

Your 2021 Premium Standard Formulary

Effective January 1, 2021



For the most current list of covered medications or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, OptumRx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions. These high-cost medications may be injected, infused or taken by mouth. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment option for some conditions. Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

| Drug Tier | Includes | Helpful Tips |
|---------------|---|---|
| Tier 1 | \$ Lower-cost generics and some brand name | Use Tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2 | \$\$ Mid-range cost preferred brand name | Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs. |
| Tier 3 | \$\$\$ Highest-cost non-preferred | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |
| Tier E | ⊗ Excluded | May not be covered or need prior authorization. Lower-cost options are available and covered. |

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

| | |
|-----------|--|
| M | Authorized generic or cobranded product |
| PA | Prior Authorization – Your doctor is required to give OptumRx more information to determine coverage. |
| QL | Quantity Limit – Medication may be limited to a certain quantity. |
| SP | Specialty Medication – Medication is designated as specialty. |
| ST | Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered. |
| 3P | Tier 3 preferred |

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| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine #2 | 1 | QL |
| acetaminophen-codeine #3 | 1 | QL |
| acetaminophen-codeine #4 | 1 | QL |
| acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg | 1 | QL |
| APADAZ | E | |
| apap-caff-dihydrocodeine oral capsule | 1 | QL |
| ARYMO ER | E | |
| BELBUCA | 2 | PA; QL |
| BENZHYDROCODON E-ACETAMINOPHEN | E | |
| butalbital-apap-caffeine | 1 | |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR | E | |
| CONZIP | E | |
| DILAUDID ORAL | E | |
| DURAGESIC-100 | E | |
| DURAGESIC-12 | E | |
| DURAGESIC-25 | E | |
| DURAGESIC-50 | E | |
| DURAGESIC-75 | E | |
| fentanyl | 1 | PA; QL |
| FENTANYL CITRATE BUCCAL TABLET | E | M |
| FENTORA | E | |
| FIORICET | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| FIORICET/CODEINE | E | |
| hydrocodone-acetaminophen oral tablet | 1 | QL |
| hydromorphone hcl oral tablet | 1 | QL |
| HYSINGLA ER | 2 | PA; QL |
| KADIAN | E | |
| LAZANDA | E | |
| morphine sulfate er oral tablet extended release | 1 | PA; QL |
| MS CONTIN | E | |
| NORCO | E | |
| NUCYNTA | E | |
| NUCYNTA ER | E | |
| OXYCODONE HCL ER | E | M |
| oxycodone hcl oral tablet | 1 | QL |
| oxycodone-acetaminophen | 1 | QL |
| OXYCONTIN | 2 | PA; QL |
| PERCOCET | E | |
| ROXICODONE | E | |
| SUBSYS | E | |
| TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | E | M |
| tramadol hcl oral tablet 50 mg | 1 | QL |
| TREZIX | 3 | QL |
| ULTRACET | E | |
| ULTRAM | E | |
| XTAMPZA ER | 2 | PA; QL |
| ZOHYDRO ER | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Analgesics - Drugs for Pain and Inflammation | | |
| ARTHROTEC | E | |
| CAMBIA | E | |
| CELEBREX | E | |
| celecoxib oral | 1 | QL |
| diclofenac sodium oral | 1 | |
| diclofenac sodium transdermal gel 1 % | 1 | QL |
| DUEXIS | E | |
| etodolac oral tablet | 1 | |
| FLECTOR | E | |
| ibuprofen oral tablet | 1 | |
| INDOMETHACIN ORAL CAPSULE 20 MG | 3 | ST |
| indomethacin oral capsule 25 mg, 50 mg | 1 | |
| ketorolac tromethamine oral | 1 | QL |
| meloxicam oral | 1 | |
| MOBIC | E | |
| nabumetone oral | 1 | |
| NALFON | E | |
| NAPRELAN | 3 | |
| naproxen oral tablet | 1 | |
| PENNSAID | E | |
| QMIIZ ODT | E | |
| RELAFEN DS | E | |
| SPRIX | E | |
| VIMOVO | E | |
| VOLTAREN | E | |
| ZIPSOR | E | |
| ZORVOLEX | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Anesthetics | | |
| lidocaine external patch | 1 | |
| lidocaine-prilocaine external cream | 1 | |
| LIDODERM | E | |
| ZTLIDO | E | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| BUNAVAIL | 3 | QL |
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl | 1 | QL |
| CHANTIX | 3 | QL |
| CHANTIX CONTINUING MONTH PAK | 3 | QL |
| CHANTIX STARTING MONTH PAK | 3 | QL |
| EVZIO | E | |
| NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR | E | |
| naltrexone hcl oral | 1 | |
| NARCAN | 2 | |
| SUBOXONE | E | |
| ZUBSOLV | 2 | QL |
| Antibacterials | | |
| ACTICLATE | E | |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| amoxicillin-potassium clavulanate oral suspension reconstituted | 1 | |
| amoxicillin-potassium clavulanate oral tablet | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet | 1 | |
| cefdinir | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin oral capsule | 1 | |
| cephalexin oral suspension reconstituted | 1 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg | 1 | |
| clarithromycin oral tablet | 1 | |
| clindamycin hcl oral | 1 | |
| CLINDESSE | 3 | |
| DIFICID | 3 | |
| DORYX MPC | E | |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG | E | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet | 1 | |
| doxycycline monohydrate oral capsule | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| levofloxacin oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| minocycline hcl oral capsule | 1 | |
| MINOLIRA | E | |
| mupirocin external | 1 | |
| nitrofurantoin macrocrystal oral | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUZYRA ORAL | 3 | |
| penicillin v potassium oral tablet | 1 | |
| SEYSARA | 3 | ST |
| SILVADENE | E | |
| SOLODYN | E | |
| SOLOSEC | 3 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| TARGADOX | E | |
| XENLETA | 3 | |
| XEPI | 3 | |
| XIMINO | 3 | |
| Anticoagulants | | |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL |
| enoxaparin sodium | 1 | SP; QL |
| PRADAXA | 2 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Anticonvulsants - Drugs for Seizures | | |
| BRIVIACT INTRAVENOUS | 3 | |
| BRIVIACT ORAL | 3 | ST |
| carbamazepine oral tablet | 1 | |
| CARBATROL | E | |
| DEPAKOTE | E | |
| DEPAKOTE ER | E | |
| DEPAKOTE SPRINKLES | E | |
| DILANTIN INFATABS | E | |
| DILANTIN ORAL CAPSULE 100 MG | E | |
| DILANTIN ORAL SUSPENSION | E | |
| divalproex sodium er | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| EPIDIOLEX | 3 | PA; SP |
| FYCOMPA | 3 | |
| gabapentin oral capsule | 1 | |
| gabapentin oral tablet | 1 | |
| KEPPRA ORAL | E | |
| KEPPRA XR | E | |
| LAMICTAL | E | |
| LAMICTAL ODT | E | |
| LAMICTAL STARTER | E | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | E | |
| lamotrigine er | 1 | |
| lamotrigine oral tablet | 1 | |
| levetiracetam oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| NAYZILAM | 3 | QL |
| NEURONTIN | E | |
| ONFI | E | |
| oxcarbazepine oral tablet | 1 | |
| OXTELLAR XR | E | |
| QUDEXY XR | E | |
| SABRIL | E | SP |
| SYMPAZAN | 3 | PA |
| TEGRETOL | E | |
| TEGRETOL-XR | E | |
| TOPAMAX | E | |
| TOPAMAX SPRINKLE | E | |
| topiramate oral tablet | 1 | |
| TRILEPTAL | E | |
| TROKENDI XR | 3 | ST |
| VALTOCO 10 MG DOSE | 3 | QL |
| VALTOCO 15 MG DOSE | 3 | QL |
| VALTOCO 20 MG DOSE | 3 | QL |
| VALTOCO 5 MG DOSE | 3 | QL |
| VIMPAT | 3 | |
| XCOPRI | 3 | ST |
| XCOPRI (250 MG DAILY DOSE) | 3 | ST |
| XCOPRI (350 MG DAILY DOSE) | 3 | ST |
| ZONEGRAN | E | |
| zonisamide oral | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| donepezil hcl oral tablet 10 mg, 23 mg | 1 | |
| memantine hcl oral tablet 10 mg, 5 mg | 1 | |
| NAMZARIC | 2 | QL |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| BRISDELLE | E | |
| bupropion hcl er (sr) | 1 | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | QL |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG | E | M |
| bupropion hcl oral | 1 | |
| CELEXA | E | |
| citalopram hydrobromide oral tablet | 1 | |
| CYMBALTA | E | |
| desvenlafaxine succinate er | 1 | QL |
| doxepin hcl oral capsule | 1 | |
| duloxetine hcl oral | 1 | QL |
| EFFEXOR XR | E | |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| fluvoxamine maleate | 1 | |
| FORFIVO XL | E | |
| LEXAPRO | E | |
| mirtazapine oral tablet | 1 | |
| nortriptyline hcl oral capsule | 1 | |
| paroxetine hcl | 1 | |
| PAXIL CR | E | |
| PAXIL ORAL TABLET | E | |
| PRISTIQ | E | |
| PROZAC | E | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral | 1 | |
| TRINTELLIX | 3 | ST; QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er | 1 | |
| VIIBRYD | 3 | QL |
| VIIBRYD STARTER PACK | 3 | QL |
| WELLBUTRIN SR | E | |
| WELLBUTRIN XL | E | |
| ZOLOFT | E | |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| meclizine hcl oral tablet | 1 | |
| metoclopramide hcl oral tablet 10 mg | 1 | |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron odt | 1 | |
| prochlorperazine maleate oral | 1 | |
| SANCUSO | E | |
| scopolamine | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| VARUBI (180 MG DOSE) | 3 | QL |
