



Samaritan
Health Plans

2024 Formulary List of Covered Drugs

Samaritan Choice Plans

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 7/1/2024.



Important information about your plan

This document provides highlights of your pharmacy benefits.

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

A list of participating network pharmacies is also online at **choice.samhealthplans.org**.

Using your prescription drug benefit

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

Using your prescription drug formulary

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

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

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

Prescriptions by mail

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

Out of network or non-participating pharmacies

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

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

What is a formulary (drug list)?

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

Can the formulary (drug list) change?

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

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

How do I use the formulary (drug list)?

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

Medical condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your

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drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

Alphabetical listing

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

What are brand-name drugs?

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

What are generic drugs?

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

What are maintenance drugs?

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

Are there any restrictions on my coverage?

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

- **Prior authorization:** Our plan requires you (or your provider) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover during a specific time-frame such as daily or monthly.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.

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- **Morphine milligram equivalent (MME):** This shows the amount of morphine in milligrams that is equivalent to the strength of the specific opioid medicine your provider has prescribed.

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

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

What if my drug is not on the formulary?

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

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

- Your prescriber can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your provider and ask him or her to prescribe a similar drug that is covered by our plan.
- Your prescriber can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the formulary?

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

- They can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- They can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- They can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, they can ask us to waive the limit and cover a greater amount.

Generally, we will only approve the request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not

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be as effective in treating your condition and/or would cause you to have adverse medical effects.

We will make a coverage determination within 72 hours of receipt for standard requests and within 24 hours of receipt for expedited requests. Your provider can request an expedited (fast) exception if you or your provider believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If requested, we must give you a decision no later than 24 hours after receipt of request.

For more information

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

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

Formulary

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

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

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

List of abbreviations

EA: Each.

PA: Prior authorization. Our plan requires you (or your provider) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

ST: Step therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.

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Opioid limits:

Opioid anti-tussive limits:

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

Short-acting opioid limits:

- New to therapy:
 - Maximum of 49.99 MME.
 - Maximum seven-day supply per fill.
- Experience with therapy:
 - Maximum of 90 MME.

Long-acting opioid limits:

- PA required.
- Maximum of 90 MME.

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Drug Name	Brand Tier	Generic Tier	Formulary Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG		Tier 3	QL (4 EA per 1 day)
GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG		Tier 3	QL (2 EA per 1 day)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		Tier 3	QL (1 EA per 1 day)
*Amphetamine Mixtures***			
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG		Tier 3	
AMPHET-DEXTROAMPHET 3-BEAD ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 3	QL (1 EA per 1 day)
*Amphetamines***			
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL		Tier 3	QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG		Tier 3	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		Tier 3	PA; QL (1 EA per 1 day)
LISDEXAMFETAMINE DIMESYLATE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 3	PA; QL (1 EA per 1 day)
*Anti-Obesity - Glp-1 Receptor Agonists***			
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	Tier 5		PA; QL (0.072 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	Tier 5		PA; QL (0.072 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	Tier 5		PA; QL (0.072 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	Tier 5		PA; QL (0.11 ML per 1 day)
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	Tier 5		PA; QL (0.11 ML per 1 day)
*Stimulants - Misc.***			
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (1 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (2 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 3	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 20 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL		Tier 3	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 3	AGE (Max 10 Years)
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	
METHYLPHENIDATE HCL ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG		Tier 3	AGE (Max 10 Years)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 3	QL (30 EA per 30 days)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 5		PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 6		PA; Specialty
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 6		PA; Specialty
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 6		PA; Specialty
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier 6		PA; Specialty
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 6		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 6		PA; Specialty
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 6		PA; Specialty
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier 6		PA; Specialty
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier 6		PA; Specialty
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 6		PA; Specialty
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 6		PA; Specialty
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 6		PA; Specialty
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 6		PA; Specialty
Aminoglycosides			
*Aminoglycosides***			
NEOMYCIN SULFATE ORAL TABLET 500 MG		Tier 3	
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 6		PA; Specialty
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 6		PA; Specialty
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 6		PA; Specialty
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 6		PA; Specialty
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML		Tier 6	PA; Specialty
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML		Tier 6	PA; Specialty
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML		Tier 6	PA; Specialty
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML		Tier 6	PA; Specialty
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Tier 6		PA; Specialty
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Tier 6		PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 6		PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 6		PA; Specialty
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML	Tier 6		PA; Specialty
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELECOXIB CAPSULE 100 MG ORAL		Tier 2	
CELECOXIB CAPSULE 200 MG ORAL		Tier 2	
CELECOXIB CAPSULE 400 MG ORAL		Tier 3	
CELECOXIB CAPSULE 50 MG ORAL		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 6		PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 6		PA; Specialty
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)s***			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 3	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 3	
DICLOFENAC SODIUM TABLET DELAYED RELEASE 25 MG ORAL		Tier 3	
DICLOFENAC SODIUM TABLET DELAYED RELEASE 50 MG ORAL		Tier 2	
DICLOFENAC SODIUM TABLET DELAYED RELEASE 75 MG ORAL		Tier 2	
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 3	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 3	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 3	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 3	
IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG	Tier 2	Tier 2	
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 3	
INDOMETHACIN ORAL CAPSULE 25 MG, 50 MG		Tier 3	
KETOPROFEN ORAL CAPSULE 50 MG		Tier 3	
KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML, 30 MG/ML		Tier 3	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		Tier 3	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		Tier 2	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 2	
NAPROXEN ORAL TABLET 250 MG, 375 MG, 500 MG		Tier 2	
NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG		Tier 3	
OXAPROZIN ORAL TABLET 600 MG		Tier 2	
PIROXICAM CAPSULE 10 MG ORAL		Tier 2	
PIROXICAM CAPSULE 20 MG ORAL		Tier 3	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 2	
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 30 MG	Tier 6		PA; Specialty
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 6		PA; Specialty
*Pyrimidine Synthesis Inhibitors***			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 3	
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 6		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 6		PA; Specialty
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
BAC ORAL TABLET (BUTALBITAL-APAP- CAFFEINE) 50-325-40 MG	Tier 3	Tier 3	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 3	
TENCON ORAL TABLET (BUTALBITAL- ACETAMINOPHEN) 50-325 MG	Tier 4	Tier 3	
*Salicylates***			
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 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 LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		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	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
DIFLUNISAL ORAL TABLET 500 MG		Tier 3	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 1	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	
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
FT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
FT ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 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	
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	
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 ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 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	
Analgesics - Opioid			
*Codeine Combinations***			
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML		Tier 3	QL (136 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL		Tier 3	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL		Tier 3	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL		Tier 3	QL (10 EA per 1 day)
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG		Tier 3	
BUTALBITAL-ASA-CAFF-CODEINE ORAL CAPSULE 50-325-40-30 MG		Tier 3	
*Dihydrocodeine Combinations***			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 3	QL (12 EA per 1 day)
*Hydrocodone Combinations***			
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 2.5-108 MG/5ML, 5-217 MG/10ML, 7.5-325 MG/15ML		Tier 3	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL		Tier 3	QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL		Tier 3	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL		Tier 3	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL		Tier 3	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL		Tier 3	QL (6 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL		Tier 3	QL (6 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL		Tier 3	QL (4 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL		Tier 3	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL		Tier 3	QL (6 EA per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML	Tier 5		QL (73.5 ML per 1 day)
*Opioid Agonists***			
CODEINE SULFATE TABLET 15 MG ORAL		Tier 3	QL (21 EA per 1 day)
CODEINE SULFATE TABLET 30 MG ORAL		Tier 3	QL (10 EA per 1 day)
CODEINE SULFATE TABLET 60 MG ORAL		Tier 3	QL (5 EA per 1 day)
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/2ML		Tier 3	
FENTANYL TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR		Tier 3	PA; QL (0.34 EA per 1 day)
HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 3	PA; QL (1 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 3	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 0.25 MG/0.5ML		Tier 3	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 3	QL (12.25 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML		Tier 3	
HYDROMORPHONE HCL TABLET 2 MG ORAL		Tier 3	QL (6 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL		Tier 3	QL (3 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL		Tier 3	QL (1 EA per 1 day)
MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML		Tier 3	QL (49 ML per 1 day)
MEPERIDINE HCL ORAL TABLET 50 MG		Tier 3	QL (9 EA per 1 day)
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 3	PA
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 3	QL (2.4 ML per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL		Tier 3	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG		Tier 3	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML		Tier 3	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL		Tier 3	QL (24.5 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL		Tier 3	QL (12.25 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL		Tier 3	QL (3 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL		Tier 3	QL (1 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4		PA; QL (2 EA per 1 day)
NUCYNTA TABLET 100 MG ORAL	Tier 4		QL (1 EA per 1 day)
NUCYNTA TABLET 50 MG ORAL	Tier 4		QL (2 EA per 1 day)
NUCYNTA TABLET 75 MG ORAL	Tier 4		QL (1 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 3	QL (6 EA per 1 day)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 3	QL (1.6 ML per 1 day)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 3	QL (32.6 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL		Tier 3	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL		Tier 3	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL		Tier 3	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL		Tier 3	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL		Tier 3	QL (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 10 MG, 20 MG, 40 MG, 80 MG	Tier 4	Tier 4	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	Tier 4		PA; QL (4 EA per 1 day)
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		Tier 3	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL		Tier 3	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL		Tier 3	QL (3 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL	Tier 4		QL (2 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL	Tier 4		QL (1 EA per 1 day)
TRAMADOL HCL TABLET 100 MG ORAL		Tier 3	QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRAMADOL HCL TABLET 50 MG ORAL		Tier 3	QL (8 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 4		PA; QL (4 EA per 1 day)
*Opioid Combinations***			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 3	Tier 3	QL (3 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 3	Tier 3	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 3	Tier 3	QL (6 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 3	Tier 3	QL (4 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML		Tier 4	QL (32.6 ML per 1 day)
*Opioid Partial Agonists***			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 5		PA; QL (2 EA per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.046 ML per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.069 ML per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.092 ML per 1 day)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.023 ML per 1 day)
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.013 ML per 1 day)
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.007 ML per 1 day)
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.01 ML per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL		Tier 3	QL (3 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL		Tier 3	QL (4 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL		Tier 3	QL (2 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL		Tier 3	QL (90 EA per 23 days)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL		Tier 3	QL (90 EA per 30 days)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL		Tier 3	QL (4 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL		Tier 1	QL (4 EA per 1 day)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		Tier 3	PA; QL (0.15 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 3	QL (2.5 ML per 1 day)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 3	QL (5 EA per 1 day)
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.018 ML per 1 day)
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	Tier 6		Specialty; QL (0.054 ML per 1 day)
*Tramadol Combinations***			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 3	QL (8 EA per 1 day)
Androgens-Anabolic			
*Androgens***			
DANAZOL ORAL CAPSULE 200 MG		Tier 3	
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 3	
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 3	
TESTOSTERONE TRANSDERMAL GEL 1.62 %, 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)		Tier 3	ST
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 3	ST
Anorectal And Related Products			
*Intrarectal Steroids***			
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 3	
*Rectal Anesthetic/Steroids***			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 3	
*Rectal Steroids***			
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 3	Tier 3	
PROCTOSOL HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 3	Tier 3	
PROCTOZONE-HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 3	Tier 3	
Anthelmintics			
*Anthelmintics***			
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 5		
IVERMECTIN ORAL TABLET 3 MG		Tier 3	PA
Antianginal Agents			
*Antianginals-Other***			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 3	PA
*Nitrates***			
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ISOSORBIDE MONONITRATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 60 MG		Tier 1	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		Tier 3	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		Tier 3	
NITROGLYCERIN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 3	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 3	
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
BUSPIRONE HCL ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG, 7.5 MG		Tier 3	
HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML		Tier 3	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 3	
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 3	
MEPROBAMATE ORAL TABLET 400 MG		Tier 3	
*Benzodiazepines***			
ALPRAZOLAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 3	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3		
ALPRAZOLAM ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 3	
ALPRAZOLAM XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 3	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG, 25 MG, 5 MG		Tier 3	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG, 3.75 MG, 7.5 MG		Tier 3	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 3	
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 3	
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML	Tier 3	Tier 3	
LORAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG		Tier 3	
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG		Tier 3	
QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG		Tier 3	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antiarrhythmics Type I-B***			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG		Tier 3	
*Antiarrhythmics Type I-C***			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	
PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG		Tier 3	
*Antiarrhythmics Type Iii***			
AMIODARONE HCL TABLET 100 MG ORAL		Tier 3	
AMIODARONE HCL TABLET 200 MG ORAL		Tier 1	
AMIODARONE HCL TABLET 400 MG ORAL		Tier 3	
MULTAQ ORAL TABLET 400 MG	Tier 4		
Antiasthmatic And Bronchodilator Agents			
*Adrenergic Combinations***			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 3		QL (0.4 GM per 1 day)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 4		QL (1 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 4		QL (1 EA per 30 days)
BREYNA INHALATION AEROSOL (BUDESONIDE-FORMOTEROL FUMARATE) 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 3	Tier 3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 4		QL (4 GM per 30 days)
DULERA AEROSOL 100-5 MCG/ACT INHALATION	Tier 4		QL (1 GM per 30 days)
DULERA AEROSOL 200-5 MCG/ACT INHALATION	Tier 4		QL (1 GM per 30 days)
DULERA AEROSOL 50-5 MCG/ACT INHALATION	Tier 4		
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 1	QL (18 ML per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 4		ST
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 2	Tier 2	QL (1 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 6		PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 6		PA; Specialty
*Beta Adrenergics***			
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION		Tier 1	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		Tier 3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 3	QL (18 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 3	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION		Tier 3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 4		QL (60 EA per 30 days)
TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG		Tier 3	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA)	Tier 4	Tier 2	QL (0.534 GM per 1 day)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA)	Tier 4	Tier 2	QL (1.2 GM per 1 day)
XOPENEX HFA INHALATION AEROSOL (LEVALBUTEROL TARTRATE) 45 MCG/ACT	Tier 4	Tier 4	QL (2 GM per 30 days)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 4		QL (2 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 4		QL (1 EA per 30 days)
TIOTROPIUM BROMIDE MONOHYDRATE INHALATION CAPSULE 18 MCG		Tier 3	QL (30 EA per 30 days)
*Leukotriene Receptor Antagonists***			
MONTELUKAST SODIUM ORAL PACKET 4 MG		Tier 3	
MONTELUKAST SODIUM ORAL TABLET 10 MG		Tier 1	
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		Tier 1	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
ROFLUMILAST ORAL TABLET 250 MCG, 500 MCG		Tier 3	PA
*Steroid Inhalants***			
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 4		QL (2 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 4		QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 4		QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 4		QL (2 EA per 30 days)
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	Tier 4		QL (2 GM per 30 days)
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	Tier 4		QL (2 GM per 30 days)
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	Tier 4		
BUDESONIDE SUSPENSION 0.25 MG/2ML INHALATION		Tier 3	QL (8 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BUDESONIDE SUSPENSION 0.5 MG/2ML INHALATION		Tier 3	QL (4 ML per 1 day)
BUDESONIDE SUSPENSION 1 MG/2ML INHALATION		Tier 3	QL (2 ML per 1 day)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION	Tier 2		QL (0.8 GM per 1 day)
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION	Tier 2		QL (0.8 GM per 1 day)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION	Tier 2		QL (22 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 5		QL (1 EA per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2		QL (0.71 GM per 1 day)
*Xanthines***			
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG, 450 MG		Tier 3	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN ORAL TABLET (WARFARIN SODIUM) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	Tier 2	
*Direct Factor Xa Inhibitors***			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 4		QL (3 EA per 1 day)
ELIQUIS TABLET 2.5 MG ORAL	Tier 4		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL	Tier 4		QL (3 EA per 1 day)
XARELTO TABLET 10 MG ORAL	Tier 4		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL	Tier 4		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL	Tier 4		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL	Tier 4		QL (1 EA per 1 day)
*Low Molecular Weight Heparins***			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 3	QL (35 ML per 180 days)
ENOXAPARIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 3	QL (35 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML	Tier 4		
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA ORAL CAPSULE (DABIGATRAN ETEXILATE MESYLATE) 110 MG	Tier 5	Tier 3	
Anticonvulsants			
*Anticonvulsants - Benzodiazepines***			
CLOBAZAM ORAL SUSPENSION 2.5 MG/ML		Tier 3	PA
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 3	PA
CLONAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLONAZEPAM ORAL TABLET DISPERSIBLE 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 3	
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 3	
*Anticonvulsants - Misc.***			
CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 3	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 3	
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML		Tier 3	
CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG		Tier 3	
EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG	Tier 3	Tier 3	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 2	
LACOSAMIDE ORAL SOLUTION 10 MG/ML, 100 MG/10ML, 50 MG/5ML		Tier 3	PA
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 3	PA
LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG	Tier 4	Tier 3	
LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG	Tier 4	Tier 3	
LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG	Tier 4	Tier 3	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 3	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML, 500 MG/5ML		Tier 1	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 1	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 3	
OXCARBAZEPINE TABLET 150 MG ORAL		Tier 1	
OXCARBAZEPINE TABLET 300 MG ORAL		Tier 1	
OXCARBAZEPINE TABLET 600 MG ORAL		Tier 3	
PREGABALIN CAPSULE 100 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL		Tier 2	QL (2 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL		Tier 2	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 2	QL (30 ML per 1 day)
PRIMIDONE TABLET 250 MG ORAL		Tier 3	
PRIMIDONE TABLET 50 MG ORAL		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG	Tier 1	Tier 1	
SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG, 25 MG	Tier 3	Tier 3	
SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG	Tier 3	Tier 3	
SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG	Tier 3	Tier 3	
SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG	Tier 3	Tier 3	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG		Tier 3	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
*Gaba Modulators***			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 3	
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	Tier 4		
PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) 200 MG, 300 MG	Tier 3	Tier 3	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG	Tier 3	Tier 3	
PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML		Tier 2	
PHENYTOIN SODIUM EXTENDED CAPSULE 100 MG ORAL		Tier 1	
*Succinimides***			
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 3	
*Valproic Acid***			
DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG		Tier 3	
DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG		Tier 3	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 3	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML, 500 MG/5ML		Tier 3	
VALPROIC ACID ORAL CAPSULE 250 MG		Tier 3	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		Tier 3	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG, 7.5 MG		Tier 3	
MIRTAZAPINE ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antidepressants - Misc.***			
BUPROPION HCL ER (SR) ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG		Tier 3	
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL		Tier 1	
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL		Tier 3	
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 3	
*Gaba Receptor Modulator - Neuroactive Steroid***			
ZURZUVAE CAPSULE 20 MG ORAL	Tier 6		PA; QL (28 EA per 365 days)
ZURZUVAE CAPSULE 25 MG ORAL	Tier 6		PA; QL (28 EA per 365 days)
ZURZUVAE CAPSULE 30 MG ORAL	Tier 6		PA; QL (14 EA per 365 days)
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 4		
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 3	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML		Tier 3	
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 3	
ESCITALOPRAM OXALATE ORAL SOLUTION 5 MG/5ML		Tier 3	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		Tier 3	
FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE 90 MG		Tier 3	
FLUOXETINE HCL ORAL SOLUTION 20 MG/5ML		Tier 3	
FLUOXETINE HCL ORAL TABLET 10 MG		Tier 3	
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		Tier 3	
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 3	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
*Serotonin Modulators***			
TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 300 MG, 50 MG		Tier 3	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4		ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 4		ST
VILAZODONE HCL ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 3	ST

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 40 MG, 60 MG		Tier 3	
VENLAFAXINE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL		Tier 3	
VENLAFAXINE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL		Tier 3	
VENLAFAXINE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL		Tier 1	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG		Tier 3	
VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 3	
*Tricyclic Agents***			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 3	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 3	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 3	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG		Tier 3	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		Tier 3	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 3	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 4		PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 4		PA
*Biguanides***			
METFORMIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 2	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		Tier 2	
*Diabetic Other***			
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 4		QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 4		QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT 1 MG INJECTION		Tier 1	QL (2 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLUCAGON EMERGENCY KIT 1 MG INJECTION		Tier 2	QL (2 EA per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4		ST
SAXAGLIPTIN HCL ORAL TABLET 2.5 MG, 5 MG		Tier 3	ST
TRADJENTA ORAL TABLET 5 MG	Tier 5		ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 5		ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 5		ST
SAXAGLIPTIN-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG		Tier 3	ST
*Human Insulin***			
ADMELOG INJECTION SOLUTION (INSULIN LISPRO) 100 UNIT/ML	Tier 2	Tier 2	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML	Tier 2	Tier 2	
APIDRA INJECTION SOLUTION 100 UNIT/ML	Tier 2		
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2		
HUMALOG INJECTION SOLUTION (INSULIN LISPRO) 100 UNIT/ML	Tier 2	Tier 2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO JUNIOR KWIKPEN) 100 UNIT/ML	Tier 2	Tier 2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML	Tier 2	Tier 2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN LISPRO PROT & LISPRO) (75-25) 100 UNIT/ML	Tier 2	Tier 2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2		
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 5		
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Tier 2	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		Tier 4	PA
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2		
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2		
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2		
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2		
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2		
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2		
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2		
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2		
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2		
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN ASP PROT & ASP FLEXPEN) (70-30) 100 UNIT/ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN ASPART FLEXPEN) 100 UNIT/ML	Tier 2	Tier 2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (INSULIN ASPART PROT & ASPART) (70-30) 100 UNIT/ML	Tier 2	Tier 2	
NOVOLOG RELION INJECTION SOLUTION (INSULIN ASPART) 100 UNIT/ML	Tier 2	Tier 2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE MAX SOLOSTAR) 300 UNIT/ML	Tier 5	Tier 5	ST
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE SOLOSTAR) 300 UNIT/ML	Tier 5	Tier 5	ST
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 4		PA; QL (4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 4		PA; QL (1 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 4		PA; QL (1 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 4		PA; QL (0.08 ML per 1 day)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (LIRAGLUTIDE) 18 MG/3ML	Tier 4	Tier 4	PA; QL (3 ML per 30 days)
*Meglitinide Analogues***			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 3	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Tier 4		ST
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 4		ST
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 4		ST; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 4		ST; QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 4		ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 4		ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 4		ST

