



Samaritan  
Health Plans

# 2025 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 2/1/2025.



## **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](https://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](https://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](https://samhealthplans.org/members/employer-group-members). If you have any questions, please call Customer Service at the number on the cover page of the document.

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## **Out of network or non-participating pharmacies**

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

You can apply for reimbursement using our reimbursement forms available on our website [samhealthplans.org/members/employer-group-members](https://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

This document includes a list of the drugs (formulary) for our plan which is current as of 2/1/2025..

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 manufacturers 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.

This document includes a list of the drugs (formulary) for our plan which is current as of 2/1/2025..

- **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 844-403-1029 or submitting electronically through Surescripts or CoverMyMeds. There are several types of exceptions that they can ask us to make.

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

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- 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.

## **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.

This document includes a list of the drugs (formulary) for our plan which is current as of 2/1/2025..

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

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

### **Opioid limits:**

#### **Opioid anti-tussive limits:**

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

#### **Short-acting opioid limits:**

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

#### **Long-acting opioid limits:**

- PA required.
- Maximum of 89.99 MME.

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
LISDEXAMFETAMINE DIMESYLATE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	QL (1 EA per 1 day)
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>			
<b>WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS</b>	Tier 4		PA; QL (0.072 ML per 1 day)
<b>WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS</b>	Tier 4		PA; QL (0.072 ML per 1 day)
<b>WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS</b>	Tier 4		PA; QL (0.072 ML per 1 day)
<b>WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS</b>	Tier 4		PA; QL (0.11 ML per 1 day)
<b>WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS</b>	Tier 4		PA; QL (0.11 ML per 1 day)
<b>*Stimulants - Misc.***</b>			
<b>CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (METHYLPHENIDATE HCL ER (OSM))</b>	Tier 2	Tier 2	QL (1 EA per 1 day)
<b>CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (METHYLPHENIDATE HCL ER (OSM))</b>	Tier 2	Tier 2	QL (1 EA per 1 day)
<b>CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (METHYLPHENIDATE HCL ER (OSM))</b>	Tier 2	Tier 2	QL (2 EA per 1 day)
<b>CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (METHYLPHENIDATE HCL ER (OSM))</b>	Tier 2	Tier 2	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL		Tier 2	QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 20 MG		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL		Tier 2	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL		Tier 2	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 2	
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
METHYLPHENIDATE HCL ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG		Tier 2	
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 2	QL (30 EA per 30 days)
<b>*Allergenic Extracts/Biologicals Misc*</b>			
<b>*Allergenic Extracts***</b>			
<b>GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU</b>	Tier 4		PA
<b>PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG &amp; 10 MG</b>	Tier 5		PA
<b>PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG &amp; 100 MG</b>	Tier 5		PA
<b>PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG &amp; 100 MG</b>	Tier 5		PA
<b>PALFORZIA (20 MG DAILY DOSE) ORAL</b>	Tier 5		PA
<b>PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG</b>	Tier 5		PA
<b>PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG &amp; 2 X 100 MG</b>	Tier 5		PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG</b>	Tier 5		PA
<b>PALFORZIA (300 MG MAINTENANCE) ORAL PACKET</b>	Tier 5		PA
<b>PALFORZIA (300 MG TITRATION) ORAL PACKET</b>	Tier 5		PA
<b>PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG</b>	Tier 5		PA
<b>PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG</b>	Tier 5		PA
<b>PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG</b>	Tier 5		PA
<b>PALFORZIA INITIAL ESCALATION ORAL 0.5 &amp; 1 &amp; 1.5 &amp; 3 &amp; 6 MG</b>	Tier 5		PA
<b>*Aminoglycosides*</b>			
<b>*Aminoglycosides***</b>			
NEOMYCIN SULFATE ORAL TABLET 500 MG		Tier 2	
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/5ML		Tier 3	PA; QL (280 ML per 56 days)
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>			
<b>RINVOQ LQ ORAL SOLUTION 1 MG/ML</b>	Tier 5		PA
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG</b>	Tier 5		PA
<b>XELJANZ ORAL SOLUTION 1 MG/ML</b>	Tier 5		PA
<b>XELJANZ ORAL TABLET 10 MG, 5 MG</b>	Tier 5		PA
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG</b>	Tier 5		PA
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
ADALIMUMAB-ADB(M/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		Tier 5	PA
ADALIMUMAB-ADB(M/PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		Tier 5	PA
<b>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML</b>	Tier 5		PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5		PA
<b>AMJEVITA-PED 10KG TO &lt;15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML</b>	Tier 5		PA
<b>AMJEVITA-PED 15KG TO &lt;30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML</b>	Tier 5		PA
<b>CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	Tier 5	PA
<b>CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (ADALIMUMAB-ADBM (2 SYRINGE)) 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	Tier 5	PA
<b>CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	Tier 5	PA
<b>CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	Tier 5	PA
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML</b>	Tier 5		PA
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5		PA
<b>HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML</b>	Tier 5		PA
<b>HUMIRA-PED&lt;40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	Tier 5		PA
<b>HUMIRA-PED&gt;=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML</b>	Tier 5		PA
<b>HUMIRA-PED&gt;=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>	Tier 5		PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML</b>	Tier 5		PA
<b>HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	Tier 5		PA
<b>HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ADALIMUMAB-ADAZ) 40 MG/0.4ML</b>	Tier 5	Tier 5	PA
<b>HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML</b>	Tier 5		PA
<b>HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML</b>	Tier 5		PA
<b>HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ADALIMUMAB-ADAZ) 40 MG/0.4ML</b>	Tier 5	Tier 5	PA
<b>HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML</b>	Tier 5		PA
<b>HYRIMOZ-PED&lt;40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML &amp; 40MG/0.4ML</b>	Tier 5		PA
<b>HYRIMOZ-PED&gt;=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML</b>	Tier 5		PA
<b>HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML &amp; 40MG/0.4ML</b>	Tier 5		PA
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML</b>	Tier 5		PA
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML</b>	Tier 5		PA
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 2	
<b>*Interleukin-6 Receptor Inhibitors***</b>			
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML</b>	Tier 5		PA
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML</b>	Tier 5		PA



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML</b>	Tier 5		PA
<b>TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML</b>	Tier 5		PA; QL (0.13 ML per 1 day)
<b>TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML</b>	Tier 5		PA; QL (0.13 ML per 1 day)
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 2	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 2	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 2	
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 2	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 2	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 2	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 2	
<b>IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG</b>	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 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	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 2	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
OTEZLA ORAL TABLET 30 MG	Tier 5		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 5		PA
<b>*Pyrimidine Synthesis Inhibitors***</b>			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 2	
<b>*Selective Costimulation Modulators***</b>			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 5		PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5		PA
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5		PA
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesics-Sedatives***</b>			
BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 2	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)
<b>*Salicylates***</b>			
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN 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
<b>BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG</b>	Tier 1		
<b>BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG</b>	Tier 1		
<b>BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG</b>	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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG</b>	Tier 1		
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
FT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
FT ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
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
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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG</b>	Tier 1		
<b>ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG</b>	Tier 1		
<b>ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG</b>	Tier 1		
<b>*Analgesics - Opioid*</b>			
<b>*Codeine Combinations***</b>			
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML, 300-30 MG/12.5ML		Tier 2	QL (136 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL		Tier 2	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL		Tier 2	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL		Tier 2	QL (10 EA per 1 day)
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG		Tier 2	QL (20 EA per 30 days)
BUTALBITAL-ASA-CAFF-CODEINE ORAL CAPSULE 50-325-40-30 MG		Tier 2	QL (20 EA per 30 days)
<b>*Dihydrocodeine Combinations***</b>			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 2	QL (12 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Hydrocodone Combinations***</b>			
HYDROCODONE-ACETAMINOPHEN SOLUTION 10-325 MG/15ML ORAL		Tier 2	QL (73.5 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL		Tier 2	QL (98 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 2.5-325 MG ORAL		Tier 2	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL		Tier 2	QL (6 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL		Tier 2	QL (6 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL		Tier 2	QL (4 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL		Tier 2	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL		Tier 2	QL (6 EA per 1 day)
<b>LORTAB ORAL ELIXIR 10-300 MG/15ML</b>	Tier 4		QL (73.5 ML per 1 day)
<b>*Opioid Agonists***</b>			
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 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR		Tier 2	PA; QL (0.34 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 2	PA; QL (1 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 2	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML, 0.25 MG/0.5ML		Tier 2	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 2	QL (12.25 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML		Tier 2	
HYDROMORPHONE HCL TABLET 2 MG ORAL		Tier 2	QL (6 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL		Tier 2	QL (3 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL		Tier 2	QL (1 EA per 1 day)
MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML		Tier 2	QL (49 ML per 1 day)
MEPERIDINE HCL ORAL TABLET 50 MG		Tier 2	QL (9 EA per 1 day)
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	PA
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 2	QL (2.4 ML per 1 day)
MORPHINE SULFATE ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG		Tier 2	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG		Tier 2	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG		Tier 2	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML		Tier 2	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL		Tier 2	QL (24.5 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL		Tier 2	QL (12.25 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL		Tier 2	QL (3 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL		Tier 2	QL (1 EA per 1 day)



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>NUCYNTA TABLET 100 MG ORAL</b>	Tier 3		QL (1 EA per 1 day)
<b>NUCYNTA TABLET 50 MG ORAL</b>	Tier 3		QL (2 EA per 1 day)
<b>NUCYNTA TABLET 75 MG ORAL</b>	Tier 3		QL (1 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 2	QL (6 EA per 1 day)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 2	QL (1.6 ML per 1 day)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 2	QL (32.6 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL		Tier 2	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL		Tier 2	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL		Tier 2	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL		Tier 2	QL (1 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL		Tier 2	QL (6 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 10 MG, 20 MG, 40 MG, 80 MG</b>	Tier 3	Tier 3	PA; QL (4 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 60 MG</b>	Tier 3		PA; QL (4 EA per 1 day)
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		Tier 2	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL		Tier 2	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL		Tier 2	QL (3 EA per 1 day)
<b>ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL</b>	Tier 3		QL (2 EA per 1 day)
<b>ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL</b>	Tier 3		QL (1 EA per 1 day)
TRAMADOL HCL TABLET 100 MG ORAL		Tier 2	QL (4 EA per 1 day)
TRAMADOL HCL TABLET 50 MG ORAL		Tier 2	QL (8 EA per 1 day)
<b>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG</b>	Tier 4		PA; QL (4 EA per 1 day)
<b>*Opioid Combinations***</b>			
<b>ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)</b>	Tier 2	Tier 2	QL (3 EA per 1 day)
<b>ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)</b>	Tier 2	Tier 2	QL (12 EA per 1 day)
<b>ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)</b>	Tier 2	Tier 2	QL (6 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)</b>	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)
<b>*Opioid Partial Agonists***</b>			
<b>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG</b>	Tier 4		PA; QL (2 EA per 1 day)
<b>BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS</b>	Tier 5		QL (0.046 ML per 1 day)
<b>BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS</b>	Tier 5		QL (0.069 ML per 1 day)
<b>BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS</b>	Tier 5		QL (0.092 ML per 1 day)
<b>BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS</b>	Tier 5		QL (0.023 ML per 1 day)
<b>BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS</b>	Tier 5		QL (0.013 ML per 1 day)
<b>BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS</b>	Tier 5		QL (0.007 ML per 1 day)
<b>BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS</b>	Tier 5		QL (0.01 ML per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL		Tier 2	QL (3 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL		Tier 2	QL (4 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL		Tier 2	QL (2 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL		Tier 2	QL (90 EA per 23 days)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL		Tier 2	QL (90 EA per 30 days)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL		Tier 2	QL (4 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL		Tier 4	QL (3 EA per 1 day)



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL		Tier 4	QL (4 EA per 1 day)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		Tier 2	PA; QL (0.15 EA per 1 day)
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 2	QL (2.5 ML per 1 day)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 2	QL (5 EA per 1 day)
<b>SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS</b>	Tier 5		QL (0.018 ML per 1 day)
<b>SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS</b>	Tier 5		QL (0.054 ML per 1 day)
<b>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</b>	Tier 4		QL (3 EA per 1 day)
<b>*Tramadol Combinations***</b>			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 2	QL (8 EA per 1 day)
<b>*Androgens-Anabolic*</b>			
<b>*Androgens***</b>			
DANAZOL ORAL CAPSULE 200 MG		Tier 2	
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 2	
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 2	
TESTOSTERONE GEL 1.62 % TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 20.25 MG/ACT (1.62%) TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 25 MG/2.5GM (1%) TRANSDERMAL		Tier 2	PA; ST
TESTOSTERONE GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL		Tier 2	ST
TESTOSTERONE GEL 50 MG/5GM (1%) TRANSDERMAL		Tier 2	ST

