Samaritan Health Plans

2022 Formulary
List of Covered Drugs

Samaritan Large Group Plans

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022.

Samaritan Health Plans

Important information about your plan

This document provides highlights of your pharmacy benefits.

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

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

Using your prescription drug benefit

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

Using your prescription drug formulary

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

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

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

Prescriptions by mail

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022.

Out of network or non-participating pharmacies

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

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

What is a formulary (drug list)?

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

Can the formulary (drug list) change?

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

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

How do I use the formulary (drug list)?

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

Medical condition

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

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

Alphabetical listing

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

What are brand-name drugs?

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

What are generic drugs?

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

What are maintenance drugs?

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

Preventive medications

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

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

Are there any restrictions on my coverage?

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

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

- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover during a specific time-frame such as daily or monthly.

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

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

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

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

What if my drug is not on the formulary?

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

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

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

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

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 **844-611-3831**. There are several types of exceptions that they can ask us to make.

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

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

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

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

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

Insulin Products

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

For more information

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

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

Samaritan Health Plans

Formulary

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

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

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

List of abbreviations

EA: Each.

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

PV: Preventive Medications.

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

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

Opioid limits:

All opioid: Maximum of two fills in a 60-day period.

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 MED.
  - Maximum seven-day supply per fill.
- Experience with therapy:
  - Maximum of 90 MED.

Long-acting opioid limits:

- PA required.
- Maximum of 90 MED.

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Drug Name	Brand Tier	Generic Tier	Formulary Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**			
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
Amphetamine Mixtures**			
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG		Tier 2	
Amphetamines**			
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 2	QL (1 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 2	QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 2	QL (1 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG		Tier 2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 4		PA; QL (1 EA per 1 day)
Stimulants - Misc.**			
DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL 20 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL 40 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 18 MG ORAL 18 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 27 MG ORAL 27 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 36 MG ORAL 36 MG		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 54 MG ORAL 54 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 20 MG		Tier 2	QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL 18 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL 27 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL 36 MG		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL 54 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 2	PA
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
METHYLPHENIDATE HCL ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG		Tier 2	PA
METHYLPHENIDATE TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR		Tier 2	QL (30 EA per 30 days)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 2	QL (30 EA per 30 days)
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 4		PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 5		PA; Specialty
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 5		PA; Specialty
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 5		PA; Specialty
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Tier 5		PA; Specialty
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 5		PA; Specialty
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 5		PA; Specialty
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 5		PA; Specialty
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Tier 5		PA; Specialty
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Tier 5		PA; Specialty
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 5		PA; Specialty
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 5		PA; Specialty
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 5		PA; Specialty
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 5		PA; Specialty
Aminoglycosides			
Aminoglycosides**			
NEOMYCIN SULFATE ORAL TABLET 500 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Analgesics - Anti-Inflammatory			
Antirheumatic - Janus Kinase (Jak) Inhibitors**			
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 5		PA; Specialty
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5		PA; Specialty
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5		PA; Specialty
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 5		PA; Specialty
Anti-Tnf-Alpha - Monoclonal Antibodies**			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA; Specialty
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 5		PA; Specialty
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5		PA; Specialty
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5		PA; Specialty
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5		PA; Specialty
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 5		PA; Specialty
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 5		PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 5		PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 5		PA; Specialty
Cyclooxygenase 2 (Cox-2) Inhibitors**			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 2	
Interleukin-6 Receptor Inhibitors**			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5		PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 5		PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA; Specialty
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 2	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 2	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 2	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 2	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 2	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 2	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 2	
IBU ORAL TABLET (IBUPROFEN) **400 MG, 600 MG, 800 MG**	Tier 2	Tier 2	
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 2	
INDOMETHACIN ORAL CAPSULE 25 MG, 50 MG		Tier 2	
KETOPROFEN ORAL CAPSULE 50 MG		Tier 2	
KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML, 30 MG/ML		Tier 2	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		Tier 2	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		Tier 2	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 2	
NAPROXEN ORAL TABLET 250 MG, 375 MG, 500 MG		Tier 2	
NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 2	
NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG		Tier 2	
OXAPROZIN ORAL TABLET 600 MG		Tier 2	
PIROXICAM ORAL CAPSULE 10 MG, 20 MG		Tier 2	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 2	
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET 30 MG	Tier 5		PA; Specialty
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 5		PA; Specialty
Pyrimidine Synthesis Inhibitors**			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 2	
Selective Costimulation Modulators**			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 5		PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 5		PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5		PA; Specialty
Analgesics - Nonnarcotic			
Analgesics-Sedatives**			
BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) **50-325-40 MG**	Tier 2	Tier 2	QL (20 EA per 30 days)
BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 2	QL (20 EA per 30 days)
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 2	QL (20 EA per 30 days)
TENCON ORAL TABLET (BUTALBITAL-ACETAMINOPHEN) **50-325 MG**	Tier 3	Tier 2	QL (20 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Salicylates**			
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1		
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1		
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1		
CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
DIFLUNISAL ORAL TABLET 500 MG		Tier 2	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 1		
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
RA ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SM ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 1		
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1		
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1		
Analgesics - Opioid			
Codeine Combinations**			
ACETAMINOPHEN-CODEINE #2 ORAL TABLET 300-15 MG		Tier 2	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #3 ORAL TABLET 300-30 MG		Tier 2	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE #4 ORAL TABLET 300-60 MG		Tier 2	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML		Tier 2	QL (136 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL 300-15 MG		Tier 2	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL 300-30 MG		Tier 2	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL 300-60 MG		Tier 2	QL (10 EA per 1 day)
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG		Tier 2	QL (20 EA per 30 days)
BUTALBITAL-ASA-CAFF-CODEINE ORAL CAPSULE 50-325-40-30 MG		Tier 2	QL (20 EA per 30 days)
Dihydrocodeine Combinations**			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 2	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 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL 10-300 MG		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL 10-325 MG		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL 5-300 MG		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL 5-325 MG		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL 7.5-300 MG		Tier 2	QL (6 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL 7.5-325 MG		Tier 2	QL (6 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL 10-200 MG		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL 5-200 MG		Tier 2	QL (9 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL 7.5-200 MG		Tier 2	QL (6 EA per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML	Tier 4		QL (73.5 ML per 1 day)
Opioid Agonists			
CODEINE SULFATE ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 2	QL (6 EA per 1 day)
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/2ML		Tier 2	
FENTANYL PATCH 72 HOUR 100 MCG/HR TRANSDERMAL 100 MCG/HR		Tier 2	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 12 MCG/HR TRANSDERMAL 12 MCG/HR		Tier 2	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 25 MCG/HR TRANSDERMAL 25 MCG/HR		Tier 2	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 37.5 MCG/HR TRANSDERMAL 37.5 MCG/HR		Tier 2	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 50 MCG/HR TRANSDERMAL 50 MCG/HR		Tier 2	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 62.5 MCG/HR TRANSDERMAL 62.5 MCG/HR		Tier 2	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 75 MCG/HR TRANSDERMAL 75 MCG/HR		Tier 2	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 87.5 MCG/HR TRANSDERMAL 87.5 MCG/HR		Tier 2	PA; QL (0.5 EA per 1 day)
HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 2	PA; QL (1 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 2	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 2	QL (12.25 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML		Tier 2	
HYDROMORPHONE HCL TABLET 2 MG ORAL 2 MG		Tier 2	QL (6 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL 4 MG		Tier 2	QL (3 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL 8 MG		Tier 2	QL (1 EA per 1 day)
MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML		Tier 2	QL (49 ML per 1 day)
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	PA
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 10 MG/0.5ML		Tier 2	QL (2.4 EA per 1 day)
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 2	QL (2.4 ML per 1 day)
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML		Tier 2	
MORPHINE SULFATE ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG		Tier 2	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG		Tier 2	PA; QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MORPHINE SULFATE ER ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG		Tier 2	PA; QL (3 EA per 1 day)
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 2	QL (24.5 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 2	QL (12.25 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 2	QL (3 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 2	QL (1 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3		PA; QL (2 EA per 1 day)
NUCYNTA TABLET 100 MG ORAL 100 MG	Tier 3		QL (1 EA per 1 day)
NUCYNTA TABLET 50 MG ORAL 50 MG	Tier 3		QL (2 EA per 1 day)
NUCYNTA TABLET 75 MG ORAL 75 MG	Tier 3		QL (1 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 2	QL (6 EA per 1 day)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 2	QL (1.6 ML per 1 day)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 2	QL (32.6 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL 10 MG		Tier 2	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL 15 MG		Tier 2	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL 20 MG		Tier 2	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL 30 MG		Tier 2	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL 5 MG		Tier 2	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 3	Tier 3	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	Tier 3		PA; QL (4 EA per 1 day)
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		Tier 2	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL 10 MG		Tier 2	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL 5 MG		Tier 2	QL (3 EA per 1 day)
TRAMADOL HCL TABLET 100 MG ORAL 100 MG		Tier 2	QL (4 EA per 1 day)
TRAMADOL HCL TABLET 50 MG ORAL 50 MG		Tier 2	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) **10-325 MG**	Tier 2	Tier 2	QL (3 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) **2.5-325 MG**	Tier 2	Tier 2	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) **5-325 MG**	Tier 2	Tier 2	QL (6 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) **7.5-325 MG**	Tier 2	Tier 2	QL (4 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML		Tier 3	QL (32.6 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Opioid Partial Agonists**			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3		PA; QL (2 EA per 1 day)
BUPRENORPHINE HCL SUBLINGUAL TABLET SUBLINGUAL 2 MG, 8 MG		Tier 2	QL (6 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG		Tier 2	QL (90 EA per 30 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		Tier 2	PA; QL (0.15 EA per 1 day)
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 2	QL (2.5 ML per 1 day)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 2	QL (5 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 4		QL (3 EA per 1 day)
Tramadol Combinations**			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 2	QL (8 EA per 1 day)
Androgens-Anabolic			
Androgens**			
DANAZOL ORAL CAPSULE 200 MG		Tier 2	
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 2	
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 2	
TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL 12.5 MG/ACT (1%)		Tier 2	ST
TESTOSTERONE GEL 25 MG/2.5GM (1%) TRANSDERMAL 25 MG/2.5GM (1%)		Tier 2	PA; ST
TESTOSTERONE GEL 50 MG/5GM (1%) TRANSDERMAL 50 MG/5GM (1%)		Tier 2	ST
Anorectal And Related Products			
Intrarectal Steroids**			
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 2	
Rectal Anesthetic/Steroids**			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 2	
Rectal Steroids**			
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) **2.5 %**	Tier 2	Tier 2	
PROCTOSOL HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) **2.5 %**	Tier 2	Tier 2	
PROCTOZONE-HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) **2.5 %**	Tier 2	Tier 2	
Anthelmintics			
Anthelmintics**			
IVERMECTIN ORAL TABLET 3 MG		Tier 2	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRAZIQUANTEL ORAL TABLET 600 MG		Tier 2	
Antianginal Agents			
Antianginals-Other**			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 2	PA
Nitrates**			
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 2	
ISOSORBIDE MONONITRATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 60 MG		Tier 2	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		Tier 2	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		Tier 2	
NITROGLYCERIN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 2	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 2	
Antianxiety Agents			
Antianxiety Agents - Misc.**			
BUSPIRONE HCL ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG, 7.5 MG		Tier 2	
HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML		Tier 2	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
MEPROBAMATE ORAL TABLET 400 MG		Tier 2	
Benzodiazepines**			
ALPRAZOLAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 2	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2		
ALPRAZOLAM ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	
ALPRAZOLAM XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 2	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG, 25 MG, 5 MG		Tier 2	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG, 3.75 MG, 7.5 MG		Tier 2	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 2	
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) **2 MG/ML**	Tier 2	Tier 2	
LORAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antiarrhythmics			
Antiarrhythmics Type I-A**			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG		Tier 2	
QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG		Tier 2	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 2	
Antiarrhythmics Type I-B**			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG		Tier 2	
Antiarrhythmics Type I-C**			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 2	
PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG		Tier 2	
Antiarrhythmics Type Iii**			
AMIODARONE HCL ORAL TABLET 100 MG, 200 MG, 400 MG		Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 4		
Antiasthmatic And Bronchodilator Agents			
Adrenergic Combinations**			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2		QL (0.4 GM per 1 day)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3		QL (1 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 3		QL (1 EA per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		Tier 1	QL (10.2 GM per 30 days)
DULERA AEROSOL 100-5 MCG/ACT INHALATION 100-5 MCG/ACT	Tier 3		QL (1 GM per 30 days)
DULERA AEROSOL 200-5 MCG/ACT INHALATION 200-5 MCG/ACT	Tier 3		QL (1 GM per 30 days)
DULERA AEROSOL 50-5 MCG/ACT INHALATION 50-5 MCG/ACT	Tier 3		
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 2	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 3		ST
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	Tier 1	Tier 1	QL (1 EA per 30 days)
Anti-Ige Monoclonal Antibodies**			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Beta Adrenergics**			
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION (2.5 MG/3ML) 0.083%		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%		Tier 2	QL (6 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION 2.5 MG/0.5ML		Tier 2	QL (6 EA per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 3		QL (0.067 EA per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3		QL (60 EA per 30 days)
TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG		Tier 2	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA) **108 (90 BASE) MCG/ACT**	Tier 4	Tier 1	QL (0.534 GM per 1 day)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ALBUTEROL SULFATE HFA) **108 (90 BASE) MCG/ACT**	Tier 4	Tier 1	QL (1.2 GM per 1 day)
XOPENEX HFA INHALATION AEROSOL (LEVALBUTEROL TARTRATE) **45 MCG/ACT**	Tier 4	Tier 2	QL (2 GM per 30 days)
Bronchodilators - Anticholinergics**			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (2 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3		QL (1 EA per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3		QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 3		QL (0.134 GM per 1 day)
Leukotriene Receptor Antagonists**			
MONTELUKAST SODIUM ORAL PACKET 4 MG		Tier 2	
MONTELUKAST SODIUM ORAL TABLET 10 MG		Tier 2	
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		Tier 2	
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
ROFLUMILAST ORAL TABLET 250 MCG, 500 MCG		Tier 2	PA
Steroid Inhalants**			
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3		QL (2 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3		QL (2 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 3		QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3		QL (2 EA per 30 days)
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION 100 MCG/ACT	Tier 3		QL (2 GM per 30 days)
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION 200 MCG/ACT	Tier 3		QL (2 GM per 30 days)
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION 50 MCG/ACT	Tier 3		
BUDESONIDE SUSPENSION 0.25 MG/2ML INHALATION 0.25 MG/2ML		Tier 2	QL (8 ML per 1 day)
BUDESONIDE SUSPENSION 0.5 MG/2ML INHALATION 0.5 MG/2ML		Tier 2	QL (4 ML per 1 day)
BUDESONIDE SUSPENSION 1 MG/2ML INHALATION 1 MG/2ML		Tier 2	QL (2 ML per 1 day)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION 110 MCG/ACT	Tier 2		QL (0.8 GM per 1 day)
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION 220 MCG/ACT	Tier 2		QL (0.8 GM per 1 day)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION 44 MCG/ACT	Tier 2		QL (22 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 4		QL (1 EA per 30 days)
QVAR 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 300 MG, 450 MG		Tier 2	
Anticoagulants			
Coumarin Anticoagulants			
WARFARIN SODIUM ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		Tier 1	
Direct Factor Xa Inhibitors			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 3		QL (3 EA per 1 day)
ELIQUIS TABLET 2.5 MG ORAL 2.5 MG	Tier 3		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL 5 MG	Tier 3		QL (3 EA per 1 day)
XARELTO TABLET 10 MG ORAL 10 MG	Tier 3		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL 15 MG	Tier 3		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL 2.5 MG	Tier 3		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL 20 MG	Tier 3		QL (1 EA per 1 day)
Low Molecular Weight Heparins			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 2	Specialty; QL (35 ML per 180 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ENOXAPARIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 2	Specialty; QL (35 ML per 180 days)
Thrombin Inhibitors - Selective Direct & Reversible**			
PRADAXA ORAL CAPSULE 110 MG	Tier 4		
Anticonvulsants			
Anticonvulsants - Benzodiazepines**			
CLONAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
CLONAZEPAM ORAL TABLET DISPERSIBLE 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 2	
Anticonvulsants - Misc.**			
CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 2	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 2	
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML		Tier 2	
CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG		Tier 2	
EPITOL ORAL TABLET (CARBAMAZEPINE) **200 MG**	Tier 2	Tier 2	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 2	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 2	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 250 MG/50ML		Tier 2	
LEVETIRACETAM INTRAVENOUS SOLUTION 500 MG/5ML		Tier 2	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML		Tier 2	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 2	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 2	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 2	
PREGABALIN ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		Tier 2	PA
PRIMIDONE ORAL TABLET 250 MG, 50 MG		Tier 2	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) **500 MG**	Tier 2	Tier 2	
SUBVENITE ORAL TABLET (LAMOTRIGINE) **100 MG, 150 MG, 200 MG, 25 MG**	Tier 2	Tier 2	
SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) **35 X 25 MG**	Tier 2	Tier 2	
SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) **84 X 25 MG & 14X100 MG**	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) **42 X 25 MG & 7 X 100 MG**	Tier 2	Tier 2	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG		Tier 2	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
Gaba Modulators**			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 2	
Hydantoins**			
DILANTIN ORAL CAPSULE 30 MG	Tier 3		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) **50 MG**	Tier 2	Tier 2	
PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML		Tier 2	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG, 200 MG, 300 MG		Tier 2	
Succinimides**			
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 2	
Valproic Acid**			
DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG		Tier 2	
DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG		Tier 2	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 2	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML		Tier 2	
VALPROIC ACID ORAL CAPSULE 250 MG		Tier 2	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		Tier 2	
Antidepressants			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG, 7.5 MG		Tier 2	
MIRTAZAPINE ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG		Tier 2	
Antidepressants - Misc.**			
BUPROPION HCL ER (SR) ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG		Tier 2	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG		Tier 2	
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 2	
Monoamine Oxidase Inhibitors (Maois)**			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRANYLCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 2	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML		Tier 2	
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	
ESCITALOPRAM OXALATE ORAL SOLUTION 5 MG/5ML		Tier 2	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		Tier 2	
FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE 90 MG		Tier 2	
FLUOXETINE HCL ORAL SOLUTION 20 MG/5ML		Tier 2	
FLUOXETINE HCL ORAL TABLET 10 MG		Tier 2	
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		Tier 2	
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 2	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
Serotonin Modulators**			
TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 300 MG, 50 MG		Tier 2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3		ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 4		ST
VILAZODONE HCL ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	ST
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG		Tier 2	
VENLAFAXINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG		Tier 2	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG		Tier 2	
VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 2	
Tricyclic Agents**			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 2	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 2	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG		Tier 2	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		Tier 2	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 2	
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
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 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		Tier 1	
Diabetic Other**			
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 3		QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 3		QL (2 EA per 30 days)
GLUCAGON EMERGENCY INJECTION KIT 1 MG		Tier 1	QL (2 EA per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3		ST
NESINA ORAL TABLET (ALOGLIPTIN BENZOATE) **12.5 MG, 25 MG, 6.25 MG**	Tier 4	Tier 4	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 4		ST
TRADJENTA ORAL TABLET 5 MG	Tier 4		ST
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 4		ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 4		ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4		ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 4		ST
KAZANO ORAL TABLET (ALOGLIPTIN-METFORMIN HCL) **12.5-1000 MG**	Tier 4	Tier 4	ST
KAZANO ORAL TABLET (ALOGLIPTIN-METFORMIN HCL) **12.5-500 MG**	Tier 4	Tier 4	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 4		ST

