VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 2	
*Sris-Nutritional Supplement Combinations***			
PRAMLYTE ORAL THERAPY PACK 10 MG		Tier 4	
*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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 3		PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 3		PA
*Biguanides***			
METFORMIN HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG		Tier 1	
METFORMIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		Tier 1	
*Diabetic Other***			
GLUCAGON EMERGENCY INJECTION KIT 1 MG	Tier 1		
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3		ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 4		ST
TRADJENTA ORAL TABLET 5 MG	Tier 4		ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
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
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 4		ST
*Human Insulin***			
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML	Tier 1	Tier 1	
ADMELOG SUBCUTANEOUS SOLUTION (INSULIN LISPRO) 100 UNIT/ML	Tier 1	Tier 1	
APIDRA INJECTION SOLUTION 100 UNIT/ML	Tier 1		
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 1		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 1		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Tier 1		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 1		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 1		
HUMALOG SUBCUTANEOUS SOLUTION (INSULIN LISPRO) 100 UNIT/ML	Tier 1	Tier 1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 1		
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 1		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 4		
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1		
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 1		
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1		
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1		
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 4		ST
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 4		ST
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3		PA
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 3		ST
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	Tier 3		ST
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	Tier 3		ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 3		ST
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 3		ST
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	Tier 3		ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	Tier 3		ST
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 3		ST
*Meglitinide Analogues***			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 2	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3		ST
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4		ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 4		ST
*Sulfonylurea-Biguanide Combinations***			
GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG		Tier 1	
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 1	
*Sulfonylureas***			
CHLORPROPAMIDE ORAL TABLET 100 MG		Tier 2	
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 1	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 1	
GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG		Tier 1	
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		Tier 1	
TOLAZAMIDE ORAL TABLET 250 MG, 500 MG		Tier 2	
*Thiazolidinedione-Biguanide Combinations***			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 2	
*Thiazolidinediones***			
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3		
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 2	
Antidiarrheals			
*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			
*Antidotes - Chelating Agents***			
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 5	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4		
*Opioid Antagonists***			
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML		Tier 2	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 2	
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 4		QL (2 EA per 365 days)
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 4 MG		Tier 2	QL (180 EA per 30 days)
ONDANSETRON HCL TABLET 8 MG ORAL 8 MG		Tier 2	QL (90 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 4 MG ORAL 4 MG		Tier 2	QL (180 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 8 MG ORAL 8 MG		Tier 2	QL (90 EA per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.25 MG/5ML		Tier 2	
*Antiemetic Combinations***			
DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG		Tier 2	
*Antiemetics - Anticholinergic***			
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (SCOPOLAMINE) 1 MG/3DAYS	Tier 3	Tier 2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (SCOPOLAMINE) 1 MG/3DAYS	Tier 3	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		Tier 2	
Antifungals			
*Antifungals***			
BIO-STATIN ORAL CAPSULE 1000000 UNIT, 500000 UNIT		Tier 3	
BIO-STATIN ORAL POWDER		Tier 2	
GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML		Tier 2	
GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET 125 MG, 250 MG		Tier 2	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 2	
TERBINAFINA HCL ORAL TABLET 250 MG		Tier 2	PA; 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	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 2	
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 2	
Antihistamines			
*Antihistamines - Ethanolamines***			
RYVENT ORAL TABLET (CARBINOXAMINE MALEATE) 6 MG	Tier 2	Tier 2	
*Antihistamines - Non-Sedating***			
DESLORATADINE ORAL TABLET DISPERSIBLE 5 MG		Tier 2	
*Antihistamines - Phenothiazines***			
PHENADOZ RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 2	Tier 2	
PHENERGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG, 50 MG	Tier 2	Tier 2	
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		Tier 2	
PROMETHAZINE HCL ORAL SYRUP 6.25 MG/5ML		Tier 2	
PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG, 50 MG	Tier 2	Tier 2	
*Antihistamines - Piperidines***			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 2	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 2	
TRIKLO 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	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 2	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 2	
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 2	
WELCHOL ORAL TABLET (COLESEVELAM HCL) 625 MG	Tier 3	Tier 2	
*Fibric Acid Derivatives***			
FENOFIBRATE MICRONIZED ORAL CAPSULE 130 MG, 134 MG, 200 MG, 43 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL TABLET 120 MG, 145 MG, 160 MG, 40 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 2	
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG, 40 MG		Tier 2	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (FLUVASTATIN SODIUM ER) 80 MG	Tier 3	Tier 2	
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	
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	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
VYTORIN ORAL TABLET (EZETIMIBE-SIMVASTATIN) 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	Tier 3	Tier 2	
*Intestinal Cholesterol Absorption Inhibitors***			
ZETIA ORAL TABLET (EZETIMIBE) 10 MG	Tier 3	Tier 2	PA
*Nicotinic Acid Derivatives***			
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		Tier 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	
ENALAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-25 MG, 5-12.5 MG		Tier 1	
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	
MOEXIPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 15-12.5 MG, 15-25 MG, 7.5-12.5 MG		Tier 2	
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 TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 1	
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	
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	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***			
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG		Tier 2	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 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 2	
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	
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	
PROPRANOLOL-HCTZ ORAL TABLET 40-25 MG, 80-25 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 CAPSULE 375 MG		Tier 2	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5ML	Tier 3		
TRIMETHOPRIM ORAL TABLET 100 MG		Tier 2	
XIFAXAN ORAL TABLET 550 MG	Tier 4		PA
*Anti-Infective Misc. - Combinations***			
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML		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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Cyclic Lipopeptides***			
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		Tier 2	
*Lincosamides***			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG		Tier 2	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 2	
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 300 MG/50ML, 600 MG/50ML, 900 MG/50ML		Tier 2	
*Oxazolidinones***			
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 600-0.9 MG/300ML-%		Tier 2	PA
LINEZOLID INTRAVENOUS SOLUTION 600 MG/300ML		Tier 2	PA
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 2	PA
LINEZOLID ORAL TABLET 600 MG		Tier 2	PA
Antimalarials			
*Antimalarial Combinations***			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 2	
*Antimalarials***			
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG		Tier 2	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 2	
Antimyasthenic Agents			
*Antimyasthenic Agents***			
MESTINON ORAL SOLUTION (PYRIDOSTIGMINE BROMIDE) 60 MG/5ML	Tier 3	Tier 4	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 2	
*Antimyasthenic/Cholinergic Agents***			
MESTINON ORAL SOLUTION (PYRIDOSTIGMINE BROMIDE) 60 MG/5ML	Tier 3	Tier 4	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 2	
Antimyasthenic/Cholinergic Agents			
MESTINON ORAL SOLUTION (PYRIDOSTIGMINE BROMIDE) 60 MG/5ML	Tier 3	Tier 4	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 2	
RIFAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG		Tier 2	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 2	
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BELRAPZO INTRAVENOUS SOLUTION (BENDAMUSTINE HCL) 100 MG/4ML	Tier 4	Tier 4	
BENDEKA INTRAVENOUS SOLUTION (BENDAMUSTINE HCL) 100 MG/4ML	Tier 4	Tier 4	
BUSULFEX INTRAVENOUS SOLUTION (BUSULFAN) 6 MG/ML	Tier 3	Tier 2	
HEXALEN ORAL CAPSULE 50 MG	Tier 3		
OXALIPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 2	
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	Tier 3		
*Antiandrogens***			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 2	
FLUTAMIDE ORAL CAPSULE 125 MG		Tier 2	
NILANDRON ORAL TABLET (NILUTAMIDE) 150 MG	Tier 5	Tier 5	
*Antiestrogens***			
FARESTON ORAL TABLET (TOREMIFENE CITRATE) 60 MG	Tier 5	Tier 5	
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 2	
*Antimetabolites***			
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Tier 3		
CLADRIBINE INTRAVENOUS SOLUTION 10 MG/10ML		Tier 2	
CLOLAR INTRAVENOUS SOLUTION (CLOFARABINE) 1 MG/ML	Tier 3	Tier 2	
CYTARABINE (PF) INJECTION SOLUTION 100 MG/ML, 20 MG/ML		Tier 2	
CYTARABINE INJECTION SOLUTION 20 MG/ML		Tier 2	
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED (DECITABINE) 50 MG	Tier 4	Tier 2	
FLOXURIDINE INJECTION SOLUTION RECONSTITUTED 0.5 GM		Tier 2	
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1.5 GM/15ML, 2 GM/20ML, 200 MG/2ML		Tier 2	
MERCAPTOPYRINE ORAL TABLET 50 MG		Tier 5	
METHOTREXATE ORAL TABLET 2.5 MG		Tier 2	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION 250 MG/10ML, 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 2	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 2	
VIDAZA INJECTION SUSPENSION RECONSTITUTED (AZACITIDINE) 100 MG	Tier 4	Tier 2	
XELODA ORAL TABLET (CAPECITABINE) 150 MG, 500 MG	Tier 5	Tier 5	
*Antineoplastic - Autologous Cellular Immunotherapy***			
PROVENGE INTRAVENOUS SUSPENSION	Tier 3		
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA ORAL CAPSULE 100 MG	Tier 5		
*Antineoplastic - Monoclonal Antibodies***			
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Tier 4		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	Tier 3		
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	Tier 4		
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5		
*Antineoplastic - Multikinase Inhibitors***			
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 5		
*Antineoplastic - Proteasome Inhibitors***			
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		
*Antineoplastic - Tyrosine Kinase Inhibitors***			
ALECENSA ORAL CAPSULE 150 MG	Tier 5		
ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG		Tier 2	
GLEEVEC ORAL TABLET (IMATINIB MESYLATE) 100 MG, 400 MG	Tier 5	Tier 5	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5		PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5		PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5		
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 5		
TYKERB ORAL TABLET 250 MG	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VOTRIENT ORAL TABLET 200 MG	Tier 5		
*Antineoplastic Antibiotics***			
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 2	
DOXORUBICIN HCL INTRAVENOUS SOLUTION 2 MG/ML		Tier 2	
DOXORUBICIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 50 MG		Tier 2	
LIPODOX 50 INTRAVENOUS INJECTABLE (DOXORUBICIN HCL LIPOSOMAL) 2 MG/ML	Tier 2	Tier 2	
*Antineoplastic -Antibody For Radiopharmaceutical Therapy***			
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML	Tier 3		
*Antineoplastic Enzymes***			
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 3		
*Antineoplastics - Photoactivated Agents***			
UVADEX INJECTION SOLUTION 20 MCG/ML	Tier 3		
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 5		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Tier 3		
DACARBAZINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 200 MG		Tier 2	
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 2	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 5		PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 5		PA
MATULANE ORAL CAPSULE 50 MG	Tier 5		
*Aromatase Inhibitors***			
ANASTROZOLE ORAL TABLET 1 MG		Tier 2	
EXEMESTANE ORAL TABLET 25 MG		Tier 2	
LETROZOLE ORAL TABLET 2.5 MG		Tier 2	
*Cardiac Protective Agents***			
DEXRAZOXANE HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG		Tier 2	
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***			
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG	Tier 3		
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	Tier 3		
*Folic Acid Antagonists Rescue Agents***			
FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED (LEVOLEUCOVORIN CALCIUM) 50 MG	Tier 3	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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***			
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		
TEMODAR ORAL CAPSULE (TEMOZOLOMIDE) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	Tier 5	Tier 5	
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 5		
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 5	
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		
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 5		
VANTAS SUBCUTANEOUS KIT 50 MG	Tier 3		
*Mitotic Inhibitors***			
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Tier 3		
DOCETAXEL INTRAVENOUS CONCENTRATE 20 MG/0.5ML		Tier 2	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 3		
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 5	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	Tier 3		
TAXOTERE INTRAVENOUS CONCENTRATE (DOCETAXEL) 20 MG/ML	Tier 3	Tier 2	
VINCASAR PFS INTRAVENOUS SOLUTION (VINCRISTINE SULFATE) 1 MG/ML	Tier 2	Tier 2	
VINORELBINE TARTRATE INTRAVENOUS SOLUTION 10 MG/ML		Tier 2	
*Nitrogen Mustards***			
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (MELPHALAN HCL) 50 MG	Tier 4	Tier 2	
ALKERAN ORAL TABLET (MELPHALAN) 2 MG	Tier 3	Tier 2	
*Nitrosoureas***			
BICNU INTRAVENOUS SOLUTION RECONSTITUTED (CARMUSTINE) 100 MG	Tier 3	Tier 2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	Tier 5		
*Progestins-Antineoplastic***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML		Tier 2	
MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG		Tier 2	
*Selective Retinoid X Receptor Agonists***			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 5	
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		
*Urinary Tract Protective Agents***			
MESNA INTRAVENOUS SOLUTION 100 MG/ML		Tier 2	
MESNEX ORAL TABLET 400 MG	Tier 5		
Antiparkinson Agents			
*Antiparkinson Anticholinergics***			
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
TRIHEXYPHENIDYL HCL ORAL SOLUTION 0.4 MG/ML		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 SYRUP 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	
*Antiparkinson Monoamine Oxidase Inhibitors***			
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 2	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 2	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3		
*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***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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.***			
NUPLAZID ORAL TABLET 17 MG	Tier 5		PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5		ST
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 5		ST
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	
*Benzisoxazoles***			
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/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	Tier 5		
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE (RISPERIDONE) 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	Tier 2	
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		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, 25 MG		Tier 2	
*Dibenzothiazepines***			
QUETIAPINE FUMARATE ORAL TABLET 100 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	
*Phenothiazines***			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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***			
ARIPIRAZOLE ORAL SOLUTION 1 MG/ML		Tier 2	PA
ARIPIRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 2	PA
*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***			
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 5		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5		
COMBIVIR ORAL TABLET (LAMIVUDINE-ZIDOVUDINE) 150-300 MG	Tier 5	Tier 5	
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5		
EPZICOM ORAL TABLET (ABACAVIR SULFATE-LAMIVUDINE) 600-300 MG	Tier 5	Tier 5	
EVOTAZ ORAL TABLET 300-150 MG	Tier 5		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5		
JULUCA ORAL TABLET 50-25 MG	Tier 5		
KALETRA ORAL SOLUTION (LOPINAVIR-RITONAVIR) 400-100 MG/5ML	Tier 5	Tier 5	
KALETRA 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		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5		
TRIZIVIR ORAL TABLET (ABACAVIR-LAMIVUDINE-ZIDOVUDINE) 300-150-300 MG	Tier 5	Tier 5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 5		