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 2	ST
<b>*Anorectal And Related Products*</b>			
<b>*Intrarectal Steroids***</b>			
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 2	
<b>*Rectal Anesthetic/Steroids***</b>			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 2	
<b>*Rectal Steroids***</b>			
<b>PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %</b>	Tier 2	Tier 2	
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
<b>BILTRICIDE ORAL TABLET (PRAZIQUANTEL) 600 MG</b>	Tier 3	Tier 2	
IVERMECTIN ORAL TABLET 3 MG		Tier 2	PA
<b>*Antianginal Agents*</b>			
<b>*Antianginals-Other***</b>			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 2	PA
<b>*Nitrates***</b>			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Antianxiety Agents*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
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	
<b>*Benzodiazepines***</b>			
ALPRAZOLAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG		Tier 2	
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	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	
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML</b>	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	
<b>*Antiarrhythmics*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG		Tier 2	
QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 2	
<b>*Antiarrhythmics Type I-B***</b>			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG		Tier 2	
<b>*Antiarrhythmics Type I-C***</b>			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 2	
PROPRAFENONE HCL ORAL TABLET 150 MG, 225 MG		Tier 2	
<b>*Antiarrhythmics Type Iii***</b>			
AMIODARONE HCL ORAL TABLET 100 MG, 200 MG, 400 MG		Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 4		
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*Adrenergic Combinations***</b>			
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 (2 EA per 1 day)
BREYNA INHALATION AEROSOL (BUDESONIDE-FORMOTEROL FUMARATE) 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2	Tier 1	QL (10.2 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 3		ST; QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 3		QL (0.14 GM per 1 day)
DULERA AEROSOL 100-5 MCG/ACT INHALATION	Tier 3		QL (1 GM per 30 days)
DULERA AEROSOL 200-5 MCG/ACT INHALATION	Tier 3		QL (1 GM per 30 days)
DULERA AEROSOL 50-5 MCG/ACT INHALATION	Tier 3		QL (0.47 GM per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT		Tier 3	
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 2	
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	Tier 3		QL (0.14 GM per 1 day)
<b>SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	Tier 3		QL (0.35 GM per 1 day)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	Tier 3		QL (2 EA per 1 day)
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	Tier 1	Tier 1	QL (1 EA per 30 days)
<b>*Anti-Ige Monoclonal Antibodies***</b>			
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>	Tier 5		PA
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>	Tier 5		PA
<b>*Beta Adrenergics***</b>			
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		Tier 2	QL (6 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 2	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION		Tier 2	QL (6 EA per 1 day)
FORMOTEROL FUMARATE INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		Tier 3	QL (4 ML per 1 day)
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>	Tier 3		QL (0.067 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	Tier 3		QL (60 EA per 30 days)
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	Tier 3		QL (0.14 GM per 1 day)
TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG		Tier 2	
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT</b>	NC	Tier 1	
<b>XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION (LEVALBUTEROL TARTRATE)</b>	Tier 3	Tier 2	QL (2 GM per 30 days)
<b>XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION (LEVALBUTEROL TARTRATE)</b>	Tier 4	Tier 2	QL (2 GM per 30 days)
<b>*Bronchodilators - Anticholinergics***</b>			
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT</b>	Tier 3		QL (2 GM per 30 days)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>	Tier 3		QL (1 EA per 30 days)
<b>SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG</b>	Tier 3		QL (3 EA per 1 day)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	Tier 3		QL (0.134 GM per 1 day)
TIOTROPIUM BROMIDE MONOHYDRATE INHALATION CAPSULE 18 MCG		Tier 2	QL (30 EA per 30 days)
<b>*Leukotriene Receptor Antagonists***</b>			
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	
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
ROFLUMILAST ORAL TABLET 250 MCG, 500 MCG		Tier 2	PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Steroid Inhalants***</b>			
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	Tier 2		QL (0.067 EA per 1 day)
<b>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	Tier 2		QL (0.067 EA per 1 day)
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT</b>	Tier 2		QL (0.067 EA per 1 day)
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	Tier 2		QL (0.067 EA per 1 day)
<b>ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>	Tier 2		QL (0.867 GM per 1 day)
<b>BUDESONIDE SUSPENSION 0.25 MG/2ML INHALATION</b>		Tier 2	QL (8 ML per 1 day)
<b>BUDESONIDE SUSPENSION 0.5 MG/2ML INHALATION</b>		Tier 2	QL (4 ML per 1 day)
<b>BUDESONIDE SUSPENSION 1 MG/2ML INHALATION</b>		Tier 2	QL (2 ML per 1 day)
<b>FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT</b>		Tier 4	QL (4 EA per 1 day)
<b>FLUTICASONE PROPIONATE HFA AEROSOL 110 MCG/ACT INHALATION</b>		Tier 4	QL (0.8 GM per 1 day)
<b>FLUTICASONE PROPIONATE HFA AEROSOL 220 MCG/ACT INHALATION</b>		Tier 4	QL (0.8 GM per 1 day)
<b>FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION</b>		Tier 4	QL (0.707 GM per 1 day)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT</b>	Tier 4		QL (1 EA per 30 days)
<b>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT</b>	Tier 2		QL (0.71 GM per 1 day)
<b>*Xanthines***</b>			
<b>THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG, 450 MG</b>		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Anticoagulants*</b>			
<b>*Coumarin Anticoagulants***</b>			
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	
<b>*Direct Factor Xa Inhibitors***</b>			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 3		QL (3 EA per 1 day)
ELIQUIS TABLET 2.5 MG ORAL	Tier 3		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL	Tier 3		QL (3 EA per 1 day)
XARELTO TABLET 10 MG ORAL	Tier 3		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL	Tier 3		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL	Tier 3		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL	Tier 3		QL (1 EA per 1 day)
<b>*Low Molecular Weight Heparins***</b>			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 2	QL (35 ML per 180 days)
ENOXAPARIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 2	QL (35 ML per 180 days)
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
DABIGATRAN ETEXILATE MESYLATE ORAL CAPSULE 110 MG		Tier 2	
<b>*Anticonvulsants*</b>			
<b>*Anticonvulsants - Benzodiazepines***</b>			
CLOBAZAM ORAL SUSPENSION 2.5 MG/ML		Tier 2	PA
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 2	PA
CLONAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
CLONAZEPAM ORAL TABLET DISPERSIBLE 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG		Tier 2	
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Anticonvulsants - Misc.***</b>			
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	
<b>EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG</b>	Tier 2	Tier 2	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 2	
LACOSAMIDE ORAL SOLUTION 10 MG/ML, 100 MG/10ML, 50 MG/5ML		Tier 2	PA
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 2	PA
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 2	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML, 500 MG/5ML		Tier 2	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 2	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 2	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 2	
PREGABALIN CAPSULE 100 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL		Tier 2	QL (2 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL		Tier 2	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL		Tier 2	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 2	QL (30 ML per 1 day)
PRIMIDONE ORAL TABLET 250 MG, 50 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG</b>	Tier 2	Tier 2	
<b>SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG, 25 MG</b>	Tier 2	Tier 2	
<b>SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG</b>	Tier 2	Tier 2	
<b>SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG &amp; 14X100 MG</b>	Tier 2	Tier 2	
<b>SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG &amp; 7 X 100 MG</b>	Tier 2	Tier 2	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG, 50 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	
<b>*Gaba Modulators***</b>			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 2	
<b>*Hydantoins***</b>			
<b>DILANTIN ORAL CAPSULE 30 MG</b>	Tier 3		
<b>PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) 200 MG, 300 MG</b>	Tier 2	Tier 2	
<b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG</b>	Tier 2	Tier 2	
PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML		Tier 2	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG		Tier 2	
<b>*Succinimides***</b>			
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 2	
<b>*Valproic Acid***</b>			
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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 2	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML, 500 MG/5ML		Tier 2	
VALPROIC ACID ORAL CAPSULE 250 MG		Tier 2	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		Tier 2	
<b>*Antidepressants*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>			
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	
<b>*Antidepressants - Misc.***</b>			
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	
<b>*Gaba Receptor Modulator - Neuroactive Steroid***</b>			
ZURZUVAE CAPSULE 20 MG ORAL	Tier 5		PA; QL (28 EA per 365 days)
ZURZUVAE CAPSULE 25 MG ORAL	Tier 5		PA; QL (28 EA per 365 days)
ZURZUVAE CAPSULE 30 MG ORAL	Tier 5		PA; QL (14 EA per 365 days)
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 5		
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 2	
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>			
CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML		Tier 2	
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>*Serotonin Modulators***</b>			
TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 300 MG, 50 MG		Tier 2	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	Tier 3		ST
<b>VIIBRYD STARTER PACK ORAL KIT 10 &amp; 20 MG</b>	Tier 4		ST
VILAZODONE HCL ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 2	ST
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Tricyclic Agents***</b>			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 2	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 2	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 2	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG		Tier 2	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		Tier 2	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 2	
<b>*Antidiabetics*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
<b>*Antidiabetic - Amylin Analogs***</b>			
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
<b>*Biguanides***</b>			
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	
<b>*Diabetic Other***</b>			
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)

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 1		
<b>FIASP INJECTION SOLUTION 100 UNIT/ML</b>	Tier 1		
<b>HUMALOG INJECTION SOLUTION (INSULIN LISPRO) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO JUNIOR KWIKPEN) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML</b>	Tier 1		
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML</b>	Tier 1		
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>	Tier 1		
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN LISPRO PROT &amp; LISPRO) (75-25) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>	Tier 1		
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>	Tier 1		
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	Tier 1		
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	Tier 1		
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>	Tier 1		
<b>HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	Tier 1		
<b>HUMULIN R INJECTION SOLUTION 100 UNIT/ML</b>	Tier 1		
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>	Tier 1		

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</b>	Tier 4		
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Tier 1	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		Tier 3	PA
<b>LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 1		
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 1		
<b>LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>	Tier 1		
<b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>	Tier 1		
<b>NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (INSULIN ASP PROT &amp; ASP FLEXPEN) (70-30) 100 UNIT/ML</b>	Tier 1	Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN ASPART FLEXPEN) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (INSULIN ASPART PROT &amp; ASPART) (70-30) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>NOVOLOG RELION INJECTION SOLUTION (INSULIN ASPART) 100 UNIT/ML</b>	Tier 1	Tier 1	
<b>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE MAX SOLOSTAR) 300 UNIT/ML</b>	Tier 4	Tier 4	ST
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN GLARGINE SOLOSTAR) 300 UNIT/ML</b>	Tier 4	Tier 4	ST
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>			
<b>MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML</b>	Tier 3		PA; QL (0.072 ML per 1 day)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML</b>	Tier 3		PA; QL (4 ML per 28 days)
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML</b>	Tier 3		PA; QL (1 ML per 30 days)
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML</b>	Tier 3		PA; QL (1 ML per 30 days)
<b>LIRAGLUTIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML</b>		Tier 2	PA; QL (3 ML per 30 days)
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML</b>	Tier 3		PA; QL (0.06 ML per 1 day)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	Tier 3		PA; QL (0.11 ML per 1 day)
<b>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML</b>	Tier 3		PA; QL (0.11 ML per 1 day)
<b>RYBELSUS TABLET 14 MG ORAL</b>	Tier 3		PA; QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>RYBELSUS TABLET 3 MG ORAL</b>	Tier 3		PA; QL (60 EA per 365 days)
<b>RYBELSUS TABLET 7 MG ORAL</b>	Tier 3		PA; QL (1 EA per 1 day)
<b>TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML</b>	Tier 3		PA; QL (0.08 ML per 1 day)
<b>*Meglitinide Analogues***</b>			
<b>NATEGLINIDE ORAL TABLET 120 MG, 60 MG</b>		Tier 2	
<b>REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>		Tier 2	
<b>*Sgt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>			
<b>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</b>	Tier 3		ST
<b>*Sgt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</b>	Tier 3		ST
<b>*Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors***</b>			
<b>FARXIGA ORAL TABLET (DAPAGLIFLOZIN PROPANEDIOL) 10 MG, 5 MG</b>	Tier 3	Tier 3	ST; QL (1 EA per 1 day)
<b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>	Tier 3		ST; QL (1 EA per 1 day)
<b>STEGLATRO ORAL TABLET 15 MG, 5 MG</b>	Tier 3		ST; QL (1 EA per 1 day)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<b>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</b>	Tier 3		ST
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG</b>	Tier 3		ST
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG</b>	Tier 3		ST
<b>*Sulfonylurea-Biguanide Combinations***</b>			
<b>GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG</b>		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 2	
<b>*Sulfonylureas***</b>			
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	
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		Tier 1	
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 2	
<b>*Thiazolidinediones***</b>			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 2	
<b>*Antidiarrheal/Probiotic Agents*</b>			
<b>*Antiperistaltic Agents***</b>			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML		Tier 2	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG		Tier 2	
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes - Chelating Agents***</b>			
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 5	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5		
<b>*Opioid Antagonists***</b>			
NALOXONE HCL INJECTION SOLUTION 0.4 MG/ML, 4 MG/10ML		Tier 2	
NALOXONE HCL INJECTION SOLUTION CARTRIDGE 0.4 MG/ML		Tier 2	
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.4 MG/ML, 2 MG/2ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NALTREXONE HCL ORAL TABLET 50 MG		Tier 2	
<b>NARCAN NASAL LIQUID</b> (NALOXONE HCL) 4 MG/0.1ML	Tier 2	Tier 2	QL (4 EA per 180 days)
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>	Tier 5		PA; QL (0.04 EA per 1 day)
<b>*Antiemetics*</b>			
<b>*5-Ht3 Receptor Antagonists***</b>			
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 2	QL (600 ML per 30 days)
ONDANSETRON HCL TABLET 4 MG ORAL		Tier 2	QL (180 EA per 30 days)
ONDANSETRON HCL TABLET 8 MG ORAL		Tier 2	QL (90 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 16 MG ORAL		Tier 2	
ONDANSETRON TABLET DISPERSIBLE 4 MG ORAL		Tier 2	QL (180 EA per 30 days)
ONDANSETRON TABLET DISPERSIBLE 8 MG ORAL		Tier 2	QL (90 EA per 30 days)
<b>*Antiemetic Combinations***</b>			
DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG		Tier 3	
<b>*Antiemetics - Anticholinergic***</b>			
MECLIZINE HCL ORAL TABLET 50 MG		Tier 2	
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 2	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		Tier 2	
<b>*Antiemetics - Miscellaneous***</b>			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 2	PA
<b>*Antifungals*</b>			
<b>*Antifungals***</b>			
GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML		Tier 2	
GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET 125 MG, 250 MG		Tier 2	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 2	
TERBINAFINE HCL ORAL TABLET 250 MG		Tier 2	QL (90 EA per 365 days)
<b>*Imidazoles***</b>			
KETOCONAZOLE ORAL TABLET 200 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Triazoles***</b>			
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		Tier 2	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 2	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 2	
ITRACONAZOLE ORAL SOLUTION 10 MG/ML		Tier 2	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 2	
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 2	
<b>*Antihistamines*</b>			
<b>*Antihistamines - Phenothiazines***</b>			
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		Tier 2	
PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG		Tier 2	
PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG, 25 MG		Tier 2	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	Tier 3		
<b>*Antihistamines - Piperidines***</b>			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 2	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 2	
<b>*Antihyperlipidemics*</b>			
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</b>			
NEXLIZET ORAL TABLET 180-10 MG	Tier 4		PA
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>			
NEXLETOL ORAL TABLET 180 MG	Tier 4		PA
<b>*Antihyperlipidemics - Misc.***</b>			
ICOSAPENT ETHYL ORAL CAPSULE 0.5 GM		Tier 2	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Bile Acid Sequestrants***</b>			
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	
<b>*Fibric Acid Derivatives***</b>			
FENOFIBRATE MICRONIZED ORAL CAPSULE 134 MG, 200 MG, 43 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG		Tier 2	
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 2	
GEMFIBROZIL ORAL TABLET 600 MG		Tier 2	
<b>*Hmg Coa Reductase Inhibitors***</b>			
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
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 2	
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
EZETIMIBE ORAL TABLET 10 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Nicotinic Acid Derivatives***</b>			
NIACIN ER (ANTHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 2	
<b>*Pcsk9 Inhibitors***</b>			
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
<b>*Small Interfering Rna (Sirna) Pcsk9 Inhibitors***</b>			
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA
<b>*Antihypertensives*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
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	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
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	
<b>*Ace Inhibitors***</b>			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>*Angiotensin Ii Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
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	
<b>*Angiotensin Ii Receptor Antagonists***</b>			
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	
<b>*Antiadrenergics - Centrally Acting***</b>			
CLONIDINE HCL ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG		Tier 2	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHYLDOPA ORAL TABLET 250 MG, 500 MG		Tier 2	
<b>*Antiadrenergics - Peripherally Acting***</b>			
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	
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
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	
<b>*Vasodilators***</b>			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 2	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 2	
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
METRONIDAZOLE ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 2	
TRIMETHOPRIM ORAL TABLET 100 MG		Tier 2	
XIFAXAN ORAL TABLET 550 MG	Tier 4		PA
<b>*Anti-Infective Misc. - Combinations***</b>			
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL SUSPENSION 800-160 MG/20ML		Tier 2	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		Tier 2	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Carbapenems***</b>			
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		Tier 2	
<b>*Glycopeptides***</b>			
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/300ML-%		Tier 2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.75 GM, 2 GM		Tier 2	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 2	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML		Tier 2	
<b>*Lincosamides***</b>			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG		Tier 2	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 2	
<b>*Oxazolidinones***</b>			
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 2	PA
LINEZOLID ORAL TABLET 600 MG		Tier 2	PA
<b>*Urinary Anti-Infectives***</b>			
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 2	
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 2	
<b>*Antimalarials***</b>			
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 2	
<b>*Antimyasthenic/Cholinergic Agents*</b>			
<b>*Antimyasthenic/Cholinergic Agents***</b>			
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 4	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 2	
<b>*Antimycobacterial Agents*</b>			
<b>*Antimycobacterial Agents***</b>			
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	
<b>PRIFTIN ORAL TABLET 150 MG</b>	Tier 3		PA
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 2	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 2	
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Androgen Biosynthesis Inhibitors***</b>			
ABIRATERONE ACETATE ORAL TABLET 250 MG, 500 MG		Tier 2	PA
<b>*Antiadrenals***</b>			
<b>LYSODREN ORAL TABLET 500 MG</b>	Tier 3		PA
<b>*Antiandrogens***</b>			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 4	PA
NILUTAMIDE ORAL TABLET 150 MG		Tier 5	PA
<b>*Antiestrogens***</b>			
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	PV
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 5	PA
<b>*Antimetabolites***</b>			
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED 100 MG		Tier 2	
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 2	
MERCAPTOPYRINE ORAL TABLET 50 MG		Tier 2	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML		Tier 2	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML		Tier 2	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML</b>	Tier 5		PA; QL (3.5 ML per 1 day)
<b>OJEMDA TABLET 100 MG ORAL</b>	Tier 5		PA; QL (0.58 EA per 1 day)
<b>OJEMDA TABLET 100 MG ORAL</b>	Tier 5		PA; QL (0.72 EA per 1 day)
<b>OJEMDA TABLET 100 MG ORAL</b>	Tier 5		PA; QL (0.86 EA per 1 day)
<b>TAFINLAR ORAL CAPSULE 50 MG, 75 MG</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>*Antineoplastic - Btk Inhibitors***</b>			
<b>BRUKINSA ORAL CAPSULE 80 MG</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>CALQUENCE ORAL TABLET 100 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>IMBRUVICA ORAL CAPSULE 140 MG, 70 MG</b>	Tier 5		PA
<b>IMBRUVICA ORAL SUSPENSION 70 MG/ML</b>	Tier 5		PA; QL (8 ML per 1 day)
<b>IMBRUVICA ORAL TABLET 420 MG, 560 MG</b>	Tier 5		PA
<b>JAYPIRCA ORAL TABLET 100 MG, 50 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Antineoplastic - Egfr Inhibitors***</b>			
<b>ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG</b>		Tier 2	
<b>EXKIVITY ORAL CAPSULE 40 MG</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>GEFITINIB ORAL TABLET 250 MG</b>		Tier 3	PA
<b>LAZCLUZE TABLET 240 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>LAZCLUZE TABLET 80 MG ORAL</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>			
<b>LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG</b>	Tier 5		PA; QL (3 EA per 1 day)
<b>LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG</b>	Tier 5		PA; QL (5 EA per 1 day)
<b>PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 &amp; 25 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG</b>	Tier 5		PA; QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Antineoplastic - Gamma Secretase Inhibitors***</b>			
<b>OGSIVEO ORAL TABLET 50 MG</b>	Tier 5		PA; QL (6 EA per 1 day)
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>			
<b>WELIREG ORAL TABLET 40 MG</b>	Tier 5		PA
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
<b>ZOLINZA ORAL CAPSULE 100 MG</b>	Tier 5		PA
<b>*Antineoplastic - Hormonal And Related Agent Combinations***</b>			
<b>AKEEGA ORAL TABLET 100-500 MG, 50-500 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Antineoplastic - Kras Inhibitors***</b>			
<b>KRAZATI ORAL TABLET 200 MG</b>	Tier 5		PA; QL (6 EA per 1 day)
<b>LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG</b>	Tier 5		PA; QL (8 EA per 1 day)
<b>*Antineoplastic - Mek Inhibitors***</b>			
<b>COTELLIC ORAL TABLET 20 MG</b>	Tier 5		PA; QL (3 EA per 1 day)
<b>MEKINIST TABLET 0.5 MG ORAL</b>	Tier 5		PA; QL (3 EA per 1 day)
<b>MEKINIST TABLET 2 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>MEKTOVI ORAL TABLET 15 MG</b>	Tier 5		PA; QL (6 EA per 1 day)
<b>*Antineoplastic - Met Inhibitors***</b>			
<b>TEPMETKO ORAL TABLET 225 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
<b>TORPENZ ORAL TABLET (EVEROLIMUS) 10 MG, 2.5 MG, 5 MG, 7.5 MG</b>	Tier 5	Tier 5	PA
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>FOTIVDA ORAL CAPSULE 1.34 MG</b>	Tier 5		PA; QL (0.75 EA per 1 day)
<b>LAPATINIB DITOSYLATE ORAL TABLET 250 MG</b>		Tier 5	
<b>PAZOPANIB HCL ORAL TABLET 200 MG</b>		Tier 5	PA; QL (4 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>RYDAPT ORAL CAPSULE 25 MG</b>	Tier 5		PA; QL (8 EA per 1 day)
SORAFENIB TOSYLATE ORAL TABLET 200 MG		Tier 5	PA; QL (4 EA per 1 day)
SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 5	
<b>VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG		Tier 2	
BORTEZOMIB INTRAVENOUS SOLUTION 3.5 MG/1.4ML		Tier 2	
<b>NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG</b>	Tier 5		PA; QL (4 EA per 28 days)
<b>*Antineoplastic - Ret Inhibitors***</b>			
<b>RETEVMO CAPSULE 40 MG ORAL</b>	Tier 5		PA; QL (6 EA per 1 day)
<b>RETEVMO CAPSULE 80 MG ORAL</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>			
<b>AUGTYRO ORAL CAPSULE 40 MG</b>	Tier 5		PA; QL (8 EA per 1 day)
<b>ROZLYTREK CAPSULE 100 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>ROZLYTREK CAPSULE 200 MG ORAL</b>	Tier 5		PA; QL (3 EA per 1 day)
<b>ROZLYTREK ORAL PACKET 50 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Antineoplastic Antibiotics***</b>			
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 2	
<b>*Antineoplastic Combinations***</b>			
<b>LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG</b>	Tier 5		PA
<b>*Antineoplastics Misc.***</b>			
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML</b>	Tier 5		PA
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 2	
<b>MATULANE ORAL CAPSULE 50 MG</b>	Tier 5		PA
<b>*Aromatase Inhibitors***</b>			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	PV
EXEMESTANE ORAL TABLET 25 MG		Tier 1	PV