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1		
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1		
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1		
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1		
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 1		
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN ASP PROT & ASP FLEXPEN) **(70-30) 100 UNIT/ML**	Tier 1	Tier 1	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN ASPART FLEXPEN) **100 UNIT/ML**	Tier 1	Tier 1	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (INSULIN ASPART PROT & ASPART) **(70-30) 100 UNIT/ML**	Tier 1	Tier 1	
NOVOLOG RELION INJECTION SOLUTION (INSULIN ASPART) **100 UNIT/ML**	Tier 1	Tier 1	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 4		ST
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 4		ST
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN DEGLUDEC FLEXTOUCH) **100 UNIT/ML, 200 UNIT/ML**	Tier 3	Tier 3	PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists)			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 3		PA; QL (4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 3		PA; QL (1 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 3		PA; QL (1 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 3		PA; QL (0.06 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3		PA; QL (0.11 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 3		PA; QL (0.11 ML per 1 day)
RYBELSUS TABLET 14 MG ORAL 14 MG	Tier 3		PA; QL (1 EA per 1 day)
RYBELSUS TABLET 3 MG ORAL 3 MG	Tier 3		PA; QL (60 EA per 365 days)
RYBELSUS TABLET 7 MG ORAL 7 MG	Tier 3		PA; QL (1 EA per 1 day)
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 3		PA; QL (0.08 ML per 1 day)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 3		PA; QL (3 ML per 30 days)
Meglitinide Analogues**			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 2	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Tier 3		ST
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3		ST
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**			
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3		ST; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3		ST; QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**			
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 3		ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 3		ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 3		ST
Sulfonylurea-Biguanide Combinations**			
GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
Sulfonylureas**			
GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 2	
GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		Tier 1	
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 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		Tier 1	
Thiazolidinedione-Biguanide Combinations**			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 2	
Thiazolidinediones**			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 2	
Antidiarrheal/Probiotic Agents			
Antiperistaltic Agents**			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML		Tier 2	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG		Tier 2	
Antidotes And Specific Antagonists			
Antidotes - Chelating Agents**			
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 5	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5		
Opioid Antagonists**			
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML		Tier 2	
NALOXONE HCL NASAL LIQUID 4 MG/0.1ML		Tier 2	QL (4 EA per 180 days)
NALTREXONE HCL ORAL TABLET 50 MG		Tier 2	
Antiemetics			
5-Ht3 Receptor Antagonists**			
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 2	QL (600 ML per 30 days)
ONDANSETRON HCL TABLET 4 MG ORAL 4 MG		Tier 2	QL (180 EA per 30 days)
ONDANSETRON HCL TABLET 8 MG ORAL 8 MG		Tier 2	QL (90 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 4 MG ORAL 4 MG		Tier 2	QL (180 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 8 MG ORAL 8 MG		Tier 2	QL (90 EA per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.25 MG/5ML		Tier 2	
Antiemetic Combinations**			
DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG		Tier 3	
Antiemetics - Anticholinergic**			
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 2	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		Tier 2	
Antiemetics - Miscellaneous**			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 2	PA
Antifungals			
Antifungals**			
GRISEOFULVIN MICROSIZE ORAL SUSPENSION 125 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 125 MG, 250 MG		Tier 2	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 2	
TERBINAFINE HCL ORAL TABLET 250 MG		Tier 2	PA; QL (90 EA per 365 days)
Imidazoles**			
KETOCONAZOLE ORAL TABLET 200 MG		Tier 2	
Triazoles**			
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		Tier 2	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 2	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 2	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 2	
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 2	
Antihistamines			
Antihistamines - Phenothiazines**			
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		Tier 2	
PROMETHAZINE HCL ORAL SYRUP 6.25 MG/5ML		Tier 2	
PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) **12.5 MG, 25 MG**	Tier 2	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 2		
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 2	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 2	
Bile Acid Sequestrants**			
CHOLESTYRAMINE LIGHT ORAL PACKET 4 GM		Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GM/DOSE		Tier 2	
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 2	
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 2	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 2	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 2	
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 2	
Fibric Acid Derivatives**			
FENOFIBRATE MICRONIZED ORAL CAPSULE 134 MG, 200 MG, 43 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 2	
GEMFIBROZIL ORAL TABLET 600 MG		Tier 2	
Hmg Coa Reductase Inhibitors**			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	PV
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	PV
PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 2	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	
SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG		Tier 1	PV
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 2	
Intestinal Cholesterol Absorption Inhibitors**			
EZETIMIBE ORAL TABLET 10 MG		Tier 2	PA
Nicotinic Acid Derivatives**			
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 2	
Pcsk9 Inhibitors**			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 5		PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 5		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 5		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 5		PA
Antihypertensives			
Ace Inhibitor & Calcium Channel Blocker Combinations**			
AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		Tier 2	
Ace Inhibitors & Thiazide/Thiazide-Like**			
BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG		Tier 2	
FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG		Tier 2	
LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 2	
Ace Inhibitors**			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 2	
ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	
FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	
LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		Tier 1	
MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG		Tier 2	
QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	
RAMIPRIL ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		Tier 2	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG		Tier 2	
IRBESARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		Tier 2	
LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		Tier 2	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		Tier 2	
VALSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG		Tier 2	
Angiotensin Ii Receptor Antagonists**			
CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 2	
IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG		Tier 2	
LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG		Tier 2	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 2	
Antiadrenergics - Centrally Acting**			
CLONIDINE HCL ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG		Tier 2	
CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR		Tier 2	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		Tier 2	
Antiadrenergics - Peripherally Acting**			
DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG		Tier 2	
PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 2	
TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Beta Blocker & Diuretic Combinations**			
ATENOLOL-CHLORTHALIDONE ORAL TABLET 100-25 MG, 50-25 MG		Tier 2	
BISOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG		Tier 2	
METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG		Tier 2	
Vasodilators**			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 2	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
METRONIDAZOLE ORAL CAPSULE 375 MG		Tier 2	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		Tier 2	
TRIMETHOPRIM ORAL TABLET 100 MG		Tier 2	
XIFAXAN ORAL TABLET 550 MG	Tier 4		PA
Anti-Infective Misc. - Combinations**			
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML		Tier 2	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		Tier 2	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) **200-40 MG/5ML**	Tier 2	Tier 2	
Cyclic Lipopeptides**			
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		Tier 2	
Glycopeptides**			
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML, 1750 MG/350ML, 500 MG/100ML, 750 MG/150ML		Tier 2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 2	
Lincosamides**			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG		Tier 2	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 2	
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 300 MG/50ML, 600 MG/50ML, 900 MG/50ML		Tier 2	
Oxazolidinones**			
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 600-0.9 MG/300ML-%		Tier 2	PA
LINEZOLID INTRAVENOUS SOLUTION 600 MG/300ML		Tier 2	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 2	PA
LINEZOLID ORAL TABLET 600 MG		Tier 2	PA
Urinary Anti-Infectives**			
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 2	
Antimalarials			
Antimalarial Combinations**			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 2	
Antimalarials**			
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 2	
Antimyasthenic/Cholinergic Agents			
Antimyasthenic/Cholinergic Agents**			
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 2	
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 4	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 2	
Antimycobacterial Agents			
Antimycobacterial Agents**			
ETHAMBUTOL HCL ORAL TABLET 400 MG		Tier 2	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 2	
ISONIAZID ORAL TABLET 100 MG, 300 MG		Tier 2	
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 2	
RIFAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG		Tier 2	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 2	
Antineoplastics And Adjunctive Therapies			
Antiadrenals**			
LYSODREN ORAL TABLET 500 MG	Tier 3		PA
Antiandrogens**			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 4	PA
FLUTAMIDE ORAL CAPSULE 125 MG		Tier 2	PA
NILUTAMIDE ORAL TABLET 150 MG		Tier 5	PA; Specialty
Antiestrogens**			
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	PV
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 5	PA
Antimetabolites**			
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED 100 MG		Tier 2	Specialty
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 2	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLOFARABINE INTRAVENOUS SOLUTION 1 MG/ML		Tier 2	Specialty
DECITABINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 2	Specialty
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 2	Specialty
GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1.5 GM/15ML, 2 GM/20ML, 200 MG/2ML		Tier 2	Specialty
MERCAPTOPURINE ORAL TABLET 50 MG		Tier 2	
METHOTREXATE ORAL TABLET 2.5 MG		Tier 2	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 2	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 2	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 750 MG		Tier 2	Specialty
Antineoplastic - Alk Inhibitors**			
ALECENSA ORAL CAPSULE 150 MG	Tier 5		PA; Specialty; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 5		PA; Specialty; QL (30 EA per 180 days)
ALUNBRIG TABLET 180 MG ORAL 180 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
ALUNBRIG TABLET 30 MG ORAL 30 MG	Tier 5		PA; Specialty; QL (3 EA per 1 day)
ALUNBRIG TABLET 90 MG ORAL 90 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
LORBRENA TABLET 100 MG ORAL 100 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
LORBRENA TABLET 25 MG ORAL 25 MG	Tier 5		PA; Specialty; QL (3 EA per 1 day)
XALKORI CAPSULE 200 MG ORAL 200 MG	Tier 5		PA; Specialty; QL (5 EA per 1 day)
XALKORI CAPSULE 250 MG ORAL 250 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA; Specialty; QL (3 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 2	Specialty
SCEMBLIX TABLET 20 MG ORAL 20 MG	Tier 5		PA; Specialty; QL (20 EA per 1 day)
SCEMBLIX TABLET 40 MG ORAL 40 MG	Tier 5		PA; Specialty; QL (10 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5		Specialty
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
Antineoplastic - Btk Inhibitors**			
BRUKINSA ORAL CAPSULE 80 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5		PA; Specialty
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5		PA; Specialty
Antineoplastic - Egfr Inhibitors**			
ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG		Tier 2	Specialty
EXKIVITY ORAL CAPSULE 40 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antineoplastic - Fgfr Kinase Inhibitors**			
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
Antineoplastic - Hif-2-Alpha Inhibitors**			
WELIREG ORAL TABLET 40 MG	Tier 5		PA; Specialty
Antineoplastic - Histone Deacetylase Inhibitors**			
ZOLINZA ORAL CAPSULE 100 MG	Tier 5		Specialty
Antineoplastic - Kras Inhibitors**			
LUMAKRAS ORAL TABLET 120 MG	Tier 5		PA; Specialty; QL (8 EA per 1 day)
Antineoplastic - Met Inhibitors**			
TEPMETKO ORAL TABLET 225 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors**			
EVEROLIMUS ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG		Tier 5	Specialty
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
FOTIVDA ORAL CAPSULE 1.34 MG	Tier 5		PA; Specialty; QL (0.75 EA per 1 day)
LAPATINIB DITOSYLATE ORAL TABLET 250 MG		Tier 5	Specialty
SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 5	Specialty
VOTRIENT ORAL TABLET 200 MG	Tier 5		Specialty
Antineoplastic - Proteasome Inhibitors**			
BORTEZOMIB INJECTION SOLUTION 3.5 MG/1.4ML		Tier 2	Specialty
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG		Tier 2	Specialty
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		Specialty
Antineoplastic Antibiotics**			
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 2	Specialty
Antineoplastics Misc.**			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 5		PA; Specialty
DACARBAZINE INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		Tier 2	Specialty
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 2	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	Tier 5		PA; Specialty
MATULANE ORAL CAPSULE 50 MG	Tier 5		PA; Specialty
Aromatase Inhibitors**			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EXEMESTANE ORAL TABLET 25 MG		Tier 1	PV
LETROZOLE ORAL TABLET 2.5 MG		Tier 2	
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA; Specialty
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA; Specialty
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA; Specialty
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
Estrogens-Antineoplastic**			
EMCYT ORAL CAPSULE 140 MG	Tier 5		PA
Folic Acid Antagonists Rescue Agents**			
LEUCOVORIN CALCIUM INJECTION SOLUTION 500 MG/50ML		Tier 2	
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG		Tier 2	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG		Tier 2	
Imidazotetrazines**			
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 5	Specialty
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
TIBSOVO ORAL TABLET 250 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
Janus Associated Kinase (Jak) Inhibitors**			
VONJO ORAL CAPSULE 100 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
Lhrh Analogs**			
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	Tier 5		Specialty
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 2	Specialty
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5		Specialty
Mitotic Inhibitors**			
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 5	PA; Specialty
VINCASAR PFS INTRAVENOUS SOLUTION (VINCRISTINE SULFATE) **1 MG/ML**	Tier 2	Tier 2	Specialty
Nitrogen Mustards And Related Analogues**			
MELPHALAN ORAL TABLET 2 MG		Tier 4	PA; Specialty
Nitrosoureas**			
CARMUSTINE INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 50 MG		Tier 2	Specialty
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5		PA; Specialty
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA TABLET 100 MG ORAL 100 MG	Tier 5		PA; Specialty; QL (6 EA per 1 day)
LYNPARZA TABLET 150 MG ORAL 150 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Progestins-Antineoplastic**			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML		Tier 2	
MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG		Tier 2	
Selective Retinoid X Receptor Agonists**			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 2	Specialty
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		PA; Specialty
Urinary Tract Protective Agents**			
MESNA INTRAVENOUS SOLUTION 100 MG/ML		Tier 2	Specialty
MESNEX ORAL TABLET 400 MG	Tier 5		PA; Specialty
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 5		PA; Specialty
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5		PA; Specialty
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5		PA; Specialty
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5		PA; Specialty
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5		PA; Specialty
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5		PA; Specialty
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 5		PA; Specialty
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA; Specialty
Antiparkinson And Related Therapy Agents			
Antiparkinson Anticholinergics**			
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG, 5 MG		Tier 2	
Antiparkinson Dopaminergics**			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 2	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 2	
AMANTADINE HCL ORAL TABLET 100 MG		Tier 2	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 2	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 2	
Antiparkinson Monoamine Oxidase Inhibitors**			
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 2	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 2	
Levodopa Combinations**			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 2	
CARBIDOPA-LEVODOPA-ENTACAPONE ORAL TABLET 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG		Tier 2	
Nonergoline Dopamine Receptor Agonists**			
PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG		Tier 2	
ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG		Tier 2	
Peripheral Comt Inhibitors**			
ENTACAPONE ORAL TABLET 200 MG		Tier 2	
Antipsychotics/Antimanic Agents			
Antimanic Agents**			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		Tier 2	
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		Tier 2	
Antipsychotics - Misc.**			
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5		ST
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 5		ST
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	
Benzisoxazoles**			
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 5		PA; QL (2 ML per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 5		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5		
RISPERIDONE ORAL SOLUTION 1 MG/ML		Tier 2	
RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 2	
RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 2	
Butyrophenones**			
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 2	
HALOPERIDOL ORAL TABLET 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Dibenzodiazepines**			
CLOZAPINE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
Dibenzothiazepines**			
QUETIAPINE FUMARATE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG		Tier 2	
Dibenzoxazepines**			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG		Tier 2	
Dihydroindolones**			
MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG		Tier 2	
Phenothiazines**			
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML		Tier 2	
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
FLUPHENAZINE HCL ORAL TABLET 2.5 MG, 5 MG		Tier 2	
PERPHENAZINE ORAL TABLET 2 MG, 4 MG, 8 MG		Tier 2	
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG, 5 MG		Tier 2	
PROCHLORPERAZINE RECTAL SUPPOSITORY 25 MG		Tier 2	
THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG		Tier 2	
Quinolinone Derivatives**			
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML		Tier 2	PA
ARIPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 2	PA; QL (1 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5		PA; QL (1 EA per 1 day)
Thienbenzodiazepines**			
OLANZAPINE INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG		Tier 2	
OLANZAPINE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG		Tier 2	
OLANZAPINE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	
Thioxanthenes**			
THIOTHIXENE ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 2	
Antiseptics & Disinfectants			
Iodine Antiseptics**			
POVIDONE-IODINE EXTERNAL SOLUTION 10 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antivirals			
Antiretroviral Combinations**			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5		
EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG		Tier 5	
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 5		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5		
JULUCA ORAL TABLET 50-25 MG	Tier 5		
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 2	
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 5	
LOPINAVIR-RITONAVIR ORAL TABLET 100-25 MG, 200-50 MG		Tier 5	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5		
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5		
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 5		
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
MARAVIROC ORAL TABLET 150 MG, 300 MG		Tier 5	
SELZENTRY TABLET 25 MG ORAL 25 MG	Tier 4		
SELZENTRY TABLET 75 MG ORAL 75 MG	Tier 5		
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS ORAL TABLET 400 MG	Tier 5		
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 5		
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 5		
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE 250 MG	Tier 5		
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 2	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 5	
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 5		
NORVIR ORAL SOLUTION 80 MG/ML	Tier 5		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 5		
REYATAZ ORAL PACKET 50 MG	Tier 5		
RITONAVIR ORAL TABLET 100 MG		Tier 5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
EDURANT ORAL TABLET 25 MG	Tier 5		
EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG		Tier 2	
EFAVIRENZ ORAL TABLET 600 MG		Tier 2	
ETRAVIRINE ORAL TABLET 100 MG, 200 MG		Tier 5	
INTELENCE ORAL TABLET 25 MG	Tier 5		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG		Tier 2	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 2	
NEVIRAPINE ORAL TABLET 200 MG		Tier 2	
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 2	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 2	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 5	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5		
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 2	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 2	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**			
STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG		Tier 2	
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 2	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 2	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 2	
Antiretrovirals - Rti-Nucleotide Analogues**			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5		
Antiretrovirals Adjuvants**			
TYBOST ORAL TABLET 150 MG	Tier 3		
Antiviral Combinations**			
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 1		QL (6 EA per 1 day); AGE (Min 12 Years)
Cmv Agents**			
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 2	
Hepatitis B Agents**			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 2	Specialty
LAMIVUDINE ORAL TABLET 100 MG		Tier 2	Specialty
Hepatitis C Agent - Combinations**			
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG		Tier 5	PA; Specialty
MAVYRET ORAL TABLET 100-40 MG	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Hepatitis C Agents**			
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 5		Specialty
RIBAVIRIN ORAL CAPSULE 200 MG		Tier 2	Specialty
Herpes Agents - Purine Analogues**			
ACYCLOVIR ORAL CAPSULE 200 MG		Tier 2	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		Tier 2	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		Tier 2	
VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG		Tier 2	
Herpes Agents - Thymidine Analogues**			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 2	
Influenza Agents**			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 2	
Misc. Antivirals**			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 1		QL (8 EA per 1 day); AGE (Min 18 Years)
Neuraminidase Inhibitors**			
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG, 45 MG, 75 MG		Tier 2	
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 2	
Rsv Agents - Nucleoside Analogues**			
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED 6 GM		Tier 5	PA
Beta Blockers			
Alpha-Beta Blockers**			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		Tier 2	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 2	
Beta Blockers Cardio-Selective**			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 2	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
BETAXOLOL HCL ORAL TABLET 10 MG		Tier 2	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG		Tier 2	
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
Beta Blockers Non-Selective**			
NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 2	
PINDOLOL ORAL TABLET 10 MG, 5 MG		Tier 2	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PROPRANOLOL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 1	
SORINE ORAL TABLET (SOTALOL HCL) **120 MG, 160 MG, 240 MG, 80 MG**	Tier 2	Tier 2	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 2	
TIMOLOL MALEATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
Calcium Channel Blockers			
Calcium Channel Blockers**			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) **120 MG, 180 MG, 240 MG, 300 MG**	Tier 2	Tier 2	
DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG		Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 120 MG, 60 MG, 90 MG		Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 2	
DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG		Tier 2	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 2	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
ISRADIPINE ORAL CAPSULE 2.5 MG, 5 MG		Tier 2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) **180 MG, 240 MG, 300 MG, 360 MG, 420 MG**	Tier 2	Tier 2	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 2	
NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 2	
NIFEDIPINE ORAL CAPSULE 10 MG, 20 MG		Tier 2	
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG		Tier 2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **120 MG, 300 MG, 360 MG**	Tier 2	Tier 2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **180 MG**	Tier 2	Tier 2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **240 MG**	Tier 2	Tier 2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **120 MG, 300 MG, 360 MG, 420 MG**	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **180 MG**	Tier 2	Tier 2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) **240 MG**	Tier 2	Tier 2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG		Tier 2	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 2	
VERAPAMIL HCL ORAL TABLET 120 MG, 40 MG, 80 MG		Tier 2	
Cardiotonics			
Cardiac Glycosides**			
DIGITEK ORAL TABLET (DIGOXIN) **125 MCG, 250 MCG**	Tier 2	Tier 2	
DIGOXIN INJECTION SOLUTION 0.25 MG/ML		Tier 2	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 2	
Cardiovascular Agents - Misc.			
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**			
AMLODIPINE-ATORVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		Tier 2	
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 4		PA
Prostaglandin Vasodilators**			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5		PA; Specialty
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 5	PA; Specialty
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
Pulmonary Hypertension - Endothelin Receptor Antagonists**			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 5	PA; Specialty; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 2	PA; Specialty; QL (2 EA per 1 day)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**			
ALYQ ORAL TABLET (TADALAFIL (PAH)) **20 MG**	Tier 2	Tier 2	PA; Specialty; QL (2 EA per 1 day)
SILDENAFIL CITRATE INTRAVENOUS SOLUTION 10 MG/12.5ML		Tier 2	PA; Specialty
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 2	PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 2	PA; Specialty; QL (3 EA per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 2	
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 2	
CEFADROXIL ORAL TABLET 1 GM		Tier 2	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM		Tier 2	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG, 750 MG		Tier 2	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEPHALEXIN ORAL TABLET 250 MG, 500 MG		Tier 2	
Cephalosporins - 2Nd Generation**			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 2	
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 2	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 375 MG/5ML		Tier 2	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 2	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 2	
CEFUROXIME SODIUM INJECTION SOLUTION RECONSTITUTED 750 MG		Tier 2	
Cephalosporins - 3Rd Generation**			
CEFDINIR ORAL CAPSULE 300 MG		Tier 2	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEFIXIME ORAL CAPSULE 400 MG		Tier 2	
CEFIXIME ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 2	
CEFPODOXIME PROXETIL ORAL TABLET 200 MG		Tier 2	
Contraceptives			
Biphasic Contraceptives - Oral**			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 1		PV
PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-0.02/0.01 MG (21/5)**	Tier 1	Tier 1	PV
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	PV