| Antifungals | | |
| ciclopirox external solution | 1 | |
| clotrimazole external cream | 1 | |
| clotrimazole-betamethasone external cream | 1 | |
| CRESEMBA ORAL | 3 | |
| fluconazole oral tablet | 1 | |
| GYNAZOLE-1 | 3 | |
| JUBLIA | E | |
| KERYDIN | 3 | PA |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| nystatin external cream | 1 | |
| nystatin mouth/throat | 1 | |
| terbinafine hcl oral | 1 | QL |
| terconazole vaginal cream | 1 | |
| TOLSURA | E | |
| Antigout Agents | | |
| allopurinol oral | 1 | |
| COLCHICINE ORAL CAPSULE | E | |
| colchicine oral tablet | 1 | |
| COLCRYS | E | |
| febuxostat | 1 | ST |
| GLOPERBA | E | |
| MITIGARE | E | |
| Antimigraine Agents | | |
| AIMOVIG | 2 | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| AJOVY | E | |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY | 2 | PA; QL |
| EMGALITY (300 MG DOSE) | 2 | PA; QL |
| IMITREX | E | |
| IMITREX STATDOSE REFILL | E | |
| IMITREX STATDOSE SYSTEM | E | |
| MAXALT | E | |
| MAXALT-MLT | E | |
| NURTEC | 2 | PA; QL |
| ONZETRA XSAIL | E | |
| RELPAX | E | |
| REYVOW | E | |
| rizatriptan benzoate | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| TOSYMRA | E | |
| TREXIMET | E | |
| UBRELVY | 2 | PA; QL |
| ZEMBRACE SYMTOUCH | E | |
| ZOMIG ORAL | E | |
| ZOMIG ZMT | E | |
| Antineoplastics - Drugs for Cancer | | |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG | E | SP |
| anastrozole oral | 1 | |
| ARIMIDEX | E | |
| BELRAPZO | E | SP |
| BENDAMUSTINE HCL | E | SP |
| CABOMETYX | 2 | PA; SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|------------------------|-----------|------------|
| capecitabine | 1 | PA; SP |
| ERLEADA | E | SP |
| GLEEVEC | E | SP |
| IBRANCE ORAL CAPSULE | 3 | PA; SP |
| IDHIFA | 3 | PA; SP; QL |
| imatinib mesylate | 1 | PA; SP |
| IMBRUVICA ORAL TABLET | 3 | PA; SP |
| KANJINTI | 2 | PA; SP |
| letrozole oral | 1 | |
| LYNPARZA | 2 | PA; SP |
| MVASI | 2 | PA; SP |
| NUBEQA | 3 | PA; SP |
| OGIVRI | E | SP |
| REVLIMID | 2 | PA; SP |
| RUBRACA | 2 | PA; SP |
| RUXIENCE | 2 | PA; SP |
| SPRYCEL | 2 | PA; SP |
| tamoxifen citrate oral | 1 | |
| TARGRETIN EXTERNAL | 3 | PA; SP |
| TARGRETIN ORAL | E | SP |
| TAZVERIK | E | SP |
| temozolomide | 1 | PA; SP |
| TRAZIMERA | 2 | PA; SP |
| TREANDA | E | SP |
| TRUXIMA | E | SP |
| XTANDI | 3 | PA; SP |
| YONSA | E | SP |
| ZEJULA | 2 | PA; SP |
| ZIRABEV | 2 | PA; SP |
| ZYTIGA | E | SP |
| Antiparasitics | | |
| ARAKODA | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| EMVERM | 2 | |
| hydroxychloroquine sulfate oral | 1 | |
| NATROBA | E | |
| PLAQUENIL | E | |
| Antiparkinson Agents | | |
| benztropine mesylate oral | 1 | |
| carbidopa-levodopa oral tablet | 1 | |
| GOCOVRI | E | |
| INBRIJA | 3 | PA; SP |
| NOURIANZ | 3 | PA |
| OSMOLEX ER | E | |
| pramipexole dihydrochloride | 1 | |
| ropinirole hcl | 1 | |
| RYTARY | 3 | ST |
| Antiplatelets | | |
| ASPIRIN- OMEPRAZOLE | E | M |
| BRILINTA | 2 | |
| clopidogrel bisulfate oral | 1 | |
| PLAVIX | E | |
| prasugrel hcl | 1 | |
| YOSPRALA | E | |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY | E | |
| aripiprazole oral tablet | 1 | QL |
| ARISTADA | 3 | |
| ARISTADA INITIO | 3 | |
| INVEGA SUSTENNA | 3 | |
| INVEGA TRINZA | 3 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|-------------------------|-----------|------------|
| LATUDA | 3 | QL |
| olanzapine oral tablet | 1 | QL |
| PERSERIS | 3 | |
| quetiapine fumarate | 1 | QL |
| quetiapine fumarate er | 1 | QL |
| REXULTI | 3 | QL |
| RISPERDAL | E | |
| risperidone oral tablet | 1 | QL |
| SAPHRIS | 2 | QL |
| SECUADO | E | |
| SEROQUEL | E | |
| SEROQUEL XR | E | |
| VRAYLAR | 3 | ST; QL |
| ziprasidone hcl | 1 | QL |
| ZYPREXA | E | |
| Antivirals | | |
| acyclovir oral capsule | 1 | |
| acyclovir oral tablet | 1 | |
| ATRIPLA | E | |
| BARACLUDE ORAL TABLET | E | SP |
| BIKTARVY | 3 | |
| CIMDUO | 2 | |
| DESCOVY | E | |
| DOVATO | 2 | |
| entecavir | 1 | SP; QL |
| EPCLUSA | 2 | PA; SP; QL |
| GENVOYA | 3 | |
| HARVONI | 2 | PA; SP; QL |
| JULUCA | 2 | |
| LEDIPASVIR-SOFOSBUVIR | E | M; SP |
| MAVYRET | 2 | PA; SP; QL |
| ODEFSEY | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| oseltamivir phosphate oral | 1 | QL |
| PREZCOBIX | 2 | |
| SOFOSBUVIR-VELPATASVIR | E | M; SP |
| SYMFI | 2 | |
| SYMFI LO | 2 | |
| TAMIFLU | E | |
| TEMIXYS | E | |
| TIVICAY | 2 | |
| TRIUMEQ | 2 | |
| TRUVADA | E | |
| valacyclovir hcl oral | 1 | QL |
| VALTREX | E | |
| VEMLIDY | 3 | SP |
| VOSEVI | 2 | PA; SP; QL |
| XOFLUZA (40 MG DOSE) | 3 | QL |
| XOFLUZA (80 MG DOSE) | 3 | QL |
| ZOVIRAX EXTERNAL | E | |
| ZOVIRAX ORAL SUSPENSION | E | |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam oral tablet | 1 | QL |
| ATIVAN ORAL | E | |
| buspirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | QL |
| diazepam oral tablet | 1 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| KLONOPIN | E | |
| lorazepam oral tablet | 1 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| triazolam | 1 | QL |
| VALIUM | E | |
| XANAX | E | |
| XANAX XR | E | |
| Bipolar Agents - Drugs for Mood Disorders | | |
| lithium carbonate er | 1 | |
| lithium carbonate oral capsule | 1 | |
| Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders | | |
| ADYNOVATE | 3 | SP |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | 3 | SP |
| ARANESP (ALBUMIN FREE) | 2 | PA; SP |
| ELOCTATE | 3 | SP |
| EPOGEN | E | SP |
| ESPEROCT | E | SP |
| FULPHILA | E | SP |
| GRANIX | E | SP |
| JIVI | 3 | SP |
| MULPLETA | 2 | PA; SP |
| NEULASTA | 3 | PA; SP |
| NEULASTA ONPRO | 3 | PA; SP |
| NEUPOGEN | E | SP |
| NIVESTYM | 2 | PA; SP |
| NOVOEIGHT | 3 | SP |
| NUWIQ | 3 | SP |
| PROCRIT | E | SP |
| RETACRIT | 2 | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| UDENYCA | E | SP |
| ULTOMIRIS | 3 | PA; SP |
| ZARXIO | 2 | PA; SP |
| ZIEXTENZO | 3 | PA; SP |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| ALTACE | E | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate- benazepril hcl | 1 | |
| amlodipine besylate- valsartan | 1 | |
| amlodipine-olmesartan | 1 | |
| ATACAND | E | |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| atorvastatin calcium oral | 1 | |
| AVAPRO | E | |
| AZOR | E | |
| benazepril hcl oral | 1 | |
| BENICAR | E | |
| BENICAR HCT | E | |
| bisoprolol fumarate | 1 | |
| bisoprolol- hydrochlorothiazide | 1 | |
| bumetanide oral | 1 | |
| BYSTOLIC | 2 | |
| candesartan cilexetil | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | E | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| CATAPRES-TTS-1 | E | |
| CATAPRES-TTS-2 | E | |
| CATAPRES-TTS-3 | E | |
| chlorthalidone | 1 | |
| clonidine hcl oral | 1 | |
| COLESTID | E | |
| COLESTID FLAVORED | E | |
| CONSENSI | E | |
| COREG | E | |
| COREG CR | E | |
| CORLANOR | 3 | PA; QL |
| COZAAR | E | |
| CRESTOR | E | |
| digoxin oral tablet | 1 | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | |
| dilt-xr | 1 | |
| DIOVAN | E | |
| DIOVAN HCT | E | |
| doxazosin mesylate oral | 1 | |
| DYAZIDE | E | |
| EDARBI | 3 | ST |
| EDARBYCLOR | 3 | ST |
| enalapril maleate oral | 1 | |
| ENTRESTO | 2 | QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| EXFORGE | E | |
| EXFORGE HCT | E | |
| ezetimibe | 1 | |
| ezetimibe-simvastatin | 1 | |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg | 1 | |
| fenofibrate oral tablet | 1 | |
| fenofibric acid oral capsule delayed release | 1 | |
| flecainide acetate | 1 | |
| furosemide oral tablet | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl | 1 | |
| HEMANGEOL | 3 | |
| hydralazine hcl oral | 1 | |
| hydrochlorothiazide oral | 1 | |
| HYZAAR | E | |
| INDERAL LA | E | |
| INDERAL XL | E | |
| INNOPRAN XL | E | |
| irbesartan | 1 | |
| irbesartan-hydrochlorothiazide | 1 | |
| isosorbide mononitrate er | 1 | |
| KAPSPARGO SPRINKLE | E | |
| KATERZIA | E | |
| labetalol hcl oral | 1 | |
| LASIX | E | |
| LESCOL XL | E | |
| LIPITOR | E | |
| lisinopril oral | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|--------|
| lisinopril-hydrochlorothiazide | 1 | |
| LIVALO | E | |
| losartan potassium oral | 1 | |
| losartan potassium-hctz | 1 | |
| LOTREL | E | |
| lovastatin | 1 | |
| LOVAZA | E | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral | 1 | |
| MICARDIS | E | |
| MICARDIS HCT | E | |
| MULTAQ | 3 | |
| nadolol oral | 1 | |
| NEXLETOL | 2 | PA; QL |
| NEXLIZET | 2 | PA; QL |
| NIASPAN | E | |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nitroglycerin sublingual | 1 | |
| NITROSTAT | E | |
| NORVASC | E | |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil-hctz | 1 | |
| olmesartan-amlodipine-hctz | 1 | |
| omega-3-acid ethyl esters | 1 | PA |
| PRALUENT | 2 | PA; QL |
| PRAVACHOL | E | |
| pravastatin sodium | 1 | |
| prazosin hcl oral | 1 | |
| PRINIVIL | E | |