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
LETROZOLE ORAL TABLET 2.5 MG		Tier 2	
<b>*Chemotherapy Adjuncts - Keratinocyte Growth Factors***</b>			
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	Tier 3		
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5		PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5		PA; QL (21 EA per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5		PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5		PA; QL (2 EA per 1 day)
<b>*Estrogens-Antineoplastic***</b>			
EMCYT ORAL CAPSULE 140 MG	Tier 5		PA
<b>*Folic Acid Antagonists Rescue Agents***</b>			
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	
<b>*Imidazotetrazines***</b>			
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 5	
<b>*Isocitrate Dehydrogenase 1 &amp; 2 (Idh1 &amp; Idh2) Inhibitors***</b>			
VORANIGO TABLET 10 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
VORANIGO TABLET 40 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5		PA; QL (2 EA per 1 day)



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
TIBSOVO ORAL TABLET 250 MG	Tier 5		PA; QL (2 EA per 1 day)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
VONJO ORAL CAPSULE 100 MG	Tier 5		PA; QL (4 EA per 1 day)
<b>*Lhrh Analogs***</b>			
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 84 days)
ELIGARD KIT 30 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 112 days)
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 168 days)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 5		QL (1 EA per 28 days)
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG		Tier 5	PA; QL (1 EA per 84 days)
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5		
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 5		PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 5		PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 5		PA; QL (1 EA per 168 days)
<b>*Mitotic Inhibitors***</b>			
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 5	PA
<b>*Nitrogen Mustards And Related Analogues***</b>			
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		Tier 2	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG		Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 5		PA
MELPHALAN ORAL TABLET 2 MG		Tier 4	PA
<b>*Nitrosoureas***</b>			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5		PA
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5		PA; QL (1 EA per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5		PA; QL (2 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>			
<b>LYNPARZA TABLET 100 MG ORAL</b>	Tier 5		PA; QL (6 EA per 1 day)
<b>LYNPARZA TABLET 150 MG ORAL</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Progestins-Antineoplastic***</b>			
<b>MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML</b>		Tier 2	
<b>MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG</b>		Tier 2	
<b>*Retinoids***</b>			
<b>TRETINOIN ORAL CAPSULE 10 MG</b>		Tier 2	
<b>*Selective Estrogen Receptor Degradars***</b>			
<b>ORSERDU TABLET 345 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>ORSERDU TABLET 86 MG ORAL</b>	Tier 5		PA; QL (3 EA per 1 day)
<b>*Selective Retinoid X Receptor Agonists***</b>			
<b>BEXAROTENE ORAL CAPSULE 75 MG</b>		Tier 2	
<b>*Topoisomerase I Inhibitors***</b>			
<b>HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG</b>	Tier 5		PA
<b>*Urinary Tract Protective Agents***</b>			
<b>MESNA ORAL TABLET 400 MG</b>		Tier 5	PA
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>			
<b>FRUZAQLA CAPSULE 1 MG ORAL</b>	Tier 5		PA; QL (4 EA per 1 day)
<b>FRUZAQLA CAPSULE 5 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5		PA
<b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG</b>	Tier 5		PA
<b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 &amp; 4 MG</b>	Tier 5		PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG &amp; 2 X 4 MG</b>	Tier 5		PA
<b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG</b>	Tier 5		PA
<b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG &amp; 4 MG</b>	Tier 5		PA
<b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5		PA
<b>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG</b>	Tier 5		PA
<b>*Antiparkinson And Related Therapy Agents*</b>			
<b>*Antiparkinson Anticholinergics***</b>			
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG, 5 MG		Tier 2	
<b>*Antiparkinson Dopaminergics***</b>			
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	
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 2	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 2	
<b>*Levodopa Combinations***</b>			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 2	
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
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	
<b>*Peripheral Comt Inhibitors***</b>			
ENTACAPONE ORAL TABLET 200 MG		Tier 2	
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*Antimanic Agents***</b>			
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	
<b>*Antipsychotics - Misc.***</b>			
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	
<b>*Benzisoxazoles***</b>			
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, 390 MG/2.25ML, 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
<b>*Butyrophenones***</b>			
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	
<b>*Dibenzodiazepines***</b>			
CLOZAPINE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
<b>*Dibenzothiazepines***</b>			
QUETIAPINE FUMARATE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG		Tier 2	
<b>*Dibenzoxazepines***</b>			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG		Tier 2	
<b>*Dihydroindolones***</b>			
MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG		Tier 2	
<b>*Phenothiazines***</b>			
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	
<b>*Quinolinone Derivatives***</b>			
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML		Tier 2	PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
ARIPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 2	PA; QL (1 EA per 1 day)
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Thienbenzodiazepines***</b>			
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	
<b>*Thioxanthenes***</b>			
THIOTHIXENE ORAL CAPSULE 1 MG, 2 MG, 5 MG		Tier 2	
<b>*Antivirals*</b>			
<b>*Antiretroviral Combinations***</b>			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 2	
<b>BIKTARVY TABLET 30-120-15 MG ORAL</b>	Tier 5		
<b>BIKTARVY TABLET 50-200-25 MG ORAL</b>	Tier 5		QL (1 EA per 1 day)
<b>CIMDUO ORAL TABLET 300-300 MG</b>	Tier 5		QL (1 EA per 1 day)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	Tier 5		
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	Tier 5		QL (1 EA per 1 day)
<b>DESCOVY ORAL TABLET 120-15 MG, 200-25 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>DOVATO ORAL TABLET 50-300 MG</b>	Tier 5		QL (1 EA per 1 day)
EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG		Tier 5	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG, 600-300-300 MG		Tier 5	
EMTRICITABINE-TENOFOVIR DF ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 1	
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	Tier 5		
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	Tier 5		QL (1 EA per 1 day)
<b>JULUCA ORAL TABLET 50-25 MG</b>	Tier 5		

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	Tier 5		
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	Tier 5		
<b>SYM TUZA ORAL TABLET 800-150-200-10 MG</b>	Tier 5		QL (1 EA per 1 day)
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	Tier 5		
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		Tier 5	QL (10 EA per 1 day)
<b>TRIZIVIR ORAL TABLET 300-150-300 MG</b>	Tier 5		
<b>*Antiretrovirals - Capsid Inhibitors***</b>			
<b>SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG</b>	Tier 5		PA; QL (1 EA per 180 days)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>			
MARAVIROC ORAL TABLET 150 MG, 300 MG		Tier 5	
<b>SELZENTRY ORAL SOLUTION 20 MG/ML</b>	Tier 5		
<b>SELZENTRY TABLET 25 MG ORAL</b>	Tier 4		
<b>SELZENTRY TABLET 75 MG ORAL</b>	Tier 5		
<b>*Antiretrovirals - Fusion Inhibitors***</b>			
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG</b>	Tier 5		QL (2 EA per 1 day)
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>			
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG</b>	Tier 5		QL (2 EA per 1 day)
<b>*Antiretrovirals - Integrase Inhibitors***</b>			
<b>ISENTRESS HD ORAL TABLET 600 MG</b>	Tier 5		QL (2 EA per 1 day)
<b>ISENTRESS ORAL PACKET 100 MG</b>	Tier 5		
<b>ISENTRESS ORAL TABLET 400 MG</b>	Tier 5		
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>	Tier 5		



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG</b>	Tier 5		
<b>TIVICAY PD ORAL TABLET SOLUBLE 5 MG</b>	Tier 5		QL (6 EA per 1 day)
<b>VOCABRIA ORAL TABLET 30 MG</b>	Tier 5		QL (1 EA per 1 day)
<b>*Antiretrovirals - Protease Inhibitors***</b>			
<b>APTIVUS ORAL CAPSULE 250 MG</b>	Tier 5		
<b>ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>		Tier 2	
<b>DARUNAVIR ORAL TABLET 600 MG, 800 MG</b>		Tier 5	
<b>FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG</b>		Tier 5	
<b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>	Tier 5		
<b>NORVIR ORAL CAPSULE 100 MG</b>	Tier 5		
<b>NORVIR ORAL PACKET 100 MG</b>	Tier 5		
<b>NORVIR ORAL SOLUTION 80 MG/ML</b>	Tier 5		
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>	Tier 5		
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	Tier 5		
<b>REYATAZ ORAL PACKET 50 MG</b>	Tier 5		
<b>RITONAVIR ORAL TABLET 100 MG</b>		Tier 5	
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>			
<b>EDURANT ORAL TABLET 25 MG</b>	Tier 5		
<b>EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG</b>		Tier 2	
<b>EFAVIRENZ ORAL TABLET 600 MG</b>		Tier 2	
<b>ETRAVIRINE ORAL TABLET 100 MG, 200 MG</b>		Tier 5	
<b>INTELENCE ORAL TABLET 25 MG</b>	Tier 5		
<b>NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG</b>		Tier 2	
<b>NEVIRAPINE ORAL SUSPENSION 50 MG/5ML</b>		Tier 2	
<b>NEVIRAPINE ORAL TABLET 200 MG</b>		Tier 2	
<b>PIFELTRO ORAL TABLET 100 MG</b>	Tier 5		QL (1 EA per 1 day)



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 2	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 2	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 5	
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	Tier 5		
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 2	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 2	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>			
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	
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 5	
<b>VIREAD ORAL POWDER 40 MG/GM</b>	Tier 5		
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	Tier 5		
<b>*Antiretrovirals Adjuvants***</b>			
<b>TYBOST ORAL TABLET 150 MG</b>	Tier 3		
<b>*Antiviral Combinations***</b>			
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG &amp; 10 X 100MG</b>	Tier 1		QL (6 EA per 1 day)
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG &amp; 10 X 100MG</b>	Tier 1		QL (6 EA per 1 day)
<b>*Cmv Agents***</b>			
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Hepatitis B Agents***</b>			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 2	
LAMIVUDINE ORAL TABLET 100 MG		Tier 2	
<b>*Hepatitis C Agent - Combinations***</b>			
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG		Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5		PA
<b>*Hepatitis C Agents***</b>			
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 5		
RIBAVIRIN ORAL CAPSULE 200 MG		Tier 2	
<b>*Herpes Agents - Purine Analogues***</b>			
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	
<b>*Herpes Agents - Thymidine Analogues***</b>			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 2	
<b>*Influenza Agents***</b>			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 2	
<b>*Misc. Antivirals***</b>			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 1		QL (8 EA per 1 day)
<b>*Neuraminidase Inhibitors***</b>			
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG, 45 MG, 75 MG		Tier 2	
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 2	
<b>*Rsv Agents - Nucleoside Analogues***</b>			
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED 6 GM		Tier 5	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Beta Blockers*</b>			
<b>*Alpha-Beta Blockers***</b>			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		Tier 2	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
<b>*Beta Blockers Cardio-Selective***</b>			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 2	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG		Tier 2	
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 2	
NEBIVOLOL HCL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	
<b>*Beta Blockers Non-Selective***</b>			
NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 2	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 2	
PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML		Tier 2	
PROPRANOLOL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 1	
<b>SORINE ORAL TABLET (SOTALOL HCL) 120 MG, 160 MG, 240 MG, 80 MG</b>	Tier 2	Tier 2	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 2	
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG, 180 MG, 240 MG, 300 MG</b>	Tier 2	Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 60 MG, 90 MG		Tier 2	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 2	
DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG		Tier 2	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 2	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 2	
ISRADIPINE ORAL CAPSULE 2.5 MG, 5 MG		Tier 2	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 2	
NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 2	
NIFEDIPINE ORAL CAPSULE 10 MG, 20 MG		Tier 2	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG</b>	Tier 2	Tier 2	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG</b>	Tier 2	Tier 2	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG, 360 MG</b>	Tier 2	Tier 2	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG, 420 MG</b>	Tier 2	Tier 2	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG</b>	Tier 2	Tier 2	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG, 360 MG</b>	Tier 2	Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
<b>DIGITEK ORAL TABLET (DIGOXIN) 250 MCG</b>	Tier 2	Tier 2	
DIGOXIN INJECTION SOLUTION 0.25 MG/ML		Tier 2	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 2	
DIGOXIN ORAL TABLET 125 MCG		Tier 2	
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***</b>			
<b>ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG</b>	Tier 4		PA
<b>ENTRESTO ORAL TABLET (SACUBITRIL-VALSARTAN) 24-26 MG, 49-51 MG, 97-103 MG</b>	Tier 4	Tier 2	PA
<b>*Prostaglandin Vasodilators***</b>			
<b>ORENTRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG</b>	Tier 5		PA
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 5	PA
<b>TYVASO INHALATION SOLUTION 0.6 MG/ML</b>	Tier 5		PA; QL (2.9 ML per 1 day)
<b>TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML</b>	Tier 5		PA; QL (2.9 ML per 1 day)
<b>TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML</b>	Tier 5		PA; QL (2.9 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Pulmonary Hypertension - Activin Signaling Inhibitor***</b>			
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 5		PA; QL (1 EA per 21 days)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 5	PA; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 2	PA; QL (2 EA per 1 day)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
ALYQ ORAL TABLET (TADALAFIL (PAH)) 20 MG	Tier 2	Tier 2	PA; QL (2 EA per 1 day)
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 2	PA
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 2	PA; QL (3 EA per 1 day)
<b>*Cephalosporins*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 2	
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 2	
CEFADROXIL ORAL TABLET 1 GM		Tier 2	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM, 3 GM		Tier 2	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM		Tier 2	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 3-4 GM/150ML-%		Tier 2	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG		Tier 2	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEPHALEXIN ORAL TABLET 250 MG, 500 MG		Tier 2	
<b>*Cephalosporins - 2Nd Generation***</b>			
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 2	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML, 375 MG/5ML		Tier 2	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 2	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 2	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 2	
CEFUROXIME SODIUM INJECTION SOLUTION RECONSTITUTED 750 MG		Tier 2	
<b>*Cephalosporins - 3Rd Generation***</b>			
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	
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
<b>AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG</b>	Tier 1		PV
<b>PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>		Tier 1	PV