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
DROSPIREN-ETH ESTRAD-LEVOMEFOL TABLET 3-0.02-0.451 MG ORAL 3-0.02-0.451 MG		Tier 2	PV
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 1	Tier 1	PV
GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 2	Tier 2	PV
HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG**	Tier 1	Tier 1	PV
ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG**	Tier 1	Tier 1	PV
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.8-25 MG-MCG**	Tier 1	Tier 1	PV
KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-35 MG-MCG**	Tier 1	Tier 1	PV
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-50 MG-MCG**	Tier 1	Tier 1	PV
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG**	Tier 1	Tier 1	PV
LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.8-25 MG-MCG**	Tier 1	Tier 1	PV
LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
MARLISSA ORAL TABLET 0.15-30 MG-MCG		Tier 1	PV
MERZEE ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 2	Tier 2	PV
MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) **1-20 MG-MCG**	Tier 1	Tier 1	PV
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Tier 1		PV
MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1.5-30 MG-MCG**	Tier 1	Tier 1	PV
MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG**	Tier 1	Tier 1	PV
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.03 MG**	Tier 1	Tier 1	PV
PHILITH ORAL TABLET (BRIELLYN) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) **1-35 MG-MCG**	Tier 1	Tier 1	PV
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) **0.15-30 MG-MCG**	Tier 1	Tier 1	PV
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.03 MG**	Tier 1	Tier 1	PV
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG**	Tier 1	Tier 1	PV
TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG**	Tier 1	Tier 1	PV
TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) **1-20 MG-MCG(24)**	Tier 2	Tier 2	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1		PV
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) **3-0.03-0.451 MG**	Tier 1	Tier 1	PV
VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.02 MG**	Tier 1	Tier 1	PV
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **0.1-20 MG-MCG**	Tier 1	Tier 1	PV
VYFEMLA ORAL TABLET (BRIELLYN) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) **0.25-35 MG-MCG**	Tier 1	Tier 1	PV
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) **0.4-35 MG-MCG**	Tier 1	Tier 1	PV
ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) **1-35 MG-MCG**	Tier 1	Tier 1	PV
ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) **3-0.03 MG**	Tier 1	Tier 1	PV
Combination Contraceptives - Transdermal			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Combination Contraceptives - Vaginal**			
ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) **0.12-0.015 MG/24HR**	Tier 1	Tier 1	PV
Continuous Contraceptives - Oral**			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **90-20 MCG**	Tier 1	Tier 1	PV
DOLISHALE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) **90-20 MCG**	Tier 1	Tier 1	PV
Emergency Contraceptives**			
AFTERA ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
AFTERPILL ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
ECONTRA EZ ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
MY CHOICE ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
MY WAY ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
NEW DAY ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
OPTION 2 ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
PLAN B ONE-STEP ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
REACT ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
TAKE ACTION ORAL TABLET (LEVONORGESTREL) **1.5 MG**	Tier 1	Tier 1	PV
Extended-Cycle Contraceptives - Oral**			
AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.1-0.02 & 0.01 MG**	Tier 1	Tier 1	PV
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) **42-21-21-7 DAYS**	Tier 1	Tier 1	PV
ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.1-0.02 & 0.01 MG**	Tier 1	Tier 1	PV
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) **42-21-21-7 DAYS**	Tier 1	Tier 1	PV
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 MG**	Tier 1	Tier 1	PV
SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) **0.15-0.03 &0.01 MG**	Tier 1	Tier 1	PV
Progestin Contraceptives - Injectable**			
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML		Tier 1	PV
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	PV
Progestin Contraceptives - Oral**			
CAMILA ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
DEBLITANE ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
ERRIN ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
HEATHER ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
INCASSIA ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
JENCYCLA ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
LYLEQ ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
LYZA ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
NORA-BE ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
NORLYROC ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
SHAROBEL ORAL TABLET (NORETHINDRONE) **0.35 MG**	Tier 1	Tier 1	PV
Triphasic Contraceptives - Oral**			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) **0.5/0.75/1-35 MG-MCG**	Tier 1	Tier 1	PV
ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) **50-30/75-40/ 125-30 MCG**	Tier 1	Tier 1	PV
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) **50-30/75-40/ 125-30 MCG**	Tier 1	Tier 1	PV
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) **0.5/0.75/1-35 MG-MCG**	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) **0.5/0.75/1-35 MG-MCG**	Tier 1	Tier 1	PV
PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) **0.5/0.75/1-35 MG-MCG**	Tier 1	Tier 1	PV
TILIA FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) **1-20/1-30/1-35 MG-MCG**	Tier 1	Tier 1	PV
TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-LEGEST FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) **1-20/1-30/1-35 MG-MCG**	Tier 1	Tier 1	PV
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-NYMYO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) **50-30/75-40/ 125-30 MCG**	Tier 1	Tier 1	PV
TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-25 MCG**	Tier 1	Tier 1	PV
TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) **0.18/0.215/0.25 MG-35 MCG**	Tier 1	Tier 1	PV
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1		PV
Corticosteroids			
Glucocorticosteroids**			
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		Tier 2	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		Tier 2	
DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG		Tier 2	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 2	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		Tier 2	
METHYLPREDNISOLONE SODIUM SUCC INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG		Tier 2	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML		Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2		
PREDNISONE ORAL SOLUTION 5 MG/5ML		Tier 2	
PREDNISONE ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		Tier 2	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		Tier 2	
Mineralocorticoids**			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 2	
Cough/Cold/Allergy			
Antitussive - Nonnarcotic**			
BENZONATATE ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 2	
Antitussive - Opioid**			
HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
HYDROCODONE BIT-HOMATROP MBR ORAL TABLET 5-1.5 MG		Tier 2	QL (6 EA per 1 day)
HYDROMET ORAL SOLUTION 5-1.5 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Antitussive-Expectorant**			
CODITUSSIN AC ORAL LIQUID 200-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
G TUSSIN AC ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIATUSSIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
MAXI-TUSS AC ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Antitussive-Expectorants-Decongestant**			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Decongestant & Antihistamine**			
12 HOUR ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
12HR ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
24HR ALLERGY & CONGESTION RELI ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG		Tier 2	
ALL DAY ALLERGY D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG, 180-240 MG		Tier 2	
ALLERGY RELIEF D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D-24 ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
ANTIHISTAMINE & NASAL DECONGES ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
CVS ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
CVS ALLERGY RELIEF-D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQ ALLERGY & CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) **10-240 MG**	Tier 2	Tier 2	
EQ ALLERGY RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
EQL ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
GNP ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
GNP ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
GNP ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
GNP ALLERGY-D ALLERGY & CONGES ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
GNP FEXOFENADINE/PSE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
GOODSENSE ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HM ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
HM ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) **5-120 MG**	Tier 2	Tier 2	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) **10-240 MG**	Tier 2	Tier 2	
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 2	Tier 2	
LORATADINE-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
LORATADINE-D 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
MEIJER ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5ML		Tier 2	
PROMETHAZINE-PHENYLEPHRINE ORAL SYRUP 6.25-5 MG/5ML		Tier 2	
PX ALLERGY RELIEF D (LORATID) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
QC LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
RA ALLERGY RELF & NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
RA ALLERGY RLF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
RA ALLERGY/CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG		Tier 2	
RA ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
RA ALLERGY/CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
RA CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SB ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
SM ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SM LORATADINE D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
SM LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (FEXOFENADINE-PSEUDOEPHED ER) **60-120 MG**	Tier 2	Tier 2	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR (FEXOFENADINE-PSEUDOEPHED ER) **180-240 MG**	Tier 2	Tier 2	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) **10-240 MG**	Tier 2	Tier 2	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) **5-120 MG**	Tier 2	Tier 2	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) **5-120 MG**	Tier 2	Tier 2	
Decongestant W/ Expectorant**			
CVS MUCUS D EXTENDED RELEASE ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
CVS MUCUS D MAX ST ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200-120 MG		Tier 2	
EQ MUCUS-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG		Tier 2	
MUCUS RELIEF D 12HR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG, 60-600 MG		Tier 2	
MUCUS-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
PSEUDOEPHEDRINE-GUAIFENESIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG, 60-600 MG		Tier 2	
RA MUCUS RELIEF D MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG		Tier 2	
RA MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG, 600-60 MG		Tier 2	
SM GUAIFENESIN/PSEUDOEPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 600-60 MG		Tier 2	
Misc. Respiratory Inhalants**			
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %		Tier 2	
Non-Narc Antitussive-Antihistamine**			
PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML		Tier 2	
Non-Narc Antitussive-Decongestant-Antihistamine**			
PSEUDOEPH-BROMPHEN-DM ORAL SYRUP 30-2-10 MG/5ML		Tier 2	
Opioid Antitussive-Antihistamine**			
PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PROMETHAZINE-CODEINE ORAL SYRUP 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Opioid Antitussive-Decongestant-Antihistamine**			
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE VC/CODEINE ORAL SYRUP 6.25-5-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE-PHENYLEPH-CODEINE ORAL SYRUP 6.25-5-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
Dermatologicals			
Acne Antibiotics**			
CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) **1 %**	Tier 2	Tier 2	
CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) **1 %**	Tier 2	Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL FOAM 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 2	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 2	
ERY EXTERNAL PAD 2 %		Tier 2	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 2	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 2	
Acne Combinations**			
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 2	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 2	
Acne Products**			
ACCUTANE ORAL CAPSULE (ISOTRETINOIN) **10 MG, 20 MG, 30 MG, 40 MG**	Tier 2	Tier 2	
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 2	
ADAPALENE EXTERNAL GEL 0.1 %		Tier 2	
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) **10 MG, 20 MG, 40 MG**	Tier 2	Tier 2	
AZELEX EXTERNAL CREAM 20 %	Tier 3		
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) **10 MG, 20 MG, 30 MG, 40 MG**	Tier 2	Tier 2	
TRETINOIN EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %		Tier 2	
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %, 0.05 %		Tier 2	
TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %		Tier 2	
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %		Tier 2	
Antibiotics - Topical**			
ALTABAX EXTERNAL OINTMENT 1 %	Tier 4		
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antifungals - Topical Combinations**			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 2	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 2	
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 2	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 2	
Antifungals - Topical**			
CICLODAN EXTERNAL SOLUTION (CICLOPIROX) **8 %**	Tier 2	Tier 2	
CICLOPIROX EXTERNAL GEL 0.77 %		Tier 2	
CICLOPIROX EXTERNAL SHAMPOO 1 %		Tier 2	
CICLOPIROX OLAMINE EXTERNAL CREAM 0.77 %		Tier 2	
CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 %		Tier 2	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		Tier 2	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 2	
NYSTOP EXTERNAL POWDER (NYSTATIN) **100000 UNIT/GM**	Tier 2	Tier 2	
Anti-Inflammatory Agents - Topical**			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 2	
Antineoplastic Antimetabolites - Topical**			
FLUOROURACIL EXTERNAL CREAM 5 %		Tier 2	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 2	
Antipsoriatics - Systemic**			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 2	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Tier 5		PA; Specialty
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5		PA; Specialty
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5		PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 5		PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5		PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 5		PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5		PA; Specialty
Antipsoriatics**			
CALCIPOTRIENE EXTERNAL CREAM 0.005 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 2	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 2	
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 2	PA
TAZAROTENE EXTERNAL GEL 0.05 %, 0.1 %		Tier 2	
Antiseborrheic Products**			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 2	
Antivirals - Topical**			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 2	
Atopic Dermatitis - Monoclonal Antibodies**			
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier 5		PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5		PA; Specialty
Burn Products**			
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) **1 %**	Tier 2	Tier 2	
Corticosteroids - Topical**			
ALA-CORT EXTERNAL CREAM 2.5 %		Tier 2	
ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
CLOBETASOL PROP EMOLLIENT BASE EXTERNAL CREAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE E EXTERNAL CREAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL FOAM 0.05 %		Tier 2	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 2	
CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) **0.05 %**	Tier 2	Tier 2	
CVS ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
CVS CORTISONE INTENSE HEALING EXTERNAL CREAM 1 %		Tier 2	
CVS CORTISONE MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
CVS CORTISONE MAXIMUM STRENGTH EXTERNAL OINTMENT 1 %		Tier 2	
CVS ECZEMA ANTI-ITCH EXTERNAL CREAM 1 %		Tier 2	
CVS HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 1 %		Tier 2	
CVS HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
EQ HYDROCORTISONE EXTERNAL CREAM 1 %		Tier 2	
EQ HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL ANTI-ITCH INTENSIVE HEAL EXTERNAL CREAM 1 %		Tier 2	
EQL ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
EQL ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 %		Tier 2	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 2	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 2	
FLUOCINONIDE EXTERNAL GEL 0.05 %		Tier 2	
FLUOCINONIDE EXTERNAL OINTMENT 0.05 %		Tier 2	
FLUOCINONIDE EXTERNAL SOLUTION 0.05 %		Tier 2	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 2	
FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 %		Tier 2	
GNP HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
GNP HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
GNP HYDROCORTISONE/ALOE EXTERNAL CREAM 1 %		Tier 2	
GOODSENSE ANTI-ITCH MAXIMUM ST EXTERNAL OINTMENT 1 %		Tier 2	
HM HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
HM HYDROCORTISONE-ALOE MAX ST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE EXTERNAL CREAM 1 %, 2.5 %		Tier 2	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 2	
HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
HYDROCORTISONE MAX ST/12 MOIST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE/ALOE MAX STR EXTERNAL CREAM 1 %		Tier 2	
MEIJER HYDROCORTISONE EXTERNAL CREAM 1 %		Tier 2	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 2	
MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 %		Tier 2	
PX HYDROCREAM EXTERNAL CREAM 1 %		Tier 2	
QC ANTI-ITCH ALOE EXTERNAL CREAM 1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
QC ANTI-ITCH INTENSIVE HEALING EXTERNAL CREAM 1 %		Tier 2	
QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
RA ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
RA ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 %		Tier 2	
RA HYDROCORTISONE PLUS 12 EXTERNAL CREAM 1 %		Tier 2	
RA HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
SB HYDROCORTISONE EXTERNAL CREAM 1 %		Tier 2	
SB HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
SM HYDROCORTISONE EXTERNAL CREAM 1 %		Tier 2	