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 5		
*Antiretrovirals - Integrase Inhibitors***			
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 10 MG, 25 MG, 50 MG	Tier 5		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE 250 MG	Tier 5		
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 5		
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 5		
INVIRASE ORAL CAPSULE 200 MG	Tier 5		
INVIRASE ORAL TABLET 500 MG	Tier 5		
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 5		
LEXIVA ORAL TABLET (FOSAMPRENAVIR CALCIUM) 700 MG	Tier 5	Tier 5	
NORVIR ORAL CAPSULE 100 MG	Tier 5		
NORVIR ORAL SOLUTION 80 MG/ML	Tier 5		
NORVIR ORAL TABLET (RITONAVIR) 100 MG	Tier 5	Tier 5	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 5		
REYATAZ ORAL CAPSULE (ATAZANAVIR SULFATE) 150 MG, 200 MG, 300 MG	Tier 5	Tier 5	
REYATAZ ORAL PACKET 50 MG	Tier 5		
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	Tier 5		
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 5		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG		Tier 2	
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	Tier 5		
SUSTIVA ORAL CAPSULE (EFAVIRENZ) 200 MG, 50 MG	Tier 5	Tier 5	
SUSTIVA ORAL TABLET (EFAVIRENZ) 600 MG	Tier 5	Tier 5	
VIRAMUNE ORAL SUSPENSION (NEVIRAPINE) 50 MG/5ML	Tier 5	Tier 4	
VIRAMUNE ORAL TABLET (NEVIRAPINE) 200 MG	Tier 5	Tier 5	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
DIDANOSINE ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG		Tier 2	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ZIAGEN ORAL SOLUTION (ABACAVIR SULFATE) 20 MG/ML	Tier 5	Tier 5	
ZIAGEN ORAL TABLET (ABACAVIR SULFATE) 300 MG	Tier 5	Tier 5	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE 200 MG	Tier 5		
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5		
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 5	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 5		
STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG		Tier 2	
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***			
VIREAD ORAL POWDER 40 MG/GM	Tier 5		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5		
VIREAD ORAL TABLET (TENOFОВIR DISOPROXIL FUMARATE) 300 MG	Tier 5	Tier 5	
*Cmv Agents***			
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 2	
*Hepatitis B Agents***			
HEPSERA ORAL TABLET (ADEFOVIR DIPIVOXIL) 10 MG	Tier 4	Tier 2	
*Hepatitis C Agents***			
MODERIBA (1000 MG PACK) ORAL TABLET THERAPY PACK 400 & 600 MG	Tier 2		
MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK 600 MG	Tier 2		
MODERIBA (600 MG PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	Tier 2		
MODERIBA (800 MG PACK) ORAL TABLET THERAPY PACK 400 MG	Tier 2		
MODERIBA ORAL TABLET (RIBAVIRIN) 200 MG	Tier 2	Tier 2	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	Tier 5		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	Tier 5		
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	Tier 5		
RIBASPHERE ORAL CAPSULE (RIBAVIRIN) 200 MG	Tier 2	Tier 2	
RIBASPHERE ORAL TABLET (RIBAVIRIN) 200 MG	Tier 2	Tier 2	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK 400 & 600 MG	Tier 2		
RIBASPHERE RIBAPAK (1200 PACK) ORAL TABLET THERAPY PACK 600 MG	Tier 2		
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	Tier 2		
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG	Tier 2		
SOVALDI ORAL TABLET 400 MG	Tier 5		PA
*Herpes Agents - Purine Analogues***			
ACYCLOVIR ORAL CAPSULE 200 MG		Tier 2	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		Tier 2	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		Tier 2	
ACYCLOVIR SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	
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	
*Neuraminidase Inhibitors***			
TAMIFLU ORAL CAPSULE (OSELTAMIVIR PHOSPHATE) 30 MG, 45 MG, 75 MG	Tier 3	Tier 2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED (OSELTAMIVIR PHOSPHATE) 6 MG/ML	Tier 3	Tier 2	
*Rsv Agents - Nucleoside Analogues***			
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (RIBAVIRIN) 6 GM	Tier 5	Tier 5	PA
Assorted Classes			
*Cyclosporine Analogs***			
CYCLOSPORINE INTRAVENOUS SOLUTION 50 MG/ML		Tier 2	
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 2	
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG, 50 MG	Tier 2	Tier 2	
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML	Tier 2	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 3		
*Homeopathic Products***			
HYLAFEM VAGINAL SUPPOSITORY	Tier 4		
*Immune Globulin Immunosuppressants***			
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	Tier 3		
*Inosine Monophosphate Dehydrogenase Inhibitors***			
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (MYCOPHENOLATE MOFETIL HCL) 500 MG	Tier 3	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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***			
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	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 3		
*Monoclonal Antibodies***			
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	Tier 3		
*Potassium Removing Resins***			
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4		
*Purine Analogs***			
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 3		
AZATHIOPRINE ORAL TABLET 50 MG		Tier 2	
*Atopic Dermatitis - Monoclonal Antibodies***			
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	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		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 1	
BETAXOLOL HCL ORAL TABLET 10 MG		Tier 2	
BISOPROLOL FUMARATE ORAL TABLET 10 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, 50 MG		Tier 2	
*Beta Blockers Non-Selective***			
NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 2	
PINDOLOL ORAL TABLET 10 MG, 5 MG		Tier 2	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PROPRANOLOL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 1	
SORINE ORAL TABLET (SOTALOL HCL) 120 MG, 160 MG, 240 MG, 80 MG	Tier 2	Tier 2	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 2	
SOTALOL HYDROCHLORIDE ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 2	
TIMOLOL MALEATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
Biologicals Misc			
*Allergenic Extracts***			
GRASSTK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 4		PA
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	Tier 4		PA
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEDIPINE ER) 30 MG, 60 MG	Tier 2	Tier 2	
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	Tier 2	Tier 2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG	Tier 2	Tier 2	
DILTIAZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		Tier 2	
DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 420 MG		Tier 2	
DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG		Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 120 MG, 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	Tier 2	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 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	
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG		Tier 2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 240 MG, 300 MG, 360 MG	Tier 2	Tier 2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 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***			
DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	Tier 2	Tier 2	
DIGOX ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	Tier 2	Tier 2	
DIGOXIN INJECTION SOLUTION 0.25 MG/ML		Tier 2	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 2	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	Tier 3		
Cardiovascular Agents - Misc.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
AMLODIPINE-ATORVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		Tier 2	
*Peripheral Vasodilators***			
ISOXSUPRINE HCL ORAL TABLET 10 MG		Tier 2	
*Prostaglandin Vasodilators***			
EPOPROSTENOL SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG		Tier 2	
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 5	
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
REVATIO INTRAVENOUS SOLUTION (SILDENAFIL CITRATE) 10 MG/12.5ML	Tier 4	Tier 2	PA
REVATIO ORAL TABLET (SILDENAFIL CITRATE) 20 MG	Tier 4	Tier 2	PA
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 2	PA
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	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG, 750 MG		Tier 2	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
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 125 MG/5ML, 250 MG/5ML, 375 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 7.5 GM, 750 MG		Tier 2	
CEFUROXIME SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1.5 GM		Tier 2	
*Cephalosporins - 3Rd Generation***			
CEFDINIR ORAL CAPSULE 300 MG		Tier 2	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEFPODOXIME PROXETIL ORAL TABLET 200 MG		Tier 2	
Chemicals			
*Bulk Chemicals - Ar's***			
ARNICA LIQUID		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	
BEKYREE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
KIMIDESS ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 1		
PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
VIORALE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	
*Combination Contraceptives - Oral***			
AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
AUROVELA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
BLISOVI 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1		
CYCLAFEM 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
DASETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		
EMOQUETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	Tier 1		
FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
GIANVI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
GILDAGIA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
HAILEY 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
JUNEL FE 24 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	
KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
LARIN 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
LARISSIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	
LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
LILLOW ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
LOMEDIA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1		
LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
MARLISSA ORAL TABLET 0.15-30 MG-MCG		Tier 1	
MELODETTA 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1		
MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONONESSA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	Tier 1		
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
NORETHINDRONE ACET-ETHINYL EST ORAL TABLET CHEWABLE 1-20 MG-MCG(24)		Tier 1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
OGESTREL ORAL TABLET 0.5-50 MG-MCG	Tier 1		
ORSYTHIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
PREVIFEM ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
RAJANI ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.02-0.451 MG	Tier 1	Tier 1	
RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
TARINA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG	Tier 1	Tier 1	
VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG	Tier 1	Tier 1	
ZARAH ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
ZENCHENT FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG	Tier 1	Tier 1	
ZENCHENT ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
ZOVIA 1/35E (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	
ZOVIA 1/50E (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	
ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
*Combination Contraceptives - Transdermal***			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		
*Combination Contraceptives - Vaginal***			
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	Tier 1		
*Continuous Contraceptives - Oral***			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	
*Emergency Contraceptives***			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
ELLA ORAL TABLET 30 MG	Tier 1		
FALLBACK SOLO ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
NEXT CHOICE ONE DOSE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
PREVENTEZA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
*Extended-Cycle Contraceptives - Oral***			
AMETHIA LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	
AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	
FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
QUASENSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (MEDROXYPROGESTERONE ACETATE) 150 MG/ML	Tier 2	Tier 1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (MEDROXYPROGESTERONE ACETATE) 150 MG/ML	Tier 2	Tier 1	
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
JOLIVETTE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
NORLYDA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
TULANA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
*Triphasic Contraceptives - Oral***			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		
CAZIANF ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1		
CYCLAFEM 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		
LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	
MYZILRA ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	
NECON 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		
TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRINESSA (28) ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRINESSA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-PREVIFEM ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	
TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1		
Corticosteroids			
*Glucocorticosteroids***			
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 4		
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 ORAL SYRUP 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Mineralocorticoids***			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 2	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
BENZONATATE ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 2	
*Antitussive - Opioid***			
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
HYDROMET ORAL SYRUP 5-1.5 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
TUSSIGON ORAL TABLET (HYDROCODONE-HOMATROPINE) 5-1.5 MG	Tier 3	Tier 2	QL (180 EA per 30 days)
*Antitussive-Expectorant***			
CHERATUSSIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
CODITUSSIN AC ORAL LIQUID 200-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
FLOWTUSS ORAL SOLUTION (HYDROCODONE-GUAIFENESIN) 2.5-200 MG/5ML	Tier 3	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)
GUAIA TUSSIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
MAR-COF CG EXPECTORANT ORAL LIQUID (TRYMINE CG) 225-7.5 MG/5ML	Tier 3	Tier 3	QL (240 ML Max Qty Per Fill Retail)
M-CLEAR WC ORAL SOLUTION 100-6.3 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
OBREDON ORAL SOLUTION (HYDROCODONE-GUAIFENESIN) 2.5-200 MG/5ML	Tier 3	Tier 3	QL (240 ML Max Qty Per Fill Retail)
RELCOF C ORAL SOLUTION 100-6.3 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
ROBAFEN AC ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
VIRTUSSIN A/C 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)
GUAIFENESIN DAC ORAL SOLUTION 30-10-100 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML	Tier 2		QL (240 ML Max Qty Per Fill Retail)
VIRTUSSIN DAC ORAL SOLUTION 30-10-100 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	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG	Tier 2	Tier 2	
ALL DAY ALLERGY D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALL DAY ALLERGY D-12 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	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 60-120 MG	Tier 3	Tier 2	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 180-240 MG	Tier 3	Tier 2	
ALLERGY D-12 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		Tier 2	
ALLERGY RELIEF D-24 ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
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 RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
BPM PSEUDO ORAL TABLET EXTENDED RELEASE 12 HOUR 6-45 MG		Tier 2	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 4		
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG	Tier 3	Tier 2	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG	Tier 3	Tier 2	
CVS ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 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	
CVS LORATADINE-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
EQ ALLERGY & CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQ ALLERGY RELIEF D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
EQL ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL ALLERGY/CONGESTION RELIEF 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	
GNP LORATADINE-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
HM ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
HM ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
HM ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 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 (RA LORATA-D) 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	
MEIJER ALLERGY/CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
MM LORATADINE-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
PROMETHAZINE VC PLAIN ORAL SOLUTION 6.25-5 MG/5ML		Tier 2	
PROMETHAZINE-PHENYLEPHRINE ORAL SYRUP 6.25-5 MG/5ML		Tier 2	
PX ALLERGY RELIEF D (LORATID) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
QC LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
RA ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
RA ALLERGY/CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
RA ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
RA CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SB ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
SEMPREX-D ORAL CAPSULE 8-60 MG	Tier 4		
SHOPKO ALLERGY RELIEF-D (CETI) ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG	Tier 2	Tier 2	
SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG	Tier 2	Tier 2	
SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG	Tier 2	Tier 2	
SM ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SM LORATADINE D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SM LORATADINE D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SM LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
SW ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
TGT ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
TGT ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
TGT ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
TGT ALLERGY+ CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG, 60-120 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 (RA LORATA-D) 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
*Decongestant W/ Expectorant***			