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|--------|
| propranolol hcl er | 1 | |
| propranolol hcl oral tablet | 1 | |
| QUESTRAN | E | |
| QUESTRAN LIGHT | E | |
| ramipril | 1 | |
| RANEXA | E | |
| ranolazine er | 1 | |
| REPATHA | 2 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; QL |
| REPATHA SURECLICK | 2 | PA; QL |
| rosuvastatin calcium | 1 | |
| simvastatin oral | 1 | |
| sotalol hcl oral | 1 | |
| spironolactone oral | 1 | |
| TEKTURNA | 2 | |
| TEKTURNA HCT | 2 | ST |
| telmisartan | 1 | |
| telmisartan-hctz | 1 | |
| TENORMIN | E | |
| TIKOSYN | E | |
| TOPROL XL | E | |
| toremide | 1 | |
| triamterene-hctz | 1 | |
| TRIBENZOR | E | |
| TRICOR | E | |
| valsartan | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| VASCEPA | 2 | PA |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg | 1 | |
| verapamil hcl er oral tablet extended release | 1 | |
| VYTORIN | E | |
| WELCHOL | E | |
| ZESTRIL | E | |
| ZETIA | E | |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | E | |
| ZYPITAMAG | E | |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| ADDERALL | E | |
| ADDERALL XR | E | |
| ADHANSIA XR | E | |
| amphetamine-dextroamphetamine | 1 | PA; QL |
| amphetamine-dextroamphetamine er | 1 | PA; QL |
| atomoxetine hcl | 1 | QL |
| CONCERTA | E | |
| dexmethylphenidate hcl er | 1 | PA; QL |
| dexmethylphenidate hcl oral tablet 10 mg, 5 mg | 1 | PA; QL |
| EVEKEO | E | |
| EVEKEO ODT | 3 | PA; QL |
| FOCALIN | E | |
| FOCALIN XR | E | |
| guanfacine hcl er | 1 | |
| INTUNIV | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------|
| JORNAY PM | 3 | PA; ST; QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 1 | PA; QL |
| METHYLPHENIDATE HCL ER (XR) | 3 | PA; ST; QL |
| methylphenidate hcl er oral tablet extended release | 1 | PA; QL |
| methylphenidate hcl oral tablet | 1 | PA; QL |
| RITALIN | E | |
| RITALIN LA | E | |
| STRATTERA | E | |
| VYVANSE | 2 | PA; QL |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AMPYRA | 3 | PA; SP; QL |
| AUBAGIO | 3 | PA; SP; QL |
| AVONEX PEN | 2 | PA; SP; QL |
| AVONEX PREFILLED | 2 | PA; SP; QL |
| BAFIERTAM | 2 | PA; SP; QL |
| BETASERON | 2 | PA; SP; QL |
| COPAXONE | 2 | PA; SP; QL |
| EXTAVIA | E | SP |
| GILENYA | 3 | PA; 3P; SP; QL |
| glatiramer acetate | 1 | PA; SP; QL |
| MAVENCLAD (10 TABS) | 3 | PA; 3P; SP |
| MAVENCLAD (4 TABS) | 3 | PA; 3P; SP |
| MAVENCLAD (5 TABS) | 3 | PA; 3P; SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------|
| MAVENCLAD (6 TABS) | 3 | PA; 3P; SP |
| MAVENCLAD (7 TABS) | 3 | PA; 3P; SP |
| MAVENCLAD (8 TABS) | 3 | PA; 3P; SP |
| MAVENCLAD (9 TABS) | 3 | PA; 3P; SP |
| MAYZENT | 3 | PA; 3P; SP; QL |
| PLEGRIDY | E | SP |
| PLEGRIDY STARTER PACK | E | SP |
| REBIF | E | SP |
| REBIF REBIDOSE | E | SP |
| REBIF REBIDOSE TITRATION PACK | E | SP |
| REBIF TITRATION PACK | E | SP |
| TECFIDERA | 2 | PA; SP; QL |
| VUMERITY | 2 | PA; SP; QL |
| VUMERITY (STARTER) | 2 | PA; SP; QL |
| Central Nervous System Agents - Miscellaneous | | |
| ADDYI | 3 | PA; QL |
| ADIPEX-P | E | |
| AUSTEDO | 3 | PA; SP; QL |
| CONTRAVE | E | |
| GRALISE | 3 | ST; QL |
| HORIZANT | 3 | PA; QL |
| LYRICA | E | |
| phentermine hcl oral tablet | 1 | PA |
| pregabalin oral capsule | 1 | QL |
| QSYMIA | 3 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| SAXENDA | 3 | PA |
| TEGSEDI | 3 | PA; SP |
| TIGLUTIK | 3 | PA; SP; QL |
| VYLEESI | 3 | PA; QL |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| chlorhexidine gluconate mouth/throat | 1 | |
| lidocaine viscous hcl | 1 | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| ABSORICA | 3 | PA |
| ABSORICA LD | 3 | PA |
| ACANYA | E | |
| ACZONE EXTERNAL GEL 5 % | E | |
| ACZONE EXTERNAL GEL 7.5 % | 2 | |
| AKLIEF | E | |
| ALA SCALP | E | |
| AMZEEQ | 3 | |
| APEXICON E | E | |
| AVITA | E | |
| BENZAACLIN | E | |
| BENZAACLIN WITH PUMP | E | |
| BENZAMYCIN | E | |
| betamethasone dipropionate external cream | 1 | |
| BRYHALI | 3 | |
| CALCIPOTRIENE EXTERNAL FOAM | E | M |
| CAPEX | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| claravis | 1 | PA |
| CLINDAGEL | E | |
| clindamycin phosphate-benzoyl peroxide external gel 1-5 % | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL | E | M |
| clindamycin phosphate gel 1 % external | 1 | |
| clobetasol propionate external cream | 1 | |
| clobetasol propionate external ointment | 1 | |
| clobetasol propionate external solution | 1 | |
| CLOBEX | E | |
| CLOBEX SPRAY | E | |
| CLODERM | E | |
| CORDRAN EXTERNAL TAPE | E | |
| DESONATE | E | |
| DIFFERIN EXTERNAL CREAM | E | |
| DIFFERIN EXTERNAL GEL 0.3 % | E | |
| DIFFERIN EXTERNAL LOTION | E | |
| DUOBRII | E | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|--------------------------------------|-----------|-------|
| ELIDEL | E | |
| ENSTILAR | 3 | QL |
| EPIDUO | E | |
| EPIDUO FORTE | 3 | |
| EUCRISA | 2 | ST |
| FINACEA EXTERNAL FOAM | 3 | |
| FINACEA EXTERNAL GEL | 3 | ST |
| fluocinonide external cream | 1 | |
| FLUOROPLEX | 3 | |
| HALOBETASOL PROPIONATE EXTERNAL FOAM | E | M |
| HALOG EXTERNAL CREAM | E | |
| HALOG EXTERNAL OINTMENT | E | |
| hydrocortisone external cream | 1 | |
| hydrocortisone external ointment | 1 | |
| IMIQUIMOD PUMP CREAM 3.75 % EXTERNAL | E | |
| IMIQUIMOD PUMP CREAM 3.75 % EXTERNAL | E | M |
| IMPOYZ | E | |
| KENALOG EXTERNAL | E | |
| LEXETTE | E | |
| METROGEL | E | |
| metronidazole external cream | 1 | |
| metronidazole external gel | 1 | |
| MIRVASO | 3 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| mometasone furoate external cream | 1 | |
| NORITATE | E | |
| ONEXTON | 3 | |
| ORACEA | E | |
| PANDEL | E | |
| PROPECIA | E | |
| PSORCON | E | |
| QBREXZA | 3 | QL |
| RETIN-A | E | |
| RETIN-A MICRO GEL 0.04 %, 0.1 % | E | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % | E | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | 2 | PA |
| RHOFADE | 3 | |
| SERNIVO | 3 | |
| SOOLANTRA | 3 | |
| SORILUX | E | |
| TACLONEX EXTERNAL OINTMENT | E | |
| TACLONEX EXTERNAL SUSPENSION | 3 | QL |
| tacrolimus external ointment | 1 | |
| TAZORAC EXTERNAL CREAM 0.1 % | E | |
| TOPICORT SPRAY | E | |
| tretinoin external cream | 1 | PA |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external ointment | 1 | |