SM HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %		Tier 2	
SM HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
SM HYDROCORTISONE-ALOE MAX ST EXTERNAL CREAM 1 %		Tier 2	
TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %, 0.1 %, 0.5 %		Tier 2	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 2	
TRIAMCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %, 0.1 %, 0.5 %		Tier 2	
Eyelid Cleansers & Lubricants**			
OCUSOFT HYPOCHLOR EXTERNAL SOLUTION	Tier 1		
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	Tier 1		
THERATEARS STERILID CLEANSER EXTERNAL SOLUTION	Tier 1		
ZENOPTIQ EXTERNAL SOLUTION	Tier 1		
Imidazole-Related Antifungals - Topical**			
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 2	
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 2	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 2	
Immunomodulators Imidazoquinolinamines - Topical**			
IMIQUIMOD CREAM 3.75 % EXTERNAL 3.75 %		Tier 5	PA
IMIQUIMOD CREAM 5 % EXTERNAL 5 %		Tier 2	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %		Tier 5	PA
Local Anesthetics - Topical**			
GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) **2 %**	Tier 2	Tier 2	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 2	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 2	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 2	
Macrolide Immunosuppressants - Topical**			
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 2	PA
Rosacea Agents**			
AZELAIC ACID EXTERNAL GEL 15 %		Tier 2	
METRONIDAZOLE EXTERNAL CREAM 0.75 %		Tier 2	
METRONIDAZOLE EXTERNAL GEL 0.75 %, 1 %		Tier 2	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 2	
Scabicides & Pediculicides**			
LINDANE EXTERNAL SHAMPOO 1 %		Tier 2	
MALATHION EXTERNAL LOTION 0.5 %		Tier 2	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 2	
Topical Anesthetic Combinations**			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 2	
Wound Care - Growth Factor Agents**			
REGRANEX EXTERNAL GEL 0.01 %	Tier 5		
Diagnostic Products			
Diagnostic Tests**			
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCU-CHEK GUIDE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ACCUTREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVANCE INTUITION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVANCE MICRO-DRAW TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVANCE MICRO-DRAW TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVOCATE REDI-CODE STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVOCATE REDI-CODE STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ADVOCATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AGAMATRIX PRESTO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE 3 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE 3 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE 4 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE 4 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE II CHECK IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE II STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE II STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE PLATINUM STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE PLATINUM STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE PRISM MULTI TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE PRISM MULTI TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ASSURE PRO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ASSURE PRO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CARESENS N GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CARETOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CONTOUR NEXT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CONTOUR TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP		Tier 1	
DIASTIX IN VITRO STRIP	Tier 3		
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
DIATRUE PLUS TEST IN VITRO STRIP		Tier 4	
DUO-CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY STEP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP		Tier 1	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY TOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY TRAK II GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASYGLUCO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EASYMAX 15 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EASYMAX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EASYPRO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ELEMENT COMPACT TEST IN VITRO STRIP		Tier 4	
ELEMENT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
EQ BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	
EQ BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EVOLUTION AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA 6 CONNECT IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA GD20 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA TN'G ADVANCE PRO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA TN'G/TN'G VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORACARE GD40 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORACARE TEST N GO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
FORTISCARE G1 TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
IGLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
INFINITY VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 2	Tier 1	
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP		Tier 1	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
LIBERTY TEST IN VITRO STRIP		Tier 1	
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP		Tier 1	
MEIJER TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MICRODOT TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MICRODOT TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
MYGLUCOHEALTH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
NEUTEK 2TEK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
NEUTEK 2TEK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
NOVA MAX GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
NOVA MAX GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
ONE DROP TEST IN VITRO STRIP		Tier 1	
ONETOUCH ULTRA IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
ONETOUCH VERIO IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
OPTIUMEZ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
OPTIUMEZ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
POCKETCHEM EZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	Tier 1		
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 4	
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP		Tier 4	
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
PTS PANELS EGLU TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
QUICKTEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION PREMIER TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION PRIME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
RELION ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SMART SENSE PREMIUM TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SMART SENSE PREMIUM TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
SMART SENSE VALUE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
SMART SENSE VALUE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
TGT BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TGT BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TRUETEST TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TRUETEST TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
TRUETRACK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
TRUETRACK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
UNISTRIP1 GENERIC IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 4	Tier 1	
VERASENS BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	
VERASENS BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)	Tier 1	Tier 1	
Infection Tests**			
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST)	Tier 1	Tier 1	QL (8 EA per 30 days)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST)	Tier 1	Tier 1	QL (8 EA per 30 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	Tier 1		QL (8 EA per 30 days)
MYLAB BOX COVID-19 TESTING IN VITRO KIT	Tier 1		QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (ELLUME COVID-19 HOME TEST)	Tier 1	Tier 1	QL (8 EA per 30 days)
Digestive Aids			
Digestive Enzymes**			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 3		PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 4200-14200 UNIT	Tier 3		PA
Diuretics			
Carbonic Anhydrase Inhibitors**			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 2	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 2	
ACETAZOLAMIDE SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG		Tier 2	
METHAZOLAMIDE ORAL TABLET 50 MG		Tier 2	
Diuretic Combinations**			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		Tier 2	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		Tier 2	
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		Tier 2	
Loop Diuretics**			
BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
FUROSEMIDE ORAL SOLUTION 10 MG/ML, 8 MG/ML		Tier 2	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 2	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG		Tier 2	
Potassium Sparing Diuretics**			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 2	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
Thiazides And Thiazide-Like Diuretics**			
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG		Tier 2	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		Tier 2	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG		Tier 2	
METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
Endocrine And Metabolic Agents - Misc.			
Bisphosphonates**			
ALENDRONATE SODIUM TABLET 10 MG ORAL 10 MG		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 2	QL (8 EA per 28 days)
ALENDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 70 MG ORAL 70 MG		Tier 2	QL (0.143 EA per 1 day)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 150 MG ORAL 150 MG		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 2	QL (4 EA per 28 days)
Calcimimetic Agents**			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 5	
Calcitonins**			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 2	
Carnitine Replenisher - Agents**			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 2	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 2	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 2	
Dopamine Receptor Agonists**			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Growth Hormones**			
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 5		PA; Specialty
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 5		PA; Specialty
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 5		PA; Specialty
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 5		PA; Specialty
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 5		PA; Specialty
Hyperparathyroid Treatment - Vitamin D Analogs**			
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 2	
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**			
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 5		Specialty
Selective Estrogen Receptor Modulators (Serms)**			
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	PV
Vasopressin**			
DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %		Tier 2	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 2	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 2	
Estrogens			
Estrogen & Progestin**			
AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) **0.5-0.1 MG, 1-0.5 MG**	Tier 2	Tier 2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 3		
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) **0.5-2.5 MG-MCG, 1-5 MG-MCG**	Tier 2	Tier 2	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) **1-5 MG-MCG**	Tier 2	Tier 2	
MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) **1-0.5 MG**	Tier 2	Tier 2	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	Tier 3		
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 3		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3		
Estrogens**			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) **0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR**	Tier 3	Tier 2	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) **0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR**	Tier 2	Tier 2	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ESTRADIOL TRANSDERMAL GEL 0.75 MG/0.75GM, 1.25 MG/1.25GM		Tier 2	
ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR		Tier 2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	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 2	Tier 2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 3		
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3		
Fluoroquinolones			
Fluoroquinolones**			
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	Tier 3		
CIPROFLOXACIN HCL ORAL TABLET 100 MG, 250 MG, 500 MG, 750 MG		Tier 2	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 2	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 2	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 2	
OFLOXACIN ORAL TABLET 400 MG		Tier 2	
Gastrointestinal Agents - Misc.			
Gallstone Solubilizing Agents**			
URSODIOL ORAL CAPSULE 300 MG		Tier 2	
Gastrointestinal Antiallergy Agents**			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 2	
Gastrointestinal Chloride Channel Activators**			
AMITIZA ORAL CAPSULE (LUBIPROSTONE) **24 MCG**	Tier 4	Tier 4	
Gastrointestinal Stimulants**			
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		Tier 2	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		Tier 2	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3		
Inflammatory Bowel Agents**			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 2	
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 500 MG		Tier 2	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 2	
MESALAMINE RECTAL ENEMA 4 GM		Tier 2	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 4		
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 2	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 2	
Interleukin Antagonists**			
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 5		PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5		PA; Specialty
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5		PA; Specialty
Intestinal Acidifiers**			
ENULOSE ORAL SOLUTION 10 GM/15ML		Tier 2	
GENERLAC ORAL SOLUTION 10 GM/15ML		Tier 2	
LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML		Tier 2	
Phosphate Binder Agents**			
SEVELAMER CARBONATE ORAL PACKET 0.8 GM, 2.4 GM		Tier 5	
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 5	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 2	
Tumor Necrosis Factor Alpha Blockers**			
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	Tier 5		PA; Specialty
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Tier 5		PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5		PA; Specialty
Genitourinary Agents - Miscellaneous			
5-Alpha Reductase Inhibitors**			
FINASTERIDE ORAL TABLET 5 MG		Tier 2	
Alpha 1-Adrenoceptor Antagonists**			
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		Tier 2	
Citrates**			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 5 MEQ (540 MG)		Tier 2	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Interstitial Cystitis Agents**			
ELMIRON ORAL CAPSULE 100 MG	Tier 4		
Urinary Analgesics**			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) **200 MG**	Tier 2	Tier 2	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		Tier 2	
Gout Agents			
Gout Agent Combinations**			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 2	
Gout Agents**			
ALLOPURINOL ORAL TABLET 100 MG, 300 MG		Tier 2	
COLCHICINE ORAL TABLET 0.6 MG		Tier 2	
Uricosurics**			
PROBENECID ORAL TABLET 500 MG		Tier 2	
Hematological Agents - Misc.			
C1 Esterase Inhibitors**			
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 5		PA; Specialty
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5		PA; Specialty
Hematorheologic Agents**			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 2	
Phosphodiesterase Iii Inhibitors**			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 2	
Platelet Aggregation Inhibitor Combinations**			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 2	
Platelet Aggregation Inhibitors**			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 2	
Pyruvate Kinase Activators**			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5		PA; 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 5		PA; Specialty; QL (1 EA per 1 day)
Quinazoline Agents**			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 2	
Thienopyridine Derivatives**			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 2	
Hematopoietic Agents			
Cobalamins**			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Erythropoiesis-Stimulating Agents (Esas)**			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5		Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 5		Specialty
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 5		PA; Specialty
Folic Acid/Folate Combinations**			
NUFOL ORAL TABLET (FOLBEE) **2.5-25-1 MG**	Tier 2	Tier 2	
WESTAB ONE ORAL TABLET 2.5-25-1 MG		Tier 2	
Folic Acid/Folates**			
FOLIC ACID ORAL TABLET 1 MG		Tier 2	
Granulocyte Colony-Stimulating Factors (G-Csf)**			
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Tier 5		PA; Specialty
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA; Specialty
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5		PA; Specialty
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5		PA; Specialty
Hypnotics/Sedatives/Sleep Disorder Agents			
Barbiturate Hypnotics**			
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML		Tier 2	
PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG		Tier 2	
Benzodiazepine Hypnotics**			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 2	
FLURAZEPAM HCL ORAL CAPSULE 15 MG, 30 MG		Tier 2	
TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG		Tier 2	
TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG		Tier 2	
Non-Benzodiazepine - Gaba-Receptor Modulators**			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 2	
ZALEPLON ORAL CAPSULE 10 MG, 5 MG		Tier 2	
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 2	QL (30 EA per 30 days)
Selective Melatonin Receptor Agonists**			
RAMELTEON ORAL TABLET 8 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Laxatives			
Bowel Evacuant Combinations**			
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) **236 GM**	Tier 2	Tier 2	PV; QL (236 ML per 30 days)
PEG 3350-KCL-NA BICARB-NACL ORAL SOLUTION RECONSTITUTED 420 GM		Tier 2	PV; QL (420 ML per 30 days)
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 2	PV; QL (100 EA per 30 days)
PEG-KCL-NACL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 2	PV; QL (100 EA per 30 days)
Laxatives - Miscellaneous**			
CONSTULOSE ORAL SOLUTION 10 GM/15ML		Tier 2	
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		Tier 2	
Saline Laxative Mixtures**			
OSMOPREP ORAL TABLET 1.102-0.398 GM	Tier 3		
Macrolides			
Azithromycin**			
AZITHROMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	
AZITHROMYCIN ORAL PACKET 1 GM		Tier 2	
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 2	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		Tier 2	
Clarithromycin**			
CLARITHROMYCIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG		Tier 2	