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Sulfonylurea-Biguanide Combinations***			
GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
*Sulfonylureas***			
GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 1	
GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		Tier 2	
GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG		Tier 2	
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		Tier 2	
*Thiazolidinedione-Biguanide Combinations***			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 3	
*Thiazolidinediones***			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML		Tier 3	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG		Tier 3	
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 6	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5		
*Opioid Antagonists***			
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML		Tier 3	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 3	
NARCAN NASAL LIQUID (NALOXONE HCL) 4 MG/0.1ML	Tier 3	Tier 3	QL (4 EA per 180 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 6		PA; Specialty; QL (0.04 EA per 1 day)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 3	QL (600 ML per 30 days)
ONDANSETRON HCL TABLET 4 MG ORAL		Tier 3	QL (180 EA per 30 days)
ONDANSETRON HCL TABLET 8 MG ORAL		Tier 3	QL (90 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 4 MG ORAL		Tier 3	QL (180 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 8 MG ORAL		Tier 3	QL (90 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antiemetic Combinations***			
DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG		Tier 3	
*Antiemetics - Anticholinergic***			
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 3	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		Tier 3	
Antifungals			
*Antifungals***			
GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML		Tier 3	
GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET 125 MG, 250 MG		Tier 3	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 3	
TERBINAFINE HCL ORAL TABLET 250 MG		Tier 3	QL (90 EA per 365 days)
*Imidazoles***			
KETOCONAZOLE ORAL TABLET 200 MG		Tier 3	
*Triazoles***			
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		Tier 3	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 3	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 3	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 3	
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 3	
Antihistamines			
*Antihistamines - Phenothiazines***			
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		Tier 3	
PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 3	Tier 3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3		
*Antihistamines - Piperidines***			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 2	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 2	
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
ICOSAPENT ETHYL ORAL CAPSULE 0.5 GM		Tier 3	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 1	
*Bile Acid Sequestrants***			
CHOLESTYRAMINE LIGHT ORAL PACKET 4 GM		Tier 3	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GM/DOSE		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 3	
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 3	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 3	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 3	
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 3	
*Fibric Acid Derivatives***			
FENOFIBRATE MICRONIZED CAPSULE 134 MG ORAL		Tier 1	
FENOFIBRATE MICRONIZED CAPSULE 200 MG ORAL		Tier 1	
FENOFIBRATE MICRONIZED CAPSULE 43 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 67 MG ORAL		Tier 1	
FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG		Tier 1	
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 1	
GEMFIBROZIL ORAL TABLET 600 MG		Tier 1	
*Hmg Coa Reductase Inhibitors***			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	
PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 1	
SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG		Tier 1	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 3	
*Intestinal Cholesterol Absorption Inhibitors***			
EZETIMIBE ORAL TABLET 10 MG		Tier 1	
*Nicotinic Acid Derivatives***			
NIACIN ER (ANTHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 3	
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 6		PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 6		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 6		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 6		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
AMLODIPINE BESY-BENAZEPRIL HCL CAPSULE 10-20 MG ORAL		Tier 1	
AMLODIPINE BESY-BENAZEPRIL HCL CAPSULE 10-40 MG ORAL		Tier 1	
AMLODIPINE BESY-BENAZEPRIL HCL CAPSULE 2.5-10 MG ORAL		Tier 1	
AMLODIPINE BESY-BENAZEPRIL HCL CAPSULE 5-10 MG ORAL		Tier 1	
AMLODIPINE BESY-BENAZEPRIL HCL CAPSULE 5-20 MG ORAL		Tier 1	
AMLODIPINE BESY-BENAZEPRIL HCL CAPSULE 5-40 MG ORAL		Tier 3	
*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 3	
ENALAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-25 MG, 5-12.5 MG		Tier 2	
FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG		Tier 3	
LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 2	
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 3	
*Ace Inhibitors***			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 1	
CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 3	
ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 1	
FOSINOPRIL SODIUM TABLET 10 MG ORAL		Tier 3	
FOSINOPRIL SODIUM TABLET 20 MG ORAL		Tier 1	
FOSINOPRIL SODIUM TABLET 40 MG ORAL		Tier 1	
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 3	
QUINAPRIL HCL TABLET 10 MG ORAL		Tier 3	
QUINAPRIL HCL TABLET 20 MG ORAL		Tier 1	
QUINAPRIL HCL TABLET 40 MG ORAL		Tier 1	
QUINAPRIL HCL TABLET 5 MG ORAL		Tier 1	
RAMIPRIL CAPSULE 1.25 MG ORAL		Tier 3	
RAMIPRIL CAPSULE 10 MG ORAL		Tier 1	
RAMIPRIL CAPSULE 2.5 MG ORAL		Tier 1	
RAMIPRIL CAPSULE 5 MG ORAL		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
IRBESARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		Tier 3	
LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		Tier 1	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		Tier 1	
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET 160-12.5 MG ORAL		Tier 3	
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET 160-25 MG ORAL		Tier 3	
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET 320-12.5 MG ORAL		Tier 3	
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET 320-25 MG ORAL		Tier 1	
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET 80-12.5 MG ORAL		Tier 3	
*Angiotensin II Receptor Antagonists***			
CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 3	
IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG		Tier 1	
LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG		Tier 1	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 1	
*Antiadrenergics - Centrally Acting***			
CLONIDINE HCL ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG		Tier 1	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		Tier 3	
METHYLDOPA ORAL TABLET 250 MG, 500 MG		Tier 3	
*Antiadrenergics - Peripherally Acting***			
DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG		Tier 1	
PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 3	
TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 1	
*Beta Blocker & Diuretic Combinations***			
ATENOLOL-CHLORTHALIDONE TABLET 100-25 MG ORAL		Tier 3	
ATENOLOL-CHLORTHALIDONE TABLET 50-25 MG ORAL		Tier 1	
BISOPROLOL-HYDROCHLOROTHIAZIDE TABLET 10-6.25 MG ORAL		Tier 3	
BISOPROLOL-HYDROCHLOROTHIAZIDE TABLET 2.5-6.25 MG ORAL		Tier 1	
BISOPROLOL-HYDROCHLOROTHIAZIDE TABLET 5-6.25 MG ORAL		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG		Tier 3	
*Vasodilators***			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 1	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 3	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		Tier 2	
TRIMETHOPRIM ORAL TABLET 100 MG		Tier 3	
XIFAXAN ORAL TABLET 550 MG	Tier 5		PA
*Anti-Infective Misc. - Combinations***			
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		Tier 2	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	Tier 3	Tier 3	
*Carbapenems***			
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		Tier 3	
*Glycopeptides***			
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/300ML-%		Tier 3	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 3	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML		Tier 3	
*Lincosamides***			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG		Tier 3	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 3	
*Oxazolidinones***			
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 3	PA
LINEZOLID ORAL TABLET 600 MG		Tier 3	PA
*Urinary Anti-Infectives***			
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 3	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 3	
Antimalarials			
*Antimalarial Combinations***			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 3	
*Antimalarials***			
HYDROXYCHLOROQUINE SULFATE TABLET 100 MG ORAL		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HYDROXYCHLOROQUINE SULFATE TABLET 200 MG ORAL		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 300 MG ORAL		Tier 3	
HYDROXYCHLOROQUINE SULFATE TABLET 400 MG ORAL		Tier 3	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 3	
Antimasthenic/Cholinergic Agents			
*Antimasthenic/Cholinergic Agents***			
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 3	
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 5	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 3	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
ETHAMBUTOL HCL ORAL TABLET 400 MG		Tier 3	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 3	
ISONIAZID TABLET 100 MG ORAL		Tier 3	
ISONIAZID TABLET 300 MG ORAL		Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 4		PA
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 3	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 3	
Antineoplastics And Adjunctive Therapies			
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	Tier 4		
*Antiandrogens***			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 1	
FLUTAMIDE ORAL CAPSULE 125 MG		Tier 3	
NILUTAMIDE ORAL TABLET 150 MG		Tier 6	Specialty
*Antiandrogens***			
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 6	
*Antimetabolites***			
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED 100 MG		Tier 3	Specialty
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 6	Specialty
CYTARABINE (PF) INJECTION SOLUTION 100 MG/ML, 20 MG/ML		Tier 3	Specialty
CYTARABINE INJECTION SOLUTION 20 MG/ML		Tier 3	Specialty
FLOXURIDINE INJECTION SOLUTION RECONSTITUTED 0.5 GM		Tier 3	Specialty
MERCAPTOPYRINE ORAL TABLET 50 MG		Tier 6	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHOTREXATE SODIUM INJECTION SOLUTION 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML		Tier 3	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 3	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 1	
*Antineoplastic - Akt Inhibitors***			
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 6		PA; Specialty; QL (64 EA per 28 days)
*Antineoplastic - Alk Inhibitors***			
ALECENSA ORAL CAPSULE 150 MG	Tier 6		PA; Specialty; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 6		PA; Specialty; QL (30 EA per 180 days)
ALUNBRIG TABLET 180 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
ALUNBRIG TABLET 30 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
ALUNBRIG TABLET 90 MG ORAL	Tier 6		PA; Specialty; QL (2 EA per 1 day)
LORBRENA TABLET 100 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
LORBRENA TABLET 25 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
XALKORI CAPSULE 200 MG ORAL	Tier 6		PA; Specialty; QL (5 EA per 1 day)
XALKORI CAPSULE 250 MG ORAL	Tier 6		PA; Specialty; QL (4 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG	Tier 6		PA; Specialty; QL (3 EA per 1 day)
*Antineoplastic - Anti-Her2 Agents***			
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF CAPSULE 100 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
BOSULIF CAPSULE 50 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
BOSULIF TABLET 100 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
BOSULIF TABLET 400 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
BOSULIF TABLET 500 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 6	Specialty
SCEMBLIX TABLET 20 MG ORAL	Tier 6		PA; Specialty; QL (20 EA per 1 day)
SCEMBLIX TABLET 40 MG ORAL	Tier 6		PA; Specialty; QL (10 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 6		PA; Specialty
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG	Tier 6		PA; Specialty; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Antineoplastic - Btk Inhibitors***			
BRUKINSA ORAL CAPSULE 80 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
CALQUENCE ORAL TABLET 100 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 6		PA; Specialty
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 6		PA; Specialty; QL (8 ML per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	Tier 6		PA; Specialty
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antineoplastic - Egfr Inhibitors***			
ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG		Tier 3	Specialty
EXKIVITY ORAL CAPSULE 40 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Antineoplastic - Egfr Kinase Inhibitors***			
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 6		PA; Specialty; QL (3 EA per 1 day)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 6		PA; Specialty; QL (5 EA per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO ORAL TABLET 50 MG	Tier 6		PA; Specialty; QL (6 EA per 1 day)
*Antineoplastic - Hif-2-Alpha Inhibitors***			
WELIREG ORAL TABLET 40 MG	Tier 6		PA; Specialty
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA ORAL CAPSULE 100 MG	Tier 6		PA; Specialty
*Antineoplastic - Hormonal And Related Agent Combinations***			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Antineoplastic - Kras Inhibitors***			
KRAZATI ORAL TABLET 200 MG	Tier 6		PA; Specialty; QL (6 EA per 1 day)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 6		PA; Specialty; QL (8 EA per 1 day)
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG	Tier 6		PA; Specialty; QL (3 EA per 1 day)
MEKINIST TABLET 0.5 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
MEKINIST TABLET 2 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
MEKTOVI ORAL TABLET 15 MG	Tier 6		PA; Specialty; QL (6 EA per 1 day)
*Antineoplastic - Met Inhibitors***			
TEPMETKO ORAL TABLET 225 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Antineoplastic - Mtor Kinase Inhibitors***			
TORPENZ ORAL TABLET (EVEROLIMUS) 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 6	Tier 6	PA; Specialty
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
FOTIVDA ORAL CAPSULE 1.34 MG	Tier 6		PA; Specialty; QL (0.75 EA per 1 day)
LAPATINIB DITOSYLATE ORAL TABLET 250 MG		Tier 6	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PAZOPANIB HCL ORAL TABLET 200 MG		Tier 6	PA; Specialty; QL (4 EA per 1 day)
RYDAPT ORAL CAPSULE 25 MG	Tier 6		PA; Specialty; QL (8 EA per 1 day)
SORAFENIB TOSYLATE ORAL TABLET 200 MG		Tier 6	PA; Specialty; QL (4 EA per 1 day)
SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 6	Specialty
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Antineoplastic - Proteasome Inhibitors***			
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG		Tier 3	Specialty
BORTEZOMIB INTRAVENOUS SOLUTION 3.5 MG/1.4ML		Tier 3	Specialty
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 6		PA; Specialty; QL (4 EA per 28 days)
*Antineoplastic - Ret Inhibitors***			
RETEVMO CAPSULE 40 MG ORAL	Tier 6		PA; Specialty; QL (6 EA per 1 day)
RETEVMO CAPSULE 80 MG ORAL	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
AUGTYRO ORAL CAPSULE 40 MG	Tier 6		PA; Specialty; QL (8 EA per 1 day)
ROZLYTREK CAPSULE 100 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
ROZLYTREK CAPSULE 200 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
ROZLYTREK ORAL PACKET 50 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Antineoplastic Antibiotics***			
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 3	Specialty
*Antineoplastic Combinations***			
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 6		PA; Specialty
*Antineoplastic Enzymes***			
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 4		Specialty
*Antineoplastics - Photoactivated Agents***			
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 4		
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 6		Specialty
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Tier 4		Specialty
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 1	
INTRON A INJECTION SOLUTION RECONSTITUTED 1000000 UNIT, 1800000 UNIT, 5000000 UNIT	Tier 6		PA; Specialty
MATULANE ORAL CAPSULE 50 MG	Tier 6		Specialty
*Aromatase Inhibitors***			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	
EXEMESTANE ORAL TABLET 25 MG		Tier 1	
LETROZOLE ORAL TABLET 2.5 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***			
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	Tier 4		Specialty
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 6		PA; Specialty; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 6		PA; Specialty; QL (21 EA per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 6		PA; Specialty
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 6		PA; Specialty
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 6		PA; Specialty
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	Tier 4		PA
*Folic Acid Antagonists Rescue Agents***			
LEUCOVORIN CALCIUM INJECTION SOLUTION 500 MG/50ML		Tier 3	
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG		Tier 3	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG		Tier 3	
*Imidazotetrazines***			
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 6	Specialty
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA ORAL CAPSULE 150 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
TIBSOVO ORAL TABLET 250 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Janus Associated Kinase (Jak) Inhibitors***			
VONJO ORAL CAPSULE 100 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 6		Specialty
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 6	Specialty
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 6		Specialty
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 6		Specialty
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 6		Specialty
*Mitotic Inhibitors***			
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 6	Specialty
*Nitrogen Mustards And Related Analogues***			
LEUKERAN ORAL TABLET 2 MG	Tier 6		PA
MELPHALAN ORAL TABLET 2 MG		Tier 3	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 6		PA; Specialty
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA TABLET 100 MG ORAL	Tier 6		PA; Specialty; QL (6 EA per 1 day)
LYNPARZA TABLET 150 MG ORAL	Tier 6		PA; Specialty; QL (4 EA per 1 day)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
*Progestins-Antineoplastic***			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML		Tier 3	
MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG		Tier 3	
*Selective Estrogen Receptor Degraders***			
ORSERDU TABLET 345 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
ORSERDU TABLET 86 MG ORAL	Tier 6		PA; Specialty; QL (3 EA per 1 day)
*Selective Retinoid X Receptor Agonists***			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 6	Specialty
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 6		PA; Specialty
*Urinary Tract Protective Agents***			
MESNEX ORAL TABLET 400 MG	Tier 6		Specialty
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
FRUZAQLA CAPSULE 1 MG ORAL	Tier 6		PA; Specialty; QL (4 EA per 1 day)
FRUZAQLA CAPSULE 5 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 6		PA; Specialty
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 6		PA; Specialty
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 6		PA; Specialty
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 6		PA; Specialty
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 6		PA; Specialty
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 6		PA; Specialty
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 6		PA; Specialty
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 6		PA; Specialty
Antiparkinson And Related Therapy Agents			
*Antiparkinson Anticholinergics***			
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG, 5 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antiparkinson Dopaminergics***			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 1	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 3	
AMANTADINE HCL ORAL TABLET 100 MG		Tier 3	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 3	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 3	
*Antiparkinson Monoamine Oxidase Inhibitors***			
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 3	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 3	
*Levodopa Combinations***			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 1	
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	
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 3	
*Nonergoline Dopamine Receptor Agonists***			
APOMORPHINE HCL SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		Tier 3	Specialty
PRAMIPEXOLE DIHYDROCHLORIDE TABLET 0.125 MG ORAL		Tier 3	
PRAMIPEXOLE DIHYDROCHLORIDE TABLET 0.25 MG ORAL		Tier 1	
PRAMIPEXOLE DIHYDROCHLORIDE TABLET 0.5 MG ORAL		Tier 1	
PRAMIPEXOLE DIHYDROCHLORIDE TABLET 0.75 MG ORAL		Tier 1	
PRAMIPEXOLE DIHYDROCHLORIDE TABLET 1 MG ORAL		Tier 3	
PRAMIPEXOLE DIHYDROCHLORIDE TABLET 1.5 MG ORAL		Tier 1	
ROPINIROLE HCL TABLET 0.25 MG ORAL		Tier 2	
ROPINIROLE HCL TABLET 0.5 MG ORAL		Tier 2	
ROPINIROLE HCL TABLET 1 MG ORAL		Tier 2	
ROPINIROLE HCL TABLET 2 MG ORAL		Tier 2	
ROPINIROLE HCL TABLET 3 MG ORAL		Tier 3	
ROPINIROLE HCL TABLET 4 MG ORAL		Tier 3	
ROPINIROLE HCL TABLET 5 MG ORAL		Tier 2	
*Peripheral Comt Inhibitors***			
ENTACAPONE ORAL TABLET 200 MG		Tier 3	
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		Tier 3	
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antipsychotics - Misc.***			
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 6		ST
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 6		ST
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 3	
*Benzisoxazoles***			
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 6		PA; QL (2 ML per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 6		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 6		
RISPERIDONE ORAL SOLUTION 1 MG/ML		Tier 3	
RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 3	
RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 3	
*Butyrophenones***			
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 3	
HALOPERIDOL ORAL TABLET 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG		Tier 3	
*Dibenzodiazepines***			
CLOZAPINE ORAL TABLET 100 MG, 25 MG		Tier 3	
*Dibenzothiazepines***			
QUETIAPINE FUMARATE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG		Tier 3	
*Dibenzoxazepines***			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG		Tier 3	
*Dihydroindolones***			
MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG		Tier 3	
*Phenothiazines***			
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML		Tier 3	
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 3	
FLUPHENAZINE HCL ORAL TABLET 2.5 MG, 5 MG		Tier 3	
PERPHENAZINE ORAL TABLET 2 MG, 4 MG, 8 MG		Tier 3	
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG, 5 MG		Tier 3	
PROCHLORPERAZINE RECTAL SUPPOSITORY 25 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 3	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG		Tier 3	
*Quinolinone Derivatives***			
ARIPIRAZOLE ORAL SOLUTION 1 MG/ML		Tier 3	PA
ARIPIRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 3	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 6		PA; QL (1 EA per 1 day)
*Thienbenzodiazepines***			
OLANZAPINE INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG		Tier 3	
OLANZAPINE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG		Tier 3	
OLANZAPINE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	
*Thioxanthenes***			
THIOTHIXENE ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 3	
Antivirals			
*Antiretroviral Combinations***			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 6	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 6		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 6		
EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG		Tier 6	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG, 600-300-300 MG		Tier 3	
EMTRICITABINE-TENOFOVIR DF ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 1	
EVOTAZ ORAL TABLET 300-150 MG	Tier 6		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 6		
JULUCA ORAL TABLET 50-25 MG	Tier 6		
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 6	
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 6	
LOPINAVIR-RITONAVIR ORAL TABLET 100-25 MG, 200-50 MG		Tier 6	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 6		
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 6		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 6		
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	Tier 6		QL (10 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 6		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antiretrovirals - Capsid Inhibitors***			
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 6		PA; QL (1 EA per 180 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
MARAVIROC ORAL TABLET 150 MG, 300 MG		Tier 3	
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 6		
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS ORAL PACKET 100 MG	Tier 6		
ISENTRESS ORAL TABLET 400 MG	Tier 6		
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 6		
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 6		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE 250 MG	Tier 6		
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 6	
DARUNAVIR ORAL TABLET 600 MG, 800 MG		Tier 6	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 6	
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 6		
NORVIR ORAL CAPSULE 100 MG	Tier 6		
NORVIR ORAL SOLUTION 80 MG/ML	Tier 6		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 6		
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 6		
REYATAZ ORAL PACKET 50 MG	Tier 6		
RITONAVIR ORAL TABLET 100 MG		Tier 6	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 6		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	Tier 6		
ETRAVIRINE ORAL TABLET 100 MG, 200 MG		Tier 6	
INTELENCE ORAL TABLET 25 MG	Tier 6		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG		Tier 3	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 5	
NEVIRAPINE ORAL TABLET 200 MG		Tier 6	
SUSTIVA ORAL CAPSULE (EFAVIRENZ) 200 MG, 50 MG	Tier 6	Tier 3	
SUSTIVA ORAL TABLET (EFAVIRENZ) 600 MG	Tier 6	Tier 3	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 6	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 6	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 6	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 6		
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 6	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG		Tier 3	
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 3	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 3	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 3	
*Antiretrovirals - Rti-Nucleotide Analogues***			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 6	
VIREAD ORAL POWDER 40 MG/GM	Tier 6		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 6		
*Antiviral Combinations***			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2		QL (6 EA per 1 day); AGE (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2		QL (6 EA per 1 day); AGE (Min 12 Years)
*Cmv Agents***			
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 3	
*Hepatitis B Agents***			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 3	
*Hepatitis C Agent - Combinations***			
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG		Tier 6	PA; Specialty
MAVYRET ORAL TABLET 100-40 MG	Tier 6		PA; Specialty
SOFOVIR-VELPATASVIR ORAL TABLET 400-100 MG		Tier 6	PA; Specialty
*Hepatitis C Agents***			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 6		Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 6		Specialty
RIBAVIRIN ORAL CAPSULE 200 MG		Tier 3	Specialty
RIBAVIRIN ORAL TABLET 200 MG		Tier 3	Specialty
*Herpes Agents - Purine Analogues***			
ACYCLOVIR ORAL CAPSULE 200 MG		Tier 1	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		Tier 3	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		Tier 1	
VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG		Tier 3	
*Herpes Agents - Thymidine Analogues***			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 3	
*Influenza Agents***			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Misc. Antivirals***			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2		QL (8 EA per 1 day); AGE (Min 18 Years)
*Neuraminidase Inhibitors***			
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG, 45 MG, 75 MG		Tier 3	
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 3	
*Rsv Agents - Nucleoside Analogues***			
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED 6 GM		Tier 6	PA
Beta Blockers			
*Alpha-Beta Blockers***			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		Tier 1	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 1	
*Beta Blockers Cardio-Selective***			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 3	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG		Tier 1	
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 1	
NEBIVOLOL HCL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 1	
*Beta Blockers Non-Selective***			
NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 1	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 2	
PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML		Tier 2	AGE (Max 10 Years)
PROPRANOLOL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	
SORINE TABLET 120 MG ORAL (SOTALOL HCL)	Tier 1	Tier 1	
SORINE TABLET 160 MG ORAL (SOTALOL HCL)	Tier 3	Tier 3	
SORINE TABLET 240 MG ORAL (SOTALOL HCL)	Tier 3	Tier 3	
SORINE TABLET 80 MG ORAL (SOTALOL HCL)	Tier 1	Tier 1	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 3	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 60 MG, 90 MG		Tier 3	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
DILTIAZEM HCL TABLET 120 MG ORAL		Tier 3	
DILTIAZEM HCL TABLET 30 MG ORAL		Tier 1	
DILTIAZEM HCL TABLET 60 MG ORAL		Tier 1	
DILTIAZEM HCL TABLET 90 MG ORAL		Tier 3	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 1	
ISRADIPINE ORAL CAPSULE 2.5 MG, 5 MG		Tier 3	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 3	
NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 1	
NIFEDIPINE ORAL CAPSULE 10 MG, 20 MG		Tier 3	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 3	Tier 3	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 3	Tier 3	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 1	Tier 1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL (DILTIAZEM HCL ER BEADS)	Tier 3	Tier 3	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG		Tier 3	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 1	
VERAPAMIL HCL ORAL TABLET 120 MG, 40 MG, 80 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 3	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 3	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	Tier 4		
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 3	
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 5		PA
*Prostaglandin Vasodilators***			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 6		PA; Specialty
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 6	PA; Specialty
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 6		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Tier 6		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Tier 6		PA; Specialty; QL (2.9 ML per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 6	PA; Specialty; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 3	PA; Specialty; QL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ ORAL TABLET (TADALAFIL (PAH)) 20 MG	Tier 3	Tier 3	PA; Specialty; QL (2 EA per 1 day)
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 3	PA; Specialty
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 3	PA; Specialty; QL (3 EA per 1 day)
*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 6		Specialty
Cephalosporins			
*Cephalosporins - 1St Generation***			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 3	
CEFADROXIL ORAL TABLET 1 GM		Tier 3	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM, 3 GM		Tier 3	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM		Tier 3	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG		Tier 2	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 3	
CEPHALEXIN ORAL TABLET 250 MG, 500 MG		Tier 3	
*Cephalosporins - 2Nd Generation***			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 3	
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 3	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML, 375 MG/5ML		Tier 3	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 3	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 3	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 3	
CEFUROXIME SODIUM INJECTION SOLUTION RECONSTITUTED 750 MG		Tier 3	
*Cephalosporins - 3Rd Generation***			
CEFDINIR ORAL CAPSULE 300 MG		Tier 3	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 3	
CEFIXIME ORAL CAPSULE 400 MG		Tier 3	
CEFIXIME ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 3	
CEFPODOXIME PROXETIL ORAL TABLET 200 MG		Tier 3	
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 1		
PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	
VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Combination Contraceptives - Oral***			
AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	
AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		
AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	
AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		
BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	
BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1		
CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
DASSETTA 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG		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	
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	
FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		
HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	
HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
JOYEAUX ORAL TABLET (LEVONORGEST-ETH ESTRADIOL-IRON) 0.1-20 MG-MCG(21)	Tier 1	Tier 1	
JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	
JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1		
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	
KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		
LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	
LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
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	
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	
MERZEE ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Tier 1		
MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	
MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	
RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		
TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	
TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1		
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1		
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG	Tier 1	Tier 1	
VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	
VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	
ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	
*Combination Contraceptives - Transdermal***			
XULANE TRANSDERMAL PATCH WEEKLY (NOELGESTROMIN-ETH ESTRADIOL) 150-35 MCG/24HR	Tier 1	Tier 1	
ZAFEMY TRANSDERMAL PATCH WEEKLY (NOELGESTROMIN-ETH ESTRADIOL) 150-35 MCG/24HR	Tier 1	Tier 1	
*Combination Contraceptives - Vaginal***			
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 1		
ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	
ENILLORING VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	
HALOETTE VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	
*Continuous Contraceptives - Oral***			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	
DOLISHALE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	
*Copper Contraceptives - Iud***			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 1		
*Emergency Contraceptives***			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
AFTERPILL ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
CURAE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
ELLA ORAL TABLET 30 MG	Tier 1		
HER STYLE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
PLAN B ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	
*Extended-Cycle Contraceptives - Oral***			
AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	
FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	
ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	
SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 1		
*Progestin Contraceptives - Implants***			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 1		
*Progestin Contraceptives - Injectable***			
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML		Tier 1	
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	
*Progestin Contraceptives - Iud***			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 1		
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Tier 1		
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 1		
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
EMZAHH ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
LYLEQ ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	
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	
*Triphasic Contraceptives - Oral***			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	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	
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	
TILIA FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-LEGEST FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG	Tier 1	Tier 1	
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
TRI-NYMYO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	
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 3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		Tier 3	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		Tier 3	
DEXAMETHASONE TABLET 0.5 MG ORAL		Tier 2	
DEXAMETHASONE TABLET 0.75 MG ORAL		Tier 2	
DEXAMETHASONE TABLET 1 MG ORAL		Tier 2	
DEXAMETHASONE TABLET 1.5 MG ORAL		Tier 2	
DEXAMETHASONE TABLET 2 MG ORAL		Tier 2	
DEXAMETHASONE TABLET 4 MG ORAL		Tier 3	
DEXAMETHASONE TABLET 6 MG ORAL		Tier 3	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 3	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		Tier 3	
METHYLPREDNISOLONE SODIUM SUCC INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG		Tier 3	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		Tier 3	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML		Tier 3	
PREDNISON ORAL SOLUTION 5 MG/5ML		Tier 3	
PREDNISON ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		Tier 2	
PREDNISON ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		Tier 3	
*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 3	
*Antitussive - Opioid***			
HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
HYDROCODONE BIT-HOMATROP MBR ORAL TABLET 5-1.5 MG		Tier 3	QL (6 EA per 1 day)
HYDROMET ORAL SOLUTION 5-1.5 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
*Antitussive-Expectorant***			
CODITUSSIN AC ORAL LIQUID 200-10 MG/5ML		Tier 4	QL (240 ML Max Qty Per Fill Retail)
G TUSSIN AC ORAL SOLUTION 100-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
GUAIA TUSSIN AC ORAL SYRUP 100-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN AC ORAL SYRUP 100-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML, 200-20 MG/10ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
MAXI-TUSS AC ORAL SOLUTION 100-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
*Misc. Respiratory Inhalants***			
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %		Tier 1	
*Non-Narc Antitussive-Antihistamine***			
PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML		Tier 3	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
PSEUDOEPH-BROMPHEN-DM ORAL SYRUP 30-2-10 MG/5ML		Tier 3	
*Opioid Antitussive-Antihistamine***			
HYDROCOD POLI-CHLORPHE POLI ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE-CODEINE ORAL SYRUP 6.25-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
*Opioid Antitussive-Decongestant-Antihistamine***			
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML		Tier 4	QL (240 ML Max Qty Per Fill Retail)
Dermatologicals			
*Acne Antibiotics***			
CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 3	Tier 3	
CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 3	Tier 3	
CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 %		Tier 3	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 3	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 3	
ERY EXTERNAL PAD 2 %		Tier 3	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 3	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 3	
*Acne Combinations***			
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 3	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 3	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL LIQUID 10-5 %		Tier 3	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL SUSPENSION 9-4.25 %		Tier 3	
*Acne Products***			
ACUTANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 3	
ADAPALENE EXTERNAL GEL 0.1 %		Tier 3	
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 3	Tier 3	
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
TRETINOIN EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %		Tier 3	
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %, 0.05 %		Tier 3	
*Antibiotics - Topical***			
ALTABAX EXTERNAL OINTMENT 1 %	Tier 4		
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 3	
*Antifungals - Topical Combinations***			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 3	
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 3	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 3	
*Antifungals - Topical***			
CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 %	Tier 3	Tier 3	
CICLOPIROX EXTERNAL GEL 0.77 %		Tier 3	
CICLOPIROX EXTERNAL SHAMPOO 1 %		Tier 3	
CICLOPIROX OLAMINE EXTERNAL CREAM 0.77 %		Tier 3	
CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 %		Tier 3	
KLAYESTA EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 3	Tier 3	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		Tier 3	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 3	
NYSTOP EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 3	Tier 3	
*Anti-Inflammatory Agents - Topical***			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 3	
DICLOFONO EXTERNAL GEL 1.6 %	Tier 4		
*Antineoplastic Antimetabolites - Topical***			
FLUOROURACIL EXTERNAL CREAM 5 %		Tier 3	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 3	
*Antipsoriatics - Systemic***			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 3	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Tier 6		PA; Specialty; QL (2 ML per 56 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 6		PA; Specialty; QL (2 ML per 56 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Tier 6		PA; Specialty
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 6		PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 6		PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 6		PA; Specialty
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 6		PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 6		PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 6		PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 6		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 6		PA; Specialty
*Antipsoriatics***			
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 3	
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 3	PA
TAZAROTENE EXTERNAL GEL 0.05 %, 0.1 %		Tier 3	
*Antiseborrheic Products***			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 2	
*Antivirals - Topical***			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 3	
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 6		PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	Tier 6		PA; Specialty
*Burn Products***			
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 2	Tier 2	
*Corticosteroids - Topical***			
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 3	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 3	
CLOBETASOL PROP EMOLLIENT BASE EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE E EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 3	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 3	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 3	
FLUOCINONIDE EXTERNAL GEL 0.05 %		Tier 3	
FLUOCINONIDE EXTERNAL OINTMENT 0.05 %		Tier 3	
FLUOCINONIDE EXTERNAL SOLUTION 0.05 %		Tier 3	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	
HYDROCORTISONE EXTERNAL CREAM 2.5 %		Tier 2	
HYDROCORTISONE EXTERNAL OINTMENT 2.5 %		Tier 2	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 3	
TRIAMCINOLONE ACETONIDE CREAM 0.025 % EXTERNAL		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRIAMCINOLONE ACETONIDE CREAM 0.1 % EXTERNAL		Tier 2	
TRIAMCINOLONE ACETONIDE CREAM 0.5 % EXTERNAL		Tier 3	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 3	
TRIAMCINOLONE ACETONIDE OINTMENT 0.025 % EXTERNAL		Tier 2	
TRIAMCINOLONE ACETONIDE OINTMENT 0.1 % EXTERNAL		Tier 2	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5 % EXTERNAL		Tier 3	
*Emollient/Keratolytic Agents***			
UREA EXTERNAL CREAM 20 %		Tier 3	
*Imidazole-Related Antifungals - Topical***			
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 3	
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 3	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 2	
*Immunomodulators Imidazoquinolinamines - Topical***			
IMIQUIMOD CREAM 3.75 % EXTERNAL		Tier 6	
IMIQUIMOD CREAM 5 % EXTERNAL		Tier 3	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %		Tier 6	
*Local Anesthetics - Topical***			
GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 %	Tier 3	Tier 3	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 3	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 3	PA
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 3	
*Macrolide Immunosuppressants - Topical***			
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 3	PA
*Rosacea Agents***			
AZELAIC ACID EXTERNAL GEL 15 %		Tier 3	
METRONIDAZOLE EXTERNAL CREAM 0.75 %		Tier 3	
METRONIDAZOLE EXTERNAL GEL 0.75 %, 1 %		Tier 3	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 3	
*Scabicides & Pediculicides***			
MALATHION EXTERNAL LOTION 0.5 %		Tier 3	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 3	
*Topical Anesthetic Combinations***			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 3	
*Type II 5-Alpha Reductase Inhibitors***			
FINASTERIDE ORAL TABLET 1 MG		Tier 3	QL (1 EA per 1 day)
*Wound Care - Growth Factor Agents***			
REGRANEX EXTERNAL GEL 0.01 %	Tier 4		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Diagnostic Products			
*Diagnostic Biologicals***			
APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	Tier 4		QL (1 ML per 30 days)
CANDIN INTRADERMAL SOLUTION (CANDIDA ALBICANS SKN TST ANTGN)	Tier 4	Tier 4	QL (1 ML per 30 days)
TUBERSOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	Tier 4		QL (1 ML per 30 days)
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ACCU-CHEK GUIDE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ACCUTREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ADVANCE INTUITION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ADVOCATE REDI-CODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ADVOCATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
AGAMATRIX AMP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
AGAMATRIX PRESTO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE 3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE 4 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE II CHECK IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE II IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE PLATINUM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE PRISM MULTI TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ASSURE PRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
BIOTEL CARE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP		Tier 2	
BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CARESENS N GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CARETOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHOICE NO CODING IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CONTOUR NEXT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CONTOUR TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP		Tier 2	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
DIASTIX IN VITRO STRIP	Tier 4		
DIASTIX REAGENT IN VITRO STRIP	Tier 4		
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
DIATRUE PLUS TEST IN VITRO STRIP		Tier 2	
DUO-CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP		Tier 2	
EASY STEP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP		Tier 2	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASY TOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
EASY TRAK II GLUCOSE TEST IN VITRO STRIP		Tier 2	
EASYGLUCO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASYMAX 15 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASYMAX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EASYPRO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ELEMENT COMPACT TEST IN VITRO STRIP		Tier 2	
ELEMENT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
EQ BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
EVOLUTION AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA 6 CONNECT IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA GD20 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA TN'G ADVANCE PRO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA TN'G/TN'G VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORACARE GD40 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORACARE TEST N GO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FORTISCARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FREESTYLE INSULINX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FREESTYLE LITE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
FREESTYLE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
GENULTIMATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GHT TEST IN VITRO STRIP		Tier 2	
GLUCO PERFECT 3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLUCOCARD SHINE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCOCARD VITAL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCOCARD X-SENSOR IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCOCOM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GLUCOSE METER TEST IN VITRO STRIP		Tier 2	
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP		Tier 2	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP		Tier 2	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
IGLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
INFINITY VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP		Tier 2	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
LIBERTY TEST IN VITRO STRIP		Tier 2	
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP		Tier 2	
MEIJER TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
MEIJER TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
MICRODOT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MM BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
MYGLUCOHEALTH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
NEUTEK 2TEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ONE DROP TEST IN VITRO STRIP		Tier 2	
ONETOUCH ULTRA IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ONETOUCH ULTRA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
ONETOUCH VERIO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
OPTIUMEZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
PHARMACIST CHOICE NO CODING IN VITRO STRIP		Tier 2	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
POCKETCHEM EZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	Tier 1		
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP		Tier 2	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
PTS PANELS EGLU TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
QUICKTEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RELION PREMIER TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RELION PRIME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RELION ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
SMART SENSE PREMIUM TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
SMART SENSE VALUE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
SOLUS V2 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
SUPREME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
TGT BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP		Tier 2	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
UNISTRIP1 GENERIC IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 2	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 2	Tier 2	
*Infection Tests***			
MYLAB BOX COVID-19 TESTING IN VITRO KIT	Tier 1		QL (8 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Dietary Products/Dietary Management Products			
*Nutritional Supplements***			
ASILNASALRMS ORAL CAPSULE	Tier 3		
Digestive Aids			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 4		PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Tier 4		PA
Diuretics			
*Carbonic Anhydrase Inhibitors***			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 3	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 3	
ACETAZOLAMIDE SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG		Tier 3	
METHAZOLAMIDE ORAL TABLET 50 MG		Tier 3	
*Diuretic Combinations***			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		Tier 3	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		Tier 1	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		Tier 1	
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		Tier 1	
*Loop Diuretics***			
BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 1	
FUROSEMIDE SOLUTION 10 MG/ML ORAL		Tier 1	
FUROSEMIDE SOLUTION 8 MG/ML ORAL		Tier 3	
SOAANZ ORAL TABLET (TORSEMIDE) 20 MG	Tier 1	Tier 1	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 5 MG		Tier 1	
*Potassium Sparing Diuretics***			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 1	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Thiazides And Thiazide-Like Diuretics***			
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG		Tier 1	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		Tier 1	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 1	
INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG		Tier 1	
METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
ALENDRONATE SODIUM TABLET 10 MG ORAL		Tier 1	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 35 MG ORAL		Tier 1	QL (8 EA per 28 days)
ALENDRONATE SODIUM TABLET 5 MG ORAL		Tier 3	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 70 MG ORAL		Tier 1	QL (0.143 EA per 1 day)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 3	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 150 MG ORAL		Tier 3	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 35 MG ORAL		Tier 3	QL (4 EA per 28 days)
*Calcitonins***			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 3	
*Carnitine Replenisher - Agents***			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 3	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 3	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 3	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Dopamine Receptor Agonists***			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 3	
*Gnrh/Lhrh Antagonists***			
ORILISSA TABLET 150 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
ORILISSA TABLET 200 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
*Growth Hormones***			
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 6		PA; Specialty
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 6		PA; Specialty
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 6		PA; Specialty
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 6		PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 6		PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 6		PA; Specialty
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 6		PA; Specialty
ZORBITIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	Tier 6		PA; Specialty
*Hyperparathyroid Treatment - Vitamin D Analogs***			
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 1	
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Tier 6		Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 6		Specialty
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 6		Specialty
*Neurokinin 3 (Nk3) Receptor Antagonists***			
VEOZAH ORAL TABLET 45 MG	Tier 6		PA; QL (1 EA per 1 day)
*Ovulation Stimulants-Synthetic***			
CLOMID ORAL TABLET (CLOMIPHENE CITRATE) 50 MG	Tier 3	Tier 3	
*Selective Estrogen Receptor Modulators (Serms)***			
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	
*Vasopressin***			
DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %		Tier 3	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 3	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 3	
Estrogens			
*Estrogen & Androgen***			
ESTRATEST F.S. ORAL TABLET (EST ESTROGENS- METHYLTEST) 1.25-2.5 MG	Tier 3	Tier 3	
*Estrogen & Progestin***			
AMABELZ ORAL TABLET (ESTRADIOL- NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 3	Tier 3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 4		
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 3	Tier 3	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 3	Tier 3	
MIMVEY ORAL TABLET (ESTRADIOL- NORETHINDRONE ACET) 1-0.5 MG	Tier 3	Tier 3	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	Tier 4		
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 4		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 4		
*Estrogens***			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 4	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3		
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 3	Tier 3	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
ESTRADIOL TRANSDERMAL GEL 0.75 MG/0.75GM, 0.75 MG/1.25 GM (0.06%), 1.25 MG/1.25GM		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 3	
ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML		Tier 3	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	Tier 3	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 4		
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 4		
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 4		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 4		
Fluoroquinolones			
*Fluoroquinolones***			
CIPROFLOXACIN HCL TABLET 100 MG ORAL		Tier 3	
CIPROFLOXACIN HCL TABLET 250 MG ORAL		Tier 2	
CIPROFLOXACIN HCL TABLET 500 MG ORAL		Tier 2	
CIPROFLOXACIN HCL TABLET 750 MG ORAL		Tier 2	
CIPROFLOXACIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)		Tier 3	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 3	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 2	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 3	
OFLOXACIN ORAL TABLET 400 MG		Tier 3	
Gastrointestinal Agents - Misc.			
*Gallstone Solubilizing Agents***			
URSODIOL ORAL CAPSULE 300 MG		Tier 3	
*Gastrointestinal Antiallergy Agents***			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 3	
*Gastrointestinal Chloride Channel Activators***			
LUBIPROSTONE ORAL CAPSULE 24 MCG		Tier 3	
*Gastrointestinal Stimulants***			
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		Tier 3	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		Tier 1	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Inflammatory Bowel Agents***			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 3	
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 500 MG		Tier 3	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 3	
MESALAMINE RECTAL ENEMA 4 GM		Tier 3	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 3	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 5		
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 4		
SULFASALAZINE ORAL TABLET 500 MG		Tier 2	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 2	
*Integrin Receptor Antagonists***			
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML	Tier 6		PA; Specialty; QL (0.05 ML per 1 day)
*Interleukin Antagonists***			
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 6		PA; Specialty; QL (0.072 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 6		PA; Specialty; QL (0.072 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 6		PA; Specialty
*Intestinal Acidifiers***			
ENULOSE ORAL SOLUTION 10 GM/15ML		Tier 3	
GENERLAC ORAL SOLUTION 10 GM/15ML		Tier 3	
LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML		Tier 3	
*Phosphate Binder Agents***			
CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG		Tier 2	
CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG		Tier 2	
CALCIUM ACETATE ORAL TABLET 667 MG		Tier 2	
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 4	PA
SEVELAMER CARBONATE ORAL PACKET 0.8 GM, 2.4 GM		Tier 3	
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 3	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 3	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***			
VELSIPITY ORAL TABLET 2 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 6		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Tier 6		PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 6		PA; Specialty
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
FINASTERIDE ORAL TABLET 5 MG		Tier 1	
*Alpha 1-Adrenoceptor Antagonists***			
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		Tier 1	
*Citrates***			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 5 MEQ (540 MG)		Tier 3	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 1.5-1 GM/15ML, 3-2 GM/30ML, 500-334 MG/5ML		Tier 3	
*Igan Agents - Endothelin & Angiotensin Ii Receptor Antag***			
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG	Tier 4		
*Urinary Analgesics***			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG	Tier 3	Tier 3	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		Tier 3	
Gout Agents			
*Gout Agent Combinations***			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 3	
*Gout Agents***			
ALLOPURINOL ORAL TABLET 100 MG, 300 MG		Tier 1	
COLCHICINE ORAL TABLET 0.6 MG		Tier 3	
*Uricosurics***			
PROBENECID ORAL TABLET 500 MG		Tier 1	
Hematological Agents - Misc.			
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 5		PA; QL (2 EA per 1 day)
*Hematorheologic Agents***			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 3	
*Phosphodiesterase Iii Inhibitors***			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 1	
*Platelet Aggregation Inhibitor Combinations***			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 3	
*Platelet Aggregation Inhibitors***			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Pyruvate Kinase Activators***			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 6		PA; Specialty; QL (1 EA per 1 day)
*Quinazoline Agents***			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 3	
*Thienopyridine Derivatives***			
CLOPIDOGREL BISULFATE TABLET 300 MG ORAL		Tier 3	
CLOPIDOGREL BISULFATE TABLET 75 MG ORAL		Tier 1	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
Hematopoietic Agents			
*Cobalamin Combinations***			
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION		Tier 3	
*Cobalamins***			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 3	
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 6		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION	Tier 6		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION	Tier 4		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	Tier 4		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION	Tier 4		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION	Tier 6		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION	Tier 4		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION	Tier 6		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION	Tier 4		Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION	Tier 6		Specialty
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 6		PA; Specialty
*Folic Acid/Folate Combinations***			
AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 3	Tier 3	
NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 3	Tier 3	
WESTAB ONE ORAL TABLET 2.5-25-1 MG		Tier 3	
*Folic Acid/Folates***			
FOLIC ACID ORAL TABLET 1 MG		Tier 1	
KP FOLIC ACID ORAL TABLET 1 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUE FOLIC ACID ORAL TABLET 1 MG		Tier 1	
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 6		Specialty
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 6		Specialty
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***			
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 6		PA; Specialty
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 6		PA; Specialty
Hemostatics			
*Hemostatics - Systemic***			
TRANEXAMIC ACID ORAL TABLET 650 MG		Tier 3	PA
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML		Tier 3	
PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG		Tier 3	
*Benzodiazepine Hypnotics***			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 3	
FLURAZEPAM HCL ORAL CAPSULE 15 MG, 30 MG		Tier 3	
MIDAZOLAM HCL (PF) INJECTION SOLUTION 10 MG/2ML, 5 MG/ML		Tier 2	
MIDAZOLAM HCL INJECTION SOLUTION 10 MG/2ML, 25 MG/5ML, 5 MG/ML, 50 MG/10ML		Tier 2	
TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG		Tier 3	
TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG		Tier 3	
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 3	
ZALEPLON ORAL CAPSULE 10 MG, 5 MG		Tier 3	
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 3	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 2	QL (30 EA per 30 days)
*Selective Melatonin Receptor Agonists***			
RAMELTEON ORAL TABLET 8 MG		Tier 3	
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM	Tier 1	Tier 1	QL (236 ML per 30 days)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM	Tier 1	Tier 1	QL (420 ML per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	QL (100 EA per 30 days)
PEG-KCL-NACL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	QL (100 EA per 30 days)
*Laxatives - Miscellaneous***			
CONSTULOSE ORAL SOLUTION 10 GM/15ML		Tier 3	
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		Tier 3	
*Saline Laxative Mixtures***			
OSMOPREP ORAL TABLET 1.102-0.398 GM	Tier 4		
Macrolides			
*Azithromycin***			
AZITHROMYCIN ORAL PACKET 1 GM		Tier 3	
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 3	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		Tier 3	
*Clarithromycin***			
CLARITHROMYCIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG		Tier 3	
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 3	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 3	
*Erythromycins***			
E.E.S. 400 ORAL TABLET (ERYTHROMYCIN ETHYLSUCCINATE) 400 MG	Tier 4	Tier 3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 5		
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 3	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 3	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 400 MG/5ML		Tier 3	
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)	Tier 2	Tier 2	
ALCOHOL PADS PAD 70 %		Tier 2	
ALCOHOL PREP PAD 70 %		Tier 2	
ALCOHOL PREP PADS PAD 70 %		Tier 2	
ALCOHOL SWABS PAD		Tier 2	
ALCOHOL SWABSTICK PAD (ALCOHOL PREP)	Tier 2	Tier 2	
AUM ALCOHOL PREP PADS PAD 70 %		Tier 2	
BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 2	
CVS PREP PAD 70 %		Tier 2	
DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
EASY COMFORT ALCOHOL PADS PAD		Tier 2	
EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
EQL ALCOHOL SWABS PAD 70 %		Tier 2	
FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 2	
GNP ALCOHOL SWABS PAD 70 %		Tier 2	
H-E-B INCONTROL ALCOHOL PAD		Tier 2	
HM STERILE ALCOHOL PREP PAD		Tier 2	
MEIJER ALCOHOL SWABS PAD 70 %		Tier 2	
PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)	Tier 2	Tier 2	
PRO COMFORT ALCOHOL PAD 70 %		Tier 2	
PURE COMFORT ALCOHOL PREP PAD		Tier 2	
QC ALCOHOL SWABS PAD 70 %		Tier 2	
RA ALCOHOL SWABS PAD 70 %		Tier 2	
REALITY SWABS PAD		Tier 2	
RELION ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 2	Tier 2	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 2	
SAPS HEALTH ALCOHOL PREP PAD		Tier 2	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 2	
SB ALCOHOL PREP PAD 70 %		Tier 2	
SM ALCOHOL PREP PAD		Tier 2	
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 2	
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 2	
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		Tier 2	
ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 2	Tier 2	
ULTILET ALCOHOL SWABS PAD		Tier 2	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 2	
WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 2	Tier 2	
ZEV RX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Cervical Caps***			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1		
*Condoms - Female***			
FC2 FEMALE CONDOM	Tier 1		
*Condoms - Male***			
AIMSCO LUBRICATED		Tier 1	
CONDOMS		Tier 1	
DUREX EXTRA SENSITIVE THIN (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
DUREX EXTRA SENSITIVE THIN DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
DUREX REALFEEL DEVICE	Tier 1		
DUREX TROPICAL (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
FANTASY LUBRICATED (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
FANTASY LUBRICATED/SPERMICIDE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
KAMELEON LUBRICATED (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
KIMONO		Tier 1	
KIMONO COLORS DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
KIMONO MAXX-LARGE FLARE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
KIMONO MICRO THIN PLUS		Tier 1	
KIMONO PLUS		Tier 1	
KIMONO PS		Tier 1	
KIMONO PS PLUS		Tier 1	
KIMONO SENSATION		Tier 1	
KIMONO SENSATION PLUS		Tier 1	
KIMONO SPECIAL DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
K-Y ME & YOU EXTRA LUBRICATED DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
K-Y ME & YOU INTENSE DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
MAXX		Tier 1	
MAXX PLUS		Tier 1	
REALITY LATEX CONDOMS (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
REALITY LATEX/ULTRA TEXTURED DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
REALITY LATEX/ULTRA THIN DEVICE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUE COVER DEVICE		Tier 1	
TRUSTEX COLOR CONDOMS + LUBE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUSTEX LUB/RIBBED/STUDD ED (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX LUB/SPERMICIDE EX ST (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX LUB/SPERMICIDE XL (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX LUBRICATED (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX LUBRICATED EX LARGE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX LUBRICATED EXTRA ST (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX LUBRICATED/SPERMICIDE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX NATURAL CONDOMS + LUBE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX NON-LUBRICATED (KIMONO MICRO THIN)	Tier 1	Tier 1	
TRUSTEX RIA LUB/SPERMICIDE (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX RIA LUBRICATED (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
TRUSTEX RIA NON-LUBRICATED (KIMONO MICRO THIN)	Tier 1	Tier 1	
TRUSTEX-NONOXYNOL-9/RIB/STUD (PREMIUM CONDOMS LUBRICATED)	Tier 1	Tier 1	
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM	Tier 1		
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 1		
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 1		
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 1		
*Glucose Monitoring Test Supplies***			
1ST TIER UNILET COMFORTOUCH		Tier 2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Tier 2		
ACCU-CHEK FASTCLIX LANCET KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK GUIDE KIT W/DEVICE	Tier 2		
ACCU-CHEK GUIDE ME KIT W/DEVICE	Tier 2		
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACTI-LANCE 28G		Tier 2	
ACTI-LANCE LITE LANCETS 28G		Tier 2	
ACTI-LANCE SPECIAL LANCETS 17G		Tier 2	
ACTI-LANCE UNIVERSAL 23G		Tier 2	
ADJUSTABLE LANCING DEVICE		Tier 2	
ADVANCED MOBILE LANCET		Tier 2	
ADVOCATE LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ADVOCATE LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
ADVOCATE RAPID-SAFE LANCING (LANCET DEVICE)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 2	Tier 2	
AIMSCO TWIST LANCETS 32G		Tier 2	
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
AQUALANCE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ASSURE COMFORT LANCETS 28G		Tier 2	
ASSURE LANCE LANCETS (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 2	Tier 2	
AURORA LANCET SUPER THIN 30G		Tier 2	
AURORA LANCET THIN 23G		Tier 2	
AUTO-LANCET (LANCET DEVICE)	Tier 2	Tier 2	
AUTO-LANCET MINI (LANCET DEVICE)	Tier 2	Tier 2	
AUTOLET II CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
AUTOLET LITE CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
AUTOLET LITE STARTER PACK KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
AUTOLET MINI (LANCET DEVICE)	Tier 2	Tier 2	
AUTOLET PLATFORMS (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
AUTOLET PLUS (LANCET DEVICE)	Tier 2	Tier 2	
BD MICROTAINER LANCETS (OTC) (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD MICROTAINER LANCETS (RX) (LANCETS)	Tier 1	Tier 2	
CARDIOCOM LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
CAREONE ADVANCED LANCING DEV		Tier 2	
CAREONE LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
CAREONE LANCET THIN 23G		Tier 2	
CARESENS LANCETS (LANCETS)	Tier 2	Tier 2	
CARESENS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CARETOUCH LANCING/EJECTOR (LANCET DEVICE)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST MC LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CHOSEN LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CHOSEN LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
CHOSEN SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEANLET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEVER CHEK LANCETS (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 2	Tier 2	
COAGUCHEK LANCETS (LANCETS)	Tier 2	Tier 2	
COMFORT ASSURED LANCETS 28G		Tier 2	
COMFORT ASSURED LANCETS 33G		Tier 2	
COMFORT LANCETS		Tier 2	
COMFORT TOUCH LANCETS 31G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH TWIST LANCET 30G (LANCETS)	Tier 2	Tier 2	
CONTOUR MONITOR DEVICE	Tier 2		
CONTOUR NEXT LINK KIT W/DEVICE	Tier 2		
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 2		
CONTOUR NEXT ONE KIT	Tier 2		
CVS LANCETS 21G		Tier 2	
CVS LANCETS MICRO THIN 33G		Tier 2	
CVS LANCETS ORIGINAL		Tier 2	
CVS LANCETS THIN 26G		Tier 2	
CVS LANCETS ULTRA THIN 30G		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CVS LANCETS ULTRA-THIN 30G		Tier 2	
CVS LANCING DEVICE		Tier 2	
CVS ULTRA THIN LANCETS		Tier 2	
DEXCOM G6 RECEIVER DEVICE	Tier 3		PA
DEXCOM G6 SENSOR	Tier 3		PA
DEXCOM G6 TRANSMITTER	Tier 3		PA
DEXCOM G7 RECEIVER DEVICE	Tier 3		PA
DEXCOM G7 SENSOR	Tier 3		PA
DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)	Tier 2	Tier 2	
DIATHRIVE LANCETS (LANCETS)	Tier 2	Tier 2	
DIATHRIVE LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	Tier 2		
DROPLET GENTEEL LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
DROPLET LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
DROPLET PERSONAL LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART LANCETS THIN 26G		Tier 2	
DRUG MART LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
EASY COMFORT LANCETS		Tier 2	
EASY COMFORT LANCETS TWIST TOP		Tier 2	
EASY MINI EJECT LANCING DEVICE		Tier 2	
EASY MINI LANCING DEVICE		Tier 2	
EASY TOUCH LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
EMBRACE LANCING DEVICE/EJECTOR		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EMBRACE PRESSURE ACTIVATED 21G (LANCETS)	Tier 2	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G (LANCETS)	Tier 2	Tier 2	
EQL COLOR LANCETS 21G		Tier 2	
EQL COLOR LANCETS MICRO 33G		Tier 2	
EQL SUPER THIN LANCETS 30G		Tier 2	
EQL THIN LANCETS 26G		Tier 2	
E-Z JECT LANCET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS 21G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 2	Tier 2	
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
FINE 30 (LANCETS)	Tier 2	Tier 2	
FINGERSTIX LANCETS (LANCETS)	Tier 2	Tier 2	
FORA LANCETS (LANCETS)	Tier 2	Tier 2	
FORA LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
FREDS PHARMACY AUTOLET LANCING		Tier 2	
FREDS PHARMACY UNILET LANC 28G		Tier 2	
FREDS PHARMACY UNILET LANC 30G		Tier 2	
FREESTYLE LANCETS (LANCETS)	Tier 2	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 3		PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 3		PA
FREESTYLE LIBRE 2 READER DEVICE	Tier 3		PA
FREESTYLE LIBRE 2 SENSOR	Tier 3		PA
FREESTYLE LIBRE 3 READER DEVICE	Tier 3		PA
FREESTYLE LIBRE 3 SENSOR	Tier 3		PA
FREESTYLE LIBRE READER DEVICE	Tier 3		PA
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 2	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 2	Tier 2	
GENTEEL CONTACT TIPS (BLUE) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL CONTACT TIPS (CLEAR) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL CONTACT TIPS (GREEN) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL CONTACT TIPS (ORANGE) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GENTEEL CONTACT TIPS (RAINBOW) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL CONTACT TIPS (VIOLET) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL CONTACT TIPS (YELLOW) (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL LANCING KIT (BLUE) KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
GENTEEL NOZZLES (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GENTEEL PLUS LANCING (BLACK) (LANCET DEVICE)	Tier 2	Tier 2	
GENTEEL PLUS LANCING (PURPLE) (LANCET DEVICE)	Tier 2	Tier 2	
GENTEEL PLUS LANCING (WHITE) (LANCET DEVICE)	Tier 2	Tier 2	
GENTEEL PLUS LANCING DEV(BLUE) (LANCET DEVICE)	Tier 2	Tier 2	
GENTEEL PLUS LANCING DEV(PINK) (LANCET DEVICE)	Tier 2	Tier 2	
GENTLE-LET GP LANCETS (LANCETS)	Tier 2	Tier 2	
GENTLE-LET LANCETS (LANCETS)	Tier 2	Tier 2	
GENTLE-LET PLATFORMS (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
GLOBAL INJECT EASE LANCETS 28G		Tier 2	
GLOBAL INJECT EASE LANCETS 30G		Tier 2	
GLOBAL LANCING DEVICE		Tier 2	
GLUCOCOM LANCETS 28G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 30G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 33G (LANCETS)	Tier 2	Tier 2	
GNP LANCETS 21G		Tier 2	
GNP LANCETS THIN 26G		Tier 2	
GNP LANCING SYSTEM DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
GNP STERILE LANCETS 28G		Tier 2	
GNP STERILE LANCETS 30G		Tier 2	
GNP STERILE LANCETS 33G		Tier 2	
GOJJI LANCING DEVICE/CLEAR CAP (LANCET DEVICE)	Tier 2	Tier 2	
GOJJI STERILE LANCETS (LANCETS)	Tier 2	Tier 2	
GOODSENSE COLOR LANCETS 33G		Tier 2	
GOODSENSE LANCETS 26G UNIV		Tier 2	
GOODSENSE LANCETS 30G		Tier 2	
GOODSENSE LANCETS 30G UNIV		Tier 2	
GOODSENSE LANCETS 33G		Tier 2	
GOODSENSE LANCETS 33G UNIV		Tier 2	
GOODSENSE LANCING DEVICE		Tier 2	
HAEMOLANCE (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 2	Tier 2	
HEALTH CARE LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
HEALTHY ACCENTS LANCING DEVICE		Tier 2	
HEALTHY ACCENTS UNILET LANCETS		Tier 2	
H-E-B INCONTROL ADV LANCING		Tier 2	
H-E-B INCONTROL LANCETS 28G		Tier 2	
H-E-B INCONTROL LANCETS 30G		Tier 2	
H-E-B INCONTROL LANCETS 33G		Tier 2	
HYPOLANCE AST LANCING KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
HY-VEE LANCETS (LANCETS)	Tier 2	Tier 2	
HY-VEE THIN LANCETS		Tier 2	
IN TOUCH LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
KINNEY LANCETS		Tier 2	
KINNEY THIN LANCETS		Tier 2	
KROGER AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
KROGER HEALTHPRO LANCET 26G (LANCETS)	Tier 2	Tier 2	
KROGER LANCETS		Tier 2	
KROGER LANCETS 21G		Tier 2	
KROGER LANCETS MICRO THIN 33G		Tier 2	
KROGER LANCETS SUPER THIN		Tier 2	
KROGER LANCETS THIN		Tier 2	
KROGER LANCETS THIN 26G		Tier 2	
KROGER LANCETS ULTRATHIN 30G		Tier 2	
KROGER LANCING DEVICE		Tier 2	
LANCET DEVICE WITH EJECTOR		Tier 2	
LANCETS 30G		Tier 2	
LANCETS 33G		Tier 2	
LANCETS MICRO THIN 33G		Tier 2	
LANCETS SUPER THIN 28G		Tier 2	
LANCETS THIN		Tier 2	
LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
LANCETS ULTRA THIN 30G		Tier 2	
LANCING DEVICE		Tier 2	
LANZO (LANCET DEVICE)	Tier 2	Tier 2	
LEADER ADVANCED LANCING DEVICE		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 2	Tier 2	
LIBERTY MINI LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
LITE TOUCH LANCETS		Tier 2	
LITE TOUCH LANCING PEN (LANCET DEVICE)	Tier 2	Tier 2	
LITETOUCH LANCETS (LANCETS)	Tier 2	Tier 2	
LIVE BETTER ADV LANCING DEVICE		Tier 2	
LIVE BETTER LANCET SUPER THIN		Tier 2	
LIVE BETTER LANCET ULTRA THIN		Tier 2	
LONGS LANCETS STANDARD		Tier 2	
LONGS LANCETS THIN		Tier 2	
LONGS LANCETS ULTRA THIN		Tier 2	
MEDICHOICE SAFETY LANCET		Tier 2	
MEDICHOICE SAFETY LANCET EXTRA		Tier 2	
MEDICHOICE SAFETY LANCET NORM		Tier 2	
MEDLANCE EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS THIN (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 2	Tier 2	
MEIJER SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
MICROLET LANCETS (LANCETS)	Tier 2	Tier 2	
MICROLET NEXT LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
MINI LANCING DEVICE		Tier 2	
MM LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
MM TWIST LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET OPD LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
MPD SAFETY LANCET 21G		Tier 2	
MPD SAFETY LANCET 23G		Tier 2	
MPD SAFETY LANCET 28G		Tier 2	
MPD SAFETY LANCET 30G		Tier 2	
MULTI-LANCET DEVICE		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MULTI-LANCET DEVICE 2 KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
NOVA SUREFLEX LANCETS (LANCETS)	Tier 2	Tier 2	
NOVA SUREFLEX LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCING DEV (LANCET DEVICE)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCING (LANCET DEVICE)	Tier 2	Tier 2	
ONETOUCH DELICA SAFETY LANCING (LANCETS)	Tier 2	Tier 2	
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH SURESOFT LANCING DEV (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
ONETOUCH ULTRA 2 KIT W/DEVICE	Tier 2		
ONETOUCH ULTRASOFT 2 LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH ULTRASOFT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Tier 2		
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	Tier 2		
ONETOUCH VERIO KIT W/DEVICE	Tier 2		
ONETOUCH VERIO REFLECT KIT W/DEVICE	Tier 2		
PC LANCETS SUPER THIN 30G		Tier 2	
PERFECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PERFECT LANCETS 30G (LANCETS)	Tier 2	Tier 2	
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 2	Tier 2	
PHARMACY COUNTER LANCETS (LANCETS)	Tier 2	Tier 2	
PIP LANCETS 28G		Tier 2	
PIP LANCETS 30G		Tier 2	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Tier 1		
PRECISION THINS GP LANCETS (LANCETS)	Tier 2	Tier 2	
PREFERRED PLUS LANCETS COLORED		Tier 2	
PREFERRED PLUS LANCETS THIN		Tier 2	
PRO COMFORT LANCETS 30G		Tier 2	
PRO COMFORT LANCETS 31G		Tier 2	
PRO COMFORT SAFETY LANCETS 30G		Tier 2	
PRODIGY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PRODIGY LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PSS SELECT GP LANCETS (LANCETS)	Tier 2	Tier 2	
PSS SELECT PLATFORMS (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
PSS SELECT SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
PURE COMFORT LANCETS 30G		Tier 2	
PX ADVANCED LANCING DEVICE		Tier 2	
PX LANCET AUTO INJECTOR		Tier 2	
PX LANCETS MICROTHIN 33G		Tier 2	
PX LANCETS ULTRA THIN		Tier 2	
PX LANCETS ULTRA THIN 28G		Tier 2	
QC ADVANCED LANCING DEVICE		Tier 2	
QC LANCETS SUPER THIN 30G		Tier 2	
QC LANCETS ULTRA THIN		Tier 2	
QC UNILET LANCETS 28G		Tier 2	
QC UNILET LANCETS MICRO THIN		Tier 2	
RA E-ZJECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
READYLANCE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
REALITY LANCETS		Tier 2	
REALITY TRIGGER LANCETS		Tier 2	
RELION LANCET DEVICES 30G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS (LANCETS)	Tier 2	Tier 2	
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 2	Tier 2	
RELION LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
RELION LANCING DEVICE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
REXALL LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
RIGHTEST ALTERNATE SITE ADAPT (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
RIGHTEST GD500 LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
RIGHTEST GL300 LANCETS (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE PLUS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCET 30G/PRESSURE ACT		Tier 2	
SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 28G		Tier 2	
SAPS HEALTH PLUS LANCETS		Tier 2	
SAPS HEALTH TWIST TOP LANCETS		Tier 2	
SAPS TWIST TOP LANCETS		Tier 2	
SAPSCARE TWIST TOP LANCETS		Tier 2	
SB LANCETS THIN		Tier 2	
SB LANCETS ULTRA THIN		Tier 2	
SELECT-LITE LANCING DEVICE		Tier 2	
SHOPKO AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
SHOPKO ON-THE-GO LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SIMPLE DIAGNOSTICS LANCING DEV (LANCET DEVICE)	Tier 2	Tier 2	
SINGLE-LET (LANCETS)	Tier 2	Tier 2	
SM LANCETS 33G		Tier 2	
SM TRUEDRAW LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
SMART DIABETES VANTAGE LANCING (LANCET DEVICE)	Tier 2	Tier 2	
SMART SENSE COLOR LANCETS 33G (LANCETS)	Tier 2	Tier 2	
SMART SENSE STANDARD LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE THIN LANCETS 26G (LANCETS)	Tier 2	Tier 2	
SMARTEST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
STERILANCE TL (LANCETS)	Tier 2	Tier 2	
SUPER THIN LANCETS		Tier 2	
SURE COMFORT LANCETS 18G		Tier 2	
SURE COMFORT LANCETS 21G		Tier 2	
SURE COMFORT LANCETS 23G		Tier 2	
SURE COMFORT LANCETS 28G		Tier 2	
SURE COMFORT LANCETS 30G		Tier 2	
SURE COMFORT LANCING PEN		Tier 2	
SURELITE LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE AST LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS 26G (LANCETS)	Tier 2	Tier 2	
TGT LANCET MICRO THIN 33G		Tier 2	
TGT LANCET THIN 26G		Tier 2	
TGT LANCET ULTRA THIN 30G		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TGT LANCING DEVICE		Tier 2	
THINLETS GP LANCETS (LANCETS)	Tier 2	Tier 2	
TODAYS HEALTH LANCING DEVICE		Tier 2	
TODAYS HEALTH THIN LANCETS 28G		Tier 2	
TODAYS HEALTH THIN LANCETS 30G		Tier 2	
TOPCARE LANCETS MICRO-THIN 33G		Tier 2	
TRAVEL LANCETS		Tier 2	
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 2	Tier 2	
TRUE COMFORT SAFETY LANCETS		Tier 2	
TRUE COMFORT TWIST TOP LANCETS		Tier 2	
TRUEDRAW LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
TRUEPLUS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 33G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
TWIST TOP LANCETS 30G		Tier 2	
ULTI-LANCE AUTOMATIC (LANCET DEVICE)	Tier 2	Tier 2	
ULTILET CLASSIC LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
ULTRA THIN LANCETS 31G		Tier 2	
ULTRA-CARE LANCETS 30G		Tier 2	
ULTRA-THIN II AUTO LANCET (LANCETS)	Tier 2	Tier 2	
ULTRA-THIN II LANCETS (LANCETS)	Tier 2	Tier 2	
UNILET COMFORTOUCH LANCET (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE II (LANCETS)	Tier 2	Tier 2	
UNILET G.P. LANCET (LANCETS)	Tier 2	Tier 2	
UNILET G.P. SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET GP 28 ULTRA THIN (LANCETS)	Tier 2	Tier 2	
UNILET LANCET (LANCETS)	Tier 2	Tier 2	
UNILET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
UNILET SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET SUPER-THIN 30G (LANCETS)	Tier 2	Tier 2	
UNILET ULTRA-THIN 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK 1 (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 2 (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 2 COMFORT (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 2 EXTRA (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 2 NEONATAL (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNISTIK 2 NORMAL (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 2 SUPER (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 3 (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 3 COMFORT (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 3 EXTRA (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 3 GENTLE (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 NEONATAL (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK 3 NORMAL (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK CZT COMFORT (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK CZT NORMAL (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK NORMAL (LANCET TRANSPORTER CASE)	Tier 2	Tier 2	
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 30G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
VALUE PLUS LANCET STANDARD 21G		Tier 2	
VALUE PLUS LANCETS SUPER THIN		Tier 2	
VALUE PLUS LANCETS THIN 26G		Tier 2	
VALUE PLUS LANCING DEVICE		Tier 2	
VALUMARK LANCET SUPER THIN 30G		Tier 2	
VALUMARK LANCET ULTRA THIN 28G		Tier 2	
VERIFINE SAFE LANCET MINI 21G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 23G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 28G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 30G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G (LANCETS)	Tier 2	Tier 2	
VIDA MIA AUTOLET LANCING DEV (LANCET DEVICE)	Tier 2	Tier 2	
VIDA MIA UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VIDA MIA UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VIVAGUARD LANCETS (LANCETS)	Tier 2	Tier 2	
VIVAGUARD LANCETS 30G (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VIVAGUARD LANCING DEVICE (LANCET DEVICE)	Tier 2	Tier 2	
VIVAGUARD SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
WALGREENS ADV TRAVEL LANCETS		Tier 2	
WALGREENS LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS LANCETS MICRO THIN		Tier 2	
WALGREENS LANCETS SUPER THIN		Tier 2	
WALGREENS THIN LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ULTRA THIN LANCETS (LANCETS)	Tier 2	Tier 2	
ZEV RX TWIST TOP LANCETS 30G		Tier 2	
*Insulin Administration Supplies***			
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier 4		PA
OMNIPOD 5 G6 PODS (GEN 5)	Tier 4		PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 4		PA
OMNIPOD 5 G7 PODS (GEN 5)	Tier 4		PA
OMNIPOD CLASSIC PDM (GEN 3) KIT	Tier 4		PA
OMNIPOD CLASSIC PODS (GEN 3)	Tier 4		PA
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 4		PA
OMNIPOD DASH PDM (GEN 4) KIT	Tier 4		PA
OMNIPOD DASH PODS (GEN 4)	Tier 4		PA
*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 2	
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 2	
ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
ALLERGY SYRINGE 27G X 1/2" 1 ML		Tier 2	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML		Tier 2	
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML		Tier 2	
AQ INSULIN SYRINGE 31G X 5/16" 1 ML		Tier 1	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM		Tier 2	
ASSURE ID DUO PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ASSURE ID PRO PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 1	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM		Tier 2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	
AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 2	
BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 1	
BD DISP NEEDLE 23G X 1"	Tier 2		
BD DISP NEEDLES 16G X 1-1/2" , 18G X 1-1/2" , 19G X 1" , 20G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 7/8" , 27G X 1/2" , 30G X 1/2"	Tier 2		
BD DISP NEEDLES (CAREPOINT SAFETY 1ST NEEDLE) 25G X 5/8"	Tier 2	Tier 2	
BD ECLIPSE SYRINGE/NEEDLE (SYRINGE) 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2"	Tier 2		
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 2	Tier 1	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	Tier 2		
BD INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 2		
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2		
BD INSULIN SYRINGE ULTRAFINE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 2	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 2	Tier 2	
BD LUER-LOK SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Tier 2		
BD LUER-LOK SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
BD LUER-LOK SYRINGE (SYRINGE LUER SLIP) 25G X 5/8" 1 ML	Tier 2	Tier 2	
BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BD PEN NEEDLE ORIGINAL U/F (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 2	Tier 2	
BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
BD SAFETYGLIDE ALLERGY SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
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 2	Tier 2	
BD SAFETYGLIDE NEEDLE (CAREPOINT SAFETY 1ST NEEDLE) 25G X 5/8"	Tier 2	Tier 2	
BD SYRINGE LUER-LOK 1 ML , 3 ML	Tier 2		
BD SYRINGE SLIP TIP (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML	Tier 2	Tier 2	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML	Tier 2		
BD SYRINGE/NEEDLE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
BD SYRINGE/NEEDLE (SYRINGE LUER SLIP) 25G X 5/8" 1 ML	Tier 2	Tier 2	
BD TB SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 2	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML	Tier 2	Tier 2	
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 2	Tier 2	
CAREFINE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 32G X 6 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
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 2	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
CAREPOINT POLY HUB NEEDLE 25G X 5/8"		Tier 2	
CAREPOINT SAFETY1ST SYR/NEEDLE (SYRINGE) 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
CAREPOINT SYRINGE LUER LOCK (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML	Tier 2	Tier 2	
CAREPOINT TUBERCLN SYR/LUER SL 25G X 5/8" 1 ML		Tier 2	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	Tier 2		
CARETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
CARETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
CARETOUCH LUER LOCK (SYRINGE) 23G X 1" 3 ML	Tier 2	Tier 2	
CARETOUCH LUER LOCK SYR/NEEDLE (SYRINGE) 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES)	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 6 MM (MEIJER PEN NEEDLES)	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 8 MM		Tier 2	
CLICKFINE PEN NEEDLES 32G X 4 MM (INSUPEN PEN NEEDLES)	Tier 2	Tier 2	
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	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	Tier 2	Tier 2	
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES 33G X 8 MM	Tier 2		
COMFORT EZ PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM	Tier 2	Tier 2	
DIALYSIS SAFETY SYRINGE/NEEDLE 22G X 1-1/2" 3 ML		Tier 2	