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



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

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

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)</b>	Tier 1	Tier 1	PV
<b>MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG</b>	Tier 1		PV
<b>MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>MINZOYA ORAL TABLET (LEVONORGEST-ETH ESTRADIOL-IRON) 0.1-20 MG-MCG(21)</b>	Tier 2	Tier 1	PV
<b>MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	Tier 1		PV
<b>NEXTSTELLIS ORAL TABLET 3-14.2 MG</b>	Tier 1		PV
<b>NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG</b>	Tier 1	Tier 1	PV
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	Tier 1		PV
<b>NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG</b>	Tier 1	Tier 1	PV

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>WYMZYA FE ORAL TABLET CHEWABLE</b> (NORETHIN-ETH ESTRADIOL-FE) <b>0.4-35</b> <b>MG-MCG</b>	Tier 1	Tier 1	PV
<b>ZOVIA 1/35 (28) ORAL TABLET</b> (ETHYNODIOL DIAC-ETH ESTRADIOL) <b>1-35</b> <b>MG-MCG</b>	Tier 1	Tier 1	PV
<b>ZUMANDIMINE ORAL TABLET</b> (DROSPIRENONE-ETHINYL ESTRADIOL) <b>3-</b> <b>0.03 MG</b>	Tier 1	Tier 1	PV
<b>*Combination Contraceptives - Transdermal***</b>			
<b>TWIRLA TRANSDERMAL PATCH</b> <b>WEEKLY 120-30 MCG/24HR</b>	Tier 1		PV
<b>XULANE TRANSDERMAL PATCH</b> <b>WEEKLY (NORELGESTROMIN-ETH</b> <b>ESTRADIOL) 150-35 MCG/24HR</b>	Tier 1	Tier 1	PV
<b>ZAFEMY TRANSDERMAL PATCH</b> <b>WEEKLY (NORELGESTROMIN-ETH</b> <b>ESTRADIOL) 150-35 MCG/24HR</b>	Tier 1	Tier 1	PV
<b>*Combination Contraceptives - Vaginal***</b>			
<b>ANNOVERA VAGINAL RING 0.013-0.15</b> <b>MG/24HR</b>	Tier 1		PV
<b>ELURYNG VAGINAL RING</b> (ETONOGESTREL-ETHINYL ESTRADIOL) <b>0.12-0.015 MG/24HR</b>	Tier 1	Tier 1	PV
<b>ENILLORING VAGINAL RING</b> (ETONOGESTREL-ETHINYL ESTRADIOL) <b>0.12-0.015 MG/24HR</b>	Tier 1	Tier 1	PV
<b>HALOETTE VAGINAL RING</b> (ETONOGESTREL-ETHINYL ESTRADIOL) <b>0.12-0.015 MG/24HR</b>	Tier 1	Tier 1	PV
<b>*Continuous Contraceptives - Oral***</b>			
<b>AMETHYST ORAL TABLET</b> (LEVONORGESTREL-ETHINYL ESTRAD) <b>90-20 MCG</b>	Tier 1	Tier 1	PV
<b>DOLISHALE ORAL TABLET</b> (LEVONORGESTREL-ETHINYL ESTRAD) <b>90-20 MCG</b>	Tier 1	Tier 1	PV
<b>*Copper Contraceptives - Iud***</b>			
<b>PARAGARD INTRAUTERINE COPPER</b> <b>INTRAUTERINE INTRAUTERINE DEVICE</b>	Tier 1		PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Emergency Contraceptives***</b>			
<b>AFTERA ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>AFTERPILL ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>CURAE ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>ECONTRA EZ ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>ECONTRA ONE-STEP ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>ELLA ORAL TABLET 30 MG</b>	Tier 1		PV
<b>HER STYLE ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>MY CHOICE ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>MY WAY ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>NEW DAY ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>OPCICON ONE-STEP ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>OPTION 2 ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>PLAN B ONE-STEP ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>REACT ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>TAKE ACTION ORAL TABLET</b> (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>*Extended-Cycle Contraceptives - Oral***</b>			
<b>AMETHIA ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 &amp;0.01 MG</b>	Tier 1	Tier 1	PV
<b>ASHLYNA ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 &amp;0.01 MG</b>	Tier 1	Tier 1	PV
<b>CAMRESE LO ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.1-0.02 &amp; 0.01 MG</b>	Tier 1	Tier 1	PV



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>CAMRESE ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 &amp;0.01 MG</b>	Tier 1	Tier 1	PV
<b>DAYSEE ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 &amp;0.01 MG</b>	Tier 1	Tier 1	PV
<b>FAYOSIM ORAL TABLET</b> (LEVONORGEST-ETH EST & ETH EST) <b>42-21-21-7 DAYS</b>	Tier 1	Tier 1	PV
<b>ICLEVIA ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 MG</b>	Tier 1	Tier 1	PV
<b>INTROVALE ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 MG</b>	Tier 1	Tier 1	PV
<b>JAIMIESS ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 &amp;0.01 MG</b>	Tier 1	Tier 1	PV
<b>JOLESSA ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 MG</b>	Tier 1	Tier 1	PV
<b>LOJAIMIESS ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.1-0.02 &amp; 0.01 MG</b>	Tier 1	Tier 1	PV
<b>RIVELSA ORAL TABLET</b> (LEVONORGEST-ETH EST & ETH EST) <b>42-21-21-7 DAYS</b>	Tier 1	Tier 1	PV
<b>SETLAKIN ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 MG</b>	Tier 1	Tier 1	PV
<b>SIMPESSE ORAL TABLET</b> (LEVONORGEST-ETH ESTRAD 91-DAY) <b>0.15-0.03 &amp;0.01 MG</b>	Tier 1	Tier 1	PV
<b>*Four Phase Contraceptives - Oral***</b>			
<b>NATAZIA ORAL TABLET 3/2-2/2-3/1 MG</b>	Tier 1		PV
<b>*Progestin Contraceptives - Implants***</b>			
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>	Tier 1		PV
<b>*Progestin Contraceptives - Injectable***</b>			
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML</b>	Tier 1		PV
<b>MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML</b>		Tier 1	PV



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	PV
<b>*Progestin Contraceptives - Iud***</b>			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 1		PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 1		PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Tier 1		PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 1		PV
<b>*Progestin Contraceptives - Oral***</b>			
CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
EMZAHH ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYLEQ ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
OPILL ORAL TABLET 0.075 MG	Tier 1		PV
SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
SLYND ORAL TABLET 4 MG	Tier 1		PV
<b>*Triphasic Contraceptives - Oral***</b>			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG</b>	Tier 1	Tier 1	PV
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	Tier 1		PV
<b>LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG</b>	Tier 1	Tier 1	PV
<b>NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>TILIA FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-LEGEST FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-NYMYO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>TRI-SPRINTEC ORAL TABLET</b> (NORGESTIM-ETH ESTRAD TRIPHASIC) <b>0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>TRIVORA (28) ORAL TABLET</b> (LEVONORG-ETH ESTRAD TRIPHASIC) <b>50-30/75-40/ 125-30 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-VYLIBRA LO ORAL TABLET</b> (NORGESTIM-ETH ESTRAD TRIPHASIC) <b>0.18/0.215/0.25 MG-25 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-VYLIBRA ORAL TABLET</b> (NORGESTIM-ETH ESTRAD TRIPHASIC) <b>0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG</b>	Tier 1		PV
<b>*Corticosteroids*</b>			
<b>*Glucocorticosteroids***</b>			
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 2	
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	Tier 2		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		Tier 2	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		Tier 2	
DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG		Tier 2	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 2	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		Tier 2	
METHYLPREDNISOLONE SODIUM SUCC INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG		Tier 2	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML		Tier 2	
PREDNISONE 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		Tier 2	
<b>*Mineralocorticoids***</b>			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 2	
<b>*Cough/Cold/Allergy*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
BENZONATATE ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 2	
<b>*Antitussive - Opioid***</b>			
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)
<b>*Antitussive-Expectorant***</b>			
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)
GUAIA TUSSIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN AC ORAL SYRUP 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML, 200-20 MG/10ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
MAXI-TUSS AC ORAL SOLUTION 100-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
<b>*Antitussive-Expectorants-Decongestant***</b>			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
<b>*Decongestant &amp; Antihistamine***</b>			
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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY REL D12 (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HOUR 5- 120 MG		Tier 2	
ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG, 180-240 MG		Tier 2	
ALLERGY RELIEF D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG, 60-120 MG		Tier 2	
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 5-120 MG, 60-120 MG		Tier 2	
CVS ALLERGY RELIEF D24 ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG		Tier 2	
CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG		Tier 2	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
HM ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG		Tier 2	
<b>KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG</b>	Tier 2	Tier 2	
<b>KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG</b>	Tier 2	Tier 2	
<b>KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG</b>	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	
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	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>WAL-FEX D ALLERGY &amp; CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 60-120 MG</b>	Tier 2	Tier 2	
<b>WAL-FEX D ALLERGY &amp; CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 180-240 MG</b>	Tier 2	Tier 2	
<b>WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG</b>	Tier 2	Tier 2	
<b>WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG</b>	Tier 2	Tier 2	
<b>WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG</b>	Tier 2	Tier 2	
<b>*Decongestant W/ Expectorant***</b>			
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	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
EQ MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG		Tier 2	
EQ MUCUS-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
FT MUCUS RELIEF D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG		Tier 2	
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	
<b>*Misc. Respiratory Inhalants***</b>			
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %		Tier 2	
<b>*Non-Narc Antitussive-Antihistamine***</b>			
PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML		Tier 2	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>			
BROMPHEN-PSEUDOEPH-DM ORAL SYRUP 2-30-10 MG/5ML		Tier 2	
PSEUDOEPH-BROMPHEN-DM ORAL SYRUP 30-2-10 MG/5ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Opioid Antitussive-Antihistamine***</b>			
PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
PROMETHAZINE-CODEINE ORAL SYRUP 6.25-10 MG/5ML		Tier 2	QL (240 ML Max Qty Per Fill Retail)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>			
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML		Tier 3	QL (240 ML Max Qty Per Fill Retail)
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
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 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	
<b>*Acne Combinations***</b>			
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 2	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 2	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL LIQUID 10-5 %		Tier 2	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL SUSPENSION 9-4.25 %		Tier 2	
<b>*Acne Products***</b>			
ACUTANE 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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>AMNESTEEM ORAL CAPSULE</b> (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 2	Tier 2	
<b>CLARAVIS ORAL CAPSULE</b> (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	
<b>*Antibiotics - Topical***</b>			
<b>ALTABAX EXTERNAL OINTMENT 1 %</b>	Tier 4		
MUPIROCIIN EXTERNAL OINTMENT 2 %		Tier 2	
<b>*Antifungals - Topical Combinations***</b>			
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	
<b>*Antifungals - Topical***</b>			
<b>CICLODAN EXTERNAL SOLUTION</b> (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	
<b>KLAYESTA EXTERNAL POWDER</b> (NYSTATIN) 100000 UNIT/GM	Tier 2	Tier 2	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		Tier 2	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 2	
<b>NYSTOP EXTERNAL POWDER</b> (NYSTATIN) 100000 UNIT/GM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Anti-Inflammatory Agents - Topical***</b>			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 2	
<b>*Antineoplastic Antimetabolites - Topical***</b>			
FLUOROURACIL EXTERNAL CREAM 5 %		Tier 2	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 2	
<b>*Antipsoriatics - Systemic***</b>			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 2	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5		PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5		PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 5		PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 5		PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 5		PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	Tier 5		PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Tier 5		PA
<b>*Antipsoriatics***</b>			
CALCIPOTRIENE EXTERNAL CREAM 0.005 %		Tier 2	
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 2	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 2	
TAZAROTENE CREAM 0.05 % EXTERNAL		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
TAZAROTENE CREAM 0.1 % EXTERNAL		Tier 2	PA
TAZAROTENE EXTERNAL GEL 0.05 %		Tier 2	
<b>*Antiseborrheic Products***</b>			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 2	
<b>*Antivirals - Topical***</b>			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 2	
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 5		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	Tier 5		PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 5		PA; QL (0.15 ML per 1 day)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 5		PA; QL (0.15 ML per 1 day)
<b>*Burn Products***</b>			
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 2	Tier 2	
<b>*Corticosteroids - Topical***</b>			
ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 2	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 2	
CLOBETASOL 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	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 2	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
GNP HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
GNP HYDROCORTISONE/ALOE EXTERNAL CREAM 1 %		Tier 2	
GOODSENSE ANTI-ITCH MAX STR 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 2.5 %		Tier 2	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 2	
HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE MAX ST/12 MOIST EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE PLUS EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE ULTRA-MOISTURE EXTERNAL CREAM 1 %		Tier 2	
HYDROCORTISONE/ALOE MAX STR EXTERNAL CREAM 1 %		Tier 2	
<b>MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM (HYDROCORTISONE) 1 %</b>	Tier 2	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	
QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
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	
<b>*Emollient/Keratolytic Agents***</b>			
UREA EXTERNAL CREAM 20 %		Tier 2	
<b>*Eyelid Cleansers &amp; Lubricants***</b>			
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		
<b>*Imidazole-Related Antifungals - Topical***</b>			
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 2	
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 2	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Immunomodulators</b>			
<b>Imidazoquinolinamines - Topical***</b>			
IMIQUIMOD CREAM 3.75 % EXTERNAL		Tier 5	PA
IMIQUIMOD CREAM 5 % EXTERNAL		Tier 2	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %		Tier 5	PA
<b>*Local Anesthetics - Topical***</b>			
<b>GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 %</b>	Tier 2	Tier 2	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 2	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 2	PA
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 2	
<b>*Macrolide Immunosuppressants - Topical***</b>			
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 2	PA
<b>*Rosacea Agents***</b>			
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	
<b>*Scabicides &amp; Pediculicides***</b>			
MALATHION EXTERNAL LOTION 0.5 %		Tier 2	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 2	
<b>*Topical Anesthetic Combinations***</b>			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 2	
<b>*Type II 5-Alpha Reductase Inhibitors***</b>			
FINASTERIDE ORAL TABLET 1 MG		Tier 2	QL (1 EA per 1 day)
<b>*Wound Care - Growth Factor Agents***</b>			
REGGRANEX EXTERNAL GEL 0.01 %	Tier 5		

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Diagnostic Products*</b>			
<b>*Diagnostic Tests***</b>			
<b>ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ACCU-CHEK GUIDE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ACCUTREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ADVANCE INTUITION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ADVANCE MICRO-DRAW TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ADVANCE MICRO-DRAW TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ADVOCATE REDI-CODE STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ADVOCATE REDI-CODE STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ADVOCATE REDI-CODE+ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ADVOCATE REDI-CODE+ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ADVOCATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>AGAMATRIX KEYNOTE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>AGAMATRIX PRESTO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE 3 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE 3 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ASSURE 4 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE 4 TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ASSURE II CHECK IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ASSURE II STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE II STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ASSURE PLATINUM STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE PLATINUM STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ASSURE PRISM MULTI TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE PRISM MULTI TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ASSURE PRO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ASSURE PRO TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>BIOTEL CARE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP</b>		Tier 1	
<b>BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CARESENS N GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CARETOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CONTOUR NEXT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CONTOUR TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP</b>		Tier 1	
<b>CVS TRUE METRIX GLUCOSE TEST IN VITRO STRIP</b>		Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>DIASTIX IN VITRO STRIP</b>	Tier 3		
<b>DIASTIX REAGENT IN VITRO STRIP</b>	Tier 3		
<b>DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>DIATHRIVE GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
DIATRUE PLUS TEST IN VITRO STRIP		Tier 4	
<b>DUO-CARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP		Tier 1	
<b>EASY STEP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	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	
<b>EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EASY TOUCH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP		Tier 1	
EASY TRAK II GLUCOSE TEST IN VITRO STRIP		Tier 1	
<b>EASYGLUCO IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>EASYMAX 15 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>EASYMAX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EASYPRO PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
ELEMENT COMPACT TEST IN VITRO STRIP		Tier 4	
<b>ELEMENT TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>EMBRACE PRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EMBRACE PRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>EMBRACE TALK GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>EMBRACE TALK GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
EQ BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	
EQ BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
<b>EVOLUTION AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA 6 CONNECT IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA GD20 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA TN'G ADVANCE PRO IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA TN'G/TN'G VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORACARE GD40 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORACARE PREMIUM V10 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORACARE TEST N GO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FORTISCARE G1 TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FORTISCARE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>FREESTYLE INSULINX TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FREESTYLE LITE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FREESTYLE PRECISION NEO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>FREESTYLE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
GE100 BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	
GE100 BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	