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 2	
Erythromycins**			
E.E.S. 400 ORAL TABLET (ERYTHROMYCIN ETHYLSUCCINATE) **400 MG**	Tier 3	Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 4		
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 2	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 400 MG/5ML		Tier 2	
Medical Devices And Supplies			
Applicators,Cotton Balls,Etc**			
ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)	Tier 1	Tier 1	
ALCOHOL PADS PAD 70 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALCOHOL PREP PAD 70 %		Tier 1	
ALCOHOL PREP PADS PAD 70 %		Tier 1	
ALCOHOL SWABS PAD , 70 %		Tier 1	
BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)	Tier 1	Tier 1	
CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 1	
CVS PREP PAD 70 %		Tier 1	
DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
EASY COMFORT ALCOHOL PADS PAD		Tier 1	
EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
EQL ALCOHOL SWABS PAD 70 %		Tier 1	
FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 1	
GNP ALCOHOL SWABS PAD 70 %		Tier 1	
H-E-B INCONTROL ALCOHOL PAD		Tier 1	
HM STERILE ALCOHOL PREP PAD		Tier 1	
MEIJER ALCOHOL SWABS PAD 70 %		Tier 1	
PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)	Tier 1	Tier 1	
PRO COMFORT ALCOHOL PAD 70 %		Tier 1	
PURE COMFORT ALCOHOL PREP PAD		Tier 1	
QC ALCOHOL SWABS PAD 70 %		Tier 1	
RA ALCOHOL SWABS PAD 70 %		Tier 1	
REALITY SWABS PAD		Tier 1	
RELION ALCOHOL SWABS PAD (ALCOHOL PREP) **, 70 %**	Tier 1	Tier 1	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 1	
SAPS HEALTH ALCOHOL PREP PAD , 70 %		Tier 1	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 1	
SB ALCOHOL PREP PAD 70 %		Tier 1	
SM ALCOHOL PREP PAD , 70 %		Tier 1	
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 1	
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 1	
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		Tier 1	
ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP) **, 70 %**	Tier 1	Tier 1	
ULTILET ALCOHOL SWABS PAD		Tier 1	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) **70 %**	Tier 1	Tier 1	
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 1	
Glucose Monitoring Test Supplies			
1ST TIER UNILET COMFORTOUCH		Tier 1	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Tier 1		
ACCU-CHEK FASTCLIX LANCET KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 1	Tier 1	
ACCU-CHEK GUIDE KIT W/DEVICE	Tier 1		
ACCU-CHEK GUIDE ME KIT W/DEVICE	Tier 1		
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 1	Tier 1	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 1	Tier 1	
ACTI-LANCE 28G		Tier 1	
ACTI-LANCE LITE LANCETS 28G		Tier 1	
ACTI-LANCE SPECIAL LANCETS 17G		Tier 1	
ACTI-LANCE UNIVERSAL 23G		Tier 1	
ADJUSTABLE LANCING DEVICE		Tier 1	
ADVANCED MOBILE LANCET		Tier 1	
ADVOCATE LANCETS (LANCETS)	Tier 1	Tier 1	
ADVOCATE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
ADVOCATE LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
ADVOCATE RAPID-SAFE LANCING (LANCET DEVICE)	Tier 1	Tier 1	
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 1	Tier 1	
AIMSCO TWIST LANCETS 32G		Tier 1	
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 1	Tier 1	
AQUALANCE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
ASSURE COMFORT LANCETS 28G		Tier 1	
ASSURE HAEMOLANCE PLUS HIGH (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS LOW (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS MICRO (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS NORMAL (LANCETS)	Tier 1	Tier 1	
ASSURE HAEMOLANCE PLUS PED (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE LANCETS (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 1	Tier 1	
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AURORA LANCET SUPER THIN 30G		Tier 1	
AURORA LANCET THIN 23G		Tier 1	
AUTO-LANCET (LANCET DEVICE)	Tier 1	Tier 1	
AUTO-LANCET MINI (LANCET DEVICE)	Tier 1	Tier 1	
AUTOLET II CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
AUTOLET LITE CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
AUTOLET LITE STARTER PACK KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
AUTOLET MINI (LANCET DEVICE)	Tier 1	Tier 1	
AUTOLET PLATFORMS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
AUTOLET PLUS (LANCET DEVICE)	Tier 1	Tier 1	
BD LANCET ULTRAFINE 30G (LANCETS)	Tier 1	Tier 1	
BD LANCET ULTRAFINE 33G (LANCETS)	Tier 1	Tier 1	
BD MICROTAINER LANCETS (LANCETS)	Tier 1	Tier 1	
CARDIOCOM LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
CAREONE ADVANCED LANCING DEV		Tier 1	
CAREONE LANCET SUPER THIN 30G (LANCETS)	Tier 1	Tier 1	
CAREONE LANCET THIN 23G		Tier 1	
CARESENS LANCETS (LANCETS)	Tier 1	Tier 1	
CARETOUCH LANCING/EJECTOR (LANCET DEVICE)	Tier 1	Tier 1	
CARETOUCH SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
CARETOUCH SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 1	Tier 1	
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 1	Tier 1	
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 1	Tier 1	
CARETOUCH TWIST MC LANCETS 30G (LANCETS)	Tier 1	Tier 1	
CLEANLET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
CLEVER CHEK LANCETS (LANCETS)	Tier 1	Tier 1	
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 1	Tier 1	
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 1	Tier 1	
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 1	Tier 1	
COAGUCHEK LANCETS (LANCETS)	Tier 1	Tier 1	
COMFORT ASSURED LANCETS 28G		Tier 1	
COMFORT ASSURED LANCETS 33G		Tier 1	
COMFORT LANCETS		Tier 1	
COMFORT TOUCH LANCETS 31G (LANCETS)	Tier 1	Tier 1	
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 1	Tier 1	
CONTOUR MONITOR DEVICE	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CONTOUR NEXT LINK KIT W/DEVICE	Tier 1		
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 1		
CONTOUR NEXT ONE KIT	Tier 1		
CVS LANCETS 21G		Tier 1	
CVS LANCETS MICRO THIN 33G		Tier 1	
CVS LANCETS ORIGINAL		Tier 1	
CVS LANCETS THIN 26G		Tier 1	
CVS LANCETS ULTRA THIN 30G		Tier 1	
CVS LANCETS ULTRA-THIN 30G		Tier 1	
CVS LANCING DEVICE		Tier 1	
CVS ULTRA THIN LANCETS		Tier 1	
DEXCOM G6 RECEIVER DEVICE	Tier 2		PA
DEXCOM G6 SENSOR	Tier 2		PA
DEXCOM G6 TRANSMITTER	Tier 2		PA
DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)	Tier 1	Tier 1	
DIATHRIVE LANCETS (LANCETS)	Tier 1	Tier 1	
DIATHRIVE LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
DROPLET GENTEEL LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	
DROPLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
DROPLET PERSONAL LANCETS 30G (LANCETS)	Tier 1	Tier 1	
DRUG MART LANCETS THIN 26G		Tier 1	
DRUG MART LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 1	Tier 1	
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 1	Tier 1	
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 1	Tier 1	
EASY COMFORT LANCETS		Tier 1	
EASY COMFORT LANCETS TWIST TOP		Tier 1	
EASY MINI EJECT LANCING DEVICE		Tier 1	
EASY MINI LANCING DEVICE		Tier 1	
EASY TOUCH LANCETS 21G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 23G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 26G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 28G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 30G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 32G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 1	Tier 1	
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	
EMBRACE LANCING DEVICE/EJECTOR		Tier 1	
EMBRACE PRESSURE ACTIVATED 21G (LANCETS)	Tier 1	Tier 1	
EMBRACE PRESSURE ACTIVATED 28G (LANCETS)	Tier 1	Tier 1	
EQL COLOR LANCETS 21G		Tier 1	
EQL COLOR LANCETS MICRO 33G		Tier 1	
EQL SUPER THIN LANCETS 30G		Tier 1	
EQL THIN LANCETS 26G		Tier 1	
E-Z JECT LANCET MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCET SUPER THIN 30G (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCETS (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCETS 21G (LANCETS)	Tier 1	Tier 1	
E-Z JECT LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 21G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 26G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 28G (LANCETS)	Tier 1	Tier 1	
EZ-LETS LANCETS 30G (LANCETS)	Tier 1	Tier 1	
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 1	Tier 1	
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 1	Tier 1	
FINE 30 (LANCETS)	Tier 1	Tier 1	
FINGERSTIX LANCETS (LANCETS)	Tier 1	Tier 1	
FORA LANCETS (LANCETS)	Tier 1	Tier 1	
FORA LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
FREDS PHARMACY AUTOLET LANCING		Tier 1	
FREDS PHARMACY UNILET LANC 28G		Tier 1	
FREDS PHARMACY UNILET LANC 30G		Tier 1	
FREESTYLE LANCETS (LANCETS)	Tier 1	Tier 1	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2		PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2		PA
FREESTYLE LIBRE 2 READER DEVICE	Tier 2		PA
FREESTYLE LIBRE 2 SENSOR	Tier 2		PA
FREESTYLE LIBRE READER DEVICE	Tier 2		PA
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 1	Tier 1	
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (BLUE) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GENTEEL CONTACT TIPS (CLEAR) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (GREEN) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (ORANGE) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (RAINBOW) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (VIOLET) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL CONTACT TIPS (YELLOW) (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL NOZZLES (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GENTEEL PLUS LANCING (BLACK) (LANCET DEVICE)	Tier 1	Tier 1	
GENTEEL PLUS LANCING (PURPLE) (LANCET DEVICE)	Tier 1	Tier 1	
GENTEEL PLUS LANCING (WHITE) (LANCET DEVICE)	Tier 1	Tier 1	
GENTEEL PLUS LANCING DEV(BLUE) (LANCET DEVICE)	Tier 1	Tier 1	
GENTEEL PLUS LANCING DEV(PINK) (LANCET DEVICE)	Tier 1	Tier 1	
GENTLE-LET GP LANCETS (LANCETS)	Tier 1	Tier 1	
GENTLE-LET LANCETS (LANCETS)	Tier 1	Tier 1	
GENTLE-LET PLATFORMS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
GLOBAL INJECT EASE LANCETS 28G		Tier 1	
GLOBAL INJECT EASE LANCETS 30G		Tier 1	
GLOBAL LANCING DEVICE		Tier 1	
GLUCOCOM LANCETS 28G (LANCETS)	Tier 1	Tier 1	
GLUCOCOM LANCETS 30G (LANCETS)	Tier 1	Tier 1	
GLUCOCOM LANCETS 33G (LANCETS)	Tier 1	Tier 1	
GNP LANCETS 21G		Tier 1	
GNP LANCETS THIN 26G		Tier 1	
GNP LANCING SYSTEM DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
GNP STERILE LANCETS 28G		Tier 1	
GNP STERILE LANCETS 30G		Tier 1	
GNP STERILE LANCETS 33G		Tier 1	
GOJJI LANCING DEVICE/CLEAR CAP (LANCET DEVICE)	Tier 1	Tier 1	
GOJJI STERILE LANCETS (LANCETS)	Tier 1	Tier 1	
GOODSENSE COLOR LANCETS 33G		Tier 1	
GOODSENSE LANCETS 26G UNIV		Tier 1	
GOODSENSE LANCETS 30G		Tier 1	
GOODSENSE LANCETS 30G UNIV		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GOODSENSE LANCETS 33G		Tier 1	
GOODSENSE LANCETS 33G UNIV		Tier 1	
GOODSENSE LANCING DEVICE		Tier 1	
HAEMOLANCE (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 1	Tier 1	
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 1	Tier 1	
HEALTH CARE LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
HEALTHY ACCENTS LANCING DEVICE		Tier 1	
HEALTHY ACCENTS UNILET LANCETS		Tier 1	
H-E-B INCONTROL ADV LANCING		Tier 1	
H-E-B INCONTROL LANCETS 28G		Tier 1	
H-E-B INCONTROL LANCETS 30G		Tier 1	
H-E-B INCONTROL LANCETS 33G		Tier 1	
HYPOLANCE AST LANCING KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
HY-VEE LANCETS (LANCETS)	Tier 1	Tier 1	
HY-VEE THIN LANCETS		Tier 1	
IN TOUCH LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 1	Tier 1	
KINNEY LANCETS		Tier 1	
KINNEY THIN LANCETS		Tier 1	
KROGER AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
KROGER HEALTHPRO LANCET 26G (LANCETS)	Tier 1	Tier 1	
KROGER LANCETS		Tier 1	
KROGER LANCETS 21G		Tier 1	
KROGER LANCETS MICRO THIN 33G		Tier 1	
KROGER LANCETS SUPER THIN		Tier 1	
KROGER LANCETS THIN		Tier 1	
KROGER LANCETS THIN 26G		Tier 1	
KROGER LANCETS ULTRATHIN 30G		Tier 1	
KROGER LANCING DEVICE		Tier 1	
LANCET DEVICE WITH EJECTOR		Tier 1	
LANCETS 30G		Tier 1	
LANCETS 33G		Tier 1	
LANCETS MICRO THIN 33G		Tier 1	
LANCETS SUPER THIN 28G		Tier 1	
LANCETS THIN		Tier 1	
LANCETS ULTRA THIN (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LANCETS ULTRA THIN 30G		Tier 1	
LANCING DEVICE		Tier 1	
LANZO (LANCET DEVICE)	Tier 1	Tier 1	
LEADER ADVANCED LANCING DEVICE		Tier 1	
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 1	Tier 1	
LIBERTY MINI LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
LIFESCAN UNISTIK 2 (LANCETS)	Tier 1	Tier 1	
LIFESCAN UNISTIK II LANCETS (LANCETS)	Tier 1	Tier 1	
LITE TOUCH LANCETS		Tier 1	
LITE TOUCH LANCING PEN (LANCET DEVICE)	Tier 1	Tier 1	
LITETOUCH LANCETS (LANCETS)	Tier 1	Tier 1	
LIVE BETTER ADV LANCING DEVICE		Tier 1	
LIVE BETTER LANCET SUPER THIN		Tier 1	
LIVE BETTER LANCET ULTRA THIN		Tier 1	
LONGS LANCETS STANDARD		Tier 1	
LONGS LANCETS THIN		Tier 1	
LONGS LANCETS ULTRA THIN		Tier 1	
MEDICHOICE SAFETY LANCET		Tier 1	
MEDICHOICE SAFETY LANCET EXTRA		Tier 1	
MEDICHOICE SAFETY LANCET NORM		Tier 1	
MEDLANCE EXTRA 21G (LANCETS)	Tier 1	Tier 1	
MEDLANCE LITE 25G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS LANCETS (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 1	Tier 1	
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	
MEDLANCE UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS THIN (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 1	Tier 1	
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 1	Tier 1	
MEIJER SUPER THIN LANCETS (LANCETS)	Tier 1	Tier 1	
MICROLET LANCETS (LANCETS)	Tier 1	Tier 1	
MICROLET NEXT LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
MINI LANCING DEVICE		Tier 1	
MM LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
MM TWIST LANCETS (LANCETS)	Tier 1	Tier 1	
MONOLET LANCETS (LANCETS)	Tier 1	Tier 1	
MONOLET OPD LANCETS (LANCETS)	Tier 1	Tier 1	
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MPD SAFETY LANCET 21G		Tier 1	
MPD SAFETY LANCET 23G		Tier 1	
MPD SAFETY LANCET 28G		Tier 1	
MPD SAFETY LANCET 30G		Tier 1	
MULTI-LANCET DEVICE		Tier 1	
MULTI-LANCET DEVICE 2 KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 1	Tier 1	
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 1	Tier 1	
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
NOVA SUREFLEX LANCETS (LANCETS)	Tier 1	Tier 1	
NOVA SUREFLEX LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
ONETOUCH CLUB LANCETS FINE PT (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA LANCETS 30G (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA LANCETS 33G (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA LANCING DEV (LANCET DEVICE)	Tier 1	Tier 1	
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 1	Tier 1	
ONETOUCH DELICA PLUS LANCING (LANCET DEVICE)	Tier 1	Tier 1	
ONETOUCH DELICA SAFETY LANCING (LANCET DEVICE)	Tier 1	Tier 1	
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 1	Tier 1	
ONETOUCH SURESOFT LANCING DEV (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
ONETOUCH ULTRA 2 KIT W/DEVICE	Tier 1		
ONETOUCH ULTRA MINI KIT W/DEVICE	Tier 1		
ONETOUCH ULTRASOFT LANCETS (LANCETS)	Tier 1	Tier 1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Tier 1		
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	Tier 1		
ONETOUCH VERIO KIT W/DEVICE	Tier 1		
ONETOUCH VERIO REFLECT KIT W/DEVICE	Tier 1		
PC LANCETS SUPER THIN 30G		Tier 1	
PENLET II BLOOD SAMPLER KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
PENLET II REPLACEMENT CAP (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
PERFECT LANCETS 28G (LANCETS)	Tier 1	Tier 1	
PERFECT LANCETS 30G (LANCETS)	Tier 1	Tier 1	
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 1	Tier 1	
PHARMACY COUNTER LANCETS (LANCETS)	Tier 1	Tier 1	
PIP LANCETS 28G		Tier 1	
PIP LANCETS 30G		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Tier 1		
PRECISION THINS GP LANCETS (LANCETS)	Tier 1	Tier 1	
PREFERRED PLUS LANCETS COLORED		Tier 1	
PREFERRED PLUS LANCETS THIN		Tier 1	
PRO COMFORT LANCETS 30G		Tier 1	
PRO COMFORT LANCETS 31G		Tier 1	
PRODIGY LANCETS 28G (LANCETS)	Tier 1	Tier 1	
PRODIGY LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 1	Tier 1	
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 1	Tier 1	
PSS SELECT GP LANCETS (LANCETS)	Tier 1	Tier 1	
PSS SELECT PLATFORMS (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
PSS SELECT SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
PURE COMFORT LANCETS 30G		Tier 1	
PX ADVANCED LANCING DEVICE		Tier 1	
PX LANCET AUTO INJECTOR		Tier 1	
PX LANCETS MICROTHIN 33G		Tier 1	
PX LANCETS ULTRA THIN		Tier 1	
PX LANCETS ULTRA THIN 28G		Tier 1	
QC ADVANCED LANCING DEVICE		Tier 1	
QC LANCETS SUPER THIN 30G		Tier 1	
QC LANCETS ULTRA THIN		Tier 1	
QC UNILET LANCETS 28G		Tier 1	
QC UNILET LANCETS MICRO THIN		Tier 1	
RA E-ZJECT LANCETS 28G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS THIN 28G (LANCETS)	Tier 1	Tier 1	
RA E-ZJECT LANCETS ULTRA THIN (LANCETS)	Tier 1	Tier 1	
READYLANCE SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
REALITY LANCETS		Tier 1	
REALITY TRIGGER LANCETS		Tier 1	
RELION LANCET DEVICES 30G (LANCET DEVICE)	Tier 1	Tier 1	
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 1	Tier 1	
RELION LANCETS THIN 26G (LANCETS)	Tier 1	Tier 1	
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 1	Tier 1	
RELION LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
RELION LANCING DEVICE KIT (SELECT-LITE DEVICE/LANCETS)	Tier 1	Tier 1	
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 1	Tier 1	
RELION ULTRA THIN PLUS LANCETS (LANCETS)	Tier 1	Tier 1	
REXALL LANCETS ULTRA THIN 30G (LANCETS)	Tier 1	Tier 1	
RIGHTEST ALTERNATE SITE ADAPT (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RIGHTEST GD500 LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
RIGHTEST GL300 LANCETS (LANCETS)	Tier 1	Tier 1	
SAFE-T-LANCE (LANCETS)	Tier 1	Tier 1	
SAFE-T-LANCE PLUS (LANCETS)	Tier 1	Tier 1	
SAFETY LANCET 30G/PRESSURE ACT		Tier 1	
SAFETY LANCETS (LANCETS)	Tier 1	Tier 1	
SAFETY LANCETS 21G (LANCETS)	Tier 1	Tier 1	
SAFETY LANCETS 28G		Tier 1	
SAPS HEALTH PLUS LANCETS		Tier 1	
SAPS HEALTH TWIST TOP LANCETS		Tier 1	
SAPS TWIST TOP LANCETS		Tier 1	
SAPSCARE TWIST TOP LANCETS		Tier 1	
SB LANCETS THIN		Tier 1	
SB LANCETS ULTRA THIN		Tier 1	
SELECT-LITE LANCING DEVICE		Tier 1	
SHOPKO AUTOLET LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
SHOPKO ON-THE-GO LANCETS 30G (LANCETS)	Tier 1	Tier 1	
SHOPKO UNILET LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SHOPKO UNILET LANCETS 30G (LANCETS)	Tier 1	Tier 1	
SIMPLE DIAGNOSTICS LANCING DEV (LANCET DEVICE)	Tier 1	Tier 1	
SINGLE-LET (LANCETS)	Tier 1	Tier 1	
SM LANCETS 33G		Tier 1	
SM TRUEDRAW LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
SMART DIABETES VANTAGE LANCING (LANCET DEVICE)	Tier 1	Tier 1	
SMART SENSE COLOR LANCETS 33G (LANCETS)	Tier 1	Tier 1	
SMART SENSE STANDARD LANCETS (LANCETS)	Tier 1	Tier 1	
SMART SENSE SUPER THIN LANCETS (LANCETS)	Tier 1	Tier 1	
SMART SENSE THIN LANCETS 26G (LANCETS)	Tier 1	Tier 1	
SMARTEST LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SOLUS V2 LANCETS 28G (LANCETS)	Tier 1	Tier 1	
SOLUS V2 LANCING DEVICE (LANCET DEVICE)	Tier 1	Tier 1	
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 1	Tier 1	
STERILANCE PA (LANCET TRANSPORTER CASE)	Tier 1	Tier 1	
STERILANCE TL (LANCETS)	Tier 1	Tier 1	
SUPER THIN LANCETS		Tier 1	
SURE COMFORT LANCETS 18G		Tier 1	
SURE COMFORT LANCETS 21G		Tier 1	
SURE COMFORT LANCETS 23G		Tier 1	
SURE COMFORT LANCETS 28G		Tier 1	
SURE COMFORT LANCETS 30G		Tier 1	