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

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
EASY TOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 1	
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 2		
EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
EASY TOUCH SAFETY SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
EASY TOUCH SAFETY SYRINGE (SYRINGE LUER SLIP) 25G X 5/8" 1 ML	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH TB FLIPLOCK SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH TB SHEATHLOCK SYR (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML	Tier 2		
EASYPOINT NEEDLE (CAREPOINT SAFETY 1ST NEEDLE) 25G X 5/8"	Tier 2	Tier 2	
EASYPOINT NEEDLE/SYRINGE (SYRINGE) 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 1	
EMBRACE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML		Tier 2	
GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	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	Tier 2	Tier 2	
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML		Tier 2	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		Tier 2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		Tier 2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		Tier 2	
GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML		Tier 2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		Tier 2	
GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
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 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		Tier 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM		Tier 2	
HEALTHWISE PEN NEEDLES 29G X 12MM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM		Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
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 2	
H-E-B INCONTROL UNIFINE PENTIP (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML	Tier 2	Tier 1	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
HM ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (OTC)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (OTC)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (RX)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (OTC)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (RX)		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML		Tier 2	
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 2	
INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
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 2	
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		Tier 2	
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
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 2	
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
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	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML		Tier 2	
LUER LOCK SAFETY SYRINGES (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
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 2	Tier 2	
MAGELLAN TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2		
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 0.5 ML	Tier 2	Tier 1	
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		Tier 2	
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
MEIJER PEN NEEDLES 29G X 12MM , 31G X 8 MM		Tier 2	
MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
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 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MONOJECT HYPODERMIC NEEDLE (CAREPOINT SAFETY 1ST NEEDLE) 25G X 5/8"	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	Tier 2		
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 1 ML	Tier 2	Tier 1	
MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
MONOJECT MAGELLAN SAFETY NDL (CAREPOINT SAFETY 1ST NEEDLE) 25G X 5/8"	Tier 2	Tier 2	
MONOJECT MAGELLAN SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
MONOJECT MAGELLAN SYRINGE (SYRINGE LUER SLIP) 25G X 5/8" 1 ML	Tier 2	Tier 2	
MONOJECT SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
MONOJECT SYRINGE (TUBERCULIN SYRINGE) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT TB SAFETY SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML	Tier 2	Tier 2	
MONOJECT TB SYRINGE (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
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	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 2	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 2	
NOVOFINE AUTOCOVER PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
PEN NEEDLES 29G X 12MM		Tier 2	
PEN NEEDLES 30G X 8 MM		Tier 2	
PEN NEEDLES 31G X 5 MM (OTC)		Tier 2	
PEN NEEDLES 31G X 5 MM (RX)		Tier 2	
PEN NEEDLES 31G X 6 MM		Tier 2	
PEN NEEDLES 31G X 8 MM (OTC)		Tier 2	
PEN NEEDLES 31G X 8 MM (RX)		Tier 2	
PEN NEEDLES 32G X 4 MM (OTC)		Tier 2	
PEN NEEDLES 32G X 4 MM (RX)		Tier 2	
PEN NEEDLES 32G X 5 MM		Tier 2	
PEN NEEDLES 32G X 6 MM		Tier 2	
PEN NEEDLES 33G X 4 MM		Tier 2	
PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		Tier 2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		Tier 2	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML	Tier 2	Tier 2	
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 2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML	Tier 2	Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 2	Tier 1	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 2	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 2	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 2	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 2	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		Tier 2	
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
QC UNIFINE PENTIPS 32G X 4 MM		Tier 2	
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 2	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
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 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
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 2	Tier 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
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 2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		Tier 2	
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 2	
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 2	
SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
SECURESAFE SYRINGE/NEEDLE (SYRINGE) 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 2	Tier 2	
SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML	Tier 2		
SHOPKO UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML (RX)		Tier 2	
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)		Tier 2	
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)		Tier 2	
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)		Tier 2	
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML		Tier 2	
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML		Tier 2	
SURE COMFORT PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
SYRINGE LUER LOCK 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML		Tier 2	
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TECHLITE PLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 2	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
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 2	
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 2	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 1	
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTICARE SYRINGE (SYRINGE) 22G X 1-1/2" 3 ML	Tier 2	Tier 2	
ULTICARE TUBERCULIN SAFETY SYR (TUBERCULIN SYRINGE) 25G X 5/8" 1 ML	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 1	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 1	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	