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



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>IGLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>IHEALTH BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>INFINITY VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>KROGER BLOOD GLUCOSE TEST IN VITRO STRIP</b>		Tier 1	
<b>KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 2	Tier 1	
<b>KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP</b>		Tier 1	
<b>LIBERTY NEXT GENERATION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>LIBERTY TEST IN VITRO STRIP</b>		Tier 1	
<b>MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP</b>		Tier 1	
<b>MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP</b>		Tier 1	
<b>MEIJER TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>MICRODOT TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>MICRODOT TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>MM BLULINK GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>MM EASY TOUCH GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>MYGLUCOHEALTH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>NEUTEK 2TEK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>NEUTEK 2TEK TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>NOVA MAX GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>NOVA MAX GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>ONE DROP TEST IN VITRO STRIP</b>		Tier 1	
<b>ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ONETOUCH ULTRA IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ONETOUCH ULTRA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>ONETOUCH VERIO IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>OPTIUMEZ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>OPTIUMEZ TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>POCKETCHEM EZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST</b>	Tier 1		
<b>PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP</b>		Tier 4	
<b>PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP</b>		Tier 4	
<b>PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>PTS PANELS EGLU TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>QUICKTEK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>RELION BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RELION CONFIRM/MICRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RELION GLUCOSE TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RELION PREMIER TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RELION PRIME TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RELION ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>SMART SENSE PREMIUM TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>SMART SENSE PREMIUM TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>SMART SENSE VALUE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>SMART SENSE VALUE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>TGT BLOOD GLUCOSE TEST STRIP IN VITRO</b>		Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
TGT BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
<b>TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>TRUETEST TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>TRUETEST TEST STRIP IN VITRO (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
<b>UNISTRIP1 GENERIC IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 4	Tier 1	
VERASENS BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 1	
VERASENS BLOOD GLUCOSE TEST STRIP IN VITRO		Tier 4	
<b>VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST)</b>	Tier 1	Tier 1	
<b>*Digestive Aids*</b>			
<b>*Digestive Enzymes***</b>			
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT</b>	Tier 3		PA
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT</b>	Tier 3		PA
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Diuretic Combinations***</b>			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		Tier 2	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		Tier 2	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		Tier 2	
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		Tier 2	
<b>*Loop Diuretics***</b>			
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	
<b>*Potassium Sparing Diuretics***</b>			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 2	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
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	
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*Bisphosphonates***</b>			
ALENDRONATE SODIUM TABLET 10 MG ORAL		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 35 MG ORAL		Tier 2	QL (8 EA per 28 days)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
ALENDRONATE SODIUM TABLET 5 MG ORAL		Tier 2	QL (30 EA per 30 days)
ALENDRONATE SODIUM TABLET 70 MG ORAL		Tier 2	QL (0.143 EA per 1 day)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 150 MG ORAL		Tier 2	QL (1 EA per 30 days)
RISEDRONATE SODIUM TABLET 35 MG ORAL		Tier 2	QL (4 EA per 28 days)
<b>*Calcimimetic Agents***</b>			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 5	
<b>*Calcitonins***</b>			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 2	
<b>*Carnitine Replenisher - Agents***</b>			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 2	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 2	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 2	
<b>*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>			
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 5		PA; QL (2 EA per 1 day)
<b>*Dopamine Receptor Agonists***</b>			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 2	
<b>*Gnrh/Lhrh Antagonists***</b>			
ORLISSA TABLET 150 MG ORAL	Tier 4		PA; QL (1 EA per 1 day)
ORLISSA TABLET 200 MG ORAL	Tier 4		PA; QL (2 EA per 1 day)
<b>*Growth Hormones***</b>			
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 5		PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 5		PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MG/2ML</b>	Tier 5		PA
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MG/2ML</b>	Tier 5		PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML</b>	Tier 5		PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG</b>	Tier 5		PA
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	Tier 5		PA
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
<b>CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG</b>		Tier 2	
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
<b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG</b>	Tier 5		PA; QL (1 EA per 28 days)
<b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG</b>	Tier 5		PA; QL (1 EA per 84 days)
<b>LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG</b>	Tier 5		PA; QL (1 EA per 168 days)
<b>*Neurokinin 3 (Nk3) Receptor Antagonists***</b>			
<b>VEOZAH ORAL TABLET 45 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>			
<b>RALOXIFENE HCL ORAL TABLET 60 MG</b>		Tier 1	PV
<b>*Vasopressin***</b>			
<b>DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %</b>		Tier 2	
<b>DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG</b>		Tier 2	
<b>DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %</b>		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Progestin***</b>			
<b>AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG</b>	Tier 2	Tier 2	
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>	Tier 3		
<b>FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG, 1-5 MG-MCG</b>	Tier 2	Tier 2	
<b>JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG</b>	Tier 2	Tier 2	
<b>MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG</b>	Tier 2	Tier 2	
<b>PREFEST ORAL TABLET 1/1-0.09 MG (15/15)</b>	Tier 3		
<b>PREMPHASE ORAL TABLET 0.625-5 MG</b>	Tier 3		
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>	Tier 3		
<b>*Estrogens***</b>			
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	Tier 3	Tier 2	
<b>DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML</b>	Tier 2		
<b>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</b>	Tier 2	Tier 2	
<b>ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>		Tier 2	
<b>ESTRADIOL TRANSDERMAL GEL 0.75 MG/0.75GM, 0.75 MG/1.25 GM (0.06%), 1.25 MG/1.25GM</b>		Tier 2	
<b>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</b>		Tier 2	
<b>ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML</b>		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
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		
<b>*Fluoroquinolones*</b>			
<b>*Fluoroquinolones***</b>			
CIPRO ORAL SUSPENSION RECONSTITUTED (CIPROFLOXACIN) 250 MG/5ML (5%)	Tier 3	Tier 2	
CIPROFLOXACIN HCL ORAL TABLET 100 MG, 250 MG, 500 MG, 750 MG		Tier 2	
CIPROFLOXACIN ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)		Tier 2	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 2	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 2	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 2	
OFLOXACIN ORAL TABLET 400 MG		Tier 2	
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*5-Ht4 Receptor Agonists***</b>			
PRUCALOPRIDE SUCCINATE ORAL TABLET 1 MG, 2 MG		Tier 2	
<b>*Gallstone Solubilizing Agents***</b>			
URSODIOL ORAL CAPSULE 300 MG		Tier 2	
<b>*Gastrointestinal Antiallergy Agents***</b>			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 2	
<b>*Gastrointestinal Chloride Channel Activators***</b>			
LUBIPROSTONE ORAL CAPSULE 24 MCG		Tier 2	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Gastrointestinal Stimulants***</b>			
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	
<b>*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***</b>			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5		PA; QL (1 EA per 1 day)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3		
<b>*Inflammatory Bowel Agents***</b>			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 2	
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		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		
PENTASA ORAL CAPSULE EXTENDED RELEASE (MESALAMINE ER) 500 MG	Tier 4	Tier 2	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 2	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 2	
<b>*Integrin Receptor Antagonists***</b>			
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 5		PA; QL (0.05 ML per 1 day)
<b>*Interleukin Antagonists***</b>			
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5		PA; QL (0.072 ML per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	Tier 5		PA; QL (0.072 ML per 1 day)
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML</b>	Tier 5		PA
<b>*Intestinal Acidifiers***</b>			
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	
<b>*Peroxisome Proliferator-Activated Receptor Agonists***</b>			
<b>IQIRVO ORAL TABLET 80 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>LIVDELZI ORAL CAPSULE 10 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Phosphate Binder Agents***</b>			
CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG		Tier 1	
CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG		Tier 1	
CALCIUM ACETATE ORAL TABLET 667 MG		Tier 1	
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 3	PA
SEVELAMER CARBONATE ORAL PACKET 0.8 GM, 2.4 GM		Tier 5	
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 5	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 2	
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***</b>			
<b>VELSIPITY ORAL TABLET 2 MG</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
<b>CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML</b>	Tier 5		PA
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	Tier 5		PA
<b>CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML</b>	Tier 5		PA

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Phosphodiesterase Iii Inhibitors***</b>			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 2	
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 2	
<b>*Platelet Aggregation Inhibitors***</b>			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 2	
<b>*Pyruvate Kinase Activators***</b>			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5		PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 5		PA; QL (1 EA per 1 day)
<b>*Quinazoline Agents***</b>			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 2	
<b>*Thienopyridine Derivatives***</b>			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 2	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
<b>*Hematopoietic Agents*</b>			
<b>*Amino Acids***</b>			
L-GLUTAMINE ORAL PACKET 5 GM		Tier 2	
<b>*Cobalamins***</b>			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 2	
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5		PA

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>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</b>	Tier 5		PA
<b>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	Tier 5		PA
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	Tier 5		PA
<b>*Folic Acid/Folates***</b>			
FOLIC ACID ORAL TABLET 1 MG		Tier 2	
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>			
<b>NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML</b>	Tier 5		PA
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	Tier 5		PA
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 5		PA
<b>NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	Tier 5		PA
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 5		PA
<b>UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	Tier 5		PA
<b>UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML</b>	Tier 5		PA
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	Tier 5		PA
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</b>			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5		PA
<b>*Hemostatics*</b>			
<b>*Hemostatics - Systemic***</b>			
TRANEXAMIC ACID ORAL TABLET 650 MG		Tier 2	PA
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>			
<b>*Barbiturate Hypnotics***</b>			
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	
<b>*Benzodiazepine Hypnotics***</b>			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 2	
FLURAZEPAM HCL ORAL CAPSULE 15 MG, 30 MG		Tier 2	
MIDAZOLAM HCL (PF) INJECTION SOLUTION 10 MG/2ML, 5 MG/ML		Tier 1	
MIDAZOLAM HCL INJECTION SOLUTION 10 MG/2ML, 25 MG/5ML, 5 MG/ML, 50 MG/10ML		Tier 1	
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	
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>			
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)
<b>*Selective Melatonin Receptor Agonists***</b>			
RAMELTEON ORAL TABLET 8 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM</b>	Tier 2	Tier 2	PV; QL (236 ML per 30 days)
<b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NA CL) 420 GM</b>	Tier 2	Tier 2	PV; QL (420 ML per 30 days)
<b>PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM</b>		Tier 2	PV; QL (100 EA per 30 days)
<b>PEG-KCL-NA CL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM</b>		Tier 2	PV; QL (100 EA per 30 days)
<b>*Laxatives - Miscellaneous***</b>			
<b>CONSTULOSE ORAL SOLUTION 10 GM/15ML</b>		Tier 2	
<b>LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML</b>		Tier 2	
<b>*Saline Laxative Mixtures***</b>			
<b>OSMOPREP ORAL TABLET 1.102-0.398 GM</b>	Tier 3		
<b>*Macrolides*</b>			
<b>*Azithromycin***</b>			
<b>AZITHROMYCIN ORAL PACKET 1 GM</b>		Tier 2	
<b>AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML</b>		Tier 2	
<b>AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG</b>		Tier 2	
<b>*Clarithromycin***</b>			
<b>CLARITHROMYCIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>		Tier 2	
<b>CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML</b>		Tier 2	
<b>CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG</b>		Tier 2	
<b>*Erythromycins***</b>			
<b>E.E.S. 400 ORAL TABLET (ERYTHROMYCIN ETHYLSUCCINATE) 400 MG</b>	Tier 3	Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	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	
<b>*Medical Devices And Supplies*</b>			
<b>*Applicators,Cotton Balls,Etc***</b>			
<b>ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
<b>ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)</b>	Tier 1	Tier 1	
ALCOHOL PADS PAD 70 %		Tier 1	
ALCOHOL PREP PAD 70 %		Tier 1	
ALCOHOL PREP PADS PAD 70 %		Tier 1	
ALCOHOL SWABS PAD		Tier 1	
<b>ALCOHOL SWABSTICK PAD (ALCOHOL PREP)</b>	Tier 1	Tier 1	
AUM ALCOHOL PREP PADS PAD 70 %		Tier 1	
<b>BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)</b>	Tier 1	Tier 1	
<b>CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
<b>CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 1	
CVS PREP PAD 70 %		Tier 1	
<b>DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
EASY COMFORT ALCOHOL PADS PAD		Tier 1	
<b>EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
EQL ALCOHOL SWABS PAD 70 %		Tier 1	
<b>FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
GNP ALCOHOL SWABS PAD 70 %		Tier 1	
GOODSENSE 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	
<b>PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)</b>	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	
<b>RELION ALCOHOL SWABS PAD (ALCOHOL PREP)</b>	Tier 1	Tier 1	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 1	
SAPS HEALTH ALCOHOL PREP PAD		Tier 1	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 1	
SB ALCOHOL PREP PAD 70 %		Tier 1	
SM ALCOHOL PREP PAD		Tier 1	
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 1	
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 1	
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		Tier 1	
<b>ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP)</b>	Tier 1	Tier 1	
ULTILET ALCOHOL SWABS PAD		Tier 1	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 1	
<b>WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
<b>WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %</b>	Tier 1	Tier 1	
ZEV RX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 1	
<b>*Cervical Caps***</b>			
<b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>	Tier 1		PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Condoms - Female***</b>			
<b>FC2 FEMALE CONDOM</b>	Tier 1		PV
<b>*Condoms - Male***</b>			
<b>AIMSCO LUBRICATED</b>		Tier 1	PV
<b>CONDOMS</b>		Tier 1	PV
<b>DUREX EXTRA SENSITIVE THIN (MAXX)</b>	Tier 1	Tier 1	PV
<b>DUREX EXTRA SENSITIVE THIN DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>DUREX REALFEEL DEVICE</b>	Tier 1		PV
<b>DUREX TROPICAL (MAXX)</b>	Tier 1	Tier 1	PV
<b>FANTASY LUBRICATED (MAXX)</b>	Tier 1	Tier 1	PV
<b>FANTASY LUBRICATED/SPERMICIDE (MAXX)</b>	Tier 1	Tier 1	PV
<b>KAMELEON LUBRICATED (MAXX)</b>	Tier 1	Tier 1	PV
<b>KIMONO</b>		Tier 1	PV
<b>KIMONO COLORS DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>KIMONO MAXX-LARGE FLARE (MAXX)</b>	Tier 1	Tier 1	PV
<b>KIMONO MICRO THIN PLUS</b>		Tier 1	PV
<b>KIMONO PLUS</b>		Tier 1	PV
<b>KIMONO PS</b>		Tier 1	PV
<b>KIMONO PS PLUS</b>		Tier 1	PV
<b>KIMONO SENSATION</b>		Tier 1	PV
<b>KIMONO SENSATION PLUS</b>		Tier 1	PV
<b>KIMONO SPECIAL DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>K-Y ME &amp; YOU EXTRA LUBRICATED DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>K-Y ME &amp; YOU INTENSE DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>MAXX PLUS</b>		Tier 1	PV
<b>REALITY LATEX CONDOMS (MAXX)</b>	Tier 1	Tier 1	PV
<b>REALITY LATEX/ULTRA TEXTURED DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>REALITY LATEX/ULTRA THIN DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TROJAN ENZ (KIMONO MICRO THIN)</b>	Tier 1	Tier 1	PV
<b>TROJAN MAGNUM (MAXX)</b>	Tier 1	Tier 1	PV
<b>TROJAN ULTRA RIBBED LUBRICATED DEVICE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TROJAN ULTRA THIN (MAXX)</b>	Tier 1	Tier 1	PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>TROJAN ULTRA THIN/SPERMICIDAL (MAXX)</b>	Tier 1	Tier 1	PV
<b>TROJAN-ENZ LUBRICATED (MAXX)</b>	Tier 1	Tier 1	PV
<b>TROJAN-ENZ/SPERMICIDAL (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUE COVER DEVICE</b>		Tier 1	PV
<b>TRUSTEX COLOR CONDOMS + LUBE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUB/RIBBED/STUDDED (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUB/SPERMICIDE EX ST (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUB/SPERMICIDE XL (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUBRICATED (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUBRICATED EX LARGE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUBRICATED EXTRA ST (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX LUBRICATED/SPERMICIDE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX NATURAL CONDOMS + LUBE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX NON-LUBRICATED (KIMONO MICRO THIN)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX RIA LUB/SPERMICIDE (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX RIA LUBRICATED (MAXX)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX RIA NON-LUBRICATED (KIMONO MICRO THIN)</b>	Tier 1	Tier 1	PV
<b>TRUSTEX-NONOXYNOL-9/RIB/STUD (MAXX)</b>	Tier 1	Tier 1	PV
<b>*Diaphragms***</b>			
<b>CAYA VAGINAL DIAPHRAGM</b>	Tier 1		PV
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %</b>	Tier 1		PV
<b>*Glucose Monitoring Test Supplies***</b>			
1ST TIER UNILET COMFORTOUCH		Tier 1	
<b>ACCU-CHEK AVIVA PLUS KIT W/DEVICE</b>	Tier 1		
<b>ACCU-CHEK FASTCLIX LANCET KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>ACCU-CHEK FASTCLIX LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ACCU-CHEK GUIDE KIT W/DEVICE</b>	Tier 1		
<b>ACCU-CHEK GUIDE ME KIT W/DEVICE</b>	Tier 1		
<b>ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ACCU-CHEK SOFTCLIX LANCET DEV KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>ACCU-CHEK SOFTCLIX LANCETS (LANCETS)</b>	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	
<b>ADVOCATE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ADVOCATE LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>ADVOCATE LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>ADVOCATE RAPID-SAFE LANCING (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>ADVOCATE SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ADVOCATE SAFETY LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>AGAMATRIX ULTRA-THIN LANCETS (LANCETS)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
AIMSCO TWIST LANCETS 32G		Tier 1	
<b>AIMSCO TWIST LANCETS 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>AQUALANCE LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
ASSURE COMFORT LANCETS 28G		Tier 1	
<b>ASSURE LANCE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ASSURE LANCE LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>ASSURE LANCE PLUS SAFETY 25G (LANCETS)</b>	Tier 1	Tier 1	
<b>ASSURE LANCE PLUS SAFETY 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>ASSURE LANCE SAFETY LANCET 28G (LANCETS)</b>	Tier 1	Tier 1	
AURORA LANCET SUPER THIN 30G		Tier 1	
AURORA LANCET THIN 23G		Tier 1	
<b>AUTO-LANCET (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>AUTO-LANCET MINI (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>AUTOLET II CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>AUTOLET LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>AUTOLET LITE CLINISAFE KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>AUTOLET LITE STARTER PACK KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>AUTOLET MINI (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>AUTOLET PLATFORMS (LANCET TRANSPORTER CASE)</b>	Tier 1	Tier 1	
<b>AUTOLET PLUS (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>BD MICROTAINER LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>CARDIOCOM LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
CAREONE ADVANCED LANCING DEV		Tier 1	
<b>CAREONE LANCET SUPER THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
CAREONE LANCET THIN 23G		Tier 1	
<b>CARESENS LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>CARESENS LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>CARETOUCH LANCING/EJECTOR (LANCET DEVICE)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>CARETOUCH SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>CARETOUCH SAFETY LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>CARETOUCH TWIST LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>CARETOUCH TWIST LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>CARETOUCH TWIST LANCETS 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>CARETOUCH TWIST MC LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>CHOSEN LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>CHOSEN LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>CHOSEN SAFETY LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>CLEANLET LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>CLEVER CHEK LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>CLEVER CHOICE COMFORT EZ (LANCETS)</b>	Tier 1	Tier 1	
<b>CLEVER CHOICE LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>CLEVER CHOICE LANCETS 23G (LANCETS)</b>	Tier 1	Tier 1	
<b>CLEVER CHOICE LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>COAGUCHEK LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>COMFORT ASSURED LANCETS 28G</b>		Tier 1	
<b>COMFORT ASSURED LANCETS 33G</b>		Tier 1	
<b>COMFORT LANCETS</b>		Tier 1	
<b>COMFORT TOUCH LANCETS 31G (LANCETS)</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH PLUS LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH PLUS LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH TWIST LANCET 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>CONTOUR MONITOR DEVICE</b>	Tier 1		
<b>CONTOUR NEXT LINK KIT W/DEVICE</b>	Tier 1		