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

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WALGREENS ADV TRAVEL LANCETS		Tier 1	
WALGREENS LANCETS (LANCETS)	Tier 1	Tier 1	
WALGREENS LANCETS MICRO THIN		Tier 1	
WALGREENS LANCETS SUPER THIN		Tier 1	
WALGREENS THIN LANCETS (LANCETS)	Tier 1	Tier 1	
WALGREENS ULTRA THIN LANCETS (LANCETS)	Tier 1	Tier 1	
ZEVRX TWIST TOP LANCETS 30G		Tier 1	
Misc. Devices**			
FOLDING PADDLE WALKER		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
Needles & Syringes**			
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM		Tier 1	
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 1	
ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM**	Tier 1	Tier 1	
ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	
ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) **33G X 4 MM**	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
ALLERGY SYRINGE 27G X 1/2" 1 ML		Tier 1	
ASSURE ID INSULIN SAFETY SYR (TECHLITE INSULIN SYRINGE) **31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	Tier 1	Tier 1	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 1	
AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 1	
BD AUTOSHIELD DUO (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	
BD DISP NEEDLE 23G X 1"	Tier 1		
BD DISP NEEDLES 16G X 1-1/2" , 18G X 1-1/2" , 19G X 1" , 20G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8" , 25G X 7/8" , 27G X 1/2" , 30G X 1/2"	Tier 1		
BD ECLIPSE SYRINGE/NEEDLE (SYRINGE) **23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2"	Tier 1		
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML	Tier 1		
BD INSULIN SYRINGE (INSULIN SYRINGE) **27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 1		
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE) **30G X 1/2" 1 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) **U-100 1 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 1		
BD INSULIN SYRINGE ULTRAFINE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	

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

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLICKFINE PEN NEEDLES 31G X 8 MM 31G X 8 MM		Tier 1	
CLICKFINE PEN NEEDLES 32G X 4 MM 32G X 4 MM		Tier 1	
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML**	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM , 33G X 4 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) **33G X 5 MM , 33G X 6 MM**	Tier 1	Tier 1	
COMFORT EZ PEN NEEDLES 33G X 8 MM	Tier 1		
COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
COMFORT TOUCH INSULIN PEN NEED (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) **32G X 4 MM , 33G X 4 MM**	Tier 1	Tier 1	
COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	
COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) **33G X 5 MM , 33G X 6 MM**	Tier 1	Tier 1	
DIATHRIVE PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
DIATHRIVE PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
DIATHRIVE PEN NEEDLE (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
DIATHRIVE PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	Tier 1		
DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	Tier 1	Tier 1	
DROPLET PEN NEEDLES 29G X 10MM	Tier 1		
DROPLET PEN NEEDLES (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
DROPLET PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	
DROPLET PEN NEEDLES (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 1	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 1	
EASY GLIDE PEN NEEDLES 33G X 4 MM		Tier 1	
EASY TOUCH ALLERGY SYRINGE (TUBERCULIN SYRINGE) **27G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) **29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 1 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
EASY TOUCH FLIPLOCK SAFETY SYR (SYRINGE) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
EASY TOUCH FLURINGE (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	
EASY TOUCH FLURINGE FLIPLOCK (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	
EASY TOUCH FLURINGE SHEATHLOCK (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.5 ML**	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) **27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) **27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	Tier 1		
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM , 31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) **32G X 5 MM**	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 1		
EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	
EASY TOUCH SAFETY SYRINGE (SYRINGE) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
EASY TOUCH SAFETY SYRINGE (SYRINGE LUER SLIP) **25G X 5/8" 1 ML**	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) **29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 1 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
EASY TOUCH TB FLIPLOCK SYRINGE (TUBERCULIN SYRINGE) **27G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH TB SHEATHLOCK SYR (TUBERCULIN SYRINGE) **25G X 5/8" 1 ML, 27G X 1/2" 1 ML**	Tier 1	Tier 1	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML	Tier 1		
EASYPOINT NEEDLE/SYRINGE (SYRINGE) **23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	Tier 1	Tier 1	
EXEL COMFORT POINT INSULIN SYR (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML**	Tier 1	Tier 1	
EXEL COMFORT POINT PEN NEEDLE (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
FIFTY50 PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FIFTY50 SUPERIOR COMFORT SYR (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM , 31G X 8 MM		Tier 1	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM		Tier 1	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML		Tier 1	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM		Tier 1	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML		Tier 1	
GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE) **30G X 1/2" 1 ML**	Tier 1	Tier 1	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 1	
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML		Tier 1	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		Tier 1	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		Tier 1	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		Tier 1	
GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 1	
INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) **32G X 6 MM**	Tier 1	Tier 1	
INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	
INSUPEN ULTRAFIN (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	
INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
INSUPEN ULTRAFIN (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		Tier 1	
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 1	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	
LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	