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

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

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER DEVICE	Tier 4		
AEROCHAMBER MV	Tier 4		
AEROCHAMBER PLUS FLO-VU	Tier 4		
AEROCHAMBER PLUS FLO-VU LARGE	Tier 4		
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Tier 4		
AEROCHAMBER PLUS FLO-VU MEDIUM	Tier 4		
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Tier 4		
AEROCHAMBER PLUS FLO-VU SMALL	Tier 4		
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Tier 4		
AEROCHAMBER PLUS FLO-VU W/MASK	Tier 4		
AEROCHAMBER PLUS FLOW VU	Tier 4		
AEROCHAMBER W/FLWSIGNAL	Tier 4		
AEROCHAMBER Z-STAT PLUS	Tier 4		
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 4		
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 4		
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 4		
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 4		
EASIVENT	Tier 4		
EASIVENT MASK LARGE	Tier 4		
EASIVENT MASK MEDIUM	Tier 4		
EASIVENT MASK SMALL	Tier 4		
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 4		PA; QL (8 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 4		PA; QL (10 EA per 30 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 6		PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 6		PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 6		PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 6		PA; QL (3 ML per 30 days)
*Ergot Combinations***			
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 4		
*Migraine Products***			
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML		Tier 3	QL (12 ML per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***			
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 3	QL (12 EA per 30 days)
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 3	QL (12 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 3	QL (12 EA per 30 days)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 3	ST
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS		Tier 3	QL (12 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS		Tier 3	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS		Tier 3	QL (12 ML per 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS		Tier 3	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 3	QL (8 ML per 30 days)
ZOLMITRIPTAN NASAL SOLUTION 5 MG		Tier 3	ST
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 3	QL (12 EA per 30 days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 3	QL (12 EA per 30 days)
*Selective Serotonin Agonists 5-Ht(1F)***			
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 6		PA; QL (4 EA per 28 days)
Minerals & Electrolytes			
*Fluoride***			
NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 1	Tier 1	
NAFRINSE ORAL TABLET CHEWABLE (SODIUM FLUORIDE) 2.2 (1 F) MG	Tier 1	Tier 1	
SODIUM FLUORIDE ORAL SOLUTION 0.5 MG/ML, 1.1 (0.5 F) MG/ML		Tier 1	
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG		Tier 1	
*Phosphate***			
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (PHOSPHOROUS) 155-852-130 MG	Tier 2	Tier 2	
WES-PHOS 250 NEUTRAL ORAL TABLET 155-852-130 MG		Tier 2	
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 15 MEQ	Tier 3	Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTALS) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ	Tier 3	Tier 3	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ	Tier 1	Tier 1	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1		
POTASSIUM CHLORIDE CRYSTALS TABLET EXTENDED RELEASE 15 MEQ ORAL		Tier 3	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ		Tier 1	
POTASSIUM CHLORIDE ER TABLET EXTENDED RELEASE 20 MEQ ORAL		Tier 3	
POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 3	
Miscellaneous Therapeutic Classes			
*Antileptics***			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Chelating Agents***			
TRIENTINE HCL ORAL CAPSULE 500 MG		Tier 3	Specialty
*Cyclosporine Analogs***			
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG		Tier 3	
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 3	
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG	Tier 3	Tier 3	
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML	Tier 3	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 4		
*Homeopathic Products***			
HYLAFEM VAGINAL SUPPOSITORY	Tier 5		
*Immunomodulators For Myelodysplastic Syndromes***			
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		Tier 6	PA; Specialty; QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***			
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 3	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 3	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 3	
*Macrolide Immunosuppressants***			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 3	PA
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 3	
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***			
VIJOICE TABLET THERAPY PACK 125 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	Tier 6		PA; Specialty; QL (2 EA per 1 day)
VIJOICE TABLET THERAPY PACK 50 MG ORAL	Tier 6		PA; Specialty; QL (1 EA per 1 day)
*Potassium Removing Agents***			
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 5		PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 5		
*Purine Analogs***			
AZATHIOPRINE TABLET 100 MG ORAL		Tier 3	
AZATHIOPRINE TABLET 50 MG ORAL		Tier 1	
AZATHIOPRINE TABLET 75 MG ORAL		Tier 3	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		Tier 3	
*Anti-Infectives - Throat***			
CLOTTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 3	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 2	
*Antiseptics - Mouth/Throat***			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	Tier 3	Tier 3	
*Fluoride Dental Products***			
DENTA 5000 PLUS DENTAL CREAM (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
PREVIDENT 5000 PLUS DENTAL CREAM (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
SF 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 %		Tier 1	
*Saliva Stimulants***			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 3	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 3	
*Steroids - Mouth/Throat/Dental***			
KOURZEQ MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 3	Tier 3	
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 3	Tier 3	
Multivitamins			
*Multivitamins***			
DAILY MULTIPLE VITAMINS ORAL TABLET		Tier 2	
DAILY VALUE MULTIVITAMIN ORAL TABLET		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DAILY VITAMIN FORMULA ORAL TABLET		Tier 2	
DAILY VITAMIN ORAL TABLET		Tier 2	
DAILY VITAMINS ORAL TABLET		Tier 2	
DAILY VITE ORAL TABLET		Tier 2	
DAILY VITES ORAL TABLET		Tier 2	
DAILY-VITAMIN ORAL TABLET		Tier 2	
DAILY-VITE MULTIVITAMIN ORAL TABLET		Tier 2	
DAILY-VITE ORAL TABLET		Tier 2	
ESTROFACTORS ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
GNP ESSENTIAL ONE DAILY ORAL TABLET		Tier 2	
HEALTHY HAIR/SKIN/NAILS ORAL TABLET		Tier 2	
HIGH POTENCY MULTIVITAMIN ORAL TABLET		Tier 2	
MULTI VITAMIN DAILY ORAL TABLET		Tier 2	
MULTI VITAMIN ORAL TABLET		Tier 2	
MULTI VITAMIN W/D-3 ORAL TABLET		Tier 2	
MULTIPLE VITAMIN-FOLIC ACID ORAL TABLET		Tier 2	
MULTIPLE VITAMINS ESSENTIAL ORAL TABLET		Tier 2	
MULTIPLE VITAMINS ORAL TABLET		Tier 2	
MULTIVITAMIN ADULT ORAL TABLET		Tier 2	
MULTI-VITAMIN DAILY ORAL TABLET		Tier 2	
MULTIVITAMIN IRON-FREE ORAL TABLET		Tier 2	
MULTIVITAMIN ORAL TABLET		Tier 2	
MULTI-VITAMIN ORAL TABLET		Tier 2	
NEOMULTIVITE ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
OMNICAP ORAL TABLET		Tier 2	
ONCE DAILY ORAL TABLET		Tier 2	
ONE DAILY ESSENTIAL ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
ONE DAILY ESSENTIALS ORAL TABLET		Tier 2	
ONE DAILY MULTIVITAMIN ADULT ORAL TABLET		Tier 2	
ONE DAILY ORAL TABLET		Tier 2	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
ONE-A-DAY ESSENTIAL ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
ONE-A-DAY MENS ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
ONE-DAILY MULTI VITAMINS ORAL TABLET		Tier 2	
ONE-DAILY MULTI-VITAMIN ORAL TABLET		Tier 2	
QC ESSENTIALS ORAL TABLET		Tier 2	
QUINTABS ORAL TABLET		Tier 2	
SM MULTIPLE VITAMINS ESSENTIAL ORAL TABLET		Tier 2	
STRESS FORMULA ORAL TABLET		Tier 2	
STRESSTABS ENERGY ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TAB-A-VITE ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
TAB-A-VITE/BETA CAROTENE ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
THERA ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
THERA-MILL ORAL TABLET		Tier 2	
THERA-TABS ORAL TABLET		Tier 2	
THEREMS ORAL TABLET (ANTI-OXIDANT)	Tier 2	Tier 2	
TRUE DAILY VITE ORAL TABLET		Tier 2	
VIT E-VIT C-BETA CAROTENE ORAL TABLET 200-250-5000		Tier 2	
VITALEE ORAL TABLET		Tier 2	
*Ped Multi Vitamins W/Fl & Fe***			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 3	
*Ped Mv W/ Fluoride***			
MULTIVITAMIN + FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 2	
MULTIVITAMIN W/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 2	
MULTIVITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 0.5 MG, 1 MG	Tier 2	Tier 2	
POLY-VI-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 0.5 MG, 1 MG	Tier 2	Tier 2	
*Ped Vitamins Acd W/ Fluoride***			
ADC/F (0.5MG/ML) ORAL SOLUTION 0.5 MG/ML		Tier 3	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 3	
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 3	
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 4		
ATABEX OB ORAL TABLET 29-1 MG	Tier 2		
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 2	
C-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 2	
COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG		Tier 2	
CO-NATAL FA ORAL TABLET (PRENATABS FA)	Tier 2	Tier 1	
CONCEPT DHA ORAL CAPSULE (VIRT-C DHA) 53.5-38-1 MG	Tier 2	Tier 2	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 4		
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 2	
ELITE-OB ORAL TABLET 50-1.25 MG	Tier 4		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 2	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 4		
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 2	
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 2	
KPN PRENATAL ORAL TABLET 0.1 MG		Tier 2	
MASONATAL ORAL TABLET 28-0.8 MG		Tier 2	
M-NATAL PLUS ORAL TABLET 27-1 MG		Tier 2	
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 2	
NATALVIT ORAL TABLET	Tier 4		
NEONATAL PLUS ORAL TABLET (PRENATAL) 27-1 MG	Tier 2	Tier 2	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG		Tier 2	
NEONATAL VITAMIN ORAL TABLET (PRENATAL) 27-0.8 MG	Tier 2	Tier 2	
NIVA-PLUS ORAL TABLET (PRENATAL) 27-1 MG	Tier 2	Tier 2	
OBSTETRIX EC (WITH DOCUSATE) ORAL TABLET 29-1 MG	Tier 2		
OBTREX ORAL TABLET	Tier 2		
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 2	
ONE-A-DAY WOMENS PRENATAL ORAL (SM ONE DAILY PRENATAL) 28-0.8 & 440 MG	Tier 2	Tier 2	
PNV PRENATAL PLUS MULTIVIT+DHA ORAL 27-1 & 312 MG		Tier 3	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 2	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 2	
PRENATABS RX ORAL TABLET (THRIVITE RX) 29-1 MG	Tier 1	Tier 2	
PRENATAL (W/IRON & FA) ORAL TABLET 27-0.8 MG		Tier 2	
PRENATAL 19 ORAL TABLET 29-1 MG		Tier 2	
PRENATAL 19 ORAL TABLET CHEWABLE		Tier 2	
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 2	
PRENATAL FORMULA A-FREE ORAL TABLET 9-0.267 MG		Tier 2	
PRENATAL FORTE ORAL TABLET		Tier 2	
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 2	
PRENATAL ORAL TABLET 28-0.8 MG		Tier 2	
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET 27-1 MG		Tier 2	
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 2	
PRENATAL VITAMIN ORAL TABLET 27-0.8 MG		Tier 2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG		Tier 2	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 2	
PRENATAL/IRON ORAL TABLET		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2		
PRENATVITE PLUS ORAL TABLET 1 MG		Tier 1	
PRENATVITE RX ORAL TABLET 0.8 MG		Tier 1	
PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 2	
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 2	
RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 2	
RA PRENATAL ORAL TABLET 28-0.8 MG		Tier 2	
SE-NATAL 19 ORAL TABLET 29-1 MG		Tier 2	
SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG		Tier 2	
SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 2	
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 2		
THERANATAL CORE NUTRITION ORAL TABLET (PRENATAL) 27-1 MG	Tier 2	Tier 2	
TRICARE ORAL TABLET (PRENATAL)	Tier 2	Tier 2	
VINATE II ORAL TABLET 29-1 MG	Tier 2		
VIVA DHA ORAL CAPSULE (RELNATE DHA) 28-1-200 MG	Tier 2	Tier 2	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG		Tier 2	
WESTAB PLUS ORAL TABLET 27-1 MG		Tier 2	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG		Tier 2	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG		Tier 2	
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 2	
CVS WOMENS PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 2	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 2	
PRENA 1 TRUE ORAL 30-1.4 & 300 MG		Tier 5	
PRENATAL VITAMIN/MIN +DHA ORAL CAPSULE 27-0.8-200 MG		Tier 1	
PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 2	
ULTRA PRENATAL + DHA ORAL CAPSULE 27-0.8-200 MG		Tier 1	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 2	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 2	
ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG	Tier 2	Tier 2	
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
BACLOFEN TABLET 10 MG ORAL		Tier 2	
BACLOFEN TABLET 15 MG ORAL		Tier 3	
BACLOFEN TABLET 20 MG ORAL		Tier 2	
BACLOFEN TABLET 5 MG ORAL		Tier 3	
CHLORZOAZONE ORAL TABLET 500 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		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 6 MG		Tier 3	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 2	
*Direct Muscle Relaxants***			
DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 3	
*Muscle Relaxant Combinations***			
CARISOPRODOL-ASPIRIN-CODEINE ORAL TABLET 200-325-16 MG		Tier 3	
Nasal Agents - Systemic And Topical			
*Nasal Agents - Misc.***			
NOZIN NASAL SANITIZER NASAL KIT 62 %	Tier 2		
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB	Tier 2		
*Nasal Anticholinergics***			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		Tier 3	
*Nasal Antihistamines***			
AZELASTINE HCL SOLUTION 0.1 % NASAL		Tier 2	
AZELASTINE HCL SOLUTION 0.15 % NASAL		Tier 3	
AZELASTINE HCL SOLUTION 137 MCG/SPRAY NASAL		Tier 2	
*Nasal Steroids***			
ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT		Tier 2	
ALLERGY SPRAY 24 HOUR NASAL SUSPENSION 50 MCG/ACT		Tier 2	
CLARISPRAY NASAL SUSPENSION (FLUTICASONE PROPIONATE) 50 MCG/ACT	Tier 2	Tier 2	
CVS FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
EQ ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT		Tier 2	
EQL FLUTICASONE CHILDRENS NASAL SUSPENSION 50 MCG/ACT		Tier 2	
EQL FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
FLONASE ALLERGY RELIEF NASAL SUSPENSION (FLUTICASONE PROPIONATE) 50 MCG/ACT	Tier 2	Tier 2	
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 3	
FT ALLERGY RELIEF 24 HR NASAL SUSPENSION 50 MCG/ACT		Tier 2	
GNP FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GOODSENSE 24-HR ALLERGY NASAL NASAL SUSPENSION 50 MCG/ACT		Tier 2	
HM ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT		Tier 2	
KLS ALLER-FLO NASAL SUSPENSION (FLUTICASONE PROPIONATE) 50 MCG/ACT	Tier 2	Tier 2	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 3	
QC ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT		Tier 2	
SM ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT		Tier 2	
*Systemic Decongestants***			
CVS NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
EQ SINUS & CONGESTION MAX STR ORAL TABLET 30 MG		Tier 3	
EQL NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
FT NASAL DECONGESTANT MAX STR ORAL TABLET 30 MG		Tier 3	
GNP NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
HM NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
KP PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG, 60 MG		Tier 3	
MEIJER NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
NASAL DECONGESTANT D ORAL TABLET 30 MG		Tier 3	
NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG		Tier 3	
NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		Tier 3	
PX NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 3	
QC NASAL DECONGESTANT PE ORAL TABLET 30 MG		Tier 3	
RA SINUS/CONGESTION RELIEF ORAL TABLET 30 MG		Tier 3	
RA SUPHEDRINE ORAL TABLET 30 MG		Tier 3	
SINUS CONGESTION MAX STRENGTH ORAL TABLET 30 MG		Tier 3	
SM NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG		Tier 3	
SUDAFED ORAL TABLET (DECONGESTANT) 30 MG	Tier 4	Tier 3	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Tier 4		
SUDAFED SINUS CONGESTION ORAL TABLET (DECONGESTANT) 30 MG	Tier 4	Tier 3	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET (DECONGESTANT) 30 MG	Tier 3	Tier 3	
SUDOGEST ORAL TABLET (DECONGESTANT) 30 MG	Tier 3	Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SUDOGEST ORAL TABLET (PSEUDOEPHEDRINE HCL) 60 MG	Tier 3	Tier 3	
WAL-PHED D ORAL TABLET (DECONGESTANT) 30 MG	Tier 3	Tier 3	
Neuromuscular Agents			
*Depolarizing Muscle Relaxants***			
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION 20 MG/ML		Tier 3	
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 6		PA; Specialty; QL (6.7 ML per 1 day)
Ophthalmic Agents			
*Beta-Blockers - Ophthalmic Combinations***			
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 2-0.5 %		Tier 1	
*Beta-Blockers - Ophthalmic***			
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 3	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 3	
TIMOLOL MALEATE (ONCE-DAILY) OPHTHALMIC SOLUTION 0.5 %		Tier 3	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 %		Tier 1	
*Cycloplegic Mydriatics***			
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		Tier 3	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 5		PA
*Miotics - Direct Acting***			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 3	
*Ophthalmic Antiallergic***			
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 3	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 3	
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.1 %, 0.2 %		Tier 3	
*Ophthalmic Antibiotics***			
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 3	
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 3	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 3	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 3	
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %, 1.5 %		Tier 3	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 3	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 3	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 3	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
*Ophthalmic Anti-Infective Combinations***			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 3	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 3	
NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000	Tier 3	Tier 3	
POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM	Tier 3	Tier 3	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		Tier 2	
*Ophthalmic Antivirals***			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 3	
*Ophthalmic Carbonic Anhydrase Inhibitors***			
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 3	
*Ophthalmic Ectoparasiticide**			
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	Tier 6		PA; QL (10 ML per 180 days)
*Ophthalmic Immunomodulators***			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (CYCLOSPORINE) 0.05 %	Tier 5	Tier 3	PA
*Ophthalmic Local Anesthetics***			
ALTACAINE OPHTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 4	Tier 3	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 %		Tier 3	
FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 %		Tier 3	
KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 3	
*Ophthalmic Selective Alpha Adrenergic Agonists***			
BRIMONIDINE TARTRATE SOLUTION 0.1 % OPHTHALMIC		Tier 3	
BRIMONIDINE TARTRATE SOLUTION 0.15 % OPHTHALMIC		Tier 3	
BRIMONIDINE TARTRATE SOLUTION 0.2 % OPHTHALMIC		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Ophthalmic Steroid Combinations***			
NEOMYCIN-POLYMYXIN-DEXAMETH OPTHALMIC OINTMENT 3.5-10000-0.1		Tier 3	
NEOMYCIN-POLYMYXIN-DEXAMETH OPTHALMIC SUSPENSION 3.5-10000-0.1		Tier 3	
NEOMYCIN-POLYMYXIN-HC OPTHALMIC SUSPENSION 3.5-10000-1		Tier 3	
TOBRADEX OPTHALMIC OINTMENT 0.3-0.1 %	Tier 4		
TOBRAMYCIN-DEXAMETHASONE OPTHALMIC SUSPENSION 0.3-0.1 %		Tier 3	
*Ophthalmic Steroids***			
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1 %		Tier 3	
FLUOROMETHOLONE OPTHALMIC SUSPENSION 0.1 %		Tier 3	
PREDNISOLONE ACETATE OPTHALMIC SUSPENSION 1 %		Tier 3	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1 %		Tier 3	
*Ophthalmic Sulfonamides***			
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT 10 %		Tier 3	
SULFACETAMIDE SODIUM OPTHALMIC SOLUTION 10 %		Tier 3	
*Prostaglandins - Ophthalmic***			
LATANOPROST OPTHALMIC SOLUTION 0.005 %		Tier 3	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	Tier 4		
TRAVOPROST (BAK FREE) OPTHALMIC SOLUTION 0.004 %		Tier 5	
Otic Agents			
*Otic Anti-Infectives***			
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 3	
*Otic Steroid-Anti-Infective Combinations***			
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 3	
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 3	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 3	
*Otic Steroids***			
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 3	
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 3	Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 1		QL (1 ML per 365 days); AGE (Max 24 Months)
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 TABLET CHEWABLE 125 MG ORAL		Tier 2	
AMOXICILLIN TABLET CHEWABLE 250 MG ORAL		Tier 3	
AMPICILLIN ORAL CAPSULE 500 MG		Tier 3	
AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 125 MG, 2 GM, 250 MG, 500 MG		Tier 3	
*Natural Penicillins***			
PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG		Tier 2	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED 125 MG/5ML ORAL		Tier 3	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED 250 MG/5ML ORAL		Tier 2	
*Penicillin Combinations***			
AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG		Tier 3	
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 3	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG		Tier 3	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG		Tier 3	
*Penicillinase-Resistant Penicillins***			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		Tier 3	
Pharmaceutical Adjuvants			
*Semi Solid Vehicles***			
OCCLUVAN EXTERNAL OINTMENT	Tier 3		
WHITE PETROLATUM EXTERNAL GEL		Tier 3	
Progestins			
*Progestins***			
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		Tier 3	
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 3	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 3	
*Cholinomimetics - Ache Inhibitors***			
DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 3	
DONEPEZIL HCL TABLET 10 MG ORAL		Tier 1	
DONEPEZIL HCL TABLET 23 MG ORAL		Tier 3	
DONEPEZIL HCL TABLET 5 MG ORAL		Tier 1	
GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG		Tier 3	
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG		Tier 3	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 3	
*Movement Disorder Drug Therapy***			
AUSTEDO TABLET 12 MG ORAL	Tier 6		PA; Specialty; QL (4 EA per 1 day)
AUSTEDO TABLET 6 MG ORAL	Tier 6		PA; Specialty; QL (2 EA per 1 day)
AUSTEDO TABLET 9 MG ORAL	Tier 6		PA; Specialty; QL (4 EA per 1 day)
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 6		PA; Specialty; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 6		PA; Specialty; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 6		PA; Specialty
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 6		PA; Specialty
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 6		PA; Specialty
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 6		PA; Specialty
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 6		PA; Specialty
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 6		PA; Specialty
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		Tier 6	PA; Specialty
DIMETHYL FUMARATE STARTER PACK ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG		Tier 6	PA; Specialty
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 6	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Multiple Sclerosis Agents***			
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 20 MG/ML, 40 MG/ML	Tier 6	Tier 6	PA; Specialty
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
MEMANTINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG		Tier 3	
MEMANTINE HCL ORAL SOLUTION 10 MG/5ML, 2 MG/ML		Tier 3	
MEMANTINE HCL TABLET 10 MG ORAL		Tier 1	
MEMANTINE HCL TABLET 28 X 5 MG & 21 X 10 MG ORAL		Tier 3	
MEMANTINE HCL TABLET 5 MG ORAL		Tier 3	
*Psychotherapeutic And Neurological Agents - Misc.***			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 3	
*Smoking Deterrents***			
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG		Tier 1	
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 1	
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
EQ NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	
EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
FT NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
FT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
FT NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
GNP NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) 21 MG/24HR	Tier 1	Tier 1	
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Tier 1	Tier 1	
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 1	Tier 1	
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	
NICOTROL INHALATION INHALER 10 MG	Tier 1		
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 1		
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	
VARENICLINE TARTRATE (STARTER) ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		Tier 1	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	
VARENICLINE TARTRATE(CONTINUE) ORAL TABLET 1 MG		Tier 1	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
FINGOLIMOD HCL ORAL CAPSULE 0.5 MG		Tier 6	PA; Specialty
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 6		PA; Specialty; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 6		PA; Specialty; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 6		PA; Specialty; QL (3 EA per 1 day)
*Pulmonary Fibrosis Agents***			
PIRFENIDONE ORAL TABLET 534 MG		Tier 3	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Tetracyclines			
*Tetracyclines***			
AVIDOXY ORAL TABLET 100 MG		Tier 3	
DOXYCYCLINE HYCLATE CAPSULE 100 MG ORAL		Tier 2	
DOXYCYCLINE HYCLATE CAPSULE 50 MG ORAL		Tier 3	
DOXYCYCLINE HYCLATE TABLET 100 MG ORAL		Tier 2	
DOXYCYCLINE HYCLATE TABLET 20 MG ORAL		Tier 3	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG, 50 MG		Tier 3	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		Tier 3	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG		Tier 3	
MINOCYCLINE HCL CAPSULE 100 MG ORAL		Tier 3	
MINOCYCLINE HCL CAPSULE 50 MG ORAL		Tier 2	
MINOCYCLINE HCL CAPSULE 75 MG ORAL		Tier 3	
Thyroid Agents			
*Antithyroid Agents***			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 3	
*Thyroid Hormones***			
ADTHYZA ORAL TABLET (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	Tier 3	
ARMOUR THYROID ORAL TABLET (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	Tier 3	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4		
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	Tier 1	
LEVO-T ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	Tier 1	
LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	Tier 1	
LIOthyronine SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 3	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 4	
NP THYROID ORAL TABLET (THYROID) 120 MG, 15 MG	Tier 3	Tier 3	
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 4	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNITHROID ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	Tier 1	
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1		
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 1		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 1		
TDVAX INTRAMUSCULAR SUSPENSION (TETANUS-DIPHThERIA TOXOIDS TD) 2-2 LF/0.5ML	Tier 1	Tier 1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 1		
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Antispasmodics***			
DICYCLOMINE HCL ORAL CAPSULE 10 MG		Tier 3	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 3	
DICYCLOMINE HCL ORAL TABLET 20 MG		Tier 3	
*Belladonna Alkaloids***			
HYOSCYAMINE SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG		Tier 3	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 3	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 3	
HYOSCYAMINE SULFATE ORAL TABLET DISPERSIBLE 0.125 MG		Tier 3	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 3	
HYOSYNE ORAL ELIXIR 0.125 MG/5ML		Tier 3	
*H-2 Antagonists***			
CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML		Tier 3	
CIMETIDINE ORAL TABLET 300 MG, 400 MG, 800 MG		Tier 3	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 3	
FAMOTIDINE ORAL TABLET 40 MG		Tier 3	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 3	
*Misc. Anti-Ulcer***			
SUCRALFATE ORAL TABLET 1 GM		Tier 3	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***			
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 5		PA; QL (1 EA per 1 day)
*Proton Pump Inhibitors***			
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 4		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 30 MG		Tier 3	QL (60 EA per 30 days)
OMEPRAZOLE CAPSULE DELAYED RELEASE 10 MG ORAL		Tier 3	QL (2 EA per 1 day)
OMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL		Tier 3	QL (60 EA per 30 days)
OMEPRAZOLE CAPSULE DELAYED RELEASE 40 MG ORAL		Tier 3	QL (60 EA per 30 days)
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG		Tier 3	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 3	
*Quaternary Anticholinergics***			
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 3	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG		Tier 3	
*Ulcer Drugs - Prostaglandins***			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 3	
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 3	
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 1	
OXYBUTYNIN CHLORIDE ORAL SOLUTION 5 MG/5ML		Tier 1	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 4		
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG		Tier 1	
TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG		Tier 3	
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 3	
*Urinary Antispasmodics - Cholinergic Agonists***			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 3	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 3	
Vaccines			
*Bacterial Vaccines***			
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1		AGE (Max 25 Years)
MENACTRA INTRAMUSCULAR SOLUTION	Tier 1		
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 1		
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Tier 1		
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 1		
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	Tier 1		AGE (Max 25 Months)
TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	Tier 1		AGE (Max 25 Years)
*Viral Vaccine Combinations***			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1		
*Viral Vaccines***			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Tier 1		
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 1		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 1		
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 1		
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 1		AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 1		AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1		AGE (Min 9 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 1		AGE (Min 18 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Tier 1		
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML		Tier 1	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 1		
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML		Tier 1	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	Tier 1		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 1		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 1		AGE (Min 50 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Tier 1		
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1		
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 1		
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 3	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 3	
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 1		
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 1		
TODAY SPONGE VAGINAL 1000 MG	Tier 1		
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 1		
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 1		
*Vaginal Anti-Infectives***			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 3	
METRONIDAZOLE VAGINAL GEL 0.75 %		Tier 3	
*Vaginal Estrogens***			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 3	
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	Tier 4		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Tier 4		
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 4		
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 3	Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Vasopressors			
*Anaphylaxis Therapy Agents***			
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML		Tier 3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (EPINEPHRINE) 0.15 MG/0.3ML	Tier 3	Tier 3	
*Vasopressors***			
MIDODRINE HCL ORAL TABLET 5 MG		Tier 1	
Vitamins			
*Vitamin D***			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 2	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT		Tier 2	
*Vitamin K***			
MEPHYTON ORAL TABLET (PHYTONADIONE) 5 MG	Tier 4	Tier 3	