| Drug Name | Drug Tier | Notes |
|---------------------------------------|-----------|--------|
| TRIANEX | E | |
| ULTRAVATE | E | |
| VECTICAL | E | |
| VELTIN | E | |
| VERDESO | E | |
| ZIANA | E | |
| ZYCLARA | E | |
| ZYCLARA PUMP | E | |
| Diabetes - Antidiabetic Agents | | |
| ADLYXIN | E | |
| ADLYXIN STARTER PACK | E | |
| ALOGLIPTIN BENZOATE | E | M |
| ALOGLIPTIN-METFORMIN HCL | E | M |
| ALOGLIPTIN-PIOGLITAZONE | E | M |
| BYDUREON | 2 | ST; QL |
| BYDUREON BCISE AUTOINJECTOR | 2 | ST; QL |
| BYETTA 10 MCG PEN | 2 | ST; QL |
| BYETTA 5 MCG PEN | 2 | ST; QL |
| FARXIGA | 2 | ST |
| FORTAMET | E | |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| GLUMETZA | E | |
| glyburide oral | 1 | |
| GLYXAMBI | 2 | ST |
| INVOKAMET | E | |
| INVOKAMET XR | E | |
| INVOKANA | E | |
| JANUMET | 2 | ST |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---------------------------|-----------|--------|
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | ST |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| KAZANO | E | |
| KOMBIGLYZE XR | E | |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | E | |
| metformin hcl er (osm) | E | |
| metformin hcl oral tablet | 1 | |
| NESINA | E | |
| ONGLYZA | E | |
| OSENI | E | |
| OZEMPIC | 2 | ST; QL |
| pioglitazone hcl | 1 | |
| QTERN | E | |
| RYBELSUS | 2 | ST; QL |
| SEGLUROMET | E | |
| SOLIQUA | 2 | ST; QL |
| STEGLATRO | E | |
| STEGLUJAN | E | |
| SYMLINPEN 120 | 3 | PA |
| SYMLINPEN 60 | 3 | PA |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| TRADJENTA | 2 | ST |
| TRIJARDY XR | 2 | ST |
| TRULICITY | 2 | ST; QL |
| VICTOZA | 2 | ST; QL |
| XIGDUO XR | 2 | ST |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Diabetes - Glucose Monitoring | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | |
| ACCU-CHEK GUIDE TEST STRIPS | E | |
| ACCU-CHEK GUIDE KIT W/DEVICE | E | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2 | |
| CONTOUR MONITOR | 2 | |
| CONTOUR CONTROL | 2 | |
| CONTOUR NEXT CONTROL | 2 | |
| CONTOUR NEXT MONITOR | 2 | |
| CONTOUR NEXT TEST | 2 | QL |
| CONTOUR TEST | 2 | QL |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) | 2 | |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE | 2 | |
| FREESTYLE LIBRE 14 DAY READER | E | |
| FREESTYLE LIBRE 14 DAY SENSOR | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|-----------------------------------|-----------|-------------------|
| FREESTYLE LIBRE 2 READER SYSTM | E | |
| FREESTYLE LIBRE 2 SENSOR SYSTM | E | |
| FREESTYLE LIBRE READER | E | |
| FREESTYLE LIBRE SENSOR SYSTEM | E | |
| ONETOUCH ULTRA | E | |
| ONETOUCH VERIO TEST STRIPS | E | |
| V-GO 20 | 2 | |
| V-GO 30 | 2 | |
| V-GO 40 | 2 | |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | 2 | |
| BAQSIMI TWO PACK | 2 | |
| GLUCAGON EMERGENCY KIT | 2 | Made by Lilly |
| GLUCAGON EMERGENCY KIT | 2 | Made by Fresenius |
| GVOKE PFS | 2 | |
| Diabetes - Insulins | | |
| ADMELOG | E | |
| ADMELOG SOLOSTAR | E | |
| APIDRA SOLOSTAR | E | |
| APIDRA VIAL | E | |
| BASAGLAR KWIKPEN | E | |
| BD AUTOSHIELD DUO PEN NEEDLES | 2 | |
| BD ULTRA-FINE INSULIN SYRINGES | 2 | |
| BD ULTRA-FINE PEN NEEDLES | 2 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | |
| FIASP | E | |
| FIASP FLEXTOUCH | E | |
| FIASP PENFILL | E | |
| HUMALOG KWIKPEN | 2 | |
| HUMALOG MIX 50/50 KWIKPEN | 2 | |
| HUMALOG MIX 50/50 VIAL | 2 | |
| HUMALOG MIX 75/25 KWIKPEN | 2 | |
| HUMALOG MIX 75/25 VIAL | 2 | |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | |
| HUMALOG VIAL | 2 | |
| HUMULIN 70/30 KWIKPEN | 2 | |
| HUMULIN 70/30 VIAL | 2 | |
| HUMULIN N KWIKPEN | 2 | |
| HUMULIN N VIAL | 2 | |
| HUMULIN R U-500 KWIKPEN | 2 | |
| HUMULIN R U-500 VIAL | 2 | |
| HUMULIN R VIAL | 2 | |
| INSULIN ASP PROT & ASP FLEXPEN | E | M |
| INSULIN ASPART | E | M |
| INSULIN ASPART FLEXPEN | E | M |
| INSULIN ASPART PENFILL | E | M |
| INSULIN ASPART PROT & ASPART | E | M |
| INSULIN LISPRO | E | M |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| INSULIN LISPRO (1 UNIT DIAL) | E | M |
| INSULIN LISPRO JUNIOR KWIKPEN | E | M |
| INSULIN LISPRO PROT & LISPRO | E | M |
| LANTUS SOLOSTAR | 2 | |
| LANTUS U-100 VIAL | 2 | |
| LEVEMIR U-100 FLEXTOUCH | E | |
| LEVEMIR U-100 VIAL | E | |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | |
| NOVOFINE PEN NEEDLE | 2 | |
| NOVOFINE PLUS PEN NEEDLE | 2 | |
| NOVOLIN 70/30 FLEXPEN | E | |
| NOVOLIN 70/30 FLEXPEN RELION | E | |
| NOVOLIN 70/30 RELION | E | |
| NOVOLIN 70/30 VIAL | E | |
| NOVOLIN N FLEXPEN | E | |
| NOVOLIN N FLEXPEN RELION | E | |
| NOVOLIN N RELION | E | |
| NOVOLIN N VIAL | E | |
| NOVOLIN R FLEXPEN | E | |
| NOVOLIN R FLEXPEN RELION | E | |
| NOVOLIN R RELION | E | |
| NOVOLIN R VIAL | E | |
| NOVOLOG FLEXPEN | E | |
| NOVOLOG MIX 70/30 FLEXPEN | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| NOVOLOG MIX 70/30 VIAL | E | |
| NOVOLOG PENFILL | E | |
| NOVOLOG U-100 VIAL | E | |
| NOVOTWIST PEN NEEDLE | 2 | |
| TOUJEO MAX SOLOSTAR | 2 | |
| TOUJEO SOLOSTAR | 2 | |
| TRESIBA | E | |
| TRESIBA FLEXTOUCH | E | |
| Electrolytes / Minerals / Metals / Vitamins | | |
| AZESCO | E | |
| CARNITOR ORAL | E | |
| CARNITOR SF | E | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| ergocalciferol oral capsule | 1 | |
| folic acid oral tablet | 1 | |
| klor-con m20 | 1 | |
| K-TAB | E | |
| LOKELMA | 3 | |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | 1 | |
| NASCOBAL | 3 | |
| potassium chloride cryster | 1 | |
| potassium chloride er | 1 | |
| potassium citrate er | 1 | |
| PREGENNA | E | |
| PRENATE DHA | E | |
| PRENATE ELITE | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| PRENATE ENHANCE | E | |
| PRENATE ESSENTIAL | E | |
| PRENATE MINI | E | |
| PRENATE PIXIE | E | |
| PRENATE RESTORE | E | |
| sodium fluoride oral tablet chewable | 1 | |
| TRINAZ | E | |
| VELTASSA | 3 | |
| VITAFOL FE+ | E | |
| VITAFOL-OB+DHA | E | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | 1 | |
| VITATHELY WITH GINGER | E | |
| ZALVIT | E | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| ACIPHEX | E | |
| CARAFATE ORAL TABLET | E | |
| DEXILANT | 2 | QL |
| esomeprazole magnesium oral capsule delayed release | 1 | QL |
| famotidine oral tablet | 1 | |
| lansoprazole oral capsule delayed release | 1 | QL |
| NEXIUM ORAL CAPSULE DELAYED RELEASE | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| omeprazole oral capsule delayed release | 1 | QL |
| omeprazole-sodium bicarbonate | E | |
| pantoprazole sodium oral tablet delayed release | 1 | QL |
| PREVACID | E | |
| PREVACID SOLUTAB | E | |
| PROTONIX ORAL TABLET DELAYED RELEASE | E | |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | E | M |
| rabeprazole sodium oral tablet delayed release | 1 | QL |
| sucralfate oral tablet | 1 | |
| ZEGERID | E | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| AMITIZA | E | |
| CLENPIQ | 3 | |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral tablet | 1 | |
| diphenoxylate-atropine oral tablet | 1 | |
| gavilyte-g | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 3 | |
| GOLYTELY | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| lactulose oral solution | 1 | |
| LINZESS | 2 | ST; QL |
| MOTEGRITY | 3 | ST; QL |
| MOTOFEN | E | |
| MOVANTIK | E | |
| MOVIPREP | E | |
| NULYTELY WITH FLAVOR PACKS | E | |
| OMECLAMOX-PAK | 2 | |
| OSMOPREP | E | |
| PLENVU | E | |
| PYLERA | 2 | |
| RELISTOR | E | |
| SUPREP BOWEL PREP KIT | 3 | |
| SYMPROIC | 2 | ST; QL |
| TRULANCE | E | |
| VIBERZI | 3 | PA; QL |
| ZELNORM | 3 | PA; QL |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| CERDELGA | 3 | PA; SP |
| CREON | 2 | |
| EXONDYS 51 | E | SP |
| NITYR | 3 | PA; SP |
| PANCREAZE | E | |
| PERTZYE | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | 2 | PA; SP |
| VIOKACE | E | |
| VYONDYS 53 | E | SP |
| ZENPEP | 2 | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| AURYXIA | 3 | |
| CIALIS | E | |
| DEPEN TITRATABS | 2 | SP |
| LEVITRA | E | |