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

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 1	
PENTIPS (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
PENTIPS (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
PENTIPS (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		Tier 1	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		Tier 1	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML**	Tier 1	Tier 1	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 1	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE) **30G X 1/2" 1 ML**	Tier 1	Tier 1	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) **28G X 1/2" 1 ML**	Tier 1	Tier 1	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	Tier 1	Tier 1	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 1	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 1	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 1	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 1	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 1	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		Tier 1	
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
QC UNIFINE PENTIPS 32G X 4 MM		Tier 1	
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 1	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	
RELION INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML**	Tier 1	Tier 1	
RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	Tier 1	Tier 1	
RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
RELION PEN NEEDLES (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
RELION PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
RELION PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		Tier 1	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		Tier 1	
SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	Tier 1	Tier 1	
SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	
SECURESAFE SYRINGE/NEEDLE (SYRINGE) **22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML	Tier 1		
SHOPKO UNIFINE PENTIPS (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
SURE COMFORT PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
SYRINGE LUER LOCK 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML		Tier 1	
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
TECHLITE PEN NEEDLES 29G X 10MM	Tier 1		
TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM , 32G X 6 MM**	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
TECHLITE PEN NEEDLES (PURE COMFORT PEN NEEDLE) **32G X 8 MM**	Tier 1	Tier 1	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 1	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 1	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 1	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 1	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 1	
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 1	
TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) **32G X 6 MM**	Tier 1	Tier 1	
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	
ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	
ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
ULTICARE SYRINGE (SYRINGE) **22G X 1-1/2" 3 ML**	Tier 1	Tier 1	
ULTICARE TUBERCULIN SAFETY SYR (TUBERCULIN SYRINGE) **25G X 5/8" 1 ML**	Tier 1	Tier 1	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
ULTIGUARD SAFEPACK SYR/NEEDLE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE) **30G X 1/2" 1 ML**	Tier 1	Tier 1	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	Tier 1	Tier 1	
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) **29G X 12.7MM , 31G X 5 MM**	Tier 1	Tier 1	
ULTILET PEN NEEDLE (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 1	
ULTRA FLO INSULIN PEN NEEDLES (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
ULTRA FLO INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
ULTRA FLO INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) **32G X 4 MM , 33G X 4 MM**	Tier 1	Tier 1	
ULTRA FLO INSULIN SYR 1/2 UNIT (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.3 ML**	Tier 1	Tier 1	
ULTRA FLO INSULIN SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML**	Tier 1	Tier 1	
ULTRA FLO INSULIN SYRINGE (KROGER INSULIN SYRINGE) **29G X 1/2" 0.3 ML**	Tier 1	Tier 1	
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML**	Tier 1	Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) **32G X 4 MM , 33G X 4 MM**	Tier 1	Tier 1	
UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) **30G X 5 MM**	Tier 1	Tier 1	
UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) **30G X 8 MM**	Tier 1	Tier 1	
UNIFINE SAFECONTROL PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
UNIFINE ULTRA PEN NEEDLE (SURE COMFORT PEN NEEDLES) **31G X 5 MM**	Tier 1	Tier 1	
UNIFINE ULTRA PEN NEEDLE (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
UNIFINE ULTRA PEN NEEDLE (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
UNIFINE ULTRA PEN NEEDLE (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) **29G X 1/2" 1 ML**	Tier 1	Tier 1	
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	Tier 1		
VANISHPOINT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) **30G X 1/2" 0.5 ML**	Tier 1	Tier 1	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) **30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML**	Tier 1	Tier 1	
VANISHPOINT SAFETY SYRINGE (SYRINGE) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
VANISHPOINT SYRINGE (SYRINGE) **22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML**	Tier 1	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE (TUBERCULIN SYRINGE) **25G X 5/8" 1 ML, 27G X 1/2" 1 ML**	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (KROGER PEN NEEDLES) **29G X 12MM**	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) **31G X 6 MM**	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") **31G X 8 MM**	Tier 1	Tier 1	
VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) **32G X 4 MM**	Tier 1	Tier 1	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		Tier 1	
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 1	
ZEVRX PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Selective Serotonin Agonists 5-Ht(1)**			
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 2	QL (12 EA per 30 days)
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 2	QL (12 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 2	
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 4 MG/0.5ML		Tier 2	QL (12 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS 6 MG/0.5ML		Tier 2	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS 4 MG/0.5ML		Tier 2	QL (12 ML per 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS 6 MG/0.5ML		Tier 2	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 2	QL (8 ML per 30 days)
ZOLMITRIPTAN NASAL SOLUTION 5 MG		Tier 2	
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
Minerals & Electrolytes			
Electrolytes & Dextrose**			
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 10-5 MEQ/L-%		Tier 2	
Fluoride**			
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP		Tier 2	PV
NAFRINSE ORAL TABLET CHEWABLE (SODIUM FLUORIDE) **2.2 (1 F) MG**	Tier 2	Tier 2	PV
SODIUM FLUORIDE ORAL SOLUTION 1.1 (0.5 F) MG/ML		Tier 2	PV
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG		Tier 2	PV
Phosphate**			
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (PHOSPHOROUS) **155-852-130 MG**	Tier 2	Tier 2	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION 45 MMOLE/15ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Potassium Combinations**			
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4		
Potassium**			
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) **10 MEQ**	Tier 2	Tier 2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYS ER) **10 MEQ**	Tier 2	Tier 2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYS ER) **15 MEQ**	Tier 2	Tier 2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYS ER) **20 MEQ**	Tier 2	Tier 2	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) **20 MEQ**	Tier 2	Tier 2	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) **8 MEQ**	Tier 2	Tier 2	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ		Tier 2	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 20 MEQ		Tier 2	
POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 2	
Miscellaneous Therapeutic Classes			
Cyclosporine Analogs**			
CYCLOSPORINE INTRAVENOUS SOLUTION 50 MG/ML		Tier 2	Specialty
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 2	Specialty
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) **100 MG, 25 MG**	Tier 2	Tier 2	Specialty
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) **100 MG/ML**	Tier 2	Tier 2	Specialty
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 4		Specialty
Inosine Monophosphate Dehydrogenase Inhibitors**			
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	Specialty
MYCOPHENOLATE MOFETIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 2	Specialty
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 2	Specialty
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 2	Specialty
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 2	Specialty
Macrolide Immunosuppressants**			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		Tier 5	Specialty
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 2	Specialty
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 2	Specialty
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**			
VIJOICE TABLET THERAPY PACK 125 MG ORAL 125 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL 200 & 50 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
VIJOICE TABLET THERAPY PACK 50 MG ORAL 50 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
Potassium Removing Agents**			
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4		
Purine Analogs**			
AZATHIOPRINE ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	
Rock Inhibitors**			
REZUROCK ORAL TABLET 200 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
Mouth/Throat/Dental Agents			
Anesthetics Topical Oral**			
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		Tier 2	
Anti-Infectives - Throat**			
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 2	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 2	
Antiseptics - Mouth/Throat**			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) **0.12 %**	Tier 2	Tier 2	
Fluoride Dental Products**			
SF 5000 PLUS DENTAL CREAM 1.1 %		Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 2	
SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 %		Tier 2	
SODIUM FLUORIDE DENTAL CREAM 1.1 %		Tier 2	
Saliva Stimulants**			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 2	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 2	
Steroids - Mouth/Throat/Dental**			
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) **0.1 %**	Tier 2	Tier 2	
Multivitamins			
Multivitamins**			
NEOMULTIVITE ORAL TABLET	Tier 1		
Ped Multi Vitamins W/Fl & Fe**			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ped Mv W/ Fluoride**			
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) **0.25 MG, 0.5 MG, 1 MG**	Tier 3	Tier 2	
Ped Vitamins Acd W/ Fluoride**			
ADC/F (0.5MG/ML) ORAL SOLUTION 0.5 MG/ML		Tier 2	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 2	
Prenatal Mv & Min W/Fe-Fa**			
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3		
ATABEX OB ORAL TABLET 29-1 MG	Tier 1		
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
C-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	
COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG		Tier 1	
CO-NATAL FA ORAL TABLET (PRENATABS FA)	Tier 1	Tier 1	
CONCEPT DHA ORAL CAPSULE (WESCAP-C DHA) **53.5-38-1 MG**	Tier 1	Tier 1	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3		
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
ELITE-OB ORAL TABLET 50-1.25 MG	Tier 1		
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3		
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
KPN PRENATAL ORAL TABLET 0.1 MG		Tier 1	
MASONATAL ORAL TABLET 28-0.8 MG		Tier 1	
M-NATAL PLUS ORAL TABLET 27-1 MG		Tier 1	
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NATALVIT ORAL TABLET	Tier 1		
NEONATAL PLUS ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	
NIVA-PLUS ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	
OB COMPLETE ORAL TABLET 50-1.25 MG	Tier 1		
OBSTETRIX DHA ORAL 29-1 & 387 MG	Tier 1		
OBSTETRIX EC ORAL TABLET 29-1 MG	Tier 1		
OBTREX ORAL TABLET	Tier 1		
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ONE-A-DAY WOMENS PRENATAL ORAL (SM ONE DAILY PRENATAL) **28-0.8 & 440 MG**	Tier 1	Tier 1	PV
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	
PRENATABS RX ORAL TABLET (THRIVITE RX) **29-1 MG**	Tier 1	Tier 1	
PRENATAL (W/IRON & FA) ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL 19 ORAL TABLET 29-1 MG		Tier 1	
PRENATAL 19 ORAL TABLET CHEWABLE , 29-1 MG		Tier 1	
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 1	PV
PRENATAL FORMULA A-FREE ORAL TABLET 9-0.267 MG		Tier 1	
PRENATAL FORTE ORAL TABLET		Tier 1	PV
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET 27-1 MG		Tier 1	
PRENATAL TABLET 27-0.8 MG ORAL (OTC) 27-0.8 MG		Tier 1	PV
PRENATAL TABLET 27-1 MG ORAL 27-1 MG		Tier 1	
PRENATAL TABLET 28-0.8 MG ORAL 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG		Tier 1	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET , 28-0.8 MG		Tier 1	PV
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 1		
PRENATVITE PLUS ORAL TABLET 1 MG		Tier 1	
PRENATVITE RX ORAL TABLET 0.8 MG		Tier 1	
PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
SE-NATAL 19 ORAL TABLET 29-1 MG		Tier 1	
SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG		Tier 1	
SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 1		
THERANATAL CORE NUTRITION ORAL TABLET (PRENATAL PLUS) **27-1 MG**	Tier 1	Tier 1	
TRICARE ORAL TABLET (PRENATAL PLUS)	Tier 1	Tier 1	
VINATE II ORAL TABLET 29-1 MG	Tier 1		
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	
VIVA DHA ORAL CAPSULE (RELNATE DHA) **28-1-200 MG**	Tier 1	Tier 1	
WESNATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WESTAB PLUS ORAL TABLET 27-1 MG		Tier 1	
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**			
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG		Tier 1	
Prenatal Mv & Min W/Fe-Fa-Dha**			
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 1	PV
CVS WOMENS PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 1	
PRENA 1 TRUE ORAL 30-1.4 & 300 MG		Tier 1	
PRENATAL VITAMIN/MIN +DHA ORAL CAPSULE 27-0.8-200 MG		Tier 1	
PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	
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 1	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) **27-0.6-0.4-300 MG**	Tier 1	Tier 1	
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
BACLOFEN ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
CHLORZOXAZONE ORAL TABLET 250 MG, 500 MG		Tier 2	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		Tier 2	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 2	
TIZANIDINE HCL ORAL CAPSULE 2 MG, 4 MG, 6 MG		Tier 2	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 2	
Direct Muscle Relaxants**			
DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
Nasal Agents - Systemic And Topical			
Nasal Agents - Misc.**			
NOZIN NASAL SANITIZER NASAL KIT 62 %	Tier 1		
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB	Tier 1		
Nasal Anticholinergics**			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		Tier 2	
Nasal Antihistamines**			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 0.15 %, 137 MCG/SPRAY		Tier 2	
Nasal Steroids**			
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 2	
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 2	
Systemic Decongestants**			
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
EQ SINUS 12-HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
EQL NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
GNP NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
GNP PSEUDOEPHEDRINE HCL 12 HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
HM NASAL DECONGESTANT 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
HM NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
KP PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG, 60 MG		Tier 2	
MEIJER NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		Tier 2	
PX NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
