

For Small Groups Standards, New Performance, and Health & Wellbeing

2019 FORMULARY

(List of Covered Drugs)

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

This formulary was updated on 11/01/2019. For more recent information or other questions, please contact us, Samaritan Health Plans at 1-800-832-4580 or, for TTY users, 1-800-735-2900, daily 8 a.m. to 8 p.m., or visit [Samhealthplans.org/members/employer-group-members](https://www.samhealthplans.org/members/employer-group-members).

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

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

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

What is the Samaritan Health Plans Formulary?

A formulary is a list of covered drugs selected by Samaritan Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Samaritan Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Samaritan Health Plans network pharmacy, and other plan rules are followed.

Can the Formulary (drug list) change?

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

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

How do I use the Formulary?

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

Medical Condition

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

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Samaritan Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Samaritan Health Plans limits the amount of the drug that our plan will cover. For example, Samaritan Health Plans provides 30 tabs per 30 days per prescription of Brintellix. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Samaritan Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Your prescriber can ask Samaritan Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How to request an exception to the Samaritan Health Plans?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

Service and ask if your drug is covered.

If you learn that Samaritan Health Plans does not cover your drug, you have two options:

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

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

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

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

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

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

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

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

For more information

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

Samaritan Health Plan Formulary

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

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

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

Legend

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

Opioid Limits:

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

Opiate anti-tussive limits:

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

Short-acting Opiate (SAO) Limits:

- New to therapy:
 - Maximum of 49 MED.
 - Maximum 7-day supply per fill.
- Experience with therapy:
 - Maximum of 90 MED.
 - Maximum of 2 fills in a 60-day period.

Long-acting Opiate (LOA) Limits:

- PA required.
- Maximum of 90 MED.

Small Group Formulary

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Small Group Formulary

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | | | |
| *Adhd Agent - Selective Alpha Adrenergic Agonists*** | | | |
| CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG | | Tier 2 | PA |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG | Tier 3 | | |
| *Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** | | | |
| STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG | Tier 3 | | |
| *Amphetamine Mixtures*** | | | |
| AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | | Tier 2 | |
| AMPHETAMINE-DEXTROAMPHETAMINE ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG | | Tier 2 | |
| *Amphetamines*** | | | |
| DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | | Tier 2 | |
| EVEKEO ORAL TABLET (AMPHETAMINE SULFATE) 10 MG, 5 MG | Tier 4 | Tier 4 | |
| METHAMPHETAMINE HCL ORAL TABLET 5 MG | | Tier 2 | |
| VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | Tier 4 | | PA |
| ZENZEDI ORAL TABLET (DEXTROAMPHETAMINE SULFATE) 10 MG, 5 MG | Tier 2 | Tier 2 | |
| *Stimulants - Misc.*** | | | |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR | Tier 4 | | PA |
| DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG | Tier 3 | | |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL 20 MG | Tier 3 | | |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL 25 MG | Tier 4 | | |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL 35 MG | Tier 4 | | |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG | Tier 3 | | |
| METADATE ER ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 20 MG | Tier 2 | Tier 2 | |
| METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| METHYLPHENIDATE HCL ER (LA) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG | | Tier 2 | |
| METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 10 MG, 18 MG, 27 MG, 36 MG, 54 MG | | Tier 2 | |
| METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML | | Tier 2 | |
| METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 2 | |
| METHYLPHENIDATE HCL ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| MODAFINIL ORAL TABLET 100 MG | | Tier 2 | |
| NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG | Tier 4 | | PA |
| PROVIGIL ORAL TABLET (MODAFINIL) 200 MG | Tier 2 | Tier 2 | |
| RELEXXII ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 72 MG | Tier 2 | Tier 2 | |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (METHYLPHENIDATE HCL ER (LA)) 10 MG | Tier 3 | Tier 2 | |
| *Aminoglycosides* | | | |
| *Aminoglycosides*** | | | |
| GENTAMICIN SULFATE INJECTION SOLUTION 10 MG/ML, 40 MG/ML | | Tier 2 | |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION (TOBRAMYCIN) 300 MG/5ML | Tier 5 | Tier 5 | |
| NEOMYCIN SULFATE ORAL TABLET 500 MG | | Tier 2 | |
| PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG | | Tier 2 | |
| STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM | | Tier 2 | |
| TOBRAMYCIN SULFATE INJECTION SOLUTION 10 MG/ML | | Tier 2 | |
| *Analgesics - Anti-Inflammatory* | | | |
| *Antirheumatic - Janus Kinase (Jak) Inhibitors*** | | | |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 5 | | PA |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | | |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | Tier 5 | | PA |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 5 | | PA |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML | Tier 5 | | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | Tier 5 | | PA |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | | |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 5 | | PA |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML | Tier 5 | | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | Tier 5 | | PA |
| *Cyclooxygenase 2 (Cox-2) Inhibitors*** | | | |
| CELEBREX ORAL CAPSULE (CELECOXIB) 100 MG, 200 MG, 400 MG, 50 MG | Tier 3 | Tier 2 | |
| *Gold Compounds*** | | | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 5 | | PA |
| *Interleukin-1 Blockers*** | | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | Tier 5 | | PA |
| *Interleukin-6 Receptor Inhibitors*** | | | |
| ACTEMRA INTRAVENOUS SOLUTION 80 MG/4ML | Tier 4 | | PA |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 4 | | PA |
| *Nonsteroidal Anti-Inflammatory Agent Combinations*** | | | |
| VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG | Tier 4 | | |
| *Nonsteroidal Anti-Inflammatory Agents (Nsaid)*** | | | |
| ALEVE ORAL TABLET (NAPROXEN SODIUM) 220 MG | Tier 2 | Tier 2 | |
| ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| ALL DAY RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| CHILDRENS ADVIL ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 2 | Tier 2 | |
| CHILDRENS IBUPROFEN 100 ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| CHILDRENS MEDI-PROFEN ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 2 | Tier 2 | |
| CHILDRENS MOTRIN ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 2 | Tier 2 | |
| CHILDS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| CVS ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| CVS CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| CVS IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| CVS NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| DICLOFENAC POTASSIUM ORAL TABLET 50 MG | | Tier 2 | |
| DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG | | Tier 2 | |
| EC-NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG | | Tier 2 | |
| EQ ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| EQ IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| EQ NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| EQL CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| EQL NAPROXEN SODIUM ORAL TABLET 220 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 | |
| FLANAX PAIN RELIEF ORAL TABLET (NAPROXEN SODIUM) 220 MG | Tier 2 | Tier 2 | |
| FLURBIPROFEN ORAL TABLET 100 MG, 50 MG | | Tier 2 | |
| GNP ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| GNP CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| GNP NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| GOODSENSE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| GOODSENSE NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| HM IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| HM NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| HY-VEE ALL DAY RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION (IBUPROFEN) 100 MG/5ML | Tier 2 | Tier 2 | |
| IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG | Tier 2 | Tier 2 | |
| IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| INDOCIN ORAL SUSPENSION 25 MG/5ML | Tier 4 | | |
| INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG | | Tier 2 | |
| INDOMETHACIN ORAL CAPSULE 25 MG, 50 MG | | Tier 2 | |
| KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG | | Tier 2 | |
| KETOPROFEN ORAL CAPSULE 25 MG, 50 MG, 75 MG | | Tier 2 | |
| KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML | | Tier 2 | |
| KETOROLAC TROMETHAMINE ORAL TABLET 10 MG | | Tier 2 | |
| KLS NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG, 50 MG | | Tier 2 | |
| MEDIPROXEN ORAL TABLET (NAPROXEN SODIUM) 220 MG | Tier 2 | Tier 2 | |
| MEFENAMIC ACID ORAL CAPSULE 250 MG | | Tier 2 | |
| MELOXICAM ORAL TABLET 15 MG, 7.5 MG | | Tier 2 | |
| NABUMETONE ORAL TABLET 500 MG, 750 MG | | Tier 2 | |
| NALFON ORAL CAPSULE 400 MG | Tier 4 | | |
| NAPROXEN DR ORAL TABLET DELAYED RELEASE 375 MG, 500 MG | | Tier 2 | |
| NAPROXEN ORAL SUSPENSION 125 MG/5ML | | Tier 2 | |
| NAPROXEN ORAL TABLET 250 MG, 375 MG, 500 MG | | Tier 2 | |
| NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG | | Tier 2 | |
| OXAPROZIN ORAL TABLET 600 MG | | Tier 2 | |
| PAMPRIIN ALL DAY RELIEF MAX ST ORAL TABLET (NAPROXEN SODIUM) 220 MG | Tier 2 | Tier 2 | |
| PIROXICAM ORAL CAPSULE 10 MG, 20 MG | | Tier 2 | |
| PROFENO ORAL TABLET (FENOPROFEN CALCIUM) 600 MG | Tier 2 | Tier 2 | |
| PX ALL DAY RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| PX CHILDRENS PROFEN IB ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| QC CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| QC NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| RA IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| RA IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| RA NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| SB CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| SB NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| SM ALL DAY PAIN RELIEF ORAL TABLET 220 MG | | Tier 2 | |
| SM CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| SM NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY | Tier 3 | | |
| SULINDAC ORAL TABLET 150 MG, 200 MG | | Tier 2 | |
| TGT CHILDRENS IBUPROFEN ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| TGT IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| TGT NAPROXEN SODIUM ORAL TABLET 220 MG | | Tier 2 | |
| TOLMETIN SODIUM ORAL CAPSULE 400 MG | | Tier 2 | |
| TOLMETIN SODIUM ORAL TABLET 200 MG, 600 MG | | Tier 2 | |
| ZIPSOR ORAL CAPSULE 25 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Pyrimidine Synthesis Inhibitors*** | | | |
| LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG | | Tier 2 | |
| *Selective Costimulation Modulators*** | | | |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | Tier 4 | | PA |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | Tier 5 | | PA |
| *Soluble Tumor Necrosis Factor Receptor Agents*** | | | |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | Tier 5 | | PA |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | Tier 5 | | PA |
| *Analgesics - Nonnarcotic* | | | |
| *Analgesics Other*** | | | |
| ACETAMINOPHEN EXTRA STRENGTH ORAL CAPSULE 500 MG | | Tier 2 | |
| ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| ACETAMINOPHEN ORAL TABLET 500 MG | | Tier 2 | |
| AMINOFEN ORAL TABLET 500 MG | | Tier 2 | |
| CVS ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 2 | |
| CVS NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| CVS PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| CVS PAIN RELIEF ORAL TABLET 500 MG | | Tier 2 | |
| EQ ACETAMINOPHEN ORAL TABLET 500 MG | | Tier 2 | |
| EQ PAIN RELIEVER ORAL TABLET 500 MG | | Tier 2 | |
| EQL ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 2 | |
| EXTRA STRENGTH PAIN RELIEF ORAL TABLET 500 MG | | Tier 2 | |
| GNP ACETAMINOPHEN EX ST ORAL CAPSULE 500 MG | | Tier 2 | |
| GNP PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| GNP PAIN RELIEVER EX ST ORAL TABLET 500 MG | | Tier 2 | |
| GOODSENSE PAIN RELIEF EXTRA ST ORAL TABLET 500 MG | | Tier 2 | |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET (APAP EXTRA STRENGTH) 500 MG | Tier 2 | Tier 2 | |
| HM PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| KLS ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 2 | |
| KLS NON ASPIRIN ORAL TABLET 500 MG | | Tier 2 | |
| KLS RAPID RELEASE PAIN ORAL TABLET 500 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| MAPAP EXTRA STRENGTH ORAL TABLET (APAP EXTRA STRENGTH) 500 MG | Tier 2 | Tier 2 | |
| MAPAP ORAL CAPSULE 500 MG | | Tier 2 | |
| MAPAP ORAL TABLET 500 MG | | Tier 2 | |
| MAXAPAP MAXIMUM STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| MEDI-TABS EXTRA STRENGTH ORAL TABLET (APAP EXTRA STRENGTH) 500 MG | Tier 2 | Tier 2 | |
| MEIJER ASPIRIN FREE ORAL TABLET 500 MG | | Tier 2 | |
| NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| PAIN & FEVER EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| PAIN RELIEF EXTRA STRENGTH ORAL CAPSULE 500 MG | | Tier 2 | |
| PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| PAIN RELIEF ORAL TABLET 500 MG | | Tier 2 | |
| PAIN RELIEVER EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| PAIN RELIEVER ORAL TABLET 500 MG | | Tier 2 | |
| PHARBETOL EXTRA STRENGTH ORAL TABLET (APAP EXTRA STRENGTH) 500 MG | Tier 2 | Tier 2 | |
| PX PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| QC NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| QC PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| RA ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 2 | |
| RA PAIN RELIEF ACETAMINOPHEN ORAL TABLET 500 MG | | Tier 2 | |
| SB NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| SB PAIN RELIEVER EX ST ORAL TABLET 500 MG | | Tier 2 | |
| SM PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| SM PAIN RELIEVER EX ST ORAL CAPSULE 500 MG | | Tier 2 | |
| SM PAIN RELIEVER EX ST ORAL TABLET 500 MG | | Tier 2 | |
| SM PAIN RELIEVER ORAL CAPSULE 500 MG | | Tier 2 | |
| TACTINAL EXTRA STRENGTH ORAL TABLET 500 MG | | Tier 2 | |
| TGT ACETAMINOPHEN EX ST ORAL TABLET 500 MG | | Tier 2 | |
| TYLENOL EXTRA STRENGTH ORAL TABLET (APAP EXTRA STRENGTH) 500 MG | Tier 4 | Tier 2 | |
| *Analgesics-Sedatives*** | | | |
| BUTALBITAL-APAP ORAL TABLET 50-325 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| CAPACET ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG | Tier 2 | Tier 2 | |
| ESGIC ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG | Tier 2 | Tier 2 | |
| ESGIC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG | Tier 2 | Tier 2 | |
| FIORICET ORAL CAPSULE 50-300-40 MG | Tier 4 | | |
| FIORINAL ORAL CAPSULE (BUTALBITAL-ASPIRIN-CAFFEINE) 50-325-40 MG | Tier 2 | Tier 2 | |
| MARTEN-TAB ORAL TABLET 50-325 MG | | Tier 2 | |
| TENCON ORAL TABLET (BUTALBITAL-ACETAMINOPHEN) 50-325 MG | Tier 2 | Tier 2 | |
| VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML | Tier 4 | | |
| VANATOL S ORAL SOLUTION 50-325-40 MG/15ML | Tier 4 | | |
| ZEBUTAL ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG | Tier 2 | Tier 2 | |
| *Salicylate Combinations*** | | | |
| BAYER WOMENS ORAL TABLET 81-777 MG | Tier 2 | | |
| *Salicylates*** | | | |
| ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG | | Tier 1 | |
| ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG | | Tier 1 | |
| ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG | | Tier 1 | |
| ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |
| ASPIRIN LOW DOSE ADULT ORAL TABLET CHEWABLE 81 MG | | Tier 1 | |
| ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG | | Tier 1 | |
| ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | | Tier 1 | |