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ADVOCATE REDI-CODE+ TEST	66	
ADVOCATE SAFETY LANCETS	85	
ADVOCATE SAFETY LANCETS 26G	85	
ADVOCATE TEST	66	
AEROCHAMBER MINI CHAMBER	121	
AEROCHAMBER MV	121	
AEROCHAMBER PLUS FLO-VU	121	
AEROCHAMBER PLUS FLO-VU LARGE	121	
AEROCHAMBER PLUS FLO-VU MEDIUM	121	
AEROCHAMBER PLUS FLO-VU SMALL	121	
AEROCHAMBER PLUS FLO-VU W/MASK	121	
AEROCHAMBER PLUS FLOW VU	121	
AEROCHAMBER W/FLOWSIGNAL	121	
AEROCHAMBER Z-STAT PLUS	121	
AEROCHAMBER Z-STAT PLUS CHAMBR	121	
AEROCHAMBER Z-STAT PLUS/LARGE	121	
AEROCHAMBER Z-STAT PLUS/MEDIUM	121	
AEROCHAMBER Z-STAT PLUS/SMALL	121	
AFIRMELLE	53	
AFLURIA QUADRIVALENT	142	
AFTERA	57	
AFTERPILL	57	
AGAMATRIX AMP TEST	66	
AGAMATRIX JAZZ TEST	66	
AGAMATRIX KEYNOTE TEST	66	
AGAMATRIX PRESTO TEST	66	
AGAMATRIX ULTRA-THIN LANCETS	85	
AIMOVIG	121	
AIMSCO LUBRICATED	83	
AIMSCO TWIST LANCETS 32G	85	
AIMSCO TWIST LANCETS 33G	85	
AIRAVITE	79	
AJOVY	121	
AKEEGA	40	
ALBUTEROL SULFATE	22, 23	
ALCOH-GLOVE CONTOURED WIPE	81	
ALCOHOL PADS	81	
ALCOHOL PREP	81	
ALCOHOL PREP PADS	81	
ALCOHOL SWABS	81	
ALCOHOL SWABSTICK	81	
ALECENSA	39	
ALENDRONATE SODIUM	74	
ALFERON N	41	
ALLERGY RELIEF	129	
ALLERGY SPRAY 24 HOUR	129	
ALLERGY SYRINGE	98	
ALLOPURINOL	78	
ALORA	75	
ALPRAZOLAM	21	
ALPRAZOLAM ER	21	
ALPRAZOLAM INTENSOL	21	
ALPRAZOLAM XR	21	
ALTABAX	62	
ALTACAINE	132	
ALTAVERA	53	
ALUNBRIG	39	
ALYQ	51	
AMABELZ	75	
AMANTADINE HCL	44	
AMBRISENTAN	51	
AMETHIA	58	
AMETHYST	57	
AMILORIDE HCL	73	
AMILORIDE- HYDROCHLOROTHIAZIDE	73	
AMIODARONE HCL	22	
AMITRIPTYLINE HCL	28	
AMLODIPINE BESY-BENAZEPRIL HCL	35	
AMLODIPINE BESYLATE	49	
AMLODIPINE-ATORVASTATIN	51	
AMNESTEEM	62	
AMOXICILLIN	134	
AMOXICILLIN-POT CLAVULANATE	134	
AMOXICILLIN-POT CLAVULANATE ER	134	
AMPHETAMINE-DEXTROAMPHET ER	10	
AMPHETAMINE- DEXTROAMPHETAMINE	10	
AMPHET-DEXTROAMPHET 3- BEAD ER	10	
AMPICILLIN	134	
AMPICILLIN SODIUM	134	
ANAGRELIDE HCL	79	
ANASTROZOLE	41	
ANNOVERA	57	
ANORO ELLIPTA	22	
APAP-CAFF-DIHYDROCODEINE	16	
APIDRA	29	
APIDRA SOLOSTAR	29	
APLISOL	66	
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APO-VARENICLINE	136	
APRI	53	
APTIVUS	47	
AQ INSULIN SYRINGE	98	
AQINJECT PEN NEEDLE	98	
AQUALANCE LANCETS 30G	85	
ARANELLE	59	

ARANESP (ALBUMIN FREE).....	79	AUM SAFETY PEN NEEDLE.....	98	BD PEN NEEDLE MICRO U/F.....	99
ARIPIPRAZOLE.....	46	AURORA LANCET SUPER THIN		BD PEN NEEDLE MINI U/F.....	99
ARMOUR THYROID.....	139	30G.....	85	BD PEN NEEDLE NANO 2ND GEN.	99
ASHLYNA.....	58	AURORA LANCET THIN 23G.....	85	BD PEN NEEDLE NANO U/F.....	99
ASILNASALRMS.....	73	AURORA PEN NEEDLES.....	98	BD PEN NEEDLE ORIGINAL U/F.	100
ASMANEX (120 METERED		AURORA UNIFINE PENTIPS.....	98	BD PEN NEEDLE SHORT U/F.....	100
DOSES).....	23	AUROVELA 1.5/30.....	53	BD SAFETYGLIDE ALLERGY	
ASMANEX (14 METERED DOSES).	23	AUROVELA 1/20.....	53	SYRINGE.....	100
ASMANEX (30 METERED DOSES).	23	AUROVELA 24 FE.....	53	BD SAFETYGLIDE INSULIN	
ASMANEX (60 METERED DOSES).	23	AUROVELA FE 1.5/30.....	53	SYRINGE.....	100
ASMANEX HFA.....	23	AUROVELA FE 1/20.....	53	BD SAFETYGLIDE NEEDLE.....	100
ASPIRIN 81.....	14	AUSTEDO.....	135	BD SWAB SINGLE USE	
ASPIRIN ADULT LOW DOSE.....	14	AUTO-LANCET.....	85	REGULAR.....	81
ASPIRIN ADULT LOW STRENGTH..	14	AUTO-LANCET MINI.....	85	BD SYRINGE LUER-LOK.....	100
ASPIRIN CHILDRENS.....	14	AUTOLET II CLINISAFE.....	85	BD SYRINGE SLIP TIP.....	100
ASPIRIN EC ADULT LOW		AUTOLET LANCING DEVICE.....	85	BD SYRINGE/NEEDLE.....	100
STRENGTH.....	14	AUTOLET LITE CLINISAFE.....	85	BD TB SYRINGE.....	100
ASPIRIN EC LOW DOSE.....	14	AUTOLET LITE STARTER PACK..	85	BD VEO INSULIN SYR U/F	
ASPIRIN EC LOW STRENGTH.....	14	AUTOLET MINI.....	85	1/2UNIT.....	100
ASPIRIN LOW DOSE.....	14	AUTOLET PLATFORMS.....	85	BD VEO INSULIN SYRINGE U/F..	100
ASPIRIN REGIMEN.....	14	AUTOLET PLUS.....	85	BELBUCA.....	19
ASPIRIN-DIPYRIDAMOLE ER.....	78	AVIANE.....	53	BENZAEPRIl HCL.....	35
ASSURE 3 TEST.....	66	AVIDOXY.....	139	BENZAEPRIl-	
ASSURE 4 TEST.....	66	AVONEX PEN.....	135	HYDROCHLOROTHIAZIDE.....	35
ASSURE COMFORT LANCETS 28G.	85	AVONEX PREFILLED.....	135	BENZONATATE.....	61
ASSURE ID DUO PRO PEN		AYUNA.....	53	BENZOYL PEROXIDE-	
NEEDLES.....	98	AZACITIDINE.....	38	ERYTHROMYCIN.....	62
ASSURE ID PRO PEN NEEDLES.....	98	AZATHIOPRINE.....	124	BENZTROPINE MESYLATE.....	43
ASSURE ID SAFETY PEN		AZELAIC ACID.....	65	BETAMETHASONE VALERATE.....	64
NEEDLES.....	98	AZELASTINE HCL.....	129, 131	BETASERON.....	135
ASSURE II.....	66	AZITHROMYCIN.....	81	BETHANECHOL CHLORIDE.....	141
ASSURE II CHECK.....	66	AZURETTE.....	52	BEXAROTENE.....	43
ASSURE LANCE LANCETS.....	85	BAC.....	14	BEXSERO.....	141
ASSURE LANCE LANCETS 21G.....	85	BACITRACIN.....	131	BEYFORTUS.....	134
ASSURE LANCE PLUS SAFETY		BACITRACIN-POLYMYXIN B.....	132	BICALUTAMIDE.....	38
25G.....	85	BACLOFEN.....	128	BIKTARVY.....	46
ASSURE LANCE PLUS SAFETY		BALSALAZIDE DISODIUM.....	77	BIMZELX.....	63
30G.....	85	BALZIVA.....	53	BIOTEL CARE TEST STRIPS.....	66
ASSURE LANCE SAFETY		BAQSIMI ONE PACK.....	28	BISOPROLOL FUMARATE.....	49
LANCET 28G.....	85	BAQSIMI TWO PACK.....	28	BISOPROLOL-	
ASSURE PLATINUM.....	66	BASAGLAR KWIKPEN.....	29	HYDROCHLOROTHIAZIDE.....	36
ASSURE PRISM MULTI TEST.....	66	BAYER ASPIRIN EC LOW DOSE...	14	BLEOMYCIN SULFATE.....	41
ASSURE PRO TEST.....	66	BAYER LOW DOSE.....	14	BLISOVI 24 FE.....	53
ATABEX EC.....	126	BD AUTOSHIELD DUO.....	98	BLISOVI FE 1.5/30.....	53
ATABEX OB.....	126	BD DISP NEEDLE.....	98	BLISOVI FE 1/20.....	53
ATAZANAVIR SULFATE.....	47	BD DISP NEEDLES.....	98	BLOOD GLUCOSE TEST STRIPS	
ATENOLOL.....	49	BD ECLIPSE SYRINGE/NEEDLE...	98	333.....	67
ATENOLOL-CHLORTHALIDONE.....	36	BD HYPODERMIC NEEDLE.....	98	BLULINK GLUCOSE TEST.....	67
ATOMOXETINE HCL.....	10	BD INSULIN SYR ULTRAFINE II..	98	BOOSTRIX.....	140
ATORVASTATIN CALCIUM.....	34	BD INSULIN SYRINGE.....	98, 99	BORTEZOMIB.....	41
ATOVAQUONE-PROGUANIL HCL...	37	BD INSULIN SYRINGE HALF-		BOSENTAN.....	51
ATROPINE SULFATE.....	131	UNIT.....	99	BOSULIF.....	39
ATROVENT HFA.....	23	BD INSULIN SYRINGE		BRAFTOVI.....	39
AUBRA.....	53	MICROFINE.....	99	BREO ELLIPTA.....	22
AUBRA EQ.....	53	BD INSULIN SYRINGE U/F.....	99	BREYNA.....	22
AUGTYRO.....	41	BD INSULIN SYRINGE U/F		BRILINTA.....	78
AUM ALCOHOL PREP PADS.....	81	1/2UNIT.....	99	BRIMONIDINE TARTRATE.....	132
AUM INSULIN SAFETY PEN		BD INSULIN SYRINGE U-500.....	99	BRIXADI.....	19
NEEDLE.....	98	BD INSULIN SYRINGE		BRIXADI (WEEKLY).....	19
AUM MINI INSULIN PEN NEEDLE..	98	ULTRAFINE.....	99	BROMOCRIPTINE MESYLATE.....	44
AUM PEN NEEDLE.....	98	BD INTEGRA SYRINGE.....	99	BRUKINSA.....	39
AUM READYGARD DUO PEN		BD LUER-LOK SYRINGE.....	99	BUDESONIDE.....	23, 24, 60
NEEDLE.....	98	BD MICROTAINER LANCETS..	85, 86	BUMETANIDE.....	73

BUPRENORPHINE	19	CARESENS N GLUCOSE TEST	67	CIMZIA STARTER KIT	78
BUPRENORPHINE HCL	19	CARETOUCH ALCOHOL PREP	82	CIPROFLOXACIN	76
BUPRENORPHINE HCL- NALOXONE HCL	19	CARETOUCH INSULIN SYRINGE	101	CIPROFLOXACIN HCL	76, 131
BUPROPION HCL	27	CARETOUCH LANCING/EJECTOR	86	CIPROFLOXACIN- DEXAMETHASONE	133
BUPROPION HCL ER (SMOKING DET)	136	CARETOUCH LUER LOCK	101	CITALOPRAM HYDROBROMIDE	27
BUPROPION HCL ER (SR)	27	CARETOUCH LUER LOCK SYR/NEEDLE	101	CLARAVIS	62
BUPROPION HCL ER (XL)	27	CARETOUCH PEN NEEDLES	101	CLARISPRAY	129
BUSPIRONE HCL	21	CARETOUCH SAFETY LANCETS	86	CLARITHROMYCIN	81
BUTALBITAL-APAP-CAFF-COD	16	CARETOUCH SAFETY LANCETS 26G	86	CLARITHROMYCIN ER	81
BUTALBITAL-ASA-CAFF- CODEINE	16	CARETOUCH TEST	67	CLASSIC PRENATAL	126
BUTALBITAL-ASPIRIN-CAFFEINE	14	CARETOUCH TWIST LANCETS 28G	86	CLEANLET LANCETS 28G	86
BUTORPHANOL TARTRATE	20	CARETOUCH TWIST LANCETS 30G	86	CLEVER CHEK AUTO-CODE TEST	67
BYDUREON BCISE	31	CARETOUCH TWIST LANCETS 33G	86	CLEVER CHEK AUTO-CODE VOICE	67
BYETTA 10 MCG PEN	31	CARETOUCH TWIST MC LANCETS 30G	86	CLEVER CHEK LANCETS	86
BYETTA 5 MCG PEN	31	CARISOPRODOL-ASPIRIN- CODEINE	129	CLEVER CHEK TEST	67
CABERGOLINE	74	CARTEOLOL HCL	131	CLEVER CHOICE AUTO-CODE TEST	67
CABOMETYX	40	CARTIA XT	50	CLEVER CHOICE COMFORT EZ	86, 101
CADEAU DHA	128	CARVEDILOL	49	CLEVER CHOICE LANCETS 21G	86
CALCIPOTRIENE	64	CAYA	84	CLEVER CHOICE LANCETS 23G	86
CALCITONIN (SALMON)	74	CAZANT	59	CLEVER CHOICE LANCETS 28G	86
CALCITRIOL	74	CEFACTOR	52	CLEVER CHOICE MICRO TEST	67
CALCIUM ACETATE	77	CEFACTOR ER	52	CLEVER CHOICE NO CODING	67
CALCIUM ACETATE (PHOS BINDER)	77	CEFADROXIL	51, 52	CLEVER CHOICE TALK SYSTEM	67
CALQUENCE	39	CEFAZOLIN SODIUM	52	CLICKFINE PEN NEEDLES	101
CAMILA	59	CEFDINIR	52	CLICKFINE PEN NEEDLES	101
CAMRESE	58	CEFIXIME	52	CLINDACIN ETZ	62
CAMRESE LO	58	CEFPODOXIME PROXETIL	52	CLINDACIN-P	62
CANDESARTAN CILEXETIL	36	CEFPROZIL	52	CLINDAMYCIN HCL	37
CANDIN	66	CEFUROXIME AXETIL	52	CLINDAMYCIN PALMITATE HCL	37
CAPECITABINE	38	CEFUROXIME SODIUM	52	CLINDAMYCIN PHOS-BENZOYL PEROX	62
CAPTOPRIL	35	CELECOXIB	12	CLINDAMYCIN PHOSPHATE ...	62, 143
CARBAMAZEPINE	25	CEPHALEXIN	52	CLOBAZAM	24
CARBAMAZEPINE ER	25	CEVIMELINE HCL	124	CLOBETASOL PROP EMOLLIENT BASE	64
CARBIDOPA-LEVODOPA	44	CHARLOTTE 24 FE	53	CLOBETASOL PROPIONATE	64
CARBIDOPA-LEVODOPA ER	44	CHATEAL	53	CLOBETASOL PROPIONATE E	64
CARBIDOPA-LEVODOPA- ENTACAPONE	44	CHATEAL EQ	53	CLOMID	75
CARDIOCOM LANCING DEVICE	86	CHILDRENS ASPIRIN	14	CLOMIPRAMINE HCL	28
CAREFINE PEN NEEDLES	100	CHLORDIAZEPOXIDE HCL	21	CLONAZEPAM	24, 25
CAREONE ADVANCED LANCING DEV	86	CHLORPROMAZINE HCL	45	CLONIDINE HCL	36
CAREONE BLOOD GLUCOSE TEST	67	CHLORTHALIDONE	73	CLONIDINE HCL ER	10
CAREONE INSULIN SYRINGE	100	CHLORZOXAZONE	128	CLOPIDOGREL BISULFATE	79
CAREONE LANCET SUPER THIN 30G	86	CHOLESTYRAMINE	34	CLORAZEPATE DIPOTASSIUM	21
CAREONE LANCET THIN 23G	86	CHOLESTYRAMINE LIGHT	33	CLOTTRIMAZOLE	124
CAREONE UNIFINE PENTIPS	100	CHOSEN LANCETS 30G	86	CLOTTRIMAZOLE- BETAMETHASONE	62, 63
CAREONE UNIFINE PENTIPS PLUS	101	CHOSEN LANCING DEVICE	86	CLOZAPINE	45
CAREPOINT POLY HUB NEEDLE	101	CHOSEN SAFETY LANCETS 28G	86	C-NATE DHA	126
CAREPOINT SAFETY1ST SYR/NEEDLE	101	CICLODAN	63	COAGUCHEK LANCETS	86
CAREPOINT SYRINGE LUER LOCK	101	CICLOPIROX	63	CODEINE SULFATE	17
CAREPOINT TUBERCLN SYR/LUER SL	101	CICLOPIROX OLAMINE	63	CODITUSSIN AC	61
CARESENS LANCETS	86	CILOSTAZOL	78	COLCHICINE	78
CARESENS LANCETS 30G	86	CIMETIDINE	140	COLCHICINE-PROBENECID	78
		CIMETIDINE HCL	140	COLESEVELAM HCL	34
		CIMZIA	78	COLESTIPOL HCL	34
		CIMZIA (2 SYRINGE)	77	COMBIPATCH	75
				COMBIVENT RESPIMAT	22