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	Tier 3		
*Misc. Respiratory Inhalants***			
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %		Tier 2	
*Non-Narc Antitussive-Antihistamine***			
PROMETHAZINE-DM ORAL SOLUTION 6.25-15 MG/5ML		Tier 2	
PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML		Tier 2	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM ORAL SYRUP (PSEUDOEPH-BROMPHEN-DM) 30-2-10 MG/5ML	Tier 2	Tier 2	
*Opioid Antitussive-Antihistamine***			
CODAR AR ORAL LIQUID 2-8 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE-CODEINE ORAL SYRUP 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG	Tier 3		QL (240 EA Max Qty Per Fill Retail)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE (HYDROCOD POLST-CPM POLST ER) 10-8 MG/5ML	Tier 3	Tier 2	QL (240 ML Max Qty Per Fill Retail)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
VITUZ ORAL SOLUTION 5-4 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
Z-TUSS AC ORAL LIQUID 2-9 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
*Opioid Antitussive-Decongestant***			
REZIRA ORAL SOLUTION 60-5 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
*Opioid Antitussive-Decongestant-Antihistamine***			
CAPCOF ORAL SYRUP 5-2-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
HISTEX-AC ORAL SYRUP 10-2.5-10 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
MAR-COF BP ORAL LIQUID 30-2-7.5 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
M-END PE ORAL LIQUID 3.33-1.33-6.33 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE VC/CODEINE ORAL SYRUP 6.25-5-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE-PHENYLEPH-CODEINE ORAL SYRUP 6.25-5-10 MG/5ML		Tier 2	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)
RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML	Tier 3		QL (240 ML Max Qty Per Fill Retail)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ZUTRIPRO ORAL SOLUTION (PSEUDOEPH-CHLORPHEN-HYDROCOD) 60-4-5 MG/5ML	Tier 3	Tier 2	QL (240 ML Max Qty Per Fill Retail)
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 PHOSPHATE EXTERNAL FOAM 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 2	
ERY EXTERNAL PAD 2 %		Tier 2	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 2	
ERYTHROMYCIN EXTERNAL PAD 2 %		Tier 2	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 2	
*Acne Combinations***			
AVAR CLEANSER EXTERNAL EMULSION (SULFACETAMIDE SODIUM-SULFUR) 10-5 %	Tier 2	Tier 2	
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 2	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 2	
ROSANIL CLEANSER EXTERNAL EMULSION (SULFACETAMIDE SODIUM-SULFUR) 10-5 %	Tier 2	Tier 2	
*Acne Products***			
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 2	
ADAPALENE EXTERNAL GEL 0.1 %		Tier 2	
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 2	Tier 2	
AVITA EXTERNAL CREAM (TRETINOIN) 0.025 %	Tier 2	Tier 2	
AVITA EXTERNAL GEL (TRETINOIN) 0.025 %	Tier 2	Tier 2	
AZELEX EXTERNAL CREAM 20 %	Tier 3		
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	Tier 2	
TRETINOIN EXTERNAL CREAM 0.05 %, 0.1 %		Tier 2	
TRETINOIN EXTERNAL GEL 0.01 %, 0.05 %		Tier 2	
TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %		Tier 2	
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %		Tier 2	
*Antibiotics - Topical***			
ALTABAX EXTERNAL OINTMENT 1 %	Tier 3		
MUPIROCIN CALCIUM EXTERNAL CREAM 2 %		Tier 2	
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antifungals - Topical Combinations***			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 2	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 2	
DERMAZENE EXTERNAL CREAM (HYDROCORTISONE-IODOQUINOL) 1-1 %	Tier 2	Tier 2	
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 2	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 2	
RECURA EXTERNAL CREAM	Tier 4		
*Antifungals - Topical***			
CICLODAN EXTERNAL CREAM (CICLOPIROX OLAMINE) 0.77 %	Tier 2	Tier 2	
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 SUSPENSION 0.77 %		Tier 2	
LOPROX EXTERNAL CREAM (CICLOPIROX OLAMINE) 0.77 %	Tier 3	Tier 2	
NYATA 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	
*Anti-Inflammatory Agents - Topical***			
DICLOFONO TRANSDERMAL GEL 1.6 %	Tier 3		
VOLTAREN TRANSDERMAL GEL (DICLOFENAC SODIUM) 1 %	Tier 3	Tier 2	
*Anti-Inflammatory Combinations - Topical***			
DS PREP PAK COMBINATION THERAPY PACK 1 & 0.13 %		Tier 4	
*Antineoplastic Antimetabolites - Topical***			
FLUOROURACIL EXTERNAL CREAM 5 %		Tier 2	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 2	
*Antipruritics - Topical***			
PRUDOXIN EXTERNAL CREAM (DOXEPIN HCL) 5 %	Tier 3	Tier 2	
ZONALON EXTERNAL CREAM (DOXEPIN HCL) 5 %	Tier 3	Tier 2	
*Antipsoriatics - Systemic***			
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA
SORIATANE ORAL CAPSULE (ACITRETIN) 10 MG, 17.5 MG, 25 MG	Tier 4	Tier 2	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5		PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5		PA
*Antipsoriatics***			
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 2	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 2	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 3		
TAZORAC EXTERNAL CREAM (TAZAROTENE) 0.1 %	Tier 3	Tier 2	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 3		
*Antiseborrheic Products***			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 2	
*Antivirals - Topical***			
ACYCLOVIR EXTERNAL CREAM 5 %		Tier 2	
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 2	
*Burn Products***			
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 2	Tier 2	
*Corticosteroids - Topical***			
ALA-CORT EXTERNAL CREAM 2.5 %		Tier 2	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL CREAM 0.05 %		Tier 2	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL LOTION 0.05 %		Tier 2	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL OINTMENT 0.05 %		Tier 2	
BETAMETHASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 2	
BETAMETHASONE DIPROPIONATE EXTERNAL LOTION 0.05 %		Tier 2	
BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLOBETASOL PROP EMOLLIENT BASE EXTERNAL CREAM 0.05 %		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 GEL 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL LIQUID 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL LOTION 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 2	
DESONIDE EXTERNAL CREAM 0.05 %		Tier 2	
DESONIDE EXTERNAL LOTION 0.05 %		Tier 2	
DESONIDE EXTERNAL OINTMENT 0.05 %		Tier 2	
FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL 0.01 %		Tier 2	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 2	
FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL 0.01 %		Tier 2	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 2	
FLUOCINONIDE EXTERNAL CREAM 0.05 %, 0.1 %		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	
HALOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 2	
HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 2	
HYDROCORTISONE EXTERNAL CREAM 2.5 %		Tier 2	
HYDROCORTISONE EXTERNAL OINTMENT 2.5 %		Tier 2	
HYDROCORTISONE VALERATE EXTERNAL CREAM 0.2 %		Tier 2	
HYDROCORTISONE VALERATE EXTERNAL OINTMENT 0.2 %		Tier 2	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 2	
MOMETASONE FUROATE EXTERNAL OINTMENT 0.1 %		Tier 2	
SYNALAR EXTERNAL CREAM (FLUOCINOLONE ACETONIDE) 0.025 %	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SYNALAR EXTERNAL OINTMENT (FLUOCINOLONE ACETONIDE) 0.025 %	Tier 2	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	
*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 2	
XOLEGEL EXTERNAL GEL 2 %	Tier 3		
*Immunomodulators Imidazoquinolinamines - Topical***			
IMIQUIMOD EXTERNAL CREAM 5 %		Tier 2	
ZYCLARA EXTERNAL CREAM (IMIQUIMOD PUMP) 3.75 %	Tier 5	Tier 5	
ZYCLARA PUMP EXTERNAL CREAM (IMIQUIMOD PUMP) 3.75 %	Tier 5	Tier 5	
*Local Anesthetics - Topical***			
7T LIDO EXTERNAL GEL 2 %	Tier 2		
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	
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 2	
LIDOCAINE PAK EXTERNAL OINTMENT 5 %		Tier 2	
PREMIUM LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 2	
*Macrolide Immunosuppressants - Topical***			
ELIDEL EXTERNAL CREAM (PIMECROLIMUS) 1 %	Tier 3	Tier 2	
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 2	
*Misc. Topical Combinations***			
DERMAWERX SURGICAL PLUS PAK EXTERNAL KIT 4 & 2 & 5 %(ONT-ONT)	Tier 4		
*Rosacea Agents***			
FINACEA EXTERNAL GEL (AZELAIC ACID) 15 %	Tier 3	Tier 2	
METRONIDAZOLE EXTERNAL CREAM 0.75 %		Tier 2	
METRONIDAZOLE EXTERNAL GEL 0.75 %, 1 %		Tier 2	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 2	
NORITATE EXTERNAL CREAM 1 %	Tier 4		
*Scabicides & Pediculicides***			
OVIDE EXTERNAL LOTION (MALATHION) 0.5 %	Tier 3	Tier 2	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Topical Anesthetic Combinations***			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 2	
*Wound Care - Growth Factor Agents***			
REGANEX EXTERNAL GEL 0.01 %	Tier 3		
*Wound Cleansers/Decubitus Ulcer Therapy***			
ALEVICYN DERMAL SPRAY EXTERNAL SOLUTION	Tier 2		
LEVICYN DERMAL SPRAY EXTERNAL SOLUTION	Tier 2		
VASHE CLEANSING EXTERNAL SOLUTION	Tier 2		
Diagnostic Products			
*Diagnostic Biologicals***			
APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	Tier 3		QL (1 ML per 30 days)
CANDIN INTRADERMAL SOLUTION (CANDIDA ALBICANS SKN TST ANTGN)	Tier 3	Tier 3	QL (1 ML per 30 days)
TUBERSOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	Tier 3		QL (1 ML per 30 days)
*Diagnostic Drugs***			
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	Tier 3		QL (1 EA per 30 days)
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCU-CHEK GUIDE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCUTREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVANCE INTUITION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVOCATE REDI-CODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVOCATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
AGAMATRIX AMP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AGAMATRIX PRESTO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE 3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE 4 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE II CHECK IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE II IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE PLATINUM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE PRISM MULTI TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE PRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
AT LAST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
BREEZE 2 TEST IN VITRO DISK	Tier 1		
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CARESENS N GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CARETOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHOICE NO CODING IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CONTOUR NEXT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CONTOUR TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DIASTIX IN VITRO STRIP	Tier 3		
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP		Tier 1	
DIATRUE PLUS TEST IN VITRO STRIP		Tier 1	
DUO-CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY PLUS BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY STEP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY TOUCH HEALTHPRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY TOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASYGLUCO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYGLUCO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYMAX 15 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYMAX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYPRO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ELEMENT COMPACT TEST IN VITRO STRIP		Tier 1	
ELEMENT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EQ BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EVENCARE G2 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EVENCARE G3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EVOLUTION AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EXACTECH R-S-G TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EXACTECH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA GD20 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA TN'G/TN'G VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORACARE GD40 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORACARE TEST N GO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FORTISCARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FREESTYLE INSULINX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FREESTYLE LITE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FREESTYLE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
GENSTRIP 50 IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GHT TEST IN VITRO STRIP		Tier 1	
GLUCO PERFECT 3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOCARD SHINE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOCARD VITAL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOCARD X-SENSOR IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOCOM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
GLUCOSE METER TEST IN VITRO STRIP		Tier 1	
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP		Tier 1	
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP		Tier 1	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
IGLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
INFINITY VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP		Tier 1	
KROGER TEST IN VITRO STRIP		Tier 1	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LIBERTY TEST IN VITRO STRIP		Tier 1	
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP		Tier 1	
MEIJER PREMIUM GLUCOSE TEST IN VITRO STRIP		Tier 1	
MEIJER TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MEIJER TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MICRODOT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MYGLUCOHEALTH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
NEUTEK 2TEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
NEXGEN TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ONE DROP TEST IN VITRO STRIP		Tier 1	
ONETOUCH ULTRA BLUE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ONETOUCH VERIO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
OPTIUM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
OPTIUMEZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PHARMACIST CHOICE NO CODING IN VITRO STRIP		Tier 1	
POCKETCHEM EZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRECISION PCX IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRECISION PCX PLUS TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRECISION POINT OF CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRECISION QID TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRECISION SOF-TACT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP		Tier 1	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PTS PANELS GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
QUICKTEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RA TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION PRIME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SMART SENSE PREMIUM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SMART SENSE VALUE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SOLUS V2 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SUPREME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SURE EDGE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TGT BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP		Tier 1	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ULTRATRAK PRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
UNISTRIP1 GENERIC IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
VICTORY AGM-4000 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
WAVESENSE PRESTO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
Dietary Products/Dietary Management Products			
*Nutritional Supplements***			
ASILNASALRMS ORAL CAPSULE	Tier 2		
Digestive Aids			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	Tier 3		
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	Tier 3		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 5000-24000 UNIT	Tier 3		
Diuretics			
*Carbonic Anhydrase Inhibitors***			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 TABLET 100 MG, 25 MG, 50 MG		Tier 2	
*Thiazides And Thiazide-Like Diuretics***			
CHLOROTHIAZIDE ORAL TABLET 500 MG		Tier 2	
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 10 MG		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 2	QL (8 EA per 28 days)
ALENDRONATE SODIUM TABLET 40 MG ORAL 40 MG		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 70 MG ORAL 70 MG		Tier 2	QL (4.29 EA per 30 days)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 150 MG ORAL 150 MG		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 2	QL (4 EA per 28 days)
*Calcitonins***			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Carnitine Replenisher - Agents***			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 2	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 2	
*Dopamine Receptor Agonists***			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 2	
*Growth Hormones***			
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5		PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	Tier 5		PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG	Tier 5		PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 5		PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	Tier 5		PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	Tier 5		PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	Tier 5		PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	Tier 5		PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 5		PA
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	Tier 5		PA
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	Tier 5		PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	Tier 5		PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 5		PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	Tier 5		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***			
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 2	
HECTOROL ORAL CAPSULE (DOXERCALCIFEROL) 2.5 MCG	Tier 4	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		
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	Tier 5		
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Selective Estrogen Receptor Modulators (Serms)***			
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 2	
*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	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 40-0.9 UT/100ML-%		Tier 2	
Estrogens			
*Estrogen & Androgen***			
COVARYX HS ORAL TABLET (EST ESTROGENS-METHYLTEST HS) 0.625-1.25 MG	Tier 2	Tier 2	
COVARYX ORAL TABLET (EST ESTROGENS-METHYLTEST) 1.25-2.5 MG	Tier 2	Tier 2	