| MYRBETRIQ | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral tablet | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| RENAGEL | E | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | QL |
| solifenacin succinate | 1 | |
| STAXYN | E | |
| STENDRA | E | |
| tadalafil oral | 1 | QL |
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | |
| VELPHORO | 3 | |
| VESICARE | E | |
| VIAGRA | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| AVODART | E | |
| dutasteride oral | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| FLOMAX | E | |
| tamsulosin hcl | 1 | |
| terazosin hcl oral capsule 1 mg, 10 mg, 5 mg | 1 | |
| Hormonal Agents - Adrenal | | |
| CORTEF | E | |
| dexamethasone oral tablet | 1 | |
| hydrocortisone oral | 1 | |
| KENALOG INJECTION SUSPENSION 40 MG/ML | E | |
| methylprednisolone oral | 1 | |
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| RAYOS | E | |
| TAPERDEX 12-DAY | 3 | |
| TAPERDEX 6-DAY | 3 | |
| TAPERDEX 7-DAY | 3 | |
| Hormonal Agents - Men's Health | | |
| ANDRODERM | 2 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| ANDROGEL | E | |
| ANDROGEL PUMP | E | |
| AVEED | E | |
| DEPO-TESTOSTERONE | E | |
| FORTESTA | E | |
| JATENZO | E | |
| NATESTO | E | |
| TESTIM | E | |
| TESTOPEL | E | |
| testosterone cypionate intramuscular | 1 | PA |
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 | PA |
| VOGELXO | E | |
| VOGELXO PUMP | E | |
| XYOSTED | 3 | PA |
| Hormonal Agents - Osteoporosis | | |
| OSPHENA | 3 | |
| Hormonal Agents - Pituitary | | |
| ACTHAR | 2 | PA; SP |
| cabergoline | 1 | |
| CETROTIDE | E | SP |
| FOLLISTIM AQ | 2 | PA; SP |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1 | PA; SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------------|
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1 | PA; Made by Organon/Merk; SP |
| GENOTROPIN | E | SP |
| GENOTROPIN MINIQUICK | E | SP |
| GONAL-F | E | SP |
| GONAL-F RFF | E | SP |
| GONAL-F RFF REDIJECT | E | SP |
| HUMATROPE | E | SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 2 | PA; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 2 | PA; SP |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | 2 | PA; SP |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | 2 | PA; SP |
| NOCDURNA | 3 | |
| NORDITROPIN FLEXPRO | 2 | PA; SP |
| NUTROPIN AQ NUSPIN 10 | 2 | PA; SP |
| NUTROPIN AQ NUSPIN 20 | 2 | PA; SP |
| NUTROPIN AQ NUSPIN 5 | 2 | PA; SP |
| OMNITROPE | E | SP |
| ORILISSA | 2 | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| SAIZEN | E | SP |
| SAIZENPREP | E | SP |
| SANDOSTATIN | E | SP |
| ZOMACTON | E | SP |
| ZOMACTON (FOR ZOMA-JET 10) | E | SP |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| ANNOVERA | E | |
| apri | 1 | |
| aviane | 1 | |
| BEYAZ | E | |
| BIJUVA | 3 | |
| blisovi 24 fe | 1 | |
| blisovi fe 1.5/30 | 1 | |
| blisovi fe 1/20 | 1 | |
| CLIMARA | E | |
| CLIMARA PRO | 2 | |
| cryselle-28 | 1 | |
| DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML | E | |
| DIVIGEL | 3 | |
| dotti | 1 | |
| drospirenone-ethinyl estradiol | 1 | |
| DUAVEE | 2 | |
| ELESTRIN | 3 | |
| eluryng | 1 | |
| ENDOMETRIN | 2 | |
| enskyce | 1 | |
| estarylla | 1 | |
| ESTRACE | E | |
| estradiol oral | 1 | |
| estradiol transdermal | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| estradiol vaginal | 1 | |
| ESTROGEL | 3 | |
| etonogestrel-ethinyl estradiol | 1 | |
| EVAMIST | 3 | |
| femynor | 1 | |
| GENERESS FE | E | |
| gianvi | 1 | |
| IMVEXXY MAINTENANCE PACK | 3 | |
| IMVEXXY STARTER PACK | 3 | |
| isibloom | 1 | |
| junel 1.5/30 | 1 | |
| junel 1/20 | 1 | |
| junel fe 1.5/30 | 1 | |
| junel fe 1/20 | 1 | |
| junel fe 24 | 1 | |
| kariva | 1 | |
| kurvelo | 1 | |
| larin fe 1/20 | 1 | |
| larissia | 1 | |
| lessina | 1 | |
| levonorgest-eth est & eth est | 1 | QL |
| levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg | 1 | QL |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 | |
| LO LOESTRIN FE | E | |
| LOESTRIN 1.5/30 (21) | E | |
| LOESTRIN 1/20 (21) | E | |
| LOESTRIN FE 1.5/30 | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| LOESTRIN FE 1/20 | E | |
| low-ogestrel | 1 | |
| MAKENA | 2 | PA; SP |
| medroxyprogesterone acetate intramuscular | 1 | QL |
| medroxyprogesterone acetate oral | 1 | |
| microgestin fe 1/20 | 1 | |
| MINASTRIN 24 FE | E | |
| MIRENA (52 MG) | 3 | |
| mono-lynyah | 1 | |
| NATAZIA | 2 | |
| nikki | 1 | |
| norethindrone acetate oral | 1 | |
| norethindrone acet-ethinyl est | 1 | |
| norethindrone oral | 1 | |
| norgestimate-ethinyl estradiol triphasic | 1 | |
| nortrel 1/35 (21) | 1 | |
| nortrel 1/35 (28) | 1 | |
| NUVARING | 3 | |
| ORTHO MICRONOR | E | |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| progesterone micronized oral | 1 | |
| PROMETRIUM | E | |
| SAFYRAL | E | |
| SEASONIQUE | E | |
| SLYND | E | |
| sprintec 28 | 1 | |
| sronyx | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| syeda | 1 | |
| TAYTULLA | 3 | |
| tri femynor | 1 | |
| tri-lo-marzia | 1 | |
| tri-lo-sprintec | 1 | |
| tri-previfem | 1 | |
| tri-sprintec | 1 | |
| VAGIFEM | E | |
| vienva | 1 | |
| viorele | 1 | |
| VIVELLE-DOT | E | |
| xulane | 1 | |
| YASMIN 28 | E | |
| YAZ | E | |
| Hormonal Agents - Thyroid | | |
| ARMOUR THYROID | 3 | ST |
| CYTOMEL | E | |
| euthyrox | 1 | |
| levothyroxine sodium oral | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | 3 | ST |
| np thyroid oral tablet 60 mg | 1 | |
| SYNTHROID | E | |
| TIROSINT | E | |
| TIROSINT-SOL | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | 3 | PA; 3P; SP |
| ACTEMRA SUBCUTANEOUS | 3 | PA; 3P; SP |
| ASCENIV | E | SP |
| azathioprine oral | 1 | |
| CIMZIA | 2 | PA; SP |
| CIMZIA PREFILLED KIT | 2 | PA; SP |
| CIMZIA STARTER KIT | 2 | PA; SP |
| COSENTYX (300 MG DOSE) | E | SP |
| COSENTYX 150 MG/ML | E | SP |
| COSENTYX SENSOREADY (300 MG) | E | SP |
| COSENTYX SENSOREADY PEN | E | SP |
| CUTAQUIG | E | SP |
| cyclosporine modified oral capsule | 1 | SP |
| ENBREL MINI | 3 | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| ENBREL SURECLICK | 3 | PA; SP |
| FIRAZYR | 3 | PA; SP; QL |
| HAEGARDA | 3 | PA; SP |
| HUMIRA | 2 | PA; SP |
| HUMIRA PEDIATRIC CROHNS START | 2 | PA; SP |
| HUMIRA PEN | 2 | PA; SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| HUMIRA PEN-CD/UC/HS STARTER | 2 | PA; SP |
| HUMIRA PEN-PS/UV/ADOL HS START | 2 | PA; SP |
| INFLECTRA | 2 | PA; SP |
| leflunomide oral | 1 | |
| methotrexate oral | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 1 | SP |
| mycophenolate mofetil oral tablet | 1 | SP |
| mycophenolate sodium | 1 | SP |
| OLUMIANT | E | SP |
| ORENCIA CLICKJECT | 3 | PA; 3P; SP |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | 3 | PA; 3P; SP |
| OTEZLA | 2 | PA; SP |
| PANZYGA | E | SP |
| PROGRAF ORAL CAPSULE | 3 | SP |
| RASUVO | 2 | PA; QL |
| REMICADE | E | SP |
| RENFLEXIS | 2 | PA; SP |
| RINVOQ | 2 | PA; SP |
| RUCONEST | 3 | PA; SP; QL |
| SIMPONI | 2 | PA; SP |
| SIMPONI ARIA | 2 | PA; SP |
| sirolimus oral tablet | 1 | SP |
| SKYRIZI (150 MG DOSE) | 2 | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| STELARA INTRAVENOUS | 2 | PA; SP |
| STELARA SUBCUTANEOUS | 2 | PA; SP; QL |
| tacrolimus oral | 1 | SP |
| TAKHZYRO | 3 | PA; SP |
| TALTZ | 3 | PA; 3P; SP |
| TREMFYA | 2 | PA; SP |
| XELJANZ | 2 | PA; SP |
| XELJANZ XR | 2 | PA; SP |
| XEMBIFY | 3 | PA; SP |
| Inflammatory Bowel Disease Agents | | |
| APRISO | 2 | |
| ASACOL HD | E | |
| CANASA | E | |
| DELZICOL | E | |
| DIPENTUM | E | |
| LIALDA | E | |
| mesalamine oral tablet delayed release | 1 | |
| PENTASA | 3 | |
| PROCTOFOAM HC | 2 | |
| sulfasalazine oral tablet | 1 | |
| UCERIS ORAL | E | |
| UCERIS RECTAL | 3 | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral tablet 10 mg, 5 mg | 1 | |
| alendronate sodium oral tablet 35 mg, 70 mg | 1 | QL |
| BINOSTO | 3 | QL |
| FORTEO | 2 | PA; SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------|