COMFORT ASSIST INSULIN SYRINGE	101	CVS LANCETS 21G.....	86	DEXMETHYLPHENIDATE HCL ER..	11
COMFORT ASSURED LANCETS 28G.....	86	CVS LANCETS MICRO THIN 33G.....	86	DEXTROAMPHETAMINE SULFATE.....	10
COMFORT ASSURED LANCETS 33G.....	86	CVS LANCETS ORIGINAL.....	86	DEXTROAMPHETAMINE SULFATE ER.....	10
COMFORT EZ INSULIN SYRINGE	101, 102	CVS LANCETS THIN 26G.....	86	DIALYSIS SAFETY SYRINGE/NEEDLE.....	102
COMFORT EZ MICRO PEN NEEDLES	102	CVS LANCETS ULTRA THIN 30G....	86	DIASTIX	67
COMFORT EZ PEN NEEDLES	102	CVS LANCETS ULTRA-THIN 30G....	87	DIASTIX REAGENT	67
COMFORT EZ PRO PEN NEEDLES	102	CVS LANCING DEVICE.....	87	DIATHRIVE BLOOD GLUCOSE TEST	67
COMFORT EZ SHORT PEN NEEDLES	102	CVS NASAL DECONGESTANT.....	130	DIATHRIVE GLUCOSE TEST	67
COMFORT LANCETS.....	86	CVS NICOTINE.....	136	DIATHRIVE LANCET ULTRA THIN 30	87
COMFORT TOUCH ALCOHOL PREP	82	CVS NICOTINE POLACRILEX.....	136	DIATHRIVE LANCETS	87
COMFORT TOUCH INSULIN PEN NEED	102	CVS PRENATAL.....	126	DIATHRIVE LANCING DEVICE	87
COMFORT TOUCH LANCETS 31G	86	CVS PREP.....	82	DIATHRIVE PEN NEEDLE	103
COMFORT TOUCH PLUS LANCETS 28G	86	CVS ULTRA THIN LANCETS.....	87	DIATHRIVE+ GLUCOSE MONITOR	87
COMFORT TOUCH PLUS LANCETS 30G	86	CVS WOMENS PRENATAL+DHA...128		DIATHRIVE+ GLUCOSE TEST	67
COMFORT TOUCH TWIST LANCET 30G	86	CYANOCOBALAMIN.....	79	DIATRUE PLUS TEST.....	67
COMIRNATY	142	CYCLOBENZAPRINE HCL.....	129	DIAZEPAM.....	21, 25
COMPLERA	46	CYCLOSPORINE.....	123	DICLOFENAC POTASSIUM.....	13
COMPLETE NATAL DHA.....	128	CYCLOSPORINE MODIFIED.....	123	DICLOFENAC SODIUM.....	13, 63, 132
COMPLETENATE.....	126	CYPROHEPTADINE HCL.....	33	DICLOFENAC SODIUM ER.....	13
CO-NATAL FA.....	126	CYRED	53	DICLOFONO	63
CONCEPT DHA	126	CYRED EQ	53	DICLOXACILLIN SODIUM.....	134
CONCEPT OB	126	CYTARABINE.....	38	DICYCLOMINE HCL.....	140
CONCERTA	10, 11	CYTARABINE (PF).....	38	DIFLUNISAL.....	15
CONDOMS.....	83	DAILY MULTIPLE VITAMINS.....	124	DIGITEK	51
CONSTULOSE.....	81	DAILY VALUE MULTIVITAMIN....	124	DIGOX	51
CONTOUR MONITOR	86	DAILY VITAMIN.....	125	DIGOXIN.....	51
CONTOUR NEXT LINK	86	DAILY VITAMIN FORMULA.....	125	DIHYDROERGOTAMINE MESYLATE.....	121
CONTOUR NEXT MONITOR	86	DAILY VITAMINS.....	125	DILANTIN	26
CONTOUR NEXT ONE	86	DAILY VITE.....	125	DILTIAZEM HCL.....	50
CONTOUR NEXT TEST	67	DAILY VITES.....	125	DILTIAZEM HCL ER.....	50
CONTOUR TEST	67	DAILY-VITAMIN.....	125	DILT-XR.....	50
COOL BLOOD GLUCOSE TEST STRIPS	67	DAILY-VITE.....	125	DIMETHYL FUMARATE.....	135
COTELLIC	40	DAILY-VITE MULTIVITAMIN.....	125	DIMETHYL FUMARATE STARTER PACK.....	135
CREON	73	DALFAMPRIDINE ER.....	135	DIPHENOXYLATE-ATROPINE.....	32
CROMOLYN SODIUM.....	76, 131	DANAZOL.....	20	DIPYRIDAMOLE.....	78
CRYSELLE-28	53	DANTROLENE SODIUM.....	129	DISOPYRAMIDE PHOSPHATE.....	21
CURAE	57	DARIFENACIN HYDROBROMIDE ER.....	141	DISULFIRAM.....	135
CURITY ALCOHOL PREPS	82	DARUNAVIR.....	47	DIVALPROEX SODIUM.....	26
CVS ADVANCED GLUCOSE TEST.....	67	DASETTA 1/35	53	DIVALPROEX SODIUM ER.....	26
CVS ALCOHOL PREP PADS.....	82	DASETTA 7/7/7	59	DOLISHALE	57
CVS ASPIRIN ADULT LOW DOSE....	14	DAYSEE	58	DONEPEZIL HCL.....	135
CVS ASPIRIN ADULT LOW STRENGTH.....	14	D-CARE BLOOD GLUCOSE	67	DORZOLAMIDE HCL.....	132
CVS ASPIRIN EC.....	14	DEBLITANE	59	DORZOLAMIDE HCL-TIMOLOL MAL.....	131
CVS ASPIRIN LOW DOSE.....	14	DEFERASIROX.....	32	DOTTI	75
CVS ASPIRIN LOW STRENGTH.....	15	DELYLA	53	DOXAZOSIN MESYLATE.....	36
CVS FLUTICASONE PROPIONATE.....	129	DENTA 5000 PLUS	124	DOXEPIN HCL.....	28
CVS GLUCOSE METER TEST STRIPS.....	67	DEPO-ESTRADIOL	75	DOXYCYCLINE HYCLATE.....	139
		DESIPRAMINE HCL.....	28	DOXYCYCLINE MONOHYDRATE.....	139
		DESMOPRESSIN ACE SPRAY REFRIG.....	75	DOXYLAMINE-PYRIDOXINE.....	33
		DESMOPRESSIN ACETATE.....	75	DROPLET GENTEEL LANCING DEVICE	87
		DESMOPRESSIN ACETATE SPRAY.....	75	DROPLET INSULIN SYRINGE	103
		DEXAMETHASONE.....	60	DROPLET LANCETS ULTRA THIN 30G	87
		DEXAMETHASONE INTENSOL	60		
		DEXAMETHASONE SODIUM PHOSPHATE.....	133		
		DEXCOM G6 RECEIVER	87		
		DEXCOM G6 SENSOR	87		
		DEXCOM G6 TRANSMITTER	87		
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		DEXCOM G7 SENSOR	87		
		DEXMETHYLPHENIDATE HCL.....	11		

DROPLET LANCING DEVICE	87	EASY TOUCH FLURINGE		EFAVIRENZ-LAMIVUDINE-	
DROPLET PEN NEEDLES	103	FLIPLOCK	104	TENOFOVIR	46
DROPLET PERSONAL LANCETS		EASY TOUCH FLURINGE		EFFER-K	122
30G	87	SHEATHLOCK	104	ELEMENT COMPACT TEST	68
DROPSAFE ALCOHOL PREP	82	EASY TOUCH HEALTHPRO		ELEMENT TEST	68
DROPSAFE SAFETY PEN		GLUCOSE	68	ELETRIPTAN HYDROBROMIDE ...	121
NEEDLES	103	EASY TOUCH INSULIN SAFETY		ELIGARD	42
DROPSAFE SAFETY		SYR	104	ELINEST	54
SYRINGE/NEEDLE	103, 104	EASY TOUCH INSULIN SYRINGE		ELIQUIS	24
DROSPIREN-ETH ESTRAD-		.....	104, 105	ELIQUIS DVT/PE STARTER	
LEVOMEFOL	54	EASY TOUCH LANCETS 21G	87	PACK	24
DRUG MART LANCETS THIN 26G ...	87	EASY TOUCH LANCETS 23G	87	ELITE-OB	126
DRUG MART LANCING DEVICE ...	87	EASY TOUCH LANCETS 26G	87	ELLA	57
DRUG MART ON-THE-GO		EASY TOUCH LANCETS 28G	87	ELMIRON	78
LANCET 30G	87	EASY TOUCH LANCETS		ELURYNG	57
DRUG MART UNIFINE PENTIPS	104	28G/TWIST	87	EMBRACE BLOOD GLUCOSE	
DRUG MART UNIFINE PENTIPS		EASY TOUCH LANCETS 30G	87	TEST	68
PLUS	104	EASY TOUCH LANCETS		EMBRACE EVO BLOOD	
DRUG MART UNILET LANCETS		30G/TWIST	87	GLUCOSE TEST	68
28G	87	EASY TOUCH LANCETS 32G	87	EMBRACE LANCETS ULTRA	
DRUG MART UNILET LANCETS		EASY TOUCH LANCETS		THIN 30G	87
30G	87	32G/TWIST	87	EMBRACE LANCING	
DRUG MART UNILET LANCETS		EASY TOUCH LANCETS		DEVICE/EJECTOR	87
33G	87	33G/TWIST	87	EMBRACE PEN NEEDLES	105, 106
DULERA	22	EASY TOUCH LANCING DEVICE	87	EMBRACE PRESSURE	
DULOXETINE HCL	28	EASY TOUCH PEN NEEDLES	105	ACTIVATED 21G	88
DUO-CARE TEST	67	EASY TOUCH SAFETY LANCETS		EMBRACE PRESSURE	
DUPIXENT	64	21G	87	ACTIVATED 28G	88
DUREX EXTRA SENSITIVE THIN	83	EASY TOUCH SAFETY LANCETS		EMBRACE PRO GLUCOSE TEST ..	68
DUREX REALFEEL	83	23G	87	EMBRACE TALK GLUCOSE	
DUREX TROPICAL	83	EASY TOUCH SAFETY LANCETS		TEST	68
E.E.S. 400	81	26G	87	EMBRACE WAVE BLOOD	
EASIVENT	121	EASY TOUCH SAFETY LANCETS		GLUCOSE	68
EASIVENT MASK LARGE	121	28G	87	EMCYT	42
EASIVENT MASK MEDIUM	121	EASY TOUCH SAFETY PEN		EMGALITY (300 MG DOSE)	121
EASIVENT MASK SMALL	121	NEEDLES	105	EMOQUETTE	54
EASY COMFORT ALCOHOL PADS ..	82	EASY TOUCH SAFETY SYRINGE	105	EMSAM	27
EASY COMFORT INSULIN		EASY TOUCH SHEATHLOCK		EMTRICITABINE	47
SYRINGE	104	SYRINGE	105	EMTRICITABINE-TENOFOVIR DF ..	46
EASY COMFORT LANCETS	87	EASY TOUCH TB FLIPLOCK		EMTRIVA	48
EASY COMFORT LANCETS TWIST		SYRINGE	105	EMVERM	20
TOP	87	EASY TOUCH TB SHEATHLOCK		EMZAAH	59
EASY COMFORT PEN NEEDLES	104	SYR	105	ENALAPRIL MALEATE	35
EASY GLIDE PEN NEEDLES	104	EASY TOUCH TEST	68	ENALAPRIL-	
EASY MAX BLOOD GLUCOSE		EASY TRAK BLOOD GLUCOSE		HYDROCHLOROTHIAZIDE	35
TEST	67	TEST	68	ENCARE	143
EASY MINI EJECT LANCING		EASY TRAK II GLUCOSE TEST	68	ENDOCET	19
DEVICE	87	EASYGLUCO	68	ENGERIX-B	142
EASY MINI LANCING DEVICE	87	EASYMAX 15 TEST	68	ENILLORING	57
EASY PLUS II GLUCOSE TEST	67	EASYMAX TEST	68	ENOXAPARIN SODIUM	24
EASY STEP TEST	67	EASYPOINT NEEDLE	105	ENPRESSE-28	59
EASY TALK BLOOD GLUCOSE		EASYPOINT NEEDLE/SYRINGE ..	105	ENSKYCE	54
TEST	68	EASYPRO BLOOD GLUCOSE		ENTACAPONE	44
EASY TALK PLUS II TEST STRIPS ..	68	TEST	68	ENTRESTO	51
EASY TOUCH ALCOHOL PREP		EASYPRO PLUS	68	ENTYVIO	77
MEDIUM	82	ECONAZOLE NITRATE	65	ENULOSE	77
EASY TOUCH ALLERGY		ECONTRA EZ	57	EPINEPHRINE	144
SYRINGE	104	ECONTRA ONE-STEP	57	EPIPEN JR 2-PAK	144
EASY TOUCH FLIPLOCK		ECOTRIN LOW STRENGTH	15	EPITOL	25
INSULIN SY	104	EDURANT	47	EQ ALLERGY RELIEF	129
EASY TOUCH FLIPLOCK		EFAVIRENZ-EMTRICITAB-		EQ ASPIRIN ADULT LOW DOSE	15
SAFETY SYR	104	TENOFO DF	46	EQ ASPIRIN LOW DOSE	15
EASY TOUCH FLURINGE	104			EQ BLOOD GLUCOSE TEST	68

EQ NICOTINE.....	136	EZ-LETS LANCETS 21G	88	FLURBIPROFEN SODIUM.....	132
EQ NICOTINE POLACRILEX.....	136	EZ-LETS LANCETS 26G	88	FLUTAMIDE.....	38
EQ NICOTINE STEP 3.....	136	EZ-LETS LANCETS 28G	88	FLUTICASONE PROPIONATE.....	64
EQ SINUS & CONGESTION MAX STR.....	130	EZ-LETS LANCETS 30G	88	FLUVOXAMINE MALEATE.....	27
EQL ALCOHOL SWABS.....	82	FALMINA	54	FLUZONE HIGH-DOSE QUADRIVALENT	142
EQL ASPIRIN LOW DOSE.....	15	FAMCICLOVIR	48	FLUZONE QUADRIVALENT	142
EQL COLOR LANCETS 21G.....	88	FAMOTIDINE	140	FOLDING PADDLE WALKER	97
EQL COLOR LANCETS MICRO 33G.....	88	FANTASY LUBRICATED FANTASY LUBRICATED/SPERMICIDE	83	FOLIC ACID	79
EQL FLUTICASONE CHILDRENS ..	129	FARXIGA	31	FOLIVANE-OB	127
EQL FLUTICASONE PROPIONATE	129	FAYOSIM	58	FORA 6 CONNECT	68
EQL INSULIN SYRINGE.....	106	FC2 FEMALE CONDOM	83	FORA 6 CONNECT/GTEL TEST	68
EQL NASAL DECONGESTANT.....	130	FELODIPINE ER	50	FORA BLOOD GLUCOSE TEST	68
EQL NICOTINE POLACRILEX.....	136	FEMCAP	83	FORA D15G BLOOD GLUCOSE TEST	68
EQL PRENATAL FORMULA.....	127	FEMRING	143	FORA D20 BLOOD GLUCOSE TEST	68
EQL SUPER THIN LANCETS 30G.....	88	FEMYNOR	54	FORA D40/G31 BLOOD GLUCOSE	68
EQL THIN LANCETS 26G.....	88	FENOFIBRATE	34	FORA G20 BLOOD GLUCOSE TEST	69
ERGOCALCIFEROL.....	144	FENOFIBRATE MICRONIZED	34	FORA G30/PREM V10 GLUCOSE TEST	69
ERGOLOID MESYLATES.....	136	FENSOLVI (6 MONTH)	74	FORA GD20 TEST	69
ERLOTINIB HCL.....	40	FENTANYL	17	FORA GD50 BLOOD GLUCOSE TEST	69
ERRIN	59	FENTANYL CITRATE	17	FORA GTEL BLOOD GLUCOSE TEST	69
ERY.....	62	FERRIPROX	32	FORA LANCETS	88
ERYTHROCIN STEARATE	81	FIASP	29	FORA LANCING DEVICE	88
ERYTHROMYCIN.....	62, 131	FIASP FLEXTOUCH	29	FORA TN'G ADVANCE PRO	69
ERYTHROMYCIN BASE.....	81	FIFTY50 ALCOHOL PREP	82	FORA TN'G/TN'G VOICE	69
ERYTHROMYCIN		FIFTY50 GLUCOSE TEST 2.0	68	FORA V10 BLOOD GLUCOSE TEST	69
ETHYLSUCCINATE.....	81	FIFTY50 PEN NEEDLES	106	FORA V12 BLOOD GLUCOSE TEST	69
ESCITALOPRAM OXALATE.....	27	FIFTY50 SAFETY SEAL LANCETS	88	FORA V20 BLOOD GLUCOSE TEST	69
ESTARYLLA	54	FIFTY50 SUPERIOR COMFORT SYR	106	FORA V30A BLOOD GLUCOSE TEST	69
ESTAZOLAM.....	80	FIFTY50 UNILET LANCETS 33G	88	FORACARE GD40 TEST	69
ESTRADIOL.....	75, 76, 143	FILSPARI	78	FORACARE PREMIUM V10 TEST	69
ESTRADIOL VALERATE.....	76	FINASTERIDE	65, 78	FORACARE TEST N GO TEST	69
ESTRATEL F.S.	75	FINE 30	88	FORTISCARE G1 TEST STRIP	69
ESTRING	143	FINGERSTIX LANCETS	88	FORTISCARE TEST	69
ESTROFACTORS	125	FINGOLIMOD HCL	138	FOSAMPRENAVIR CALCIUM	47
ESZOPICLONE.....	80	FINZALA	54	FOSINOPRIL SODIUM	35
ETHAMBUTOL HCL.....	38	FIRST-OMEPRAZOLE	140	FOSINOPRIL SODIUM-HCTZ	35
ETHOSUXIMIDE.....	26	FLAVOXATE HCL	141	FOTIVDA	40
ETODOLAC.....	13	FLECAINIDE ACETATE	22	FRAGMIN	24
ETODOLAC ER.....	13	FLONASE ALLERGY RELIEF	129	FREDS PHARMACY AUTOLET LANCING	88
ETOPOSIDE.....	42	FLOVENT HFA	24	FREDS PHARMACY UNIFINE	
ETRAVIRINE.....	47	FLOXURIDINE	38	PENTIP+	106
EUTHYROX	139	FLUARIX QUADRIVALENT	142	FREDS PHARMACY UNIFINE	
EVEROLIMUS.....	123	FLUBLOK QUADRIVALENT	142	PENTIPS	106
EVOLUTION AUTOCODE	68	FLUCELVAX QUADRIVALENT	142	FREDS PHARMACY UNILET LANC 28G	88
EVOTAZ	46	FLUCONAZOLE	33	FREDS PHARMACY UNILET LANC 30G	88
EVRYSDI	131	FLUDROCORTISONE ACETATE	61	FREESTYLE INSULINX TEST	69
EXEL COMFORT POINT INSULIN SYR	106	FLULAVAL QUADRIVALENT	142	FREESTYLE LANCETS	88
EXEL COMFORT POINT PEN NEEDLE	106	FLUMIST QUADRIVALENT	142	FREESTYLE LIBRE 14 DAY READER	88
EXEMESTANE.....	41	FLUNISOLIDE	129		
EXKIVITY	40	FLUOCINOLONE ACETONIDE	64		
EXTAVIA	135	FLUOCINONIDE	64		
E-Z JECT LANCET MICRO-THIN 33G	88	FLUOCINONIDE EMULSIFIED BASE	64		
E-Z JECT LANCET SUPER THIN 30G	88	FLUOROMETHOLONE	133		
E-Z JECT LANCETS	88	FLUOROURACIL	63		
E-Z JECT LANCETS 21G	88	FLUOXETINE HCL	27		
E-Z JECT LANCETS THIN 26G	88	FLUPHENAZINE HCL	45		
EZETIMIBE.....	34	FLURAZEPAM HCL	80		
EZETIMIBE-SIMVASTATIN.....	34	FLURBIPROFEN	13		

FREESTYLE LIBRE 14 DAY		GENTEEL PLUS LANCING		GNP EASY TOUCH GLUCOSE	
SENSOR	88	(WHITE)	89	TEST	70
FREESTYLE LIBRE 2 READER	88	GENTEEL PLUS LANCING		GNP ESSENTIAL ONE DAILY	125
FREESTYLE LIBRE 2 SENSOR	88	DEV(BLUE)	89	GNP FLUTICASONE PROPIONATE	129
FREESTYLE LIBRE 3 READER	88	GENTEEL PLUS LANCING		GNP INSULIN SYRINGE	107
FREESTYLE LIBRE 3 SENSOR	88	DEV(PINK)	89	GNP INSULIN SYRINGES	107
FREESTYLE LIBRE READER	88	GENTLE-LET GP LANCETS	89	GNP INSULIN SYRINGES 28GX1/2"	
FREESTYLE LITE TEST	69	GENTLE-LET LANCETS	89	.....	107
FREESTYLE PRECISION NEO		GENTLE-LET PLATFORMS	89	GNP INSULIN SYRINGES 29GX1/2"	
TEST	69	GENULTIMATE TEST	69	.....	107
FREESTYLE TEST	69	GENVOYA	46	GNP INSULIN SYRINGES	
FREESTYLE UNISTICK II		GHT TEST	69	30GX5/16"	107
LANCETS	88	GLATOPA	136	GNP INSULIN SYRINGES	
FRUZAQLA	43	GLEOSTINE	43	31GX5/16"	107
FT ALLERGY RELIEF 24 HR	129	GLIMEPIRIDE	32	GNP LANCETS 21G	89
FT ASPIRIN	15	GLIPIZIDE	32	GNP LANCETS THIN 26G	89
FT ASPIRIN LOW DOSE	15	GLIPIZIDE ER	32	GNP LANCING SYSTEM DEVICE ..	89
FT NASAL DECONGESTANT MAX		GLIPIZIDE XL	32	GNP NASAL DECONGESTANT	130
STR	130	GLIPIZIDE-METFORMIN HCL	32	GNP NICOTINE	136, 137
FT NICOTINE	136	GLOBAL ALCOHOL PREP EASE	82	GNP NICOTINE MINI	136
FT NICOTINE MINI	136	GLOBAL EASE INJECT PEN		GNP NICOTINE POLACRILEX	137
FUROSEMIDE	73	NEEDLES	106	GNP PRENATAL	127
FUZEON	47	GLOBAL EASY GLIDE INSULIN		GNP STERILE LANCETS 28G	89
FYAVOLV	75	SYR	106	GNP STERILE LANCETS 30G	89
G TUSSIN AC	61	GLOBAL EASY GLIDE PEN		GNP STERILE LANCETS 33G	89
GABAPENTIN	25	NEEDLES	106	GNP TRUE METRIX GLUCOSE	
GALANTAMINE HYDROBROMIDE		GLOBAL INJECT EASE INSULIN		STRIPS	70
.....	135	SYR	106	GNP TRUETRACK SMART	
GALANTAMINE HYDROBROMIDE		GLOBAL INJECT EASE LANCETS		SYSTEM	70
ER	135	28G	89	GNP TRUETRACK TEST STRIPS ...	70
GARDASIL 9	142	GLOBAL INJECT EASE LANCETS		GNP ULTICARE PEN NEEDLES	107
GATIFLOXACIN	131	30G	89	GNP ULTIGUARD SAFEPACK	
GAVILYTE-G	80	GLOBAL INSULIN SYRINGES	107	NEEDLE	107
GAVILYTE-N WITH FLAVOR		GLOBAL LANCING DEVICE	89	GNP ULTRA COM INSULIN	
PACK	80	GLUCAGON EMERGENCY	28, 29	SYRINGE	107
GE100 BLOOD GLUCOSE TEST	69	GLUCO PERFECT 3 TEST	69	GOJJI BLOOD GLUCOSE TEST	70
GEMFIBROZIL	34	GLUCOCARD 01 SENSOR PLUS	69	GOJJI BLOOD TEST	
GEMMILY	54	GLUCOCARD EXPRESSION		STRIP/LANCETS	70
GENERLAC	77	TEST	69	GOJJI LANCING DEVICE/CLEAR	
GENGRAF	123	GLUCOCARD SHINE TEST	70	CAP	89
GENTAMICIN SULFATE	131	GLUCOCARD VITAL TEST	70	GOJJI STERILE LANCETS	89
GENTEEL BUTTERFLY TOUCH		GLUCOCARD X-SENSOR	70	GOODSENSE 24-HR ALLERGY	
LANCET	88	GLUCOCOM LANCETS 28G	89	NASAL	130
GENTEEL CONTACT TIPS		GLUCOCOM LANCETS 30G	89	GOODSENSE ASPIRIN	15
(BLUE)	88	GLUCOCOM LANCETS 33G	89	GOODSENSE ASPIRIN LOW DOSE ..	15
GENTEEL CONTACT TIPS		GLUCOCOM TEST	70	GOODSENSE BLOOD GLUCOSE	70
(CLEAR)	88	GLUCONAVII BLOOD GLUCOSE		GOODSENSE CLICKFINE PEN	
GENTEEL CONTACT TIPS		TEST	70	NEEDLE	107
(GREEN)	88	GLUCOPRO INSULIN SYRINGE ..	107	GOODSENSE COLOR LANCETS	
GENTEEL CONTACT TIPS		GLUCOSE METER TEST	70	33G	89
(ORANGE)	88	GLYBURIDE	32	GOODSENSE LANCETS 26G UNIV ..	89
GENTEEL CONTACT TIPS		GLYBURIDE MICRONIZED	32	GOODSENSE LANCETS 30G	89
(RAINBOW)	89	GLYBURIDE-METFORMIN	32	GOODSENSE LANCETS 30G UNIV ..	89
GENTEEL CONTACT TIPS		GLYCOPYRROLATE	141	GOODSENSE LANCETS 33G	89
(VIOLET)	89	GLYDO	65	GOODSENSE LANCETS 33G UNIV ..	89
GENTEEL CONTACT TIPS		GLYXAMBI	31	GOODSENSE LANCING DEVICE	89
(YELLOW)	89	GNP ADULT ASPIRIN LOW		GOODSENSE NICOTINE	137
GENTEEL LANCING KIT (BLUE) ..	89	STRENGTH	15	GOODSENSE PEN NEEDLE	
GENTEEL NOZZLES	89	GNP ALCOHOL SWABS	82	PENFINE	107
GENTEEL PLUS LANCING		GNP ASPIRIN	15	GRASTEK	11
(BLACK)	89	GNP ASPIRIN LOW DOSE	15	GRISEOFULVIN MICROSIZE	33
GENTEEL PLUS LANCING		GNP CLICKFINE PEN NEEDLES	107	GRISEOFULVIN	
(PURPLE)	89			ULTRAMICROSIZE	33