EEMT HS ORAL TABLET (EST ESTROGENS-METHYLTEST HS) 0.625-1.25 MG	Tier 2	Tier 2	
EEMT ORAL TABLET (EST ESTROGENS-METHYLTEST) 1.25-2.5 MG	Tier 2	Tier 2	
EST ESTROGENS-METHYLTEST DS ORAL TABLET 1.25-2.5 MG		Tier 2	
*Estrogen & Progestin***			
AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 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		
FEMHRT LOW DOSE ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG	Tier 3	Tier 2	
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 2	Tier 2	
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG		Tier 2	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 2	Tier 2	
LOPREEZA ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 2	Tier 2	
MIMVEY LO ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG	Tier 2	Tier 2	
MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG	Tier 2	Tier 2	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	Tier 3		
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, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 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	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	Tier 3		
ESTROPIPATE ORAL TABLET 0.75 MG, 1.5 MG, 3 MG		Tier 2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3		
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3		
MINIVELLE 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 3	Tier 2	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 3		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3		
VIVELLE-DOT 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 4	Tier 2	
Fluoroquinolones			
*Fluoroquinolones***			
CIPROFLOXACIN HCL ORAL TABLET 100 MG, 250 MG, 500 MG, 750 MG		Tier 2	
CIPROFLOXACIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)		Tier 2	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 2	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 2	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML		Tier 2	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 2	
OFLOXACIN ORAL TABLET 400 MG		Tier 2	
Gastrointestinal Agents - Misc.			
*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***			
AMITIZA ORAL CAPSULE 24 MCG	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Gastrointestinal Stimulants***			
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	
*Inflammatory Bowel Agents***			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 2	
CANASA RECTAL SUPPOSITORY (MESALAMINE) 1000 MG	Tier 3	Tier 2	
LIALDA ORAL TABLET DELAYED RELEASE (MESALAMINE) 1.2 GM	Tier 3	Tier 2	
MESALAMINE ORAL TABLET DELAYED RELEASE 800 MG		Tier 2	
MESALAMINE RECTAL ENEMA 4 GM		Tier 2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Tier 4		
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 2	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 2	
*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	
*Phosphate Binder Agents***			
RENVELA ORAL PACKET (SEVELAMER CARBONATE) 0.8 GM, 2.4 GM	Tier 3	Tier 2	
RENVELA ORAL TABLET (SEVELAMER CARBONATE) 800 MG	Tier 3	Tier 2	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 2	
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Tier 5		PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	Tier 5		PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5		PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Citrates***			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 5 MEQ (540 MG)		Tier 2	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML		Tier 2	
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG	Tier 3		
*Urinary Analgesics***			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG	Tier 2	Tier 2	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		Tier 2	
*Glycopeptides***			
*Glycopeptides***			
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/100ML-%		Tier 2	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1.25-0.9 GM/250ML-%		Tier 2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 2000 MG/400ML		Tier 2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM, 500 MG		Tier 2	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 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	
COLCRYS ORAL TABLET (COLCHICINE) 0.6 MG	Tier 4	Tier 4	
*Uricosurics***			
PROBENECID ORAL TABLET 500 MG		Tier 2	
Hematological Agents - Misc.			
*C1 Inhibitors***			
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5		PA
*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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*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	
Hematopoietic Agents			
*Cobalamin Combinations***			
LIPO-B INTRAMUSCULAR SOLUTION		Tier 2	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION		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, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION 10 MCG/0.4ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION 100 MCG/0.5ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION 150 MCG/0.3ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION 200 MCG/0.4ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION 25 MCG/0.42ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION 300 MCG/0.6ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION 40 MCG/0.4ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION 500 MCG/ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION 60 MCG/0.3ML	Tier 5		
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5		PA
*Erythropoietins***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION 10 MCG/0.4ML	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION 100 MCG/0.5ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION 150 MCG/0.3ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION 200 MCG/0.4ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION 25 MCG/0.42ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION 300 MCG/0.6ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION 40 MCG/0.4ML	Tier 5		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION 500 MCG/ML	Tier 3		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION 60 MCG/0.3ML	Tier 5		
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5		PA
*Folic Acid/Folate Combinations***			
AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 2	Tier 2	
AV-VITE FB ORAL TABLET 2.5-25-1 MG		Tier 2	
NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 2	Tier 2	
VIRT-VITE ORAL TABLET 2.5-25-1 MG		Tier 2	
*Folic Acid/Folates***			
FOLIC ACID ORAL TABLET 1 MG		Tier 2	
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5		
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5		
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***			
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 5		PA
*Hepatitis C Agent - Combinations***			
*Hepatitis C Agent - Combinations***			
HARVONI ORAL TABLET (LEDIPASVIR- SOFOSBUVIR) 90-400 MG	Tier 5	Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5		PA
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG		Tier 5	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Hypnotics			
*Barbiturate Hypnotics***			
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML		Tier 2	
PHENOBARBITAL ORAL SOLUTION 20 MG/5ML		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	
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***			
ROZEREM ORAL TABLET (RAMELTEON) 8 MG	Tier 3	Tier 2	
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)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	Tier 4		QL (100 EA per 30 days)
TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM	Tier 2	Tier 2	QL (420 ML per 30 days)
*Laxatives - Miscellaneous***			
CONSTULOSE ORAL SOLUTION 10 GM/15ML		Tier 2	
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		Tier 2	
PEGYLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350)	Tier 2	Tier 2	
POLYETHYLENE GLYCOL 3350 ORAL PACKET		Tier 2	
*Saline Laxative Mixtures***			
OSMOPREP ORAL TABLET 1.102-0.398 GM	Tier 3		
Local Anesthetics-Parenteral			
*Local Anesthetics - Amides***			
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION 2.5 MG/ML, 5 MG/ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 4		PA
*Lysosomal Acid Lipase (Lal) Deficiency - Agents***			
*Lysosomal Acid Lipase (Lal) Deficiency - Agents***			
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Tier 4		
Macrolides			
*Azithromycin***			
AZITHROMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	
AZITHROMYCIN ORAL PACKET 1 GM		Tier 2	
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***			
ERY-TAB ORAL TABLET DELAYED RELEASE (ERYTHROMYCIN BASE) 500 MG	Tier 3	Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 4		
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	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		Tier 2	
ERYTHROMYCIN ORAL TABLET DELAYED RELEASE 500 MG		Tier 2	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG	Tier 3		
Medical Devices			
*Glucose Monitoring Test Supplies***			
1ST TIER UNILET COMFORTOUCH		Tier 1	
ACCU-CHEK FASTCLIX LANCET KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 1	Tier 1	
ACCU-CHEK MULTICLIX LANCET DEV KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
ACCU-CHEK MULTICLIX LANCETS (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 1	Tier 1	
ACCU-CHEK SOFT TOUCH LANCETS (LANCETS)	Tier 1	Tier 1	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 1	Tier 1	
ACTI-LANCE 28G		Tier 1	
ACTI-LANCE LITE LANCETS 28G		Tier 1	
ACTI-LANCE SPECIAL LANCETS 17G		Tier 1	
ACTI-LANCE UNIVERSAL 23G		Tier 1	
ACTIVE 1ST BLOOD LANCETS 30G (LANCETS)	Tier 1	Tier 1	
ADVANCED MOBILE LANCET		Tier 1	
ADVOCATE LANCETS (LANCETS)	Tier 1	Tier 1	
ADVOCATE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
ADVOCATE LANCING DEVICE (GOODSENSE LANCING DEVICE)	Tier 1	Tier 1	
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 1	Tier 1	
AIMSCO TWIST LANCETS 32G		Tier 1	
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 1	Tier 1	
AQUALANCE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
ASSURE COMFORT LANCETS 28G		Tier 1	
ASSURE HAEMOLANCE PLUS HIGH (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS LOW (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS MICRO (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS NORMAL (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS PED (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE LANCETS (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCETS (LANCETS)	Tier 1	Tier 1	
AT LAST LANCETS (LANCETS)	Tier 1	Tier 1	
AURORA LANCET SUPER THIN 30G		Tier 1	
AURORA LANCET THIN 23G		Tier 1	
AUTOLET II CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
AUTOLET LITE CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
AUTOLET LITE STARTER PACK KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
AUTOLET PLATFORMS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
BD LANCET ULTRAFINE 30G (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD LANCET ULTRAFINE 33G (LANCETS)	Tier 1	Tier 1	
BD MICROTAINER LANCETS (LANCETS)	Tier 1	Tier 1	
BULLSEYE MINI SAFETY LANCETS		Tier 1	
BULLSEYE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
CAREONE LANCET THIN 23G		Tier 1	
CAREONE LANCET ULTRA THIN 28G		Tier 1	
CARETOUCH LANCING/EJECTOR (GOODSENSE LANCING DEVICE)	Tier 1	Tier 1	
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 1	Tier 1	
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 1	Tier 1	
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 1	Tier 1	
CLEANLET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
CLEVER CHEK LANCETS (LANCETS)	Tier 1	Tier 1	
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 1	Tier 1	
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 1	Tier 1	
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 1	Tier 1	
COAGUCHEK LANCETS (LANCETS)	Tier 1	Tier 1	
COMFORT ASSURED LANCETS 28G		Tier 1	
COMFORT ASSURED LANCETS 33G		Tier 1	
COMFORT LANCETS		Tier 1	
CONTOUR MONITOR DEVICE	Tier 1		
CONTOUR NEXT ONE KIT	Tier 1		
CVS LANCETS 21G		Tier 1	
CVS LANCETS MICRO THIN 33G		Tier 1	
CVS LANCETS ORIGINAL		Tier 1	
CVS LANCETS THIN 26G		Tier 1	
CVS LANCETS ULTRA THIN 30G		Tier 1	
CVS LANCETS ULTRA-THIN 30G		Tier 1	
CVS ULTRA THIN LANCETS		Tier 1	
DIATHRIVE LANCET ULTRA THIN 30		Tier 1	
DIATHRIVE LANCETS		Tier 1	
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	
DRUG MART LANCETS THIN 26G		Tier 1	
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 1	Tier 1	
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 1	Tier 1	
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 1	Tier 1	
EASY COMFORT LANCETS		Tier 1	
EASY COMFORT LANCETS TWIST TOP		Tier 1	
EASY TOUCH LANCETS 21G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 23G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 26G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 26G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 28G (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 30G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 32G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
EASY TWIST & CAP LANCETS (LANCETS)	Tier 1	Tier 1	
EASYTEST II LANCETS (LANCETS)	Tier 1	Tier 1	
EASYTEST LANCETS (LANCETS)	Tier 1	Tier 1	
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	
EQL COLOR LANCETS 21G		Tier 1	
EQL COLOR LANCETS MICRO 33G		Tier 1	
EQL SUPER THIN LANCETS 30G		Tier 1	
EQL THIN LANCETS 26G		Tier 1	
E-Z JECT LANCET MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCET SUPER THIN 30G (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCETS (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCETS 21G (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
EZ SMART BLOOD GLUCOSE LANCETS (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 21G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 23G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 26G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 28G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 30G (LANCETS)	Tier 1	Tier 1	
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 1	Tier 1	
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 1	Tier 1	
FINE 30 (LANCETS)	Tier 1	Tier 1	
FINGERSTIX LANCETS (LANCETS)	Tier 1	Tier 1	
FORA LANCETS (LANCETS)	Tier 1	Tier 1	
FREDS PHARMACY UNILET LANC 28G		Tier 1	
FREDS PHARMACY UNILET LANC 30G		Tier 1	
FREESTYLE LANCETS (LANCETS)	Tier 1	Tier 1	
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 1	Tier 1	
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (BLUE) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GENTEEL CONTACT TIPS (CLEAR) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (GREEN) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (ORANGE) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (RAINBOW) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (VIOLET) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (YELLOW) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL NOZZLES (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTLE-LET GP LANCETS (LANCETS)	Tier 1	Tier 1	
GENTLE-LET LANCETS (LANCETS)	Tier 1	Tier 1	
GENTLE-LET PLATFORMS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GLOBAL INJECT EASE LANCETS 28G		Tier 1	
GLOBAL INJECT EASE LANCETS 30G		Tier 1	
GLUCOCOM LANCETS 28G (LANCETS)	Tier 1	Tier 1	
GLUCOCOM LANCETS 30G (LANCETS)	Tier 1	Tier 1	
GLUCOCOM LANCETS 33G (LANCETS)	Tier 1	Tier 1	
GNP LANCETS		Tier 1	
GNP LANCETS 21G		Tier 1	
GNP LANCETS MICRO THIN 33G		Tier 1	
GNP LANCETS SUPER THIN 30G		Tier 1	
GNP LANCETS THIN		Tier 1	
GNP LANCETS THIN 26G		Tier 1	
GNP MICRO THIN LANCETS 33G		Tier 1	
GNP SUPER THIN LANCETS 30G		Tier 1	
GOODSENSE COLOR LANCETS 33G		Tier 1	
GOODSENSE LANCETS 26G UNIV		Tier 1	
GOODSENSE LANCETS 30G		Tier 1	
GOODSENSE LANCETS 30G UNIV		Tier 1	
GOODSENSE LANCETS 33G		Tier 1	
GOODSENSE LANCETS 33G UNIV		Tier 1	
HAEMOLANCE (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 1	Tier 1	
HEALTHY ACCENTS UNILET LANCETS		Tier 1	
H-E-B INCONTROL LANCETS 28G		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
H-E-B INCONTROL LANCETS 30G		Tier 1	
H-E-B INCONTROL LANCETS 33G		Tier 1	
HYPOLANCE AST LANCING KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
HY-VEE LANCETS (LANCETS)	Tier 1	Tier 1	
HY-VEE THIN LANCETS		Tier 1	
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
KINNEY LANCETS		Tier 1	
KINNEY THIN LANCETS		Tier 1	
KROGER LANCETS		Tier 1	
KROGER LANCETS 21G		Tier 1	
KROGER LANCETS MICRO THIN 33G		Tier 1	
KROGER LANCETS SUPER THIN		Tier 1	
KROGER LANCETS THIN		Tier 1	
KROGER LANCETS THIN 26G		Tier 1	
KROGER LANCETS ULTRATHIN 30G		Tier 1	
LANCETS 28G		Tier 1	
LANCETS 30G		Tier 1	
LANCETS MICRO THIN 33G		Tier 1	
LANCETS SUPER THIN 28G		Tier 1	
LANCETS THIN		Tier 1	
LANCETS ULTRA FINE (LANCETS)	Tier 1	Tier 1	
LANCETS ULTRA THIN (LANCETS)	Tier 1	Tier 1	
LANCETS ULTRA THIN 30G		Tier 1	
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 1	Tier 1	
LIFESCAN UNISTIK 2 (LANCETS)	Tier 1	Tier 1	
LIFESCAN UNISTIK II LANCETS (LANCETS)	Tier 1	Tier 1	
LITE TOUCH LANCETS		Tier 1	
LITETOUCH LANCETS (LANCETS)	Tier 1	Tier 1	
LIVE BETTER LANCET SUPER THIN		Tier 1	
LIVE BETTER LANCET ULTRA THIN		Tier 1	
LONGS LANCETS STANDARD		Tier 1	
LONGS LANCETS THIN		Tier 1	
LONGS LANCETS ULTRA THIN		Tier 1	
MEDICHOICE SAFETY LANCET		Tier 1	
MEDICHOICE SAFETY LANCET EXTRA		Tier 1	
MEDICHOICE SAFETY LANCET NORM		Tier 1	
MEDISENSE THIN LANCETS (LANCETS)	Tier 1	Tier 1	
MEDLANCE EXTRA 21G (LANCETS)	Tier 1	Tier 1	
MEDLANCE LITE 25G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS LANCETS (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	
MEDLANCE UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS THIN (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 1	Tier 1	
MEIJER SUPER THIN LANCETS (LANCETS)	Tier 1	Tier 1	
MICROLET LANCETS (LANCETS)	Tier 1	Tier 1	
MICROTAINER SAFETY FLOW LANCET (LANCETS)	Tier 1	Tier 1	
MM TWIST LANCETS (LANCETS)	Tier 1	Tier 1	
MONOJECTOR END CAPS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
MONOJECTOR OPD END CAPS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
MONOLET LANCETS (LANCETS)	Tier 1	Tier 1	
MONOLET OPD LANCETS (LANCETS)	Tier 1	Tier 1	
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
MPD SAFETY LANCET 21G		Tier 1	
MPD SAFETY LANCET 23G		Tier 1	
MPD SAFETY LANCET 28G		Tier 1	
MPD SAFETY LANCET 30G		Tier 1	
MULTI-LANCET DEVICE 2 KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 1	Tier 1	
NETGROUP LANCETS (LANCETS)	Tier 1	Tier 1	
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
NOVA SUREFLEX LANCETS (LANCETS)	Tier 1	Tier 1	
ON CALL LANCETS (LANCETS)	Tier 1	Tier 1	
ON CALL PLUS LANCETS (LANCETS)	Tier 1	Tier 1	
ONETOUCH CLUB LANCETS FINE PT (LANCETS)	Tier 1	Tier 1	
ONETOUCH COMBO PACK (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA LANCETS 33G (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA LANCETS FINE (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 1	Tier 1	
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 1	Tier 1	