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

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

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

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-------------------------|
| TYLENOL WITH CODEINE #4 ORAL TABLET (ACETAMINOPHEN-CODEINE) 300-60 MG | Tier 4 | Tier 2 | QL (300 EA per 30 days) |
| *Dihydrocodeine Combinations*** | | | |
| APAP-CAFF-DIHYDROCODEINE ORAL TABLET 325-30-16 MG | | Tier 2 | QL (360 EA per 30 days) |
| PANLOR ORAL TABLET 325-30-16 MG | | Tier 2 | QL (360 EA per 30 days) |
| SYNALGOS-DC ORAL CAPSULE (ASPIRIN-CAFF-DIHYDROCODEINE) 356.4-30-16 MG | Tier 4 | Tier 2 | QL (330 EA per 30 days) |
| TREZIX ORAL CAPSULE (APAP-CAFF-DIHYDROCODEINE) 320.5-30-16 MG | Tier 4 | Tier 2 | QL (360 EA per 30 days) |
| *Hydrocodone Combinations*** | | | |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL 2.5-108 MG/5ML | | Tier 2 | QL (98 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL 5-217 MG/10ML | | Tier 2 | QL (98 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL 7.5-325 MG/15ML | | Tier 2 | QL (98 ML per 1 day) |
| HYDROCODONE-ACETAMINOPHEN TABLET 2.5-325 MG ORAL 2.5-325 MG | | Tier 2 | QL (360 EA per 30 days) |
| HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL 7.5-200 MG | | Tier 2 | QL (180 EA per 30 days) |
| IBUDONE TABLET 10-200 MG ORAL (HYDROCODONE-IBUPROFEN) 10-200 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| IBUDONE TABLET 5-200 MG ORAL (HYDROCODONE-IBUPROFEN) 5-200 MG | Tier 4 | Tier 2 | QL (270 EA per 30 days) |
| LORCET HD ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 10-325 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| LORCET ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 5-325 MG | Tier 4 | Tier 2 | QL (270 EA per 30 days) |
| LORCET PLUS ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 7.5-325 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |
| LORTAB ORAL ELIXIR 10-300 MG/15ML | Tier 4 | | QL (73.5 ML per 1 day) |
| NORCO TABLET 10-325 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 10-325 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| NORCO TABLET 5-325 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 5-325 MG | Tier 4 | Tier 2 | QL (270 EA per 30 days) |
| NORCO TABLET 7.5-325 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 7.5-325 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |
| VICODIN ES ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 7.5-300 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |
| VICODIN HP ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 10-300 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| VICODIN ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 5-300 MG | Tier 4 | Tier 2 | QL (270 EA per 30 days) |
| XODOL TABLET 10-300 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 10-300 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| XODOL TABLET 5-300 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 5-300 MG | Tier 4 | Tier 2 | QL (270 EA per 30 days) |
| XODOL TABLET 7.5-300 MG ORAL (HYDROCODONE-ACETAMINOPHEN) 7.5-300 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|----------------------------|
| XYLON ORAL TABLET (HYDROCODONE-IBUPROFEN) 10-200 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| ZAMICET ORAL SOLUTION (HYDROCODONE-ACETAMINOPHEN) 10-325 MG/15ML | Tier 4 | Tier 2 | QL (73.5 ML per 1 day) |
| *Meperidine Combinations*** | | | |
| MEPERIDINE-PROMETHAZINE ORAL CAPSULE 50-25 MG | | Tier 2 | QL (270 EA per 30 days) |
| *Opioid Agonists*** | | | |
| ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 4 | | PA |
| ACTIQ BUCCAL LOZENGE ON A HANDLE (FENTANYL CITRATE) 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 4 | Tier 2 | |
| ALFENTANIL HCL INTRAVENOUS SOLUTION 1000 MCG/2ML, 2500 MCG/5ML | | Tier 2 | PA |
| ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG | Tier 3 | | PA; QL (90 EA per 30 days) |
| CODEINE SULFATE TABLET 15 MG ORAL 15 MG | | Tier 2 | QL (630 EA per 30 days) |
| CODEINE SULFATE TABLET 30 MG ORAL 30 MG | | Tier 2 | QL (300 EA per 30 days) |
| CODEINE SULFATE TABLET 60 MG ORAL 60 MG | | Tier 2 | QL (150 EA per 30 days) |
| DEMEROL ORAL TABLET (MEPERIDINE HCL) 100 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| DILAUDID ORAL LIQUID (HYDROMORPHONE HCL) 1 MG/ML | Tier 4 | Tier 2 | QL (367.5 ML per 30 days) |
| DILAUDID TABLET 2 MG ORAL (HYDROMORPHONE HCL) 2 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |
| DILAUDID TABLET 4 MG ORAL (HYDROMORPHONE HCL) 4 MG | Tier 4 | Tier 2 | QL (90 EA per 30 days) |
| DILAUDID TABLET 8 MG ORAL (HYDROMORPHONE HCL) 8 MG | Tier 4 | Tier 2 | QL (30 EA per 30 days) |
| DOLOPHINE ORAL TABLET (METHADONE HCL) 10 MG, 5 MG | Tier 4 | Tier 2 | PA |
| DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 100 MCG/HR | Tier 4 | Tier 2 | PA; QL (30 EA per 30 days) |
| DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 12 MCG/HR | Tier 4 | Tier 2 | PA; QL (15 EA per 30 days) |
| DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 25 MCG/HR | Tier 4 | Tier 2 | PA; QL (15 EA per 30 days) |
| DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 50 MCG/HR | Tier 4 | Tier 2 | PA; QL (15 EA per 30 days) |
| DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR (FENTANYL) 75 MCG/HR | Tier 4 | Tier 2 | PA; QL (30 EA per 30 days) |
| DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML | | Tier 2 | |
| EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROMORPHONE HCL ER) 12 MG, 16 MG, 32 MG, 8 MG | Tier 4 | Tier 2 | PA; QL (60 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|----------------------------|
| FENTANYL CITRATE BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG | | Tier 4 | PA |
| FENTANYL PATCH 72 HOUR 37.5 MCG/HR TRANSDERMAL 37.5 MCG/HR | | Tier 2 | PA; QL (15 EA per 30 days) |
| FENTANYL PATCH 72 HOUR 62.5 MCG/HR TRANSDERMAL 62.5 MCG/HR | | Tier 2 | PA; QL (15 EA per 30 days) |
| FENTANYL PATCH 72 HOUR 87.5 MCG/HR TRANSDERMAL 87.5 MCG/HR | | Tier 2 | PA; QL (15 EA per 30 days) |
| HYDROMORPHONE HCL RECTAL SUPPOSITORY 3 MG | | Tier 2 | QL (120 EA per 30 days) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | Tier 3 | | PA; QL (30 EA per 30 days) |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (MORPHINE SULFATE ER) 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG | Tier 4 | Tier 2 | PA; QL (60 EA per 30 days) |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG | Tier 4 | | PA; QL (60 EA per 30 days) |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT | Tier 4 | | PA |
| LEVORPHANOL TARTRATE ORAL TABLET 2 MG | | Tier 2 | QL (90 EA per 30 days) |
| MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML | | Tier 2 | QL (49 ML per 1 day) |
| MEPERIDINE HCL TABLET 50 MG ORAL 50 MG | | Tier 2 | QL (270 EA per 30 days) |
| METHADONE HCL INJECTION SOLUTION 10 MG/ML | | Tier 2 | |
| METHADONE HCL INTENSOL ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML | Tier 2 | Tier 2 | |
| METHADONE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML | | Tier 2 | |
| METHADOSE ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML | Tier 2 | Tier 2 | |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML | Tier 2 | Tier 2 | |
| MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML | | Tier 2 | QL (72 ML per 30 days) |
| MORPHINE SULFATE (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML | | Tier 2 | |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG | | Tier 2 | PA; QL (60 EA per 30 days) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG | | Tier 2 | PA; QL (30 EA per 30 days) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL 45 MG | | Tier 2 | PA; QL (30 EA per 30 days) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG | | Tier 2 | PA; QL (30 EA per 30 days) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL 75 MG | | Tier 2 | PA; QL (30 EA per 30 days) |
| MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL 90 MG | | Tier 2 | PA; QL (30 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|-----------------------------|
| MORPHINE SULFATE INTRAVENOUS SOLUTION 150 MG/30ML | | Tier 2 | |
| MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML | | Tier 2 | QL (24.5 ML per 1 day) |
| MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML | | Tier 2 | QL (367.5 ML per 30 days) |
| MORPHINE SULFATE SUPPOSITORY 10 MG RECTAL 10 MG | | Tier 2 | QL (120 EA per 30 days) |
| MORPHINE SULFATE SUPPOSITORY 20 MG RECTAL 20 MG | | Tier 2 | QL (60 EA per 30 days) |
| MORPHINE SULFATE SUPPOSITORY 30 MG RECTAL 30 MG | | Tier 2 | QL (30 EA per 30 days) |
| MORPHINE SULFATE SUPPOSITORY 5 MG RECTAL 5 MG | | Tier 2 | QL (270 EA per 30 days) |
| MORPHINE SULFATE TABLET 15 MG ORAL 15 MG | | Tier 2 | QL (90 EA per 30 days) |
| MORPHINE SULFATE TABLET 30 MG ORAL 30 MG | | Tier 2 | QL (30 EA per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE (MORPHINE SULFATE ER) 100 MG, 15 MG, 200 MG, 30 MG, 60 MG | Tier 4 | Tier 2 | PA; QL (90 EA per 30 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| NUCYNTA TABLET 100 MG ORAL 100 MG | Tier 3 | | QL (30 EA per 30 days) |
| NUCYNTA TABLET 50 MG ORAL 50 MG | Tier 3 | | QL (60 EA per 30 days) |
| NUCYNTA TABLET 75 MG ORAL 75 MG | Tier 3 | | QL (30 EA per 30 days) |
| OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG | Tier 3 | | PA; QL (120 EA per 30 days) |
| OPANA TABLET 10 MG ORAL (OXYMORPHONE HCL) 10 MG | Tier 4 | Tier 2 | PA; QL (30 EA per 30 days) |
| OPANA TABLET 5 MG ORAL (OXYMORPHONE HCL) 5 MG | Tier 4 | Tier 2 | PA; QL (90 EA per 30 days) |
| OXAYDO TABLET ABUSE-DETERRENT 5 MG ORAL 5 MG | Tier 3 | | PA; QL (180 EA per 30 days) |
| OXAYDO TABLET ABUSE-DETERRENT 7.5 MG ORAL 7.5 MG | Tier 3 | | PA; QL (120 EA per 30 days) |
| OXYCODONE HCL ORAL CAPSULE 5 MG | | Tier 2 | QL (180 EA per 30 days) |
| OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML | | Tier 3 | QL (48 ML per 30 days) |
| OXYCODONE HCL ORAL SOLUTION 5 MG/5ML | | Tier 3 | QL (32.6 ML per 1 day) |
| OXYCODONE HCL TABLET 10 MG ORAL 10 MG | | Tier 2 | QL (90 EA per 30 days) |
| OXYCODONE HCL TABLET 20 MG ORAL 20 MG | | Tier 2 | QL (30 EA per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 10 MG, 20 MG, 40 MG | Tier 3 | Tier 2 | PA; QL (120 EA per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 15 MG, 30 MG, 60 MG, 80 MG | Tier 3 | Tier 2 | PA; QL (120 EA per 30 days) |
| OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG | | Tier 2 | PA; QL (120 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------------------|
| ROXICODONE TABLET 15 MG ORAL (OXYCODONE HCL) 15 MG | Tier 4 | Tier 2 | QL (60 EA per 30 days) |
| ROXICODONE TABLET 30 MG ORAL (OXYCODONE HCL) 30 MG | Tier 4 | Tier 2 | QL (30 EA per 30 days) |
| ROXICODONE TABLET 5 MG ORAL (OXYCODONE HCL) 5 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |
| ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL 15 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL 30 MG | Tier 3 | | PA; QL (30 EA per 30 days) |
| ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL 5 MG | Tier 3 | | PA; QL (180 EA per 30 days) |
| SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 4 | | PA |
| TRAMADOL HCL ER (BIPHASIC) ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | | Tier 2 | |
| TRAMADOL HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | | Tier 2 | |
| ULTRAM ORAL TABLET (TRAMADOL HCL) 50 MG | Tier 4 | Tier 2 | QL (240 EA per 30 days) |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | Tier 3 | | PA; QL (120 EA per 30 days) |
| ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL 10 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL 15 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL 20 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL 30 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL 40 MG | Tier 3 | | PA; QL (60 EA per 30 days) |
| ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 50 MG ORAL 50 MG | Tier 3 | | PA; QL (120 EA per 30 days) |
| *Opioid Combinations*** | | | |
| ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG | Tier 2 | Tier 2 | QL (90 EA per 30 days) |
| ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG | Tier 2 | Tier 2 | QL (360 EA per 30 days) |
| ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG | Tier 2 | Tier 2 | QL (180 EA per 30 days) |
| ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG | Tier 2 | Tier 2 | QL (120 EA per 30 days) |
| NALOCET ORAL TABLET 2.5-300 MG | | Tier 4 | QL (390 EA per 30 days) |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | | Tier 2 | QL (32.6 ML per 1 day) |
| OXYCODONE-ASPIRIN ORAL TABLET 4.8355-325 MG | | Tier 2 | QL (180 EA per 30 days) |
| OXYCODONE-IBUPROFEN ORAL TABLET 5-400 MG | | Tier 2 | QL (180 EA per 30 days) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------------------|
| PERCOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG | Tier 4 | Tier 2 | QL (90 EA per 30 days) |
| PERCOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG | Tier 4 | Tier 2 | QL (360 EA per 30 days) |
| PERCOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG | Tier 4 | Tier 2 | QL (180 EA per 30 days) |
| PERCOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG | Tier 4 | Tier 2 | QL (120 EA per 30 days) |
| PRIMLEV TABLET 10-300 MG ORAL 10-300 MG | Tier 4 | | QL (90 EA per 30 days) |
| PRIMLEV TABLET 5-300 MG ORAL 5-300 MG | Tier 4 | | QL (180 EA per 30 days) |
| PRIMLEV TABLET 7.5-300 MG ORAL 7.5-300 MG | Tier 4 | | QL (120 EA per 30 days) |
| *Opioid Partial Agonists*** | | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | Tier 3 | | PA; QL (60 EA per 30 days) |
| BUPRENORPHINE HCL INJECTION SOLUTION 0.3 MG/ML | | Tier 2 | |
| BUPRENORPHINE HCL SUBLINGUAL TABLET SUBLINGUAL 2 MG, 8 MG | | Tier 2 | |
| BUPRENORPHINE HCL-NALOXONE HCL SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | | Tier 2 | |
| BUPRENORPHINE HCL-NALOXONE HCL SUBLINGUAL TABLET SUBLINGUAL 2-0.5 MG, 8-2 MG | | Tier 2 | PA |
| BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML | | Tier 2 | QL (2.5 ML per 1 day) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR | Tier 3 | | PA; QL (4.5 EA per 30 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY (BUPRENORPHINE) 7.5 MCG/HR | Tier 3 | Tier 3 | PA; QL (4.5 EA per 30 days) |
| PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG | | Tier 3 | QL (150 EA per 30 days) |
| TALWIN INJECTION SOLUTION 30 MG/ML | Tier 4 | | PA |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | Tier 3 | | |
| *Tramadol Combinations*** | | | |
| ULTRACET ORAL TABLET (TRAMADOL-ACETAMINOPHEN) 37.5-325 MG | Tier 4 | Tier 2 | QL (240 EA per 30 days) |
| *Androgens-Anabolic* | | | |
| *Anabolic Steroids*** | | | |
| ANADROL-50 ORAL TABLET 50 MG | Tier 4 | | PA |
| OXANDROLONE ORAL TABLET 10 MG, 2.5 MG | | Tier 2 | |
| *Androgens*** | | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR | Tier 4 | | |
| ANDROXY ORAL TABLET 10 MG | Tier 4 | | PA |
| DANAZOL ORAL CAPSULE 100 MG, 200 MG, 50 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Anorectal Agents* | | | |
| *Intrarectal Steroids*** | | | |
| COLOCORT RECTAL ENEMA (HYDROCORTISONE) 100 MG/60ML | Tier 2 | Tier 2 | |
| *Nitrate Vasodilating Agents*** | | | |
| RECTIV RECTAL OINTMENT 0.4 % | Tier 3 | | |
| *Rectal Anesthetic/Steroids*** | | | |
| ANALPRAM HC RECTAL CREAM (HYDROCORTISONE ACE-PRAMOXINE) 2.5-1 % | Tier 4 | Tier 2 | |
| ANALPRAM HC SINGLES RECTAL CREAM (HYDROCORTISONE ACE-PRAMOXINE) 2.5-1 % | Tier 4 | Tier 2 | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | Tier 4 | | |
| ANALPRAM-HC RECTAL LOTION 2.5-1 % | Tier 4 | | |
| *Rectal Steroids*** | | | |
| ANUSOL-HC RECTAL CREAM (HYDROCORTISONE) 2.5 % | Tier 3 | Tier 2 | |
| ANUSOL-HC RECTAL SUPPOSITORY (ANUCORT- HC) 25 MG | Tier 2 | Tier 2 | |
| HEMMOREX-HC RECTAL SUPPOSITORY (ANUCORT-HC) 25 MG | Tier 2 | Tier 2 | |
| HEMMOREX-HC RECTAL SUPPOSITORY (HYDROCORTISONE ACETATE) 30 MG | Tier 2 | Tier 2 | |
| HYDROCORTISONE ACETATE RECTAL SUPPOSITORY 25 MG | | Tier 2 | |
| PROCTOCORT RECTAL CREAM (HYDROCORTISONE) 1 % | Tier 3 | Tier 2 | |
| PROCTOCORT RECTAL SUPPOSITORY (HYDROCORTISONE ACETATE) 30 MG | Tier 3 | Tier 2 | |
| PROCTO-MED HC RECTAL CREAM (HYDROCORTISONE) 2.5 % | Tier 2 | Tier 2 | |
| PROCTO-PAK RECTAL CREAM (HYDROCORTISONE) 1 % | Tier 2 | Tier 2 | |
| PROCTOSOL HC RECTAL CREAM (HYDROCORTISONE) 2.5 % | Tier 2 | Tier 2 | |
| PROCTOZONE-HC RECTAL CREAM (HYDROCORTISONE) 2.5 % | Tier 2 | Tier 2 | |
| *Anthelmintics* | | | |
| *Anthelmintics*** | | | |
| ALBENZA ORAL TABLET (ALBENDAZOLE) 200 MG | Tier 4 | Tier 4 | PA |
| BILTRICIDE ORAL TABLET 600 MG | Tier 4 | | |
| STROMEKTOL ORAL TABLET 3 MG | Tier 3 | | |
| *Antianginal Agents* | | | |
| *Antianginals-Other*** | | | |
| RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG | | Tier 2 | PA |
| *Nitrates*** | | | |
| DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG | | Tier 2 | |
| ISOSORBIDE MONONITRATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 60 MG | | Tier 2 | |
| ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG | | Tier 2 | |
| MINITRAN TRANSDERMAL PATCH 24 HOUR (NITROGLYCERIN) 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | Tier 2 | Tier 2 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | Tier 4 | | |
| NITROGLYCERIN INTRAVENOUS SOLUTION 5 MG/ML | | Tier 2 | |
| NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY | | Tier 2 | |
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY | Tier 4 | | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG | Tier 3 | | |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (NITROGLYCERIN ER) 2.5 MG, 6.5 MG, 9 MG | Tier 2 | Tier 2 | |
| *Antianxiety Agents* | | | |
| *Antianxiety Agents - Misc.*** | | | |
| BUSPIRONE HCL ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG, 7.5 MG | | Tier 2 | |
| HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML | | Tier 2 | |
| HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG | | Tier 2 | |
| HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 2 | |
| MEPROBAMATE ORAL TABLET 200 MG, 400 MG | | Tier 2 | |
| *Benzodiazepines*** | | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 2 | | |
| ALPRAZOLAM ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | | Tier 2 | |
| ALPRAZOLAM ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 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 INJECTION SOLUTION 5 MG/ML | | Tier 2 | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE (DIAZEPAM) 5 MG/ML | Tier 2 | Tier 2 | |
| DIAZEPAM ORAL SOLUTION 5 MG/5ML | | Tier 2 | |
| DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG | | Tier 2 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| LORAZEPAM ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 2 | |
| OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG | | Tier 2 | |
| *Antiarrhythmics* | | | |
| *Antiarrhythmics Type I-A*** | | | |
| DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG | | Tier 2 | |
| PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML, 500 MG/ML | | Tier 2 | |
| QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG | | Tier 2 | |
| *Antiarrhythmics Type I-B*** | | | |
| MEXILETINE HCL ORAL CAPSULE 150 MG | | Tier 2 | |
| *Antiarrhythmics Type I-C*** | | | |
| FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG | | Tier 2 | |
| PROPAFENONE HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG | | Tier 2 | |
| PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG, 300 MG | | Tier 2 | |
| *Antiarrhythmics Type Iii*** | | | |
| MULTAQ ORAL TABLET 400 MG | Tier 3 | | |
| PACERONE ORAL TABLET (AMIODARONE HCL) 100 MG, 200 MG, 400 MG | Tier 2 | Tier 2 | |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | Tier 4 | | |
| *Antiasthmatic And Bronchodilator Agents* | | | |
| *5-Lipoxygenase Inhibitors*** | | | |
| ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | Tier 5 | | |
| ZYFLO ORAL TABLET 600 MG | Tier 4 | | |
| *Adrenergic Combinations*** | | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | Tier 3 | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH | Tier 4 | | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH | Tier 4 | | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | Tier 2 | | |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT | Tier 3 | | |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | Tier 3 | | |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Anti-Ige Monoclonal Antibodies*** | | | |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | Tier 5 | | PA |
| *Anti-Inflammatory Agents*** | | | |
| CROMOLYN SODIUM INHALATION NEBULIZATION SOLUTION 20 MG/2ML | | Tier 2 | |
| *Beta Adrenergics*** | | | |
| ALBUTEROL SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG | | Tier 2 | |
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083%, (5 MG/ML) 0.5%, 0.63 MG/3ML, 1.25 MG/3ML | | Tier 2 | |
| ALBUTEROL SULFATE ORAL SYRUP 2 MG/5ML | | Tier 2 | |
| ALBUTEROL SULFATE ORAL TABLET 2 MG, 4 MG | | Tier 2 | |
| ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG | Tier 4 | | |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML | Tier 4 | | |
| ISUPREL INJECTION SOLUTION (ISOPROTERENOL HCL) 0.2 MG/ML | Tier 4 | Tier 4 | PA |
| METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5ML | | Tier 2 | |
| METAPROTERENOL SULFATE ORAL TABLET 10 MG, 20 MG | | Tier 2 | |
| PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML | Tier 4 | | |
| PROAIR HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT | Tier 3 | Tier 1 | |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT | Tier 4 | Tier 1 | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE | Tier 3 | | |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | Tier 4 | | |
| TERBUTALINE SULFATE INJECTION SOLUTION 1 MG/ML | | Tier 2 | |
| TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG | | Tier 2 | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT | Tier 4 | Tier 1 | |
| XOPENEX HFA INHALATION AEROSOL (LEVALBUTEROL TARTRATE) 45 MCG/ACT | Tier 4 | Tier 4 | |
| XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML | Tier 4 | | |
| XOPENEX INHALATION NEBULIZATION SOLUTION (LEVALBUTEROL HCL) 1.25 MG/3ML | Tier 4 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Bronchodilators - Anticholinergics*** | | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | Tier 4 | | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH | Tier 4 | | |
| IPRATROPIUM BROMIDE INHALATION SOLUTION 0.02 % | | Tier 2 | |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | Tier 3 | | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | Tier 4 | | |
| *Leukotriene Receptor Antagonists*** | | | |
| MONTELUKAST SODIUM ORAL PACKET 4 MG | | Tier 2 | |
| MONTELUKAST SODIUM ORAL TABLET 10 MG | | Tier 2 | |
| MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG | | Tier 2 | |
| ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG | | Tier 2 | |
| *Selective Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | Tier 4 | | PA |
| *Steroid Inhalants*** | | | |
| ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT | Tier 4 | | |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | Tier 3 | | |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | Tier 3 | | |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH | Tier 3 | | |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | Tier 3 | | |
| ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH | Tier 3 | | |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT | Tier 3 | | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT | Tier 4 | | |
| PULMICORT INHALATION SUSPENSION (BUDESONIDE) 0.25 MG/2ML, 0.5 MG/2ML | Tier 4 | Tier 2 | |
| PULMICORT INHALATION SUSPENSION 1 MG/2ML | Tier 4 | | |
| QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT | Tier 3 | | |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | Tier 3 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|------------------------|
| *Xanthine-Expectorants*** | | | |
| DIFIL-G FORTE ORAL LIQUID 100-100 MG/5ML | Tier 2 | | |
| *Xanthines*** | | | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML | Tier 4 | | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | Tier 4 | | |
| THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (THEOPHYLLINE ER) 100 MG, 200 MG, 300 MG | Tier 2 | Tier 2 | |
| THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 450 MG | | Tier 2 | |
| THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | | Tier 2 | |
| THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-% | | Tier 2 | |
| THEOPHYLLINE ORAL SOLUTION 80 MG/15ML | | Tier 2 | |
| *Anticoagulants* | | | |
| *Coumarin Anticoagulants*** | | | |
| JANTOVEN ORAL TABLET (WARFARIN SODIUM) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 2 | Tier 2 | |
| *Direct Factor Xa Inhibitors*** | | | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | Tier 3 | | |
| ELIQUIS STARTER PACK ORAL TABLET 5 MG | Tier 3 | | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | Tier 4 | | |
| XARELTO TABLET 10 MG ORAL 10 MG | Tier 3 | | QL (30 EA per 30 days) |
| XARELTO TABLET 15 MG ORAL 15 MG | Tier 3 | | QL (60 EA per 30 days) |
| XARELTO TABLET 2.5 MG ORAL 2.5 MG | Tier 3 | | QL (60 EA per 30 days) |
| XARELTO TABLET 20 MG ORAL 20 MG | Tier 3 | | QL (30 EA per 30 days) |
| *Heparins And Heparinoid-Like Agents*** | | | |
| HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/500ML-% | | Tier 2 | |
| HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 40-5 UNIT/ML-% | | Tier 2 | |
| HEPARIN SODIUM (PORCINE) INJECTION SOLUTION 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | | Tier 2 | |
| *Low Molecular Weight Heparins*** | | | |
| ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML | | Tier 2 | |
| ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 100 MG/ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML | | Tier 2 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Synthetic Heparinoid-Like Agents*** | | | |
| FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML | | Tier 2 | |
| *Thrombin Inhibitors - Selective Direct & Reversible*** | | | |
| ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML | | Tier 2 | |
| PRADAXA ORAL CAPSULE 150 MG, 75 MG | Tier 4 | | |
| *Anticonvulsants* | | | |
| *Ampa Glutamate Receptor Antagonists*** | | | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 4 | | |
| *Anticonvulsants - Benzodiazepines*** | | | |
| CLONAZEPAM ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG | | Tier 2 | |
| DIASTAT ACUDIAL RECTAL GEL (DIAZEPAM) 10 MG | Tier 3 | Tier 2 | |
| DIASTAT PEDIATRIC RECTAL GEL (DIAZEPAM) 2.5 MG | Tier 3 | Tier 2 | |
| DIAZEPAM RECTAL GEL 20 MG | | Tier 2 | |
| KLONOPIN ORAL TABLET (CLONAZEPAM) 0.5 MG, 1 MG, 2 MG | Tier 2 | Tier 2 | |
| ONFI ORAL SUSPENSION (CLOBAZAM) 2.5 MG/ML | Tier 4 | Tier 3 | |
| ONFI ORAL TABLET (CLOBAZAM) 10 MG, 20 MG | Tier 4 | Tier 3 | |
| *Anticonvulsants - Misc.*** | | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | Tier 4 | | |
| BANZEL ORAL SUSPENSION 40 MG/ML | Tier 5 | | |
| BANZEL ORAL TABLET 200 MG, 400 MG | Tier 5 | | |
| CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | | Tier 2 | |
| CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG | | Tier 2 | |
| CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML | | Tier 2 | |
| CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG | | Tier 2 | |
| EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG | Tier 2 | Tier 2 | |
| GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG | | Tier 2 | |
| GABAPENTIN ORAL SOLUTION 250 MG/5ML, 300 MG/6ML | | Tier 2 | |
| GABAPENTIN ORAL TABLET 600 MG, 800 MG | | Tier 2 | |
| KEPPRA INTRAVENOUS SOLUTION (LEVETIRACETAM) 500 MG/5ML | Tier 2 | Tier 2 | |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LEVETIRACETAM ER) 750 MG | Tier 4 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG | Tier 3 | Tier 2 | |
| LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG | Tier 3 | Tier 2 | |
| LAMICTAL STARTER ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG | Tier 3 | Tier 2 | |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG | Tier 4 | | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 50 MG | Tier 4 | | |
| LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG | | Tier 2 | |
| LEVETIRACETAM ORAL SOLUTION 100 MG/ML | | Tier 2 | |
| LEVETIRACETAM ORAL TABLET 250 MG | | Tier 2 | |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | Tier 3 | | PA |
| OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML | | Tier 2 | |
| OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG | | Tier 2 | |
| PRIMIDONE ORAL TABLET 250 MG, 50 MG | | Tier 2 | |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 4 | | |
| ROWEEPRA ORAL TABLET (LEVETIRACETAM) 1000 MG, 500 MG | Tier 2 | Tier 2 | |
| ROWEEPRA ORAL TABLET (LEVETIRACETAM) 750 MG | Tier 2 | Tier 2 | |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LEVETIRACETAM ER) 500 MG, 750 MG | Tier 2 | Tier 2 | |
| SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG | Tier 2 | Tier 2 | |
| SUBVENITE ORAL TABLET (LAMOTRIGINE) 25 MG | Tier 2 | Tier 2 | |
| SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG | Tier 2 | Tier 2 | |
| SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG | Tier 2 | Tier 2 | |
| SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG | Tier 2 | Tier 2 | |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | Tier 3 | | |
| TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG | | Tier 2 | |
| TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | | Tier 2 | |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG | Tier 4 | | |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| VIMPAT ORAL SOLUTION 10 MG/ML | Tier 4 | | |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 4 | | |
| ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 2 | |
| *Carbamates*** | | | |
| FELBAMATE ORAL SUSPENSION 600 MG/5ML | | Tier 2 | |
| FELBAMATE ORAL TABLET 400 MG, 600 MG | | Tier 2 | |
| *Gaba Modulators*** | | | |
| GABITRIL ORAL TABLET (TIAGABINE HCL) 12 MG, 16 MG | Tier 3 | Tier 2 | |
| SABRIL ORAL PACKET (VIGABATRIN) 500 MG | Tier 5 | Tier 4 | |
| SABRIL ORAL TABLET 500 MG | Tier 5 | | |
| TIAGABINE HCL ORAL TABLET 2 MG, 4 MG | | Tier 2 | |
| VIGADRONE ORAL PACKET (VIGABATRIN) 500 MG | Tier 4 | Tier 4 | |
| *Hydantoins*** | | | |
| DILANTIN ORAL CAPSULE 30 MG | Tier 3 | | |
| PEGANONE ORAL TABLET 250 MG | Tier 4 | | |
| PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) 200 MG | Tier 4 | Tier 2 | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG | Tier 2 | Tier 2 | |
| PHENYTOIN ORAL SUSPENSION 125 MG/5ML | | Tier 2 | |
| PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG, 300 MG | | Tier 2 | |
| *Succinimides*** | | | |
| CELONTIN ORAL CAPSULE 300 MG | Tier 4 | | |
| ETHOSUXIMIDE ORAL CAPSULE 250 MG | | Tier 2 | |
| ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML | | Tier 2 | |
| *Valproic Acid*** | | | |
| DEPACON INTRAVENOUS SOLUTION (VALPROATE SODIUM) 100 MG/ML | Tier 2 | Tier 2 | |
| DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG | | Tier 2 | |
| DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG | | Tier 2 | |
| DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG | | Tier 2 | |
| VALPROATE SODIUM INTRAVENOUS SOLUTION 500 MG/5ML | | Tier 2 | |
| VALPROATE SODIUM ORAL SOLUTION 250 MG/5ML | | Tier 2 | |
| VALPROIC ACID ORAL CAPSULE 250 MG | | Tier 2 | |
| VALPROIC ACID ORAL SOLUTION 250 MG/5ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Antidementia Agent Combinations*** | | | |
| *Antidementia Agent Combinations*** | | | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG | Tier 4 | | |
| *Antidepressants* | | | |
| *Alpha-2 Receptor Antagonists (Tetracyclics)*** | | | |
| MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG, 7.5 MG | | Tier 2 | |
| MIRTAZAPINE ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG | | Tier 2 | |
| *Antidepressants - Misc.*** | | | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG | Tier 4 | | PA |
| 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 | |
| MAPROTILINE HCL ORAL TABLET 25 MG, 50 MG, 75 MG | | Tier 2 | |
| *Modified Cyclics*** | | | |
| NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | | Tier 2 | |
| TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 300 MG, 50 MG | | Tier 2 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 4 | | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | Tier 4 | | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | Tier 3 | | ST |
| *Monoamine Oxidase Inhibitors (Maois)*** | | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | Tier 3 | | |
| MARPLAN ORAL TABLET 10 MG | Tier 4 | | |
| PHENELZINE SULFATE ORAL TABLET 15 MG | | Tier 2 | |
| TRANLYCPROMINE SULFATE ORAL TABLET 10 MG | | Tier 2 | |
| *Selective Serotonin Reuptake Inhibitors (SsrIs)*** | | | |
| CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML | | Tier 2 | |
| CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG | | Tier 2 | |
| ESCITALOPRAM OXALATE ORAL SOLUTION 5 MG/5ML | | Tier 2 | |
| ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 2 | |
| FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG | | Tier 2 | |
| FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE 90 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| FLUOXETINE HCL ORAL SOLUTION 20 MG/5ML | | Tier 2 | |
| FLUOXETINE HCL ORAL TABLET 10 MG, 20 MG | | Tier 2 | |
| FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG | | Tier 4 | |
| 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 | |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR (PAROXETINE HCL ER) 12.5 MG, 25 MG, 37.5 MG | Tier 4 | Tier 2 | |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | Tier 4 | | |
| SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML | | Tier 2 | |
| SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 2 | |
| *Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** | | | |
| DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG | | Tier 2 | |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | Tier 4 | | |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | Tier 4 | | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG | Tier 4 | | |
| VENLAFAXINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG | | Tier 2 | |
| VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 225 MG, 37.5 MG, 75 MG | | Tier 2 | |
| VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG | | Tier 2 | |
| *Tricyclic Agents*** | | | |
| AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG | | Tier 2 | |
| AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 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 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML | | Tier 2 | |
| PROTRIPTYLINE HCL ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 2 | |
| *Antidiabetics* | | | |
| *Alpha-Glucosidase Inhibitors*** | | | |
| ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 2 | |
| GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 3 | | |
| *Antidiabetic - Amylin Analogs*** | | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | Tier 3 | | PA |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | Tier 3 | | PA |
| *Biguanides*** | | | |
| METFORMIN HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | | Tier 2 | |
| METFORMIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG | | Tier 2 | |
| METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG | | Tier 2 | |
| RIOMET ORAL SOLUTION (METFORMIN HCL) 500 MG/5ML | Tier 4 | Tier 4 | |
| *Diabetic Other*** | | | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | Tier 3 | | |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | Tier 3 | | |
| *Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** | | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 3 | | ST |
| NESINA ORAL TABLET (ALOGLIPTIN BENZOATE) 12.5 MG, 25 MG, 6.25 MG | Tier 3 | Tier 3 | |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG | Tier 3 | | ST |
| TRADJENTA ORAL TABLET 5 MG | Tier 3 | | ST |
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** | | | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | Tier 4 | | ST |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | Tier 4 | | ST |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | Tier 4 | | ST |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG | Tier 4 | | ST |
| *Dopamine Receptor Agonists - Ergot Derivatives*** | | | |
| CYCLOSET ORAL TABLET 0.8 MG | Tier 3 | | PA |
| *Human Insulin*** | | | |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML | Tier 3 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ADMELOG SUBCUTANEOUS SOLUTION (INSULIN LISPRO) 100 UNIT/ML | Tier 3 | Tier 1 | |
| APIDRA INJECTION SOLUTION 100 UNIT/ML | Tier 3 | | |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | | |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 1 | | |
| FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (INSULIN LISPRO (1 UNIT DIAL)) 100 UNIT/ML | Tier 3 | Tier 1 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | Tier 3 | | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | Tier 3 | | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | Tier 3 | | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | Tier 3 | | |
| HUMALOG SUBCUTANEOUS SOLUTION (INSULIN LISPRO) 100 UNIT/ML | Tier 3 | Tier 1 | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 1 | | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | | |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 3 | | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 3 | | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 1 | | |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | Tier 1 | | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 3 | | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 3 | | |
| NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 3 | | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 4 | | ST |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 4 | | ST |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Tier 3 | | PA |
| *Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** | | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML | Tier 3 | | ST |
| BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG | Tier 3 | | ST |
| BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG | Tier 3 | | ST |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | Tier 3 | | ST |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML | Tier 3 | | ST |
| TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG | Tier 3 | | ST |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML | Tier 3 | | ST |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | Tier 3 | | ST |
| *Meglitinide Analogues*** | | | |
| NATEGLINIDE ORAL TABLET 120 MG, 60 MG | | Tier 2 | |
| REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 4 | |
| *Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors*** | | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG | Tier 3 | | ST |
| INVOKANA ORAL TABLET 100 MG, 300 MG | Tier 3 | | ST |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 4 | | ST |
| *Sulfonylurea-Biguanide Combinations*** | | | |
| GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG | | Tier 2 | |
| GLUCOVANCE ORAL TABLET (GLYBURIDE-METFORMIN) 2.5-500 MG, 5-500 MG | Tier 2 | Tier 2 | |
| GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG | | Tier 2 | |
| *Sulfonylureas*** | | | |
| CHLORPROPAMIDE ORAL TABLET 100 MG, 250 MG | | Tier 2 | |
| GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| GLIPIZIDE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG | | Tier 2 | |
| GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG | | Tier 2 | |
| TOLAZAMIDE ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| TOLBUTAMIDE ORAL TABLET 500 MG | | Tier 2 | |
| *Sulfonylurea-Thiazolidinedione Combinations*** | | | |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG | Tier 4 | | |
| *Thiazolidinedione-Biguanide Combinations*** | | | |
| ACTOPLUS MET ORAL TABLET (PIOGLITAZONE HCL-METFORMIN HCL) 15-500 MG, 15-850 MG | Tier 3 | Tier 2 | |
| ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30-1000 MG | Tier 4 | | |
| *Thiazolidinediones*** | | | |
| AVANDIA ORAL TABLET 2 MG, 4 MG | Tier 3 | | |
| PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG | | Tier 2 | |
| *Antidiarrheals* | | | |
| *Antidiarrheal - Chloride Channel Antagonists*** | | | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG | Tier 4 | | |
| *Antiperistaltic Agents*** | | | |
| ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| CVS ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML | | Tier 2 | |
| DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG | | Tier 2 | |
| EQ ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| GNP ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| HM ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| HM LOPERAMIDE HCL ORAL CAPSULE 2 MG | | Tier 4 | |
| IMODIUM A-D ORAL CAPSULE (LOPERAMIDE HCL) 2 MG | Tier 4 | Tier 2 | |
| MOTOFEN ORAL TABLET 1-0.025 MG | Tier 4 | | |
| PAREGORIC ORAL TINCTURE 2 MG/5ML | | Tier 2 | |
| QC ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| RA ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| SM ANTI-DIARRHEAL ORAL CAPSULE 2 MG | | Tier 4 | |
| TGT LOPERAMIDE HCL ORAL CAPSULE 2 MG | | Tier 4 | |
| *Antidotes And Specific Antagonists* | | | |
| *Antidotes And Specific Antagonists*** | | | |
| RADIOGARDASE ORAL CAPSULE 0.5 GM | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|------------------------|
| *Antidotes* | | | |
| *Antidotes - Chelating Agents*** | | | |
| CHEMET ORAL CAPSULE 100 MG | Tier 5 | | PA |
| DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG | | Tier 5 | PA |
| FERRIPROX ORAL TABLET 500 MG | Tier 5 | | |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | Tier 5 | | PA |
| *Antidotes*** | | | |
| RADIOGARDASE ORAL CAPSULE 0.5 GM | Tier 4 | | |
| *Opioid Antagonists*** | | | |
| NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML | | Tier 2 | |
| NALTREXONE HCL ORAL TABLET 50 MG | | Tier 2 | |