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>CONTOUR NEXT MONITOR KIT W/DEVICE</b>	Tier 1		
<b>CONTOUR NEXT ONE KIT</b>	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	
<b>DEXCOM G6 RECEIVER DEVICE</b>	Tier 2		PA
<b>DEXCOM G6 SENSOR</b>	Tier 2		PA
<b>DEXCOM G6 TRANSMITTER</b>	Tier 2		PA
<b>DEXCOM G7 RECEIVER DEVICE</b>	Tier 2		PA
<b>DEXCOM G7 SENSOR</b>	Tier 2		PA
<b>DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)</b>	Tier 1	Tier 1	
<b>DIATHRIVE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>DIATHRIVE LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>DROPLET GENTEEL LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>DROPLET LANCETS ULTRA THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>DROPLET LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>DROPLET PERSONAL LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>DROPSAFE ACTI-LANCE 23G (LANCETS)</b>	Tier 1	Tier 1	
DRUG MART LANCETS THIN 26G		Tier 1	
<b>DRUG MART LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>DRUG MART ON-THE-GO LANCET 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>DRUG MART UNILET LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>DRUG MART UNILET LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>DRUG MART UNILET LANCETS 33G (LANCETS)</b>	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	
<b>EASY TOUCH LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 23G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 28G/TWIST (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 30G/TWIST (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 32G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 32G/TWIST (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCETS 33G/TWIST (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>EASY TOUCH SAFETY LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH SAFETY LANCETS 23G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH SAFETY LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>EASY TOUCH SAFETY LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>EMBRACE LANCETS ULTRA THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
EMBRACE LANCING DEVICE/EJECTOR		Tier 1	
<b>EMBRACE PRESSURE ACTIVATED 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>EMBRACE PRESSURE ACTIVATED 28G (LANCETS)</b>	Tier 1	Tier 1	
EQL COLOR LANCETS 21G		Tier 1	
EQL COLOR LANCETS MICRO 33G		Tier 1	
EQL SUPER THIN LANCETS 30G		Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
EQL THIN LANCETS 26G		Tier 1	
<b>E-Z JECT LANCET MICRO-THIN 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>E-Z JECT LANCET SUPER THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>E-Z JECT LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>E-Z JECT LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>E-Z JECT LANCETS THIN 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>EZ-LETS LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>EZ-LETS LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>EZ-LETS LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>EZ-LETS LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>FIFTY50 SAFETY SEAL LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>FIFTY50 UNILET LANCETS 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>FINE 30 (LANCETS)</b>	Tier 1	Tier 1	
<b>FINGERSTIX LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>FORA LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>FORA LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
FREDS PHARMACY AUTOLET LANCING		Tier 1	
FREDS PHARMACY UNILET LANC 28G		Tier 1	
FREDS PHARMACY UNILET LANC 30G		Tier 1	
<b>FREESTYLE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	Tier 2		PA
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	Tier 2		PA
<b>FREESTYLE LIBRE 2 READER DEVICE</b>	Tier 2		PA
<b>FREESTYLE LIBRE 2 SENSOR</b>	Tier 2		PA
<b>FREESTYLE LIBRE 3 PLUS SENSOR</b>	Tier 2		PA
<b>FREESTYLE LIBRE 3 READER DEVICE</b>	Tier 2		PA
<b>FREESTYLE LIBRE 3 SENSOR</b>	Tier 2		PA
<b>FREESTYLE LIBRE READER DEVICE</b>	Tier 2		PA
<b>FREESTYLE UNISTICK II LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)</b>	Tier 1	Tier 1	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
GNP STERILE LANCETS 30G		Tier 1	
GNP STERILE LANCETS 33G		Tier 1	
<b>GOJJI LANCING DEVICE/CLEAR CAP (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>GOJJI STERILE LANCETS (LANCETS)</b>	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	
GOODSENSE LANCETS 33G		Tier 1	
GOODSENSE LANCETS 33G UNIV		Tier 1	
GOODSENSE LANCING DEVICE		Tier 1	
<b>HAEMOLANCE (LANCETS)</b>	Tier 1	Tier 1	
<b>HAEMOLANCE LOW FLOW LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>HAEMOLANCE PLUS (LANCETS)</b>	Tier 1	Tier 1	
<b>HAEMOLANCE PLUS HIGH FLOW (LANCETS)</b>	Tier 1	Tier 1	
<b>HAEMOLANCE PLUS LOW FLOW (LANCETS)</b>	Tier 1	Tier 1	
<b>HAEMOLANCE PLUS MAX FLOW (LANCETS)</b>	Tier 1	Tier 1	
<b>HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)</b>	Tier 1	Tier 1	
<b>HEALTH CARE LANCING DEVICE (LANCET DEVICE)</b>	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	
<b>HYPOLANCE AST LANCING KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>HY-VEE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
HY-VEE THIN LANCETS		Tier 1	
<b>IHEALTH LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>IN TOUCH LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>IN TOUCH STERILE LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
KINNEY LANCETS		Tier 1	
KINNEY THIN LANCETS		Tier 1	
<b>KROGER AUTOLET LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>KROGER HEALTHPRO LANCET 26G (LANCETS)</b>	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 28G THIN		Tier 1	
LANCETS 30G		Tier 1	
LANCETS 33G		Tier 1	
LANCETS MICRO THIN 33G		Tier 1	
<b>LANCETS SUPER THIN (LANCETS)</b>	Tier 1	Tier 1	
LANCETS SUPER THIN 28G		Tier 1	
LANCETS THIN		Tier 1	
<b>LANCETS ULTRA THIN (LANCETS)</b>	Tier 1	Tier 1	
LANCETS ULTRA THIN 30G		Tier 1	
LANCING DEVICE		Tier 1	
<b>LANZO (LANCET DEVICE)</b>	Tier 1	Tier 1	
LEADER ADVANCED LANCING DEVICE		Tier 1	
<b>LIBERTY MEDICAL LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>LIBERTY MINI LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
LITE TOUCH LANCETS		Tier 1	
<b>LITE TOUCH LANCING PEN (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>LITETOUCH LANCETS (LANCETS)</b>	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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>MEDLANCE EXTRA 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE LITE 25G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE PLUS EXTRA 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE PLUS LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE PLUS LITE 25G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE PLUS SUPERLITE 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE PLUS UNIVERSAL 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEDLANCE UNIVERSAL 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEIJER LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MEIJER LANCETS THIN (LANCETS)</b>	Tier 1	Tier 1	
<b>MEIJER LANCETS UNIVERSAL 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEIJER LANCETS UNIVERSAL 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEIJER LANCETS UNIVERSAL 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>MEIJER SUPER THIN LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MICROLET LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MICROLET NEXT LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
MINI LANCING DEVICE		Tier 1	
<b>MM LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>MM TWIST LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MONOLET LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MONOLET OPD LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>MONOLETTOR SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	
MPD SAFETY LANCET 21G		Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
MPD SAFETY LANCET 23G		Tier 1	
MPD SAFETY LANCET 28G		Tier 1	
MPD SAFETY LANCET 30G		Tier 1	
MULTI-LANCET DEVICE		Tier 1	
<b>MULTI-LANCET DEVICE 2 KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>MYGLUCOHEALTH LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>NOVA SAFETY LANCETS 23G (LANCETS)</b>	Tier 1	Tier 1	
<b>NOVA SAFETY LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>NOVA SUREFLEX LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>NOVA SUREFLEX LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA LANCETS 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA LANCING DEV (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA PLUS LANCET30G (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA PLUS LANCET33G (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA PLUS LANCING (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>ONETOUCH DELICA SAFETY LANCING (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH FINEPOINT LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH ULTRA 2 KIT W/DEVICE</b>	Tier 1		
<b>ONETOUCH ULTRASOFT 2 LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE</b>	Tier 1		
<b>ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE</b>	Tier 1		
<b>ONETOUCH VERIO KIT W/DEVICE</b>	Tier 1		
<b>ONETOUCH VERIO REFLECT KIT W/DEVICE</b>	Tier 1		
PC LANCETS SUPER THIN 30G		Tier 1	
<b>PERFECT LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>PERFECT LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>PERFECT POINT SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>PHARMACIST CHOICE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>PHARMACY COUNTER LANCETS (LANCETS)</b>	Tier 1	Tier 1	
PIP LANCETS 28G		Tier 1	
PIP LANCETS 30G		Tier 1	
<b>POGO AUTOMATIC BLOOD GLUCOSE DEVICE</b>	Tier 1		
<b>PRECISION THINS GP LANCETS (LANCETS)</b>	Tier 1	Tier 1	
PREFERRED PLUS LANCETS COLORED		Tier 1	
PREFERRED PLUS LANCETS THIN		Tier 1	
PRO COMFORT LANCETS 30G		Tier 1	
PRO COMFORT LANCETS 31G		Tier 1	
PRO COMFORT SAFETY LANCETS 30G		Tier 1	
<b>PRODIGY LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>PRODIGY LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>PRODIGY SAFETY LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>PRODIGY TWIST TOP LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>PSS SELECT GP LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>PSS SELECT PLATFORMS (LANCET TRANSPORTER CASE)</b>	Tier 1	Tier 1	
<b>PSS SELECT SAFETY LANCETS (LANCETS)</b>	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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
QC UNILET LANCETS MICRO THIN		Tier 1	
<b>RA E-ZJECT LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>RA E-ZJECT LANCETS THIN 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>RA E-ZJECT LANCETS THIN 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>RA E-ZJECT LANCETS ULTRA THIN (LANCETS)</b>	Tier 1	Tier 1	
<b>READYLANCE SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	
REALITY LANCETS		Tier 1	
REALITY TRIGGER LANCETS		Tier 1	
<b>RELION LANCET DEVICES 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>RELION LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>RELION LANCETS MICRO-THIN 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>RELION LANCETS THIN 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>RELION LANCETS ULTRA-THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>RELION LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>RELION LANCING DEVICE KIT (SELECT-LITE DEVICE/LANCETS)</b>	Tier 1	Tier 1	
<b>RELION ULTRA THIN LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>RELION ULTRA THIN PLUS LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>REXALL LANCETS ULTRA THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>RIGHTEST ALTERNATE SITE ADAPT (LANCET TRANSPORTER CASE)</b>	Tier 1	Tier 1	
<b>RIGHTEST GD500 LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>RIGHTEST GL300 LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>SAFE-T-LANCE (LANCETS)</b>	Tier 1	Tier 1	
<b>SAFE-T-LANCE PLUS (LANCETS)</b>	Tier 1	Tier 1	
SAFETY LANCET 30G/PRESSURE ACT		Tier 1	
<b>SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>SAFETY LANCETS 21G (LANCETS)</b>	Tier 1	Tier 1	
<b>SAFETY LANCETS 23G (LANCETS)</b>	Tier 1	Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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	
<b>SHOPKO AUTOLET LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>SHOPKO ON-THE-GO LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>SHOPKO UNILET LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>SHOPKO UNILET LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>SIMPLE DIAGNOSTICS LANCING DEV (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>SINGLE-LET (LANCETS)</b>	Tier 1	Tier 1	
SM LANCETS 33G		Tier 1	
<b>SM TRUEDRAW LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>SMART DIABETES VANTAGE LANCING (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>SMART SENSE COLOR LANCETS 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>SMART SENSE STANDARD LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>SMART SENSE SUPER THIN LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>SMART SENSE THIN LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>SMARTTEST LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>SOLUS V2 LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>SOLUS V2 LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>SOLUS V2 TWIST LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>STERILANCE TL (LANCETS)</b>	Tier 1	Tier 1	
SUPER THIN LANCETS		Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
SURE COMFORT LANCETS 18G		Tier 1	
SURE COMFORT LANCETS 21G		Tier 1	
SURE COMFORT LANCETS 23G		Tier 1	
SURE COMFORT LANCETS 28G		Tier 1	
SURE COMFORT LANCETS 30G		Tier 1	
SURE COMFORT LANCING PEN		Tier 1	
<b>SURELITE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>TECHLITE AST LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>TECHLITE LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>TECHLITE LANCETS 26G (LANCETS)</b>	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	
<b>THINLETS GP LANCETS (LANCETS)</b>	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	
<b>TRAVEL LANCETS ADVANCED 28G (LANCETS)</b>	Tier 1	Tier 1	
TRUE COMFORT SAFETY LANCETS		Tier 1	
TRUE COMFORT TWIST TOP LANCETS		Tier 1	
<b>TRUEDRAW LANCING DEVICE (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>TRUEPLUS LANCETS 26G (LANCETS)</b>	Tier 1	Tier 1	
<b>TRUEPLUS LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>TRUEPLUS LANCETS 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>TRUEPLUS LANCETS 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>TRUEPLUS SAFETY LANCETS 28G (LANCETS)</b>	Tier 1	Tier 1	
TWIST TOP LANCETS 30G		Tier 1	
<b>ULTI-LANCE AUTOMATIC (LANCET DEVICE)</b>	Tier 1	Tier 1	
<b>ULTILET CLASSIC LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ULTILET LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>ULTILET SAFETY LANCETS (LANCETS)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ULTILET SAFETY LANCETS 23G (LANCETS)</b>	Tier 1	Tier 1	
ULTRA THIN LANCETS 31G		Tier 1	
ULTRA-CARE LANCETS 30G		Tier 1	
<b>ULTRA-THIN II AUTO LANCET (LANCETS)</b>	Tier 1	Tier 1	
<b>ULTRA-THIN II LANCETS (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET COMFORTOUCH LANCET (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET EXCELITE (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET EXCELITE II (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET G.P. LANCET (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET G.P. SUPERLITE LANCET (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET GP 28 ULTRA THIN (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET LANCET (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET MICRO-THIN 33G (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET SUPERLITE LANCET (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET SUPER-THIN 30G (LANCETS)</b>	Tier 1	Tier 1	
<b>UNILET ULTRA-THIN 28G (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 1 (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 2 (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 2 COMFORT (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 2 EXTRA (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 2 NEONATAL (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 2 NORMAL (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 2 SUPER (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 3 (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 3 COMFORT (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 3 EXTRA (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 3 GENTLE (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 3 NEONATAL (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK 3 NORMAL (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK CZT COMFORT (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK CZT NORMAL (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK NORMAL (LANCETS)</b>	Tier 1	Tier 1	
<b>UNISTIK PRO SAFETY LANCET (LANCETS)</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>UNISTIK SAFETY LANCETS 28G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNISTIK SAFETY LANCETS 30G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNISTIK TOUCH SAFETY LANC 21G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNISTIK TOUCH SAFETY LANC 23G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNISTIK TOUCH SAFETY LANC 28G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNISTIK TOUCH SAFETY LANC 30G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNIVERSAL 1 LANCETS THIN 26G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNIVERSAL 1 LANCETS THIN 33G</b> (LANCETS)	Tier 1	Tier 1	
<b>UNIVERSAL 1 LANCETS ULTRA THIN</b> (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	
<b>VERIFINE SAFE LANCET MINI 21G</b> (LANCETS)	Tier 1	Tier 1	
<b>VERIFINE SAFE LANCET MINI 23G</b> (LANCETS)	Tier 1	Tier 1	
<b>VERIFINE SAFE LANCET MINI 28G</b> (LANCETS)	Tier 1	Tier 1	
<b>VERIFINE SAFE LANCET MINI 30G</b> (LANCETS)	Tier 1	Tier 1	
<b>VERIFINE UNIVERSAL LANCETS 28G</b> (LANCETS)	Tier 1	Tier 1	
<b>VERIFINE UNIVERSAL LANCETS 30G</b> (LANCETS)	Tier 1	Tier 1	
<b>VERIFINE UNIVERSAL LANCETS 33G</b> (LANCETS)	Tier 1	Tier 1	
<b>VIDA MIA AUTOLET LANCING DEV</b> (LANCET DEVICE)	Tier 1	Tier 1	
<b>VIDA MIA UNILET LANCETS 28G</b> (LANCETS)	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>VIDA MIA UNILET LANCETS 30G</b> (LANCETS)	Tier 1	Tier 1	
<b>VIVAGUARD LANCETS</b> (LANCETS)	Tier 1	Tier 1	
<b>VIVAGUARD LANCETS 30G</b> (LANCETS)	Tier 1	Tier 1	
<b>VIVAGUARD LANCING DEVICE</b> (LANCET DEVICE)	Tier 1	Tier 1	
<b>VIVAGUARD SAFETY LANCETS 28G</b> (LANCETS)	Tier 1	Tier 1	
WALGREENS ADV TRAVEL LANCETS		Tier 1	
<b>WALGREENS LANCETS</b> (LANCETS)	Tier 1	Tier 1	
WALGREENS LANCETS MICRO THIN		Tier 1	
WALGREENS LANCETS SUPER THIN		Tier 1	
<b>WALGREENS THIN LANCETS</b> (LANCETS)	Tier 1	Tier 1	
<b>WALGREENS ULTRA THIN LANCETS</b> (LANCETS)	Tier 1	Tier 1	
ZEV RX TWIST TOP LANCETS 30G		Tier 1	
<b>*Insulin Administration Supplies***</b>			
<b>OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT</b>	Tier 3		PA
<b>OMNIPOD 5 DEXG7G6 PODS GEN 5</b>	Tier 3		PA
<b>OMNIPOD 5 G7 INTRO (GEN 5) KIT</b>	Tier 3		PA
<b>OMNIPOD 5 G7 PODS (GEN 5)</b>	Tier 3		PA
<b>OMNIPOD 5 LIBRE2 PLUS G6 KIT</b>	Tier 3		PA
<b>OMNIPOD 5 LIBRE2 PLUS G6 PODS</b>	Tier 3		PA
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	Tier 3		PA
<b>OMNIPOD DASH INTRO (GEN 4) KIT</b>	Tier 3		PA
<b>OMNIPOD DASH PDM (GEN 4) KIT</b>	Tier 3		PA
<b>OMNIPOD DASH PODS (GEN 4)</b>	Tier 3		PA
<b>*Misc. Devices***</b>			
FOLDING PADDLE WALKER		Tier 1	PV; QL (1 EA per 1 day)
<b>*Needles &amp; Syringes***</b>			
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	
<b>ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>ADVOCATE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM</b>	Tier 1	Tier 1	
<b>ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM</b>	Tier 1	Tier 1	
<b>ADVOCATE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 1	Tier 1	
<b>ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>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</b>	Tier 1	Tier 1	
<b>AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>		Tier 1	
<b>AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM</b>		Tier 1	
<b>ASSURE ID DUO PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>ASSURE ID PRO PEN NEEDLES (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 1	Tier 1	
<b>AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM</b>		Tier 1	
<b>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</b>		Tier 1	
<b>AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM</b>		Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 1	
<b>BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>BD DISP NEEDLE 23G X 1"</b>	Tier 1		
<b>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"</b>	Tier 1		
<b>BD ECLIPSE SYRINGE/NEEDLE (SYRINGE LUER LOCK) 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>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"</b>	Tier 1		
<b>BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML</b>	Tier 1		
<b>BD INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML</b>	Tier 1		
<b>BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE-NEEDLE U-100) 28G X 1/2" 1 ML</b>	Tier 1	Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>BD INSULIN SYRINGE U/F 1/2UNIT</b> (INSULIN SYRINGE-NEEDLE U-100) <b>31G X 5/16" 0.3 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>	Tier 1		
<b>BD INSULIN SYRINGE ULTRAFINE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML</b>	Tier 1	Tier 1	
<b>BD INTEGRA SYRINGE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>BD LUER-LOK SYRINGE 22G X 1" 3 ML</b>	Tier 2		
<b>BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML (SYRINGE LUER LOCK)</b>	Tier 1	Tier 1	
<b>BD LUER-LOK SYRINGE 23G X 1" 3 ML (OTC) (SYRINGE LUER LOCK)</b>	Tier 1	Tier 1	
<b>BD LUER-LOK SYRINGE 23G X 1" 3 ML (RX) (SYRINGE LUER LOCK)</b>	Tier 1	Tier 1	
<b>BD LUER-LOK SYRINGE 25G X 1" 3 ML</b>	Tier 2		
<b>BD LUER-LOK SYRINGE 25G X 5/8" 1 ML (SYRINGE LUER SLIP)</b>	Tier 1	Tier 1	
<b>BD LUER-LOK SYRINGE 25G X 5/8" 3 ML (SYRINGE LUER LOCK)</b>	Tier 1	Tier 1	
<b>BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM</b>	Tier 1	Tier 1	