ONETOUCH SURESOFT LANCING DEV (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
ONETOUCH ULTRASOFT LANCETS (LANCETS)	Tier 1	Tier 1	
PC LANCETS SUPER THIN 30G		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PENLET II BLOOD SAMPLER KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
PENLET II REPLACEMENT CAP (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
PERFECT LANCETS 28G (LANCETS)	Tier 1	Tier 1	
PERFECT LANCETS 30G (LANCETS)	Tier 1	Tier 1	
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 1	Tier 1	
PHARMACY COUNTER LANCETS (LANCETS)	Tier 1	Tier 1	
PIP LANCETS 28G		Tier 1	
PIP LANCETS 30G		Tier 1	
PRECISION THIN LANCETS (LANCETS)	Tier 1	Tier 1	
PRECISION THINS GP LANCETS (LANCETS)	Tier 1	Tier 1	
PRECISION ULTRA LANCET (LANCETS)	Tier 1	Tier 1	
PREFERRED PLUS LANCETS COLORED		Tier 1	
PREFERRED PLUS LANCETS THIN		Tier 1	
PRESSURE ACTIVAT SAFETY LANCET		Tier 1	
PRO COMFORT LANCETS 30G		Tier 1	
PRO COMFORT LANCETS 31G		Tier 1	
PRODIGY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 1	Tier 1	
PSS SELECT GP LANCETS (LANCETS)	Tier 1	Tier 1	
PSS SELECT PLATFORMS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
PSS SELECT SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
PUSH BUTTON SAFETY LANCETS		Tier 1	
PUSH BUTTON SAFETY LANCETS 28G		Tier 1	
PX LANCETS ULTRA THIN		Tier 1	
PX LANCETS ULTRA THIN 28G		Tier 1	
QC LANCETS SUPER THIN 30G		Tier 1	
QC LANCETS ULTRA THIN		Tier 1	
QC UNILET LANCETS 28G		Tier 1	
QC UNILET LANCETS MICRO THIN		Tier 1	
RA E-ZJECT COLOR LANCETS 33G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS 28G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS THIN 28G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS ULTRA THIN (LANCETS)	Tier 1	Tier 1	
READYLANCE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
REALITY LANCETS		Tier 1	
REALITY TRIGGER LANCETS		Tier 1	
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	
RELION LANCETS STANDARD 21G (LANCETS)	Tier 1	Tier 1	
RELION LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RELION LANCING DEVICE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 1	Tier 1	
RELION ULTRA THIN PLUS LANCETS (LANCETS)	Tier 1	Tier 1	
REXALL LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	
RIGHTEST ALTERNATE SITE ADAPT (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
RIGHTEST GL300 LANCETS (LANCETS)	Tier 1	Tier 1	
SAFE-T-LANCE (LANCETS)	Tier 1	Tier 1	
SAFE-T-LANCE PLUS (LANCETS)	Tier 1	Tier 1	
SAFETY LANCET 21G/PRESSURE ACT		Tier 1	
SAFETY LANCET 28G/PRESSURE ACT		Tier 1	
SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	
SAFETY LANCETS 28G		Tier 1	
SAFETY LET LANCETS (LANCETS)	Tier 1	Tier 1	
SAFETY SEAL LANCETS (LANCETS)	Tier 1	Tier 1	
SAPS HEALTH TWIST TOP LANCETS		Tier 1	
SAPS TWIST TOP LANCETS		Tier 1	
SAPSCARE TWIST TOP LANCETS		Tier 1	
SB LANCETS THIN		Tier 1	
SB LANCETS ULTRA THIN		Tier 1	
SHOPKO ON-THE-GO LANCETS 30G (LANCETS)	Tier 1	Tier 1	
SHOPKO UNILET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SHOPKO UNILET LANCETS 30G (LANCETS)	Tier 1	Tier 1	
SIDE BUTTON SAFETY LANCET		Tier 1	
SINGLE-LET (LANCETS)	Tier 1	Tier 1	
SM LANCETS 33G		Tier 1	
SMART SENSE COLOR LANCETS 33G (LANCETS)	Tier 1	Tier 1	
SMART SENSE STANDARD LANCETS (LANCETS)	Tier 1	Tier 1	
SMART SENSE SUPER THIN LANCETS (LANCETS)	Tier 1	Tier 1	
SMART SENSE THIN LANCETS 26G (LANCETS)	Tier 1	Tier 1	
SMARTEST LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SOLUS V2 LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 1	Tier 1	
STERILANCE PA (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
STERILANCE TL (LANCETS)	Tier 1	Tier 1	
SUPER THIN LANCETS		Tier 1	
SURE COMFORT LANCETS 18G		Tier 1	
SURE COMFORT LANCETS 21G		Tier 1	
SURE COMFORT LANCETS 23G		Tier 1	
SURE COMFORT LANCETS 28G		Tier 1	
SURE COMFORT LANCETS 30G		Tier 1	
SURE-LANCE FLAT LANCETS (LANCETS)	Tier 1	Tier 1	
SURE-LANCE LANCETS 26G (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SURE-LANCE THIN LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SURE-LANCE ULTRA THIN LANCETS (LANCETS)	Tier 1	Tier 1	
SURELITE LANCETS (LANCETS)	Tier 1	Tier 1	
SURE-TOUCH LANCETS UNIVERSAL (LANCETS)	Tier 1	Tier 1	
TECHLITE AST LANCETS (LANCETS)	Tier 1	Tier 1	
TECHLITE LANCETS (LANCETS)	Tier 1	Tier 1	
TECHLITE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
TGT LANCET MICRO THIN 33G		Tier 1	
TGT LANCET THIN 26G		Tier 1	
TGT LANCET ULTRA THIN 30G		Tier 1	
THINLETS GP LANCETS (LANCETS)	Tier 1	Tier 1	
THINLETS LANCET (LANCETS)	Tier 1	Tier 1	
TODAYS HEALTH THIN LANCETS 28G		Tier 1	
TODAYS HEALTH THIN LANCETS 30G		Tier 1	
TOPCARE LANCETS MICRO-THIN 33G		Tier 1	
TRAVEL LANCETS		Tier 1	
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 1	Tier 1	
TRUE COMFORT TWIST TOP LANCETS		Tier 1	
TRUEPLUS LANCETS 26G (LANCETS)	Tier 1	Tier 1	
TRUEPLUS LANCETS 28G (LANCETS)	Tier 1	Tier 1	
TRUEPLUS LANCETS 30G (LANCETS)	Tier 1	Tier 1	
TRUEPLUS LANCETS 33G (LANCETS)	Tier 1	Tier 1	
TRUEPLUS SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
ULTILET CLASSIC LANCETS (LANCETS)	Tier 1	Tier 1	
ULTILET LANCETS (LANCETS)	Tier 1	Tier 1	
ULTILET SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
ULTILET SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	
ULTRA THIN LANCETS 31G		Tier 1	
ULTRA-CARE LANCETS 30G		Tier 1	
ULTRALANCE (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
ULTRA-THIN II AUTO LANCET (LANCETS)	Tier 1	Tier 1	
ULTRA-THIN II LANCETS (LANCETS)	Tier 1	Tier 1	
UNILET COMFORTOUCH LANCET (LANCETS)	Tier 1	Tier 1	
UNILET EXCELITE (LANCETS)	Tier 1	Tier 1	
UNILET EXCELITE II (LANCETS)	Tier 1	Tier 1	
UNILET G.P. LANCET (LANCETS)	Tier 1	Tier 1	
UNILET G.P. SUPERLITE LANCET (LANCETS)	Tier 1	Tier 1	
UNILET GP 28 ULTRA THIN (LANCETS)	Tier 1	Tier 1	
UNILET LANCET (LANCETS)	Tier 1	Tier 1	
UNILET MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	
UNILET SUPERLITE LANCET (LANCETS)	Tier 1	Tier 1	
UNILET SUPER-THIN 30G (LANCETS)	Tier 1	Tier 1	
UNILET ULTRA-THIN 28G (LANCETS)	Tier 1	Tier 1	
UNISTIK 1 (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNISTIK 2 (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 2 COMFORT (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 2 EXTRA (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 2 NEONATAL (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 2 NORMAL (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 2 SUPER (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 3 (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 3 COMFORT (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 3 EXTRA (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 3 GENTLE (LANCETS)	Tier 1	Tier 1	
UNISTIK 3 NEONATAL (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK 3 NORMAL (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK CZT COMFORT (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK CZT NORMAL (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 1	Tier 1	
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
UNISTIK SAFETY LANCETS 30G (LANCETS)	Tier 1	Tier 1	
UNISTIK TOUCH SAFETY LANC 21G (LANCETS)	Tier 1	Tier 1	
UNISTIK TOUCH SAFETY LANC 23G (LANCETS)	Tier 1	Tier 1	
UNISTIK TOUCH SAFETY LANC 28G (LANCETS)	Tier 1	Tier 1	
UNISTIK TOUCH SAFETY LANC 30G (LANCETS)	Tier 1	Tier 1	
UNIVERSAL 1 LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
UNIVERSAL 1 LANCETS THIN 33G (LANCETS)	Tier 1	Tier 1	
UNIVERSAL 1 LANCETS ULTRA THIN (LANCETS)	Tier 1	Tier 1	
VALUE PLUS LANCET STANDARD 21G		Tier 1	
VALUE PLUS LANCETS SUPER THIN		Tier 1	
VALUE PLUS LANCETS THIN 26G		Tier 1	
VALUMARK LANCET SUPER THIN 30G		Tier 1	
VALUMARK LANCET ULTRA THIN 28G		Tier 1	
VIDA MIA UNILET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
VIDA MIA UNILET LANCETS 30G (LANCETS)	Tier 1	Tier 1	
VITALET PRO LANCETS (LANCETS)	Tier 1	Tier 1	
VITALET PRO PLUS LANCETS (LANCETS)	Tier 1	Tier 1	
VIVAGUARD LANCETS (LANCETS)	Tier 1	Tier 1	
W&F LANCETS 26G (LANCETS)	Tier 1	Tier 1	
W&F LANCETS COLORED 21G (LANCETS)	Tier 1	Tier 1	
WALGREENS ADV TRAVEL LANCETS		Tier 1	
WALGREENS LANCETS (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WALGREENS LANCETS MICRO THIN		Tier 1	
WALGREENS LANCETS SUPER THIN		Tier 1	
WALGREENS THIN LANCETS (LANCETS)	Tier 1	Tier 1	
WALGREENS ULTRA THIN LANCETS (LANCETS)	Tier 1	Tier 1	
*Misc. Devices***			
FOLDING PADDLE WALKER		Tier 1	
*Needles & Syringes***			
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM		Tier 1	
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	
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 1	Tier 1	
ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
ALLERGY SYRINGE 27G X 1/2" 1 ML		Tier 1	
ANTI-STICK INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	
ANTI-STICK TUBERCULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML		Tier 1	
ASSURE ID INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 1	Tier 1	
ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM	Tier 1	Tier 1	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 1	
BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM	Tier 1	Tier 1	
BD ECLIPSE SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD ECLIPSE SYRINGE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
BD INSULIN SYR ULTRAFINE II (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML	Tier 1		
BD INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 1		
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 1		
BD INSULIN SYRINGE ULTRAFINE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
BD INTEGRA SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
BD LUER-LOK SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
BD LUER-LOK SYRINGE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
BD PEN NEEDLE ORIGINAL U/F (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 1	Tier 1	
BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
BD SAFETYGLIDE ALLERGY SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 1	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 1	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML	Tier 1	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 1	Tier 1	
BD SAFETY-LOK INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 1	Tier 1	
BD SYRINGE/NEEDLE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
BD SYRINGE/NEEDLE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
BD SYRINGE/NEEDLE SLIP TIP (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
BD SYRINGE/NEEDLE SLIP TIP 26G X 5/8" 1 ML	Tier 1		
BD TB SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
BD VEO INSULIN SYRINGE U/F (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 1	Tier 1	
CAREFINE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 1	Tier 1	
CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 1	Tier 1	
CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 1	Tier 1	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 1	Tier 1	
CLEVER CHOICE COMFORT EZ (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 1	Tier 1	
CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
CLICKFINE PEN NEEDLES 31G X 6 MM 31G X 6 MM		Tier 1	
CLICKFINE PEN NEEDLES 31G X 8 MM 31G X 8 MM		Tier 1	
CLICKFINE PEN NEEDLES 32G X 4 MM 32G X 4 MM		Tier 1	
COMFORT ASSIST INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
COMFORT ASSIST 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	Tier 1	Tier 1	
COMFORT ASSIST INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
COMFORT EZ 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	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES 32G X 8 MM , 33G X 8 MM	Tier 1		
COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM	Tier 1	Tier 1	
COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
DIALYSIS SAFETY SYRINGE/NEEDLE 22G X 1-1/2" 3 ML		Tier 1	
DROPLET INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	Tier 1		
DROPLET INSULIN SYRINGE (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	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
DROPLET PEN NEEDLES 29G X 10MM , 32G X 8 MM	Tier 1		
DROPLET PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 1	Tier 1	
DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
DROPLET PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 1	Tier 1	
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 1	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 1	
EASY GLIDE PEN NEEDLES 33G X 4 MM		Tier 1	
EASY TOUCH ALLERGY SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SY (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK SAFETY SYR (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
EASY TOUCH FLURINGE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
EASY TOUCH FLURINGE FLIPLOCK (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
EASY TOUCH FLURINGE SHEATHLOCK (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
EASY TOUCH 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	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 1	Tier 1	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 1		
EASY TOUCH SAFETY SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
EASY TOUCH SAFETY SYRINGE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
EASY TOUCH TB FLIPLOCK SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH TB SHEATHLOCK SYR (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML	Tier 1		
ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 0.5 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 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		Tier 1	
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
EXEL COMFORT POINT INSULIN SYR (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 1	Tier 1	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GNP ULTRA COM 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 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	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		Tier 1	
GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 1	Tier 1	
GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		Tier 1	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM		Tier 1	
HEALTHWISE PEN NEEDLES 29G X 12MM		Tier 1	
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 1	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM		Tier 1	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 1	Tier 1	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 1	Tier 1	
HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1" 0.3 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 1 ML		Tier 1	
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 1	
INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 1	Tier 1	
INSUPEN SENSITIVE 32G X 8 MM	Tier 1		
INSUPEN ULTRAFIN (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 1	Tier 1	
INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		Tier 1	
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
KROGER PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 1	Tier 1	
LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
LITETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
LITETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML		Tier 1	
LUER LOCK SAFETY SYRINGES (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
MAGELLAN INSULIN SAFETY SYR (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 1	Tier 1	
MAGELLAN TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 1	Tier 1	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 1		
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML	Tier 1	Tier 1	
MAXICOMFORT SYR 27G X 1/2" (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 1	Tier 1	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		Tier 1	
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
MEIJER PEN NEEDLES 29G X 12MM , 31G X 8 MM		Tier 1	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	Tier 1		
MONOJECT INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 1	Tier 1	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
MONOJECT INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONOJECT 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	Tier 1	Tier 1	
MONOJECT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 1	Tier 1	
MONOJECT MAGELLAN SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
MONOJECT MAGELLAN SYRINGE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
MONOJECT SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
MONOJECT SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 1	Tier 1	
MONOJECT TB SAFETY SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
MONOJECT TB SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
MONOJECT ULTRA COMFORT SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
NOVOFINE (PEN NEEDLES 5/16") 30G X 8 MM	Tier 1	Tier 1	
NOVOFINE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 1	Tier 1	
NOVOFINE AUTOCOVER (PEN NEEDLES 5/16") 30G X 8 MM	Tier 1	Tier 1	
NOVOFINE PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
NOVOTWIST (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 1	Tier 1	
PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
PEN 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		Tier 1	
PEN NEEDLES 3/16" 31G X 5 MM		Tier 1	
PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
PRECISION SUREDOSE PLUS SYR (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
PRECISION SUREDOSE PLUS SYR (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 1	Tier 1	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 1	Tier 1	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	Tier 1		
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML	Tier 1	Tier 1	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 1	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
PRO COMFORT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML	Tier 1	Tier 1	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 1	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 1	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 1	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 1	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		Tier 1	
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
QC UNIFINE PENTIPS 32G X 4 MM		Tier 1	
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 1	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 1	
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	
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RELION INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
RELI-ON INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 1	Tier 1	
RELION 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	Tier 1	Tier 1	
RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 1	Tier 1	
RELION INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
RELION PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
SAFESNAP ALLERGY SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 1	Tier 1	
SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML	Tier 1	Tier 1	
SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	Tier 1	Tier 1	
SAFESNAP SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
SAFESNAP TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML		Tier 1	
SAFETY SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML		Tier 1	
SAFETY-LOK SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
SAFETY-LOK TB SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SECURES SAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
SECURES SAFE SYRINGE/NEEDLE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
SECURES SAFE SYRINGE/NEEDLE (ANTI-STICK IMMUN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
SECURES SAFE TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
SM INSULIN SYRINGE 31G X 5/16" 1 ML		Tier 1	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 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 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
SURE COMFORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
SURE-FINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 1	Tier 1	
SURE-FINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
SURE-JECT INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
SURE-JECT 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	Tier 1	Tier 1	
SURE-JECT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SYRINGE LUER LOCK 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML		Tier 1	
SYRINGE LUER SLIP 25G X 5/8" 1 ML		Tier 1	
TECHLITE INSULIN SYRINGE 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	
TECHLITE PEN NEEDLES 29G X 10MM , 32G X 8 MM	Tier 1		
TECHLITE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 1	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 1	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 1	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 1	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	
TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 1	Tier 1	
TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
TRUEPLUS 5-BEVEL PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
TRUEPLUS INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
TRUEPLUS INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
TRUEPLUS PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
TRUEPLUS PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
TRUEPLUS PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 1	Tier 1	
ULTICARE INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
ULTICARE 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 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 1	Tier 1	
ULTICARE INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 1	Tier 1	
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 1	Tier 1	
ULTICARE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
ULTICARE SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTICARE TUBERCULIN SAFETY SYR (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML	Tier 1	Tier 1	
ULTILET INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 1	Tier 1	
ULTILET 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 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML	Tier 1	Tier 1	
ULTILET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	Tier 1	Tier 1	
ULTILET INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
ULTILET INSULIN SYRINGE SHORT (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 1	Tier 1	
ULTILET INSULIN SYRINGE 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	Tier 1	Tier 1	
ULTILET INSULIN SYRINGE SHORT (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 1	Tier 1	
ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 1	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 1	
ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 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	
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	Tier 1	Tier 1	
ULTRA-THIN II INS SYR SHORT (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 1	Tier 1	
ULTRA-THIN II INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 1	Tier 1	
ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 1	Tier 1	
ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTRA-THIN II PEN NEEDLE SHORT (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
ULTRA-THIN II PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 1	Tier 1	
UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 1	Tier 1	
UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 1	Tier 1	
UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 1	Tier 1	
UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 1	Tier 1	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	Tier 1	Tier 1	
VANISHPOINT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 29G X 5/16" 1 ML	Tier 1	Tier 1	
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	Tier 1		
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 1	Tier 1	
VANISHPOINT SAFETY SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
VANISHPOINT SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 1	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		Tier 1	
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER DEVICE	Tier 3		
AEROCHAMBER MV	Tier 3		
AEROCHAMBER PLUS FLO-VU	Tier 3		
AEROCHAMBER PLUS FLO-VU LARGE	Tier 3		
AEROCHAMBER PLUS FLO-VU MEDIUM	Tier 3		
AEROCHAMBER PLUS FLO-VU SMALL	Tier 3		
AEROCHAMBER PLUS FLO-VU W/MASK	Tier 3		
AEROCHAMBER PLUS FLOW VU	Tier 3		
AEROCHAMBER W/FLOWSIGNAL	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 ADVANTAGE-LG MASK	Tier 2		
OPTICHAMBER ADVANTAGE-MED MASK	Tier 2		
OPTICHAMBER ADVANTAGE-SM MASK	Tier 2		
OPTICHAMBER DIAMOND	Tier 2		
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 2		
OPTICHAMBER DIAMOND-MD MASK	Tier 2		
OPTICHAMBER DIAMOND-SM MASK	Tier 2		
OPTICHAMBER FACE MASK-LARGE	Tier 2		
OPTICHAMBER FACE MASK-MEDIUM	Tier 2		
OPTICHAMBER FACE MASK-SMALL	Tier 2		
Migraine Products			
*Ergot Combinations***			
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3		
*Migraine Combinations***			
ISOMETHEPTENE-DICHLORAL-APAP ORAL CAPSULE 65-100-325 MG		Tier 2	
*Migraine Products***			
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML		Tier 2	QL (12 ML per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***			
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG, 6.25 MG		Tier 2	QL (12 EA per 30 days)
FROVATRIPTAN SUCCINATE ORAL TABLET 2.5 MG		Tier 2	QL (12 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 2	QL (12 EA per 30 days)
RELPAX ORAL TABLET (ELETRIPTAN HYDROBROMIDE) 20 MG, 40 MG	Tier 3	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	
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML		Tier 2	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 2	
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)
ZOMIG NASAL SOLUTION 5 MG	Tier 3		
Minerals & Electrolytes			
*Electrolytes Parenteral***			
KCL (IN NAACL 0.9%) INTRAVENOUS SOLUTION 30 MEQ/100ML		Tier 2	
KCL-LIDOCAINE-NAACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML		Tier 2	
*Fluoride***			
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	Tier 3		
FLUOR-A-DAY ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 2	Tier 2	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	Tier 3		
KARIDIUM ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 2	Tier 2	
LUDENT ORAL TABLET CHEWABLE (FLUORITAB) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	Tier 2	Tier 2	
NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 2	Tier 2	
NAFRINSE ORAL TABLET CHEWABLE (FLUORITAB) 2.2 (1 F) MG	Tier 2	Tier 2	
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***			
PHOSPHA 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG	Tier 2	Tier 2	
PHOSPHOROUS ORAL TABLET 155-852-130 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG	Tier 2	Tier 2	
*Potassium Combinations***			
EFFERVESCENT POT CHLORIDE ORAL TABLET EFFERVESCENT 25 MEQ		Tier 2	
POT BICARB-POT CHLORIDE ORAL TABLET EFFERVESCENT 25 MEQ		Tier 2	
*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 CRYST ER) 10 MEQ	Tier 2	Tier 2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 4		
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST 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	
KLOR-CON/EF ORAL TABLET EFFERVESCENT (K-EFFERVESCENT) 25 MEQ	Tier 2	Tier 2	
K-PRIME ORAL TABLET EFFERVESCENT (K- EFFERVESCENT) 25 MEQ	Tier 2	Tier 2	
K-TAB ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 20 MEQ, 8 MEQ	Tier 4	Tier 2	
K-VESCENT ORAL TABLET EFFERVESCENT 25 MEQ		Tier 2	
POTASSIUM BICARBONATE ORAL TABLET EFFERVESCENT 25 MEQ		Tier 2	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ		Tier 2	
POTASSIUM CHLORIDE ORAL SOLUTION 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 2	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		Tier 2	
*Anti-Infectives - Throat***			
CLOTRIMAZOLE MOUTH/THROAT LOZENGE 10 MG		Tier 2	
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 2	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 2	
*Antiseptics - Mouth/Throat***			
PAROEX MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	Tier 2	Tier 2	
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Fluoride Dental Products***			
DENTA 5000 PLUS DENTAL CREAM (SF 5000 PLUS) 1.1 %	Tier 2	Tier 2	
*Periodontal Anti-Infectives***			
ARESTIN DENTAL 1 MG	Tier 3		
*Saliva Stimulants***			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 2	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 2	
*Steroids - Mouth/Throat***			
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 2	Tier 2	
Multivitamins			
*Multivitamins***			
NEOMULTIVITE ORAL TABLET	Tier 1		
*Ped Multi Vitamins W/Fl & Fe***			
MULTI-VIT/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	
MULTI-VIT/IRON/FLUORIDE ORAL SOLUTION 0.25-10 MG/ML		Tier 2	
MULTIVITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	
*Ped Mv W/ Fluoride***			
FLORIVA PLUS ORAL SOLUTION (MULTI-VITAMIN/FLUORIDE) 0.25 MG/ML	Tier 2	Tier 2	
MULTI-VIT/FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 2	
MULTIVITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.5 MG/ML		Tier 2	
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.5 MG		Tier 2	
MVC-FLUORIDE ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 1 MG	Tier 2	Tier 2	
MVC-FLUORIDE ORAL TABLET CHEWABLE (MULTIVITAMINS/FLUORIDE) 0.5 MG	Tier 2	Tier 2	
QUFLORA PEDIATRIC ORAL SOLUTION (MULTI-VITAMIN/FLUORIDE) 0.25 MG/ML	Tier 2	Tier 2	
QUFLORA PEDIATRIC ORAL SOLUTION (MULTI-VIT/FLUORIDE) 0.5 MG/ML	Tier 2	Tier 2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 1 MG	Tier 2	Tier 2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (MULTIVITAMINS/FLUORIDE) 0.5 MG	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Ped Vitamins Acd Fluoride & Iron***			
TRI-VIT/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	
*Ped Vitamins Acd W/ Fluoride***			
ADC/F (0.5MG/ML) ORAL SOLUTION 0.5 MG/ML		Tier 2	
TRI-VIT/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
TRI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 2	
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3		
ATABEX OB ORAL TABLET 29-1 MG	Tier 1		
BAL-CARE DHA ORAL (VENA-BAL DHA) 27-1 & 430 MG	Tier 1	Tier 1	
BP MULTINATAL PLUS ORAL TABLET 30-1 MG		Tier 1	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	Tier 1		
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	
C-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	
COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG		Tier 1	
CO-NATAL FA ORAL TABLET (PRETAB)	Tier 1	Tier 1	
CONCEPT DHA ORAL CAPSULE (VIRT-C DHA) 53.5-38-1 MG	Tier 1	Tier 1	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3		
CVS PRENATAL ORAL TABLET 27-0.8 MG, 28-0.8 MG		Tier 1	
DOTHELLE DHA ORAL CAPSULE 53.5-38-1 MG		Tier 1	
ELITE-OB ORAL TABLET 50-1.25 MG	Tier 2		
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	
FOLCAPS OMEGA 3 ORAL CAPSULE (ULTIMATECARE ONE) 27-1 MG	Tier 1	Tier 1	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	Tier 3		
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	
GOODSENSE PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	
HEMENATAL OB + DHA ORAL 28-6-1 & 203 MG		Tier 1	
HEMENATAL OB ORAL TABLET 28-6-1 MG		Tier 1	
HM ONE DAILY PRENATAL ORAL 28-0.8 & 440 MG		Tier 1	
HM PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30-1 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	
KPN PRENATAL ORAL TABLET 0.1 MG		Tier 1	
MARNATAL-F ORAL CAPSULE 60-1 MG	Tier 3		
M-NATAL PLUS ORAL TABLET 27-1 MG		Tier 1	
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	
M-VIT ORAL TABLET (PRENATAL PLUS)	Tier 1	Tier 1	
MYNATAL ORAL CAPSULE	Tier 3		
NATALVIT ORAL TABLET	Tier 3		
NATELLE ONE ORAL CAPSULE (CALCIUM PNV) 28-1-250 MG	Tier 1	Tier 1	
NAT-RUL PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	
NIVA-PLUS ORAL TABLET (PRENATAL PLUS) 27-1 MG	Tier 1	Tier 1	
NUTRICION PORVIDA ORAL TABLET 0.25 MG		Tier 1	
OB COMPLETE ADVANCED ORAL CAPSULE 27-1-385 MG	Tier 1		
OB COMPLETE ORAL TABLET 50-1.25 MG	Tier 3		
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3		
OBSTETRIX DHA ORAL 29-1 & 387 MG	Tier 3		
OBSTETRIX EC ORAL TABLET 29-1 MG	Tier 1		
OBTREX ORAL TABLET	Tier 1		
O-CAL FA ORAL TABLET (PRENATAL PLUS) 27-1 MG	Tier 1	Tier 1	
O-CAL PRENATAL ORAL TABLET	Tier 3		
ONE-A-DAY WOMENS PRENATAL ORAL (GNP DAILY PRENATAL) 28-0.8 & 440 MG	Tier 1	Tier 1	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG		Tier 1	
PNV PRENATAL PLUS MULTIVIT+DHA ORAL 27-1 & 312 MG		Tier 2	
PNV PRENATAL PLUS MULTIVITAMIN ORAL TABLET 27-1 MG		Tier 1	
PNV TABS 29-1 ORAL TABLET 29-1 MG		Tier 1	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	
PNV-TOTAL ORAL CAPSULE 35-5-1.2 MG		Tier 1	
PREFERA OB ORAL TABLET 34-1 MG	Tier 4		
PRENATA ORAL TABLET CHEWABLE 29-1 MG	Tier 1		
PRENATABS RX ORAL TABLET (VOL-TAB RX) 29-1 MG	Tier 1	Tier 1	
PRENATAL 19 ORAL TABLET , 29-1 MG		Tier 1	
PRENATAL 19 ORAL TABLET CHEWABLE , 29-1 MG		Tier 1	
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 1	
PRENATAL FORMULA A-FREE ORAL TABLET 9-0.267 MG		Tier 1	
PRE-NATAL FORMULA ORAL TABLET		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRENATAL FORTE ORAL TABLET		Tier 1	
PRENATAL LOW IRON ORAL TABLET 27-0.8 MG		Tier 1	
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	
PRENATAL ORAL TABLET 27-1 MG, 28-0.8 MG		Tier 1	
PRENATAL PLUS IRON ORAL TABLET 29-1 MG		Tier 1	
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	
PRENATAL VITAMIN ORAL TABLET 27-0.8 MG		Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG		Tier 1	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	
PRENATAL/IRON ORAL TABLET , 28-0.8 MG		Tier 1	
PRENATAL-U ORAL CAPSULE (PNV-VP-U) 106.5-1 MG	Tier 1	Tier 1	
PREPLUS ORAL TABLET 27-1 MG		Tier 1	
PUREFE OB PLUS ORAL CAPSULE 162-115.2-1 MG		Tier 1	
PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	
RA ONE DAILY ORAL 28-0.8 & 440 MG		Tier 1	
RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	
RA PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	
RIGHT STEP PRENATAL ORAL TABLET (PRENATAL) 27-0.8 MG	Tier 1	Tier 1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	Tier 3		
SE-NATAL 19 ORAL TABLET 29-1 MG		Tier 1	
SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG		Tier 1	
SM ONE DAILY PRENATAL ORAL 28-0.8 & 440 MG		Tier 1	
SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	
TARON-BC ORAL 20-1 MG & 2 X 25 MG	Tier 3		
TARON-C DHA ORAL CAPSULE (VIRT-C DHA) 53.5-38-1 MG	Tier 1	Tier 1	
THERANATAL CORE NUTRITION ORAL TABLET (PRENATAL PLUS) 27-1 MG	Tier 1	Tier 1	
THRIVITE 19 ORAL TABLET 29-1 MG		Tier 1	
THRIVITE RX ORAL TABLET 29-1 MG		Tier 1	
TRICARE ORAL TABLET (PRENATAL PLUS)	Tier 1	Tier 1	
TRICARE PRENATAL DHA ONE CAPSULE 0.8 MG ORAL 0.8 MG	Tier 3		
TRICARE PRENATAL DHA ONE CAPSULE 27-1-500 MG ORAL (TL-CARE DHA) 27-1-500 MG	Tier 1	Tier 1	
TRICARE PRENATAL ORAL TABLET CHEWABLE 4.5-1 MG	Tier 1		
ULTIMATECARE ONE NF ORAL CAPSULE 20-7-1 MG		Tier 1	
VIL-RX ORAL TABLET 29-1 MG		Tier 1	
VINATE II ORAL TABLET 29-1 MG	Tier 1		
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VIRT-PN ORAL TABLET 27-0.6-0.4 MG		Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
VITA-PREN ORAL TABLET	Tier 3		
VIVA DHA ORAL CAPSULE (RELNATE DHA) 28-1-200 MG	Tier 1	Tier 1	
VOL-PLUS ORAL TABLET 27-1 MG		Tier 1	
VP-HEME OB + DHA ORAL 28-6-1 & 203 MG		Tier 1	
VP-HEME OB ORAL TABLET 28-6-1 MG		Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE (PNV-OMEGA) 28-0.6-0.4-340 MG	Tier 1	Tier 1	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
COMPLETE NATAL DHA ORAL 29-1-200 & 250 MG		Tier 1	
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	Tier 1		
PR NATAL 400 ORAL 29-1-200 & 400 MG	Tier 1		
PR NATAL 430 EC ORAL 29-1-200 & 430 MG (DR)	Tier 1		
PR NATAL 430 ORAL 29-1-200 & 430 MG	Tier 1		
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG	Tier 1		
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 1	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	Tier 3		
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG	Tier 3		
CITRANATAL DHA ORAL (PNV OB+DHA) 27-1 & 250 MG	Tier 1	Tier 1	
CVS WOMENS PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	
FOCALGIN 90 DHA ORAL 90-1 & 300 MG	Tier 3		
FOLCAL DHA ORAL CAPSULE 27-1.25-300 MG		Tier 1	
LEVOMEFOLATE DHA ORAL CAPSULE 27-1.13-0.4 MG		Tier 1	
PREFERAOB ONE ORAL CAPSULE (VP-HEME ONE) 22-6-1-200 MG	Tier 1	Tier 1	
PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG	Tier 1		
TRIVEEN-PRX RNF ORAL CAPSULE (VIRTPREX) 26-1.2-300 MG	Tier 1	Tier 1	
VEMAVITE-PRX 2 ORAL CAPSULE (PNV-DHA+DOCUSATE) 27-1.25-300 MG	Tier 1	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
VITATRUE ORAL (PRENA 1 TRUE) 30-1.4 & 300 MG	Tier 4	Tier 4	
WEGMANS COMPLETE PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	
ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG	Tier 1	Tier 1	
*Prenatal Vitamins***			
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (PRENA1) 1.4 MG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
BACLOFEN ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
CHLORZOXAZONE ORAL TABLET 250 MG, 500 MG		Tier 2	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
METAXALL ORAL TABLET (METAXALONE) 800 MG	Tier 2	Tier 2	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		Tier 2	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 2	
TIZANIDINE HCL ORAL CAPSULE 2 MG, 4 MG, 6 MG		Tier 2	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 2	
*Direct Muscle Relaxants***			
DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
*Muscle Relaxant Combinations***			
CARISOPRODOL-ASPIRIN-CODEINE ORAL TABLET 200-325-16 MG		Tier 2	
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 50-770-60 MG		Tier 2	
Nasal Agents - Systemic And Topical			
*Nasal Agents Misc. - Combinations***			
DERMACINRX TICANASE PAK NASAL THERAPY PACK 50-2.7 MCG/ACT-%	Tier 4		
*Nasal Anticholinergics***			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		Tier 2	