PX NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
QC NASAL DECONGESTANT PE ORAL TABLET 30 MG		Tier 2	
QC SUPHEDRINE MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
RA SINUS/CONGESTION RELIEF ORAL TABLET 30 MG		Tier 2	
RA SINUS/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
RA SUPHEDRINE ORAL TABLET 30 MG		Tier 2	
RA SUPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SINUS CONGESTION MAX STRENGTH ORAL TABLET 30 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SM NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG		Tier 2	
SM NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) **120 MG**	Tier 3	Tier 2	
SUDOGEST 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET (DECONGESTANT) **30 MG**	Tier 2	Tier 2	
SUDOGEST ORAL TABLET (DECONGESTANT) **30 MG**	Tier 2	Tier 2	
SUDOGEST ORAL TABLET (PSEUDOEPHEDRINE HCL) **60 MG**	Tier 2	Tier 2	
SUPHEDRINE 12HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) **120 MG**	Tier 2	Tier 2	
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) **120 MG**	Tier 2	Tier 2	
WAL-PHED ORAL TABLET (DECONGESTANT) **30 MG**	Tier 2	Tier 2	
Ophthalmic Agents			
Beta-Blockers - Ophthalmic Combinations**			
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 22.3-6.8 MG/ML		Tier 2	
Beta-Blockers - Ophthalmic**			
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 2	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 2	
TIMOLOL MALEATE (ONCE-DAILY) OPHTHALMIC SOLUTION 0.5 %		Tier 2	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 %		Tier 2	
Cycloplegic Mydriatics**			
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 2	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		Tier 2	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 4		PA
Miotics - Direct Acting**			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 2	
Ophthalmic Antiallergic**			
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 2	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.1 %, 0.2 %		Tier 2	
Ophthalmic Antibiotics**			
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 2	
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 2	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 2	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 2		
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %, 1.5 %		Tier 2	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 2	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 2	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
Ophthalmic Anti-Infective Combinations**			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 2	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 2	
NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) **3.5-400-10000**	Tier 2	Tier 2	
POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) **500-10000 UNIT/GM**	Tier 2	Tier 2	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		Tier 2	
Ophthalmic Antivirals**			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 2	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 3		
Ophthalmic Carbonic Anhydrase Inhibitors**			
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 2	
Ophthalmic Immunomodulators**			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (CYCLOSPORINE) **0.05 %**	Tier 4	Tier 2	PA
Ophthalmic Local Anesthetics**			
ALTACAINE OPHTHALMIC SOLUTION (TETRACAINE HCL) **0.5 %**	Tier 3	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**			
DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 %		Tier 2	
FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 %		Tier 2	
KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 2	
Ophthalmic Selective Alpha Adrenergic Agonists**			
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %, 0.2 %		Tier 2	
Ophthalmic Steroid Combinations**			
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC OINTMENT 3.5-10000-0.1		Tier 2	
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC SUSPENSION 3.5-10000-0.1		Tier 2	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1		Tier 2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 2	
Ophthalmic Steroids**			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 2	
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 2	
LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5 %		Tier 2	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 2	
Ophthalmic Sulfonamides**			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 2	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 2	
Prostaglandins - Ophthalmic**			
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3		
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 2	
Otic Agents			
Otic Anti-Infectives**			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 2	
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 2	
Otic Steroid-Anti-Infective Combinations**			
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 2	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 2	
Otic Steroids**			
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 2	
Oxytocics			
Oxytocics**			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) **0.2 MG**	Tier 2	Tier 2	
Penicillins			
Aminopenicillins**			
AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG		Tier 2	
AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML		Tier 2	
AMOXICILLIN ORAL TABLET 500 MG, 875 MG		Tier 2	
AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG		Tier 2	
AMPICILLIN ORAL CAPSULE 500 MG		Tier 2	
AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 250 MG, 500 MG		Tier 2	
Natural Penicillins**			
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG		Tier 2	
Penicillin Combinations**			
AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG		Tier 2	
AMOXICILLIN-POT CLAVULANATE ORAL SUSPENSION RECONSTITUTED 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML		Tier 2	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG		Tier 2	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG		Tier 2	
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 4-0.5 GM, 4.5 (4-0.5) GM		Tier 2	
Penicillinase-Resistant Penicillins**			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		Tier 2	
Progestins			
Progestins**			
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 2	
Psychotherapeutic And Neurological Agents - Misc.			
Alcohol Deterrents**			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 2	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 2	
Cholinomimetics - Ache Inhibitors**			
DONEPEZIL HCL ORAL TABLET 10 MG, 23 MG, 5 MG		Tier 2	
DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 2	
GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG		Tier 2	
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG		Tier 2	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 2	
Fibromyalgia Agent - Snris**			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3		
Multiple Sclerosis Agents - Interferons**			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5		PA; Specialty; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5		PA; Specialty; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5		Specialty
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 5		Specialty
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		Specialty
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5		Specialty
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		Specialty
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5		Specialty
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		Tier 5	PA; Specialty
DIMETHYL FUMARATE STARTER PACK ORAL 120 & 240 MG		Tier 5	PA; Specialty
Multiple Sclerosis Agents - Potassium Channel Blockers**			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 5	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 5	Tier 5	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 2	
MEMANTINE HCL ORAL SOLUTION 2 MG/ML		Tier 2	
MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG		Tier 2	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**			
PREGABALIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG		Tier 2	
Psychotherapeutic And Neurological Agents - Misc.**			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 2	
Smoking Deterrents**			
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (2 EA per 1 day); AGE (Min 18 Years)
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 2	PV; QL (2 EA per 1 day); AGE (Min 18 Years)
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
EQ NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
GNP NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) **21 MG/24HR**	Tier 1	Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **2 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) **4 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **4 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) **14 MG/24HR, 21 MG/24HR, 7 MG/24HR**	Tier 1	Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG, 4 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
NICOTROL INHALATION INHALER 10 MG	Tier 1		PV; QL (16 EA per 1 day); AGE (Min 18 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 1		PV; QL (4 ML per 1 day); AGE (Min 18 Years)
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
RA NICOTINE GUM MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day); AGE (Min 18 Years)
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day); AGE (Min 18 Years)
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) **2 MG**	Tier 1	Tier 1	PV; QL (24 EA per 1 day); AGE (Min 18 Years)
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (2 EA per 1 day); AGE (Min 18 Years)
VARENICLINE TARTRATE ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		Tier 1	PV; QL (53 EA per 31 days); AGE (Min 18 Years)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
FINGOLIMOD HCL ORAL CAPSULE 0.5 MG		Tier 5	PA; Specialty
Respiratory Agents - Misc.			
Cftr Potentiators**			
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG	Tier 5		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 5		PA; Specialty; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 5		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 5		PA; Specialty; QL (3 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Hydrolytic Enzymes**			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5		PA; Specialty
Pulmonary Fibrosis Agents**			
PIRFENIDONE ORAL TABLET 534 MG		Tier 2	Specialty
Tetracyclines			
Tetracyclines**			
AVIDOXY ORAL TABLET 100 MG		Tier 2	
DOXYCYCLINE HYCLATE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 2	
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG, 50 MG		Tier 2	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG, 50 MG		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		Tier 2	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG		Tier 2	
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 2	
MINOCYCLINE HCL ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	
Thyroid Agents			
Antithyroid Agents**			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 2	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 2	
Thyroid Hormones**			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 3		
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) **100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG**	Tier 2	Tier 2	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 100 MCG/ML, 200 MCG/5ML, 500 MCG/5ML		Tier 2	
LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) **100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG**	Tier 2	Tier 2	
LIOTHYRONINE SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG	Tier 2		
SYNTHROID ORAL TABLET (LEVOTHYROXINE SODIUM) **100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG**	Tier 3	Tier 2	

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 2	Tier 2	
Toxoids			
Toxoid Combinations**			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 1		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 1		PV
TDVAX INTRAMUSCULAR SUSPENSION (TETANUS-DIPHTHERIA TOXOIDS TD) **2-2 LF/0.5ML**	Tier 1	Tier 1	PV
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 1		PV
Ulcer Drugs/Antispasmodics/Anticholinergics			
Anticholinergic Combinations**			
CHLORDIAZEPOXIDE-CLIDINIUM ORAL CAPSULE 5-2.5 MG		Tier 2	
Antispasmodics**			
DICYCLOMINE HCL ORAL CAPSULE 10 MG		Tier 2	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 2	
DICYCLOMINE HCL ORAL TABLET 20 MG		Tier 2	
Belladonna Alkaloids**			
ATROPINE SULFATE INTRAVENOUS SOLUTION 0.4 MG/ML, 1 MG/ML		Tier 2	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 2	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE ORAL TABLET DISPERSIBLE 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5ML		Tier 2	
H-2 Antagonists**			
CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML		Tier 2	
CIMETIDINE ORAL TABLET 300 MG, 400 MG, 800 MG		Tier 2	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 2	
FAMOTIDINE ORAL TABLET 40 MG		Tier 2	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 2	
Misc. Anti-Ulcer**			
SUCRALFATE ORAL TABLET 1 GM		Tier 2	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MENACTRA INTRAMUSCULAR SOLUTION	Tier 1		PV
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 1		PV
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1		PV
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Tier 1		PV
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 1		PV
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1		PV; AGE (Max 25 Years)
Viral Vaccine Combinations**			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1		PV
Viral Vaccines**			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1		PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 1		PV
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 1		PV
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 1		PV; AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	Tier 1		PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 1		PV; AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1		PV; AGE (Min 9 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 1		PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 1		PV; AGE (Min 18 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 1		PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 1		PV; AGE (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1		PV
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 1		PV
Vaginal And Related Products			
Imidazole-Related Antifungals**			
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 2	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 2	
Vaginal Anti-Infectives**			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 2	
VANDAZOLE VAGINAL GEL (METRONIDAZOLE) **0.75 %**	Tier 2	Tier 2	
Vaginal Estrogens**			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 2	
ESTRING VAGINAL RING 2 MG	Tier 3		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Tier 3		
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3		
YUVAFEM VAGINAL TABLET (ESTRADIOL) **10 MCG**	Tier 2	Tier 2	
Vasopressors			
Anaphylaxis Therapy Agents**			
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 2	
Vasopressors**			
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML		Tier 2	
MIDODRINE HCL ORAL TABLET 5 MG		Tier 2	
Vitamins			
Vitamin D**			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 2	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT		Tier 2	
Vitamin K**			
MEPHYTON ORAL TABLET (PHYTONADIONE) **5 MG**	Tier 3	Tier 2	

12 HOUR ALLERGY-D 56
12 HOUR DECONGESTANT 120
12 HOUR NASAL DECONGESTANT 120
12HR ALLERGY & CONGESTION 56
1ST TIER UNIFINE PENTIPS 93
1ST TIER UNIFINE PENTIPS PLUS 93
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24HR ALLERGY & CONGESTION RELI 56
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AEROCHAMBER PLUS FLO-VU LARGE 113
AEROCHAMBER PLUS FLO-VU MEDIUM 113
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AEROCHAMBER PLUS FLO-VU W/MASK 113
AEROCHAMBER PLUS FLOW VU 113
AEROCHAMBER W/FLOWSIGNAL 113
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AEROCHAMBER Z-STAT PLUS CHAMBR 113
AEROCHAMBER Z-STAT PLUS/LARGE 113
AEROCHAMBER Z-STAT PLUS/MEDIUM 113
AEROCHAMBER Z-STAT PLUS/SMALL 113
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AFTERPILL 53
AGAMATRIX JAZZ TEST 65
AGAMATRIX KEYNOTE TEST 65
AGAMATRIX PRESTO TEST 66
AGAMATRIX ULTRA-THIN LANCETS 81
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AIMSCO TWIST LANCETS 33G 81
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