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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>CAREFINE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	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	
<b>CAREPOINT SAFETY1ST SYR/NEEDLE (SYRINGE LUER LOCK) 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>CAREPOINT SYRINGE LUER LOCK (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML</b>	Tier 1	Tier 1	
<b>CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML</b>	Tier 1		
<b>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</b>	Tier 1	Tier 1	
<b>CARETOUCH LUER LOCK (SYRINGE LUER LOCK) 23G X 1" 3 ML</b>	Tier 1	Tier 1	
<b>CARETOUCH LUER LOCK SYR/NEEDLE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>CARETOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 1	Tier 1	
<b>CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 1	Tier 1	
<b>CLEVER CHOICE COMFORT EZ (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM</b>	Tier 1	Tier 1	
<b>CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES)</b>	Tier 1	Tier 1	
<b>CLICKFINE PEN NEEDLES 31G X 6 MM (MEIJER PEN NEEDLES)</b>	Tier 1	Tier 1	
<b>CLICKFINE PEN NEEDLES 31G X 8 MM</b>		Tier 1	
<b>CLICKFINE PEN NEEDLES 32G X 4 MM (INSUPEN PEN NEEDLES)</b>	Tier 1	Tier 1	
<b>COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML</b>	Tier 1	Tier 1	
<b>COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	
<b>COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 1	Tier 1	
<b>COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>COMFORT EZ INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ PEN NEEDLES 33G X 8 MM</b>	Tier 1		
<b>COMFORT EZ PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM</b>	Tier 1	Tier 1	
<b>COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) 32G X 8 MM</b>	Tier 1	Tier 1	
<b>COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM</b>	Tier 1	Tier 1	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
<b>DROPSAFE SAFETY SYRINGE/NEEDLE (INSULIN SYRINGE) 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>DROPSAFE SAFETY SYRINGE/NEEDLE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	Tier 1	Tier 1	
<b>DROPSAFE SAFETY SYRINGE/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 1	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 1	
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 1	
EASY GLIDE PEN NEEDLES 33G X 4 MM		Tier 1	
<b>EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML</b>	Tier 1		
<b>EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH FLIPLOCK SAFETY SYR (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH FLURINGE (SYRINGE LUER SLIP) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH FLURINGE SHEATHLOCK (SYRINGE LUER SLIP) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	

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



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML</b>	Tier 1		
<b>EASY TOUCH TB SHEATHLOCK SYR (CAREPOINT TUBERCLN SYR/LUER SL) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	
<b>EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML, 27G X 1/2" 1 ML</b>	Tier 1		
<b>EASYPPOINT NEEDLE/SYRINGE (SYRINGE LUER LOCK) 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>EMBECTA INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>EMBECTA 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</b>	Tier 1	Tier 1	
<b>EMBRACE PEN NEEDLES (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>EMBRACE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM</b>	Tier 1	Tier 1	
<b>EMBRACE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>EMBRACE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>EMBRACE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>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</b>		Tier 1	
<b>FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	



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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
<b>GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML		Tier 1	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		Tier 1	
<b>GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	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	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) 32G X 8 MM</b>	Tier 1	Tier 1	
<b>INSUPEN ULTRAFIN (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 1	Tier 1	
<b>INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 31G X 8 MM</b>	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	
<b>LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM</b>	Tier 1		
<b>MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML</b>	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	
<b>MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	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	
<b>MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML</b>	Tier 1		
<b>MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT MAGELLAN SYRINGE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>MONOJECT MAGELLAN SYRINGE (SYRINGE LUER SLIP) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT SYRINGE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>MONOJECT SYRINGE 27G X 1/2" 1 ML</b>	Tier 1		
<b>MONOJECT TB SAFETY SYRINGE (CAREPOINT TUBERCLN SYR/LUER SL) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT TB SYRINGE (CAREPOINT TUBERCLN SYR/LUER SL) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT TB SYRINGE 27G X 1/2" 1 ML</b>	Tier 1		
<b>MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Tier 1	Tier 1	
<b>MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	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	
<b>NOVOFINE AUTOCOVER PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 1	Tier 1	
<b>NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 32G X 6 MM</b>	Tier 1	Tier 1	
<b>NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM		Tier 1	
PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>PENTIPS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>PENTIPS GENERIC PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>PENTIPS GENERIC PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>PENTIPS GENERIC PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>PENTIPS GENERIC PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>PENTIPS GENERIC PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	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	
<b>PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML</b>	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	
<b>PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>PRO COMFORT INSULIN SYRINGE</b> (INSULIN SYRINGE-NEEDLE U-100) <b>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</b>	Tier 1	Tier 1	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 1	
<b>PRODIGY INSULIN SYRINGE</b> (INSULIN SYRINGE-NEEDLE U-100) <b>28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Tier 1	Tier 1	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 1	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 1	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 1	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 1	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 1	
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	
<b>QUICK TOUCH INSULIN PEN NEEDLE</b> (SURE COMFORT PEN NEEDLES) <b>31G X 5 MM</b>	Tier 1	Tier 1	
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 1	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 1	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 1	
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 1	
<b>RELION INSULIN SYRINGE</b> (INSULIN SYRINGE) <b>29G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>RELION INSULIN SYRINGE</b> (TECHLITE INSULIN SYRINGE) <b>31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	Tier 1	Tier 1	
<b>RELION INSULIN SYRINGE</b> (INSULIN SYRINGE-NEEDLE U-100) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>RELION PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM</b>		Tier 1	
<b>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</b>		Tier 1	
<b>SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 1	Tier 1	
<b>SECURESAFE SYRINGE/NEEDLE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML</b>	Tier 1	Tier 1	
<b>SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML</b>	Tier 1		
<b>SHOPKO UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>SHOPKO UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
SURE COMFORT PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 1	
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
<b>TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 1	Tier 1	
<b>TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>TECHLITE PLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 1	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 1	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 1	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 1	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 1	
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML		Tier 1	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 1	

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>ULTICARE INSULIN SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 1/4" 0.3 ML</b>	Tier 1	Tier 1	
<b>ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 1	Tier 1	
<b>ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 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</b>	Tier 1	Tier 1	
<b>ULTICARE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 1	Tier 1	
<b>ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 1	Tier 1	
<b>ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>ULTICARE MINI PEN NEEDLES (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM</b>	Tier 1	Tier 1	
<b>ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM</b>	Tier 1	Tier 1	
<b>ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 1	Tier 1	
<b>ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>ULTICARE SYRINGE (SYRINGE LUER LOCK) 22G X 1-1/2" 3 ML</b>	Tier 1	Tier 1	
<b>ULTICARE TUBERCULIN SAFETY SYR (CAREPOINT TUBERCLN SYR/LUER SL) 25G X 5/8" 1 ML</b>	Tier 1	Tier 1	

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

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



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS PLUS (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PROTECT PEN NEEDLE (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PROTECT PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 1	Tier 1	
<b>UNIFINE PROTECT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) 30G X 5 MM</b>	Tier 1	Tier 1	
<b>UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM</b>	Tier 1	Tier 1	
<b>UNIFINE SAFECONTROL PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>UNIFINE SAFECONTROL PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>UNIFINE ULTRA PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 1	Tier 1	
<b>UNIFINE ULTRA PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>UNIFINE ULTRA PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>UNIFINE ULTRA PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	



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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>VERIFINE PLUS PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>VERIFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>VIDA MIA UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 1	Tier 1	
<b>VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 1	Tier 1	
<b>VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 1	Tier 1	
<b>VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 1	Tier 1	
<b>VP INSULIN SYRINGE 29G X 1/2" 0.3 ML</b>		Tier 1	
<b>WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM</b>		Tier 1	
<b>ZEV RX INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>		Tier 1	
<b>ZEV RX PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM</b>		Tier 1	
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
<b>AEROCHAMBER MINI CHAMBER DEVICE</b>	Tier 3		
<b>AEROCHAMBER MV</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU LARGE DEVICE</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU SMALL DEVICE</b>	Tier 3		
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	Tier 3		
<b>AEROCHAMBER PLUS FLOW VU</b>	Tier 3		
<b>AEROCHAMBER W/FLOWSIGNAL</b>	Tier 3		
<b>AEROCHAMBER Z-STAT PLUS</b>	Tier 3		
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	Tier 3		

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>			
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	ST
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS		Tier 2	QL (12 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS		Tier 2	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS		Tier 2	QL (12 ML per 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS		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	ST
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 2	QL (12 EA per 30 days)
<b>*Selective Serotonin Agonists 5-Ht(1F)***</b>			
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 5		PA; QL (4 EA per 28 days)
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Fluoride***</b>			
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP		Tier 2	PV
SODIUM FLUORIDE ORAL SOLUTION 1.1 (0.5 F) MG/ML		Tier 2	PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG		Tier 2	PV
<b>*Phosphate***</b>			
<b>PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (PHOSPHOROUS) 155-852-130 MG</b>	Tier 2	Tier 2	
WES-PHOS 250 NEUTRAL ORAL TABLET 155-852-130 MG		Tier 2	
<b>*Potassium Combinations***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ</b>	Tier 4		
<b>*Potassium***</b>			
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ</b>	Tier 2	Tier 2	
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 10 MEQ</b>	Tier 2	Tier 2	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 15 MEQ</b>	Tier 2	Tier 2	
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 20 MEQ</b>	Tier 2	Tier 2	
<b>KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ</b>	Tier 2	Tier 2	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ</b>	Tier 2	Tier 2	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ		Tier 2	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 15 MEQ, 20 MEQ		Tier 2	
POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 2	
<b>*Miscellaneous Therapeutic Classes*</b>			
<b>*Antileptics***</b>			
<b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>*Chelating Agents***</b>			
TRIENTINE HCL ORAL CAPSULE 500 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Cyclosporine Analogs***</b>			
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 2	
<b>GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG</b>	Tier 2	Tier 2	
<b>GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML</b>	Tier 2	Tier 2	
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML</b>	Tier 4		
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		Tier 5	PA; QL (1 EA per 1 day)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 2	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 2	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 2	
<b>*Macrolide Immunosuppressants***</b>			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 5	PA
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 2	
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 2	
<b>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***</b>			
<b>VIJOICE TABLET THERAPY PACK 125 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>VIJOICE TABLET THERAPY PACK 200 &amp; 50 MG ORAL</b>	Tier 5		PA; QL (2 EA per 1 day)
<b>VIJOICE TABLET THERAPY PACK 50 MG ORAL</b>	Tier 5		PA; QL (1 EA per 1 day)
<b>*Potassium Removing Agents***</b>			
<b>LOKELMA ORAL PACKET 10 GM, 5 GM</b>	Tier 4		