*Nasal Antihistamines***			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 0.15 %, 137 MCG/SPRAY		Tier 2	
*Nasal Steroids***			
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Tier 3		
BUDESONIDE NASAL SUSPENSION 32 MCG/ACT		Tier 2	
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 2	
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
NASONEX NASAL SUSPENSION (MOMETASONE FUROATE) 50 MCG/ACT	Tier 3	Tier 2	
TRIAMCINOLONE ACETONIDE NASAL AEROSOL 55 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CVS 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
DECONGESTANT 12HOUR MAX ST ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
EQ SUPHEDRINE ORAL TABLET 30 MG		Tier 2	
EQ SUPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
EQL NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
GENAPHED ORAL TABLET 30 MG		Tier 2	
GNP NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
GNP PSEUDOEPHEDRINE HCL 12 HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
HM NASAL DECONGESTANT 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
HM NASAL DECONGESTANT ORAL TABLET 30 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 MAX ST ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		Tier 2	
PX NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
PX NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
QC SUPHEDRINE MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
QC SUPHEDRINE ORAL TABLET 30 MG		Tier 2	
RA SUPHEDRINE ORAL TABLET 30 MG		Tier 2	
RA SUPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SHOPKO NASAL DECONGESTANT MAX ORAL TABLET (DECONGESTANT) 30 MG	Tier 2	Tier 2	
SHOPKO NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG	Tier 2	Tier 2	
SM 12 HOUR SINUS DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SM NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG		Tier 2	
SM NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SUDAFED CONGESTION ORAL TABLET (DECONGESTANT) 30 MG	Tier 3	Tier 2	
SUDAFED ORAL TABLET (DECONGESTANT) 30 MG	Tier 3	Tier 2	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG	Tier 2	Tier 2	
SUDAFED SINUS CONGESTION ORAL TABLET (DECONGESTANT) 30 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	
SUDOPHED ORAL TABLET (DECONGESTANT) 30 MG	Tier 2	Tier 2	
SW NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG		Tier 2	
SW SUPHEDRINE 12 HR DECONGEST ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
TGT 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
TGT NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
TGT SINUS 12 HOUR 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	
WAL-PHED ORAL TABLET (DECONGESTANT) 30 MG	Tier 2	Tier 2	
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 4		PA
Neuromuscular Agents			
*Depolarizing Muscle Relaxants***			
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION 20 MG/ML		Tier 2	
*Nondepolarizing Muscle Relaxants***			
CISATRACURIUM BESYLATE INTRAVENOUS SOLUTION 2 MG/ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ophthalmic Agents			
*Beta-Blockers - Ophthalmic Combinations***			
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 22.3-6.8 MG/ML		Tier 2	
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3		
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 2	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 2	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %		Tier 2	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 %, 0.5 % (DAILY)		Tier 2	
*Cycloplegic Mydriatics***			
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 2	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		Tier 2	
*Miotics - Direct Acting***			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 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 0.1 %		Tier 2	
PATADAY OPHTHALMIC SOLUTION (OLOPATADINE HCL) 0.2 %	Tier 3	Tier 2	
*Ophthalmic Antibiotics***			
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 3		
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 2	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 2	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 2		
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 2	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	Tier 3		
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
VIGAMOX OPHTHALMIC SOLUTION (MOXIFLOXACIN HCL) 0.5 %	Tier 3	Tier 2	
*Ophthalmic Anti-Infective Combinations***			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 2	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPTHALMIC SOLUTION 1.75-10000-.025		Tier 2	
NEO-POLYCIN OPTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000	Tier 2	Tier 2	
POLYCIN OPTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM	Tier 2	Tier 2	
POLYMYXIN B-TRIMETHOPRIM OPTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		Tier 2	
*Ophthalmic Antivirals***			
TRIFLURIDINE OPTHALMIC SOLUTION 1 %		Tier 2	
*Ophthalmic Carbonic Anhydrase Inhibitors***			
DORZOLAMIDE HCL OPTHALMIC SOLUTION 2 %		Tier 2	
*Ophthalmic Immunomodulators***			
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	Tier 4		PA
RESTASIS OPTHALMIC EMULSION 0.05 %	Tier 4		PA
*Ophthalmic Local Anesthetics***			
ALTACAINE OPTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 2	Tier 2	
TETCAINE OPTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 2	Tier 2	
TETRAVISC FORTE OPTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 2	Tier 2	
TETRAVISC OPTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 2	Tier 2	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
ACUVAIL OPTHALMIC SOLUTION 0.45 %	Tier 3		
DICLOFENAC SODIUM OPTHALMIC SOLUTION 0.1 %		Tier 2	
FLURBIPROFEN SODIUM OPTHALMIC SOLUTION 0.03 %		Tier 2	
KETOROLAC TROMETHAMINE OPTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 2	
*Ophthalmic Selective Alpha Adrenergic Agonists***			
BRIMONIDINE TARTRATE OPTHALMIC SOLUTION 0.15 %, 0.2 %		Tier 2	
*Ophthalmic Steroid Combinations***			
NEOMYCIN-POLYMYXIN-DEXAMETH OPTHALMIC OINTMENT 3.5-10000-0.1		Tier 2	
NEOMYCIN-POLYMYXIN-DEXAMETH OPTHALMIC SUSPENSION 3.5-10000-0.1		Tier 2	
NEOMYCIN-POLYMYXIN-HC OPTHALMIC SUSPENSION 3.5-10000-1		Tier 2	
TOBRADEX OPTHALMIC OINTMENT 0.3-0.1 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPTHALMIC SUSPENSION 0.3-0.1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Ophthalmic Steroids***			
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1 %		Tier 2	
FLUOROMETHOLONE OPTHALMIC SUSPENSION 0.1 %		Tier 2	
LOTEMAX OPTHALMIC SUSPENSION (LOTEPREDNOL ETABONATE) 0.5 %	Tier 3	Tier 2	
PREDNISOLONE ACETATE OPTHALMIC SUSPENSION 1 %		Tier 2	
PREDNISOLONE ACETATE P-F OPTHALMIC SUSPENSION 1 %		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1 %		Tier 2	
*Ophthalmic Sulfonamides***			
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT 10 %		Tier 2	
SULFACETAMIDE SODIUM OPTHALMIC SOLUTION 10 %		Tier 2	
*Prostaglandins - Ophthalmic***			
LATANOPROST OPTHALMIC SOLUTION 0.005 %		Tier 2	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	Tier 3		
TRAVATAN Z OPTHALMIC SOLUTION 0.004 %	Tier 4		
Otic Agents			
*Otic Anti-Infectives***			
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 2	
*Otic Steroid-Anti-Infective Combinations***			
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	Tier 3		
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 2	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 2	
*Otic Steroids***			
ACETASOL HC OTIC SOLUTION (HYDROCORTISONE-ACETIC ACID) 2-1 %	Tier 2	Tier 2	
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 2	Tier 2	
Passive Immunizing Agents			
*Antiviral Monoclonal Antibodies***			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 5		PA
*Pcsk9 Inhibitors***			
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	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
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, 125 MG, 2 GM, 250 MG, 500 MG		Tier 2	
AMPICILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 10 GM		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	
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	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG		Tier 2	
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 4.5 (4- 0.5) GM		Tier 2	
*Penicillinase-Resistant Penicillins***			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		Tier 2	
Pharmaceutical Adjuvants			
*Semi Solid Vehicles***			
OCCLUVAN EXTERNAL OINTMENT	Tier 2		
*Phosphodiesterase 4 (Pde4) Inhibitors***			
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 30 MG	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 5		PA
*Potassium Removing Agents***			
*Potassium Removing Agents***			
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4		
Progestins			
*Progestins***			
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		Tier 2	
PROGESTERONE MICRONIZED ORAL CAPSULE 100 MG, 200 MG		Tier 2	
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 2	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 2	
*Cholinomimetics - Ache Inhibitors***			
DONEPEZIL HCL ORAL TABLET 10 MG, 23 MG, 5 MG		Tier 2	
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	
*Multiple Sclerosis Agents - Interferons***			
AVONEX INTRAMUSCULAR KIT 30 MCG	Tier 5		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5		
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5		
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5		
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5		
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
TECFIDERA ORAL 120 & 240 MG	Tier 5		PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 5	
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 20 MG/ML, 40 MG/ML	Tier 5	Tier 5	
GLATOPIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 20 MG/ML, 40 MG/ML	Tier 5	Tier 5	
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
MEMANTINE HCL ORAL SOLUTION 2 MG/ML		Tier 2	
NAMENDA ORAL TABLET (MEMANTINE HCL) 10 MG, 5 MG	Tier 4	Tier 2	
NAMENDA TITRATION PAK ORAL TABLET (MEMANTINE HCL) 28 X 5 MG & 21 X 10 MG	Tier 4	Tier 2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (MEMANTINE HCL ER) 14 MG, 21 MG, 28 MG, 7 MG	Tier 4	Tier 2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	Tier 4		
*Psychotherapeutic And Neurological Agents - Misc.***			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 2	
*Smoking Deterrents***			
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 1		
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 1		
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	Tier 1		
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
CVS NTS STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	
EQ NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
EQL NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
EQL NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 7 MG/24HR		Tier 1	
GOODSENSE NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Tier 1	Tier 1	
NICORELIEF MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	
NICOTROL INHALATION INHALER 10 MG	Tier 1		
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 1		
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
QC NICOTINE POLACRILEX MOUTH/THROAT GUM 4 MG		Tier 1	
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
RA NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 4 MG		Tier 1	
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
SR NICOTINE MOUTH/THROAT GUM 2 MG		Tier 1	
SW NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
SW NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
TGT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
TGT NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
TGT NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
TGT NICOTINE STEP ONE TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	
TGT NICOTINE STEP THREE TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	
TGT NICOTINE STEP TWO TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.5 MG	Tier 5		PA
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5		
*Serotonin Modulators***			
*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
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3		ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3		ST
*Steroids - Mouth/Throat/Dental***			
*Steroids - Mouth/Throat/Dental***			
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 2	Tier 2	
Tetracyclines			
*Tetracyclines***			
AVIDOXY ORAL TABLET 100 MG		Tier 2	
DOXYCYCLINE HYCLATE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 2	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG		Tier 2	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 100 MG, 75 MG		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 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	
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 2	
MINOCYCLINE HCL ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	
MORGIDOX ORAL CAPSULE (DOXYCYCLINE HYCLATE) 100 MG, 50 MG	Tier 2	Tier 2	
OKEBO ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG, 75 MG	Tier 2	Tier 2	
Thyroid Agents			
*Antithyroid Agents***			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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		
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	Tier 2	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML		Tier 2	
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	
LIOthyRONINE SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG		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	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	Tier 3		
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	Tier 3		
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	Tier 3		
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	Tier 3		
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	Tier 3		
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	
Ulcer Drugs			
*Anticholinergic Combinations***			
CHLORDIAZEPOXIDE-CLIDINIUM ORAL CAPSULE 5-2.5 MG		Tier 2	
*Antispasmodics***			
DICYCLOMINE HCL ORAL CAPSULE 10 MG		Tier 2	
DICYCLOMINE HCL ORAL TABLET 20 MG		Tier 2	
*Belladonna Alkaloids***			
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG		Tier 2	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
OSCIMIN ORAL TABLET 0.125 MG		Tier 2	
OSCIMIN ORAL TABLET DISPERSIBLE 0.125 MG		Tier 2	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG		Tier 2	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		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	
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	
NIZATIDINE ORAL SOLUTION 15 MG/ML		Tier 2	
RANITIDINE HCL ORAL TABLET 300 MG		Tier 2	
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION 1 GM/10ML	Tier 3		
SUCRALFATE ORAL TABLET 1 GM		Tier 2	
*Proton Pump Inhibitors***			
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Tier 3		ST
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 3		
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 30 MG		Tier 2	QL (60 EA per 30 days)
OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG		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)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (LANSOPRAZOLE) 15 MG, 30 MG	Tier 3	Tier 2	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 2	
*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 Anti-Infective W/ Proton Pump Inhibitors***			
AMOXICILL-CLARITHRO-LANSOPRAZ ORAL		Tier 2	
*Ulcer Drugs - Prostaglandins***			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 2	
Urinary Anti-Infectives			
*Urinary Anti-Infectives***			
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 2	
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 2	
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 2	
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML		Tier 2	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 2	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3		
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	
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 2	
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 2	
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML		Tier 2	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 2	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3		
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	
*Urinary Antispasmodics - Cholinergic Agonists***			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Urinary Antispasmodics - Cholinergic Agonists*** (New)			
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	
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 2	
Vaccines			
*Bacterial Vaccines***			
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1		
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1		
*Viral Vaccines***			
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 1		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 1		
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUBLOK INTRAMUSCULAR SOLUTION	Tier 1		
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 3		
FLUVIRIN INTRAMUSCULAR SUSPENSION	Tier 1		
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR 9 MCG/STRAIN	Tier 1		
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 1		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 1		
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Tier 1		QL (1 EA per 365 days)
Vaginal Products			
*Imidazole-Related Antifungals***			
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 2	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 2	
*Vaginal Anti-Infectives***			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 2	
VANAZOLE VAGINAL GEL (METRONIDAZOLE) 0.75 %	Tier 2	Tier 2	
*Vaginal Estrogens***			
ESTRACE VAGINAL CREAM (ESTRADIOL) 0.1 MG/GM	Tier 3	Tier 2	
ESTRING VAGINAL RING 2 MG	Tier 3		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Tier 3		
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3		
VAGIFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 3	Tier 2	
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 2	Tier 2	
Vasopressors			
*Anaphylaxis Therapy Agents***			
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (EPINEPHRINE) 0.3 MG/0.3ML	Tier 3	Tier 2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (EPINEPHRINE) 0.15 MG/0.3ML	Tier 3	Tier 2	
*Vasopressors***			
EPHEDRINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML		Tier 2	
MIDODRINE HCL ORAL TABLET 5 MG		Tier 2	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%		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)		Tier 2	
*Vitamin K***			
MEPHYTON ORAL TABLET (PHYTONADIONE) 5 MG	Tier 3	Tier 2	

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ASMANEX (30 METERED DOSES).	25	AUBRA.....	53	BD PEN NEEDLE ORIGINAL U/F.	101
ASMANEX (60 METERED DOSES).	25	AUBRA EQ.....	53	BD PEN NEEDLE SHORT U/F.....	101
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ASMANEX HFA.....	25	30G.....	89	SYRINGE.....	101