| NARCAN NASAL LIQUID 4 MG/0.1ML | Tier 3 | | QL (2 EA per 365 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | Tier 5 | | PA |
| *Antiemetics* | | | |
| *5-Ht3 Receptor Antagonists*** | | | |
| ALOXI INTRAVENOUS SOLUTION (PALONOSETRON HCL) 0.25 MG/5ML | Tier 4 | Tier 4 | |
| ANZEMET ORAL TABLET 100 MG, 50 MG | Tier 4 | | |
| GRANISETRON HCL ORAL TABLET 1 MG | | Tier 2 | |
| GRANISETRON HCL SOLUTION 0.1 MG/ML INTRAVENOUS 0.1 MG/ML | | Tier 2 | |
| GRANISETRON HCL SOLUTION 1 MG/ML INTRAVENOUS 1 MG/ML | | Tier 2 | PA |
| GRANISETRON HCL SOLUTION 4 MG/4ML INTRAVENOUS 4 MG/4ML | | Tier 2 | |
| ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML | | Tier 2 | |
| ONDANSETRON HCL ORAL TABLET 24 MG, 4 MG, 8 MG | | Tier 2 | |
| ONDANSETRON ORAL TABLET DISPERSIBLE 4 MG, 8 MG | | Tier 2 | |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR | Tier 4 | | |
| ZUPLENZ ORAL FILM 4 MG, 8 MG | Tier 4 | | |
| *Antiemetic Combinations*** | | | |
| AKYNZEO ORAL CAPSULE 300-0.5 MG | Tier 4 | | |
| DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG | | Tier 2 | |
| *Antiemetics - Anticholinergic*** | | | |
| BONINE ORAL TABLET CHEWABLE (MECLIZINE HCL) 25 MG | Tier 2 | Tier 2 | |
| CVS MOTION SICKNESS II ORAL TABLET 25 MG | | Tier 2 | |
| CVS MOTION SICKNESS RELIEF ORAL TABLET CHEWABLE 25 MG | | Tier 2 | |
| DRAMAMINE LESS DROWSY ORAL TABLET (MECLIZINE HCL) 25 MG | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| EQ MOTION SICKNESS RELIEF ORAL TABLET 25 MG | | Tier 2 | |
| EQL MOTION SICKNESS RELIEF ORAL TABLET 25 MG | | Tier 2 | |
| GNP MOTION SICKNESS RELIEF ORAL TABLET 25 MG | | Tier 2 | |
| HM MOTION RELIEF ORAL TABLET 25 MG | | Tier 2 | |
| HM MOTION SICKNESS RELIEF ORAL TABLET 25 MG | | Tier 2 | |
| MECLIZINE HCL ORAL TABLET 12.5 MG | | Tier 2 | |
| MOTION SICKNESS RELIEF ORAL TABLET CHEWABLE 25 MG | | Tier 2 | |
| MOTION-TIME ORAL TABLET CHEWABLE 25 MG | | Tier 2 | |
| RA MOTION SICKNESS RELIEF ORAL TABLET 25 MG | | Tier 2 | |
| RA MOTION SICKNESS RELIEF ORAL TABLET CHEWABLE 25 MG | | Tier 2 | |
| SM MOTION SICKNESS ORAL TABLET 25 MG | | Tier 2 | |
| TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML | Tier 3 | | |
| TRAVEL SICKNESS ORAL TABLET CHEWABLE 25 MG | | Tier 2 | |
| TRAVEL-EASE ORAL TABLET (MECLIZINE HCL) 25 MG | Tier 2 | Tier 2 | |
| TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG | | Tier 2 | |
| WAL-DRAM II ORAL TABLET (MECLIZINE HCL) 25 MG | Tier 2 | Tier 2 | |
| *Antiemetics - Miscellaneous*** | | | |
| CESAMET ORAL CAPSULE 1 MG | Tier 5 | | |
| DRONABINOL CAPSULE 10 MG ORAL 10 MG | | Tier 5 | PA |
| DRONABINOL CAPSULE 2.5 MG ORAL 2.5 MG | | Tier 2 | PA |
| DRONABINOL CAPSULE 5 MG ORAL 5 MG | | Tier 5 | PA |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | | |
| EMEND CAPSULE 125 MG ORAL 125 MG | Tier 5 | | |
| EMEND CAPSULE 40 MG ORAL 40 MG | Tier 4 | | |
| EMEND CAPSULE 80 MG ORAL 80 MG | Tier 5 | | |
| EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG | Tier 5 | | |
| VARUBI ORAL TABLET 90 MG | Tier 4 | | |
| *Antifungals* | | | |
| *Antifungal - Glucan Synthesis Inhibitors (Echinocandins)*** | | | |
| CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG | Tier 4 | | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | Tier 4 | | |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Antifungals*** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | Tier 5 | | |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG | Tier 5 | | |
| AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | | Tier 2 | |
| BIO-STATIN ORAL CAPSULE 1000000 UNIT, 500000 UNIT | | Tier 3 | |
| GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML | | Tier 2 | |
| GRISEOFULVIN MICROSIZED ORAL TABLET 500 MG | | 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 | |
| *Imidazoles*** | | | |
| KETOCONAZOLE ORAL TABLET 200 MG | | Tier 2 | |
| *Triazoles*** | | | |
| CRESEMBA ORAL CAPSULE 186 MG | Tier 4 | | |
| FLUCONAZOLE IN DEXTROSE INTRAVENOUS SOLUTION 200 MG/100ML | | Tier 2 | |
| 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 | |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | Tier 5 | | |
| SPORANOX ORAL CAPSULE (ITRACONAZOLE) 100 MG | Tier 4 | Tier 2 | |
| SPORANOX ORAL SOLUTION (ITRACONAZOLE) 10 MG/ML | Tier 4 | Tier 4 | |
| SPORANOX PULSEPAK ORAL CAPSULE (ITRACONAZOLE) 100 MG | Tier 4 | Tier 2 | |
| VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (VORICONAZOLE) 200 MG | Tier 4 | Tier 2 | |
| VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML | | Tier 2 | |
| VORICONAZOLE TABLET 200 MG ORAL 200 MG | | Tier 5 | |
| VORICONAZOLE TABLET 50 MG ORAL 50 MG | | Tier 2 | |
| *Antihistamines* | | | |
| *Antihistamines - Alkylamines*** | | | |
| ALLERGY 4 HOUR ORAL TABLET 4 MG | | Tier 2 | |
| ALLERGY ORAL TABLET 4 MG | | Tier 2 | |
| ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 2 | |
| ALLERGY-TIME ORAL TABLET 4 MG | | Tier 2 | |
| CHLORHIST ORAL TABLET 4 MG | | Tier 2 | |
| CHLORPHENIRAMINE MALEATE ORAL TABLET 4 MG | | Tier 2 | |
| CVS ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| DEXCHLORPHENIRAMINE MALEATE ORAL SOLUTION 2 MG/5ML | | Tier 2 | |
| ED-CHLORTAN ORAL TABLET 4 MG | | Tier 2 | |
| EQ CHLORTABS ORAL TABLET 4 MG | | Tier 2 | |
| EQL ALLERGY ORAL TABLET 4 MG | | Tier 2 | |
| GNP ALLERGY ORAL TABLET 4 MG | | Tier 2 | |
| HM ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 2 | |
| PHARBECHLOR ORAL TABLET 4 MG | | Tier 2 | |
| QC CHLOR-PHENIRAMINE ORAL TABLET 4 MG | | Tier 2 | |
| RA ALLERGY RELIEF ORAL TABLET 4 MG | | Tier 2 | |
| RA CHLORPHENIRAMINE MALEATE ORAL TABLET 4 MG | | Tier 2 | |
| SB CHLORPHENIRAMINE ORAL TABLET 4 MG | | Tier 2 | |
| SM ALLERGY 4 HOUR ORAL TABLET 4 MG | | Tier 2 | |
| WAL-FINATE ORAL TABLET (ALLER-CHLOR) 4 MG | Tier 2 | Tier 2 | |
| *Antihistamines - Ethanolamines*** | | | |
| ALER-CAP ORAL CAPSULE 25 MG | | Tier 2 | |
| ALLERGY MEDICATION ORAL CAPSULE 25 MG | | Tier 2 | |
| ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| ALLERHIST ORAL TABLET (WAL-HIST) 1.34 MG | Tier 2 | Tier 2 | |
| BANOPHEN ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 2 | Tier 2 | |
| CARBINOXAMINE MALEATE ORAL SOLUTION 4 MG/5ML | | Tier 2 | |
| CARBINOXAMINE MALEATE ORAL TABLET 4 MG | | Tier 2 | |
| CLEMASTINE FUMARATE ORAL TABLET 2.68 MG | | Tier 2 | |
| COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG | | Tier 2 | |
| CVS ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| CVS ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET (WAL-HIST) 1.34 MG | Tier 2 | Tier 2 | |
| DIPHENHYDRAMINE HCL INJECTION SOLUTION 50 MG/ML | | Tier 2 | |
| DIPHENHYDRAMINE HCL ORAL CAPSULE 25 MG | | Tier 2 | |
| DIPHENHYDRAMINE HCL ORAL ELIXIR 12.5 MG/5ML | | Tier 2 | |
| EQ ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| EQ ALLERGY RELIEF CHILDRENS ORAL ELIXIR 12.5 MG/5ML | | Tier 2 | |
| EQ ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| EQ DAYHIST ALLERGY ORAL TABLET (WAL-HIST) 1.34 MG | Tier 2 | Tier 2 | |
| EQL ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| GENAHIST ORAL CAPSULE 25 MG | | Tier 2 | |
| GERI-DRYL ORAL CAPSULE 25 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| GNP ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| GNP ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| GNP DAYHIST ALLERGY ORAL TABLET 1.34 MG | | Tier 2 | |
| GOODSENSE ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| HM ALLERGY MULTI SYMPTOM ORAL CAPSULE 25 MG | | Tier 2 | |
| HM ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| MEDI-PHEDRYL ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 2 | Tier 2 | |
| MEIJER ANTIHISTAMINE ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| MULTI-SYMPTOM ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| PHARBEDRYL ORAL CAPSULE 25 MG | | Tier 2 | |
| PX ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| PX DAYHIST ALLERGY ORAL TABLET (WAL-HIST) 1.34 MG | Tier 2 | Tier 2 | |
| RA ALLERGY MEDICATION ORAL CAPSULE 25 MG | | Tier 2 | |
| RA ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| SB ALLERGY ORAL CAPSULE 25 MG | | Tier 2 | |
| SM ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| SM ALLERGY RELIEF ORAL TABLET 1.34 MG | | Tier 2 | |
| TGT ALLERGY RELIEF ORAL CAPSULE 25 MG | | Tier 2 | |
| WAL-DRYL ALLERGY ORAL CAPSULE (DIPHENHIST) 25 MG | Tier 2 | Tier 2 | |
| *Antihistamines - Non-Sedating*** | | | |
| 24HR ALLERGY RELIEF ORAL TABLET 180 MG | | Tier 2 | |
| ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| ALLER-EASE CHILDRENS ORAL SUSPENSION 30 MG/5ML | | Tier 2 | |
| ALLER-EASE ORAL TABLET 180 MG, 60 MG | | Tier 2 | |
| ALLERGY 24HOUR INDOOR/OUTDOOR ORAL TABLET 10 MG | | Tier 2 | |
| ALLERGY 24-HR ORAL TABLET 180 MG | | Tier 2 | |
| ALLERGY RELIEF ORAL TABLET 180 MG, 60 MG | | Tier 2 | |
| ALLERGY RELIEF/INDOOR/OUTDOOR ORAL TABLET 10 MG | | Tier 2 | |
| CETIRIZINE HCL ORAL SOLUTION 1 MG/ML, 5 MG/5ML | | Tier 2 | |
| CLARINEX ORAL SYRUP 0.5 MG/ML | Tier 4 | | |
| CVS ALLERGY RELIEF CHILDRENS ORAL SUSPENSION 30 MG/5ML | | Tier 2 | |
| CVS ALLERGY RELIEF ORAL TABLET 180 MG, 60 MG | | Tier 2 | |
| CVS INDOOR/OUTDOOR ALLERGY RLF ORAL TABLET 10 MG | | Tier 2 | |
| DESLORATADINE ORAL TABLET 5 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| DESLORATADINE ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG | | Tier 2 | |
| EQ ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG | | Tier 2 | |
| EQ ALLERGY RELIEF ORAL TABLET 180 MG | | Tier 2 | |
| EQL ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| EQL ALLER-EASE ORAL TABLET 180 MG | | Tier 2 | |
| EQL ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML | | Tier 2 | |
| GNP ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| GNP ALLERGY RELIEF ORAL TABLET 180 MG | | Tier 2 | |
| GOODSENSE ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| GOODSENSE ALLER-EASE ORAL TABLET 180 MG | | Tier 2 | |
| HM ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| HM CETIRIZINE HCL ORAL TABLET 10 MG | | Tier 2 | |
| HM FEXOFENADINE HCL ORAL TABLET 180 MG, 60 MG | | Tier 2 | |
| KLS ALLER-FEX ORAL TABLET (FEXOFENADINE HCL) 180 MG | Tier 2 | Tier 2 | |
| KLS ALLER-TEC ORAL TABLET (CETIRIZINE HCL) 10 MG | Tier 2 | Tier 2 | |
| KP CETIRIZINE HCL ORAL TABLET 10 MG | | Tier 2 | |
| KP FEXOFENADINE HCL ORAL TABLET 180 MG, 60 MG | | Tier 2 | |
| MM CETIRIZINE HCL ORAL TABLET 10 MG | | Tier 2 | |
| MUCINEX ALLERGY ORAL TABLET (FEXOFENADINE HCL) 180 MG | Tier 2 | Tier 2 | |
| PX ALLERGY RELIEF CETIRIZINE ORAL TABLET 10 MG | | Tier 2 | |
| PX ALLERGY RELIEF ORAL TABLET 180 MG | | Tier 2 | |
| QC ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| QC ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 2 | |
| QC FEXOFENADINE HYDROCHLORIDE ORAL TABLET 180 MG | | Tier 2 | |
| RA ALLERGY RELIEF ORAL TABLET 10 MG, 180 MG | | Tier 2 | |
| RA CETIRIZINE ORAL TABLET 10 MG | | Tier 2 | |
| SB ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| SM ALL DAY ALLERGY ORAL TABLET 10 MG | | Tier 2 | |
| SM FEXOFENADINE HCL ORAL TABLET 180 MG, 60 MG | | Tier 2 | |
| SW ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 2 | |
| TGT ALL DAY ALLERGY RELIEF ORAL TABLET 10 MG | | Tier 2 | |
| TGT ALLERGY RELIEF ORAL TABLET 180 MG | | Tier 2 | |
| WAL-FEX ALLERGY ORAL TABLET (FEXOFENADINE HCL) 180 MG, 60 MG | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| WAL-FEX CHILDRENS ORAL SUSPENSION (FEXOFENADINE HCL CHILDRENS) 30 MG/5ML | Tier 2 | Tier 2 | |
| WAL-FEX ORAL TABLET (FEXOFENADINE HCL) 180 MG | Tier 2 | Tier 2 | |
| WAL-ZYR ORAL TABLET (CETIRIZINE HCL) 10 MG | Tier 2 | Tier 2 | |
| *Antihistamines - Phenothiazines*** | | | |
| PHENADOZ RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG | Tier 2 | Tier 2 | |
| PHENERGAN INJECTION SOLUTION (PROMETHAZINE HCL) 25 MG/ML | Tier 4 | Tier 2 | |
| PHENERGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG, 50 MG | Tier 2 | Tier 2 | |
| PROMETHAZINE HCL INJECTION SOLUTION 50 MG/ML | | Tier 2 | |
| PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML | | Tier 2 | |
| PROMETHAZINE HCL ORAL SYRUP 6.25 MG/5ML | | Tier 2 | |
| PROMETHAZINE HCL ORAL TABLET 12.5 MG, 25 MG, 50 MG | | Tier 2 | |
| PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG, 50 MG | Tier 2 | Tier 2 | |
| *Antihistamines - Piperidines*** | | | |
| CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML | | Tier 2 | |
| CYPROHEPTADINE HCL ORAL TABLET 4 MG | | Tier 2 | |
| *Antihyperlipidemics* | | | |
| *Antihyperlipidemics - Misc.*** | | | |
| VASCEPA ORAL CAPSULE 1 GM | Tier 5 | | PA |
| *Bile Acid Sequestrants*** | | | |
| CHOLESTYRAMINE ORAL PACKET 4 GM | | Tier 2 | |
| COLESTID FLAVORED ORAL GRANULES (COLESTIPOL HCL) 5 GM | Tier 4 | Tier 2 | |
| COLESTID ORAL GRANULES (COLESTIPOL HCL) 5 GM | Tier 4 | Tier 2 | |
| COLESTID ORAL TABLET (COLESTIPOL HCL) 1 GM | Tier 4 | Tier 2 | |
| PREVALITE ORAL PACKET (CHOLESTYRAMINE LIGHT) 4 GM | Tier 2 | Tier 2 | |
| WELCHOL ORAL PACKET 3.75 GM | Tier 4 | | |
| WELCHOL ORAL TABLET (COLESEVELAM HCL) 625 MG | Tier 3 | Tier 2 | |
| *Fibric Acid Derivatives*** | | | |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 130 MG, 134 MG, 200 MG, 43 MG, 67 MG | | Tier 2 | |
| FENOFIBRATE ORAL CAPSULE 134 MG, 200 MG, 67 MG | | Tier 2 | |
| FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG | | Tier 2 | |
| FENOGLIDE ORAL TABLET 120 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| FIBRICOR ORAL TABLET (FENOFIBRIC ACID) 105 MG, 35 MG | Tier 4 | Tier 2 | |
| GEMFIBROZIL ORAL TABLET 600 MG | | Tier 2 | |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE (FENOFIBRIC ACID) 135 MG, 45 MG | Tier 4 | Tier 2 | |
| *Hmg Coa Reductase Inhibitors*** | | | |
| ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | | Tier 2 | |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | Tier 3 | | |
| FLUVASTATIN SODIUM ORAL CAPSULE 20 MG, 40 MG | | Tier 2 | |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | Tier 4 | | |
| LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG | | Tier 2 | |
| PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | | Tier 2 | |
| SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG | | Tier 2 | |
| *Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** | | | |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG | Tier 3 | | |
| *Intestinal Cholesterol Absorption Inhibitors*** | | | |
| ZETIA ORAL TABLET 10 MG | Tier 3 | | ST |
| *Nicotinic Acid Derivatives*** | | | |
| NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG | | Tier 2 | |
| NIACOR ORAL TABLET (NIACIN (ANTIHYPERLIPIDEMIC)) 500 MG | Tier 4 | Tier 4 | |
| *Antihypertensives* | | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** | | | |
| AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 2.5-10 MG, 5-40 MG | | Tier 2 | |
| LOTREL ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 10-20 MG | Tier 2 | Tier 2 | |
| LOTREL ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 10-40 MG, 5-10 MG, 5-20 MG | Tier 2 | Tier 2 | |
| *Ace Inhibitors & Thiazide/Thiazide-Like*** | | | |
| ACCURETIC ORAL TABLET (QUINAPRIL-HYDROCHLOROTHIAZIDE) 10-12.5 MG, 20-12.5 MG | Tier 3 | Tier 2 | |
| BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25 MG | | Tier 2 | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 25-15 MG, 25-25 MG, 50-15 MG, 50-25 MG | | Tier 2 | |
| ENALAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 5-12.5 MG | | Tier 2 | |
| FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| LOTENSIN HCT ORAL TABLET (BENAZEPRIL-HYDROCHLOROTHIAZIDE) 10-12.5 MG, 20-12.5 MG, 20-25 MG | Tier 2 | Tier 2 | |
| MOEXIPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 15-12.5 MG, 15-25 MG, 7.5-12.5 MG | | Tier 2 | |
| QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 20-25 MG | | Tier 2 | |
| VASERETIC ORAL TABLET (ENALAPRIL-HYDROCHLOROTHIAZIDE) 10-25 MG | Tier 2 | Tier 2 | |
| ZESTORETIC ORAL TABLET (LISINOPRIL-HYDROCHLOROTHIAZIDE) 10-12.5 MG, 20-25 MG | Tier 2 | Tier 2 | |
| ZESTORETIC ORAL TABLET (LISINOPRIL-HYDROCHLOROTHIAZIDE) 20-12.5 MG | Tier 2 | Tier 2 | |
| *Ace Inhibitors*** | | | |
| ALTACE ORAL CAPSULE (RAMIPRIL) 10 MG | Tier 3 | Tier 2 | |
| BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | | Tier 2 | |
| CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | | Tier 2 | |
| ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | | Tier 2 | |
| FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG | | Tier 2 | |
| LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG | | Tier 2 | |
| MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG | | Tier 2 | |
| PERINDOPRIL ERBUMINE ORAL TABLET 2 MG, 4 MG, 8 MG | | Tier 2 | |
| QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | | Tier 2 | |
| RAMIPRIL ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG | | Tier 2 | |
| TRANDOLAPRIL ORAL TABLET 1 MG, 2 MG, 4 MG | | Tier 2 | |
| ZESTRIL ORAL TABLET (LISINOPRIL) 30 MG | Tier 3 | Tier 2 | |
| *Adrenolytics-Central & Thiazide/Thiazide-Like Comb*** | | | |
| CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG | Tier 4 | | |
| METHYLDOPA-HYDROCHLOROTHIAZIDE ORAL TABLET 250-15 MG, 250-25 MG | | Tier 2 | |
| *Agents For Pheochromocytoma*** | | | |
| DEMSER ORAL CAPSULE 250 MG | Tier 4 | | PA |
| PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG | | Tier 5 | |
| *Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb*** | | | |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG | Tier 4 | | |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | Tier 4 | | |
| TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*** | | | |
| ATACAND HCT ORAL TABLET (CANDESARTAN CILEXETIL-HCTZ) 16-12.5 MG, 32-12.5 MG, 32-25 MG | Tier 3 | Tier 2 | |
| AVALIDE ORAL TABLET (IRBESARTAN-HYDROCHLOROTHIAZIDE) 150-12.5 MG, 300-12.5 MG | Tier 3 | Tier 2 | |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | Tier 3 | | |
| DIOVAN HCT ORAL TABLET (VALSARTAN-HYDROCHLOROTHIAZIDE) 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG | Tier 4 | Tier 2 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | Tier 4 | | |
| HYZAAR ORAL TABLET (LOSARTAN POTASSIUM-HCTZ) 100-25 MG, 50-12.5 MG | Tier 2 | Tier 2 | |
| LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG | | Tier 2 | |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG | Tier 4 | | |
| *Angiotensin Ii Receptor Antagonists*** | | | |
| AVAPRO ORAL TABLET (IRBESARTAN) 150 MG, 300 MG, 75 MG | Tier 3 | Tier 2 | |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG | Tier 3 | | |
| CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | | Tier 2 | |
| DIOVAN ORAL TABLET 80 MG | Tier 4 | | |
| EDARBI ORAL TABLET 40 MG, 80 MG | Tier 4 | | |
| EPROSARTAN MESYLATE ORAL TABLET 600 MG | | Tier 2 | |
| LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 2 | |
| TELMISARTAN ORAL TABLET 20 MG, 40 MG, 80 MG | | Tier 2 | |
| *Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides*** | | | |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG | Tier 4 | | |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG | Tier 4 | | |
| *Antiadrenergics - Centrally Acting*** | | | |
| CLONIDINE HCL ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG | | Tier 2 | |
| CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR | | Tier 2 | |
| GUANFACINE HCL ORAL TABLET 1 MG, 2 MG | | Tier 2 | |
| METHYLDOPA ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| METHYLDOPATE HCL INTRAVENOUS SOLUTION 250 MG/5ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Antiadrenergics - Peripherally Acting*** | | | |
| DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG | | Tier 2 | |
| PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG | | Tier 2 | |
| TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG | | Tier 2 | |
| *Antihypertensives - Misc.*** | | | |
| VECAMYL ORAL TABLET 2.5 MG | Tier 4 | | |
| *Beta Blocker & Diuretic Combinations*** | | | |
| CORZIDE ORAL TABLET (NADOLOL-BENDROFLUMETHIAZIDE) 40-5 MG, 80-5 MG | Tier 4 | Tier 2 | |
| LOPRESSOR HCT ORAL TABLET (METOPROLOL-HYDROCHLOROTHIAZIDE) 50-25 MG | Tier 2 | Tier 2 | |
| METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG | | Tier 2 | |
| PROPRANOLOL-HCTZ ORAL TABLET 40-25 MG, 80-25 MG | | Tier 2 | |
| TENORETIC 100 ORAL TABLET (ATENOLOL-CHLORTHALIDONE) 100-25 MG | Tier 2 | Tier 2 | |
| TENORETIC 50 ORAL TABLET (ATENOLOL-CHLORTHALIDONE) 50-25 MG | Tier 2 | Tier 2 | |
| ZIAC ORAL TABLET (BISOPROLOL-HYDROCHLOROTHIAZIDE) 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG | Tier 2 | Tier 2 | |
| *Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb*** | | | |
| TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | Tier 4 | | |
| *Direct Renin Inhibitors*** | | | |
| ALISKIREN FUMARATE ORAL TABLET 150 MG, 300 MG | | Tier 4 | |
| *Selective Aldosterone Receptor Antagonists (Saras)*** | | | |
| INSPRA ORAL TABLET (EPLERENONE) 25 MG, 50 MG | Tier 4 | Tier 2 | |
| *Vasodilators*** | | | |
| HYDRALAZINE HCL INJECTION SOLUTION 20 MG/ML | | Tier 2 | |
| HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG | | Tier 2 | |
| MINOXIDIL ORAL TABLET 10 MG, 2.5 MG | | Tier 2 | |
| *Anti-Infective Agents - Misc.* | | | |
| *Anti-Infective Agents - Misc.*** | | | |
| IMPAVIDO ORAL CAPSULE 50 MG | Tier 4 | | |
| METRONIDAZOLE IN NA CL INTRAVENOUS SOLUTION 5-0.79 MG/ML-%, 500-0.79 MG/100ML-% | | Tier 2 | |
| METRONIDAZOLE ORAL CAPSULE 375 MG | | Tier 2 | |
| METRONIDAZOLE ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG | Tier 4 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG | Tier 4 | | PA |
| PRIMSOL ORAL SOLUTION (TRIMPEX) 50 MG/5ML | Tier 5 | Tier 5 | |
| TINIDAZOLE ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| TRIMETHOPRIM ORAL TABLET 100 MG | | Tier 2 | |
| XIFAXAN TABLET 200 MG ORAL 200 MG | Tier 4 | | |
| XIFAXAN TABLET 550 MG ORAL 550 MG | Tier 4 | | PA |
| *Anti-Infective Misc. - Combinations*** | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML | | Tier 2 | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG | | Tier 2 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML | Tier 2 | Tier 2 | |
| *Antiprotozoal Agents*** | | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | Tier 4 | | PA |
| ALINIA ORAL TABLET 500 MG | Tier 5 | | PA |
| ATOVAQUONE ORAL SUSPENSION 750 MG/5ML | | Tier 2 | |
| *Carbapenem Combinations*** | | | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (IMIPENEM-CILASTATIN) 250-250 MG | Tier 4 | Tier 2 | PA |
| *Carbapenems*** | | | |
| DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED (DORIPENEM) 500 MG | Tier 4 | Tier 4 | |
| INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM | Tier 4 | | |
| MERREM INTRAVENOUS SOLUTION RECONSTITUTED (MEROPENEM) 500 MG | Tier 4 | Tier 2 | |
| *Chloramphenicals*** | | | |
| CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM | | Tier 2 | |
| *Cyclic Lipopeptides*** | | | |
| CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Tier 4 | | PA |
| CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Tier 4 | | PA |
| *Glycylcyclines*** | | | |
| TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (TIGECYCLINE) 50 MG | Tier 4 | Tier 4 | |
| *Leprostics*** | | | |
| DAPSONE TABLET 100 MG ORAL 100 MG | | Tier 2 | PA |
| DAPSONE TABLET 25 MG ORAL 25 MG | | Tier 2 | |
| *Lincosamides*** | | | |
| CLEOCIN IN D5W INTRAVENOUS SOLUTION 300 MG/50ML | Tier 3 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG | | Tier 2 | |
| CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML | | Tier 2 | |
| LINCOCIN INJECTION SOLUTION 300 MG/ML | Tier 4 | | |
| *Oxazolidinones*** | | | |
| SIVEXTRO ORAL TABLET 200 MG | Tier 4 | | |
| ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML | Tier 4 | | PA |
| ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | Tier 5 | | PA |
| ZYVOX ORAL TABLET 600 MG | Tier 5 | | PA |
| *Polymyxins*** | | | |
| COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (COLISTIMETHATE SODIUM (CBA)) 150 MG | Tier 4 | Tier 2 | |
| POLYMYXIN B SULFATE INJECTION SOLUTION RECONSTITUTED 500000 UNIT | | Tier 2 | |
| *Streptogramin Combinations*** | | | |
| SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG | Tier 4 | | PA |
| *Antimalarials* | | | |
| *Antimalarial Combinations*** | | | |
| ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG | | Tier 2 | |
| COARTEM ORAL TABLET 20-120 MG | Tier 4 | | |
| *Antimalarials*** | | | |
| CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| DARAPRIM ORAL TABLET 25 MG | Tier 5 | | |
| HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG | | Tier 2 | |
| MEFLOQUINE HCL ORAL TABLET 250 MG | | Tier 2 | |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG | | Tier 4 | |
| QUININE SULFATE ORAL CAPSULE 324 MG | | Tier 2 | |
| *Antimyasthenic Agents* | | | |
| *Antimyasthenic Agents*** | | | |
| GUANIDINE HCL ORAL TABLET 125 MG | | Tier 4 | |
| MESTINON ORAL TABLET EXTENDED RELEASE 180 MG | Tier 4 | | |
| PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML | | Tier 4 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG | | Tier 2 | |
| *Antimyasthenic/Cholinergic Agents*** | | | |
| GUANIDINE HCL ORAL TABLET 125 MG | | Tier 4 | |
| MESTINON ORAL TABLET EXTENDED RELEASE 180 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML | | Tier 4 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG | | Tier 2 | |
| *Antimyasthenic/Cholinergic Agents* | | | |
| GUANIDINE HCL ORAL TABLET 125 MG | | Tier 4 | |
| MESTINON ORAL TABLET EXTENDED RELEASE 180 MG | Tier 4 | | |
| PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML | | Tier 4 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG | | Tier 2 | |
| *Antimycobacterial Agents* | | | |
| *Anti Tb Combinations*** | | | |
| RIFAMATE ORAL CAPSULE 150-300 MG | Tier 4 | | |
| RIFATER ORAL TABLET 50-120-300 MG | Tier 4 | | |
| *Antimycobacterial Agents*** | | | |
| CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM | Tier 4 | | |
| CYCLOSERINE ORAL CAPSULE 250 MG | | Tier 2 | |
| ISONIAZID INJECTION SOLUTION 100 MG/ML | | Tier 2 | |
| ISONIAZID ORAL SYRUP 50 MG/5ML | | Tier 2 | |
| ISONIAZID ORAL TABLET 100 MG, 300 MG | | Tier 2 | |
| MYAMBUTOL TABLET 100 MG ORAL (ETHAMBUTOL HCL) 100 MG | Tier 4 | Tier 2 | |
| MYAMBUTOL TABLET 400 MG ORAL (ETHAMBUTOL HCL) 400 MG | Tier 3 | Tier 2 | |
| PASER ORAL PACKET 4 GM | Tier 4 | | |
| PRIFTIN ORAL TABLET 150 MG | Tier 4 | | |
| PYRAZINAMIDE ORAL TABLET 500 MG | | Tier 2 | |
| RIFABUTIN ORAL CAPSULE 150 MG | | Tier 5 | PA |
| RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (RIFAMPIN) 600 MG | Tier 4 | Tier 2 | |
| RIFAMPIN ORAL CAPSULE 150 MG, 300 MG | | Tier 2 | |
| SIRTURO ORAL TABLET 100 MG | Tier 5 | | PA |
| TRECTOR ORAL TABLET 250 MG | Tier 4 | | |
| *Antineoplastic - Bcl-2 Inhibitors*** | | | |
| *Antineoplastic - Bcl-2 Inhibitors*** | | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 5 | | PA |
| *Antineoplastics And Adjunctive Therapies* | | | |
| *Alkylating Agents*** | | | |
| BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML | Tier 5 | | |
| HEXALEN ORAL CAPSULE 50 MG | Tier 5 | | |
| OXALIPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Androgen Biosynthesis Inhibitors*** | | | |
| ZYTIGA ORAL TABLET 250 MG | Tier 5 | | PA |
| *Antiadrenals*** | | | |
| LYSODREN ORAL TABLET 500 MG | Tier 3 | | |
| *Antiandrogens*** | | | |
| BICALUTAMIDE ORAL TABLET 50 MG | | Tier 2 | |
| FLUTAMIDE ORAL CAPSULE 125 MG | | Tier 2 | |
| NILANDRON ORAL TABLET 150 MG | Tier 5 | | |
| *Antiestrogens*** | | | |
| FARESTON ORAL TABLET (TOREMIFENE CITRATE) 60 MG | Tier 5 | Tier 5 | |
| TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG | | Tier 1 | |
| *Antimetabolites*** | | | |
| ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Tier 3 | | |
| ARRANON INTRAVENOUS SOLUTION 5 MG/ML | Tier 3 | | |
| CLADRIBINE INTRAVENOUS SOLUTION 10 MG/10ML | | Tier 2 | |
| CLOLAR INTRAVENOUS SOLUTION 1 MG/ML | Tier 5 | | |
| DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | Tier 5 | | |
| FLOXURIDINE INJECTION SOLUTION RECONSTITUTED 0.5 GM | | Tier 2 | |
| GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED (GEMCITABINE HCL) 200 MG | Tier 3 | Tier 2 | |
| MERCAPTOPURINE ORAL TABLET 50 MG | | Tier 5 | |
| METHOTREXATE ORAL TABLET 2.5 MG | | Tier 2 | |
| METHOTREXATE SODIUM INJECTION SOLUTION 250 MG/10ML, 50 MG/2ML | | Tier 2 | |
| METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM | | Tier 2 | |
| METHOTREXATE SODIUM ORAL TABLET 2.5 MG | | Tier 2 | |
| TABLOID ORAL TABLET 40 MG | Tier 5 | | |
| TREXALL TABLET 10 MG ORAL 10 MG | Tier 4 | | |
| TREXALL TABLET 15 MG ORAL 15 MG | Tier 4 | | |
| TREXALL TABLET 5 MG ORAL 5 MG | Tier 3 | | |
| TREXALL TABLET 7.5 MG ORAL 7.5 MG | Tier 3 | | |
| VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG | Tier 3 | | |
| XELODA ORAL TABLET (CAPECITABINE) 150 MG, 500 MG | Tier 5 | Tier 5 | |
| *Antineoplastic - Autologous Cellular Immunotherapy*** | | | |
| PROVENGE INTRAVENOUS SUSPENSION | Tier 3 | | |
| *Antineoplastic - Braf Kinase Inhibitors*** | | | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 5 | | PA |
| ZELBORAF ORAL TABLET 240 MG | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Antineoplastic - Hedgehog Pathway Inhibitors*** | | | |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 5 | | PA |
| ODOMZO ORAL CAPSULE 200 MG | Tier 5 | | PA |
| *Antineoplastic - Histone Deacetylase Inhibitors*** | | | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | Tier 5 | | PA |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 5 | | |
| *Antineoplastic - Immunomodulators*** | | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 5 | | |
| *Antineoplastic - Mek Inhibitors*** | | | |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | Tier 5 | | PA |
| *Antineoplastic - Monoclonal Antibodies*** | | | |
| ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML | Tier 4 | | PA |
| CAMPATH INTRAVENOUS SOLUTION 30 MG/ML | Tier 5 | | |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG | Tier 3 | | |
| YERVOY INTRAVENOUS SOLUTION 50 MG/10ML | Tier 5 | | PA |
| *Antineoplastic - Mtor Kinase Inhibitors*** | | | |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | Tier 5 | | |
| TORISEL INTRAVENOUS SOLUTION 25 MG/ML | Tier 5 | | PA |
| *Antineoplastic - Multikinase Inhibitors*** | | | |
| NEXAVAR ORAL TABLET 200 MG | Tier 5 | | |
| STIVARGA ORAL TABLET 40 MG | Tier 5 | | PA |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG | Tier 5 | | |
| *Antineoplastic - Tyrosine Kinase Inhibitors*** | | | |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | Tier 5 | | |
| ERLOTINIB HCL ORAL TABLET 100 MG, 150 MG, 25 MG | | Tier 5 | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | Tier 5 | | PA |
| GLEEVEC ORAL TABLET 100 MG, 400 MG | Tier 5 | | |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 5 | | PA |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | Tier 5 | | PA |
| INLYTA ORAL TABLET 1 MG, 5 MG | Tier 5 | | PA |
| IRESSA ORAL TABLET 250 MG | Tier 5 | | |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | Tier 5 | | PA |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 5 | | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | Tier 5 | | |
| TYKERB ORAL TABLET 250 MG | Tier 5 | | |
| VOTRIENT ORAL TABLET 200 MG | Tier 5 | | |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | Tier 5 | | |
| ZYKADIA ORAL CAPSULE 150 MG | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Antineoplastic Antibiotics*** | | | |
| ADRIAMYCIN INTRAVENOUS SOLUTION (DOXORUBICIN HCL) 2 MG/ML | Tier 2 | Tier 2 | |
| MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 20 MG | Tier 2 | Tier 2 | |
| *Antineoplastic Combinations*** | | | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 5 | | PA |
| *Antineoplastic Enzymes*** | | | |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML | Tier 5 | | |
| *Antineoplastics - Photoactivated Agents*** | | | |
| UVADEX INJECTION SOLUTION 20 MCG/ML | Tier 5 | | |
| *Antineoplastics Misc.*** | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML | Tier 5 | | PA |
| DACARBAZINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | | Tier 4 | |
| HYDROXYUREA ORAL CAPSULE 500 MG | | Tier 2 | |
| INTRON A SOLUTION 10000000 UNIT/ML INJECTION 10000000 UNIT/ML | Tier 3 | | PA |
| INTRON A SOLUTION 6000000 UNIT/ML INJECTION 6000000 UNIT/ML | Tier 5 | | PA |
| MATULANE ORAL CAPSULE 50 MG | Tier 5 | | |
| NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG | Tier 5 | | |
| *Aromatase Inhibitors*** | | | |
| ANASTROZOLE ORAL TABLET 1 MG | | Tier 2 | |
| EXEMESTANE ORAL TABLET 25 MG | | Tier 2 | |
| LETROZOLE ORAL TABLET 2.5 MG | | Tier 2 | |
| *Cardiac Protective Agents*** | | | |
| ZINECARD INTRAVENOUS SOLUTION RECONSTITUTED (DEXRAZOXANE HCL) 250 MG | Tier 2 | Tier 2 | |
| *Chemotherapy Adjuncts - Keratinocyte Growth Factors*** | | | |
| KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG | Tier 5 | | |
| *Estrogens-Antineoplastic*** | | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 5 | | |
| *Folic Acid Antagonists Rescue Agents*** | | | |
| FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | Tier 3 | | |
| LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG | | Tier 2 | |
| LEUCOVORIN CALCIUM SOLUTION RECONSTITUTED 100 MG INJECTION 100 MG | | Tier 3 | |
| LEUCOVORIN CALCIUM SOLUTION RECONSTITUTED 350 MG INJECTION 350 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Gonadotropin Releasing Hormone (Gnrh) Antagonists*** | | | |
| FIRMAGON SOLUTION RECONSTITUTED 120 MG SUBCUTANEOUS 120 MG | Tier 5 | | PA |
| FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS 80 MG | Tier 4 | | PA |
| *Imidazotetrazines*** | | | |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Tier 3 | | |
| TEMODAR ORAL CAPSULE (TEMOZOLOMIDE) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG | Tier 5 | Tier 5 | |
| *Janus Associated Kinase (Jak) Inhibitors*** | | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 5 | | PA |
| *Lhrh Analogs*** | | | |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | Tier 5 | | |
| LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML | | Tier 5 | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | Tier 5 | | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | Tier 5 | | |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | Tier 5 | | |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 5 | | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | Tier 5 | | PA |
| *Mitotic Inhibitors*** | | | |
| ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | Tier 5 | | |
| DOCETAXEL INTRAVENOUS CONCENTRATE 20 MG/0.5ML | | Tier 3 | |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Tier 4 | | |
| ETOPOSIDE ORAL CAPSULE 50 MG | | Tier 2 | |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML | Tier 3 | | |
| NAVELBINE INTRAVENOUS SOLUTION (VINOURELBINE TARTRATE) 10 MG/ML | Tier 4 | Tier 2 | |
| TAXOTERE INTRAVENOUS CONCENTRATE (DOCETAXEL) 20 MG/ML | Tier 3 | Tier 3 | |
| TOPOSAR INTRAVENOUS SOLUTION (ETOPOSIDE) 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | Tier 3 | Tier 3 | |
| VINBLASTINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML | | Tier 2 | |
| VINCASAR PFS INTRAVENOUS SOLUTION (VINCRISTINE SULFATE) 1 MG/ML | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Nitrogen Mustards*** | | | |
| ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (MELPHALAN HCL) 50 MG | Tier 4 | Tier 2 | |
| CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL 25 MG | | Tier 3 | PA |
| CYCLOPHOSPHAMIDE CAPSULE 50 MG ORAL 50 MG | | Tier 2 | |
| CYCLOPHOSPHAMIDE INJECTION SOLUTION RECONSTITUTED 1 GM | | Tier 4 | |
| LEUKERAN ORAL TABLET 2 MG | Tier 5 | | |
| *Nitrosoureas*** | | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG | Tier 5 | | |
| ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM | Tier 4 | | |
| *Progestins-Antineoplastic*** | | | |
| MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML | | Tier 2 | |
| MEGESTROL ACETATE ORAL TABLET 20 MG, 40 MG | | Tier 2 | |
| *Retinoids*** | | | |
| TRETINOIN ORAL CAPSULE 10 MG | | Tier 5 | |
| *Selective Retinoid X Receptor Agonists*** | | | |
| TARGRETIN ORAL CAPSULE 75 MG | Tier 5 | | PA |
| *Topoisomerase I Inhibitors*** | | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 5 | | |
| TOPOTECAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 4 MG | | Tier 2 | |
| *Urinary Tract Protective Agents*** | | | |
| ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Tier 4 | | |
| MESNEX INTRAVENOUS SOLUTION (MESNA) 100 MG/ML | Tier 4 | Tier 2 | |
| MESNEX ORAL TABLET 400 MG | Tier 5 | | |
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** | | | |
| AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML | Tier 4 | | PA |
| *Anti-Obesity Agent Combinations** | | | |
| *Anti-Obesity Agent Combinations** | | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG | Tier 4 | | |
| *Antiparkinson Agents* | | | |
| *Antiparkinson Anticholinergics*** | | | |
| BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 2 | |
| COGENTIN INJECTION SOLUTION (BENZTROPINE MESYLATE) 1 MG/ML | Tier 4 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| TRIHEXYPHENIDYL HCL ORAL SOLUTION 0.4 MG/ML | | Tier 2 | |
| TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG, 5 MG | | Tier 2 | |
| *Antiparkinson Dopaminergics*** | | | |
| AMANTADINE HCL ORAL CAPSULE 100 MG | | Tier 2 | |
| AMANTADINE HCL ORAL SYRUP 50 MG/5ML | | Tier 2 | |
| AMANTADINE HCL ORAL TABLET 100 MG | | Tier 2 | |
| BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG | | Tier 2 | |
| BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG | | Tier 2 | |
| *Antiparkinson Monoamine Oxidase Inhibitors*** | | | |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | Tier 4 | | |
| ELDEPRYL ORAL CAPSULE (SELEGILINE HCL) 5 MG | Tier 4 | Tier 2 | |
| SELEGILINE HCL ORAL TABLET 5 MG | | Tier 2 | |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG | Tier 4 | | |
| *Central/Peripheral Comt Inhibitors*** | | | |
| TASMAR ORAL TABLET 100 MG | Tier 5 | | |
| *Decarboxylase Inhibitors*** | | | |
| CARBIDOPA ORAL TABLET 25 MG | | Tier 2 | |
| *Levodopa Combinations*** | | | |
| CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG | | Tier 2 | |
| CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG | | Tier 2 | |
| CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE 10-100 MG, 25-100 MG, 25-250 MG | | Tier 2 | |
| STALEVO 100 ORAL TABLET (CARBIDOPA-LEVODOPA-ENTACAPONE) 25-100-200 MG | Tier 3 | Tier 2 | |
| STALEVO 125 ORAL TABLET (CARBIDOPA-LEVODOPA-ENTACAPONE) 31.25-125-200 MG | Tier 3 | Tier 2 | |
| STALEVO 150 ORAL TABLET (CARBIDOPA-LEVODOPA-ENTACAPONE) 37.5-150-200 MG | Tier 3 | Tier 2 | |
| STALEVO 200 ORAL TABLET (CARBIDOPA-LEVODOPA-ENTACAPONE) 50-200-200 MG | Tier 3 | Tier 2 | |
| STALEVO 50 ORAL TABLET (CARBIDOPA-LEVODOPA-ENTACAPONE) 12.5-50-200 MG | Tier 3 | Tier 2 | |
| STALEVO 75 ORAL TABLET (CARBIDOPA-LEVODOPA-ENTACAPONE) 18.75-75-200 MG | Tier 3 | Tier 2 | |
| *Nonergoline Dopamine Receptor Agonists*** | | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML | Tier 5 | | |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG | Tier 4 | | |
| PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG | | Tier 2 | |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR (ROPINIROLE HCL ER) 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 4 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG | | Tier 2 | |
| *Peripheral Comt Inhibitors*** | | | |
| ENTACAPONE ORAL TABLET 200 MG | | Tier 2 | |
| *Antipsychotics/Antimanic Agents* | | | |
| *Antimanic Agents*** | | | |
| LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 450 MG | | Tier 2 | |
| LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG | | Tier 2 | |
| LITHIUM CARBONATE ORAL TABLET 300 MG | | Tier 2 | |
| LITHOBID ORAL TABLET EXTENDED RELEASE (LITHIUM CARBONATE ER) 300 MG | Tier 4 | Tier 2 | |
| *Antipsychotics - Misc.*** | | | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG | Tier 3 | | |
| LATUDA ORAL TABLET 20 MG, 40 MG, 80 MG | Tier 4 | | |
| NUPLAZID ORAL TABLET 17 MG | Tier 5 | | PA |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 4 | | |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | Tier 5 | | ST |
| ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | | Tier 2 | |
| *Benzisoxazoles*** | | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 4 | | PA |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | Tier 4 | | PA |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG | Tier 4 | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML | Tier 5 | | PA |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML | Tier 5 | | |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE (RISPERIDONE) 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 2 | Tier 2 | |
| RISPERIDONE ORAL SOLUTION 1 MG/ML | | Tier 2 | |
| RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | | Tier 2 | |
| RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG | | Tier 2 | |
| *Butyrophenones*** | | | |
| HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML | | Tier 2 | |
| HALOPERIDOL ORAL TABLET 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Dibenzodiazepines*** | | | |
| CLOZAPINE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | | Tier 2 | |
| FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG, 150 MG, 200 MG | Tier 4 | | PA |
| *Dibenzo-Oxepino Pyrroles*** | | | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | Tier 4 | | |
| *Dibenzothiazepines*** | | | |
| QUETIAPINE FUMARATE ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | | Tier 2 | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | Tier 4 | | |
| *Dibenzoxazepines*** | | | |
| LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG, 5 MG, 50 MG | | Tier 2 | |
| *Phenothiazines*** | | | |
| CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML | | Tier 2 | |
| CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 200 MG, 25 MG, 50 MG | | Tier 2 | |
| COMPRO RECTAL SUPPOSITORY (PROCHLORPERAZINE) 25 MG | Tier 2 | Tier 2 | |
| FLUPHENAZINE HCL ORAL CONCENTRATE 5 MG/ML | | Tier 2 | |
| FLUPHENAZINE HCL ORAL ELIXIR 2.5 MG/5ML | | Tier 2 | |
| FLUPHENAZINE HCL ORAL TABLET 1 MG, 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| PERPHENAZINE ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | | Tier 2 | |
| PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG | | Tier 2 | |
| TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG | | Tier 2 | |
| *Quinolinone Derivatives*** | | | |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Tier 3 | | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 4 | | |
| *Thienbenzodiazepines*** | | | |
| 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 | |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (OLANZAPINE) 10 MG | Tier 3 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Thioxanthenes*** | | | |
| THIOTHIXENE ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG | | Tier 2 | |
| *Antiretrovirals Adjuvants*** | | | |
| *Antiretrovirals Adjuvants*** | | | |
| TYBOST ORAL TABLET 150 MG | Tier 5 | | PA |
| *Antiseptics & Disinfectants* | | | |
| *Chlorine Antiseptics*** | | | |
| CHLORHEXIDINE GLUCONATE SOLUTION 20 % | | Tier 2 | |
| HIBICLENS EXTERNAL LIQUID 4 % | Tier 4 | | |
| *Antivirals* | | | |
| *Antiretroviral Combinations*** | | | |
| ABACAVIR-LAMIVUDINE-ZIDOVUDINE ORAL TABLET 300-150-300 MG | | Tier 2 | |
| ATRIPLA ORAL TABLET 600-200-300 MG | Tier 5 | | |
| BIKTARVY ORAL TABLET 50-200-25 MG | Tier 5 | | |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 5 | | |
| EPZICOM ORAL TABLET 600-300 MG | Tier 5 | | |
| EVOTAZ ORAL TABLET 300-150 MG | Tier 5 | | |
| JULUCA ORAL TABLET 50-25 MG | Tier 5 | | |
| KALETRA ORAL SOLUTION 400-100 MG/5ML | Tier 5 | | |
| KALETRA TABLET 100-25 MG ORAL 100-25 MG | Tier 3 | | |
| KALETRA TABLET 200-50 MG ORAL 200-50 MG | Tier 5 | | |
| LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG | | Tier 2 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 5 | | |
| PREZCOBIX ORAL TABLET 800-150 MG | Tier 5 | | PA |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 5 | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 5 | | |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | Tier 5 | | |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** | | | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | Tier 5 | | |
| *Antiretrovirals - Fusion Inhibitors*** | | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | Tier 4 | | |
| *Antiretrovirals - Integrase Inhibitors*** | | | |
| ISENTRESS ORAL TABLET 400 MG | Tier 4 | | |
| TIVICAY TABLET 10 MG ORAL 10 MG | Tier 3 | | PA |
| TIVICAY TABLET 25 MG ORAL 25 MG | Tier 5 | | PA |
| TIVICAY TABLET 50 MG ORAL 50 MG | Tier 5 | | PA |
| *Antiretrovirals - Protease Inhibitors*** | | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 5 | | |
| APTIVUS ORAL SOLUTION 100 MG/ML | Tier 5 | | |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | Tier 3 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| INVIRASE ORAL CAPSULE 200 MG | Tier 5 | | |
| INVIRASE ORAL TABLET 500 MG | Tier 5 | | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | Tier 3 | | |
| LEXIVA ORAL TABLET 700 MG | Tier 5 | | |
| NORVIR ORAL CAPSULE 100 MG | Tier 5 | | |
| NORVIR ORAL SOLUTION 80 MG/ML | Tier 5 | | |
| NORVIR ORAL TABLET (RITONAVIR) 100 MG | Tier 5 | Tier 5 | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG | Tier 5 | | |
| REYATAZ ORAL CAPSULE (ATAZANAVIR SULFATE) 150 MG, 200 MG, 300 MG | Tier 5 | Tier 5 | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | Tier 5 | | |
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** | | | |
| EDURANT ORAL TABLET 25 MG | Tier 5 | | |
| INTELENCE ORAL TABLET 100 MG, 200 MG | Tier 5 | | |
| NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG | | Tier 4 | |
| NEVIRAPINE ORAL SUSPENSION 50 MG/5ML | | Tier 2 | |
| NEVIRAPINE ORAL TABLET 200 MG | | Tier 2 | |
| RESCRIPTOR ORAL TABLET 100 MG, 200 MG | Tier 5 | | |
| SUSTIVA CAPSULE 200 MG ORAL (EFAVIRENZ) 200 MG | Tier 5 | Tier 5 | |
| SUSTIVA CAPSULE 50 MG ORAL (EFAVIRENZ) 50 MG | Tier 3 | Tier 5 | |
| SUSTIVA ORAL TABLET (EFAVIRENZ) 600 MG | Tier 5 | Tier 5 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** | | | |
| DIDANOSINE ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG | | Tier 2 | |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG | Tier 5 | | |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM | Tier 3 | | |
| ZIAGEN ORAL SOLUTION (ABACAVIR SULFATE) 20 MG/ML | Tier 5 | Tier 5 | |
| ZIAGEN ORAL TABLET (ABACAVIR SULFATE) 300 MG | Tier 5 | Tier 2 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** | | | |
| EMTRIVA ORAL CAPSULE 200 MG | Tier 3 | | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 5 | | |
| EPIVIR ORAL SOLUTION 10 MG/ML | Tier 3 | | |
| LAMIVUDINE ORAL TABLET 150 MG, 300 MG | | Tier 2 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** | | | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | Tier 5 | | |
| STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG | | Tier 2 | |
| ZIDOVUDINE ORAL CAPSULE 100 MG | | Tier 2 | |
| ZIDOVUDINE ORAL SYRUP 50 MG/5ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| ZIDOVUDINE ORAL TABLET 300 MG | | Tier 2 | |
| *Antiretrovirals - Rti-Nucleotide Analogues*** | | | |
| VIREAD ORAL POWDER 40 MG/GM | Tier 4 | | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | Tier 5 | | |
| VIREAD ORAL TABLET (TENOFIVIR DISOPROXIL FUMARATE) 300 MG | Tier 5 | Tier 5 | |
| *Cmv Agents*** | | | |
| CIDOFOVIR INTRAVENOUS SOLUTION 75 MG/ML | | Tier 2 | |
| CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED (GANCICLOVIR SODIUM) 500 MG | Tier 4 | Tier 2 | |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML | Tier 4 | | |
| VALCYTE ORAL TABLET 450 MG | Tier 4 | | |
| *Hepatitis B Agents*** | | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Tier 5 | | PA |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | Tier 5 | | PA |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | Tier 5 | | |
| EPIVIR HBV ORAL TABLET 100 MG | Tier 5 | | |
| HEPSERA ORAL TABLET 10 MG | Tier 5 | | PA |
| *Hepatitis C Agents*** | | | |
| MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK 600 MG | Tier 2 | | |
| MODERIBA ORAL TABLET (RIBAVIRIN) 200 MG | Tier 2 | Tier 2 | |
| OLYSIO ORAL CAPSULE 150 MG | Tier 5 | | PA |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML | Tier 5 | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML | Tier 5 | | |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML | Tier 5 | | |
| REBETOL ORAL SOLUTION 40 MG/ML | Tier 3 | | |
| RIBASPHERE ORAL CAPSULE (RIBAVIRIN) 200 MG | Tier 2 | Tier 2 | |
| RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK 400 & 600 MG | Tier 4 | | PA |
| RIBASPHERE RIBAPAK (1200 PACK) ORAL TABLET THERAPY PACK 600 MG | Tier 3 | | |
| RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG | Tier 3 | | |
| RIBASPHERE TABLET 200 MG ORAL (RIBAVIRIN) 200 MG | Tier 2 | Tier 2 | |
| RIBASPHERE TABLET 400 MG ORAL 400 MG | Tier 3 | | |
| RIBASPHERE TABLET 600 MG ORAL 600 MG | Tier 3 | | |
| SOVALDI ORAL TABLET 400 MG | Tier 5 | | PA |
| *Herpes Agents - Purine Analogues*** | | | |
| ACYCLOVIR ORAL CAPSULE 200 MG | | Tier 2 | |
| ACYCLOVIR ORAL SUSPENSION 200 MG/5ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| ACYCLOVIR ORAL TABLET 400 MG, 800 MG | | Tier 2 | |
| VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG | | Tier 2 | |
| *Herpes Agents - Thymidine Analogues*** | | | |
| FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG | | Tier 2 | |
| *Influenza Agents*** | | | |
| FLUMADINE ORAL TABLET (RIMANTADINE HCL) 100 MG | Tier 4 | Tier 2 | |
| *Neuraminidase Inhibitors*** | | | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | Tier 4 | | |
| TAMIFLU ORAL CAPSULE (OSELTAMIVIR PHOSPHATE) 30 MG, 45 MG, 75 MG | Tier 3 | Tier 2 | |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED (OSELTAMIVIR PHOSPHATE) 6 MG/ML | Tier 3 | Tier 2 | |
| *Rsv Agents - Nucleoside Analogues*** | | | |
| VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM | Tier 3 | | |
| *Assorted Classes* | | | |
| *Antileptotics*** | | | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 5 | | |
| *B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** | | | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG | Tier 4 | | |
| *Chelating Agents*** | | | |
| DEPEN TITRATABS ORAL TABLET 250 MG | Tier 5 | | PA |
| PENICILLAMINE ORAL CAPSULE 250 MG | | Tier 4 | |
| SYPRINE ORAL CAPSULE (TRIENTINE HCL) 250 MG | Tier 5 | Tier 5 | PA |
| *Cyclosporine Analogs*** | | | |
| CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG | | Tier 2 | |
| GENGRAF CAPSULE 100 MG ORAL (CYCLOSPORINE MODIFIED) 100 MG | Tier 3 | Tier 3 | |
| GENGRAF CAPSULE 25 MG ORAL (CYCLOSPORINE MODIFIED) 25 MG | Tier 3 | Tier 3 | |
| GENGRAF CAPSULE 50 MG ORAL (CYCLOSPORINE MODIFIED) 50 MG | Tier 2 | Tier 2 | |
| GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML | Tier 3 | Tier 3 | |
| NEORAL ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG | Tier 3 | Tier 3 | |
| NEORAL ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML | Tier 4 | Tier 3 | |
| SANDIMMUNE INTRAVENOUS SOLUTION (CYCLOSPORINE) 50 MG/ML | Tier 3 | Tier 2 | |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | Tier 5 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Immune Globulin Immunosuppressants*** | | | |
| ATGAM INTRAVENOUS INJECTABLE 50 MG/ML | Tier 5 | | |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG | Tier 5 | | PA |
| *Immunomodulators For Myelodysplastic Syndromes*** | | | |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG | Tier 5 | | |
| *Inosine Monophosphate Dehydrogenase Inhibitors*** | | | |
| CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Tier 3 | | |
| CELLCEPT ORAL CAPSULE (MYCOPHENOLATE MOFETIL) 250 MG | Tier 4 | Tier 2 | |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML | Tier 5 | | |
| CELLCEPT ORAL TABLET 500 MG | Tier 4 | | |
| MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 180 MG, 360 MG | | Tier 2 | |
| *Irrigation Solutions*** | | | |
| PHYSIOLYTE IRRIGATION SOLUTION | Tier 3 | | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION | Tier 3 | | |
| TIS-U-SOL IRRIGATION SOLUTION (RINGERS IRRIGATION) | Tier 2 | Tier 2 | |
| *Macrolide Immunosuppressants*** | | | |
| RAPAMUNE ORAL SOLUTION (SIROLIMUS) 1 MG/ML | Tier 5 | Tier 2 | |
| RAPAMUNE ORAL TABLET 1 MG, 2 MG | Tier 5 | | |
| SIROLIMUS ORAL TABLET 0.5 MG | | Tier 2 | |
| TACROLIMUS CAPSULE 0.5 MG ORAL 0.5 MG | | Tier 2 | |
| TACROLIMUS CAPSULE 1 MG ORAL 1 MG | | Tier 2 | |
| TACROLIMUS CAPSULE 5 MG ORAL 5 MG | | Tier 5 | |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG | Tier 5 | | |
| *Monoclonal Antibodies*** | | | |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG | Tier 3 | | |
| *Potassium Removing Resins*** | | | |
| KIONEX ORAL POWDER (SODIUM POLYSTYRENE SULFONATE) | Tier 2 | Tier 2 | |
| *Purine Analogs*** | | | |
| AZASAN ORAL TABLET 100 MG, 75 MG | Tier 3 | | |
| AZATHIOPRINE ORAL TABLET 50 MG | | Tier 2 | |
| AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED 100 MG | | Tier 2 | |
| *Selective T-Cell Costimulation Blockers*** | | | |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | Tier 5 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Beta Blockers* | | | |
| *Alpha-Beta Blockers*** | | | |
| CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | | Tier 2 | |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (CARVEDILOL PHOSPHATE ER) 10 MG, 20 MG, 80 MG | Tier 4 | Tier 4 | |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG | Tier 4 | | |
| LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG | | Tier 2 | |
| *Beta Blockers Cardio-Selective*** | | | |
| ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG | | Tier 2 | |
| ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 2 | |
| BETAXOLOL HCL ORAL TABLET 10 MG, 20 MG | | Tier 2 | |
| BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | Tier 4 | | |
| 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 | |
| *Beta Blockers Non-Selective*** | | | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 5 | | PA |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG | Tier 3 | | |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG | Tier 3 | | |
| NADOLOL ORAL TABLET 20 MG, 40 MG, 80 MG | | Tier 2 | |
| PINDOLOL ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG | | Tier 2 | |
| 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 2 | |
| SORINE ORAL TABLET (SOTALOL HCL) 120 MG, 160 MG, 240 MG, 80 MG | Tier 2 | Tier 2 | |
| TIMOLOL MALEATE ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 2 | |
| *Biologicals Misc* | | | |
| *Allergenic Extracts*** | | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU | Tier 3 | | PA |
| *Biologicals Misc*** | | | |
| ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag*** | | | |
| *Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag*** | | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML | Tier 4 | | PA |
| *Calcium Channel Blockers* | | | |
| *Calcium Channel Blockers*** | | | |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEDIPINE ER) 30 MG, 60 MG | Tier 2 | Tier 2 | |
| AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG | Tier 2 | Tier 2 | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG | Tier 2 | Tier 2 | |
| DILTIAZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | | Tier 2 | |
| DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 420 MG | | Tier 2 | |
| DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG | | Tier 2 | |
| DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 120 MG, 60 MG, 90 MG | | Tier 2 | |
| DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG | | Tier 2 | |
| DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG | | Tier 2 | |
| DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG | | Tier 2 | |
| FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| ISRADIPINE ORAL CAPSULE 2.5 MG, 5 MG | | Tier 2 | |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 3 | Tier 3 | |
| NICARDIPINE HCL INTRAVENOUS SOLUTION 2.5 MG/ML | | Tier 2 | |
| NICARDIPINE HCL ORAL CAPSULE 20 MG, 30 MG | | Tier 2 | |
| NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG | | Tier 2 | |
| NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG | | Tier 2 | |
| NIFEDIPINE ORAL CAPSULE 10 MG, 20 MG | | Tier 2 | |
| NIMODIPINE ORAL CAPSULE 30 MG | | Tier 2 | |
| NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 240 MG, 300 MG, 360 MG | Tier 2 | Tier 2 | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG | Tier 2 | Tier 2 | |
| VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG | | Tier 2 | |
| VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG | | Tier 2 | |
| VERAPAMIL HCL ORAL TABLET 120 MG, 40 MG, 80 MG | | Tier 2 | |
| *Cardiotonics* | | | |
| *Cardiac Glycosides*** | | | |
| DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG | Tier 2 | Tier 2 | |
| DIGOX ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG | Tier 2 | Tier 2 | |
| DIGOXIN ORAL SOLUTION 0.05 MG/ML | | Tier 2 | |
| LANOXIN INJECTION SOLUTION (DIGOXIN) 0.25 MG/ML | Tier 3 | Tier 2 | |
| *Cardiovascular Agents - Misc.* | | | |
| *Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** | | | |
| AMLODIPINE-ATORVASTATIN ORAL TABLET 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG | | Tier 2 | |
| CADUET ORAL TABLET (AMLODIPINE-ATORVASTATIN) 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-20 MG, 5-40 MG, 5-80 MG | Tier 3 | Tier 2 | |
| *Nitrate & Vasodilator Combinations*** | | | |
| BIDIL ORAL TABLET 20-37.5 MG | Tier 4 | | |
| *Peripheral Vasodilators*** | | | |
| ISOXSUPRINE HCL TABLET 10 MG ORAL 10 MG | | Tier 3 | |
| ISOXSUPRINE HCL TABLET 20 MG ORAL 20 MG | | Tier 2 | |
| *Prostaglandin Vasodilators*** | | | |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (EPOPROSTENOL SODIUM) 0.5 MG | Tier 4 | Tier 2 | |
| ORENTRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | Tier 5 | | PA |
| TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | | Tier 5 | PA |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | Tier 5 | | |
| TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML | Tier 5 | | |
| TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML | Tier 5 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (EPOPROSTENOL SODIUM) 0.5 MG | Tier 4 | Tier 2 | |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML | Tier 4 | | PA |
| *Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** | | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 5 | | PA |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** | | | |
| AMBRISENTAN ORAL TABLET 10 MG, 5 MG | | Tier 5 | PA |
| BOSENTAN ORAL TABLET 125 MG, 62.5 MG | | Tier 5 | PA |
| OPSUMIT ORAL TABLET 10 MG | Tier 5 | | PA |
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | | |
| ADCIRCA ORAL TABLET 20 MG | Tier 5 | | PA |
| REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML | Tier 4 | | PA |
| REVATIO ORAL TABLET (SILDENAFIL CITRATE) 20 MG | Tier 5 | Tier 2 | PA |
| SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML | | Tier 2 | |
| *Selective Cgmp Phosphodiesterase Type 5 Inhibitors*** | | | |
| CIALIS ORAL TABLET (TADALAFIL) 10 MG, 2.5 MG, 20 MG, 5 MG | Tier 3 | Tier 4 | PA |
| VIAGRA ORAL TABLET (SILDENAFIL CITRATE) 100 MG, 25 MG, 50 MG | Tier 4 | Tier 4 | |
| *Cephalosporins* | | | |
| *Cephalosporins - 1St Generation*** | | | |
| CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML | | Tier 2 | |
| CEFADROXIL ORAL TABLET 1 GM | | Tier 2 | |
| CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM | | Tier 2 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 2-3 GM-%(50ML) | | Tier 3 | |
| CEPHALEXIN CAPSULE 250 MG ORAL 250 MG | | Tier 2 | |
| CEPHALEXIN CAPSULE 500 MG ORAL 500 MG | | Tier 2 | |
| CEPHALEXIN CAPSULE 750 MG ORAL 750 MG | | Tier 4 | |
| *Cephalosporins - 2Nd Generation*** | | | |
| CEFACLOR ORAL CAPSULE 250 MG, 500 MG | | Tier 2 | |
| CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML, 375 MG/5ML | | Tier 2 | |
| CEFOTETAN DISODIUM SOLUTION RECONSTITUTED 1 GM INJECTION 1 GM | | Tier 2 | |
| CEFOTETAN DISODIUM SOLUTION RECONSTITUTED 10 GM INJECTION 10 GM | | Tier 3 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| CEFOTETAN DISODIUM SOLUTION RECONSTITUTED 2 GM INJECTION 2 GM | | Tier 2 | |
| CEFOXITIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM | | Tier 2 | |
| CEFOXITIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM | | Tier 2 | |
| CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML | | Tier 2 | |
| CEFPROZIL ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| CEFUROXIME SODIUM INJECTION SOLUTION RECONSTITUTED 7.5 GM, 750 MG | | Tier 2 | |
| *Cephalosporins - 3Rd Generation*** | | | |
| CEDAX ORAL CAPSULE 400 MG | Tier 4 | | |
| CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML | Tier 4 | | |
| CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML | | Tier 2 | |
| CEFDITOREN PIVOXIL ORAL TABLET 200 MG | | Tier 4 | |
| CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM, 500 MG | | Tier 2 | |
| CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 50 MG/5ML | | Tier 2 | |
| CEFPODOXIME PROXETIL ORAL TABLET 100 MG, 200 MG | | Tier 2 | |
| CEFTRIAXONE SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/ML | | Tier 3 | |
| CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM | | Tier 2 | |
| CEFTRIAXONE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 10 GM | | Tier 2 | |
| SPECTRACEF ORAL TABLET (CEFDITOREN PIVOXIL) 400 MG | Tier 4 | Tier 4 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | Tier 4 | | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM | Tier 3 | | PA |
| TAZICEF SOLUTION RECONSTITUTED 1 GM INJECTION (CEFTAZIDIME) 1 GM | Tier 2 | Tier 2 | PA |
| TAZICEF SOLUTION RECONSTITUTED 2 GM INJECTION (CEFTAZIDIME) 2 GM | Tier 2 | Tier 2 | |
| TAZICEF SOLUTION RECONSTITUTED 6 GM INJECTION (CEFTAZIDIME) 6 GM | Tier 2 | Tier 2 | |
| *Cephalosporins - 4Th Generation*** | | | |
| CEFEPIME HCL INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM | | Tier 2 | |
| CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 2-5 GM-% (50ML) | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Cephalosporins - 5Th Generation*** | | | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | Tier 4 | | PA |
| *Contraceptives* | | | |
| *Biphasic Contraceptives - Oral*** | | | |
| AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| BEKYREE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| KIMIDESS ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | Tier 1 | | |
| PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5) | Tier 1 | Tier 1 | |
| VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | | Tier 1 | |
| *Combination Contraceptives - Oral*** | | | |
| AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| AUROVELA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| BLISOVI 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| CYCLAFEM 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| DASETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| EMOQUETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| FALESSA ORAL KIT 20-1-0.1 MCG-MG | Tier 1 | | |
| FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| GIANVI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| GILDAGIA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| HAILEY 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| JUNEL FE 24 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG | Tier 1 | Tier 1 | |
| KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG | Tier 1 | Tier 1 | |
| KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| LARIN 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| LARISSIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG | Tier 1 | Tier 1 | |
| LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| LILLOW ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| LOMEDIA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | Tier 1 | | |
| LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| MARLISSA ORAL TABLET 0.15-30 MG-MCG | | Tier 1 | |
| MELODETTA 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | | |
| MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| MONONESSA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | | |
| NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG | Tier 1 | | |
| NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| NORETHINDRONE ACET-ETHINYL EST ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | | Tier 1 | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | | |
| NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| OGESTREL ORAL TABLET 0.5-50 MG-MCG | Tier 1 | | |
| ORSYTHIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| PREVIFEM ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| RAJANI ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.02-0.451 MG | Tier 1 | Tier 1 | |
| RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG | Tier 1 | Tier 1 | |
| SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| TARINA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24) | Tier 1 | Tier 1 | |
| TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |
| TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) | Tier 1 | | |
| TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG | Tier 1 | Tier 1 | |
| VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG | Tier 1 | Tier 1 | |
| VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG | Tier 1 | Tier 1 | |
| VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG | Tier 1 | Tier 1 | |
| WERA ORAL TABLET 0.5-35 MG-MCG | Tier 1 | | |
| WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| ZARAH ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| ZENCHENT FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| ZENCHENT ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG | Tier 1 | Tier 1 | |
| ZOVIA 1/35E (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG | Tier 1 | Tier 1 | |
| ZOVIA 1/50E (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG | Tier 1 | Tier 1 | |
| ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG | Tier 1 | Tier 1 | |
| *Combination Contraceptives - Transdermal*** | | | |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | Tier 1 | | |
| *Combination Contraceptives - Vaginal*** | | | |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR | Tier 1 | | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR | Tier 1 | | |
| *Continuous Contraceptives - Oral*** | | | |
| AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG | Tier 1 | Tier 1 | |
| *Copper Contraceptives - Iud*** | | | |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | Tier 1 | | |
| *Copper Contraceptives - Iud*** (New) | | | |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | Tier 1 | | |
| *Emergency Contraceptives*** | | | |
| AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| ELLA ORAL TABLET 30 MG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| FALLBACK SOLO ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| NEXT CHOICE ONE DOSE ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| PREVENTEZA ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG | Tier 1 | Tier 1 | |
| *Extended-Cycle Contraceptives - Oral*** | | | |
| AMETHIA LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG | Tier 1 | Tier 1 | |
| AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |
| ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |
| CAMRESE LO ORAL TABLET (LEVONORGEST- ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG | Tier 1 | Tier 1 | |
| CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |
| DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |
| FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS | Tier 1 | Tier 1 | |
| INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| QUASENSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS | Tier 1 | Tier 1 | |
| SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG | Tier 1 | Tier 1 | |
| SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG | Tier 1 | Tier 1 | |
| *Four Phase Contraceptives - Oral*** | | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Progestin Contraceptives - Implants*** | | | |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | Tier 1 | | |
| *Progestin Contraceptives - Injectable*** | | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | Tier 1 | | |
| MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML | | Tier 1 | |
| MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML | | Tier 1 | |
| *Progestin Contraceptives - Iud*** | | | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG | Tier 1 | | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY | Tier 1 | | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR | Tier 1 | | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG | Tier 1 | | |
| *Progestin Contraceptives - Oral*** | | | |
| CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| JOLIVETTE ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| NORLYDA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| ORTHO MICRONOR ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| SLYND ORAL TABLET 4 MG | Tier 1 | | |
| TULANA ORAL TABLET (NORETHINDRONE) 0.35 MG | Tier 1 | Tier 1 | |
| *Triphasic Contraceptives - Oral*** | | | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG | Tier 1 | | |
| CYCLAFEM 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | | |
| LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |
| MYZILRA ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |
| NECON 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG | Tier 1 | Tier 1 | |
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | | |
| TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | | |
| TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRINESSA (28) ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRINESSA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-PREVIFEM ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Tier 1 | |
| TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG | Tier 1 | Tier 1 | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | Tier 1 | | |
| *Corticosteroids* | | | |
| *Glucocorticosteroids*** | | | |
| CORTISONE ACETATE ORAL TABLET 25 MG | | Tier 2 | |
| DELTASONE ORAL TABLET (PREDNISONE) 20 MG | Tier 2 | Tier 2 | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | Tier 3 | | |
| DEPO-MEDROL INJECTION SUSPENSION (METHYLPREDNISOLONE ACETATE) 40 MG/ML | Tier 3 | Tier 3 | |
| DEPO-MEDROL INJECTION SUSPENSION (METHYLPREDNISOLONE ACETATE) 80 MG/ML | Tier 3 | Tier 2 | |
| DEXAMETHASONE ORAL ELIXIR 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 | |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES (BUDESONIDE) 3 MG | Tier 5 | Tier 5 | |
| HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 2 | |
| MEDROL ORAL TABLET (METHYLPREDNISOLONE) 16 MG, 32 MG, 8 MG | Tier 3 | Tier 2 | |
| MEDROL ORAL TABLET (METHYLPREDNISOLONE) 4 MG | Tier 3 | Tier 2 | |
| MEDROL ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) 4 MG | Tier 3 | Tier 2 | |
| METHYLPREDNISOLONE SODIUM SUCC INJECTION SOLUTION RECONSTITUTED 1000 MG | | Tier 2 | |
| MILLIPRED ORAL SOLUTION 10 MG/5ML | Tier 4 | | |
| MILLIPRED ORAL TABLET 5 MG | Tier 3 | | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG, 30 MG | Tier 4 | | |
| PREDNISOLONE ORAL SOLUTION 15 MG/5ML | | Tier 2 | |
| PREDNISOLONE ORAL SYRUP 15 MG/5ML | | Tier 2 | |
| PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 6.7 (5 BASE) MG/5ML | | Tier 2 | |
| PREDNISONE ORAL SOLUTION 5 MG/5ML | | Tier 2 | |
| PREDNISONE ORAL TABLET 1 MG, 2.5 MG, 5 MG, 50 MG | | Tier 2 | |
| PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48) | | Tier 2 | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG | Tier 3 | | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (METHYLPREDNISOLONE SODIUM SUCC) 125 MG, 40 MG | Tier 3 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-------------------------------------|
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM | Tier 3 | | |
| VERIPRED 20 ORAL SOLUTION 20 MG/5ML | Tier 4 | | |
| *Mineralocorticoids*** | | | |
| FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG | | Tier 2 | |
| *Cough/Cold/Allergy* | | | |
| *Antitussive - Nonnarcotic*** | | | |
| BENZONATATE ORAL CAPSULE 200 MG | | Tier 2 | |
| TESSALON PERLES ORAL CAPSULE (BENZONATATE) 100 MG | Tier 2 | Tier 2 | |
| *Antitussive - Opioid*** | | | |
| HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| HYDROMET ORAL SYRUP 5-1.5 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| TUSSIGON ORAL TABLET (HYDROCODONE-HOMATROPINE) 5-1.5 MG | Tier 2 | Tier 2 | QL (180 EA per 30 days) |
| *Antitussive-Expectorant - Decongest-Analgesic*** | | | |
| COLD MULTI-SYMPTOM SEVERE DAY ORAL TABLET 5-10-200-325 MG | | Tier 2 | |
| *Antitussive-Expectorant*** | | | |
| CHERATUSSIN AC ORAL SYRUP 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| CODITUSSIN AC ORAL LIQUID 200-10 MG/5ML | | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| COUGH/CHEST CONGESTION DM ORAL SYRUP 10-100 MG/5ML | | Tier 2 | |
| DEXTROMETHORPHAN-GUAIFENESIN ORAL SYRUP 10-100 MG/5ML | | Tier 2 | |
| EQ MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| EQ MUCUS RELIEF DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG | | Tier 2 | |
| EQ TUSSIN DM COUGH/CHEST ORAL SYRUP 10-100 MG/5ML | | Tier 2 | |
| EQL MUCUS-DM MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| EQL MUCUS-DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG | | Tier 2 | |
| EQL TUSSIN DM COUGH/CHEST CONG ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| EXTRA ACTION COUGH ORAL SYRUP 10-100 MG/5ML, 100-10 MG/5ML | | Tier 2 | |
| FLOWTUSS ORAL SOLUTION (HYDROCODONE-GUAIFENESIN) 2.5-200 MG/5ML | Tier 3 | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| G TUSSIN AC ORAL SOLUTION 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| GERI-TUSSIN DM ORAL SYRUP 10-100 MG/5ML, 100-10 MG/5ML | | Tier 2 | |
| GNP MUCUS DM MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| GUAIA TUSSIN AC ORAL SYRUP 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-------------------------------------|
| GUAICON DMS ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| GUAIFENESIN AC ORAL SYRUP 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| GUAIFENESIN-CODEINE ORAL SOLUTION 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| GUAIFENESIN-DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| HM MUCUS RELIEF DM MAX ST ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| MAR-COF CG EXPECTORANT ORAL LIQUID (TRYMINE CG) 225-7.5 MG/5ML | Tier 3 | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| M-CLEAR WC ORAL SOLUTION 100-6.3 MG/5ML | | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| MEDI-TUSSIN DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| MEIJER COUGH SYRUP DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| MUCINEX DM MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR (DM-GUAIFENESIN ER) 60-1200 MG | Tier 2 | Tier 2 | |
| MUCUS RELIEF DM MAX ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| MUCUS RELIEF DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG, 60-1200 MG | | Tier 2 | |
| MUCUS-DM MAX ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| MUCUS-DM MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 60-1200 MG | | Tier 2 | |
| MUCUS-DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG | | Tier 2 | |
| NINJACOF-XG ORAL LIQUID 200-8 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| OBREDON ORAL SOLUTION (HYDROCODONE-GUAIFENESIN) 2.5-200 MG/5ML | Tier 3 | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| RA MUCUS RELIEF DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG | | Tier 2 | |
| RA TUSSIN COUGH DM SUGAR FREE ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| RELCOF C ORAL SOLUTION 100-6.3 MG/5ML | | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| ROBAFEN AC ORAL SOLUTION 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| ROBAFEN DM COUGH CLEAR ORAL SYRUP (ALTARUSSIN DM) 100-10 MG/5ML | Tier 2 | Tier 2 | |
| ROBAFEN DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| ROBITUSSIN PEAK COLD DM ORAL SYRUP (ALTARUSSIN DM) 100-10 MG/5ML | Tier 4 | Tier 2 | |
| SILTUSSIN-DM ALCOHOL FREE ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| SM TUSSIN COUGH/CHEST CONGEST ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| SM TUSSIN DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| TGT TUSSIN DM COUGH ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| TUSSIN COUGH DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |
| TUSSIN DM ORAL SYRUP 100-10 MG/5ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-------------------------------------|
| VIRTUSSIN A/C ORAL SOLUTION 100-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP (ALTARUSSIN DM) 100-10 MG/5ML | Tier 2 | Tier 2 | |
| *Antitussive-Expectorants-Decongestant*** | | | |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| GUAIFENESIN DAC ORAL SOLUTION 30-10-100 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| HYCOFENIX ORAL SOLUTION 30-2.5-200 MG/5ML | Tier 4 | | |
| TUSNEL C ORAL SYRUP 30-10-100 MG/5ML | Tier 2 | | QL (240 ML Max Qty Per Fill Retail) |
| VIRTUSSIN DAC ORAL SOLUTION 30-10-100 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| *Decongestant & Antihistamine*** | | | |
| 12 HOUR ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 2 | Tier 2 | |
| ALL DAY ALLERGY D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALL DAY ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 60-120 MG | Tier 4 | Tier 2 | |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 180-240 MG | Tier 4 | Tier 2 | |
| ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| ALLERGY RELIEF D-24 ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALLERGY RELIEF/NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| AMBI 60PSE/4CPM ORAL TABLET 60-4 MG | | Tier 2 | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG | Tier 4 | | |
| CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 3 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 3 | Tier 2 | |
| CVS ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG | | Tier 2 | |
| CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| CVS ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| CVS ALLERGY RELIEF-D12 ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| CVS LORATADINE-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| EQ ALLERGY & CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| EQ ALLERGY RELIEF D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| EQL ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| EQL ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| GNP ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| GNP ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| GNP ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| GNP ALLERGY-D ALLERGY & CONGES ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG | | Tier 2 | |
| GNP FEXOFENADINE/PSE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG | | Tier 2 | |
| GNP LORATADINE-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| GNP LORATADINE-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| HM ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| HM ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| HM ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 2 | Tier 2 | |
| KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 2 | Tier 2 | |
| KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG | Tier 2 | Tier 2 | |
| LORATADINE-D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| LORATADINE-D 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| MEIJER ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| MEIJER ALLERGY/CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| MM LORATADINE-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| PROMETHAZINE VC PLAIN ORAL SOLUTION 6.25-5 MG/5ML | | Tier 2 | |
| PROMETHAZINE-PHENYLEPHRINE ORAL SYRUP 6.25-5 MG/5ML | | Tier 2 | |
| PX ALLERGY RELIEF D (LORATID) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| PX ALLERGY RELIEF D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| QC LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| RA ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG | | Tier 2 | |
| RA ALLERGY/CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG | | Tier 2 | |
| RA ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| RA CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| SB ALLERGY RELIEF/NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| SEMPREX-D ORAL CAPSULE 8-60 MG | Tier 4 | | |
| SHOPKO ALLERGY RELIEF-D (CETI) ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG | Tier 2 | Tier 2 | |
| SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 2 | Tier 2 | |
| SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 2 | Tier 2 | |
| SM ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| SM LORATADINE D 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| SM LORATADINE D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| SM LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| SM SINUS & ALLERGY MAX ST ORAL TABLET 4-60 MG | | Tier 2 | |
| SUDOGEST SINUS/ALLERGY ORAL TABLET (RA SUPHEDRINE) 4-60 MG | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| SW ALLERGY RELIEF-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| TGT ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| TGT ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | | Tier 2 | |
| TGT ALLERGY/CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | | Tier 2 | |
| TGT ALLERGY+ CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG, 60-120 MG | | Tier 2 | |
| WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 60-120 MG | Tier 2 | Tier 2 | |
| WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR (FEXOFENADINE-PSEUDOEPHED ER) 180-240 MG | Tier 2 | Tier 2 | |
| WAL-FINATE-D ORAL TABLET (RA SUPHEDRINE) 4-60 MG | Tier 2 | Tier 2 | |
| WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR (RA LORATA-D) 10-240 MG | Tier 2 | Tier 2 | |
| WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR (ALLERGY/CONGESTION RELIEF) 5-120 MG | Tier 2 | Tier 2 | |
| WAL-PHED SINUS/ALLERGY ORAL TABLET (RA SUPHEDRINE) 4-60 MG | Tier 2 | Tier 2 | |
| WAL-TAP CHILDRENS ORAL ELIXIR 1-2.5 MG/5ML | Tier 2 | | |
| WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG | Tier 2 | Tier 2 | |
| ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (CETIRIZINE-PSEUDOEPHEDRINE ER) 5-120 MG | Tier 3 | Tier 2 | |
| *Decongestant W/ Expectorant*** | | | |
| CVS MUCUS D EXTENDED RELEASE ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| GNP MUCUS D 12 HR ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| GOODSENSE MUCUS-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| HM MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| MUCINEX D MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR (MUCUS D) 120-1200 MG | Tier 2 | Tier 2 | |
| MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE-GUAIFENESIN ER) 60-600 MG | Tier 4 | Tier 4 | |
| MUCUS D TABLET EXTENDED RELEASE 12 HOUR 60-600 MG ORAL 60-600 MG | | Tier 4 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| MUCUS-D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| 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 4 | |
| SM MUCUS RELIEF D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG | | Tier 4 | |
| *Expectorants*** | | | |
| BIDEX ORAL TABLET (GUAIFENESIN) 400 MG | Tier 2 | Tier 2 | |
| CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| COUGH SYRUP ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| CVS CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| DIABETIC TUSSIN EX ORAL SYRUP (ALTARUSSIN) 100 MG/5ML | Tier 2 | Tier 2 | |
| FENESIN IR ORAL TABLET (GUAIFENESIN) 400 MG | Tier 2 | Tier 2 | |
| GERI-TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| G-FEN EX ORAL TABLET 400 MG | | Tier 2 | |
| GNP MUCUS RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| GNP TAB TUSSIN ORAL TABLET 400 MG | | Tier 2 | |
| GNP TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| GOODSENSE MUCUS RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| GUAIFENESIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| HM CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| KLS MUCUS RELIEF CHEST ORAL TABLET 400 MG | | Tier 2 | |