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM</b>	Tier 4		
<b>*Purine Analogs***</b>			
AZATHIOPRINE ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*Anesthetics Topical Oral***</b>			
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		Tier 2	
<b>*Anti-Infectives - Throat***</b>			
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 2	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 2	
<b>*Antiseptics - Mouth/Throat***</b>			
<b>PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %</b>	Tier 2	Tier 2	
<b>*Fluoride Dental Products***</b>			
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	
<b>*Saliva Stimulants***</b>			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 2	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 2	
<b>*Steroids - Mouth/Throat/Dental***</b>			
TRIAMCINOLONE ACETONIDE MOUTH/THROAT PASTE 0.1 %		Tier 2	
<b>*Multivitamins*</b>			
<b>*Multivitamins***</b>			
NEOMULTIVITE ORAL TABLET	Tier 1		
<b>*Ped Multi Vitamins W/Fl &amp; Fe***</b>			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Ped Mv W/ Fluoride***</b>			
<b>FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.5 MG, 1 MG</b>	Tier 3	Tier 2	
MULTIVITAMIN W/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 2	
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
<b>MULTI-VIT-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 0.5 MG, 1 MG</b>	Tier 3	Tier 2	
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE (MULTIVITAMIN/FLUORIDE) 0.25 MG, 0.5 MG, 1 MG</b>	Tier 3	Tier 2	
<b>*Ped Vitamins Acd W/ Fluoride***</b>			
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 2	
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
<b>ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG</b>	Tier 3		
<b>ATABEX OB ORAL TABLET 29-1 MG</b>	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	
<b>CO-NATAL FA ORAL TABLET (PRENATABS FA)</b>	Tier 1	Tier 1	
<b>CONCEPT DHA ORAL CAPSULE (WESCAP-C DHA) 53.5-38-1 MG</b>	Tier 1	Tier 1	
<b>CONCEPT OB ORAL CAPSULE 130-92.4-1 MG</b>	Tier 3		
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
<b>ELITE-OB ORAL TABLET 50-1.25 MG</b>	Tier 1		
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
<b>FOLIVANE-OB ORAL CAPSULE 85-1 MG</b>	Tier 3		
FT PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
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
<b>NATALVIT ORAL TABLET</b>	Tier 1		
<b>NEONATAL PLUS ORAL TABLET (PRENATAL) 27-1 MG</b>	Tier 1	Tier 1	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	
NEO-VITAL RX ORAL TABLET 1 MG		Tier 1	
<b>NIVA-PLUS ORAL TABLET (PRENATAL) 27-1 MG</b>	Tier 1	Tier 1	
<b>OBSTETRIX EC (WITH DOCUSATE) ORAL TABLET 29-1 MG</b>	Tier 1		
<b>OBTREX ORAL TABLET</b>	Tier 1		
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 1	
<b>ONE-A-DAY WOMENS PRENATAL ORAL (SM ONE DAILY PRENATAL) 28-0.8 &amp; 440 MG</b>	Tier 1	Tier 1	PV
PNV PRENATAL PLUS MULTIVIT+DHA ORAL 27-1 & 312 MG		Tier 2	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	
<b>PRENATABS RX ORAL TABLET (THRIVITE RX) 29-1 MG</b>	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		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	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
PRENATAL TABLET 27-0.8 MG ORAL (OTC)		Tier 1	PV
PRENATAL TABLET 28-0.8 MG ORAL		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 VITAMINS ORAL TABLET 27-0.8 MG, 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET		Tier 1	PV
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b>	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
<b>TARON-C DHA ORAL CAPSULE 35-1 MG</b>	Tier 1		
<b>THERANATAL CORE NUTRITION ORAL TABLET (PRENATAL) 27-1 MG</b>	Tier 1	Tier 1	
<b>TRICARE ORAL TABLET (PRENATAL)</b>	Tier 1	Tier 1	
<b>VIVA DHA ORAL CAPSULE (RELNATE DHA) 28-1-200 MG</b>	Tier 1	Tier 1	
WESTAB PLUS ORAL TABLET 27-1 MG		Tier 1	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>			
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG		Tier 1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG		Tier 1	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>			
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 1	PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
CVS WOMENS PRENATAL+DHA ORAL 28-0.975 & 200 MG		Tier 1	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 1	
PRENATAL+DHA ORAL 28-0.975 & 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	
<b>ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG</b>	Tier 1	Tier 1	
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
BACLOFEN ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	
CHLORZOXAZONE ORAL TABLET 500 MG		Tier 2	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		Tier 2	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		Tier 2	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 2	
TIZANIDINE HCL ORAL CAPSULE 6 MG		Tier 2	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 2	
<b>*Direct Muscle Relaxants***</b>			
DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 2	
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*Nasal Agents - Misc.***</b>			
NOZIN NASAL SANITIZER NASAL KIT 62 %	Tier 1		
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB	Tier 1		
<b>*Nasal Anticholinergics***</b>			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Nasal Antihistamines***</b>			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 0.15 %, 137 MCG/SPRAY		Tier 2	
<b>*Nasal Steroids***</b>			
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	
<b>*Systemic Decongestants***</b>			
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
CVS NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
EQ SINUS & CONGESTION MAX STR ORAL TABLET 30 MG		Tier 2	
EQ SINUS 12-HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
EQL NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
FT NASAL DECONGESTANT MAX STR ORAL TABLET 30 MG		Tier 2	
FT NASAL DECONGESTANT MAX STR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
GNP NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
GNP 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	
KP PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG, 60 MG		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MEIJER NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
NASAL DECONGESTANT D MAX STR ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT D ORAL TABLET 30 MG		Tier 2	
NASAL DECONGESTANT ORAL TABLET 30 MG		Tier 2	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		Tier 2	
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	
SM NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG		Tier 2	
SM NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
<b>SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG</b>	Tier 3	Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
SUDOGEST 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
<b>SUDOGEST MAXIMUM STRENGTH ORAL TABLET (DECONGESTANT) 30 MG</b>	Tier 2	Tier 2	
<b>SUDOGEST ORAL TABLET (DECONGESTANT) 30 MG</b>	Tier 2	Tier 2	
<b>SUDOGEST ORAL TABLET (PSEUDOEPHEDRINE HCL) 60 MG</b>	Tier 2	Tier 2	
SUPHEDRINE 12HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG		Tier 2	
<b>WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG</b>	Tier 2	Tier 2	
<b>WAL-PHED D ORAL TABLET (DECONGESTANT) 30 MG</b>	Tier 2	Tier 2	
<b>WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG</b>	Tier 2	Tier 2	
<b>*Neuromuscular Agents*</b>			
<b>*Als Agents - Miscellaneous***</b>			
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100ML		Tier 2	
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***</b>			
<b>EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML</b>	Tier 5		PA; QL (6.7 ML per 1 day)
<b>*Ophthalmic Agents*</b>			
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 2-0.5 %		Tier 2	
<b>*Beta-Blockers - Ophthalmic***</b>			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Cycloplegic Mydriatics***</b>			
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 2	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		Tier 2	
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 4		PA
<b>*Miotics - Direct Acting***</b>			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 2	
<b>*Ophthalmic Antiallergic***</b>			
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 2	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 2	
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.1 %, 0.2 %		Tier 2	
<b>*Ophthalmic Antibiotics***</b>			
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 2	
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 2	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 2	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 2	
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %, 1.5 %		Tier 2	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 2	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 2	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Ophthalmic Anti-Infective Combinations***</b>			
AK-POLY-BAC OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 2	
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 2	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000 , 5-400-10000		Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 2	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		Tier 2	
<b>*Ophthalmic Antivirals***</b>			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 2	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 3		
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 2	
<b>*Ophthalmic Ectoparasiticide**</b>			
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 5		PA; QL (10 ML per 180 days)
<b>*Ophthalmic Immunomodulators***</b>			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (CYCLOSPORINE) 0.05 %	Tier 4	Tier 2	PA
<b>*Ophthalmic Local Anesthetics***</b>			
ALTACAINE OPHTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 3	Tier 2	
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
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	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.1 %, 0.15 %, 0.2 %		Tier 2	
<b>*Ophthalmic Steroid Combinations***</b>			
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	
<b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 2	
<b>*Ophthalmic Steroids***</b>			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 2	
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 2	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 2	
<b>*Ophthalmic Sulfonamides***</b>			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 2	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 2	
<b>*Prostaglandins - Ophthalmic***</b>			
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 2	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	Tier 3		
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 2	
<b>*Otic Agents*</b>			
<b>*Otic Anti-Infectives***</b>			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 2	
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 2	
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 2	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 2	
<b>*Otic Steroids***</b>			
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 2	
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG		Tier 2	
<b>*Passive Immunizing And Treatment Agents*</b>			
<b>*Antiviral Monoclonal Antibodies***</b>			
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 1		QL (1 ML per 365 days)
<b>*Penicillins*</b>			
<b>*Aminopenicillins***</b>			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Natural Penicillins***</b>			
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	
<b>*Penicillin Combinations***</b>			
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	
<b>*Penicillinase-Resistant Penicillins***</b>			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		Tier 2	
<b>*Pharmaceutical Adjuvants*</b>			
<b>*Semi Solid Vehicles***</b>			
WHITE PETROLATUM EXTERNAL GEL		Tier 2	
<b>*Progestins*</b>			
<b>*Progestins***</b>			
<b>GALLIFREY ORAL TABLET (NORETHINDRONE ACETATE) 5 MG</b>	Tier 2	Tier 2	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 2	
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*Agents For Opioid Withdrawal***</b>			
<b>LUCEMYRA ORAL TABLET (LOFEXIDINE HCL) 0.18 MG</b>	Tier 4	Tier 4	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Alcohol Deterrents***</b>			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 2	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 2	
<b>*Cholinomimetics - Ache Inhibitors***</b>			
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	
<b>*Fibromyalgia Agent - Snris***</b>			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3		
<b>*Movement Disorder Drug Therapy***</b>			
AUSTEDO TABLET 12 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
AUSTEDO TABLET 6 MG ORAL	Tier 5		PA; QL (2 EA per 1 day)
AUSTEDO TABLET 9 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
<b>*Multiple Sclerosis Agents - Interferons***</b>			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5		PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5		PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5		PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 5		PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5		PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5		PA
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		Tier 5	PA
DIMETHYL FUMARATE STARTER PACK ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG		Tier 5	PA
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 5	
<b>*Multiple Sclerosis Agents***</b>			
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 20 MG/ML, 40 MG/ML	Tier 5	Tier 5	PA
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
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	
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 2	
<b>*Smoking Deterrents***</b>			
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (2 EA per 1 day)
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 2	PV; QL (2 EA per 1 day)
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)

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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
<b>HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) 21 MG/24HR</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day)
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
<b>KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG</b>	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
<b>KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG</b>	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
<b>KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG</b>	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
<b>KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG</b>	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
<b>NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG</b>	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
<b>NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG</b>	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
<b>NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG</b>	Tier 1	Tier 1	PV; QL (20 EA per 1 day)
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG</b>	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day)
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)



<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
<b>NICOTROL INHALATION INHALER 10 MG</b>	Tier 1		PV; QL (16 EA per 1 day)
<b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>	Tier 1		PV; QL (4 ML per 1 day)
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
RA NICOTINE GUM MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (24 EA per 1 day)
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (24 EA per 1 day)
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (20 EA per 1 day)
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (24 EA per 1 day)
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (20 EA per 1 day)
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (1 EA per 1 day)
<b>THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG</b>	Tier 1	Tier 1	PV; QL (24 EA per 1 day)
VARENICLINE TARTRATE (STARTER) ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		Tier 1	PV; QL (53 EA per 31 days)
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (2 EA per 1 day)



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

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>*Thyroid Agents*</b>			
<b>*Antithyroid Agents***</b>			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 2	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 2	
<b>*Thyroid Hormones***</b>			
ADTHYZA ORAL TABLET (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	Tier 2	
ARMOUR THYROID ORAL TABLET (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	Tier 2	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3		
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	Tier 2	
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	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 3	
NP THYROID ORAL TABLET (THYROID) 120 MG, 15 MG	Tier 2	Tier 2	
SYNTHROID ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	Tier 2	
UNITHROID ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	Tier 2	
<b>*Toxoids*</b>			
<b>*Toxoid Combinations***</b>			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	Tier 1		PV
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5</b>	Tier 1		PV
<b>TDVAX INTRAMUSCULAR SUSPENSION (TETANUS-DIPHThERIA TOXOIDS TD) 2-2 LF/0.5ML</b>	Tier 1	Tier 1	PV
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	Tier 1		PV
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics *</b>			
<b>*Antispasmodics***</b>			
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	
<b>*Belladonna Alkaloids***</b>			
HYOSCYAMINE SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG		Tier 2	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 2	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE ORAL TABLET DISPERSIBLE 0.125 MG		Tier 2	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5ML		Tier 2	
<b>*H-2 Antagonists***</b>			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Misc. Anti-Ulcer***</b>			
SUCRALFATE ORAL TABLET 1 GM		Tier 2	
<b>*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***</b>			
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4		PA; QL (1 EA per 1 day)
<b>*Proton Pump Inhibitors***</b>			
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		Tier 2	QL (2 EA per 1 day)
OMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL		Tier 2	QL (60 EA per 30 days)
OMEPRAZOLE CAPSULE DELAYED RELEASE 40 MG ORAL		Tier 2	QL (60 EA per 30 days)
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG		Tier 2	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 2	QL (2 EA per 1 day)
<b>*Quaternary Anticholinergics***</b>			
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 2	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG		Tier 2	
<b>*Ulcer Drugs - Prostaglandins***</b>			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 2	
<b>*Urinary Antispasmodics*</b>			
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
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 SOLUTION 5 MG/5ML		Tier 2	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 2	

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR</b>	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	
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 2	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 2	
<b>*Vaccines*</b>			
<b>*Bacterial Vaccines***</b>			
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 1		PV
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	Tier 1		PV
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	Tier 1		PV
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 1		PV
<b>PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 1		
<b>PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML</b>	Tier 1		PV
<b>PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML</b>	Tier 1		PV
<b>PREVNAR 13 INTRAMUSCULAR SUSPENSION</b>	Tier 1		PV
<b>PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 1		PV
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	Tier 1		

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML</b>	Tier 1		
<b>VIVOTIF ORAL CAPSULE DELAYED RELEASE</b>	Tier 1		
<b>*Viral Vaccine Combinations***</b>			
<b>M-M-R II INJECTION SOLUTION RECONSTITUTED</b>	Tier 1		PV
<b>*Viral Vaccines***</b>			
<b>AFLURIA INTRAMUSCULAR SUSPENSION</b>	Tier 1		PV
<b>AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		PV
<b>COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML</b>	Tier 1		
<b>DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 1		
<b>ENGERIX-B INJECTION SUSPENSION 20 MCG/ML</b>	Tier 1		PV
<b>ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML</b>	Tier 1		PV
<b>FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		PV
<b>FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		PV
<b>FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		
<b>FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		PV
<b>FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		PV
<b>FLUZONE INTRAMUSCULAR SUSPENSION</b>	Tier 1		PV
<b>FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Tier 1		PV

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	Tier 1		PV
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 1		PV
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	Tier 1		PV
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML</b>	Tier 1		PV
<b>IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML</b>	Tier 1		
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	Tier 1		
<b>JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML</b>	Tier 1		
<b>MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML</b>	Tier 1		
<b>NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML</b>		Tier 1	
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML</b>	Tier 1		
<b>PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML</b>		Tier 1	
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML</b>	Tier 1		PV
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML</b>	Tier 1		PV
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	Tier 1		PV
<b>SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML</b>	Tier 1		
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	Tier 1		PV
<b>VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML</b>	Tier 1		PV
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	Tier 1		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Vaginal And Related Products*</b>			
<b>*Imidazole-Related Antifungals***</b>			
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 2	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 2	
<b>*Spermicides***</b>			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 1		PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 1		PV
TODAY SPONGE VAGINAL 1000 MG	Tier 1		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 1		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 1		PV
<b>*Vaginal Anti-Infectives***</b>			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 2	
METRONIDAZOLE VAGINAL GEL 0.75 %		Tier 2	
<b>*Vaginal Contraceptive Ph Modulator - Combinations***</b>			
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 1		
<b>*Vaginal Estrogens***</b>			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 2	
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	Tier 3		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Tier 3		
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3		
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 2	Tier 2	
<b>*Vasopressors*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 2	



Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Vasopressors***</b>			
MIDODRINE HCL ORAL TABLET 5 MG		Tier 2	
<b>*Vitamins*</b>			
<b>*Vitamin D***</b>			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 2	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT		Tier 2	
<b>*Vitamin K***</b>			
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GLIPIZIDE.....	43	GNP ALLERGY &	GNP TRUE METRIX
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