GUAIA TUSSIN AC.....	61	HM NASAL DECONGESTANT.....	130	IBU	13
GUAIFENESIN AC.....	61	HM NICOTINE.....	137	ICLEVIA	58
GUAIFENESIN-CODEINE.....	61	HM NICOTINE POLACRILEX.....	137	ICOSAPENT ETHYL.....	33
GUANFACINE HCL.....	36	HM STERILE ALCOHOL PREP.....	82	IGLUCOSE TEST STRIPS	70
GUANFACINE HCL ER.....	10	HM ULTICARE INSULIN		IMATINIB MESYLATE.....	39
HABITROL	137	SYRINGE	108	IMBRUVICA	39
HADLIMA	12	HM ULTICARE MINI PEN		IMIPRAMINE HCL.....	28
HADLIMA PUSH TOUCH	12	NEEDLES	108	IMIPRAMINE PAMOATE.....	28
HAEMOLANCE	89	HM ULTICARE SHORT PEN		IMIQUIMOD.....	65
HAEMOLANCE LOW FLOW		NEEDLES	108	IMIQUIMOD PUMP.....	65
LANCETS	90	HUMALOG	29	IN TOUCH BLOOD GLUCOSE	
HAEMOLANCE PLUS	90	HUMALOG JUNIOR KWIKPEN	29	TEST	70
HAEMOLANCE PLUS HIGH		HUMALOG KWIKPEN	29	IN TOUCH LANCING DEVICE	90
FLOW	90	HUMALOG MIX 50/50	29	IN TOUCH STERILE LANCETS	
HAEMOLANCE PLUS LOW		HUMALOG MIX 50/50 KWIKPEN ..	29	30G	90
FLOW	90	HUMALOG MIX 75/25	29	INCASSIA	59
HAEMOLANCE PLUS MAX		HUMALOG MIX 75/25 KWIKPEN ..	29	INCONTROL ULTICARE PEN	
FLOW	90	HUMULIN 70/30	30	NEEDLES	108
HAEMOLANCE PLUS		HUMULIN 70/30 KWIKPEN	29	INCRUSE ELLIPTA	23
PEDIATRIC FLOW	90	HUMULIN N	30	INDAPAMIDE.....	73
HAILEY 1.5/30	54	HUMULIN N KWIKPEN	30	INDOMETHACIN.....	13
HAILEY 24 FE	54	HUMULIN R	30	INDOMETHACIN ER.....	13
HAILEY FE 1.5/30	54	HUMULIN R U-500		INFINITY BLOOD GLUCOSE	
HAILEY FE 1/20	54	(CONCENTRATED)	30	TEST	70
HALOETTE	57	HUMULIN R U-500 KWIKPEN	30	INFINITY VOICE	70
HALOPERIDOL.....	45	HW EMBRACE PRO GLUCOSE		INSULIN ASPART PENFILL.....	30
HALOPERIDOL LACTATE.....	45	TEST	70	INSULIN DEGLUDEC FLEXTOUCH.....	30
HAVRIX	142	HW EMBRACE TALK GLUCOSE		INSULIN SYRINGE.....	108
HEALTH CARE LANCING		TEST	70	INSULIN SYRINGE/NEEDLE.....	108
DEVICE	90	HYCAMTIN	43	INSULIN SYRINGE-NEEDLE U-100	
HEALTHWISE INSULIN		HYDRALAZINE HCL.....	37	.....	108, 109
SYR/NEEDLE.....	107	HYDROCHLOROTHIAZIDE.....	73	INSUPEN PEN NEEDLES.....	109
HEALTHWISE MICRON PEN		HYDROCODOL POLI-CHLORPHE		INSUPEN SENSITIVE	109
NEEDLES.....	107	POLI ER.....	61	INSUPEN ULTRAFIN	109
HEALTHWISE MINI PEN NEEDLES		HYDROCODONE BITARTRATE ER.....	17	INTELENCE	47
.....	107	HYDROCODONE BIT-HOMATROP		INTRON A	41
HEALTHWISE PEN NEEDLES.....	107	MBR.....	61	INTROVALE	58
HEALTHWISE SHORT PEN		HYDROCODONE-		INVEGA HAFYERA	45
NEEDLES.....	108	ACETAMINOPHEN.....	16, 17	INVEGA SUSTENNA	45
HEALTHWISE UNIFINE PENTIPS..	108	HYDROCODONE-IBUPROFEN.....	17	INVEGA TRINZA	45
HEALTHY ACCENTS LANCING		HYDROCORTISONE.....	20, 60, 64	IPRATROPIUM BROMIDE.....	129
DEVICE.....	90	HYDROCORTISONE ACE-		IPRATROPIUM-ALBUTEROL.....	22
HEALTHY ACCENTS UNIFINE		PRAMOXINE.....	20	IRBESARTAN.....	36
PENTIP.....	108	HYDROCORTISONE-ACETIC ACID		IRBESARTAN-	
HEALTHY ACCENTS UNILET		.....	133	HYDROCHLOROTHIAZIDE.....	36
LANCETS.....	90	HYDROMET.....	61	ISENTRESS	47
HEALTHY HAIR/SKIN/NAILS.....	125	HYDROMORPHONE HCL.....	17	ISIBLOOM	54
HEATHER	59	HYDROMORPHONE HCL ER.....	17	ISONIAZID.....	38
H-E-B ASPIRIN.....	15	HYDROMORPHONE HCL PF.....	17	ISOSORBIDE DINITRATE.....	20
H-E-B INCONTROL ADV LANCING.....	90	HYDROXYCHLOROQUINE		ISOSORBIDE MONONITRATE.....	21
H-E-B INCONTROL ALCOHOL.....	82	SULFATE.....	37, 38	ISOSORBIDE MONONITRATE ER.....	21
H-E-B INCONTROL LANCETS 28G..	90	HYDROXYUREA.....	41	ISRADIPINE.....	50
H-E-B INCONTROL LANCETS 30G..	90	HYDROXYZINE HCL.....	21	ITRACONAZOLE.....	33
H-E-B INCONTROL LANCETS 33G..	90	HYDROXYZINE PAMOATE.....	21	IVERMECTIN.....	20
H-E-B INCONTROL PEN NEEDLES	108	HYLAFEM	123	JAIMIESS	58
H-E-B INCONTROL UNIFINE		HYOSCYAMINE SULFATE.....	140	JANTOVEN	24
PENTIP	108	HYOSCYAMINE SULFATE ER.....	140	JANUMET	29
HEPLISAV-B	143	HYOSYNE.....	140	JANUMET XR	29
HER STYLE	57	HYPOLANCE AST LANCING	90	JANUVIA	29
HIGH POTENCY MULTIVITAMIN..	125	HY-VEE LANCETS	90	JARDIANCE	31
HM ALLERGY RELIEF.....	130	HY-VEE THIN LANCETS.....	90	JASMIEL	54
HM ASPIRIN.....	15	IBANDRONATE SODIUM.....	74	JAYPIRCA	39
HM ASPIRIN EC LOW DOSE.....	15	IBRANCE	42	JENCYCLA	59

JESDUVROQ	80	KROGER HEALTHPRO	LENALIDOMIDE	123
JINTELI	75	GLUCOSE TEST	LENVIMA (10 MG DAILY DOSE) ...	43
JOLESSA	58	KROGER HEALTHPRO LANCET	LENVIMA (12 MG DAILY DOSE) ...	43
JOYEAUX	54	26G	LENVIMA (14 MG DAILY DOSE) ...	43
JULEBER	54	KROGER INSULIN SYRINGE.....	LENVIMA (18 MG DAILY DOSE) ...	43
JULUCA	46	KROGER LANCETS.....	LENVIMA (20 MG DAILY DOSE) ...	43
JUNEL 1.5/30	54	KROGER LANCETS 21G.....	LENVIMA (24 MG DAILY DOSE) ...	43
JUNEL 1/20	54	KROGER LANCETS MICRO THIN	LENVIMA (4 MG DAILY DOSE)	43
JUNEL FE 1.5/30	54	33G.....	LENVIMA (8 MG DAILY DOSE)	43
JUNEL FE 1/20	54	KROGER LANCETS SUPER THIN...90	LESSINA	55
JUNEL FE 24	54	KROGER LANCETS THIN.....	LETROZOLE	41
KAITLIB FE	54	KROGER LANCETS THIN 26G.....	LEUCOVORIN CALCIUM	42
KALLIGA	54	KROGER LANCETS ULTRATHIN	LEUKERAN	42
KALYDECO	138	30G.....	LEUKINE	80
KAMELEON LUBRICATED	83	KROGER LANCING DEVICE.....	LEUPROLIDE ACETATE	42
KARIVA	52	KROGER PEN NEEDLES.....	LEVEMIR	30
KELNOR 1/35	54	KROGER PREMIUM GLUCOSE	LEVEMIR FLEXPEN	30
KELNOR 1/50	54	TEST.....	LEVEMIR FLEXTOUCH	30
KEPIVANCE	42	KURVELO	LEVETIRACETAM	25
KETOCONAZOLE	33, 65	K-Y ME & YOU EXTRA	LEVOBUNOLOL HCL	131
KETOPROFEN	13	LUBRICATED	LEVOCARNITINE	74
KETOROLAC TROMETHAMINE	13, 132	K-Y ME & YOU INTENSE	LEVOCARNITINE SF	74
KIMONO	83	KYLEENA	LEVOFLOXACIN	76, 132
KIMONO COLORS	83	LABETALOL HCL	LEVONEST	59
KIMONO MAXX-LARGE FLARE	83	LACOSAMIDE	LEVORA 0.15/30 (28)	55
KIMONO MICRO THIN PLUS	83	LACTULOSE	LEVO-T	139
KIMONO PLUS	83	LACTULOSE ENCEPHALOPATHY ..77	LEVOXYL	139
KIMONO PS	83	LAGEVRIO	LEXIVA	47
KIMONO PS PLUS	83	LAMICTAL STARTER	LIBERTY MEDICAL LANCETS	91
KIMONO SENSATION	83	LAMIVUDINE	LIBERTY MINI LANCING	
KIMONO SENSATION PLUS	83	LAMIVUDINE-ZIDOVUDINE	DEVICE	91
KIMONO SPECIAL	83	LAMOTRIGINE	LIBERTY NEXT GENERATION	
KINNEY LANCETS	90	LANCET DEVICE WITH EJECTOR ..90	TEST	70
KINNEY THIN LANCETS	90	LANCETS 30G	LIBERTY TEST	70
KINRAY INSULIN SYRINGE	109	LANCETS 33G	LIDOCAINE	65
KISQALI (200 MG DOSE)	42	LANCETS MICRO THIN 33G	LIDOCAINE HCL	
KISQALI (400 MG DOSE)	42	LANCETS SUPER THIN 28G	URETHRAL/MUCOSAL	65
KISQALI (600 MG DOSE)	42	LANCETS THIN	LIDOCAINE VISCOUS HCL	124
KLAYESTA	63	LANCETS THIN	LIDOCAINE-PRILOCAINE	65
KLOR-CON	123	LANCETS ULTRA THIN	LILETTA (52 MG)	59
KLOR-CON 10	122	LANCETS ULTRA THIN 30G	LILLOW	55
KLOR-CON M10	122	LANCING DEVICE	LINEZOLID	37
KLOR-CON M15	122	LANOXIN PEDIATRIC	LIOTHYRONINE SODIUM	139
KLOR-CON M20	123	LANSOPRAZOLE	LISDEXAMFETAMINE	
KLS ALLER-FLO	130	LANTHANUM CARBONATE	DIMESYLATE	10
KLS ASPIRIN LOW DOSE	15	LANZO	LISINOPRIL	35
KLS QUIT2	137	LAPATINIB DITOSYLATE	LISINOPRIL-	
KLS QUIT4	137	LARIN 1.5/30	HYDROCHLOROTHIAZIDE	35
KMART VALU INSULIN SYRINGE		LARIN 1/20	LITE TOUCH LANCETS	91
30G	109	LARIN 24 FE	LITE TOUCH LANCING PEN	91
KOURZEQ	124	LARIN FE 1.5/30	LITETOUCH INSULIN SYRINGE ..109	
KP ASPIRIN	15	LARIN FE 1/20	LITETOUCH LANCETS	91
KP FOLIC ACID	79	LARISSIA	LITETOUCH PEN NEEDLES	110
KP PRENATAL MULTIVITAMINS ..127		LATANOPROST	LITHIUM CARBONATE	44
KP PSEUDOEPHEDRINE HCL	130	LAYOLIS FE	LITHIUM CARBONATE ER	44
KPN PRENATAL	127	LEADER ADVANCED LANCING	LIVE BETTER ADV LANCING	
K-PRIME	123	DEVICE	DEVICE	91
KRAZATI	40	LEADER INSULIN SYRINGE	LIVE BETTER LANCET SUPER	
KROGER AUTOLET LANCING		LEADER UNIFINE PENTIPS	THIN	91
DEVICE	90	LEADER UNIFINE PENTIPS PLUS	LIVE BETTER LANCET ULTRA	
KROGER BLOOD GLUCOSE TEST ..70		.....	THIN	91
		LEDIPASVIR-SOFOSBUVIR	LO LOESTRIN FE	52
		LEENA	LOJAIMIESS	58
		LEFLUNOMIDE		

LOKELMA	124	MEDLANCE EXTRA 21G	91	METHYLDOPA	36
LONGS INSULIN SYRINGE	110	MEDLANCE LITE 25G	91	METHYLPHENIDATE HCL	11
LONGS LANCETS STANDARD	91	MEDLANCE PLUS EXTRA 21G	91	METHYLPHENIDATE HCL ER	11
LONGS LANCETS THIN	91	MEDLANCE PLUS LANCETS	91	METHYLPHENIDATE HCL ER (CD)	11
LONGS LANCETS ULTRA THIN	91	MEDLANCE PLUS LITE 25G	91	METHYLPHENIDATE HCL ER (LA)	11
LONSURF	41	MEDLANCE PLUS SPECIAL		METHYLPREDNISOLONE	61
LOPINAVIR-RITONAVIR	46	0.8MM	91	METHYLPREDNISOLONE SODIUM	
LORAZEPAM	21	MEDLANCE PLUS SUPERLITE		SUCC	61
LORAZEPAM INTENSOL	21	30G	91	METOCLOPRAMIDE HCL	76
LORBRENA	39	MEDLANCE PLUS UNIVERSAL		METOLAZONE	73
LORTAB	17	21G	91	METOPROLOL SUCCINATE ER	49
LORYNA	55	MEDLANCE UNIVERSAL 21G	91	METOPROLOL TARTRATE	49
LOSARTAN POTASSIUM	36	MEDROXYPROGESTERONE		METOPROLOL-	
LOSARTAN POTASSIUM-HCTZ	36	ACETATE	58, 134	HYDROCHLOROTHIAZIDE	37
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LOW-OGESTREL	55	MEGESTROL ACETATE	43	MEXILETINE HCL	22
LOXAPINE SUCCINATE	45	MEIJER ALCOHOL SWABS	82	MIBELAS 24 FE	55
LO-ZUMANDIMINE	55	MEIJER BLOOD GLUCOSE TEST	70	MICRODOT PEN NEEDLE	110
LUBIPROSTONE	76	MEIJER ESSENTIAL GLUCOSE		MICRODOT TEST	70
LUER LOCK SAFETY SYRINGES	110	TEST	70	MICROGESTIN 1.5/30	55
LUMAKRAS	40	MEIJER LANCETS	91	MICROGESTIN 1/20	55
LUMIGAN	133	MEIJER LANCETS THIN	91	MICROGESTIN 24 FE	55
LUPRON DEPOT (1-MONTH)	42	MEIJER LANCETS UNIVERSAL		MICROGESTIN FE 1.5/30	55
LUPRON DEPOT (3-MONTH)	42	21G	91	MICROGESTIN FE 1/20	55
LUPRON DEPOT (4-MONTH)	42	MEIJER LANCETS UNIVERSAL		MICROLET LANCETS	91
LUPRON DEPOT-PED (1-MONTH)	75	30G	91	MICROLET NEXT LANCING	
LUPRON DEPOT-PED (3-MONTH)	75	MEIJER LANCETS UNIVERSAL		DEVICE	91
LUTERA	55	33G	91	MIDAZOLAM HCL	80
LYLEQ	59	MEIJER NASAL DECONGESTANT	130	MIDAZOLAM HCL (PF)	80
LYLLANA	76	MEIJER PEN NEEDLES	110	MIDODRINE HCL	144
LYNPARZA	43	MEIJER SUPER THIN LANCETS	91	MIGERGOT	121
LYSODREN	38	MEIJER TRUETEST TEST	70	MILI	55
LYTGOBI (12 MG DAILY DOSE)	40	MEIJER TRUETRACK TEST	70	MIMVEY	75
LYTGOBI (16 MG DAILY DOSE)	40	MEKINIST	40	MINI LANCING DEVICE	91
LYTGOBI (20 MG DAILY DOSE)	40	MEKTOVI	40	MINOCYCLINE HCL	139
LYZA	59	MELOXICAM	13	MINOXIDIL	37
MAGELLAN INSULIN SAFETY		MELPHALAN	42	MIRENA (52 MG)	59
SYR	110	MEMANTINE HCL	136	MIRTAZAPINE	26
MAGELLAN TUBERCULIN		MEMANTINE HCL ER	136	MISOPROSTOL	141
SYRINGE	110	MENACTRA	141	MM ASPIRIN	15
MALATHION	65	MENEST	76	MM BLULINK GLUCOSE TEST	71
MARATHON MEDICAL PENTIPS	110	MENOSTAR	76	MM EASY TOUCH GLUCOSE	71
MARAVIROC	47	MENQUADFI	141	MM INSULIN SYRINGE/NEEDLE ..	110
MARLISSA	55	MENVEO	141	MM LANCING DEVICE	91
MASONATAL	127	MEPERIDINE HCL	17	MM PEN NEEDLES	111
MATULANE	41	MEPHYTON	144	MM TWIST LANCETS	91
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MAXICOMFORT II PEN NEEDLE	110	MERCAPTOPYRINE	38	M-NATAL PLUS	127
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SYRINGE	110	MERZEE	55	MODERNA COVID-19 VAC 6M-	
MAXI-COMFORT SAFETY PEN		MESALAMINE	77	11Y	143
NEEDLE	110	MESALAMINE ER	77	MOEXIPRIL HCL	35
MAXICOMFORT SYR 27G X 1/2"	110	MESNEX	43	MOLINDONE HCL	45
MAXI-TUSS AC	61	METFORMIN HCL	28	MOMETASONE FUROATE	64, 130
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MEDICHOICE SAFETY LANCET		METHOTREXATE SODIUM	39	SYRINGE	111
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MONOJECT TB SYRINGE	111	NASAL DECONGESTANT	130	NORTREL 1/35 (28)	56
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MONOLET LANCETS	91	NASAL DECONGESTANT MAX ST	130	NORTRIPTYLINE HCL	28
MONOLET OPD LANCETS	91	NATALVIT	127	NORVIR	47
MONOLETTOR SAFETY LANCETS	91	NATAZIA	58	NOVA MAX GLUCOSE TEST	71
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MONTELUKAST SODIUM	23	NEBIVOLOL HCL	49	NOVA SAFETY LANCETS 28G	92
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MPD SAFETY LANCET 28G	91	NEONATAL PRENATAL	127	NOVOLIN 70/30 FLEXPEN RELION	30
MPD SAFETY LANCET 30G	91	NEONATAL VITAMIN	127	RELION	30
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MULTI VITAMIN	125	NEVIRAPINE	47	NOVOLIN N FLEXPEN RELION	30
MULTI VITAMIN DAILY	125	NEVIRAPINE ER	47	NOVOLIN N RELION	30
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MULTIPLE VITAMIN-FOLIC ACID	125	NICODERM CQ	137	NOVOLOG 70/30 FLEXPEN RELION	30
MULTIPLE VITAMINS	125	NICORETTE	137	NOVOLOG FLEXPEN RELION	31
MULTIPLE VITAMINS ESSENTIAL	125	NICORETTE MINI	137	NOVOLOG MIX 70/30 RELION	31
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MULTI-VITAMIN	125	NICOTINE	137	NOZIN NASAL SANITIZER	129
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MULTIVITAMIN ADULT	125	NICOTINE POLACRILEX MINI	137	NP THYROID	139
MULTI-VITAMIN DAILY	125	NICOTINE STEP 1	137	NUCYNTA	18
MULTIVITAMIN IRON-FREE	125	NICOTINE STEP 2	137	NUCYNTA ER	18
MULTIVITAMIN W/FLUORIDE	126	NICOTINE STEP 3	137	NUFOL	79
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NAPROXEN	13	NORLYDA	59	OLANZAPINE	46
NAPROXEN SODIUM	13	NORLYROC	59	OLMESARTAN MEDOXOMIL	36
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ONE-DAILY MULTI-VITAMIN.....	125	PALFORZIA (12 MG DAILY DOSE).....	11	PHENYTEK.....	26
ONETOUCH DELICA LANCETS 30G.....	92	PALFORZIA (120 MG DAILY DOSE).....	11	PHENYTOIN.....	26
ONETOUCH DELICA LANCETS 33G.....	92	PALFORZIA (160 MG DAILY DOSE).....	11	PHENYTOIN INFATABS.....	26
ONETOUCH DELICA LANCING DEV.....	92	PALFORZIA (20 MG DAILY DOSE).....	11	PHENYTOIN SODIUM EXTENDED..	26
ONETOUCH DELICA PLUS LANCET30G.....	92	PALFORZIA (200 MG DAILY DOSE).....	11	PHILITH.....	56
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ZOLPIDEM TARTRATE ER	80
ZONISAMIDE	26
ZORBTIVE	74
ZOVIA 1/35 (28)	57
ZUMANDIMINE	57
ZURZUVAE	27
ZYKADIA	39