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ASPIRIN ADULT LOW STRENGTH..	12	AURORA UNIFINE PENTIPS.....	99	BD SAFETY-LOK INSULIN	
ASPIRIN CHILDRENS.....	12	AUROVELA 1.5/30.....	53	SYRINGE.....	101
ASPIRIN EC.....	12	AUROVELA 1/20.....	53	BD SYRINGE/NEEDLE.....	101
ASPIRIN EC ADULT LOW		AUROVELA 24 FE.....	53	BD SYRINGE/NEEDLE SLIP TIP..	101
STRENGTH.....	12	AUROVELA FE 1.5/30.....	53	BD TB SYRINGE.....	101
ASPIRIN EC LOW DOSE.....	12	AUROVELA FE 1/20.....	53	BD VEO INSULIN SYRINGE U/F..	101
ASPIRIN EC LOW STRENGTH.....	12	AUTOLET II CLINISAFE.....	89	BECONASE AQ.....	126
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ASPIRIN LOW DOSE ADULT.....	12	AUTOLET LITE STARTER PACK..	89	BELBUCA.....	20
ASPIRIN LOW STRENGTH.....	12	AUTOLET PLATFORMS.....	89	BELRAPZO.....	39
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ASSURE 3 TEST.....	72	AVITA.....	66	BENZONATATE.....	61
ASSURE 4 TEST.....	72	AVONEX.....	133	BENZOYL PEROXIDE-	
ASSURE COMFORT LANCETS 28G.	89	AVONEX PEN.....	133	ERYTHROMYCIN.....	66
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HIGH.....	89	AV-VITE FB.....	86	BETAMETHASONE	
ASSURE HAEMOLANCE PLUS		AYUNA.....	53	DIPROPIONATE.....	68
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ASSURE HAEMOLANCE PLUS		AZATHIOPRINE.....	49	DIPROPIONATE AUG.....	68
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BUPRENORPHINE HCL.....	20	30G	90	CITRANATAL DHA	125
BUPRENORPHINE HCL-		CARETOUCH TWIST LANCETS		CLADRIBINE.....	39
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CLOTTRIMAZOLE-		CVS ASPIRIN ADULT LOW		DEXAMETHASONE INTENSOL	60
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CLOZAPINE.....	44	CVS ASPIRIN EC.....	13	PHOSPHATE.....	131
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CODAR AR	65	CVS LANCETS 21G.....	90	DEXMETHYLPHENIDATE HCL ER....	9
CODEINE SULFATE.....	17	CVS LANCETS MICRO THIN 33G....	90	DEXRAZOXANE HCL.....	41
CODITUSSIN AC.....	61	CVS LANCETS ORIGINAL.....	90	DEXTROAMPHETAMINE	
CODITUSSIN DAC.....	61	CVS LANCETS THIN 26G.....	90	SULFATE.....	9
COLCHICINE-PROBENECID.....	84	CVS LANCETS ULTRA THIN 30G....	90	DEXTROAMPHETAMINE	
COLCRYS	84	CVS LANCETS ULTRA-THIN 30G....	90	SULFATE ER.....	9
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COLOCORT	21	CVS NASAL DECONGESTANT.....	127	SYRINGE/NEEDLE.....	103
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COMBIVENT RESPIMAT	23	CVS NICOTINE POLACRILEX.....	134	DIATHRIVE BLOOD GLUCOSE	
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SYRINGE	102	CYCLOSPORINE.....	48	DICLOFENAC SODIUM.....	11, 130
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COMPLERA	45	DACOGEN	39	DIGITEK	51
COMPLETE NATAL DHA.....	125	DALFAMPRIDINE ER.....	134	DIGOX	51
COMPLETENATE.....	122	DALIRESP	24	DIGOXIN.....	51
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CONTOUR TEST	72	DAYSEE	58	DILTIAZEM HCL ER.....	50
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STRIPS	72	D-CARE BLOOD GLUCOSE	72	DILTIAZEM HCL ER COATED	
COPAXONE	134	DEBLITANE	58	BEADS.....	50
COSENTYX	68	DECONGESTANT 12HOUR MAX		DILT-XR.....	50
COSENTYX (300 MG DOSE)	67	ST.....	127	DIPHENOXYLATE-ATROPINE.....	33
COSENTYX SENSOREADY (300		DEFERASIROX.....	33	DIPYRIDAMOLE.....	84
MG)	68	DELYLA	54	DISOPYRAMIDE PHOSPHATE.....	23
COSENTYX SENSOREADY PEN	68	DEMEROL	17	DISULFIRAM.....	133
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CRIXIVAN	46	DERMAWERX SURGICAL PLUS		DOLOPHINE	17
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DROPLET LANCETS ULTRA		EASY TOUCH LANCETS 23G	90	ELIGARD	42
THIN 30G	90	EASY TOUCH LANCETS 26G	90	ELINEST	54
DROPLET PEN NEEDLES	103	EASY TOUCH LANCETS		ELIQUIS	26
DROPSAFE SAFETY PEN		26G/TWIST	90	ELIQUIS STARTER PACK	26
NEEDLES	103	EASY TOUCH LANCETS 28G	90	ELITE-OB	122
DRUG MART LANCETS THIN 26G ..	90	EASY TOUCH LANCETS		ELITE-THIN INSULIN SYRINGE	105
DRUG MART ON-THE-GO		28G/TWIST	91	ELLA	57
LANCET 30G	90	EASY TOUCH LANCETS 30G	91	ELMIRON	84
DRUG MART UNIFINE PENTIPS	104	EASY TOUCH LANCETS		EMBEDA	17
DRUG MART UNIFINE PENTIPS		30G/TWIST	91	EMBRACE BLOOD GLUCOSE	
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DRUG MART UNILET LANCETS		EASY TOUCH LANCETS		EMBRACE LANCETS ULTRA	
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DULOXETINE HCL	29	EASY TOUCH SAFETY LANCETS		EMOQUETTE	54
DUO-CARE TEST	73	23G	91	EMPLICITI	40
DUPIXENT	49	EASY TOUCH SAFETY LANCETS		EMSAM	28
DURAGESIC-100	17	26G	91	EMTRIVA	47
DURAGESIC-12	17	EASY TOUCH SAFETY LANCETS		EMVERM	22
DURAGESIC-25	17	28G	91	ENALAPRIL MALEATE	36
DURAGESIC-50	17	EASY TOUCH SAFETY PEN		ENALAPRIL-	
DURAGESIC-75	17	NEEDLES	105	HYDROCHLOROTHIAZIDE	36
DVORAH	15	EASY TOUCH SAFETY SYRINGE	105	ENBREL	11
EASIVENT	118	EASY TOUCH SHEATHLOCK		ENBREL SURECLICK	11
EASIVENT MASK LARGE	118	SYRINGE	105	ENDOCET	20
EASIVENT MASK MEDIUM	118	EASY TOUCH TB FLIPLOCK		ENOXAPARIN SODIUM	26
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EASY COMFORT LANCETS	90	EASY TOUCH TEST	73	ENTRESTO	128
EASY COMFORT LANCETS TWIST		EASY TRAK BLOOD GLUCOSE		ENULOSE	83
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EASY COMFORT PEN NEEDLES	104	EASY TWIST & CAP LANCETS	91	EPIPEN 2-PAK	142
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EASY TALK BLOOD GLUCOSE		TEST	73	STRENGTH	13
TEST	73	EASYPRO BLOOD GLUCOSE		EQ ALLERGY & CONGESTION	
EASY TOUCH ALLERGY		TEST	73	RELIEF	62
SYRINGE	104	EASYPRO PLUS	73	EQ ALLERGY RELIEF D 24 HOUR ..	62
EASY TOUCH FLIPLOCK		EASYTEST II LANCETS	91	EQ ASPIRIN ADULT LOW DOSE	13
INSULIN SY	104	EASYTEST LANCETS	91	EQ ASPIRIN LOW DOSE	13
EASY TOUCH FLIPLOCK		EC-81 ASPIRIN	13	EQ BLOOD GLUCOSE TEST	73
SAFETY SYR	104	EC-NAPROXEN	11	EQ CHILDRENS ASPIRIN	13
EASY TOUCH FLURINGE	104	ECONAZOLE NITRATE	70	EQ NICOTINE	134, 135
EASY TOUCH FLURINGE		ECONTRA EZ	57	EQ NICOTINE POLACRILEX	134
FLIPLOCK	104	ECONTRA ONE-STEP	57	EQ NICOTINE STEP 3	135
EASY TOUCH FLURINGE		ECOTRIN LOW STRENGTH	13	EQ SUPHEDRINE	127
SHEATHLOCK	104	ED-SPAZ	138	EQL ALL DAY ALLERGY-D	62
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EQL COLOR LANCETS 21G.....	91	E-Z JECT LANCETS THIN 26G	91	BODY.....	69
EQL COLOR LANCETS MICRO 33G.....	91	EZ SMART BLOOD GLUCOSE		FLUOCINOLONE ACETONIDE	
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EQL NASAL DECONGESTANT.....	127	EZ SMART BLOOD GLUCOSE		FLUOCINONIDE.....	69
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ERY-TAB	88	FAMCICLOVIR.....	48	FLURBIPROFEN.....	11
ERYTHROCIN STEARATE	88	FAMOTIDINE.....	139	FLURBIPROFEN SODIUM.....	130
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ETHYLSUCCINATE.....	88	FELODIPINE ER.....	50	FLUVIRIN	141
ESCITALOPRAM OXALATE.....	29	FEMHRT LOW DOSE	81	FLUVOXAMINE MALEATE.....	29
ESGIC	12	FEMRING	142	FLUZONE HIGH-DOSE	141
EST ESTROGENS-METHYLTEST		FEMYNOR	54	FLUZONE QUADRIVALENT	141, 142
DS.....	81	FENOFIBRATE.....	35	FOCALGIN 90 DHA	125
ESTARYLLA	54	FENOFIBRATE MICRONIZED.....	35	FOLCAL DHA.....	125
ESTAZOLAM.....	87	FENORTHO	11	FOLCAPS OMEGA 3	122
ESTRACE	142	FENTANYL.....	17	FOLDING PADDLE WALKER.....	99
ESTRADIOL.....	82	FENTANYL CITRATE-NACL.....	17	FOLIC ACID.....	86
ESTRING	142	FERRIPROX	33	FOLIVANE-OB	122
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ETHAMBUTOL HCL.....	39	FIFTY50 PEN NEEDLES	106	TEST	74
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ETODOLAC.....	11	LANCETS	91	TEST	74
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ETOPOPHOS	42	SYR	106	FORA G20 BLOOD GLUCOSE	
ETOPOSIDE.....	42	FIFTY50 UNILET LANCETS 33G	91	TEST	74
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TEST	73	FIRST-OMEPRAZOLE	139	TEST	74
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EVENCARE G3 TEST	74	FLECAINIDE ACETATE.....	23	TEST	74
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EXALGO	17	FLUBLOK	141	FORA V20 BLOOD GLUCOSE	
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PENTIP+.....	106	GENTLE-LET LANCETS	92	GNP FEXOFENADINE/PSE ER.....	63
FREDS PHARMACY UNIFINE		GENTLE-LET PLATFORMS	92	GNP INSULIN SYRINGE.....	106
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TEST	75	GLIPIZIDE XL	33	GNP NICOTINE MINI.....	135
FREESTYLE TEST	75	GLIPIZIDE-METFORMIN HCL	32	GNP NICOTINE POLACRILEX.....	135
FREESTYLE UNISTICK II		GLOBAL EASE INJECT PEN		GNP PRENATAL.....	122
LANCETS	91	NEEDLES	106	GNP PSEUDOEPHEDRINE HCL 12	
FROVATRIPTAN SUCCINATE.....	118	GLOBAL EASY GLIDE INSULIN		HR.....	127
FUROSEMIDE.....	79	SYR	106	GNP SUPER THIN LANCETS 30G....	92
FUSILEV	41	GLOBAL EASY GLIDE PEN		GNP ULTRA COM INSULIN	
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GALANTAMINE HYDROBROMIDE		GLOBAL INSULIN SYRINGES	106	NEEDLE.....	107
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GENTEEL BUTTERFLY TOUCH		GLYBURIDE	33	GUAIFENESIN AC.....	61
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GENTEEL CONTACT TIPS		GLYBURIDE-METFORMIN	32	GUAIFENESIN-CODEINE.....	61
(BLUE)	91	GLYCOPYRROLATE	139	GUANFACINE HCL.....	37
GENTEEL CONTACT TIPS		GLYDO	70	HAEMOLANCE	92
(CLEAR)	92	GNP ADULT ASPIRIN LOW		HAEMOLANCE LOW FLOW	
GENTEEL CONTACT TIPS		STRENGTH	13	LANCETS	92
(GREEN)	92	GNP ALL DAY ALLERGY-D	63	HAEMOLANCE PLUS	92
GENTEEL CONTACT TIPS		GNP ALLERGY & CONGESTION	63	HAEMOLANCE PLUS HIGH	
(ORANGE)	92	GNP ALLERGY/CONGESTION		FLOW	92
GENTEEL CONTACT TIPS		RELIEF	63	HAEMOLANCE PLUS LOW	
(RAINBOW)	92	GNP ALLERGY-D ALLERGY &		FLOW	92
GENTEEL CONTACT TIPS		CONGES	63	HAEMOLANCE PLUS MAX	
(VIOLET)	92	GNP ASPIRIN	14	FLOW	92
GENTEEL CONTACT TIPS		GNP ASPIRIN LOW DOSE	13	HAEMOLANCE PLUS	
(YELLOW)	92	GNP CLICKFINE PEN NEEDLES	106	PEDIATRIC FLOW	92

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HAILEY 24 FE	54	HUMIRA PEDIATRIC CROHNS		INDAPAMIDE	79
HALAVEN	42	START	10	INDOMETHACIN	11
HALOBETASOL PROPIONATE	69	HUMIRA PEN	10	INDOMETHACIN ER	11
HALOPERIDOL	44	HUMIRA PEN-CD/UC/HS		INFINITY BLOOD GLUCOSE	
HALOPERIDOL LACTATE	44	STARTER	10	TEST	75
HARVONI	86	HUMIRA PEN-PS/UV/ADOL HS		INFINITY VOICE	75
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SYR/NEEDLE	107	HUMULIN 70/30	31	INSULIN SYRINGE-NEEDLE U-100	107
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HEALTHY ACCENTS UNILET		TEST	75	IPRATROPIUM BROMIDE	126
LANCETS	92	HYCANTIN	43	IPRATROPIUM-ALBUTEROL	23
HEATHER	58	HYDRALAZINE HCL	37	IRBESARTAN	37
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H-E-B INCONTROL LANCETS 28G ..	92	HYDROCODONE-		HYDROCHLOROTHIAZIDE	36
H-E-B INCONTROL LANCETS 30G ..	93	ACETAMINOPHEN	16	ISENTRESS	46
H-E-B INCONTROL LANCETS 33G ..	93	HYDROCODONE-HOMATROPINE ..	61	ISIBLOOM	54
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HECTOROL	80	PRAMOXINE	21	ISORDIL TITRADOSE	22
HEMENATAL OB	122	HYDROCORTISONE ACETATE	21	ISOSORBIDE DINITRATE	22
HEMENATAL OB + DHA	122	HYDROCORTISONE VALERATE	69	ISOSORBIDE DINITRATE ER	22
HEMMOREX-HC	21	HYDROMET	61	ISOSORBIDE MONONITRATE	22
HEPARIN SODIUM (PORCINE)	26	HYDROMORPHONE HCL	17	ISOSORBIDE MONONITRATE ER ...	22
HEPSERA	47	HYDROMORPHONE HCL PF	17	ISOXSUPRINE HCL	51
HERCEPTIN	40	HYDROMORPHONE HCL-NACL	17	ISRADIPINE	50
HEXALEN	39	HYDROXYCHLOROQUINE		ITRACONAZOLE	34
HISTEX-AC	65	SULFATE	38	IVERMECTIN	22
HM ALLERGY & CONGESTION	63	HYDROXYUREA	41	JANUMET	30
HM ALLERGY COMPLETE-D	63	HYDROXYZINE HCL	22	JANUMET XR	30
HM ALLERGY RELIEF/NASAL		HYDROXYZINE PAMOATE	22	JANUVIA	30
DECONG	63	HYLAFEM	48	JARDIANCE	32
HM ASPIRIN	14	HYOSCYAMINE SULFATE	138, 139	JASMIEL	54
HM ASPIRIN EC LOW DOSE	14	HYOSCYAMINE SULFATE ER	138	JENCYCLA	58
HM NASAL DECONGESTANT	127	HYOSCYAMINE SULFATE SL	139	JEVANTIQUE LO	81
HM NASAL DECONGESTANT 12		HYOSYNE	139	JINTELI	81
HOUR	127	HYPOLANCE AST LANCING	93	JOLESSA	58
HM NICOTINE	135	HYSINGLA ER	17	JOLIVETTE	58
HM NICOTINE POLACRILEX	135	HY-VEE LANCETS	93	JULEBER	54
HM ONE DAILY PRENATAL	122	HY-VEE THIN LANCETS	93	JULUCA	45
HM PRENATAL	122	IBANDRONATE SODIUM	79	JUNEL 1.5/30	54
HM ULTICARE INSULIN		IBU	11	JUNEL 1/20	54
SYRINGE	107	IBUDONE	16	JUNEL FE 1.5/30	54
HM ULTICARE SHORT PEN		IGLUCOSE TEST STRIPS	75	JUNEL FE 1/20	54
NEEDLES	107	IMBRUVICA	40	JUNEL FE 24	54
HUMALOG	31	IMPAMINE HCL	29	KADIAN	18
HUMALOG JUNIOR KWIKPEN	30	IMPRAMINE PAMOATE	29	KAITLIB FE	54
HUMALOG KWIKPEN	30, 31	IMIQUIMOD	70	KALETRA	45
HUMALOG MIX 50/50	31	IN TOUCH BLOOD GLUCOSE		KALLIGA	54
HUMALOG MIX 50/50 KWIKPEN ..	31	TEST	75	KANUMA	88
HUMALOG MIX 75/25	31	IN TOUCH STERILE LANCETS		KARIDIUM	119
HUMALOG MIX 75/25 KWIKPEN ..	31	30G	93	KARIVA	53
HUMATROPE	80	INCASSIA	58	KCL (IN NACL 0.9%)	119

KCL-LIDOCAINE-NACL.....	119	LANCETS ULTRA FINE.....	93	LITETOUCH INSULIN SYRINGE.....	108
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KELNOR 1/50.....	54	LANCETS ULTRA THIN 30G.....	93	LITETOUCH PEN NEEDLES.....	108
KEPIVANCE.....	41	LANOXIN PEDIATRIC.....	51	LITHIUM CARBONATE.....	44
KETOCONAZOLE.....	34, 70	LANSOPRAZOLE.....	139	LITHIUM CARBONATE ER.....	44
KETOPROFEN.....	11	LARIN 1.5/30.....	55	LIVE BETTER LANCET SUPER	
KETOPROFEN ER.....	11	LARIN 1/20.....	55	THIN.....	93
KETOROLAC TROMETHAMINE		LARIN 24 FE.....	55	LIVE BETTER LANCET ULTRA	
.....	11, 130	LARIN FE 1.5/30.....	55	THIN.....	93
KIMIDESS.....	53	LARIN FE 1/20.....	55	LO LOESTRIN FE.....	53
KINNEY LANCETS.....	93	LARISSIA.....	55	LOMEDIA 24 FE.....	55
KINNEY THIN LANCETS.....	93	LATANOPROST.....	131	LONGS INSULIN SYRINGE.....	108
KINRAY INSULIN SYRINGE.....	108	LAYOLIS FE.....	55	LONGS LANCETS STANDARD.....	93
KLOR-CON.....	120	LEADER INSULIN SYRINGE.....	108	LONGS LANCETS THIN.....	93
KLOR-CON 10.....	120	LEADER UNIFINE PENTIPS.....	108	LONGS LANCETS ULTRA THIN.....	93
KLOR-CON M10.....	120	LEADER UNIFINE PENTIPS PLUS		LOPREEZA.....	81
KLOR-CON M15.....	120	108	LOPROX.....	67
KLOR-CON M20.....	120	LEENA.....	59	LORATADINE-D 12HR.....	63
KLOR-CON/EF.....	120	LEFLUNOMIDE.....	11	LORATADINE-D 24HR.....	63
KLS ALLERCLEAR D-12HR.....	63	LESCOL XL.....	35	LORAZEPAM.....	23
KLS ALLERCLEAR D-24HR.....	63	LESSINA.....	55	LORAZEPAM INTENSOL.....	23
KLS ALLER-TEC D.....	63	LETROZOLE.....	41	LORCET.....	16
KLS ASPIRIN LOW DOSE.....	14	LEUCOVORIN CALCIUM.....	42	LORCET HD.....	16
KLS QUIT2.....	135	LEUKINE.....	86	LORCET PLUS.....	16
KLS QUIT4.....	135	LEUPROLIDE ACETATE.....	42	LORTAB.....	16
KMART VALU INSULIN SYRINGE		LEVEMIR.....	31	LORYNA.....	55
30G.....	108	LEVEMIR FLEXTOUCH.....	31	LOSARTAN POTASSIUM.....	37
KOMBIGLYZE XR.....	30	LEVETIRACETAM.....	27	LOSARTAN POTASSIUM-HCTZ.....	36
KOSHER PRENATAL PLUS IRON.....	122	LEVICYN DERMAL SPRAY.....	71	LOTEMAX.....	131
KP ASPIRIN.....	14	LEVOBUNOLOL HCL.....	129	LOVASTATIN.....	35
KP PRENATAL MULTIVITAMINS.....	123	LEVOCARNITINE.....	80	LOW-OGESTREL.....	55
KP PSEUDOEPHEDRINE HCL.....	127	LEVOFLOXACIN.....	82, 129	LOXAPINE SUCCINATE.....	44
KPN PRENATAL.....	123	LEVOMEFOLATE DHA.....	125	LO-ZUMANDIMINE.....	55
K-PRIME.....	120	LEVONEST.....	59	LUDENT.....	119
KROGER BLOOD GLUCOSE TEST.....	75	LEVORA 0.15/30 (28).....	55	LUER LOCK SAFETY SYRINGES.....	108
KROGER INSULIN SYRINGE.....	108	LEVORPHANOL TARTRATE.....	18	LUMIGAN.....	131
KROGER LANCETS.....	93	LEVOTHYROXINE SODIUM.....	138	LUPRON DEPOT (1-MONTH).....	42
KROGER LANCETS 21G.....	93	LEVOXYL.....	138	LUPRON DEPOT (3-MONTH).....	42
KROGER LANCETS MICRO THIN		LEXIVA.....	46	LUPRON DEPOT (4-MONTH).....	42
33G.....	93	LIALDA.....	83	LUPRON DEPOT-PED (1-MONTH).....	80
KROGER LANCETS SUPER THIN.....	93	LIBERTY MEDICAL LANCETS.....	93	LUPRON DEPOT-PED (3-MONTH).....	80
KROGER LANCETS THIN.....	93	LIBERTY NEXT GENERATION		LUTERA.....	55
KROGER LANCETS THIN 26G.....	93	TEST.....	75	LYRICA.....	27
KROGER LANCETS ULTRATHIN		LIBERTY TEST.....	76	LYSODREN.....	39
30G.....	93	LIDOCAINE.....	70	LYZA.....	59
KROGER PEN NEEDLES.....	108	LIDOCAINE HCL		MAGELLAN INSULIN SAFETY	
KROGER PREMIUM GLUCOSE		URETHRAL/MUCOSAL.....	70	SYR.....	108, 109
TEST.....	75	LIDOCAINE PAK.....	70	MAGELLAN TUBERCULIN	
KROGER TEST.....	75	LIDOCAINE VISCOUS HCL.....	120	SYRINGE.....	109
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KURVELO.....	55	LIFESCAN UNISTIK 2.....	93	MAR-COF BP.....	65
K-VESCENT.....	120	LIFESCAN UNISTIK II LANCETS.....	93	MAR-COF CG EXPECTORANT.....	61
LABELALOL HCL.....	49	LILLOW.....	55	MARLISSA.....	55
LACTULOSE.....	87	LINEZOLID.....	38	MARNATAL-F.....	123
LACTULOSE ENCEPHALOPATHY.....	83	LINEZOLID IN SODIUM		MARTEN-TAB.....	12
LAMICTAL STARTER.....	26, 27	CHLORIDE.....	38	MATULANE.....	41
LAMIVUDINE.....	47	LIOthyRONINE SODIUM.....	138	MATZIM LA.....	51
LAMOTRIGINE.....	27	LIPO-B.....	85	MAVYRET.....	86
LANCETS 28G.....	93	LIPODOX 50.....	41	MAXICOMFORT II PEN NEEDLE.....	109
LANCETS 30G.....	93	LISINOPRIL.....	36	MAXI-COMFORT INSULIN	
LANCETS MICRO THIN 33G.....	93	LISINOPRIL-		SYRINGE.....	109
LANCETS SUPER THIN 28G.....	93	HYDROCHLOROTHIAZIDE.....	36	MAXI-COMFORT SAFETY PEN	
LANCETS THIN.....	93	LITE TOUCH LANCETS.....	93	NEEDLE.....	109

MAXICOMFORT SYR 27G X 1/2"	109	METAXALL	126	MOLINDONE HCL	44
M-CLEAR WC	61	METFORMIN HCL	30	MOMETASONE FUROATE	69
MEDIC INSULIN SYRINGE	109	METFORMIN HCL ER	30	MONOJECT INSULIN SYRINGE	
MEDICHOICE SAFETY LANCET	93	METFORMIN HCL ER (OSM)	30	109, 110
MEDICHOICE SAFETY LANCET		METHAZOLAMIDE	79	MONOJECT MAGELLAN	
EXTRA	93	METHERGINE	131	SYRINGE	110
MEDICHOICE SAFETY LANCET		METHIMAZOLE	137	MONOJECT SYRINGE	110
NORM	93	METHOCARBAMOL	126	MONOJECT TB SAFETY	
MEDICINE SHOPPE PEN NEEDLES	109	METHOTREXATE	40	SYRINGE	110
MEDISENSE THIN LANCETS	93	METHOTREXATE SODIUM	40	MONOJECT TB SYRINGE	110
MEDLANCE EXTRA 21G	93	METHOTREXATE SODIUM (PF)	40	MONOJECT ULTRA COMFORT	
MEDLANCE LITE 25G	93	METHSCOPOLAMINE BROMIDE ...139		SYRINGE	110
MEDLANCE PLUS EXTRA 21G	93	METHYLDOPA	37	MONOJECTOR END CAPS	94
MEDLANCE PLUS LANCETS	93	METHYLPHENIDATE HCL	9	MONOJECTOR OPD END CAPS	94
MEDLANCE PLUS LITE 25G	93	METHYLPHENIDATE HCL ER	9	MONOLET LANCETS	94
MEDLANCE PLUS SPECIAL		METHYLPHENIDATE HCL ER (CD) ...9		MONOLET OPD LANCETS	94
0.8MM	93	METHYLPREDNISOLONE	60	MONOLETTOR SAFETY	
MEDLANCE PLUS SUPERLITE		METHYLPREDNISOLONE SODIUM		LANCETS	94
30G	94	SUCC	60	MONO-LINYAH	55
MEDLANCE PLUS UNIVERSAL		METOCLOPRAMIDE HCL	83	MONONESSA	56
21G	94	METOLAZONE	79	MONTELUKAST SODIUM	24
MEDLANCE UNIVERSAL 21G	94	METOPROLOL SUCCINATE ER	49	MORGIDOX	137
MEDROXYPROGESTERONE		METOPROLOL TARTRATE	49	MORPHABOND ER	18
ACETATE	133	METOPROLOL-		MORPHINE SULFATE	18, 19
MEFLOQUINE HCL	38	HYDROCHLOROTHIAZIDE	37	MORPHINE SULFATE	
MEGESTROL ACETATE	43	METRONIDAZOLE	37, 70	(CONCENTRATE)	18
MEIJER ALLERGY RELIEF-D	63	MEXILETINE HCL	23	MORPHINE SULFATE ER BEADS	18
MEIJER ALLERGY/CONGESTION	63	MIBELAS 24 FE	55	MOVIPREP	87
MEIJER BLOOD GLUCOSE TEST	76	MICRODOT TEST	76	MOXEZA	129
MEIJER ESSENTIAL GLUCOSE		MICROGESTIN 1.5/30	55	MOXIFLOXACIN HCL	82
TEST	76	MICROGESTIN 1/20	55	MPD SAFETY LANCET 21G	94
MEIJER LANCETS	94	MICROGESTIN FE 1.5/30	55	MPD SAFETY LANCET 23G	94
MEIJER LANCETS THIN	94	MICROGESTIN FE 1/20	55	MPD SAFETY LANCET 28G	94
MEIJER LANCETS UNIVERSAL		MICROLET LANCETS	94	MPD SAFETY LANCET 30G	94
21G	94	MICROTAINER SAFETY FLOW		MS CONTIN	19
MEIJER LANCETS UNIVERSAL		LANCET	94	MS INSULIN SYRINGE	110
30G	94	MIDODRINE HCL	142	MUCINEX D	65
MEIJER LANCETS UNIVERSAL		MIGERGOT	118	MULTAQ	23
33G	94	MILI	55	MULTI PRENATAL	123
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