| ibandronate sodium oral | 1 | QL |
| PROLIA | 2 | PA; SP; QL |
| RAYALDEE | 3 | |
| TYMLOS | 2 | PA; SP |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral capsule | 1 | |
| SENSIPAR | E | |
| Miscellaneous Therapeutic Agents | | |
| BOTOX | 2 | PA; Non-Cosmetic; SP |
| DUROLANE | 2 | PA; SP |
| ENDARI | 3 | PA |
| EUFLEXXA | 2 | PA; SP |
| FIRDAPSE | E | SP |
| GEL-ONE | E | SP |
| GELSYN-3 | 2 | PA; SP |
| GENVISC 850 | E | SP |
| HYALGAN | E | SP |
| HYMOVIS | E | SP |
| MONOVISC | E | SP |
| ORTHOVISC | E | SP |
| OXBRYTA | E | SP |
| PALFORZIA (12 MG DAILY DOSE) | E | SP |
| PALFORZIA (120 MG DAILY DOSE) | E | SP |
| PALFORZIA (160 MG DAILY DOSE) | E | SP |
| PALFORZIA (20 MG DAILY DOSE) | E | SP |
| PALFORZIA (200 MG DAILY DOSE) | E | SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| PALFORZIA (240 MG DAILY DOSE) | E | SP |
| PALFORZIA (3 MG DAILY DOSE) | E | SP |
| PALFORZIA (300 MG MAINTENANCE) | E | SP |
| PALFORZIA (300 MG TITRATION) | E | SP |
| PALFORZIA (40 MG DAILY DOSE) | E | SP |
| PALFORZIA (6 MG DAILY DOSE) | E | SP |
| PALFORZIA (80 MG DAILY DOSE) | E | SP |
| PALFORZIA INITIAL ESCALATION | E | SP |
| SODIUM HYALURONATE INTRA-ARTICULAR | E | SP |
| SUPARTZ FX | E | SP |
| SYNVISC | E | SP |
| SYNVISC ONE | E | SP |
| TRILURON | E | SP |
| TRIVISC | E | SP |
| VISCO-3 | E | SP |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| BROMSITE | E | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | |
| ILEVRO | E | |
| INVELTYS | 3 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| ketorolac tromethamine ophthalmic | 1 | |
| LOTEMAX OPTHALMIC GEL | 3 | QL |
| LOTEMAX OPTHALMIC OINTMENT | 3 | QL |
| LOTEMAX OPTHALMIC SUSPENSION | E | |
| LOTEMAX SM | 3 | |
| MOXEZA | 2 | |
| MOXIFLOXACIN HCL INTRAOCULAR SOLUTION | 3 | |
| moxifloxacin hcl ophthalmic | 1 | |
| NEVANAC | E | |
| ofloxacin ophthalmic | 1 | |
| olopatadine hcl ophthalmic | 1 | |
| PATADAY OPTHALMIC SOLUTION 0.2 % | 3 | |
| PAZEO | E | |
| PRED FORTE | E | |
| prednisolone acetate ophthalmic | 1 | |
| PROLENSA | 2 | QL |
| VIGAMOX | E | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 % | 2 | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.15 % | E | |
| AZOPT | 2 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| BETIMOL | 3 | |
| brimonidine tartrate ophthalmic | 1 | |
| COMBIGAN | 2 | |
| COSOPT | E | |
| COSOPT PF | E | |
| dorzolamide hcl-timolol mal | 1 | |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | QL |
| RHOPRESSA | 3 | QL |
| ROCKLATAN | 3 | QL |
| SIMBRINZA | 2 | |
| timolol maleate ophthalmic solution | 1 | |
| TIMOPTIC | E | |
| TIMOPTIC OCUDOSE | E | |
| TIMOPTIC-XE | E | |
| VYZULTA | E | |
| XALATAN | E | |
| ZIOPTAN | E | |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| BEOVU | E | SP |
| CEQUA | E | |
| LATISSE | E | |
| polymyxin b-trimethoprim | 1 | |
| RESTASIS | 2 | PA |
| RESTASIS MULTIDOSE | 2 | PA |
| TOBRADEX OPTHALMIC SUSPENSION | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| tobramycin-dexamethasone | 1 | |
| XIIDRA | 2 | PA |
| Otic Agents - Drugs for Ear Conditions | | |
| CIPRODEX | 2 | |
| neomycin-polymyxin-hc otic suspension | 1 | |
| ofloxacin otic | 1 | |
| OTOVEL | 3 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | 1 | QL |
| benzonatate | 1 | |
| cetirizine hcl oral solution | 1 | |
| CLARINEX | E | |
| CLARINEX-D 12 HOUR | E | |
| cyproheptadine hcl oral tablet | 1 | |
| DYMISTA | 2 | QL |
| FASENRA | 2 | PA; SP |
| FASENRA PEN | 2 | PA; SP |
| fluticasone propionate nasal | 1 | |
| hydrocodone polst-chlorphen polst er susp | 1 | PA; QL |
| ipratropium bromide nasal | 1 | |
| levocetirizine dihydrochloride oral tablet | 1 | |
| mometasone furoate nasal | 1 | QL |
| NASONEX | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| NUCALA | 2 | PA; SP; QL |
| OMNARIS | 3 | QL |
| promethazine hcl oral tablet | 1 | |
| promethazine-codeine | 1 | PA; QL |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm oral syrup | 1 | |
| QNASL | 3 | QL |
| QNASL CHILDRENS | 3 | QL |
| XHANCE | E | |
| XOLAIR | 2 | PA; SP |
| ZETONNA | 3 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ADVAIR DISKUS | 2 | QL |
| ADVAIR HFA | 2 | QL |
| AIRDUO RESPICLICK 113/14 | E | |
| AIRDUO RESPICLICK 232/14 | E | |
| AIRDUO RESPICLICK 55/14 | E | |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | E | M |
| albuterol sulfate inhalation | 1 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| ALVESCO | E | |
| ANORO ELLIPTA | 2 | QL |
| ARNUIY ELLIPTA | 2 | QL |
| ASMANEX (120 METERED DOSES) | E | |
| ASMANEX (14 METERED DOSES) | E | |
| ASMANEX (30 METERED DOSES) | E | |
| ASMANEX (60 METERED DOSES) | E | |
| ASMANEX (7 METERED DOSES) | E | |
| ASMANEX HFA | E | |
| ATROVENT HFA | 3 | QL |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML | E | |
| BEVESPI AEROSPHERE | E | |
| BREO ELLIPTA | 2 | QL |
| budesonide inhalation | 1 | QL |
| BUDESONIDE-FORMOTEROL FUMARATE | E | M |
| COMBIVENT RESPIMAT | 2 | QL |
| DUAKLIR PRESSAIR | E | |
| DULERA | E | |
| epinephrine injection solution auto-injector | 1 | |
| EPIPEN 2-PAK | 3 | ST |
| EPIPEN JR 2-PAK | E | |
| FLOVENT DISKUS | 2 | QL |
| FLOVENT HFA | 2 | QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | 1 | QL |
| INCRUSE ELLIPTA | E | |
| ipratropium-albuterol | 1 | QL |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | E | M |
| LONHALA MAGNAIR REFILL KIT | 3 | QL |
| LONHALA MAGNAIR STARTER KIT | 3 | QL |
| montelukast sodium oral tablet | 1 | |
| montelukast sodium oral tablet chewable | 1 | |
| PERFOROMIST | 3 | QL |
| PROAIR DIGIHALER | E | |
| PROAIR HFA | E | |
| PROAIR RESPICLICK | E | |
| PROVENTIL HFA | E | |
| PULMICORT FLEXHALER | 2 | QL |
| PULMICORT SUSPENSION | E | |
| QVAR REDIHALER | E | |
| SEEBRI NEOHALER | E | |
| SEREVENT DISKUS | 2 | QL |
| SINGULAIR | E | |
| SPIRIVA HANDIHALER | 2 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| STIOLTO RESPIMAT | 2 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| STRIVERDI RESPIMAT | 2 | QL |
| SYMBICORT | 2 | QL |
| SYMJEPI | 3 | |
| TRELEGY ELLIPTA | 2 | QL |
| TUDORZA PRESSAIR | E | |
| UTIBRON NEOHALER | E | |
| VENTOLIN HFA | E | |
| wixela inhub | 1 | QL |
| XOPENEX HFA | E | |
| YUPELRI | 3 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| BETHKIS | 2 | SP |
| KITABIS PAK | E | SP |
| PULMOZYME | 2 | PA; SP |
| TOBI NEBULIZER | E | SP |
| TOBI PODHALER | 3 | SP; QL |
| tobramycin nebulization solution 300 mg/5ml inhalation | 1 | SP |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | E | M; SP |
| TRIKAFTA | 3 | PA; SP; QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADCIRCA | E | SP |
| ADEMPAS | 2 | PA; SP; QL |
| LETAIRIS | E | SP |
| OPSUMIT | 2 | PA; SP; QL |
| ORENITRAM | 3 | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| REMODULIN | E | SP |
| sildenafil citrate oral tablet 20 mg | 1 | PA; SP; QL |
| TRACLEER 62.5 MG, 125 MG | E | SP |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| AMRIX | E | |
| baclofen oral | 1 | |
| carisoprodol oral | 1 | |
| cyclobenzaprine hcl oral | 1 | |
| LORZONE | 3 | |
| metaxalone | 1 | |
| methocarbamol oral | 1 | |
| NORGESIC FORTE | E | |
| ORPHENGESIC FORTE | E | |
| OZOBAX | E | |
| SKELAXIN | E | |
| SOMA | E | |
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| VANADOM | E | |
| ZANAFLEX | E | |
| Sleep Disorder Agents | | |
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| AMBIEN CR | E | |
| armodafinil | 1 | PA; QL |
| eszopiclone | 1 | QL |
| LUNESTA | E | |
| modafinil | 1 | PA; QL |
| NUVIGIL | E | |
| PROVIGIL | E | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|------------------------|-----------|------------|
| RESTORIL | E | |
| SILENOR | 3 | QL |
| SUNOSI | 2 | PA; QL |
| temazepam | 1 | QL |
| WAKIX | 3 | PA; SP; QL |
| XYREM | 3 | PA; SP; QL |
| zolpidem tartrate er | 1 | QL |
| zolpidem tartrate oral | 1 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue,
SW Room 509F, HHH Building Washington, D.C. 20201