| LIQIBID ORAL TABLET 400 MG | | Tier 2 | |
| MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | Tier 2 | | |
| MUCOSA ORAL TABLET 400 MG | | Tier 2 | |
| MUCUS RELIEF CHEST CONGESTION ORAL TABLET 400 MG | | Tier 2 | |
| MUCUS RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| PHARBINEX ORAL TABLET 400 MG | | Tier 2 | |
| QC MEDIFIN 400 ORAL TABLET 400 MG | | Tier 2 | |
| RA MUCUS RELIEF CHEST ORAL TABLET 400 MG | | Tier 2 | |
| RA MUCUS RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| RA TUSSIN CHEST CONGESTION ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| RA TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| REFENESEN 400 ORAL TABLET 400 MG | | Tier 2 | |
| ROBAFEN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| SB COUGH CONTROL ORAL SYRUP 100 MG/5ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-------------------------------------|
| SB MUCUS RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| SILTUSSIN SA ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| SM CHEST CONGESTION RELIEF ORAL TABLET 400 MG | | Tier 2 | |
| SM TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| TABTUSSIN ORAL TABLET (GUAIFENESIN) 400 MG | Tier 2 | Tier 2 | |
| TUSSIN CHEST CONGESTION ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| TUSSIN MUCUS+CHEST CONGESTION ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| WAL-TUSSIN ORAL SYRUP 100 MG/5ML | | Tier 2 | |
| XPECT ORAL TABLET (GUAIFENESIN) 400 MG | Tier 2 | Tier 2 | |
| *Iodine Expectorants*** | | | |
| SSKI ORAL SOLUTION 1 GM/ML | Tier 4 | | |
| *Misc. Respiratory Inhalants*** | | | |
| SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 % | | Tier 2 | |
| *Mucolytics*** | | | |
| ACETYLCYSTEINE INHALATION SOLUTION 10 %, 20 % | | Tier 2 | |
| *Non-Narc Antitussive-Antihistamine*** | | | |
| PROMETHAZINE-DM ORAL SOLUTION 6.25-15 MG/5ML | | Tier 2 | |
| PROMETHAZINE-DM ORAL SYRUP 6.25-15 MG/5ML | | Tier 2 | |
| *Non-Narc Antitussive-Decongestant-Antihistamine*** | | | |
| BROMFED DM ORAL SYRUP (PSEUDOEPH-BROMPHEN-DM) 30-2-10 MG/5ML | Tier 2 | Tier 2 | |
| KIDKARE COUGH/COLD ORAL LIQUID 15-1-5 MG/5ML | | Tier 2 | |
| PEDIA RELIEF COUGH/COLD ORAL LIQUID 15-1-5 MG/5ML | | Tier 2 | |
| PEDIATRIC COUGH/COLD ORAL LIQUID 15-1-5 MG/5ML | | Tier 2 | |
| *Opioid Antitussive-Antihistamine*** | | | |
| CODAR AR ORAL LIQUID 2-8 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| PROMETHAZINE-CODEINE ORAL SOLUTION 6.25-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| PROMETHAZINE-CODEINE ORAL SYRUP 6.25-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG | Tier 3 | | QL (240 EA Max Qty Per Fill Retail) |
| TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE (HYDROCOD POLST-CPM POLST ER) 10-8 MG/5ML | Tier 3 | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| VITUZ ORAL SOLUTION 5-4 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-------------------------------------|
| Z-TUSS AC ORAL LIQUID 2-9 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| *Opioid Antitussive-Decongestant*** | | | |
| REZIRA ORAL SOLUTION 60-5 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| *Opioid Antitussive-Decongestant-Antihistamine*** | | | |
| CAPCOF ORAL SYRUP 5-2-10 MG/5ML | | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| HISTEX-AC ORAL SYRUP 10-2.5-10 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| MAR-COF BP ORAL LIQUID 30-2-7.5 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| M-END PE ORAL LIQUID 3.33-1.33-6.33 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| PROMETHAZINE VC/CODEINE ORAL SYRUP 6.25-5-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| PROMETHAZINE-PHENYLEPH-CODEINE ORAL SYRUP 6.25-5-10 MG/5ML | | Tier 2 | QL (240 ML Max Qty Per Fill Retail) |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML | Tier 3 | | QL (240 ML Max Qty Per Fill Retail) |
| ZUTRIPRO ORAL SOLUTION (PSEUDOEPH-CHLORPHEN-HYDROCOD) 60-4-5 MG/5ML | Tier 3 | Tier 3 | QL (240 ML Max Qty Per Fill Retail) |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | | |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 5 | | PA |
| *Dermatologicals* | | | |
| *Acne Antibiotics*** | | | |
| ACZONE EXTERNAL GEL (DAPSONE) 5 % | Tier 4 | Tier 4 | PA |
| CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 % | Tier 2 | Tier 2 | |
| CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 % | Tier 2 | Tier 2 | |
| CLINDAGEL EXTERNAL GEL (CLINDAMYCIN PHOSPHATE) 1 % | Tier 4 | Tier 2 | |
| CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 % | | Tier 2 | |
| CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 % | | Tier 2 | |
| ERYTHROMYCIN EXTERNAL GEL 2 % | | Tier 2 | |
| ERYTHROMYCIN EXTERNAL SOLUTION 2 % | | Tier 2 | |
| EVOCLIN EXTERNAL FOAM (CLINDAMYCIN PHOSPHATE) 1 % | Tier 4 | Tier 2 | |
| SULFACETAMIDE SODIUM (ACNE) EXTERNAL LOTION 10 % | | Tier 2 | |
| *Acne Combinations*** | | | |
| AVAR CLEANSER EXTERNAL EMULSION (SULFACETAMIDE SODIUM-SULFUR) 10-5 % | Tier 2 | Tier 2 | |
| AVAR EXTERNAL PAD 9.5-5 % | Tier 4 | | |
| AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % | Tier 4 | | |
| AVAR LS EXTERNAL PAD 10-2 % | Tier 4 | | |
| AVAR-E LS EXTERNAL CREAM 10-2 % | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| BENZACLIN EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1-5 % | Tier 3 | Tier 2 | |
| BENZACLIN WITH PUMP EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1-5 % | Tier 3 | Tier 2 | |
| BENZAMYCIN EXTERNAL GEL (BENZOYL PEROXIDE-ERYTHROMYCIN) 5-3 % | Tier 4 | Tier 2 | |
| BP CLEANSING WASH EXTERNAL EMULSION 10-4 % | | Tier 2 | |
| CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1.2-2.5 % | | Tier 2 | |
| EPIDUO EXTERNAL GEL 0.1-2.5 % | Tier 4 | | |
| PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % | Tier 4 | | |
| PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % | Tier 4 | | |
| PLEXION EXTERNAL CREAM 9.8-4.8 % | Tier 4 | | |
| PLEXION EXTERNAL LOTION 9.8-4.8 % | Tier 4 | | |
| ROSANIL CLEANSER EXTERNAL EMULSION (SULFACETAMIDE SODIUM-SULFUR) 10-5 % | Tier 2 | Tier 2 | |
| SSS 10-5 EXTERNAL FOAM 10-5 % | | Tier 2 | |
| SULFACETAMIDE SODIUM-SULFUR EXTERNAL LOTION 10-5 % | | Tier 2 | |
| SULFACETAMIDE-SULFUR IN UREA EXTERNAL EMULSION 10-5 % | | Tier 2 | |
| SUMAXIN EXTERNAL PAD (SULFACETAMIDE SODIUM-SULFUR) 10-4 % | Tier 4 | Tier 2 | |
| SUMAXIN WASH EXTERNAL LIQUID (SULFACETAMIDE SODIUM-SULFUR) 9-4 % | Tier 4 | Tier 2 | |
| VANOXIDE-HC EXTERNAL LOTION (BENZOYL PEROX-HYDROCORTISONE) 5-0.5 % | Tier 4 | Tier 4 | |
| VELTIN EXTERNAL GEL 1.2-0.025 % | Tier 4 | | |
| ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % | Tier 4 | | |
| ZENCIA EXTERNAL LIQUID (SULFACETAMIDE SODIUM-SULFUR) 9-4 % | Tier 2 | Tier 2 | |
| ZIANA EXTERNAL GEL 1.2-0.025 % | Tier 4 | | |
| *Acne Products*** | | | |
| ABSORICA ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 4 | Tier 2 | |
| ACNE FOAMING WASH EXTERNAL LIQUID 10 % | | Tier 2 | |
| ACNE MEDICATION 10 EXTERNAL GEL 10 % | | Tier 2 | |
| ACNE MEDICATION 5 EXTERNAL GEL 5 % | | Tier 2 | |
| ACNE TREATMENT EXTERNAL GEL 10 % | | Tier 2 | |
| ACNE-CLEAR EXTERNAL GEL 10 % | | Tier 2 | |
| ADAPALENE EXTERNAL CREAM 0.1 % | | Tier 2 | |
| ADAPALENE EXTERNAL GEL 0.1 % | | Tier 2 | |
| AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG | Tier 2 | Tier 2 | |
| ATRALIN EXTERNAL GEL (TRETINOIN) 0.05 % | Tier 4 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| AVITA EXTERNAL CREAM (TRETINOIN) 0.025 % | Tier 2 | Tier 2 | |
| AVITA EXTERNAL GEL (TRETINOIN) 0.025 % | Tier 2 | Tier 2 | |
| AZELEX EXTERNAL CREAM 20 % | Tier 4 | | |
| BENZAC AC WASH EXTERNAL LIQUID (BENZOYL PEROXIDE WASH) 5 % | Tier 3 | Tier 2 | |
| BENZIQ EXTERNAL GEL 5.25 % | Tier 3 | | |
| BENZIQ LS EXTERNAL GEL 2.75 % | Tier 3 | | |
| BENZIQ WASH EXTERNAL LIQUID 5.25 % | Tier 2 | | |
| BP FOAMING WASH EXTERNAL LIQUID 10 % | | Tier 2 | |
| BP GEL EXTERNAL GEL 10 %, 5 % | | Tier 2 | |
| BP WASH EXTERNAL LIQUID 10 %, 5 % | | Tier 2 | |
| BPO-10 WASH EXTERNAL LIQUID 10 % | | Tier 2 | |
| BPO-5 WASH EXTERNAL LIQUID 5 % | | Tier 2 | |
| CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | Tier 2 | |
| CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL (BENZOYL PEROXIDE) 10 % | Tier 2 | Tier 2 | |
| CLEARPLEX V EXTERNAL GEL (BENZOYL PEROXIDE) 5 % | Tier 2 | Tier 2 | |
| CLEARPLEX X EXTERNAL GEL (BENZOYL PEROXIDE) 10 % | Tier 2 | Tier 2 | |
| CVS ACNE FOAMING FACE WASH EXTERNAL LIQUID 10 % | | Tier 2 | |
| CVS ACNE TREATMENT EXTERNAL GEL 10 % | | Tier 2 | |
| CVS ADVANCED 3-IN-1 CLEANSER EXTERNAL LIQUID 5 % | | Tier 2 | |
| CVS FOAMING ACNE FACE WASH EXTERNAL LIQUID 10 % | | Tier 2 | |
| DESQUAM-X WASH EXTERNAL LIQUID (BENZOYL PEROXIDE WASH) 10 % | Tier 2 | Tier 2 | |
| DIFFERIN EXTERNAL LOTION (ADAPALENE) 0.1 % | Tier 4 | Tier 4 | |
| KP BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % | | Tier 2 | |
| KP BENZOYL PEROXIDE WASH EXTERNAL LIQUID 10 %, 5 % | | Tier 2 | |
| MYORISAN ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | Tier 2 | |
| PANOXYL FOAMING WASH EXTERNAL LIQUID (BENZOYL PEROXIDE WASH) 10 % | Tier 2 | Tier 2 | |
| PANOXYL WASH EXTERNAL LIQUID (BENZOYL PEROXIDE WASH) 10 % | Tier 2 | Tier 2 | |
| RA RENEWAL ACNE TREATMENT EXTERNAL GEL (BENZOYL PEROXIDE) 10 % | Tier 2 | Tier 2 | |
| TRETINOIN EXTERNAL CREAM 0.05 %, 0.1 % | | Tier 2 | |
| TRETINOIN EXTERNAL GEL 0.01 % | | Tier 2 | |
| ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Agents For External Genital And Perianal Warts*** | | | |
| VEREGEN EXTERNAL OINTMENT 15 % | Tier 5 | | |
| *Antibiotic Mixtures Topical*** | | | |
| CURAD TRIPLE ANTIBIOTIC EXTERNAL OINTMENT (TRIPLE ANTIBIOTIC) 5-400-5000 | Tier 2 | Tier 2 | |
| CVS ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| CVS TRIPLE ANTIBIOTIC EXTERNAL OINTMENT , 3.5-400-5000 | | Tier 2 | |
| EQ TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| EQL FIRST AID ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| FIRST AID ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 MG-UNIT, 3.5-500-10000 | | Tier 2 | |
| GNP FIRST AID ANTIBIOTIC EXTERNAL OINTMENT | | Tier 2 | |
| GNP TRIPLE ANTIBIOTIC EXTERNAL OINTMENT , 3.5-400-5000 | | Tier 2 | |
| HM TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| LANABIOTIC EXTERNAL OINTMENT (TRIPLE ANTIBIOTIC) 5-500-10000 | Tier 2 | Tier 2 | |
| MEDI-FIRST TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 5-400-5000 MG-UNIT | | Tier 2 | |
| MEIJER TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| NEOPORACIN EXTERNAL OINTMENT (TRIPLE ANTIBIOTIC) 5-400-5000 | Tier 2 | Tier 2 | |
| PX TRIPLE EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| RA TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| SB TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| SM TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| SM TRIPLE ANTIBIOTIC ORIGINAL EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| TGT ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| TRIPLE ANTIBIOTIC FIRST AID EXTERNAL OINTMENT 3.5-400-5000 | | Tier 2 | |
| *Antibiotic Steroid Combinations - Topical*** | | | |
| CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 | Tier 4 | | |
| CORTISPORIN EXTERNAL OINTMENT 1 % | Tier 4 | | |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % | Tier 4 | | |
| *Antibiotics - Topical*** | | | |
| ALTABAX EXTERNAL OINTMENT 1 % | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| GENTAMICIN SULFATE EXTERNAL CREAM 0.1 % | | Tier 2 | |
| GENTAMICIN SULFATE EXTERNAL OINTMENT 0.1 % | | Tier 2 | |
| MUPIROCIN CALCIUM EXTERNAL CREAM 2 % | | Tier 2 | |
| MUPIROCIN EXTERNAL OINTMENT 2 % | | Tier 2 | |
| *Antifungals - Topical Combinations*** | | | |
| ALA-QUIN EXTERNAL CREAM 3-0.5 % | Tier 4 | | |
| ALOQUIN EXTERNAL GEL 1.25-1 % | Tier 4 | | |
| CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 % | | Tier 2 | |
| CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 % | | Tier 2 | |
| DERMAZENE EXTERNAL CREAM (HYDROCORTISONE-IODOQUINOL) 1-1 % | Tier 2 | Tier 2 | |
| EXODERM EXTERNAL LOTION 25-1 % | Tier 2 | | |
| NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-% | | Tier 2 | |
| NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-% | | Tier 2 | |
| QUINJA EXTERNAL GEL 1.25-1 % | Tier 4 | | |
| *Antifungals - Topical*** | | | |
| CICLODAN EXTERNAL CREAM (CICLOPIROX OLAMINE) 0.77 % | Tier 2 | Tier 2 | |
| CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 % | Tier 2 | Tier 2 | |
| CICLOPIROX EXTERNAL GEL 0.77 % | | Tier 2 | |
| CICLOPIROX EXTERNAL SHAMPOO 1 % | | Tier 2 | |
| CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 % | | Tier 2 | |
| MENTAX EXTERNAL CREAM 1 % | Tier 4 | | |
| NAFTIN EXTERNAL CREAM 2 % | Tier 4 | | |
| NAFTIN EXTERNAL GEL 1 % | Tier 4 | | |
| NYAMYC EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM | Tier 2 | Tier 2 | |
| NYATA EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM | Tier 2 | Tier 2 | |
| NYSTATIN EXTERNAL CREAM 100000 UNIT/GM | | Tier 2 | |
| NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM | | Tier 2 | |
| NYSTOP EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM | Tier 2 | Tier 2 | |
| *Anti-Inflammatory Agents - Topical*** | | | |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 1.3 % | | Tier 4 | |
| VOLTAREN TRANSDERMAL GEL 1 % | Tier 4 | | |
| *Antineoplastic Antimetabolites - Topical*** | | | |
| CARAC EXTERNAL CREAM (FLUOROURACIL) 0.5 % | Tier 5 | Tier 5 | PA |
| FLUOROPLEX EXTERNAL CREAM 1 % | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| FLUOROURACIL CREAM 5 % EXTERNAL 5 % | | Tier 2 | |
| FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 % | | Tier 2 | |
| *Antineoplastic Or Premalignant Lesions - Topical Misc.*** | | | |
| PICATO EXTERNAL GEL 0.015 %, 0.05 % | Tier 5 | | |
| *Antineoplastic Retinoids - Topical*** | | | |
| PANRETIN EXTERNAL GEL 0.1 % | Tier 5 | | PA |
| *Antipruritics - Topical*** | | | |
| PRUDOXIN EXTERNAL CREAM (DOXEPIN HCL) 5 % | Tier 4 | Tier 4 | |
| ZONALON EXTERNAL CREAM (DOXEPIN HCL) 5 % | Tier 4 | Tier 4 | |
| *Antipsoriatics - Systemic*** | | | |
| ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG | | Tier 4 | |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 5 | | PA |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 5 | | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 5 | | PA |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | Tier 5 | | PA |
| *Antipsoriatics*** | | | |
| CALCIPOTRIENE EXTERNAL CREAM 0.005 % | | Tier 2 | |
| CALCIPOTRIENE EXTERNAL SOLUTION 0.005 % | | Tier 2 | |
| CALCITRENE EXTERNAL OINTMENT (CALCIPOTRIENE) 0.005 % | Tier 2 | Tier 2 | |
| SORILUX EXTERNAL FOAM 0.005 % | Tier 4 | | |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % | Tier 4 | | |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % | Tier 4 | | |
| VECTICAL EXTERNAL OINTMENT (CALCITRIOL) 3 MCG/GM | Tier 4 | Tier 2 | |
| ZITHRANOL EXTERNAL SHAMPOO 1 % | Tier 4 | | |
| *Antiseborrheic Combinations*** | | | |
| SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID 10 % | | Tier 2 | |
| *Antiseborrheic Products*** | | | |
| GLYCOLIC ACID SOLUTION 70 % | | Tier 3 | |
| OVACE PLUS EXTERNAL SHAMPOO 10 % | Tier 4 | | |
| OVACE PLUS WASH EXTERNAL LIQUID (SULFACETAMIDE SODIUM) 10 % | Tier 4 | Tier 2 | |
| OVACE WASH EXTERNAL LIQUID (SULFACETAMIDE SODIUM) 10 % | Tier 4 | Tier 2 | |
| SEB-PREV WASH EXTERNAL LIQUID (SULFACETAMIDE SODIUM) 10 % | Tier 2 | Tier 2 | |
| SELENIUM SULFIDE EXTERNAL LOTION 2.5 % | | Tier 2 | |
| SELENIUM SULFIDE EXTERNAL SHAMPOO 2.25 % | | Tier 3 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Antivirals - Topical*** | | | |
| ACYCLOVIR EXTERNAL CREAM 5 % | | Tier 2 | |
| ACYCLOVIR EXTERNAL OINTMENT 5 % | | Tier 2 | |
| DENAVIR EXTERNAL CREAM 1 % | Tier 5 | | |
| *Burn Products*** | | | |
| MAFENIDE ACETATE EXTERNAL PACKET 5 % | | Tier 4 | |
| SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 % | Tier 2 | Tier 2 | |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM | Tier 4 | | |
| *Corticosteroids - Topical*** | | | |
| ALA SCALP EXTERNAL LOTION 2 % | Tier 4 | | |
| ALA-CORT EXTERNAL CREAM 2.5 % | | Tier 2 | |
| ALCLOMETASONE DIPROPIONATE EXTERNAL CREAM 0.05 % | | Tier 2 | |
| ALCLOMETASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| AMCINONIDE EXTERNAL CREAM 0.1 % | | Tier 2 | |
| AMCINONIDE EXTERNAL LOTION 0.1 % | | Tier 2 | |
| AMCINONIDE EXTERNAL OINTMENT 0.1 % | | Tier 2 | |
| ANTI-ITCH INTENSIVE HEALING EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 2 | |
| AQUANIL HC EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM (ALA-CORT) 1 % | Tier 2 | Tier 2 | |
| BESER EXTERNAL LOTION (FLUTICASONE PROPIONATE) 0.05 % | Tier 2 | Tier 2 | |
| BETAMETHASONE DIPROPIONATE AUG EXTERNAL CREAM 0.05 % | | Tier 2 | |
| BETAMETHASONE DIPROPIONATE AUG EXTERNAL GEL 0.05 % | | Tier 2 | |
| BETAMETHASONE DIPROPIONATE AUG EXTERNAL LOTION 0.05 % | | Tier 2 | |
| BETAMETHASONE DIPROPIONATE EXTERNAL CREAM 0.05 % | | Tier 2 | |
| BETAMETHASONE DIPROPIONATE EXTERNAL LOTION 0.05 % | | Tier 2 | |
| BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 % | | Tier 2 | |
| BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 % | | Tier 2 | |
| BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 % | | Tier 2 | |
| CAPEX EXTERNAL SHAMPOO 0.01 % | Tier 4 | | |
| CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| CLOBETASOL PROPIONATE EXTERNAL FOAM 0.05 % | | Tier 2 | |
| CLOBETASOL PROPIONATE EXTERNAL GEL 0.05 % | | Tier 2 | |
| CLOBETASOL PROPIONATE EXTERNAL LOTION 0.05 % | | Tier 2 | |
| CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % | Tier 4 | | |
| CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) 0.05 % | Tier 2 | Tier 2 | |
| CLODERM EXTERNAL CREAM 0.1 % | Tier 4 | | |
| CLODERM PUMP EXTERNAL CREAM 0.1 % | Tier 4 | | |
| CORDRAN EXTERNAL CREAM 0.05 % | Tier 4 | | |
| CORDRAN EXTERNAL LOTION 0.05 % | Tier 4 | | |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM | Tier 4 | | |
| CORTAID MAXIMUM STRENGTH EXTERNAL CREAM (ALA-CORT) 1 % | Tier 2 | Tier 2 | |
| CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| CORTIZONE-10 ECZEMA EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| CORTIZONE-10 EXTERNAL OINTMENT (HYDROCORTISONE) 1 % | Tier 2 | Tier 2 | |
| CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| CURAD HYDROCORTISONE EXTERNAL CREAM (ALA-CORT) 1 % | Tier 2 | Tier 2 | |
| CUTIVATE EXTERNAL LOTION (FLUTICASONE PROPIONATE) 0.05 % | Tier 4 | Tier 2 | |
| CVS ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 2 | |
| CVS CORTISONE INTENSE HEALING EXTERNAL CREAM 1 % | | Tier 2 | |
| CVS CORTISONE LONG-LASTING EXTERNAL LOTION 1 % | | Tier 2 | |
| CVS CORTISONE MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 2 | |
| CVS CORTISONE MAXIMUM STRENGTH EXTERNAL LOTION 1 % | | Tier 2 | |
| CVS CORTISONE MAXIMUM STRENGTH EXTERNAL OINTMENT 1 % | | Tier 2 | |
| CVS ECZEMA ANTI-ITCH EXTERNAL CREAM 1 % | | Tier 2 | |
| CVS HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 0.5 %, 1 % | | Tier 2 | |
| CVS HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 2 | |
| DERMAREST ECZEMA EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| DESONATE EXTERNAL GEL 0.05 % | Tier 4 | | |
| DESONIDE EXTERNAL CREAM 0.05 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| DESONIDE EXTERNAL LOTION 0.05 % | | Tier 2 | |
| DESONIDE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| DESOXIMETASONE EXTERNAL CREAM 0.05 %, 0.25 % | | Tier 2 | |
| DESOXIMETASONE EXTERNAL GEL 0.05 % | | Tier 2 | |
| DESOXIMETASONE OINTMENT 0.05 % EXTERNAL 0.05 % | | Tier 4 | |
| DESOXIMETASONE OINTMENT 0.25 % EXTERNAL 0.25 % | | Tier 2 | |
| DIFLORASONE DIACETATE EXTERNAL CREAM 0.05 % | | Tier 2 | |
| DIFLORASONE DIACETATE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| DIPROLENE EXTERNAL OINTMENT (BETAMETHASONE DIPROPIONATE AUG) 0.05 % | Tier 4 | Tier 2 | |
| EQ ANTI-ITCH MAX STRENGTH EXTERNAL CREAM 1 % | | Tier 2 | |
| EQ HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 2 | |
| EQ HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 2 | |
| EQ HYDROCORTISONE PLUS 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 BODY EXTERNAL OIL 0.01 % | | Tier 2 | |
| FLUOCINOLONE ACETONIDE EXTERNAL CREAM 0.01 % | | Tier 2 | |
| FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 % | | Tier 2 | |
| FLUOCINONIDE CREAM 0.05 % EXTERNAL 0.05 % | | Tier 2 | |
| FLUOCINONIDE CREAM 0.1 % EXTERNAL 0.1 % | | Tier 5 | |
| FLUOCINONIDE EXTERNAL GEL 0.05 % | | Tier 2 | |
| FLUOCINONIDE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| FLUOCINONIDE EXTERNAL SOLUTION 0.05 % | | Tier 2 | |
| FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 % | | Tier 2 | |
| FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 % | | Tier 2 | |
| GNP HYDROCORTISONE EXTERNAL CREAM 0.5 % | | Tier 2 | |
| GNP HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 2 | |
| GNP HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 2 | |
| GNP HYDRO-LOTION EXTERNAL LOTION 1 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| GYNECORT 10 EXTERNAL CREAM (HYDROCORTISONE ACETATE) 1 % | Tier 2 | Tier 2 | |
| HALOBETASOL PROPIONATE EXTERNAL CREAM 0.05 % | | Tier 2 | |
| HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 % | | Tier 2 | |
| HALOG EXTERNAL CREAM 0.1 % | Tier 4 | | |
| HALOG EXTERNAL OINTMENT 0.1 % | Tier 4 | | |
| HYDROCORTISONE BUTYR LIPO BASE EXTERNAL CREAM 0.1 % | | Tier 4 | |
| HYDROCORTISONE BUTYRATE EXTERNAL CREAM 0.1 % | | Tier 4 | |
| HYDROCORTISONE BUTYRATE EXTERNAL OINTMENT 0.1 % | | Tier 4 | |
| HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION 0.1 % | | Tier 4 | |
| HYDROCORTISONE EXTERNAL CREAM 0.5 %, 1 %, 2.5 % | | Tier 2 | |
| HYDROCORTISONE EXTERNAL LOTION 1 %, 2.5 % | | Tier 2 | |
| HYDROCORTISONE EXTERNAL OINTMENT 0.5 %, 2.5 % | | Tier 2 | |
| HYDROCORTISONE IN ABSORBASE EXTERNAL OINTMENT (HYDROCORTISONE) 1 % | Tier 2 | Tier 2 | |
| HYDROCORTISONE INTENSIVE HEAL EXTERNAL CREAM 1 % | | 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 VALERATE EXTERNAL CREAM 0.2 % | | Tier 2 | |
| HYDROCORTISONE VALERATE EXTERNAL OINTMENT 0.2 % | | Tier 2 | |
| HYDROSKIN EXTERNAL CREAM (ALA-CORT) 1 % | Tier 2 | Tier 2 | |
| HYDROSKIN EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| INSTACORT 5 EXTERNAL CREAM 0.5 % | | Tier 2 | |
| KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM | Tier 4 | | |
| KERICORT 10 EXTERNAL CREAM (ALA-CORT) 1 % | Tier 2 | Tier 2 | |
| KP HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 2 | |
| KP HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 2 | |
| LANACORT 10 EXTERNAL CREAM (HYDROCORTISONE ACETATE) 1 % | Tier 2 | Tier 2 | |
| LUXIQ EXTERNAL FOAM (BETAMETHASONE VALERATE) 0.12 % | Tier 4 | Tier 2 | |
| MED-DERM HYDROCORTISONE EXTERNAL CREAM 0.5 %, 1 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 2 | |
| MEIJER HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 2 | |
| MOMETASONE FUROATE EXTERNAL CREAM 0.1 % | | Tier 2 | |
| MOMETASONE FUROATE EXTERNAL OINTMENT 0.1 % | | Tier 2 | |
| MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 % | | Tier 5 | |
| NOBLE FORMULA HC EXTERNAL CREAM (ALACORT) 1 % | Tier 2 | Tier 2 | |
| NUCORT EXTERNAL LOTION 2 % | Tier 4 | | |
| PREDNICARBATE EXTERNAL CREAM 0.1 % | | Tier 2 | |
| PREDNICARBATE EXTERNAL OINTMENT 0.1 % | | Tier 2 | |
| PREPARATION H EXTERNAL CREAM (ALACORT) 1 % | Tier 2 | Tier 2 | |
| PSORCON EXTERNAL CREAM 0.05 % | | Tier 4 | |
| PX HYDROCREAM EXTERNAL CREAM 1 % | | Tier 2 | |
| QC HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 2 | |
| QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 2 | |
| RA ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 2 | |
| RA ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 % | | Tier 2 | |
| RA HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | | Tier 2 | |
| RA HYDROCORTISONE PLUS 12 EXTERNAL CREAM 1 % | | Tier 2 | |
| RECORT PLUS EXTERNAL CREAM 1 % | | Tier 2 | |
| REDERM EXTERNAL LOTION 1 % | | Tier 2 | |
| SARNOL-HC EXTERNAL LOTION (BETA HC) 1 % | Tier 2 | Tier 2 | |
| SB HYDROCORTISONE EXTERNAL CREAM 1 % | | Tier 2 | |
| SB HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 2 | |
| SB HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | | Tier 2 | |
| SM HYDROCORTISONE EXTERNAL CREAM 0.5 %, 1 % | | Tier 2 | |
| SM HYDROCORTISONE EXTERNAL OINTMENT 0.5 % | | Tier 2 | |
| SM HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | | Tier 2 | |
| SYNALAR EXTERNAL CREAM (FLUOCINOLONE ACETONIDE) 0.025 % | Tier 3 | Tier 2 | |
| SYNALAR EXTERNAL OINTMENT (FLUOCINOLONE ACETONIDE) 0.025 % | Tier 3 | Tier 2 | |
| TEXACORT EXTERNAL SOLUTION 2.5 % | Tier 4 | | |
| TGT ANTI-ITCH MAXIMUM STRENGTH EXTERNAL CREAM 1 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TGT ANTI-ITCH MAXIMUM STRENGTH EXTERNAL OINTMENT 1 % | | Tier 2 | |
| TGT ANTI-ITCH PLUS OATMEAL EXTERNAL CREAM 1 % | | Tier 2 | |
| TGT ANTI-ITCH/ALOE/VIT E EXTERNAL CREAM 1 % | | Tier 2 | |
| TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 % | | Tier 2 | |
| TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 % | | Tier 2 | |
| TRIAMCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %, 0.1 %, 0.5 % | | Tier 2 | |
| TRIANEX EXTERNAL OINTMENT 0.05 % | Tier 3 | | |
| TRIDERM CREAM 0.1 % EXTERNAL (TRIAMCINOLONE ACETONIDE) 0.1 % | Tier 3 | Tier 2 | |
| TRIDERM CREAM 0.5 % EXTERNAL (TRIAMCINOLONE ACETONIDE) 0.5 % | Tier 2 | Tier 2 | |
| VAGISIL EXTERNAL CREAM (HYDROCORTISONE ACETATE) 1 % | Tier 2 | Tier 2 | |
| VERDESO EXTERNAL FOAM 0.05 % | Tier 4 | | |
| *Depigmenting Agents*** | | | |
| ALPHAQUIN HP EXTERNAL CREAM (MELPAQUE HP) 4 % | Tier 2 | Tier 2 | |
| BLANCHE EXTERNAL CREAM (HYDROQUINONE) 4 % | Tier 2 | Tier 2 | |
| MELQUIN 3 EXTERNAL SOLUTION 3 % | Tier 2 | | |
| REMERGENT HQ EXTERNAL CREAM (HYDROQUINONE) 4 % | Tier 2 | Tier 2 | |
| SKIN BLEACHING EXTERNAL CREAM (HYDROQUINONE) 4 % | Tier 2 | Tier 2 | |
| SKIN BLEACHING-SUNSCREEN EXTERNAL CREAM (MELPAQUE HP) 4 % | Tier 2 | Tier 2 | |
| TL HYDROQUINONE EXTERNAL CREAM 4 % | | Tier 2 | |
| *Emollients*** | | | |
| A + D PERSONAL CARE LOTION EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AL12 EXTERNAL LOTION (AMMONIUM LACTATE) 12 % | Tier 2 | Tier 2 | |
| ALOE AFTERSUN EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AMLACTIN EXTERNAL LOTION (AMMONIUM LACTATE) 12 % | Tier 2 | Tier 2 | |
| AQUA LACTEN EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AQUADERM TREATMENT/MOISTURIZER EXTERNAL LOTION (BETA CARE) 25-0.03-0.1 % | Tier 2 | Tier 2 | |
| AQUAMED EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AVEENO ACTIVE NATURALS DAILY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AVEENO DAILY MOISTURIZING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| AVEENO POSITIVELY AGELESS BODY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AVEENO POSITIVELY RADIANT EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| AVEENO STRESS RELIEF EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CAM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CERAVE AM SPF 30 EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CERAVE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CERAVE PM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CERAVE SA RENEWING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CETAPHIL DAILY ADVANCE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CETAPHIL DAILY FACIAL MOIST EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CETAPHIL DERMACONTROL/SPF 30 EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CETAPHIL MOISTURIZING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CETAPHIL RESTORADERM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| COCOA BUTTER HAND & BODY EXTERNAL LOTION | | Tier 2 | |
| CVS DAILY ULTRA MOISTURE EXTERNAL LOTION | | Tier 2 | |
| CVS HYDRATING SKIN TREATMENT EXTERNAL LOTION 12 % | | Tier 2 | |
| CVS SKIN TREATMENT EXTERNAL LOTION 12 % | | Tier 2 | |
| DAILY MOISTURIZING EXTERNAL LOTION | | Tier 2 | |
| DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION (BETA CARE) 10 % | Tier 2 | Tier 2 | |
| DERMAL THERAPY FACE CARE EXTERNAL LOTION (BETA CARE) 1 % | Tier 2 | Tier 2 | |
| DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION (BETA CARE) 1 % | Tier 2 | Tier 2 | |
| DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION (BETA CARE) 15 % | Tier 2 | Tier 2 | |
| DERMAL THERAPY HEEL CARE EXTERNAL LOTION (BETA CARE) 25 % | Tier 2 | Tier 2 | |
| DIABETIDERM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| DIABETIDERM HAND & BODY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EMOLLIA-LOTION EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EPILYT EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EQL ADVANCED RECOVERY EXTERNAL LOTION | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EQL ULTRA MOISTURIZING DAILY EXTERNAL LOTION | | Tier 2 | |
| EUCERIN BABY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EUCERIN EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EUCERIN INTENSIVE REPAIR EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EUCERIN ORIGINAL HEALING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EUCERIN PLUS EXTERNAL LOTION (BETA CARE) 5-5 % | Tier 2 | Tier 2 | |
| EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| EUCERIN SMOOTHING REPAIR EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GERI-HYDROLAC 12 EXTERNAL CREAM (AMMONIUM LACTATE) 12 % | Tier 2 | Tier 2 | |
| GERI-HYDROLAC 12 EXTERNAL LOTION (AMMONIUM LACTATE) 12 % | Tier 2 | Tier 2 | |
| GNP ADVANCED RECOVERY EXTERNAL LOTION | | Tier 2 | |
| GOLD BOND MEDICATED BODY EXTERNAL LOTION (BETA CARE) 5-0.15 % | Tier 2 | Tier 2 | |
| GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE HEALING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| GRX VITAMIN E EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| HYDRAZONE LOTION EXTERNAL LOTION | | Tier 2 | |
| HYLIRA EXTERNAL LOTION 0.1 % | Tier 4 | | |
| KERI ADVANCED MOISTURE THERAPY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI BASIC ESSENTIALS EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI NOURISHING SHEA BUTTER EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| KERI ORIGINAL EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI OVERNIGHT EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI RENEWAL MILK BODY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI RENEWAL SKIN FIRMING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI RENEWAL STRETCH MARK EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| KERI SENSITIVE SKIN EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM DAILY MOISTURE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM MENS 3-IN-1 EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM SERIOUSLY SENSITIVE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRIDERM SKIN NOURISHING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| LUBRISOFT EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| MAXAM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| MEDERMA AG HAND & BODY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| MOTHERS FRIEND EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| MSM SKIN EXTERNAL LOTION | | Tier 2 | |
| NEUTROGENA BODY EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NEUTROGENA HEALTHY SKIN FACE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NIVEA EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NIVEA ORIGINAL MOISTURE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NIVEA VISAGE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NUTRADERM ADVANCED FORMULA EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| NUTRADERM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| RA DAYLOGIC HEALING DRY SKIN EXTERNAL LOTION | | Tier 2 | |
| RA RENEWAL DRY SKIN THERAPY EXTERNAL LOTION | | Tier 2 | |
| RADIAGUARD ADVANCED EXTERNAL LOTION | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| RESTA LITE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| ROC DEEP WRINKLE SERUM EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| ROSE MILK EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| SKIN REPAIR EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| SOOTHE & COOL MOISTURIZING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| ST IVES SWISS FORMULA MOISTURE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| THERABETIC SKIN CARE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| THERAPLEX HYDROLOTION EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| VANICREAM LITE EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| WIBI EXTERNAL LOTION (BETA CARE) | Tier 2 | Tier 2 | |
| *Enzymes - Topical*** | | | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | Tier 4 | | |
| TBC EXTERNAL AEROSOL SOLUTION 650-72.5-0.1 MG/0.82ML | | Tier 2 | |
| *Imidazole-Related Antifungals - Topical*** | | | |
| ANTI-FUNGAL EXTERNAL CREAM 1 % | | Tier 2 | |
| CLOTRIMAZOLE AF EXTERNAL CREAM 1 % | | Tier 2 | |
| CLOTRIMAZOLE ANTI-FUNGAL EXTERNAL CREAM 1 % | | Tier 2 | |
| CLOTRIMAZOLE GRX EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 2 | Tier 2 | |
| CVS CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 2 | |
| CVS CLOTRIMAZOLE EXTERNAL SOLUTION 1 % | | Tier 2 | |
| CVS ITCH RELIEF EXTERNAL CREAM 1 % | | Tier 2 | |
| CVS RINGWORM EXTERNAL CREAM 1 % | | Tier 2 | |
| DESENEX EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 2 | Tier 2 | |
| ECONAZOLE NITRATE EXTERNAL CREAM 1 % | | Tier 2 | |
| EQ ANTIFUNGAL EXTERNAL CREAM 1 % | | Tier 2 | |
| EQ ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 2 | |
| EQ JOCK ITCH EXTERNAL CREAM 1 % | | Tier 2 | |
| EQL ANTIFUNGAL EXTERNAL CREAM 1 % | | Tier 2 | |
| EQL ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 2 | |
| ERTACZO EXTERNAL CREAM 2 % | Tier 5 | | |
| EXELDERM EXTERNAL CREAM 1 % | Tier 4 | | |
| EXELDERM EXTERNAL SOLUTION 1 % | Tier 4 | | |
| FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION (CLOTRIMAZOLE) 1 % | Tier 2 | Tier 2 | |
| GNP ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| JOCK ITCH EXTERNAL CREAM 1 % | | Tier 2 | |
| JOCK ITCH RELIEF EXTERNAL CREAM 1 % | | Tier 2 | |
| JUBLIA EXTERNAL SOLUTION 10 % | Tier 4 | | |
| KETOCONAZOLE EXTERNAL CREAM 2 % | | Tier 2 | |
| KETOCONAZOLE EXTERNAL FOAM 2 % | | Tier 2 | |
| KETOCONAZOLE EXTERNAL SHAMPOO 2 % | | Tier 2 | |
| KP CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 2 | |
| LUZU EXTERNAL CREAM (LULICONAZOLE) 1 % | Tier 4 | Tier 4 | |
| OXISTAT EXTERNAL LOTION 1 % | Tier 4 | | |
| PRO-EX ANTIFUNGAL EXTERNAL CREAM 1 % | | Tier 2 | |
| PX ATHLETIC FOOT EXTERNAL CREAM 1 % | | Tier 2 | |
| QC CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 2 | |
| RA ATHLETES FOOT EXTERNAL CREAM 1 % | | Tier 2 | |
| RA CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 2 | |
| RA JOCK ITCH EXTERNAL CREAM 1 % | | Tier 2 | |
| SB CLOTRIMAZOLE FOOT EXTERNAL CREAM 1 % | | Tier 2 | |
| SHOPKO ATHLETES FOOT EXTERNAL CREAM (CLOTRIMAZOLE) 1 % | Tier 2 | Tier 2 | |
| SM ANTIFUNGAL CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 2 | |
| TGT CLOTRIMAZOLE EXTERNAL CREAM 1 % | | Tier 2 | |
| XOLEGEL EXTERNAL GEL 2 % | Tier 4 | | |
| *Immunomodulators Imidazoquinolinamines - Topical*** | | | |
| IMIQUIMOD EXTERNAL CREAM 5 % | | Tier 2 | |
| ZYCLARA EXTERNAL CREAM (IMIQUIMOD PUMP) 3.75 % | Tier 5 | Tier 5 | PA |
| ZYCLARA PUMP EXTERNAL CREAM (IMIQUIMOD PUMP) 3.75 % | Tier 5 | Tier 5 | PA |
| *Keratolytic And/Or Antimitotic Combinations*** | | | |
| BENSAL HP EXTERNAL OINTMENT 3-6 % | | Tier 4 | |
| SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % | Tier 4 | | |
| *Keratolytic/Antimitotic Agents*** | | | |
| CONDYLOX EXTERNAL GEL 0.5 % | Tier 4 | | |
| KERALYT EXTERNAL GEL (SALICYLIC ACID) 6 % | Tier 4 | Tier 2 | |
| PODOCON EXTERNAL SOLUTION 25 % | | Tier 4 | |
| PODOFILOX EXTERNAL SOLUTION 0.5 % | | Tier 2 | |
| SALACYN EXTERNAL CREAM (SALICYLIC ACID) 6 % | Tier 2 | Tier 2 | |
| SALACYN EXTERNAL LOTION (SALICYLIC ACID) 6 % | Tier 2 | Tier 2 | |
| SALEX EXTERNAL SHAMPOO (SALICYLIC ACID) 6 % | Tier 4 | Tier 2 | |
| SALICYLIC ACID EXTERNAL LIQUID 26 % | | Tier 2 | |
| SALICYLIC ACID EXTERNAL SOLUTION 26 % | | Tier 2 | |
| SALICYLIC ACID WART REMOVER EXTERNAL LIQUID 27.5 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| SALIMEZ EXTERNAL CREAM 6 % | | Tier 2 | |
| SALISOL FORTE EXTERNAL SOLUTION 26 % | | Tier 2 | |
| SALITECH FORTE EXTERNAL LOTION 6 % | | Tier 2 | |
| SALVAX EXTERNAL FOAM (SALICYLIC ACID) 6 % | Tier 4 | Tier 2 | |
| VIRASAL EXTERNAL LIQUID (SALICYLIC ACID) 27.5 % | Tier 4 | Tier 2 | |
| *Liniments*** | | | |
| ANALGESIC CREME/ALOE EXTERNAL CREAM 10 % | | Tier 2 | |
| ARTHRICREAM RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| ARTHRITIS/ALOE EXTERNAL CREAM 10 % | | Tier 2 | |
| ASPERCREME/ALOE EXTERNAL CREAM (ARTHRICREAM) 10 % | Tier 4 | Tier 2 | |
| ASPER-FLEX EXTERNAL CREAM 10 % | | Tier 2 | |
| CVS ARTHRICREAM EXTERNAL CREAM 10 % | | Tier 2 | |
| EQ ARTHRICREAM RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| GNP ARTHRICREAM EXTERNAL CREAM 10 % | | Tier 2 | |
| HM ARTHRITIS CREME EXTERNAL CREAM 10 % | | Tier 2 | |
| MOBISYL EXTERNAL CREAM (ARTHRICREAM) 10 % | Tier 4 | Tier 2 | |
| MYOFLEX EXTERNAL CREAM (ARTHRICREAM) 10 % | Tier 4 | Tier 2 | |
| PAIN RELIEVING EXTERNAL CREAM 10 % | | Tier 2 | |
| QC ARTHRITIS EXTERNAL CREAM 10 % | | Tier 2 | |
| RA ARTHRITIC PAIN RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| SB ANALGESIC CREME RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| SB ANALGESIC EXTERNAL CREAM 10 % | | Tier 2 | |
| SM ARTHRICREAM RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| SM SPORTS PAIN RELIEF RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| SPORTSCREME EXTERNAL CREAM (ARTHRICREAM) 10 % | Tier 4 | Tier 2 | |
| TGT ANALGESIC RUB EXTERNAL CREAM 10 % | | Tier 2 | |
| TROLAMINE SALICYLATE EXTERNAL CREAM 10 % | | Tier 2 | |
| *Local Anesthetics - Topical*** | | | |
| 7T LIDO EXTERNAL GEL 2 % | Tier 4 | | |
| GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 % | Tier 2 | Tier 2 | |
| LIDOCAINE EXTERNAL OINTMENT 5 % | | Tier 2 | |
| LIDOCAINE HCL EXTERNAL SOLUTION 4 % | | Tier 2 | |
| LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 % | | Tier 2 | |
| LIDOCAINE PAK EXTERNAL OINTMENT 5 % | | Tier 2 | |
| LIDODERM EXTERNAL PATCH 5 % | Tier 4 | | |
| PREMIUM LIDOCAINE EXTERNAL OINTMENT 5 % | | Tier 2 | |
| REGENECARE HA EXTERNAL GEL 2 % | Tier 2 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Macrolide Immunosuppressants - Topical*** | | | |
| ELIDEL EXTERNAL CREAM (PIMECROLIMUS) 1 % | Tier 4 | Tier 2 | PA |
| PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % | Tier 4 | | PA |
| *Misc. Dermatological Products*** | | | |
| CERAMAX EXTERNAL LOTION (BROMI-LOTION) | Tier 2 | Tier 2 | |
| COLLADERM EXTERNAL LOTION (BROMI-LOTION) | Tier 2 | Tier 2 | |
| HYLATOPIC PLUS EXTERNAL LOTION (BROMI-LOTION) | Tier 2 | Tier 2 | |
| ITCH-ENDER! EXTERNAL LOTION (BROMI-LOTION) | Tier 2 | Tier 2 | |
| MIADERM RADIATION RELIEF EXTERNAL LOTION | | Tier 2 | |
| NEOSALUS EXTERNAL LOTION (BROMI-LOTION) | Tier 2 | Tier 2 | |
| RADIADERM SYSTEM R2 EXTERNAL LOTION (BROMI-LOTION) | Tier 2 | Tier 2 | |
| *Misc. Topical*** | | | |
| DRYSOL EXTERNAL SOLUTION 20 % | Tier 3 | | |
| *Rosacea Agents*** | | | |
| METRONIDAZOLE EXTERNAL LOTION 0.75 % | | Tier 2 | |
| MIRVASO EXTERNAL GEL 0.33 % | Tier 4 | | |
| NORITATE EXTERNAL CREAM 1 % | Tier 3 | | |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG | Tier 4 | | |
| ROSADAN EXTERNAL CREAM (METRONIDAZOLE) 0.75 % | Tier 2 | Tier 2 | |
| ROSADAN EXTERNAL GEL (METRONIDAZOLE) 0.75 % | Tier 2 | Tier 2 | |
| *Scabicides & Pediculicides*** | | | |
| EURAX EXTERNAL CREAM 10 % | Tier 4 | | |
| EURAX EXTERNAL LOTION 10 % | Tier 4 | | |
| LINDANE EXTERNAL SHAMPOO 1 % | | Tier 2 | |
| NATROBA EXTERNAL SUSPENSION (SPINOSAD) 0.9 % | Tier 4 | Tier 4 | |
| OVIDE EXTERNAL LOTION (MALATHION) 0.5 % | Tier 4 | Tier 2 | |
| PERMETHRIN EXTERNAL CREAM 5 % | | Tier 2 | |
| SKLICE EXTERNAL LOTION 0.5 % | Tier 4 | | |
| ULESFIA EXTERNAL LOTION 5 % | Tier 4 | | |
| *Topical Anesthetic Combinations*** | | | |
| LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 % | | Tier 2 | |
| SYNERA EXTERNAL PATCH 70-70 MG | Tier 4 | | |
| *Topical Selective Retinoid X Receptor Agonists*** | | | |
| TARGRETIN EXTERNAL GEL 1 % | Tier 5 | | PA |
| *Topical Steroid Combinations*** | | | |
| DERMA SILKRX SDS PAK EXTERNAL KIT (DERMACINRX SILAPAK) 0.1 & 5 % | Tier 3 | Tier 3 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| DERMAWERX SDS EXTERNAL KIT (DERMACINRX SILAPAK) 0.1 & 5 % | Tier 3 | Tier 3 | |
| NUTRIARX CREAMPAK EXTERNAL KIT (DERMACINRX SILAPAK) 0.1 & 5 % | Tier 3 | Tier 3 | |
| SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 % | | Tier 3 | |
| SCALACORT DK EXTERNAL KIT 2 & 2-2 % | Tier 4 | | |
| TACLONEX EXTERNAL OINTMENT 0.005-0.064 % | Tier 4 | | |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % | Tier 4 | | |
| TRI-SILA EXTERNAL KIT (DERMACINRX SILAPAK) 0.1 & 5 % | Tier 3 | Tier 3 | |
| *Type Ii 5-Alpha Reductase Inhibitors*** | | | |
| PROPECIA ORAL TABLET 1 MG | Tier 3 | | |
| *Wound Care - Growth Factor Agents*** | | | |
| REGANEX EXTERNAL GEL 0.01 % | Tier 5 | | |
| *Diagnostic Products* | | | |
| *Diagnostic Biologicals*** | | | |
| APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML | Tier 3 | | |
| TUBERSOL INTRADERMAL SOLUTION 5 UNIT/0.1ML | Tier 3 | | |
| *Diagnostic Drugs*** | | | |
| DIPYRIDAMOLE INTRAVENOUS SOLUTION 5 MG/ML | | Tier 2 | |
| *Diagnostic Tests*** | | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ACCU-CHEK COMPACT PLUS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ACCU-CHEK GUIDE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ACCUTREND GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ADVANCE INTUITION TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ADVOCATE REDI-CODE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ADVOCATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| AGAMATRIX AMP TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| AGAMATRIX JAZZ TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |

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

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

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EVENCARE G2 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EVENCARE G3 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EVOLUTION AUTOCODE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EXACTECH R-S-G TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EXACTECH TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA GD20 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA TN'G/TN'G VOICE IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORACARE GD40 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |

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

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

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

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| SURE EDGE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| TGT BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | |
| TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP | | Tier 1 | |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| TRUETEST TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| TRUETRACK TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ULTIMA TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ULTRATRAK PRO TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| ULTRATRAK ULTIMATE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| UNISTRIP1 GENERIC IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP | | Tier 1 | |
| VICTORY AGM-4000 TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| WAVESENSE PRESTO IN VITRO STRIP (BLOOD GLUCOSE TEST) | Tier 1 | Tier 1 | |
| *Dietary Products/Dietary Management Products* | | | |
| *Dietary Management Product Combinations*** | | | |
| FOLBIC ORAL TABLET (VIRT-VITE FORTE) 2.5-25-2 MG | Tier 2 | Tier 2 | |
| NIVA-FOL ORAL TABLET (VIRT-VITE FORTE) 2.5-25-2 MG | Tier 2 | Tier 2 | |
| *Digestive Aids* | | | |
| *Digestive Enzymes*** | | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT | Tier 3 | | |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT | Tier 4 | | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | Tier 5 | | |
| VIKACE ORAL TABLET 10440 UNIT, 20880 UNIT | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | Tier 3 | | |
| *Direct-Acting P2y12 Inhibitors*** | | | |
| *Direct-Acting P2y12 Inhibitors*** | | | |
| BRILINTA ORAL TABLET 90 MG | Tier 3 | | |
| *Diuretics* | | | |
| *Carbonic Anhydrase Inhibitors*** | | | |
| ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG | | Tier 2 | |
| ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG | | Tier 2 | |
| ACETAZOLAMIDE SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG | | Tier 2 | |
| KEVEYIS ORAL TABLET 50 MG | Tier 5 | | |
| METHAZOLAMIDE ORAL TABLET 25 MG, 50 MG | | Tier 2 | |
| *Diuretic Combinations*** | | | |
| ALDACTAZIDE ORAL TABLET (SPIRONOLACTONE-HCTZ) 25-25 MG | Tier 4 | Tier 2 | |
| AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG | | Tier 2 | |
| DYAZIDE ORAL CAPSULE (TRIAMTERENE-HCTZ) 37.5-25 MG | Tier 2 | Tier 2 | |
| MAXZIDE ORAL TABLET (TRIAMTERENE-HCTZ) 75-50 MG | Tier 4 | Tier 2 | |
| MAXZIDE-25 ORAL TABLET (TRIAMTERENE-HCTZ) 37.5-25 MG | Tier 2 | Tier 2 | |
| *Loop Diuretics*** | | | |
| BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 2 | |
| EDECRIN ORAL TABLET 25 MG | Tier 5 | | |
| FUROSEMIDE ORAL SOLUTION 10 MG/ML, 8 MG/ML | | Tier 2 | |
| FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG | | Tier 2 | |
| TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG | | Tier 2 | |
| *Potassium Sparing Diuretics*** | | | |
| AMILORIDE HCL ORAL TABLET 5 MG | | Tier 2 | |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | Tier 3 | | |
| SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 2 | |
| *Thiazides And Thiazide-Like Diuretics*** | | | |
| CHLOROTHIAZIDE ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG | | Tier 2 | |
| DIURIL ORAL SUSPENSION 250 MG/5ML | Tier 4 | | |
| 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 | |
| METHYCLOTHIAZIDE ORAL TABLET 5 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| *Endocrine And Metabolic Agents - Misc.* | | | |
| *Bisphosphonates*** | | | |
| ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG | Tier 3 | | |
| ALENDRONATE SODIUM ORAL TABLET 10 MG, 35 MG, 40 MG, 5 MG, 70 MG | | Tier 2 | |
| ATELVIA ORAL TABLET DELAYED RELEASE 35 MG | Tier 4 | | |
| BONIVA ORAL TABLET (IBANDRONATE SODIUM) 150 MG | Tier 4 | Tier 2 | |
| ETIDRONATE DISODIUM ORAL TABLET 200 MG, 400 MG | | Tier 2 | |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT | Tier 4 | | |
| PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML | | Tier 2 | |
| PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 90 MG | | Tier 2 | |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML | Tier 4 | | |
| ZOMETA INTRAVENOUS SOLUTION 4 MG/100ML | Tier 4 | | |
| *Calcimimetic Agents*** | | | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG | Tier 5 | | PA |
| *Calcitonins*** | | | |
| CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT | | Tier 2 | |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | Tier 4 | | PA |
| *Carnitine Replenisher - Agents*** | | | |
| CARNITOR ORAL SOLUTION (LEVOCARNITINE) 1 GM/10ML | Tier 4 | Tier 2 | |
| CARNITOR ORAL TABLET (LEVOCARNITINE) 330 MG | Tier 4 | Tier 2 | |
| CARNITOR SF ORAL SOLUTION (LEVOCARNITINE) 1 GM/10ML | Tier 4 | Tier 2 | |
| *Dopamine Receptor Agonists*** | | | |
| CABERGOLINE ORAL TABLET 0.5 MG | | Tier 2 | |
| *Gnrh/Lhrh Antagonists*** | | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | Tier 4 | | |
| *Growth Hormone Receptor Antagonists*** | | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG | Tier 5 | | |
| *Growth Hormones*** | | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | Tier 5 | | PA |
| GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG | Tier 5 | | PA |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | Tier 5 | | PA |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML | Tier 5 | | PA |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML | Tier 5 | | PA |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML | Tier 5 | | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML | Tier 5 | | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | Tier 5 | | PA |
| SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG | Tier 5 | | PA |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG | Tier 5 | | PA |
| SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG | Tier 5 | | PA |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | Tier 5 | | PA |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG | Tier 5 | | PA |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG | Tier 5 | | PA |
| *Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** | | | |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | Tier 5 | | PA |
| *Homocystinuria Treatment - Agents*** | | | |
| CYSTADANE ORAL POWDER | Tier 4 | | PA |
| *Hyperammonemia Treatment - Agents*** | | | |
| CARBAGLU ORAL TABLET 200 MG | Tier 5 | | |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** | | | |
| CALCITRIOL INTRAVENOUS SOLUTION 1 MCG/ML | | Tier 2 | |
| CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG | | Tier 2 | |
| CALCITRIOL ORAL SOLUTION 1 MCG/ML | | Tier 2 | PA |
| DOXERCALCIFEROL ORAL CAPSULE 0.5 MCG, 1 MCG | | Tier 5 | PA |
| HECTOROL SOLUTION 2 MCG/ML INTRAVENOUS 2 MCG/ML | Tier 4 | | PA |
| HECTOROL SOLUTION 4 MCG/2ML INTRAVENOUS (DOXERCALCIFEROL) 4 MCG/2ML | Tier 5 | Tier 5 | |
| ZEMPLAR CAPSULE 1 MCG ORAL 1 MCG | Tier 4 | | PA |
| ZEMPLAR CAPSULE 2 MCG ORAL 2 MCG | Tier 5 | | PA |
| ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML | Tier 4 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Insulin-Like Growth Factors (Somatomedins)*** | | | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | Tier 5 | | PA |
| *Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** | | | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG | Tier 5 | | |
| SYNAREL NASAL SOLUTION 2 MG/ML | Tier 5 | | PA |
| *Mucopolysaccharidosis I (Mps I) - Agents*** | | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML | Tier 5 | | PA |
| *Mucopolysaccharidosis Ii (Mps Ii) - Agents*** | | | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML | Tier 5 | | PA |
| *Mucopolysaccharidosis Vi (Mps Vi) - Agents*** | | | |
| NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML | Tier 5 | | PA |
| *Ovulation Stimulants-Gonadotropins*** | | | |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML | Tier 5 | | PA |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT | Tier 3 | Tier 3 | |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT | Tier 3 | Tier 3 | |
| *Parathyroid Hormone And Derivatives*** | | | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | Tier 5 | | |
| *Phenylketonuria Treatment - Agents*** | | | |
| KUVAN ORAL PACKET 100 MG | Tier 5 | | PA |
| *Rank Ligand (Rankl) Inhibitors*** | | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | Tier 5 | | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | Tier 5 | | PA |
| *Selective Estrogen Receptor Modulators (Serms)*** | | | |
| OSPHENA ORAL TABLET 60 MG | Tier 4 | | |
| RALOXIFENE HCL ORAL TABLET 60 MG | | Tier 2 | |
| *Selective Vasopressin V2-Receptor Antagonists*** | | | |
| SAMSCA ORAL TABLET 15 MG, 30 MG | Tier 5 | | PA |
| *Somatostatic Agents*** | | | |
| OCTREOTIDE ACETATE INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML | | Tier 5 | |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG | Tier 5 | | PA |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG | Tier 5 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | Tier 5 | | |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML | Tier 5 | | PA |
| *Urea Cycle Disorder - Agents*** | | | |
| AMMONUL INTRAVENOUS SOLUTION 10-10 % | Tier 4 | | |
| BUPHENYL ORAL TABLET (SODIUM PHENYL BUTYRATE) 500 MG | Tier 5 | Tier 4 | PA |
| SODIUM PHENYL BUTYRATE ORAL POWDER 3 GM/TSP | | Tier 5 | PA |
| *Vasopressin*** | | | |
| DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % | Tier 3 | | |
| DESMOPRESSIN ACETATE INJECTION SOLUTION 4 MCG/ML | | Tier 2 | |
| DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG | | Tier 2 | |
| DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 % | | Tier 2 | |
| *Estrogens* | | | |
| *Estrogen & Androgen*** | | | |
| COVARYX HS ORAL TABLET (EST ESTROGENS-METHYLTEST HS) 0.625-1.25 MG | Tier 2 | Tier 2 | |
| EEMT HS ORAL TABLET (EST ESTROGENS-METHYLTEST HS) 0.625-1.25 MG | Tier 2 | Tier 2 | |
| *Estrogen & Progestin*** | | | |
| ACTIVELLA TABLET 0.5-0.1 MG ORAL (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG | Tier 3 | Tier 1 | |
| ACTIVELLA TABLET 1-0.5 MG ORAL (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG | Tier 1 | Tier 1 | |
| AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG | Tier 1 | Tier 1 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY | Tier 4 | | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | Tier 3 | | |
| FEMHRT LOW DOSE ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG | Tier 1 | Tier 1 | |
| FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG, 1-5 MG-MCG | Tier 1 | Tier 1 | |
| JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG | | Tier 1 | |
| JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG | Tier 1 | Tier 1 | |
| LOPREEZA ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG | Tier 1 | Tier 1 | |
| MIMVEY LO ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG | Tier 1 | Tier 1 | |
| MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| PREMPHASE ORAL TABLET 0.625-5 MG | Tier 3 | | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 3 | | |
| *Estrogens*** | | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR | Tier 3 | Tier 2 | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM | Tier 4 | | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 2 | Tier 2 | |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) | Tier 3 | | |
| ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG | | Tier 2 | |
| ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | | Tier 2 | |
| ESTROPIPATE ORAL TABLET 0.75 MG, 1.5 MG, 3 MG | | Tier 2 | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY | Tier 4 | | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | Tier 3 | | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR | Tier 3 | | |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 3 | Tier 2 | |
| PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG | Tier 3 | | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 3 | | |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 3 | Tier 2 | |
| *Estrogen-Selective Estrogen Receptor Modulator Comb*** | | | |
| *Estrogen-Selective Estrogen Receptor Modulator Comb*** | | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 3 | | |
| *Fluoroquinolones* | | | |
| *Fluoroquinolones*** | | | |
| AVELOX INTRAVENOUS SOLUTION 400 MG/250ML | Tier 3 | | |
| CIPRO ORAL SUSPENSION RECONSTITUTED (CIPROFLOXACIN) 250 MG/5ML (5%) | Tier 3 | Tier 2 | |
| CIPROFLOXACIN HCL ORAL TABLET 250 MG, 500 MG, 750 MG | | Tier 2 | |
| CIPROFLOXACIN ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| CIPROFLOXACIN-CIPROFLOX HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG | | Tier 2 | |
| LEVOFLOXACIN INTRAVENOUS SOLUTION 25 MG/ML | | Tier 2 | |
| LEVOFLOXACIN ORAL SOLUTION 25 MG/ML | | Tier 2 | |
| LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG | | Tier 2 | |
| OFLOXACIN ORAL TABLET 400 MG | | Tier 2 | |
| *Gastrointestinal Agents - Misc.* | | | |
| *Antiflatulents*** | | | |
| CVS GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| CVS GAS RELIEF INFANTS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| CVS GAS RELIEF ORAL CAPSULE 125 MG | | Tier 4 | |
| CVS INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| EQ GAS RELIEF ORAL CAPSULE 125 MG | | Tier 4 | |
| EQ INFANTS GAS RELIEF ORAL SUSPENSION 40 MG/0.6ML | | Tier 2 | |
| EQL GAS RELIEF ORAL CAPSULE 125 MG | | Tier 4 | |
| EQL INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| GAS RELIEF DROPS INFANTS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| GAS RELIEF INFANTS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| GAS-X EXTRA STRENGTH ORAL CAPSULE (SIMETHICONE) 125 MG | Tier 4 | Tier 4 | |
| GNP GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| GNP INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| HM GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| HM GAS RELIEF INFANTS DROPS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML, 40 MG/0.6ML | | Tier 2 | |
| INFANTS SIMETHICONE ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION (SIMEPED) 20 MG/0.3ML | Tier 2 | Tier 2 | |
| LITTLE TUMMYS GAS RELIEF ORAL SUSPENSION (SIMEPED) 20 MG/0.3ML | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION (SIMEPED) 20 MG/0.3ML | Tier 2 | Tier 2 | |
| MYLICON INFANTS GAS RELIEF ORAL SUSPENSION (SIMEPED) 20 MG/0.3ML | Tier 2 | Tier 2 | |
| MYLICON ORAL SUSPENSION (SIMEPED) 40 MG/0.6ML | Tier 2 | Tier 2 | |
| PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION (SIMEPED) 20 MG/0.3ML | Tier 2 | Tier 2 | |
| PX GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| PX GAS RELIEF INFANTS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| QC GAS RELIEF ORAL CAPSULE 125 MG | | Tier 4 | |
| RA GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| RA GAS RELIEF ORAL CAPSULE 125 MG | | Tier 4 | |
| RA GAS RELIEF ORAL SUSPENSION 40 MG/0.6ML | | Tier 2 | |
| RA GAS RELIEF/INFANTS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| SB GAS RELIEF ORAL SUSPENSION 40 MG/0.6ML | | Tier 2 | |
| SIMETHICONE EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| SIMETHICONE ORAL SUSPENSION 20 MG/0.3ML, 40 MG/0.6ML | | Tier 2 | |
| SM GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| SM GAS RELIEF INFANTS DROPS ORAL SUSPENSION 40 MG/0.6ML | | Tier 2 | |
| SM GAS RELIEF INFANTS ORAL SUSPENSION 20 MG/0.3ML | | Tier 2 | |
| TGT GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG | | Tier 4 | |
| *Gallstone Solubilizing Agents*** | | | |
| ACTIGALL ORAL CAPSULE (URSODIOL) 300 MG | Tier 4 | Tier 2 | |
| URSO 250 ORAL TABLET (URSODIOL) 250 MG | Tier 4 | Tier 2 | |
| URSO FORTE ORAL TABLET (URSODIOL) 500 MG | Tier 4 | Tier 2 | |
| *Gastrointestinal Antiallergy Agents*** | | | |
| CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML | | Tier 2 | |
| *Gastrointestinal Chloride Channel Activators*** | | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | Tier 4 | | |
| *Gastrointestinal Stimulants*** | | | |
| METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML | | Tier 2 | |
| METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| *Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** | | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** | | | |
| LOTRONEX TABLET 0.5 MG ORAL 0.5 MG | Tier 4 | | |
| LOTRONEX TABLET 1 MG ORAL 1 MG | Tier 5 | | |
| *Inflammatory Bowel Agents*** | | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM | Tier 4 | | |
| ASACOL HD ORAL TABLET DELAYED RELEASE (MESALAMINE) 800 MG | Tier 3 | Tier 2 | |
| CANASA RECTAL SUPPOSITORY 1000 MG | Tier 3 | | |
| COLAZAL ORAL CAPSULE (BALSALAZIDE DISODIUM) 750 MG | Tier 4 | Tier 2 | |
| DIPENTUM ORAL CAPSULE 250 MG | Tier 4 | | |
| MESALAMINE RECTAL ENEMA 4 GM | | Tier 2 | |
| SULFASALAZINE ORAL TABLET 500 MG | | Tier 2 | |
| SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG | | Tier 2 | |
| *Peripheral Opioid Receptor Antagonists*** | | | |
| MOVANTIK ORAL TABLET 25 MG | Tier 4 | | |
| RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML | Tier 5 | | PA |
| *Phosphate Binder Agents*** | | | |
| CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG | | Tier 2 | |
| CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG | | Tier 2 | |
| FOSRENOL TABLET CHEWABLE 1000 MG ORAL (LANTHANUM CARBONATE) 1000 MG | Tier 4 | Tier 2 | |
| FOSRENOL TABLET CHEWABLE 500 MG ORAL (LANTHANUM CARBONATE) 500 MG | Tier 5 | Tier 2 | |
| FOSRENOL TABLET CHEWABLE 750 MG ORAL (LANTHANUM CARBONATE) 750 MG | Tier 4 | Tier 2 | |
| PHOSLYRA ORAL SOLUTION 667 MG/5ML | Tier 4 | | |
| RENAGEL ORAL TABLET (SEVELAMER HCL) 400 MG | Tier 4 | Tier 2 | |
| RENVELA ORAL PACKET 0.8 GM, 2.4 GM | Tier 3 | | |
| RENVELA ORAL TABLET 800 MG | Tier 3 | | |
| SEVELAMER HCL ORAL TABLET 800 MG | | Tier 2 | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | Tier 5 | | PA |
| *Tumor Necrosis Factor Alpha Blockers*** | | | |
| CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML | Tier 5 | | |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML | Tier 5 | | |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | Tier 5 | | |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Tier 3 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Genitourinary Agents - Miscellaneous* | | | |
| *5-Alpha Reductase Inhibitors*** | | | |
| AVODART ORAL CAPSULE 0.5 MG | Tier 3 | | |
| FINASTERIDE ORAL TABLET 5 MG | | Tier 2 | |
| *Alpha 1-Adrenoceptor Antagonists*** | | | |
| ALFUZOSIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG | | Tier 2 | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | Tier 3 | | |
| FLOMAX ORAL CAPSULE (TAMSULOSIN HCL) 0.4 MG | Tier 3 | Tier 2 | |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG | Tier 3 | | |
| *Anti-Infective Genitourinary Irrigants*** | | | |
| NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION (NEOMYCIN-POLYMYXIN B GU) 40-200000 | Tier 2 | Tier 2 | |
| *Citrates*** | | | |
| ORACIT ORAL SOLUTION 490-640 MG/5ML | Tier 4 | | |
| POT & SOD CIT-CIT AC ORAL SOLUTION 550-500-334 MG/5ML | | Tier 2 | |
| POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 5 MEQ (540 MG) | | Tier 2 | |
| SOD CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML | | Tier 2 | |
| TRICITRATES ORAL SOLUTION 550-500-334 MG/5ML | | Tier 2 | |
| VIRTRATE-2 ORAL SOLUTION 500-334 MG/5ML | | Tier 2 | |
| VIRTRATE-3 ORAL SOLUTION 550-500-334 MG/5ML | | Tier 2 | |
| *Cystinosis Agents*** | | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 5 | | |
| *Genitourinary Irrigants*** | | | |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 % | Tier 2 | Tier 2 | |
| CURITY STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 % | Tier 2 | Tier 2 | |
| *Interstitial Cystitis Agents*** | | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 5 | | |
| *Prostatic Hypertrophy Agent Combinations*** | | | |
| JALYN ORAL CAPSULE 0.5-0.4 MG | Tier 3 | | |
| *Urinary Analgesics*** | | | |
| AZO TABS ORAL TABLET 95 MG | | Tier 2 | |
| AZO URINARY PAIN RELIEF ORAL TABLET (AZO-STANDARD) 95 MG | Tier 2 | Tier 2 | |
| CVS URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| EQ URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| GNP URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| PHENAZO ORAL TABLET (AZO-STANDARD) 95 MG | Tier 2 | Tier 2 | |
| PHENAZOPYRIDINE HCL ORAL TABLET 100 MG | | Tier 2 | |
| QC AZO ORAL TABLET 95 MG | | Tier 2 | |
| QC URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| RA URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| RA URINARY TRACT PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| SB URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| SM URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| URINARY PAIN RELIEF ORAL TABLET 95 MG | | Tier 2 | |
| URISTAT ORAL TABLET (AZO-STANDARD) 95 MG | Tier 2 | Tier 2 | |
| *Glycopeptides*** | | | |
| *Glycopeptides*** | | | |
| VANCOGIN HCL ORAL CAPSULE (VANCOMYCIN HCL) 125 MG | Tier 5 | Tier 2 | |
| VANCOGIN ORAL CAPSULE (VANCOMYCIN HCL) 250 MG | Tier 5 | Tier 2 | |
| VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 500-5 MG/100ML-% | | Tier 2 | |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM | | Tier 2 | |
| *Gout Agents* | | | |
| *Gout Agent Combinations*** | | | |
| COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG | | Tier 2 | |
| *Gout Agents*** | | | |
| ALLOPURINOL ORAL TABLET 100 MG, 300 MG | | Tier 2 | |
| ALLOPURINOL SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | | Tier 2 | |
| COLCRYS ORAL TABLET (COLCHICINE) 0.6 MG | Tier 3 | Tier 3 | |
| ULORIC ORAL TABLET 40 MG, 80 MG | Tier 4 | | |
| *Uricosurics*** | | | |
| PROBENECID ORAL TABLET 500 MG | | Tier 2 | |
| *Hematological Agents - Misc.* | | | |
| *Bradykinin B2 Receptor Antagonists*** | | | |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML | Tier 5 | | PA |
| *C1 Inhibitors*** | | | |
| BERINERT INTRAVENOUS KIT 500 UNIT | Tier 5 | | PA |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | Tier 5 | | PA |
| *Cyclopentyltriazolopyrimidine (Ctp) Derivatives*** | | | |
| BRILINTA ORAL TABLET 90 MG | Tier 3 | | |
| *Hematorheologic Agents*** | | | |
| PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Phosphodiesterase Iii Inhibitors*** | | | |
| CILOSTAZOL ORAL TABLET 100 MG, 50 MG | | Tier 2 | |
| *Platelet Aggregation Inhibitor Combinations*** | | | |
| AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR (ASPIRIN-DIPYRIDAMOLE ER) 25-200 MG | Tier 3 | Tier 2 | |
| *Platelet Aggregation Inhibitors*** | | | |
| DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG | | Tier 2 | |
| *Quinazoline Agents*** | | | |
| ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG | | Tier 2 | |
| *Thienopyridine Derivatives*** | | | |
| CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG | | Tier 2 | |
| EFFIENT ORAL TABLET (PRASUGREL HCL) 10 MG, 5 MG | Tier 3 | Tier 2 | |
| *Hematopoietic Agents* | | | |
| *Agents For Gaucher Disease*** | | | |
| CERDELGA ORAL CAPSULE 84 MG | Tier 5 | | PA |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT | Tier 5 | | PA |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT | Tier 5 | | |
| ZAVESCA ORAL CAPSULE (MIGLUSTAT) 100 MG | Tier 5 | Tier 5 | PA |
| *Cxcr4 Receptor Antagonist*** | | | |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML | Tier 5 | | PA |
| *Cytotoxic Agents*** | | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 4 | | |
| *Erythropoiesis-Stimulating Agents (Esas)*** | | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 5 | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | Tier 5 | | |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML | Tier 5 | | |
| PROCRIT INJECTION SOLUTION 40000 UNIT/ML | Tier 5 | | PA |
| *Erythropoietins*** | | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 5 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | Tier 5 | | |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML | Tier 5 | | |
| PROCRIT INJECTION SOLUTION 40000 UNIT/ML | Tier 5 | | PA |
| *Folic Acid/Folate Combinations*** | | | |
| AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG | Tier 2 | Tier 2 | |
| AV-VITE FB ORAL TABLET 2.5-25-1 MG | | Tier 2 | |
| FA-VITAMIN B-6-VITAMIN B-12 ORAL TABLET 2.2-25-0.5 MG | | Tier 2 | |
| FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG | | Tier 2 | |
| NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG | Tier 2 | Tier 2 | |
| VIRT-VITE ORAL TABLET 2.5-25-1 MG | | Tier 2 | |
| *Folic Acid/Folates*** | | | |
| FOLIC ACID ORAL TABLET 1 MG | | Tier 2 | |
| KP FOLIC ACID ORAL TABLET 1 MG | | Tier 2 | |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** | | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | Tier 5 | | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 5 | | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Tier 5 | | |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 4 | | PA |
| *Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** | | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | Tier 5 | | PA |
| *Iron Combinations*** | | | |
| FEROTRINSIC ORAL CAPSULE | | Tier 2 | |
| FOLTRIN ORAL CAPSULE | | Tier 2 | |
| HEMATOGEN FORTE ORAL CAPSULE (TRIGELS-F FORTE) 460-60-0.01-1 MG | Tier 2 | Tier 2 | |
| IFEREX 150 FORTE ORAL CAPSULE (MYFERON 150 FORTE) 150-25-1 MG-MCG-MG | Tier 2 | Tier 2 | |
| POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG | | Tier 2 | |
| POLYSACCHARIDE IRON FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG | | Tier 2 | |
| TL ICON ORAL CAPSULE | | Tier 2 | |
| TRICON ORAL CAPSULE (FEROCON) | Tier 2 | Tier 2 | |
| *Iron*** | | | |
| FERREX 150 ORAL CAPSULE 150 MG | | Tier 2 | |
| FERRIC X-150 ORAL CAPSULE 150 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| IFEREX 150 ORAL CAPSULE (MYFERON 150) 150 MG | Tier 2 | Tier 2 | |
| NU-IRON ORAL CAPSULE (MYFERON 150) 150 MG | Tier 2 | Tier 2 | |
| POLY-IRON 150 ORAL CAPSULE (MYFERON 150) 150 MG | Tier 2 | Tier 2 | |
| *Thrombopoietin (Tpo) Receptor Agonists*** | | | |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | Tier 5 | | PA |
| *Hemostatics* | | | |
| *Hemostatics - Systemic*** | | | |
| AMICAR ORAL SOLUTION 0.25 GM/ML | Tier 5 | | PA |
| AMICAR ORAL TABLET 1000 MG, 500 MG | Tier 5 | | PA |
| CYKLOKAPRON INTRAVENOUS SOLUTION (TRANEXAMIC ACID) 1000 MG/10ML | Tier 4 | Tier 2 | |
| TRANEXAMIC ACID ORAL TABLET 650 MG | | Tier 4 | |
| *Hepatitis C Agent - Combinations*** | | | |
| *Hepatitis C Agent - Combinations*** | | | |
| EPCLUSA ORAL TABLET (SOFOSBUVIR-VELPATASVIR) 400-100 MG | Tier 5 | Tier 5 | PA |
| ZEPATIER ORAL TABLET 50-100 MG | Tier 5 | | PA |
| *Hereditary Orotic Aciduria Treatment - Agents** | | | |
| *Hereditary Orotic Aciduria Treatment - Agents** | | | |
| XURIDEN ORAL PACKET 2 GM | Tier 4 | | |
| *Hypnotics* | | | |
| *Antihistamine Hypnotics*** | | | |
| COMPOZ ORAL CAPSULE 50 MG | | Tier 2 | |
| CVS SLEEP AID NIGHTTIME ORAL CAPSULE 50 MG | | Tier 2 | |
| CVS SLEEP AID ORAL CAPSULE 50 MG | | Tier 2 | |
| CVS SLEEP-AID NIGHTTIME ORAL CAPSULE 25 MG | | Tier 2 | |
| EQ NIGHTTIME SLEEP AID MAX ST ORAL CAPSULE 50 MG | | Tier 2 | |
| EQ SLEEP-AID NIGHTTIME ORAL CAPSULE 25 MG | | Tier 2 | |
| EQL NIGHTTIME SLEEP AID ORAL CAPSULE 25 MG | | Tier 2 | |
| EQL SLEEP AID ORAL CAPSULE 50 MG | | Tier 2 | |
| GOODSENSE SLEEP AID ORAL CAPSULE 50 MG | | Tier 2 | |
| GOODSENSE SLEEPTIME ORAL CAPSULE 25 MG | | Tier 2 | |
| HM Z-SLEEP ORAL CAPSULE 25 MG | | Tier 2 | |
| ORMIR ORAL CAPSULE 50 MG | | Tier 2 | |
| QC SLEEP AID MAX ST ORAL CAPSULE 50 MG | | Tier 2 | |
| RA NIGHTTIME SLEEP AID ORAL CAPSULE 50 MG | | Tier 2 | |
| RA SLEEP AID ORAL CAPSULE 50 MG | | Tier 2 | |
| SLEEP AID ORAL CAPSULE 25 MG, 50 MG | | Tier 2 | |
| SLEEP-AID MAXIMUM STRENGTH ORAL CAPSULE 50 MG | | Tier 2 | |
| SM SLEEP AID MAXIMUM STRENGTH ORAL CAPSULE 50 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| SM Z-SLEEP ORAL CAPSULE 25 MG | | Tier 2 | |
| TGT SLEEP AID MAX STRENGTH ORAL CAPSULE 50 MG | | Tier 2 | |
| WAL-SLEEP Z ORAL CAPSULE (RA SLEEP-AID NIGHTTIME) 25 MG | Tier 2 | Tier 2 | |
| WAL-SOM MAXIMUM STRENGTH ORAL CAPSULE 50 MG | | Tier 2 | |
| *Barbiturate Hypnotics*** | | | |
| PHENOBARBITAL ORAL ELIXIR 20 MG/5ML | | Tier 2 | |
| PHENOBARBITAL ORAL SOLUTION 20 MG/5ML | | Tier 2 | |
| PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG | | Tier 2 | |
| *Benzodiazepine Hypnotics*** | | | |
| DORAL ORAL TABLET 15 MG | Tier 4 | | |
| ESTAZOLAM ORAL TABLET 1 MG, 2 MG | | Tier 2 | |
| FLURAZEPAM HCL ORAL CAPSULE 15 MG, 30 MG | | Tier 2 | |
| TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG | | Tier 2 | |
| TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG | | Tier 2 | |
| *Hypnotics - Tricyclic Agents*** | | | |
| SILENOR ORAL TABLET 3 MG, 6 MG | Tier 4 | | |
| *Non-Benzodiazepine - Gaba-Receptor Modulators*** | | | |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | Tier 4 | | |
| INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG | Tier 4 | | |
| LUNESTA ORAL TABLET (ESZOPICLONE) 1 MG, 2 MG, 3 MG | Tier 3 | 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 | |
| ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| ZOLPIMIST ORAL SOLUTION 5 MG/ACT | Tier 4 | | |
| *Selective Melatonin Receptor Agonists*** | | | |
| HETLIOZ ORAL CAPSULE 20 MG | Tier 5 | | |
| ROZEREM ORAL TABLET 8 MG | Tier 3 | | |
| *Ibs Agent - Mu-Opioid Receptor Agonists*** | | | |
| *Ibs Agent - Mu-Opioid Receptor Agonists*** | | | |
| VIBERZI ORAL TABLET 75 MG | Tier 5 | | PA |
| *Laxatives* | | | |
| *Bowel Evacuant Combinations*** | | | |
| COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (PEG 3350/ELECTROLYTES) 240 GM | Tier 1 | Tier 1 | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/ELECTROLYTES) 240 GM | Tier 1 | Tier 1 | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM | Tier 1 | Tier 1 | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM | Tier 1 | | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM | Tier 1 | Tier 1 | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM | Tier 1 | | |
| NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM | Tier 1 | Tier 1 | |
| PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM | Tier 3 | | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | Tier 1 | | |
| TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM | Tier 1 | Tier 1 | |
| *Laxatives - Miscellaneous*** | | | |
| CVS PURELAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) | Tier 2 | Tier 2 | |
| GNP CLEARLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) | Tier 2 | Tier 2 | |
| HEALTHYLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) | Tier 2 | Tier 2 | |
| HM CLEARLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) | Tier 2 | Tier 2 | |
| KRISTALOSE ORAL PACKET (LACTULOSE) 10 GM | Tier 4 | Tier 4 | |
| KRISTALOSE ORAL PACKET 20 GM | Tier 4 | | |
| MIRALAX ORAL POWDER | Tier 4 | | |
| PEG 3350 ORAL PACKET | | Tier 2 | |
| RA LAXATIVE ORAL PACKET | | Tier 2 | |
| SMOOTH LAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) | Tier 2 | Tier 2 | |
| TGT POWDERLAX ORAL PACKET (POLYETHYLENE GLYCOL 3350) 17 GM | Tier 2 | Tier 2 | |
| *Laxatives & Dss*** | | | |
| SEKOT S ORAL TABLET 8.6-50 MG | Tier 2 | | |
| *Saline Laxative Mixtures*** | | | |
| OSMOPREP ORAL TABLET 1.102-0.398 GM | Tier 3 | | |
| *Stimulant Laxatives*** | | | |
| DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG | Tier 2 | | |
| *Surfactant Laxatives*** | | | |
| COLACE ORAL CAPSULE (DSS) 100 MG | Tier 4 | Tier 2 | |
| CORRECTOL EXTRA GENTLE ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| CVS STOOL SOFTENER ORAL CAPSULE 100 MG, 240 MG | | Tier 2 | |
| DOCQLACE ORAL CAPSULE 100 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| DOCU SOFT ORAL CAPSULE 100 MG | | Tier 2 | |
| DOCUSATE SODIUM ORAL CAPSULE 100 MG | | Tier 2 | |
| DOCUSIL ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| DOK ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| DULCOLAX STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| EASY-LAX ORAL CAPSULE 100 MG | | Tier 2 | |
| EQ STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| EQL STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| GNP DOCUSATE CALCIUM ORAL CAPSULE 240 MG | | Tier 2 | |
| GNP STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| HM STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| KAO-TIN ORAL CAPSULE (DOCUSATE CALCIUM) 240 MG | Tier 2 | Tier 2 | |
| KLS STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| KS STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| LAXA BASIC ORAL CAPSULE 100 MG | | Tier 2 | |
| MM STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| PHILLIPS STOOL SOFTENER ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| PX DOCUSATE SODIUM ORAL CAPSULE 100 MG | | Tier 2 | |
| QC DOCUSATE CALCIUM ORAL CAPSULE 240 MG | | Tier 2 | |
| QC STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| RA COL-RITE ORAL CAPSULE 100 MG | | Tier 2 | |
| RA STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| SB DOCUSATE SODIUM ORAL CAPSULE 100 MG | | Tier 2 | |
| SB STOOL SOFTENER ORAL CAPSULE 240 MG | | Tier 2 | |
| SM DOCUSATE CALCIUM ORAL CAPSULE 240 MG | | Tier 2 | |
| SM STOOL SOFTENER ORAL CAPSULE 100 MG, 240 MG | | Tier 2 | |
| SOFT-LAX ORAL CAPSULE (DSS) 100 MG | Tier 2 | Tier 2 | |
| STOOL SOFTENER LAXATIVE ORAL CAPSULE 100 MG | | Tier 2 | |
| STOOL SOFTENER ORAL CAPSULE 100 MG, 240 MG | | Tier 2 | |
| SURFAK ORAL CAPSULE (DOCUSATE CALCIUM) 240 MG | Tier 2 | Tier 2 | |
| TGT STOOL SOFTENER ORAL CAPSULE 100 MG | | Tier 2 | |
| *Leptin Analogues*** | | | |
| *Leptin Analogues*** | | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG | Tier 5 | | PA |
| *Lhrh/Gnrh Agonist Analog Combinations*** | | | |
| *Lhrh/Gnrh Agonist Analog Combinations*** | | | |
| LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Local Anesthetics-Parenteral* | | | |
| *Local Anesthetics - Amides*** | | | |
| LIDOCAINE HCL INJECTION SOLUTION 0.5 % | | Tier 2 | |
| *Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** | | | |
| *Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** | | | |
| XIIDRA OPHTHALMIC SOLUTION 5 % | Tier 4 | | PA |
| *Macrolides* | | | |
| *Azithromycin*** | | | |
| AZITHROMYCIN ORAL PACKET 1 GM | | Tier 2 | |
| AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | | Tier 2 | |
| AZITHROMYCIN ORAL TABLET 250 MG, 600 MG | | Tier 2 | |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (AZITHROMYCIN) 500 MG | Tier 2 | Tier 2 | |
| ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM | Tier 4 | | |
| *Clarithromycin*** | | | |
| CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML | | Tier 2 | |
| CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| *Erythromycins*** | | | |
| E.E.S. 400 ORAL TABLET (ERYTHROMYCIN ETHYLSUCCINATE) 400 MG | Tier 2 | Tier 2 | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 500 MG | Tier 3 | | |
| ERY-TAB ORAL TABLET DELAYED RELEASE (ERYTHROMYCIN BASE) 333 MG | Tier 3 | Tier 3 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | Tier 3 | | |
| ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG | | Tier 2 | |
| ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 400 MG/5ML | | Tier 2 | |
| ERYTHROMYCIN ORAL TABLET DELAYED RELEASE 333 MG | | Tier 3 | |
| PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG | Tier 3 | | |
| *Fidaxomicin*** | | | |
| DIFICID ORAL TABLET 200 MG | Tier 5 | | |
| *Medical Devices* | | | |
| *Applicators,Cotton Balls,Etc*** | | | |
| ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP) | Tier 3 | Tier 3 | |
| ALCOHOL PADS PAD 70 % | | Tier 3 | |
| ALCOHOL PREP PAD 70 % | | Tier 3 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| ALCOHOL SWABS PAD , 70 % | | Tier 3 | |
| ALCOHOL WIPES PAD 70 % | | Tier 3 | |
| ALCOH-WIPE SHEET | | Tier 3 | |
| EQL ALCOHOL SWABS PAD 70 % | | Tier 3 | |
| *Glucose Monitoring Test Supplies*** | | | |
| 1ST TIER UNILET COMFORTOUCH | | Tier 1 | |
| ACCU-CHEK FASTCLIX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACCU-CHEK MULTICLIX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACCU-CHEK SAFE-T PRO LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACCU-CHEK SOFT TOUCH LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACCU-CHEK SOFTCLIX LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ACTI-LANCE 28G | | Tier 1 | |
| ACTI-LANCE LITE LANCETS 28G | | Tier 1 | |
| ACTI-LANCE SPECIAL LANCETS 17G | | Tier 1 | |
| ACTI-LANCE UNIVERSAL 23G | | Tier 1 | |
| ACTIVE 1ST BLOOD LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| ADVANCED MOBILE LANCET | | Tier 1 | |
| ADVOCATE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ADVOCATE LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| ADVOCATE LANCING DEVICE (GOODSENSE LANCING DEVICE) | Tier 1 | Tier 1 | |
| ADVOCATE SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ADVOCATE SAFETY LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| AGAMATRIX ULTRA-THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| AIMSCO TWIST LANCETS 32G | | Tier 1 | |
| AIMSCO TWIST LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| AQUALANCE LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE COMFORT LANCETS 28G | | Tier 1 | |
| ASSURE HAEMOLANCE PLUS HIGH (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE HAEMOLANCE PLUS LOW (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE HAEMOLANCE PLUS MICRO (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE HAEMOLANCE PLUS NORMAL (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE HAEMOLANCE PLUS PED (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE PLUS SAFETY 25G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE PLUS SAFETY 30G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCE SAFETY LANCET 28G (LANCETS) | Tier 1 | Tier 1 | |
| ASSURE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| AT LAST LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| AURORA LANCET SUPER THIN 30G | | Tier 1 | |
| AURORA LANCET THIN 23G | | Tier 1 | |
| AUTOLET PLATFORMS (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |

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

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

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

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

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

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| PHARMACIST CHOICE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PHARMACY COUNTER LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PIP LANCETS 28G | | Tier 1 | |
| PIP LANCETS 30G | | Tier 1 | |
| PRECISION THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PRECISION THINS GP LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PRECISION ULTRA LANCET (LANCETS) | Tier 1 | Tier 1 | |
| PREFERRED PLUS LANCETS COLORED | | Tier 1 | |
| PREFERRED PLUS LANCETS THIN | | Tier 1 | |
| PRESSURE ACTIVAT SAFETY LANCET | | Tier 1 | |
| PRO COMFORT LANCETS 30G | | Tier 1 | |
| PRO COMFORT LANCETS 31G | | Tier 1 | |
| PRODIGY LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| PRODIGY SAFETY LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| PRODIGY TWIST TOP LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| PSS SELECT GP LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PSS SELECT PLATFORMS (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| PSS SELECT SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| PUSH BUTTON SAFETY LANCETS | | Tier 1 | |
| PUSH BUTTON SAFETY LANCETS 28G | | Tier 1 | |
| PX LANCETS ULTRA THIN | | Tier 1 | |
| PX LANCETS ULTRA THIN 28G | | Tier 1 | |
| QC LANCETS SUPER THIN 30G | | Tier 1 | |
| QC LANCETS ULTRA THIN | | Tier 1 | |
| QC UNILET LANCETS 28G | | Tier 1 | |
| QC UNILET LANCETS MICRO THIN | | Tier 1 | |
| RA E-ZJECT COLOR LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS THIN 26G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS THIN 28G (LANCETS) | Tier 1 | Tier 1 | |
| RA E-ZJECT LANCETS ULTRA THIN (LANCETS) | Tier 1 | Tier 1 | |
| READYLANCE SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| REALITY LANCETS | | Tier 1 | |
| REALITY TRIGGER LANCETS | | Tier 1 | |
| RELION LANCETS MICRO-THIN 33G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS STANDARD 21G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS THIN 26G (LANCETS) | Tier 1 | Tier 1 | |
| RELION LANCETS ULTRA-THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| RELION ULTRA THIN LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| RELION ULTRA THIN PLUS LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| REXALL LANCETS ULTRA THIN 30G (LANCETS) | Tier 1 | Tier 1 | |
| RIGHTEST ALTERNATE SITE ADAPT (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| RIGHTEST GL300 LANCETS (LANCETS) | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SAFE-T-LANCE (LANCETS) | Tier 1 | Tier 1 | |
| SAFE-T-LANCE PLUS (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCET 21G/PRESSURE ACT | | Tier 1 | |
| SAFETY LANCET 28G/PRESSURE ACT | | Tier 1 | |
| SAFETY LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCETS 21G (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY LANCETS 28G | | Tier 1 | |
| SAFETY LET LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SAFETY SEAL LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SAPS HEALTH TWIST TOP LANCETS | | Tier 1 | |
| SAPS TWIST TOP LANCETS | | Tier 1 | |
| SAPSCARE TWIST TOP LANCETS | | Tier 1 | |
| SB LANCETS THIN | | Tier 1 | |
| SB LANCETS ULTRA THIN | | Tier 1 | |
| SHOPKO ON-THE-GO LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| SHOPKO UNILET LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SHOPKO UNILET LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| SIDE BUTTON SAFETY LANCET | | Tier 1 | |
| SINGLE-LET (LANCETS) | Tier 1 | Tier 1 | |
| SM LANCETS 33G | | Tier 1 | |
| SMART SENSE COLOR LANCETS 33G (LANCETS) | Tier 1 | Tier 1 | |
| SMART SENSE STANDARD LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SMART SENSE SUPER THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SMART SENSE THIN LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| SMARTEST LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SOLUS V2 LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SOLUS V2 TWIST LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |
| STERILANCE PA (LANCET TRANSPORTER CASE) | Tier 1 | Tier 1 | |
| STERILANCE TL (LANCETS) | Tier 1 | Tier 1 | |
| SUPER THIN LANCETS | | Tier 1 | |
| SURE COMFORT LANCETS 18G | | Tier 1 | |
| SURE COMFORT LANCETS 21G | | Tier 1 | |
| SURE COMFORT LANCETS 23G | | Tier 1 | |
| SURE COMFORT LANCETS 28G | | Tier 1 | |
| SURE COMFORT LANCETS 30G | | Tier 1 | |
| SURE-LANCE FLAT LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SURE-LANCE LANCETS 26G (LANCETS) | Tier 1 | Tier 1 | |
| SURE-LANCE THIN LANCETS 28G (LANCETS) | Tier 1 | Tier 1 | |
| SURE-LANCE ULTRA THIN LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SURELITE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| SURE-TOUCH LANCETS UNIVERSAL (LANCETS) | Tier 1 | Tier 1 | |
| TECHLITE AST LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| TECHLITE LANCETS (LANCETS) | Tier 1 | Tier 1 | |
| TECHLITE LANCETS 30G (LANCETS) | Tier 1 | Tier 1 | |

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

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

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Needles & Syringes*** | | | |
| 1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM | | Tier 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| ADVOCATE INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ANTI-STICK INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |
| ASSURE ID INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM | Tier 1 | Tier 1 | |
| ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM | | Tier 1 | |
| BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM | Tier 1 | Tier 1 | |
| BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYR ULTRAFINE II (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| BD INSULIN SYRINGE U/F (INSULIN SYRINGE) 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U/F (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | Tier 1 | | |
| BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| BD SAFETY-LOK INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| BD VEO INSULIN SYRINGE U/F (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| CLEVER CHOICE COMFORT EZ (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM | Tier 1 | Tier 1 | |
| CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| CLICKFINE PEN NEEDLES 31G X 6 MM 31G X 6 MM | | Tier 1 | |
| CLICKFINE PEN NEEDLES 31G X 8 MM 31G X 8 MM | | Tier 1 | |
| CLICKFINE PEN NEEDLES 32G X 4 MM 32G X 4 MM | | Tier 1 | |
| COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| COMFORT ASSIST INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| COMFORT EZ INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE) 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML | Tier 1 | | |
| DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| DROPLET INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES 29G X 10MM | Tier 1 | | |
| DROPLET PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| DRUG 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" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | | Tier 1 | |
| EASY GLIDE PEN NEEDLES 33G X 4 MM | | Tier 1 | |
| EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH FLIPLOCK INSULIN SY (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| EASY TOUCH INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM | Tier 1 | | |
| EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | | Tier 1 | |
| EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |

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

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

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

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

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| MONOJECT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| NOVOFINE (PEN NEEDLES 5/16") 30G X 8 MM | Tier 1 | Tier 1 | |
| NOVOFINE (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| NOVOFINE AUTOCOVER (PEN NEEDLES 5/16") 30G X 8 MM | Tier 1 | Tier 1 | |
| NOVOFINE PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| NOVOTWIST (PRO COMFORT PEN NEEDLES) 32G X 5 MM | Tier 1 | Tier 1 | |
| PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | | Tier 1 | |
| PEN NEEDLES 3/16" 31G X 5 MM | | Tier 1 | |
| PENTIPS (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| PRECISION SUREDOSE PLUS SYR (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | | Tier 1 | |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| PRO COMFORT INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE) 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| PRO COMFORT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | | Tier 1 | |
| PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| PX EXTRA SHORT PEN NEEDLES 31G X 6 MM | | Tier 1 | |
| PX MINI PEN NEEDLES 31G X 5 MM | | Tier 1 | |
| PX PEN NEEDLE 29G X 12MM , 31G X 8 MM | | Tier 1 | |
| PX SHORTLENGTH PEN NEEDLES 31G X 8 MM | | Tier 1 | |
| QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| QC UNIFINE PENTIPS 32G X 4 MM | | Tier 1 | |
| RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | | Tier 1 | |
| RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM | | Tier 1 | |
| REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |
| RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| RELI-ON INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 1 | Tier 1 | |
| RELION INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML | | Tier 1 | |
| SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| SM INSULIN SYRINGE 31G X 5/16" 1 ML | | Tier 1 | |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 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 30G X 8 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| SURE-FINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| SURE-FINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| SURE-JECT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| TECHLITE PEN NEEDLES 29G X 10MM | Tier 1 | | |
| TECHLITE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM | | Tier 1 | |
| TODAYS HEALTH PEN NEEDLES 29G X 12MM | | Tier 1 | |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM | | Tier 1 | |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM | | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| TRUEPLUS INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| TRUEPLUS PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| ULTICARE INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM | Tier 1 | Tier 1 | |
| ULTICARE PEN NEEDLES 29G X 12.7MM | Tier 1 | | |
| ULTICARE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE) 30G X 1/2" 0.5 ML | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| ULTILET INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE SHORT (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| ULTILET INSULIN SYRINGE SHORT (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | | Tier 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM | | Tier 1 | |
| ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | | Tier 1 | |
| ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 1 | Tier 1 | |
| ULTRA-THIN II INS SYR SHORT (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| ULTRA-THIN II PEN NEEDLE SHORT (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM | Tier 1 | Tier 1 | |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | | Tier 1 | |
| VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM | | Tier 1 | |
| VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML | Tier 1 | Tier 1 | |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | Tier 1 | | |
| VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM | Tier 1 | Tier 1 | |
| VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM | Tier 1 | Tier 1 | |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | | Tier 1 | |
| *Migraine Products* | | | |
| *Ergot Combinations*** | | | |
| CAFERGOT ORAL TABLET 1-100 MG | Tier 4 | | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 3 | | |
| *Migraine Combinations*** | | | |
| NODOLOR ORAL CAPSULE (ISOMETHEPTENE-DICHLORAL-APAP) 325-65-100 MG | Tier 2 | Tier 2 | |
| *Migraine Products - Nsaids*** | | | |
| CAMBIA ORAL PACKET 50 MG | Tier 4 | | |
| *Migraine Products*** | | | |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG | Tier 4 | | |
| MIGRANAL NASAL SOLUTION (DIHYDROERGOTAMINE MESYLATE) 4 MG/ML | Tier 3 | Tier 2 | |
| *Selective Serotonin Agonist-Nsaid Combinations*** | | | |
| TREXIMET ORAL TABLET (SUMATRIPTAN-NAPROXEN SODIUM) 85-500 MG | Tier 4 | Tier 4 | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Selective Serotonin Agonists 5-Ht(1)*** | | | |
| AMERGE ORAL TABLET (NARATRIPTAN HCL) 1 MG, 2.5 MG | Tier 4 | Tier 2 | |
| AXERT ORAL TABLET 12.5 MG, 6.25 MG | Tier 3 | | |
| FROVA ORAL TABLET 2.5 MG | Tier 3 | | |
| RELPAX ORAL TABLET 20 MG, 40 MG | Tier 3 | | |
| RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG | | Tier 2 | |
| SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT | | Tier 2 | |
| SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG | | Tier 2 | |
| SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML | | Tier 2 | |
| SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML | | Tier 2 | |
| ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG | | Tier 2 | |
| ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG | | Tier 2 | |
| ZOMIG NASAL SOLUTION 5 MG | Tier 3 | | |
| *Minerals & Electrolytes* | | | |
| *Calcium*** | | | |
| CALCI-CHEW ORAL TABLET CHEWABLE 1250 (500 CA) MG | Tier 2 | | |
| CALCITRATE ORAL TABLET 950 MG | Tier 2 | | |
| CALCIUM CITRATE ORAL TABLET 200 MG | | Tier 2 | |
| *Electrolytes & Dextrose*** | | | |
| DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.225 % | | Tier 2 | |
| KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 20-5-0.33 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-% | | Tier 2 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | Tier 4 | | |
| POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-% | | Tier 2 | |
| *Electrolytes Parenteral*** | | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | Tier 4 | | |
| LACTATED RINGERS INTRAVENOUS SOLUTION | | Tier 2 | |
| NORMOSOL-R INTRAVENOUS SOLUTION | Tier 4 | | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | Tier 4 | | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | Tier 4 | | |
| POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-% | | Tier 2 | |
| RINGERS INTRAVENOUS SOLUTION | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Fluoride Combinations*** | | | |
| FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 1 (F)-236.79 MG | Tier 4 | | |
| *Fluoride*** | | | |
| FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML | Tier 3 | | |
| FLUOR-A-DAY ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP | Tier 1 | Tier 1 | |
| FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP | Tier 3 | | |
| KARIDIUM ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP | Tier 1 | Tier 1 | |
| LUDENT ORAL TABLET CHEWABLE (FLUORITAB) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG | Tier 1 | Tier 1 | |
| NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP | Tier 1 | Tier 1 | |
| NAFRINSE ORAL TABLET CHEWABLE (FLUORITAB) 2.2 (1 F) MG | Tier 1 | Tier 1 | |
| SODIUM FLUORIDE ORAL TABLET 2.2 (1 F) MG | | Tier 2 | |
| SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG | | Tier 1 | |
| *Magnesium*** | | | |
| CHLOROMAG INJECTION SOLUTION 200 MG/ML | | Tier 2 | |
| MAGNESIUM CHLORIDE INJECTION SOLUTION 200 MG/ML | | Tier 2 | |
| *Phosphate*** | | | |
| PHOSPHA 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG | Tier 2 | Tier 2 | |
| PHOSPHOROUS ORAL TABLET 155-852-130 MG | | Tier 2 | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG | Tier 2 | Tier 2 | |
| *Potassium Combinations*** | | | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | Tier 4 | | |
| *Potassium*** | | | |
| EFFER-K ORAL TABLET EFFERVESCENT (K-EFFERVESCENT) 25 MEQ | Tier 2 | Tier 2 | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ | Tier 2 | Tier 2 | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | Tier 3 | | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 20 MEQ | Tier 2 | Tier 2 | |
| KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ | Tier 2 | Tier 2 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ | Tier 2 | Tier 2 | |
| KLOR-CON/EF ORAL TABLET EFFERVESCENT (K-EFFERVESCENT) 25 MEQ | Tier 2 | Tier 2 | |
| K-PRIME ORAL TABLET EFFERVESCENT (K-EFFERVESCENT) 25 MEQ | Tier 2 | Tier 2 | |
| K-VESCENT ORAL TABLET EFFERVESCENT 25 MEQ | | Tier 2 | |
| POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML | | Tier 2 | |
| POTASSIUM BICARBONATE ORAL TABLET EFFERVESCENT 25 MEQ | | Tier 2 | |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 0.4 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML | | Tier 2 | |
| POTASSIUM CHLORIDE PROAMP INTRAVENOUS SOLUTION (POTASSIUM CHLORIDE) 2 MEQ/ML | Tier 2 | Tier 2 | |
| *Sodium*** | | | |
| SODIUM CHLORIDE INTRAVENOUS SOLUTION 3 %, 5 % | | Tier 2 | |
| *Monobactams*** | | | |
| *Monobactams*** | | | |
| AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML | Tier 4 | | |
| AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM | Tier 4 | | |
| AZTREONAM INJECTION SOLUTION RECONSTITUTED 1 GM | | Tier 2 | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | Tier 4 | | PA |
| *Mouth/Throat/Dental Agents* | | | |
| *Anesthetics Topical Oral*** | | | |
| LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 % | | Tier 2 | |
| *Anti-Infectives - Throat*** | | | |
| CLOTRIMAZOLE MOUTH/THROAT LOZENGE 10 MG | | Tier 2 | |
| CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG | | Tier 2 | |
| NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML | | Tier 2 | |
| ORAVIG BUCCAL TABLET 50 MG | Tier 4 | | |
| *Antiseptics - Mouth/Throat*** | | | |
| PAROEX MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 % | Tier 2 | Tier 2 | |
| PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 % | Tier 2 | Tier 2 | |
| *Fluoride Dental Products*** | | | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % | Tier 4 | | |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| PREVIDENT DENTAL GEL 1.1 % | Tier 4 | | |
| *Saliva Stimulants*** | | | |
| CEVIMELINE HCL ORAL CAPSULE 30 MG | | Tier 2 | |
| PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG | | Tier 2 | |
| *Steroids - Mouth/Throat*** | | | |
| ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 % | Tier 2 | Tier 2 | |
| *Multivitamins* | | | |
| *B-Complex W/ C & E + Zn*** | | | |
| STRESS FORMULA/ZINC ORAL TABLET | | Tier 2 | |
| *B-Complex W/ C & Folic Acid*** | | | |
| STRESS FORMULA ORAL TABLET | | Tier 2 | |
| *Multiple Vitamins W/ Iron*** | | | |
| STRESS FORMULA/IRON ORAL TABLET | | Tier 2 | |
| *Multiple Vitamins W/ Minerals*** | | | |
| A THRU Z ADVANCED ADULT ORAL TABLET | | Tier 2 | |
| A THRU Z ADVANCED ORAL TABLET | | Tier 2 | |
| A THRU Z HIGH POTENCY ORAL TABLET | | Tier 2 | |
| A THRU Z SELECT 50+ ADVANCED ORAL TABLET | | Tier 2 | |
| A THRU Z SELECT 50+ MENS ORAL TABLET | | Tier 2 | |
| A THRU Z SELECT ADVANCED ORAL TABLET | | Tier 2 | |
| A THRU Z SELECT ORAL TABLET | | Tier 2 | |
| A THRU Z SELECT ULTIMATE WOMEN ORAL TABLET | | Tier 2 | |
| A THRU Z ULTIMATE MENS ORAL TABLET | | Tier 2 | |
| ABC PLUS ORAL TABLET | | Tier 2 | |
| ABC PLUS SENIOR ADULTS 50+ ORAL TABLET (B- PLEX PLUS) | Tier 2 | Tier 2 | |
| ABC PLUS SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ANTIOXIDANT A/C/E/SELENIUM ORAL TABLET | | Tier 2 | |
| ANTIOXIDANT FORMULA ORAL TABLET | | Tier 2 | |
| ANTIOXIDANT PROTECTION FORMULA ORAL TABLET | | Tier 2 | |
| ANTIOXIDANT VITAMINS ORAL TABLET | | Tier 2 | |
| AP-ZEL ORAL TABLET | | Tier 4 | |
| BACMIN ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| BIOCEL ORAL TABLET | | Tier 2 | |
| BIOTIN PLUS/CALCIUM/VIT D3 ORAL TABLET | | Tier 2 | |
| B-REDI/RED HEARTS/RED ROOSTERS ORAL TABLET | | Tier 2 | |
| CARRAVITE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| CENTAVITE A-Z COMPLETE-MINERAL ORAL TABLET | | Tier 2 | |
| CENTRAVITES 50 PLUS ORAL TABLET | | Tier 2 | |
| CENTRAVITES ORAL TABLET | | Tier 2 | |
| CENTURY MATURE ORAL TABLET | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| CENTURY ORAL TABLET | | Tier 2 | |
| CEROVITE ADVANCED FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| CEROVITE SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| CERTA PLUS ORAL TABLET | | Tier 2 | |
| CERTAGEN ORAL TABLET | | Tier 2 | |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| CLINICAL NUTRIENTS FOR WOMEN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| COMPANION ORAL TABLET | | Tier 2 | |
| COMPETE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| COMPLERE ORAL TABLET | | Tier 2 | |
| COMPLETE DAILY/LUTEIN ORAL TABLET | | Tier 2 | |
| COMPLETE ENERGY ORAL TABLET | | Tier 2 | |
| COMPLETE ORAL TABLET | | Tier 2 | |
| COMPLETE SENIOR ORAL TABLET | | Tier 2 | |
| COMPLETE WOMENS ORAL TABLET | | Tier 2 | |
| CORVITE FREE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| CVS DAILY MULTIPLE FE/CA/ZN ORAL TABLET | | Tier 2 | |
| CVS DAILY MULTIPLE FOR MEN ORAL TABLET | | Tier 2 | |
| CVS DAILY MULTIPLE FOR WOMEN ORAL TABLET | | Tier 2 | |
| CVS DAILY MULTIPLE WOMEN 50+ ORAL TABLET | | Tier 2 | |
| CVS EYE HEALTH & LUTEIN ORAL TABLET | | Tier 2 | |
| CVS ONE DAILY ESSENTIAL ORAL TABLET | | Tier 2 | |
| CVS ONE DAILY WOMENS FORMULA ORAL TABLET | | Tier 2 | |
| CVS SPECTRAVITE ADVANCED ORAL TABLET | | Tier 2 | |
| CVS SPECTRAVITE SENIOR ORAL TABLET | | Tier 2 | |
| CVS SPECTRAVITE ULTRA MENS ORAL TABLET | | Tier 2 | |
| CVS SPECTRAVITE WOMENS SENIOR ORAL TABLET | | Tier 2 | |
| CVS VISION FORMULA ORAL TABLET | | Tier 2 | |
| CVS WOMENS ACTIVE DAILY ORAL TABLET | | Tier 2 | |
| DAILY BETIC ORAL TABLET | | Tier 2 | |
| DAILY COMBO MULTI VITAMINS ORAL TABLET | | Tier 2 | |
| DAILY MENS HEALTH FORMULA ORAL TABLET | | Tier 2 | |
| DAILY MULTI 50+ ORAL TABLET | | Tier 2 | |
| DAILY MULTI ORAL TABLET | | Tier 2 | |
| DAILY MULTIPLE VITAMINS/MIN ORAL TABLET | | Tier 2 | |
| DAILY VITAMIN FORMULA+MINERALS ORAL TABLET | | Tier 2 | |
| DAILY WOMENS HEALTH FORMULA ORAL TABLET | | Tier 2 | |
| DAILY-VITAMIN MAXIMUM FORMULA ORAL TABLET | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| DIABETES HEALTH FORMULA ORAL TABLET | | Tier 2 | |
| DIALYVITE 800/ULTRA D ORAL TABLET | | Tier 2 | |
| DOCTORS CHOICE MEN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ECOLOVIT ORAL TABLET | | Tier 2 | |
| ENVIRO-STRESS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| EQ COMPLETE MULTIVIT ADULT 50+ ORAL TABLET | | Tier 2 | |
| EQ ONE DAILY WOMENS HEALTH ORAL TABLET | | Tier 2 | |
| EQ ONE DAILY WOMENS PRO-ACTIVE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| EQL CENTURY MATURE MEN 50+ ORAL TABLET | | Tier 2 | |
| EQL CENTURY MATURE ORAL TABLET | | Tier 2 | |
| EQL CENTURY MATURE WOMEN 50+ ORAL TABLET | | Tier 2 | |
| EQL CENTURY ORAL TABLET | | Tier 2 | |
| EQL ONE DAILY MENS 50+ ADVANCE ORAL TABLET | | Tier 2 | |
| EQL ONE DAILY MENS HEALTH ORAL TABLET | | Tier 2 | |
| EQL ONE DAILY WOMENS 50+ ADV ORAL TABLET | | Tier 2 | |
| EQL VISION FORMULA ORAL TABLET | | Tier 2 | |
| ESSENTIA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ESSENTIAL BALANCE ORAL TABLET | | Tier 2 | |
| EYEPROTECT ORAL TABLET | | Tier 2 | |
| EYE-VITES ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| GERIVITE COMPLETE ORAL TABLET | | Tier 2 | |
| GNP CENTURY ADULT FORMULA ORAL TABLET | | Tier 2 | |
| GNP CENTURY ADULTS 50+ SENIOR ORAL TABLET | | Tier 2 | |
| GNP CENTURY CARDIO HEALTH ORAL TABLET | | Tier 2 | |
| GNP CENTURY MATURE ORAL TABLET | | Tier 2 | |
| GNP CENTURY MATURE WOMEN'S 50+ ORAL TABLET | | Tier 2 | |
| GNP CENTURY ORAL TABLET | | Tier 2 | |
| GNP CENTURY ULTIMATE MENS ORAL TABLET | | Tier 2 | |
| GNP CENTURY ULTIMATE WOMENS ORAL TABLET | | Tier 2 | |
| GNP DIABETIC SUPPORT FORMULA ORAL TABLET | | Tier 2 | |
| GNP HAIR/SKIN/NAILS ORAL TABLET | | Tier 2 | |
| GNP HEALTHY EYES ORAL TABLET | | Tier 2 | |
| GNP MAXIMUM ONE DAILY ORAL TABLET | | Tier 2 | |
| GNP MEGA MULTI FOR MEN ORAL TABLET | | Tier 2 | |
| GNP MEGA MULTI FOR WOMEN ORAL TABLET | | Tier 2 | |
| GNP ONE DAILY MAXIMUM ORAL TABLET | | Tier 2 | |
| GNP ONE DAILY MENS 50+ADVANCED ORAL TABLET | | Tier 2 | |
| GNP ONE DAILY MENS HEALTH 50+ ORAL TABLET | | Tier 2 | |
| GNP ONE DAILY MENS/LYCOPENE ORAL TABLET | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| GNP ONE DAILY WOMENS 50+ ORAL TABLET | | Tier 2 | |
| GNP ONE DAILY WOMENS ORAL TABLET | | Tier 2 | |
| GNP OPTI-VITAMINS ORAL TABLET | | Tier 2 | |
| GNP THERAPEUTIC-M ORAL TABLET | | Tier 2 | |
| GNP WOMENS ONE DAILY ORAL TABLET | | Tier 2 | |
| HAIR FORMULA EXTRA STRENGTH ORAL TABLET | | Tier 2 | |
| HAIR SKIN AND NAILS FORMULA ORAL TABLET | | Tier 2 | |
| HAIR VITAMINS ORAL TABLET | | Tier 2 | |
| HAIR/SKIN/NAILS ORAL TABLET | | Tier 2 | |
| HAIR/SKIN/NAILS/BIOTIN ORAL TABLET | | Tier 2 | |
| HEALTHY EYES ORAL TABLET | | Tier 2 | |
| HEALTHY EYES/LUTEIN ORAL TABLET | | Tier 2 | |
| HI-KOVITE 2-PART FORMULA ORAL TABLET | | Tier 2 | |
| HI-POTENCY MULTI-VITAMIN ORAL TABLET | | Tier 2 | |
| HM ANTIOXIDANT VITAMINS ORAL TABLET | | Tier 2 | |
| HM COMPLETE 50+ ORAL TABLET | | Tier 2 | |
| HM COMPLETE ORAL TABLET | | Tier 2 | |
| HM COMPLETE WOMEN ORAL TABLET | | Tier 2 | |
| HM MENS 50+ ADVANCED ONE DAILY ORAL TABLET | | Tier 2 | |
| HM WOMENS 50+ ADVANCED DAILY ORAL TABLET | | Tier 2 | |
| ICAPS AREDS FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ICAPS MV ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| I-VITE ORAL TABLET | | Tier 2 | |
| I-VITE PROTECT ORAL TABLET | | Tier 2 | |
| KP ADULTS 50+ DAILY FORMULA ORAL TABLET | | Tier 2 | |
| KP ADULTS DAILY FORMULA ORAL TABLET | | Tier 2 | |
| KP MENS 50+ DAILY FORMULA ORAL TABLET | | Tier 2 | |
| KP MENS DAILY FORMULA ORAL TABLET | | Tier 2 | |
| KP VISION FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| KP VISION FORMULA/LUTEIN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| KP WOMENS 50+ DAILY FORMULA ORAL TABLET | | Tier 2 | |
| KP WOMENS DAILY FORMULA ORAL TABLET | | Tier 2 | |
| K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| LYSIPLEX PLUS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MACUVITE EYE CARE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MACUVITE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MACUVITE/LUTEIN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MAXIMUM BLUE LABEL ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| MAXIMUM DAILY GREEN ORAL TABLET | | Tier 2 | |
| MAXIMUM GREEN LABEL ORAL TABLET (B- PLEX PLUS) | Tier 2 | Tier 2 | |
| MAXIMUM RED LABEL ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MEDI PLEX PLUS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MEGA VM-80 ORAL TABLET | | Tier 2 | |
| MEIJER ADVANCED FORMULA ORAL TABLET | | Tier 2 | |
| MENS HAIR FORMULA ULTRA MAN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MENS LIFE PACK ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MILLTRIUM ADVANCED FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MILLTRIUM CARDIO ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MILLTRIUM SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MULTI COMPLETE/IRON ORAL TABLET | | Tier 2 | |
| MULTI FOR HER 50+ ORAL TABLET | | Tier 2 | |
| MULTI FOR HER ORAL TABLET | | Tier 2 | |
| MULTI FOR HIM 50+ ORAL TABLET | | Tier 2 | |
| MULTI FOR HIM ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MULTI VITAMIN/MINERALS ORAL TABLET | | Tier 2 | |
| MULTI-DAY PLUS MINERALS ORAL TABLET | | Tier 2 | |
| MULTI-DAY WEIGHT TRIM ORAL TABLET (B- PLEX PLUS) | Tier 2 | Tier 2 | |
| MULTI-LEAN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| MULTILEX ORAL TABLET | | Tier 2 | |
| MULTILEX-T&M ORAL TABLET | | Tier 2 | |
| MULTIMINERAL PLUS ORAL TABLET | | Tier 2 | |
| MULTIPLE VIT/MINERALS/NO IRON ORAL TABLET | | Tier 2 | |
| MULTIPLE VITAMINS/WOMENS ORAL TABLET | | Tier 2 | |
| MULTIVITAMIN ADULTS 50+ ORAL TABLET | | Tier 2 | |
| MULTIVITAMIN ADULTS ORAL TABLET | | Tier 2 | |
| MULTIVITAMIN MEN 50+ ORAL TABLET | | Tier 2 | |
| MULTIVITAMIN MEN ORAL TABLET | | Tier 2 | |
| MULTI-VITAMIN MENOPAUSAL ORAL TABLET | | Tier 2 | |
| MULTIVITAMIN WOMEN 50+ ORAL TABLET | | Tier 2 | |
| MULTIVITAMIN WOMEN ORAL TABLET | | Tier 2 | |
| MULTI-VITAMIN/MINERALS ORAL TABLET | | Tier 2 | |
| MYAMULTI ORAL TABLET | | Tier 2 | |
| NICADAN ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| NICAZEL FORTE ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| NICAZEL ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| NUTRICAP ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| NUTRIFAC ZX ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| OCUTABS ORAL TABLET | | Tier 2 | |
| OCUTABS-LUTEIN ORAL TABLET | | Tier 2 | |
| OCUVITE EXTRA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| OCUVITE EYE + MULTI ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| OCUVITE-LUTEIN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ONE DAILY 50 PLUS ORAL TABLET | | Tier 2 | |
| ONE DAILY ADULTS 50+ ORAL TABLET | | Tier 2 | |
| ONE DAILY CALCIUM/IRON ORAL TABLET | | Tier 2 | |
| ONE DAILY COMPLETE FOR MEN ORAL TABLET | | Tier 2 | |
| ONE DAILY COMPLETE ORAL TABLET | | Tier 2 | |
| ONE DAILY FOR MEN 50+ ADVANCED ORAL TABLET | | Tier 2 | |
| ONE DAILY FOR MEN/LYCOPENE ORAL TABLET | | Tier 2 | |
| ONE DAILY FOR WOMEN 50+ ADV ORAL TABLET | | Tier 2 | |
| ONE DAILY FOR WOMEN ORAL TABLET | | Tier 2 | |
| ONE DAILY HEALTHY WEIGHT ADV ORAL TABLET | | Tier 2 | |
| ONE DAILY HEALTHY WEIGHT ORAL TABLET | | Tier 2 | |
| ONE DAILY MAXIMUM ORAL TABLET | | Tier 2 | |
| ONE DAILY MENS 50+ MULTIVIT ORAL TABLET | | Tier 2 | |
| ONE DAILY MENS 50+/LYCOPENE ORAL TABLET | | Tier 2 | |
| ONE DAILY MENS HEALTH ORAL TABLET | | Tier 2 | |
| ONE DAILY MENS ORAL TABLET | | Tier 2 | |
| ONE DAILY MULTIVIT/IRON-FREE ORAL TABLET | | Tier 2 | |
| ONE DAILY MULTIVITAMIN ADULT ORAL TABLET | | Tier 2 | |
| ONE DAILY MULTIVITAMIN MEN ORAL TABLET | | Tier 2 | |
| ONE DAILY MULTIVITAMIN WOMEN ORAL TABLET | | Tier 2 | |
| ONE DAILY PLUS IRON ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ONE DAILY PLUS MINERALS ORAL TABLET | | Tier 2 | |
| ONE DAILY WOMENS 50 PLUS ORAL TABLET | | Tier 2 | |
| ONE DAILY WOMENS 50+ ORAL TABLET | | Tier 2 | |
| ONE DAILY WOMENS ORAL TABLET | | Tier 2 | |
| ONE DAILY/MINERALS ORAL TABLET | | Tier 2 | |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| OPTIC-VITES ORAL TABLET | | Tier 2 | |
| OPTIC-VITES WITH LUTEIN ORAL TABLET | | Tier 2 | |
| OPTIMUM PMS ORAL TABLET | | Tier 2 | |
| ORTHOVITE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| OSTEOPRIME ULTRA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| PRESERVISION AREDS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| PRORENAL + D ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| PROSIGHT ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| PX ADVANCED FORMULA MULTIVITS ORAL TABLET | | Tier 2 | |
| PX COMPLETE SENIOR MULTIVITS ORAL TABLET | | Tier 2 | |
| PX MENS MULTIVITAMINS ORAL TABLET | | Tier 2 | |
| QC DAILY MULTIVIT/MULTIMINERAL ORAL TABLET | | Tier 2 | |
| QC HAIR SKIN & NAILS ORAL TABLET | | Tier 2 | |
| QC MENS DAILY MULTIVITAMIN ORAL TABLET | | Tier 2 | |
| QC MULTI-VITE 50 & OVER ORAL TABLET | | Tier 2 | |
| QC MULTI-VITE ORAL TABLET | | Tier 2 | |
| QC MULTI-VITE PLUS ORAL TABLET | | Tier 2 | |
| QC THERIN-M ORAL TABLET | | Tier 2 | |
| QC WOMENS DAILY MULTIVITAMIN ORAL TABLET | | Tier 2 | |
| QUINTABS-M ORAL TABLET | | Tier 2 | |
| RA CENTRAL-VITE ENERGY ORAL TABLET | | Tier 2 | |
| RA CENTRAL-VITE MENS MATURE ORAL TABLET | | Tier 2 | |
| RA CENTRAL-VITE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| RA CENTRAL-VITE SELECT ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| RA CENTRAL-VITE SENIOR ORAL TABLET | | Tier 2 | |
| RA CENTRAL-VITE WOMENS MATURE ORAL TABLET | | Tier 2 | |
| RA CENTRAL-VITE/ANTIOXIDANTS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| RA HAIR/SKIN/NAILS ORAL TABLET | | Tier 2 | |
| RA MATURE WOMENS DIETARY SUPP ORAL TABLET | | Tier 2 | |
| RA ONE DAILY ENERGY FORMULA ORAL TABLET | | Tier 2 | |
| RA ONE DAILY MAXIMUM ORAL TABLET | | Tier 2 | |
| RA ONE DAILY MENS 50+ W/VIT D3 ORAL TABLET | | Tier 2 | |
| RA ONE DAILY MENS MULTI ORAL TABLET | | Tier 2 | |
| RA ONE DAILY MENS/VIT D-3 ORAL TABLET | | Tier 2 | |
| RA ONE DAILY WOMENS ORAL TABLET | | Tier 2 | |
| RA STRESS FORMULA ADVANCED ORAL TABLET | | Tier 2 | |
| RA STRESS FORMULA ENERGY ORAL TABLET | | Tier 2 | |
| RA THERAPEUTIC M PLUS BETA CAR ORAL TABLET | | Tier 2 | |
| RA VISION VITE PLUS ZINC ORAL TABLET | | Tier 2 | |
| RA WHOLE SOURCE DIETARY MATURE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| RA WHOLE SOURCE DIETARY MEN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| RA WHOLE SOURCE DIETARY ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| RA WHOLE SOURCE FOR MEN ORAL TABLET (B- PLEX PLUS) | Tier 2 | Tier 2 | |
| RA WHOLE SOURCE WOMENS ORAL TABLET (B- PLEX PLUS) | Tier 2 | Tier 2 | |
| RENAL ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| RENAPLEX ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| REQ 49+ ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| SAVISION ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| SCLEREX ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| SENIOR TABS ORAL TABLET | | Tier 2 | |
| SENTRY ADULT ORAL TABLET | | Tier 2 | |
| SENTRY ORAL TABLET | | Tier 2 | |
| SENTRY SENIOR ORAL TABLET | | Tier 2 | |
| SIDEROL ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| SM ANTIOXIDANT VITAMINS ORAL TABLET | | Tier 2 | |
| SM COMPLETE 50+ ORAL TABLET | | Tier 2 | |
| SM COMPLETE 50+ ULTIMATE MENS ORAL TABLET | | Tier 2 | |
| SM COMPLETE 50+ ULTIMATE WOMEN ORAL TABLET | | Tier 2 | |
| SM COMPLETE ADVANCED FORMULA ORAL TABLET | | Tier 2 | |
| SM COMPLETE ORAL TABLET | | Tier 2 | |
| SM COMPLETE SENIOR FORMULA ORAL TABLET | | Tier 2 | |
| SM DAILY DIET SUPPORT ORAL TABLET | | Tier 2 | |
| SM HAIR/SKIN/NAILS ORAL TABLET | | Tier 2 | |
| SM OPTI-VITAMINS ORAL TABLET | | Tier 2 | |
| STRESS B-COMPLEX/C/ZINC ORAL TABLET | | Tier 2 | |
| STRESSTABS ADVANCED ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| STROVITE FORTE ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| STROVITE ONE ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| SUNVITE ACTIVE ADULT 50+ ORAL TABLET (B- PLEX PLUS) | Tier 2 | Tier 2 | |
| SUNVITE ADVANCED ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| SUPER 28 FORMULA ORAL TABLET | | Tier 2 | |
| SUPER AYTINAL 50 PLUS ORAL TABLET | | Tier 2 | |
| SUPER AYTINAL ORAL TABLET | | Tier 2 | |
| SUPER MULTIPLE ORAL TABLET | | Tier 2 | |
| SUPER NU-THERA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| SUPER THERA VITE M ORAL TABLET | | Tier 2 | |
| SUPER VIKAPS ORAL TABLET | | Tier 2 | |
| SUPER VITA-MINS ORAL TABLET | | Tier 2 | |
| SURE GUARD ANTI-OXIDANT PLUS ORAL TABLET | | Tier 2 | |
| SURE GUARD MULTI VIT/MINERAL ORAL TABLET | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| TAB-A-VITE MAXIMUM ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| TGT MULTIVITAMIN/MULTIMINERAL ORAL TABLET | | Tier 2 | |
| THERA VITAL M ORAL TABLET | | Tier 2 | |
| THERA VITAL-M ORAL TABLET | | Tier 2 | |
| THERABASIC-M ORAL TABLET | | Tier 2 | |
| THERADEX M ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| THERADEX M/BETA CAROTENE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| THERA-M ORAL TABLET | | Tier 2 | |
| THERA-MILL M ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| THERAPEUTIC FORMULA/HEMATINICS ORAL TABLET | | Tier 2 | |
| THERAPEUTIC M ORAL TABLET | | Tier 2 | |
| THERAPEUTIC-M ORAL TABLET | | Tier 2 | |
| THERAPEUTIC-M/LUTEIN ORAL TABLET | | Tier 2 | |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| THERATRUM COMPLETE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| THERAVIM-M ORAL TABLET | | Tier 2 | |
| THRIVE FOR LIFE WOMENS ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| TOTAL FORMULA 2 ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| TOTAL FORMULA 3 ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| TOTAL FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| TRUEPLUS DIABETIC MULTIVITAMIN ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ULTRA ANTIOXIDANT FORMULA ORAL TABLET | | Tier 2 | |
| ULTRA FREEDA ORAL TABLET | | Tier 2 | |
| ULTRA FREEDA/IRON ORAL TABLET | | Tier 2 | |
| ULTRA VITA-TIME ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| ULTRACHOICE ADVANCED FORMULA ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| VISION FORMULA 2 ORAL CAPSULE | | Tier 2 | |
| VISION FORMULA/LUTEIN ORAL TABLET | | Tier 2 | |
| VISION VITAMINS ORAL TABLET | | Tier 2 | |
| VISIVITES ORAL TABLET | | Tier 2 | |
| VISIVITES/LUTEIN ORAL TABLET | | Tier 2 | |
| VITA HAIR ORAL TABLET | | Tier 2 | |
| VITA S FORTE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| VITABASIC COMPLETE ORAL TABLET | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| VITABASIC SENIOR ORAL TABLET | | Tier 2 | |
| VITACEL ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| VITAMINS A-D-E/SELENIUM ORAL TABLET | | Tier 2 | |
| VITAMINS/MINERALS ORAL TABLET | | Tier 2 | |
| VITAROCA PLUS ORAL TABLET (B-PLEX PLUS) | Tier 4 | Tier 2 | |
| VITATRUM COMPLETE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| VITEYES COMPANION/LYCOPENE ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| VITRUM SENIOR ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| VP-ZEL ORAL TABLET | | Tier 4 | |
| WOMENS DAILY FORM/FA/CA/FE ORAL TABLET | | Tier 2 | |
| WOMENS DAILY FORMULA ORAL TABLET | | Tier 2 | |
| WOMENS LIFE PACK ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| WOMENS MULTIVITAMIN ORAL TABLET | | Tier 2 | |
| WOMENS ONE DAILY ORAL TABLET | | Tier 2 | |
| YOUR LIFE MULTI MENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| YOUR LIFE MULTI WOMENS 50+ ORAL TABLET (B-PLEX PLUS) | Tier 2 | Tier 2 | |
| *Multivitamins*** | | | |
| NEOMULTIVITE ORAL TABLET | Tier 1 | | |
| *Pediatric Multiple Vitamins W/ C*** | | | |
| POLY-VI-SOL ORAL SOLUTION | Tier 4 | | |
| *Prenatal Mv & Min W/Fe-Fa*** | | | |
| CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG | Tier 1 | | |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG | Tier 1 | | |
| CVS PRENATAL ORAL TABLET 27-0.8 MG | | Tier 1 | |
| FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG | Tier 1 | | |
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30-1 MG | | Tier 1 | |
| MULTI PRENATAL ORAL TABLET 27-0.8 MG | | Tier 1 | |
| NEONATAL PLUS ORAL TABLET 27-1 MG | Tier 1 | | |
| PRENATAL LOW IRON ORAL TABLET 27-0.8 MG | | Tier 1 | |
| PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG | | Tier 1 | |
| PRENATAL VITAMIN ORAL TABLET 27-0.8 MG | | Tier 1 | |
| PUREFE OB PLUS ORAL CAPSULE 162-115.2-1 MG | | Tier 3 | |
| RIGHT STEP PRENATAL ORAL TABLET (PRENATAL) 27-0.8 MG | Tier 1 | Tier 1 | |
| TARON-BC ORAL 20-1 MG & 2 X 25 MG | Tier 1 | | |
| TRICARE PRENATAL ORAL TABLET CHEWABLE 4.5-1 MG | Tier 1 | | |
| *Prenatal Vitamins*** | | | |
| BP FOLINATAL PLUS B ORAL TABLET 1 MG | | Tier 4 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Musculoskeletal Therapy Agents* | | | |
| *Central Muscle Relaxants*** | | | |
| BACLOFEN ORAL TABLET 10 MG, 20 MG, 5 MG | | Tier 2 | |
| CARISOPRODOL ORAL TABLET 350 MG | | Tier 2 | |
| CHLORZOXAZONE TABLET 375 MG ORAL 375 MG | | Tier 4 | |
| CHLORZOXAZONE TABLET 500 MG ORAL 500 MG | | Tier 2 | |
| CHLORZOXAZONE TABLET 750 MG ORAL 750 MG | | Tier 4 | |
| CYCLOBENZAPRINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG | | Tier 4 | |
| CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| FEXMID ORAL TABLET (CYCLOBENZAPRINE HCL) 7.5 MG | Tier 4 | Tier 2 | |
| METAXALL ORAL TABLET (METAXALONE) 800 MG | Tier 2 | Tier 2 | |
| METHOCARBAMOL ORAL TABLET 500 MG, 750 MG | | Tier 2 | |
| TIZANIDINE HCL ORAL CAPSULE 2 MG, 4 MG, 6 MG | | Tier 2 | |
| TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG | | Tier 2 | |
| *Direct Muscle Relaxants*** | | | |
| DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG | | Tier 2 | |
| *Muscle Relaxant Combinations*** | | | |
| CARISOPRODOL-ASPIRIN ORAL TABLET 200-325 MG | | Tier 2 | |
| CARISOPRODOL-ASPIRIN-CODEINE ORAL TABLET 200-325-16 MG | | Tier 2 | |
| ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 50-770-60 MG | | Tier 2 | |
| *Nasal Agents - Systemic And Topical* | | | |
| *Nasal Antibiotics*** | | | |
| BACTROBAN NASAL NASAL OINTMENT 2 % | Tier 4 | | |
| *Nasal Anticholinergics*** | | | |
| IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 % | | Tier 2 | |
| *Nasal Antihistamines*** | | | |
| ASTEPRO NASAL SOLUTION (AZELASTINE HCL) 0.15 % | Tier 3 | Tier 2 | |
| AZELASTINE HCL NASAL SOLUTION 0.1 %, 137 MCG/SPRAY | | Tier 2 | |
| PATANASE NASAL SOLUTION (OLOPATADINE HCL) 0.6 % | Tier 4 | Tier 2 | |
| *Nasal Steroids*** | | | |
| BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY | Tier 3 | | |
| FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%) | | Tier 2 | |
| NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT | Tier 3 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT | Tier 3 | | |
| NASONEX NASAL SUSPENSION 50 MCG/ACT | Tier 3 | | |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT | Tier 4 | | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT | Tier 4 | | |
| ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT | Tier 4 | | |
| *Systemic Decongestants*** | | | |
| 12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| CVS 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| CVS NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| DECONGESTANT 12HOUR MAX ST ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| EQ SUPHEDRINE ORAL TABLET 30 MG | | Tier 2 | |
| EQ SUPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| EQL NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| GENAPHED ORAL TABLET 30 MG | | Tier 2 | |
| GNP NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| GNP PSEUDOEPHEDRINE HCL 12 HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| HM NASAL DECONGESTANT 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| HM NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| KP PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG, 60 MG | | Tier 2 | |
| MEIJER NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| NASAL DECONGESTANT 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG | | Tier 2 | |
| NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG | | Tier 2 | |
| PX NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| PX NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| QC SUPHEDRINE MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| QC SUPHEDRINE ORAL TABLET 30 MG | | Tier 2 | |
| RA SUPHEDRINE ORAL TABLET 30 MG | | Tier 2 | |
| RA SUPHEDRINE ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| SHOPKO NASAL DECONGESTANT MAX ORAL TABLET (DECONGESTANT) 30 MG | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| SHOPKO NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 2 | Tier 2 | |
| SM 12 HOUR SINUS DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| SM NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG | | Tier 2 | |
| SM NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 2 | Tier 2 | |
| SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 2 | Tier 2 | |
| SUDOGEST 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| SUDOGEST MAXIMUM STRENGTH ORAL TABLET (DECONGESTANT) 30 MG | Tier 2 | Tier 2 | |
| SUDOGEST ORAL TABLET (DECONGESTANT) 30 MG | Tier 2 | Tier 2 | |
| SUDOGEST ORAL TABLET (PSEUDOEPHEDRINE HCL) 60 MG | Tier 2 | Tier 2 | |
| SUDOPHED ORAL TABLET (DECONGESTANT) 30 MG | Tier 2 | Tier 2 | |
| SW NASAL DECONGESTANT MAX ST ORAL TABLET 30 MG | | Tier 2 | |
| SW SUPHEDRINE 12 HR DECONGEST ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| TGT 12 HOUR NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| TGT NASAL DECONGESTANT ORAL TABLET 30 MG | | Tier 2 | |
| TGT SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG | | Tier 2 | |
| WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 2 | Tier 2 | |
| WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR (PSEUDOEPHEDRINE HCL ER) 120 MG | Tier 2 | Tier 2 | |
| WAL-PHED ORAL TABLET (DECONGESTANT) 30 MG | Tier 2 | Tier 2 | |
| *Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** | | | |
| *Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** | | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 4 | | |
| *Neuromuscular Agents* | | | |
| *Benzothiazoles*** | | | |
| RILUTEK ORAL TABLET 50 MG | Tier 5 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Neuromuscular Blocking Agent - Neurotoxins*** | | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT | Tier 5 | | PA |
| *Nutrients* | | | |
| *Amino Acid Mixtures*** | | | |
| AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 % | Tier 2 | | |
| AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 % | Tier 2 | | |
| TROPHAMINE INTRAVENOUS SOLUTION 6 % | Tier 4 | | PA |
| *Ophthalmic Agents* | | | |
| *Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** | | | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | Tier 4 | | |
| *Artificial Tear Inserts*** | | | |
| LACRISERT OPHTHALMIC INSERT 5 MG | Tier 4 | | |
| *Beta-Blockers - Ophthalmic Combinations*** | | | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | Tier 4 | | |
| COSOPT OPHTHALMIC SOLUTION (DORZOLAMIDE HCL-TIMOLOL MAL) 22.3-6.8 MG/ML | Tier 3 | Tier 2 | |
| *Beta-Blockers - Ophthalmic*** | | | |
| BETAGAN OPHTHALMIC SOLUTION (LEVOBUNOLOL HCL) 0.5 % | Tier 4 | Tier 2 | |
| BETAXOLOL HCL OPHTHALMIC SOLUTION 0.5 % | | Tier 2 | |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % | Tier 4 | | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | Tier 3 | | |
| CARTEOLOL HCL OPHTHALMIC SOLUTION 1 % | | Tier 2 | |
| ISTALOL OPHTHALMIC SOLUTION (TIMOLOL MALEATE) 0.5 % | Tier 4 | Tier 2 | |
| METIPRANOLOL OPHTHALMIC SOLUTION 0.3 % | | Tier 2 | |
| TIMOPTIC OPHTHALMIC SOLUTION (TIMOLOL MALEATE) 0.25 %, 0.5 % | Tier 4 | Tier 2 | |
| TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION (TIMOLOL MALEATE) 0.25 %, 0.5 % | Tier 4 | Tier 2 | |
| *Cycloplegic Mydriatics*** | | | |
| ATROPINE SULFATE OPHTHALMIC OINTMENT 1 % | | Tier 2 | |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 1 % | | Tier 2 | |
| TROPICAMIDE OPHTHALMIC SOLUTION 0.5 %, 1 % | | Tier 2 | |
| *Miotics - Cholinesterase Inhibitors*** | | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % | Tier 4 | | |
| *Miotics - Direct Acting*** | | | |
| ISOPTO CARPINE OPHTHALMIC SOLUTION (PILOCARPINE HCL) 1 %, 2 %, 4 % | Tier 4 | Tier 2 | |
| *Ophthalmic Antiallergic*** | | | |
| ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION (KETOTIFEN FUMARATE) 0.025 % | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|-------------------|---------------------|------------------------|
| ALAWAY OPHTHALMIC SOLUTION (KETOTIFEN FUMARATE) 0.025 % | Tier 2 | Tier 2 | |
| ALLERGY EYE DROPS OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| ALOCRILOPHTHALMIC SOLUTION 2 % | Tier 4 | | |
| ALOMIDOPHTHALMIC SOLUTION 0.1 % | Tier 4 | | |
| AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 % | | Tier 2 | |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % | Tier 4 | | |
| CLARITIN EYE OPHTHALMIC SOLUTION (KETOTIFEN FUMARATE) 0.025 % | Tier 2 | Tier 2 | |
| CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 % | | Tier 2 | |
| CVS ALLERGY EYE DROPS OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| CVS EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| ELESTAT OPHTHALMIC SOLUTION (EPINASTINE HCL) 0.05 % | Tier 4 | Tier 2 | |
| EMADINE OPHTHALMIC SOLUTION 0.05 % | Tier 4 | | |
| EQ EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| EQ ITCHY EYE DROPS OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| GNP EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| GNP ITCHY EYE OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| GOODSENSE ITCHY EYE OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| HM EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| KP KETOTIFEN FUMARATE OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| LASTACAFTOPHTHALMIC SOLUTION 0.25 % | Tier 4 | | |
| PATADAY OPHTHALMIC SOLUTION 0.2 % | Tier 3 | | |
| PATANOL OPHTHALMIC SOLUTION 0.1 % | Tier 3 | | |
| RA ANTIHISTAMINE EYE DROPS OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| RA EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| SM EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| TGT EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.025 % | | Tier 2 | |
| THERATEARS ALLERGY OPHTHALMIC SOLUTION (KETOTIFEN FUMARATE) 0.025 % | Tier 2 | Tier 2 | |
| WAL-ZYR OPHTHALMIC SOLUTION (KETOTIFEN FUMARATE) 0.025 % | Tier 2 | Tier 2 | |
| ZADITOR OPHTHALMIC SOLUTION (KETOTIFEN FUMARATE) 0.025 % | Tier 4 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Ophthalmic Antibiotics*** | | | |
| AZASITE OPHTHALMIC SOLUTION 1 % | Tier 4 | | |
| BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM | | Tier 2 | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | Tier 4 | | |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % | Tier 3 | | |
| CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 % | | Tier 2 | |
| ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM | | Tier 2 | |
| GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 % | | Tier 2 | |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | Tier 2 | | |
| GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 % | | Tier 2 | |
| LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 % | | Tier 2 | |
| MITOSOL OPHTHALMIC KIT 0.2 MG | Tier 4 | | |
| MOXEZA OPHTHALMIC SOLUTION 0.5 % | Tier 3 | | |
| OFLOXACIN OPHTHALMIC SOLUTION 0.3 % | | Tier 2 | |
| TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 % | | Tier 2 | |
| TOBREX OPHTHALMIC OINTMENT 0.3 % | Tier 4 | | |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % | Tier 3 | | |
| *Ophthalmic Antifungal*** | | | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | Tier 4 | | |
| *Ophthalmic Anti-Infective Combinations*** | | | |
| BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM | | Tier 2 | |
| NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000 | | Tier 2 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025 | | Tier 2 | |
| NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000 | Tier 2 | Tier 2 | |
| POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM | Tier 2 | Tier 2 | |
| POLYTRIM OPHTHALMIC SOLUTION (POLYMYXIN B-TRIMETHOPRIM) 10000-0.1 UNIT/ML-% | Tier 4 | Tier 2 | |
| *Ophthalmic Antivirals*** | | | |
| TRIFLURIDINE OPHTHALMIC SOLUTION 1 % | | Tier 2 | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | Tier 4 | | |
| *Ophthalmic Carbonic Anhydrase Inhibitors*** | | | |
| AZOPT OPHTHALMIC SUSPENSION 1 % | Tier 4 | | |
| TRUSOPT OPHTHALMIC SOLUTION (DORZOLAMIDE HCL) 2 % | Tier 3 | Tier 2 | |
| *Ophthalmic Immunomodulators*** | | | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | Tier 4 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| RESTASIS OPHTHALMIC EMULSION 0.05 % | Tier 4 | | PA |
| *Ophthalmic Local Anesthetics*** | | | |
| ALCAINE OPHTHALMIC SOLUTION (PROPARACAINE HCL) 0.5 % | Tier 3 | Tier 2 | |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** | | | |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % | Tier 3 | | |
| BROMFENAC SODIUM (ONCE-DAILY) OPHTHALMIC SOLUTION 0.09 % | | Tier 2 | |
| BROMFENAC SODIUM OPHTHALMIC SOLUTION 0.09 % | | Tier 2 | |
| 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 | |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % | Tier 3 | | |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** | | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | Tier 4 | | |
| BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %, 0.2 % | | Tier 2 | |
| IOPIDINE OPHTHALMIC SOLUTION (APRACLONIDINE HCL) 0.5 % | Tier 4 | Tier 2 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | Tier 4 | | |
| *Ophthalmic Steroid Combinations*** | | | |
| BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % | Tier 4 | | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | Tier 4 | | |
| MAXITROL OPHTHALMIC OINTMENT (NEOMYCIN-POLYMYXIN-DEXAMETH) 3.5-10000-0.1 | Tier 4 | Tier 2 | |
| MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 | Tier 4 | | |
| NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1 | | Tier 2 | |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 % | Tier 4 | | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % | Tier 4 | | |
| SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SOLUTION 10-0.23 % | | Tier 2 | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | Tier 3 | | |
| TOBRADEX OPHTHALMIC SUSPENSION (TOBRAMYCIN-DEXAMETHASONE) 0.3-0.1 % | Tier 3 | Tier 2 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | Tier 4 | | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Ophthalmic Steroids*** | | | |
| ALREX OPHTHALMIC SUSPENSION 0.2 % | Tier 3 | | |
| DUREZOL OPHTHALMIC EMULSION 0.05 % | Tier 4 | | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | Tier 4 | | |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % | Tier 4 | | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION (FLUOROMETHOLONE) 0.1 % | Tier 4 | Tier 2 | |
| FML OPHTHALMIC OINTMENT 0.1 % | Tier 4 | | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | Tier 4 | | |
| LOTEMAX OPHTHALMIC SUSPENSION (LOTEPREDNOL ETABONATE) 0.5 % | Tier 3 | Tier 2 | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % | Tier 4 | | |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % | Tier 3 | | |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 % | | Tier 2 | |
| *Ophthalmic Sulfonamides*** | | | |
| BLEPH-10 OPHTHALMIC SOLUTION (SULFACETAMIDE SODIUM) 10 % | Tier 4 | Tier 2 | |
| *Ophthalmics - Cystinosis Agents** | | | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | Tier 4 | | |
| *Prostaglandins - Ophthalmic*** | | | |
| LATANOPROST SOLUTION 0.005 % OPHTHALMIC 0.005 % | | Tier 3 | |
| LATANOPROST SOLUTION 0.005 % OPHTHALMIC 0.005 % | | Tier 2 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | Tier 3 | | |
| RESCULA OPHTHALMIC SOLUTION 0.15 % | Tier 4 | | |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | Tier 4 | | |
| *Orexin Receptor Antagonists*** | | | |
| *Orexin Receptor Antagonists*** | | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 4 | | |
| *Otic Agents* | | | |
| *Otic Anti-Infectives*** | | | |
| OFLOXACIN OTIC SOLUTION 0.3 % | | Tier 2 | |
| *Otic Steroid-Anti-Infective Combinations*** | | | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % | Tier 4 | | |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % | Tier 3 | | |
| COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | | |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | | |
| NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1 | | Tier 2 | |
| NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1 | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Otic Steroids*** | | | |
| ACETASOL HC OTIC SOLUTION (HYDROCORTISONE-ACETIC ACID) 2-1 % | Tier 2 | Tier 2 | |
| FLAC OTIC OIL (FLUOCINOLONE ACETONIDE) 0.01 % | Tier 2 | Tier 2 | |
| *Oxaborole-Related Antifungals - Topical*** | | | |
| *Oxaborole-Related Antifungals - Topical*** | | | |
| KERYDIN EXTERNAL SOLUTION 5 % | Tier 4 | | |
| *Oxytocics* | | | |
| *Oxytocics*** | | | |
| METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG | Tier 2 | Tier 2 | |
| *Passive Immunizing Agents* | | | |
| *Immune Serums*** | | | |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML | Tier 4 | | PA |
| GAMASTAN S/D INTRAMUSCULAR INJECTABLE | Tier 4 | | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML | Tier 4 | | PA |
| *Pesk9 Inhibitors*** | | | |
| *Pesk9 Inhibitors*** | | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML, 75 MG/ML | Tier 5 | | PA |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | Tier 5 | | PA |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | Tier 5 | | PA |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | Tier 5 | | PA |
| *Penicillins* | | | |
| *Aminopenicillins*** | | | |
| AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG | | Tier 2 | |
| AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML | | Tier 2 | |
| AMOXICILLIN ORAL TABLET 500 MG, 875 MG | | Tier 2 | |
| AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG | | Tier 2 | |
| AMPICILLIN ORAL CAPSULE 500 MG | | Tier 2 | |
| AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 125 MG | | Tier 2 | |
| AMPICILLIN SODIUM SOLUTION RECONSTITUTED 1 GM INTRAVENOUS 1 GM | | Tier 2 | |
| AMPICILLIN SODIUM SOLUTION RECONSTITUTED 10 GM INTRAVENOUS 10 GM | | Tier 2 | |
| AMPICILLIN SODIUM SOLUTION RECONSTITUTED 2 GM INTRAVENOUS 2 GM | | Tier 3 | |
| MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG | Tier 4 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Natural Penicillins*** | | | |
| PENICILLIN G SODIUM INJECTION SOLUTION RECONSTITUTED 5000000 UNIT | | Tier 2 | |
| 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 | |
| PFIZERPEN INJECTION SOLUTION RECONSTITUTED (PENICILLIN G POTASSIUM) 20000000 UNIT, 5000000 UNIT | Tier 2 | Tier 2 | |
| *Penicillin Combinations*** | | | |
| AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG | | Tier 2 | |
| AMOXICILLIN-POT CLAVULANATE ORAL SUSPENSION RECONSTITUTED 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML | | Tier 2 | |
| AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG | | Tier 2 | |
| AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG | | Tier 2 | |
| AMPICILLIN-SULBACTAM SODIUM INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM | | Tier 2 | |
| AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM | | Tier 2 | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML | Tier 4 | | |
| PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 4.5 (4-0.5) GM, 40.5 (36-4.5) GM | | Tier 2 | |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML | Tier 4 | | |
| ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 2.25 (2-0.25) GM | Tier 4 | | |
| *Penicillinase-Resistant Penicillins*** | | | |
| DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG | | Tier 2 | |
| NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM | | Tier 2 | |
| NAFCILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 10 GM | | Tier 2 | |
| OXACILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM | | Tier 2 | |
| *Pharmaceutical Adjuvants* | | | |
| *Parenteral Vehicles*** | | | |
| SALINE BACTERIOSTATIC INJECTION SOLUTION 0.9 % | | Tier 2 | |
| SODIUM CHLORIDE BACTERIOSTATIC INJECTION SOLUTION 0.9 % | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| *Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| OTEZLA ORAL TABLET 30 MG | Tier 5 | | PA |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | Tier 5 | | PA |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** | | | |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** | | | |
| LYNPARZA ORAL CAPSULE 50 MG | Tier 5 | | PA |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | | |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | | |
| LYNPARZA ORAL CAPSULE 50 MG | Tier 5 | | PA |
| *Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** | | | |
| *Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** | | | |
| GRALISE ORAL TABLET 300 MG, 600 MG | Tier 4 | | |
| GRALISE STARTER ORAL 300 & 600 MG | Tier 4 | | |
| *Potassium Removing Agents*** | | | |
| *Potassium Removing Agents*** | | | |
| KIONEX ORAL POWDER (SODIUM POLYSTYRENE SULFONATE) | Tier 2 | Tier 2 | |
| *Progestins* | | | |
| *Progestins*** | | | |
| MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| MEGACE ES ORAL SUSPENSION 625 MG/5ML | Tier 4 | | |
| NORETHINDRONE ACETATE ORAL TABLET 5 MG | | Tier 2 | |
| PROGESTERONE MICRONIZED ORAL CAPSULE 100 MG, 200 MG | | Tier 2 | |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** | | | |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** | | | |
| ZONTIVITY ORAL TABLET 2.08 MG | Tier 3 | | PA |
| *Psychotherapeutic And Neurological Agents - Misc.* | | | |
| *Alcohol Deterrents*** | | | |
| DISULFIRAM ORAL TABLET 250 MG, 500 MG | | Tier 2 | |
| *Anti-Cataleptic Agents*** | | | |
| XYREM ORAL SOLUTION 500 MG/ML | Tier 5 | | PA |
| *Benzodiazepines & Tricyclic Agents*** | | | |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE ORAL TABLET 10-25 MG, 5-12.5 MG | | Tier 2 | |
| *Cholinomimetics - Ache Inhibitors*** | | | |
| DONEPEZIL HCL ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG | | Tier 2 | |
| EXELON TRANSDERMAL PATCH 24 HOUR (RIVASTIGMINE) 13.3 MG/24HR, 4.6 MG/24HR | Tier 2 | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG | | Tier 2 | |
| GALANTAMINE HYDROBROMIDE ORAL SOLUTION 4 MG/ML | | Tier 2 | |
| GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG | | Tier 2 | |
| RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | | Tier 2 | |
| *Fibromyalgia Agent - Snris*** | | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 4 | | PA |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | Tier 4 | | PA |
| *Movement Disorder Drug Therapy*** | | | |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | Tier 5 | | |
| *Ms Agents - Pyrimidine Synthesis Inhibitors*** | | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | Tier 5 | | |
| *Multiple Sclerosis Agents - Interferons*** | | | |
| AVONEX INTRAMUSCULAR KIT 30 MCG | Tier 5 | | PA |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 5 | | PA |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 5 | | |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | Tier 5 | | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | Tier 5 | | PA |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | Tier 5 | | PA |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML | Tier 5 | | PA |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 5 | | PA |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 5 | | PA |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | Tier 5 | | PA |
| *Multiple Sclerosis Agents - Monoclonal Antibodies*** | | | |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML | Tier 5 | | PA |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | | |
| TECFIDERA ORAL 120 & 240 MG | Tier 5 | | PA |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG | Tier 5 | | PA |
| *Multiple Sclerosis Agents - Potassium Channel Blockers*** | | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (DALFAMPRIDINE ER) 10 MG | Tier 5 | Tier 5 | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Multiple Sclerosis Agents*** | | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | Tier 5 | | PA |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 40 MG/ML | Tier 5 | Tier 5 | PA |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (GLATIRAMER ACETATE) 40 MG/ML | Tier 5 | Tier 5 | PA |
| *N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** | | | |
| NAMENDA ORAL TABLET 10 MG, 5 MG | Tier 3 | | |
| NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG | Tier 3 | | |
| *Phenothiazines & Tricyclic Agents*** | | | |
| PERPHENAZINE-AMITRIPTYLINE ORAL TABLET 2- 10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG | | Tier 2 | |
| *Postherpetic Neuralgia (Phn) Agents*** | | | |
| GRALISE ORAL TABLET 300 MG, 600 MG | Tier 4 | | |
| GRALISE STARTER ORAL 300 & 600 MG | Tier 4 | | |
| *Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*** | | | |
| SARAFEM ORAL TABLET 10 MG, 20 MG | Tier 4 | | |
| *Pseudobulbar Affect Agent Combinations*** | | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | Tier 4 | | PA |
| *Psychotherapeutic And Neurological Agents - Misc.*** | | | |
| ERGOLOID MESYLATES ORAL TABLET 1 MG | | Tier 2 | |
| ORAP TABLET 1 MG ORAL 1 MG | Tier 3 | | |
| ORAP TABLET 2 MG ORAL 2 MG | Tier 4 | | |
| *Smoking Deterrents*** | | | |
| BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG | | Tier 1 | |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG | Tier 1 | | |
| CHANTIX ORAL TABLET 1 MG | Tier 1 | | |
| CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 | Tier 1 | | |
| CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| CVS NTS STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR | | Tier 1 | |
| EQ NICOTINE MOUTH/THROAT GUM 4 MG | | Tier 1 | |
| EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| EQL NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 7 MG/24HR | | Tier 1 | |
| GOODSENSE NICOTINE MOUTH/THROAT GUM 4 MG | | Tier 1 | |
| HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG | Tier 1 | Tier 1 | |
| KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG | Tier 1 | Tier 1 | |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | Tier 1 | Tier 1 | |
| NICORELIEF MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG | Tier 1 | Tier 1 | |
| NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR | | Tier 1 | |
| NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR | | Tier 1 | |
| NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR | | Tier 1 | |
| PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| QC NICOTINE POLACRILEX MOUTH/THROAT GUM 4 MG | | Tier 1 | |
| RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| RA NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| SM NICOTINE MOUTH/THROAT GUM 4 MG | | Tier 1 | |
| SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | | Tier 1 | |
| SR NICOTINE MOUTH/THROAT GUM 2 MG | | Tier 1 | |
| SW NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| TGT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| TGT NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG | | Tier 1 | |
| TGT NICOTINE STEP ONE TRANSDERMAL PATCH 24 HOUR 21 MG/24HR | | Tier 1 | |
| TGT NICOTINE STEP THREE TRANSDERMAL PATCH 24 HOUR 7 MG/24HR | | Tier 1 | |
| TGT NICOTINE STEP TWO TRANSDERMAL PATCH 24 HOUR 14 MG/24HR | | Tier 1 | |
| THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG | Tier 1 | Tier 1 | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | | |
| GILENYA ORAL CAPSULE 0.5 MG | Tier 5 | | PA |
| *Thienbenzodiazepines & Ssris*** | | | |
| SYMBYAX ORAL CAPSULE (OLANZAPINE-FLUOXETINE HCL) 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG | Tier 3 | Tier 2 | |
| *Pulmonary Fibrosis Agents - Kinase Inhibitors*** | | | |
| *Pulmonary Fibrosis Agents - Kinase Inhibitors*** | | | |
| OFEV ORAL CAPSULE 150 MG | Tier 5 | | PA |
| *Pulmonary Fibrosis Agents*** | | | |
| *Pulmonary Fibrosis Agents*** | | | |
| ESBRIET ORAL CAPSULE 267 MG | Tier 5 | | |
| *Respiratory Agents - Misc.* | | | |
| *Alpha-Proteinase Inhibitor (Human)*** | | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | Tier 5 | | |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML | Tier 5 | | |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | Tier 5 | | |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | Tier 5 | | |
| *Cftr Potentiators*** | | | |
| KALYDECO ORAL TABLET 150 MG | Tier 5 | | |
| *Hydrolytic Enzymes*** | | | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 5 | | PA |
| *Respiratory Agents - Misc.*** | | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML | Tier 4 | | |
| INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% | Tier 4 | | |
| *Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** | | | |
| *Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** | | | |
| ADDYI ORAL TABLET 100 MG | Tier 5 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Serotonin Modulators*** | | | |
| *Serotonin Modulators*** | | | |
| NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | | Tier 2 | |
| TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 300 MG, 50 MG | | Tier 2 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 4 | | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | Tier 4 | | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | Tier 3 | | ST |
| *Sinus Node Inhibitors** | | | |
| *Sinus Node Inhibitors** | | | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | Tier 4 | | |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** | | | |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** | | | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | Tier 4 | | |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG | Tier 4 | | |
| *Steroids - Mouth/Throat/Dental*** | | | |
| *Steroids - Mouth/Throat/Dental*** | | | |
| ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 % | Tier 2 | Tier 2 | |
| *Sulfonamides* | | | |
| *Sulfonamides*** | | | |
| SULFADIAZINE ORAL TABLET 500 MG | | Tier 2 | |
| *Tetracyclines* | | | |
| *Tetracyclines*** | | | |
| AVIDOXY ORAL TABLET 100 MG | | Tier 2 | |
| COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR (MINOCYCLINE HCL ER) 135 MG, 45 MG, 90 MG | Tier 2 | Tier 2 | |
| DEMECLOCYCLINE HCL ORAL TABLET 150 MG, 300 MG | | Tier 2 | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED (DOXYCYCLINE HYCLATE) 100 MG | Tier 2 | Tier 2 | |
| DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG | | Tier 2 | |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 100 MG, 75 MG | | Tier 2 | |
| DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG | | Tier 2 | |
| MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG | | Tier 2 | |
| MINOCYCLINE HCL ORAL TABLET 100 MG, 50 MG, 75 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| MONDOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG, 50 MG, 75 MG | Tier 2 | Tier 2 | |
| MORGIDOX ORAL CAPSULE (DOXYCYCLINE HYCLATE) 100 MG, 50 MG | Tier 2 | Tier 2 | |
| OKEBO ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG, 75 MG | Tier 2 | Tier 2 | |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 80 MG | Tier 4 | | PA |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (MINOCYCLINE HCL ER) 65 MG | Tier 4 | Tier 4 | PA |
| SOLOXIDE ORAL TABLET DELAYED RELEASE (DOXYCYCLINE HYCLATE) 150 MG | Tier 2 | Tier 2 | |
| TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG | | Tier 2 | |
| VIBRAMYCIN ORAL SYRUP 50 MG/5ML | Tier 4 | | |
| *Thyroid Agents* | | | |
| *Antithyroid Agents*** | | | |
| METHIMAZOLE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| PROPYLTHIOURACIL ORAL TABLET 50 MG | | Tier 2 | |
| *Thyroid Hormones*** | | | |
| ARMOUR THYROID ORAL TABLET (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Tier 3 | Tier 3 | |
| 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 3 | Tier 3 | |
| LEVO-T ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 3 | Tier 3 | |
| LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 3 | Tier 3 | |
| LIOthyronine SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG | | Tier 2 | |
| NATURE-THROID TABLET 130 MG ORAL 130 MG | Tier 3 | | |
| NATURE-THROID TABLET 16.25 MG ORAL 16.25 MG | Tier 2 | | |
| NATURE-THROID TABLET 195 MG ORAL 195 MG | Tier 3 | | |
| NATURE-THROID TABLET 260 MG ORAL 260 MG | Tier 3 | | |
| NATURE-THROID TABLET 32.5 MG ORAL 32.5 MG | Tier 3 | | |
| NATURE-THROID TABLET 325 MG ORAL 325 MG | Tier 3 | | |
| NATURE-THROID TABLET 65 MG ORAL 65 MG | Tier 3 | | |
| NATURE-THROID TABLET 97.5 MG ORAL 97.5 MG | Tier 3 | | |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG | | Tier 3 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| 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 3 | |
| THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) | Tier 3 | | |
| THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) | Tier 3 | | |
| THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) | Tier 3 | | |
| THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) | Tier 3 | | |
| THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) | Tier 3 | | |
| UNITHROID ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 3 | Tier 3 | |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | Tier 3 | | |
| WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG | Tier 3 | | |
| *Ulcer Drugs* | | | |
| *Anticholinergic Combinations*** | | | |
| CHLORDIAZEPOXIDE-CLIDINIUM ORAL CAPSULE 5-2.5 MG | | Tier 2 | |
| DONNATAL ORAL ELIXIR (PHENOBARBITAL-BELLADONNA ALK) 16.2 MG/5ML | Tier 3 | Tier 3 | |
| DONNATAL ORAL TABLET 16.2 MG | Tier 3 | | |
| PHENOHYTRO ORAL ELIXIR (PHENOBARBITAL-BELLADONNA ALK) 16.2 MG/5ML | Tier 3 | Tier 3 | |
| *Antispasmodics*** | | | |
| DICYCLOMINE HCL ORAL CAPSULE 10 MG | | Tier 2 | |
| DICYCLOMINE HCL ORAL TABLET 20 MG | | Tier 2 | |
| *Belladonna Alkaloids*** | | | |
| ANASPAZ ORAL TABLET DISPERSIBLE (HYOSCYAMINE SULFATE) 0.125 MG | Tier 3 | Tier 2 | |
| ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG | | Tier 2 | |
| HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML | | Tier 2 | |
| HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG | | Tier 2 | |
| HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | | Tier 2 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5ML | | Tier 2 | |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR (HYOSCYAMINE SULFATE ER) 0.375 MG | Tier 4 | Tier 2 | |
| NULEV ORAL TABLET DISPERSIBLE (HYOSCYAMINE SULFATE) 0.125 MG | Tier 2 | Tier 2 | |
| OSCIMIN ORAL TABLET 0.125 MG | | Tier 2 | |
| OSCIMIN ORAL TABLET DISPERSIBLE 0.125 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG | | Tier 2 | |
| OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | | Tier 2 | |
| SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL (HYOSCYAMINE SULFATE SL) 0.125 MG | Tier 2 | Tier 2 | |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR (HYOSCYAMINE SULFATE ER) 0.375 MG | Tier 2 | Tier 2 | |
| *H-2 Antagonists*** | | | |
| ACID CONTROL MAXIMUM STRENGTH ORAL TABLET 150 MG | | Tier 2 | |
| ACID CONTROL ORAL TABLET 150 MG | | Tier 2 | |
| ACID REDUCER MAXIMUM STRENGTH ORAL TABLET 150 MG | | Tier 2 | |
| ACID REDUCER ORAL TABLET 150 MG | | Tier 2 | |
| CIMETIDINE 200 ORAL TABLET 200 MG | | Tier 2 | |
| CIMETIDINE ACID REDUCER ORAL TABLET 200 MG | | Tier 2 | |
| CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML | | Tier 2 | |
| CIMETIDINE ORAL TABLET 200 MG, 300 MG, 400 MG, 800 MG | | Tier 2 | |
| CVS ACID REDUCER MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| CVS HEARTBURN RELIEF ORAL TABLET 200 MG | | Tier 2 | |
| EQ ACID REDUCER ORAL TABLET 150 MG, 200 MG | | Tier 2 | |
| EQ CIMETIDINE ORAL TABLET 200 MG | | Tier 2 | |
| EQ HEARTBURN RELIEF ORAL TABLET 200 MG | | Tier 2 | |
| EQL ACID REDUCER ORAL TABLET 150 MG | | Tier 2 | |
| EQL HEARTBURN RELIEF MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| GNP ACID CONTROL 150 MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| GNP HEARTBURN RELIEF 200 ORAL TABLET 200 MG | | Tier 2 | |
| GNP HEARTBURN RELIEF ORAL TABLET 200 MG | | Tier 2 | |
| GOODSENSE ACID REDUCER ORAL TABLET 150 MG | | Tier 2 | |
| HEARTBURN RELIEF 150 MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| HEARTBURN RELIEF MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| HEARTBURN RELIEF ORAL TABLET 200 MG | | Tier 2 | |
| HM ACID REDUCER MAX STRENGTH ORAL TABLET 150 MG | | Tier 2 | |
| HM ACID REDUCER ORAL TABLET 150 MG | | Tier 2 | |
| KLS ACID REDUCER MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| NIZATIDINE ORAL CAPSULE 150 MG, 300 MG | | Tier 2 | |
| NIZATIDINE ORAL SOLUTION 15 MG/ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| PEPCID ORAL SUSPENSION RECONSTITUTED (FAMOTIDINE) 40 MG/5ML | Tier 2 | Tier 2 | |
| PEPCID ORAL TABLET (FAMOTIDINE) 40 MG | Tier 2 | Tier 2 | |
| PX ACID REDUCER MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| PX ACID REDUCER ORAL TABLET 200 MG | | Tier 2 | |
| RA ACID REDUCER MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| RA ACID REDUCER ORAL TABLET 200 MG | | Tier 2 | |
| RANITIDINE 150 MAX STRENGTH ORAL TABLET 150 MG | | Tier 2 | |
| RANITIDINE HCL ORAL CAPSULE 150 MG, 300 MG | | Tier 2 | |
| RANITIDINE HCL ORAL SYRUP 15 MG/ML, 150 MG/10ML, 75 MG/5ML | | Tier 2 | |
| SB ACID REDUCER ORAL TABLET 150 MG | | Tier 2 | |
| SB CIMETIDINE ORAL TABLET 200 MG | | Tier 2 | |
| SM ACID REDUCER MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| SM ACID REDUCER ORAL TABLET 200 MG | | Tier 2 | |
| SW ACID REDUCER 150 MAX ST ORAL TABLET 150 MG | | Tier 2 | |
| TGT ACID REDUCER ORAL TABLET 200 MG | | Tier 2 | |
| WAL-ZAN 150 MAXIMUM STRENGTH ORAL TABLET (RANITIDINE HCL) 150 MG | Tier 2 | Tier 2 | |
| ZANTAC 150 MAXIMUM STRENGTH ORAL TABLET (RANITIDINE HCL) 150 MG | Tier 2 | Tier 2 | |
| ZANTAC ORAL TABLET (RANITIDINE HCL) 150 MG | Tier 2 | Tier 2 | |
| ZANTAC ORAL TABLET (RANITIDINE HCL) 300 MG | Tier 2 | Tier 2 | |
| *Misc. Anti-Ulcer*** | | | |
| CARAFATE ORAL SUSPENSION 1 GM/10ML | Tier 3 | | |
| SUCRALFATE ORAL TABLET 1 GM | | Tier 2 | |
| *Proton Pump Inhibitor-Antacid Combinations*** | | | |
| CVS OMEPRAZOLE-SOD BICARBONATE ORAL CAPSULE 20-1100 MG | | Tier 2 | |
| OMEPI ORAL CAPSULE (OMEPRazole-SODIUM BICARBONATE) 20-1100 MG, 40-1100 MG | Tier 2 | Tier 2 | |
| RA OMEPRAZOLE-SODIUM BICARB ORAL CAPSULE 20-1100 MG | | Tier 2 | |
| ZEGERID ORAL CAPSULE (OMEPRazole-SODIUM BICARBONATE) 20-1100 MG, 40-1100 MG | Tier 4 | Tier 2 | |
| *Proton Pump Inhibitors*** | | | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG | Tier 4 | | |
| ESOMEPRazole MAGNESIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG | | Tier 2 | PA |
| LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 30 MG | | Tier 2 | |
| NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG | Tier 4 | | PA |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG | | Tier 2 | |
| PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG | | Tier 2 | |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (LANSOPRAZOLE) 30 MG | Tier 3 | Tier 2 | PA |
| PROTONIX ORAL PACKET 40 MG | Tier 3 | | |
| RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG | | Tier 5 | |
| *Quaternary Anticholinergics*** | | | |
| CUVPOSA ORAL SOLUTION 1 MG/5ML | Tier 3 | | |
| GLYCOPYRROLATE INJECTION SOLUTION 0.2 MG/ML | | Tier 2 | |
| GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG | | Tier 2 | |
| METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG | | Tier 2 | |
| PROPANTHELINE BROMIDE ORAL TABLET 15 MG | | Tier 2 | |
| *Ulcer Anti-Infective W/ Bismuth Combinations*** | | | |
| PYLERA ORAL CAPSULE 140-125-125 MG | Tier 4 | | |
| *Ulcer Anti-Infective W/ Proton Pump Inhibitors*** | | | |
| PREVPAC ORAL | Tier 3 | | |
| *Ulcer Drugs - Prostaglandins*** | | | |
| MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG | | Tier 2 | |
| *Urinary Anti-Infectives* | | | |
| *Urinary Anti-Infectives*** | | | |
| MACRODANTIN ORAL CAPSULE 25 MG | Tier 3 | | |
| METHENAMINE HIPPURATE ORAL TABLET 1 GM | | Tier 2 | |
| METHENAMINE MANDELATE ORAL TABLET 0.5 GM | | Tier 2 | |
| MONUROL ORAL PACKET 3 GM | Tier 4 | | |
| NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 50 MG | | Tier 2 | |
| NITROFURANTOIN ORAL SUSPENSION 25 MG/5ML | | Tier 2 | |
| *Urinary Antiseptic-Antispasmodic &/Or Analgesics*** | | | |
| AZUPHEN MB ORAL CAPSULE (UTICAP) 120 MG | Tier 2 | Tier 2 | |
| HYOPHEN ORAL TABLET 81.6 MG | Tier 2 | | |
| INDIOMIN MB ORAL CAPSULE 120 MG | Tier 2 | | |
| URAMIT MB ORAL CAPSULE (URO-MP) 118 MG | Tier 4 | Tier 4 | |
| URIBEL ORAL CAPSULE (URO-MP) 118 MG | Tier 4 | Tier 4 | |
| UROPHEN MB ORAL TABLET 81.6 MG | Tier 2 | | |
| USTELL ORAL CAPSULE (UTICAP) 120 MG | Tier 2 | Tier 2 | |
| UTA ORAL CAPSULE 120 MG | Tier 2 | | |
| VILAMIT MB ORAL CAPSULE (URO-MP) 118 MG | Tier 4 | Tier 4 | |
| *Urinary Antispasmodics* | | | |
| *Beta-3 Adrenergic Agonists*** | | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | Tier 3 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|--|------------|--------------|-----------------|
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** | | | |
| ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG | Tier 3 | | |
| GELNIQUE PUMP TRANSDERMAL GEL 10 % | Tier 4 | | |
| GELNIQUE TRANSDERMAL GEL 10 % | Tier 4 | | |
| OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | | Tier 2 | |
| OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML | | Tier 2 | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG | | Tier 2 | |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR | Tier 3 | | |
| SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG | | Tier 2 | |
| TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG | | Tier 2 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | Tier 4 | | |
| TROSPIUM CHLORIDE ORAL TABLET 20 MG | | Tier 2 | |
| *Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New) | | | |
| ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG | Tier 3 | | |
| GELNIQUE PUMP TRANSDERMAL GEL 10 % | Tier 4 | | |
| GELNIQUE TRANSDERMAL GEL 10 % | Tier 4 | | |
| OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | | Tier 2 | |
| OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML | | Tier 2 | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG | | Tier 2 | |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR | Tier 3 | | |
| SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG | | Tier 2 | |
| TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG | | Tier 2 | |
| TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG | | Tier 2 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | Tier 4 | | |
| TROSPIUM CHLORIDE ORAL TABLET 20 MG | | Tier 2 | |
| *Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** | | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | Tier 3 | | |
| *Urinary Antispasmodics - Cholinergic Agonists*** | | | |
| BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Urinary Antispasmodics - Cholinergic Agonists*** (New) | | | |
| BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG | | Tier 2 | |
| *Urinary Antispasmodics - Direct Muscle Relaxants*** | | | |
| FLAVOXATE HCL ORAL TABLET 100 MG | | Tier 2 | |
| *Urinary Antispasmodics - Direct Muscle Relaxants*** (New) | | | |
| FLAVOXATE HCL ORAL TABLET 100 MG | | Tier 2 | |
| *Vaccines* | | | |
| *Bacterial Vaccines*** | | | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | | |
| *Viral Vaccines*** | | | |
| AFLURIA INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 1 | | |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | Tier 3 | | |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | | |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML | Tier 1 | | |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML | Tier 1 | | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | Tier 1 | | |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML | Tier 1 | | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|------------|--------------|-----------------|
| *Vaginal Products* | | | |
| *Imidazole-Related Antifungals*** | | | |
| CLOTRIMAZOLE-7 VAGINAL CREAM 1 % | | Tier 2 | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | Tier 4 | | |
| GYNE-LOTRIMIN VAGINAL CREAM (CLOTRIMAZOLE) 1 % | Tier 2 | Tier 2 | |
| MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 % | Tier 2 | | |
| RA CLOTRIMAZOLE 7 VAGINAL CREAM 1 % | | Tier 2 | |
| SM CLOTRIMAZOLE VAGINAL VAGINAL CREAM 1 % | | Tier 2 | |
| TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 % | | Tier 2 | |
| TERCONAZOLE VAGINAL SUPPOSITORY 80 MG | | Tier 2 | |
| *Vaginal Anti-Infectives*** | | | |
| AVC VAGINAL VAGINAL CREAM 15 % | Tier 3 | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | Tier 4 | | |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 % | | Tier 2 | |
| CLINDESSE VAGINAL CREAM 2 % | Tier 4 | | |
| VANAZOLE VAGINAL GEL (METRONIDAZOLE) 0.75 % | Tier 2 | Tier 2 | |
| *Vaginal Estrogens*** | | | |
| ESTRACE VAGINAL CREAM (ESTRADIOL) 0.1 MG/GM | Tier 3 | Tier 2 | |
| ESTRING VAGINAL RING 2 MG | Tier 3 | | |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR | Tier 3 | | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | Tier 3 | | |
| VAGIFEM VAGINAL TABLET 10 MCG | Tier 3 | | |
| *Vaginal Progestins*** | | | |
| ENDOMETRIN VAGINAL INSERT 100 MG | Tier 4 | | |
| *Vasopressors* | | | |
| *Anaphylaxis Therapy Agents*** | | | |
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION 0.3 MG/0.3ML | | Tier 2 | |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (EPINEPHRINE) 0.15 MG/0.3ML | Tier 3 | Tier 3 | |
| *Vasopressors*** | | | |
| DOBUTAMINE IN D5W INTRAVENOUS SOLUTION 1-5 MG/ML-%, 4-5 MG/ML-% | | Tier 2 | |
| DOPAMINE HCL INTRAVENOUS SOLUTION 160 MG/ML, 80 MG/ML | | Tier 2 | |
| DOPAMINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%, 1.6-5 MG/ML-%, 3.2-5 MG/ML-% | | Tier 2 | |
| EPHEDRINE SULFATE INJECTION SOLUTION 50 MG/ML | | Tier 2 | |
| EPHEDRINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML | | Tier 2 | |