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Multi-language interpreter services

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

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ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध है। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងយុទ្ធសាស្ត្រសេវាជំនួយភាសាសំខាន់ៗសម្រាប់អ្នកនិយាយភាសាខ្មែរ។ សូមទាក់ទងលេខទូរស័ព្ទសេវាជំនួយភាសាសំខាន់ៗសម្រាប់អ្នកនិយាយភាសាខ្មែរ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsos nít'i'izí bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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WF3067195_ORX_Premium Standard Booklet_010121 67238G-062020 **Premium Standard**

Jan 1, 2021 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements

| Therapeutic Category | Excluded Medications | | Preferred Alternatives |
|--|-------------------------------------|--|---|
| ALLERGIC REACTIONS | | | |
| Anaphylaxis Treatment | Auvi-Q (0.15mg, 0.3mg) | | epinephrine injection (0.15mg, 0.3mg) |
| ANALGESICS | | | |
| Non-Steroidal Anti-Inflammatory Agents | Oral | Cambia, Zipsor, Zorvolex | celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclizolamine, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin |
| | | Qmiiz ODT | meloxicam |
| | | Relafen DS | nabumetone |
| | Other | Sprix Nasal Spray | diclofenac, ibuprofen, meloxicam |
| | Topical | Flector | diclofenac patch |
| | | Pennsaid | diclofenac solution |
| Pain | Opioid combinations | Apadaz, Benzhydrocodone/acetaminophen | hydrocodone/acetaminophen, oxycodone/acetaminophen |
| | Oral Long-Acting Opioid Analgesics | Arymo ER, Kadian ER 200 mg, Nucynta ER, Oxycodone ER (M) | hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin, Xtampza ER |
| | | Conzip, Tramadol ER 100mg, 200mg, 300mg (M) | tramadol ER |
| | Oral Short-Acting Opioid Analgesics | Nucynta | codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl |

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

| Therapeutic Category | Excluded Medications | | Preferred Alternatives |
|---------------------------------------|---|--|---|
| ANALGESICS | | | |
| Pain | Transmucosal Fentanyl Analgesics | Abstral, Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys | fentanyl citrate lozenge |
| Skeletal Muscle Relaxant Combinations | Norgesic Forte, Orphengesic Forte (M) | | orphenadrine tab, aspirin |
| | Ozobax | | baclofen |
| ANTIBACTERIALS, ORAL | | | |
| Oral Antibiotics | Doryx MPC, Doxycycline Hyclate delayed release 80mg, Minolira | | doxycycline, minocycline |
| ANTICONVULSANTS | | | |
| Seizure Disorders | Lamictal ODT Kit | | lamotrigine ODT, lamotrigine XR |
| | Oxtellar XR ¹ | | oxcarbazepine IR |
| ANTIDEPRESSANTS | | | |
| Antidepressants | Bupropion XL (M), Forfivo XL | | bupropion XL |
| ANTIFUNGALS, ORAL | | | |
| Oral Antifungals | Tolsura | | itraconazole cap |
| ANTIHEMOPHILIACS | | | |
| Hemophilia A | Esperoct ¹ | | Adynovate, Afstyla, Eloctate, Jivi |
| ANTIMIGRAINES | | | |
| CGRP Antagonists | Ajovy | | amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality |
| | Reyvow | | Nurtec ODT, Ubrelvy |
| Serotonin Receptor Agonists | Onzetra Xsail, Tosymra, Zembrace Symtouch | | rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT |
| ANTIPARKINSON AGENTS | | | |
| Parkinson's Disease | Gocovri, Osmolex ER | | amantadine |
| ANTIPSYCHOTICS | | | |
| Schizophrenia | Secuado ¹ | | aripiprazole, olanzapine, quetiapine, quetiapine ER, risperidone, Saphris |
| ANTIVIRALS | | | |
| Hepatitis-C drugs | Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M) | | Epclusa, Harvoni, Mavyret, Vosevi |

(M) Co-branded product

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| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|--|---|---|
| ANTIVIRALS | | |
| HIV drugs | Atripla ¹ , Descovy ¹ , Temixys ¹ , Truvada | Please talk with your doctor about clinically appropriate options. |
| AUTONOMIC & CENTRAL NERVOUS SYSTEM | | |
| Attention Deficit Disorder | Adhansia XR | Vyvanse |
| Interferon Beta Medications for Multiple Sclerosis | Extavia ¹ , Plegridy ¹ , Rebif ¹ , Rebif Rebidose ¹ | Avonex, Betaseron |
| CARDIOVASCULAR | | |
| Cholesterol-Lowering Agents | Livalo, Zypitamag | atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin |
| Hypertension | Inderal XL , Innopran XL | propranolol ER |
| | Kaspargo | metoprolol ER |
| | Katerzia | amlodipine |
| Hypertension with Osteoarthritis | Consensi | amlodipine/celecoxib |
| CHEMOTHERAPY AGENTS | | |
| Alkylating Agents | Belrapzo, Bendamustine, Treanda | Please talk to your doctor about clinically appropriate options. |
| Antiandrogens | Erleada ¹ , Yonsa ¹ , Zytiga 500mg ¹ | |
| HER-2 inhibitors | Herzuma | |
| Methyltransferase Inhibitors | Tazverik ¹ | |
| Monoclonal Antibodies | Ogivri, Truxima | |
| CONTRACEPTIVES | | |
| Oral | Lo Loestrin | june1 FE, larin FE, microgestin FE, tarina FE |
| | Slynd | Camila, Incassia, Nora-Be, norethindrone, Norlyda, Norlyroc |
| Vaginal ring | Annovera | etonogestrel-ethinyl estradiol vaginal ring |
| CORTICOSTEROIDS | | |
| Oral Steroids | Rayos | prednisone |