| Drug Name | Brand Tier | Generic Tier | Formulary Notes |
|---|-------------------|---------------------|------------------------|
| MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG | | Tier 2 | |
| VAZCULEP INTRAVENOUS SOLUTION (PHENYLEPHRINE HCL) 10 MG/ML | Tier 4 | Tier 2 | |
| *Vitamins* | | | |
| *Vitamin B-1*** | | | |
| B-1 HIGH POTENCY ORAL TABLET 100 MG | | Tier 2 | |
| B-1 ORAL TABLET 100 MG | | Tier 2 | |
| CVS B-1 ORAL TABLET 100 MG | | Tier 2 | |
| GNP VITAMIN B-1 ORAL TABLET 100 MG | | Tier 2 | |
| QC VITAMIN B1 ORAL TABLET 100 MG | | Tier 2 | |
| THIAMINE HCL ORAL TABLET 100 MG | | Tier 2 | |
| VITAMIN B1 ORAL TABLET 100 MG | | Tier 2 | |
| VITAMIN B-1 ORAL TABLET 100 MG | | Tier 2 | |
| *Vitamin B-6*** | | | |
| PYRIDOXINE HCL ORAL TABLET 25 MG | | Tier 2 | |
| VITAMIN B-6 ORAL TABLET 25 MG | | Tier 2 | |
| *Vitamin K*** | | | |
| MEPHYTON ORAL TABLET (PHYTONADIONE) 5 MG | Tier 3 | Tier 2 | |

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