(M) Co-branded product

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| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|----------------------------------|---|--|
| DERMATOLOGICAL AGENTS | | |
| Topical Acne Treatment | Adapalene lotion (M), Differin lotion | adapalene, Retin-A micro gel 0.06% and 0.08% |
| | Aklief, Aktipak, Clindagel, Clindamycin phosphate 1% gel(M), Dapsone 7.5%, Veltin | adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Aczone 7.5%, Amzeeq, Epiduo Forte, Onexton |
| | Avita | tretinoin cream/gel |
| Topical anesthetics | ZTlido | lidocaine patch |
| Topical Antifungals | Jublia | terbinafine, Kerydin |
| Topical Antiinfectives | Noritate cream | metronidazole cream/gel/lotion, Finacea, Soolantra |
| Topical Corticosteroids | ALA Scalp lotion, Micort-HC cream | hydrocortisone |
| | Apexicon E cream | fluocinonide, betamethasone |
| | Capex shampoo | Derma-Smoothe/FS, flucinolone acetonide scalp oil |
| | Cordran tape | flurandrenolide |
| | Pandel cream | flurandrenolide, hydrocortisone valerate, triamcinolone acetonide |
| | Halobetasol foam(M), Lexette | betamethasone, clobetasol, halobetasol cream/ointment |
| | Halog ointment | betamethasone, mometasone, triamcinolone |
| | Impoyz cream | clobetasol |
| | Psorcon cream, Verdeso foam | betamethasone, flucinolone |
| | Trianex oint 0.05% | hydrocortisone valerate, triamcinolone acetonide |
| Ultravate lotion | clobetasol propionate, fluocinonide, halobetasol propionate | |
| Topical Immune Response Modifier | Imiquimod cream pump 3.75% (M), Zyclara, Zyclara Pump | imiquimod 5% cream |
| Topical Plaque Psoriasis | Calcipotriene Foam 0.005% (M), Sorilux | calcipotriene |
| | Duobrii Lotion | clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar |

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| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|---|--|---|
| DIABETES | | |
| Blood Glucose Meters, Test Strips and Control Solutions | Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Lifescan (Onetouch), Trividia, (TRUEtest, TRUEtrack), Roche (Accu-Chek) | Ascencia (Contour, Contour Next) |
| Continuous Glucose Monitoring (CGM) | Freestyle Libre | Dexcom |
| Blood Sugar Regulators Miscellaneous | metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release | metformin ER |
| Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations | Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni | Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR, Tradjenta |
| Basal insulins | Basaglar, Levemir, Tresiba | Lantus, Toujeo |
| Glucagon-Like Peptide-1 (GLP1) Agonists | Adlyxin | Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza |
| Insulins | Novolin | Humulin |
| Rapid-acting insulins | Admelog, Apidra, Fiasp, Insulin Aspart (M), Insulin Lispro (M), Novolog | Humalog |
| Sodium-glucose co-transporter (SGLT2) Inhibitors - Single agent | Invokana, Steglatro | Farxiga, Jardiance |
| Sodium-glucose co-transporter (SGLT2) inhibitors - Combination agents | Invokamet, Invokamet XR, Segluromet | Synjardy, Synjardy XR, Trijardy XR, Xigduo XR |
| SGLT2 and DPP4 Combinations | QTERN, Steglujan | Glyxambi |
| ENDOCRINE (OTHER) | | |
| Growth Hormones | Genotropin, Humatrope, Omnitrope, Saizen, Zomacton | Norditropin, Nutropin |
| Infertility | Gonal-F, Gonal-F RFF | Follistim AQ |
| | Cetrotide | ganirelix (made by Organon/Merck) |
| Nocturia | Noctiva | desmopressin, Nocurna |
| Testosterone Replacement | Aveed, Jatenzo, Natesto, Testopel | testosterone, Androderm, Xyosted |
| ENZYME DISORDERS | | |
| Duchenne Muscular dystrophy (DMD) | Exondys 51, Vyondys 53 | dexamethasone, methylprednisolone, prednisone |
| GASTROINTESTINAL | | |
| Anti-Diarrheal Agents | Motofen | diphenoxylate/atropine, loperamide |

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| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|--|--|---|
| GASTROINTESTINAL | | |
| Antiemetics | Sancuso patch | granisetron solution/tablet, ondansetron ODT |
| Anti-Inflammatory, Anti-Ulcer Agents | Duexis | famotidine with ibuprofen |
| Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation (IBS-C/CIC) | Amitiza, Trulance | Linzess |
| Opioid-Induced Constipation (OIC) | Amitiza, Movantik, Relistor | Symproic |
| Inflammatory Bowel Disease | Dipentum | balsalazide, mesalamine, Apriso |
| Laxatives | Golytely packets | Gavilyte-C, Gavilyte-H, PEG 3350 |
| | Moviprep, Osmoprep, Plenvu | Clenpiq, Gavilyte, PEG 3350, Prepopik, Suprep |
| Pancreatic Enzymes | Pancreaze, Pertyze, Viokace | Creon, Zenpep |
| Proton pump inhibitors | omeppi, omeprazole with sodium bicarbonate (cap, powder pak), Rabeprazole sprinkle cap (M) | esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, Aciphex Sprinkle caps, Dexilant |
| HEMATOLOGICAL | | |
| Erythropoiesis-Stimulating Agents | Epogen, Procrit | Aranesp, Retacrit |
| Immune globulin, intravenous (IVIG) | Asceniv ¹ , Panzyga ¹ | Please talk to your doctor about clinically appropriate options. |
| Immune globulin, subcutaneous (SCIG) | Cutaquig ¹ | Please talk to your doctor about clinically appropriate options. |
| Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs) | Fulphila, Udenyca | Neulasta, Ziextenzo |
| Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs) | Granix, Neupogen | Nivestym, Zarxio |
| IMMUNOMODULATORS | | |
| Interleukin-17 (IL-17) Inhibitor | Cosentyx ¹ | Taltz |
| JAK Inhibitor | Olumiant ¹ | Rinvoq, Xeljanz, Xeljanz XR |
| TNF inhibitor | Remicade | Inflectra, Renflexis |

(M) Co-branded product

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| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|---|---|--|
| IMMUNOTHERAPY | | |
| Oral | Palforzia | Please talk to your doctor about clinically appropriate options. |
| OPHTHALMIC | | |
| Antiglaucoma Drugs | Vyzulta, Zioptan | latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan |
| | Timoptic Ocudose | timolol ophthalmic solution |
| Antihistamines | Pazeo, Zerviate | azelastine ophthalmic solution, olopatadine ophthalmic solution |
| Dry Eye Disease | Cequa | Restasis, Xiidra |
| Non-steroidal Anti-Inflammatory Agents | Bromsite, Ilevro, Nevanac | bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa |
| Wet Age-related Macular Degeneration | Beovu | ophthalmic bevacizumab (compound), Eylea, Lucentis, Macugen |
| OTHER | | |
| Antigout Agents | Colchicine capsule, Colcrys, Gloperba, Mitigare | colchicine tablet |
| Antihistamines and combinations | Clarinet-D | desloratadine with pseudoephedrine |
| Corticosteroid nasal sprays | Xhance | mometasone furoate, Beconase AQ |
| Lambert-Eaton Myasthenic Syndrome (LEMS) | Firdapse | Ruzurgi |
| Obesity | Contrave | phentermine, Qsymia, Saxenda |
| Opioid Reversal Agents | Naloxone (M), Evzio | Narcan |
| Osteoarthritis/Hyaluronic acid injections | Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz FX, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3 | Durolane, Euflexxa, Gelsyn-3 |
| Platelet-Modifying Agent | Aspirin/Omeprazole (M), Yosprala | aspirin with omeprazole |
| Prenatal vitamins | Examples: Azesco, Pregenna, Prenate, Trinaz, Vitafol FE, Vitathely, Zalvit | Any preferred prenatal vitamin |

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|--|--|--|
| OTHER | | |
| Sickle Cell Anemia | Oxbryta | hydroxyurea |
| Thyroid Agents | Tirosint caps, solution | levothyroxine |
| RESPIRATORY | | |
| COPD: Inhaled Anticholinergics | Incruse Ellipta, Seebri, Tudorza | Spiriva |
| COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers | Bevespi, Duaklir, Utibron | Anoro Ellipta, Stiolto Respimat |
| Cystic Fibrosis (inhaled tobramycin) | Kitabis Pak, Tobramycin Neb(M) | tobramycin nebulizer soln, Bethkis, TOBI podhaler |
| Pulmonary Anti-Inflammatory Inhalers | Alvesco, Asmanex, Asmanex HFA, QVAR Redihaler | Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler |
| Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers | AirDuo, Airduo Digihaler, Armonair, Budesonide/Formoterol (M), Dulera | fluticasone/salmeterol inhaler, Advair Diskus, Advair HFA, Breo Ellipta, Symbicort |
| Short-Acting Beta-2 Adrenergic Inhalers | Albuterol HFA (ABA for Ventolin HFA) (M), Levalbuterol Inhaler(M), Proair Digihaler, ProAir HFA, ProAir Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA | albuterol HFA inhaler |
| UROLOGICAL | | |
| Erectile Dysfunction Oral Agents | Stendra | sildenafil |

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

Excluded brand-name medications with generic equivalents

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

| | | | | |
|------------------------------------|-----------------------------|----------------------|---------------------------------|-------------------------|
| Abilify | Cozaar | Keppra | Plavix | Timoptic-XE |
| Acanya | Crestor | Keppra XR | Pravachol | TOBI nebulizer solution |
| Aciphex tablet | Cymbalta | Klonopin | Pred Forte | Tobradex suspension |
| Acticlate | Cytomel | K-tab | Prevacid | Topamax |
| Aczone 5% | Delestrogen injection | Lamictal chewable | Prinivil | Topamax sprinkle cap |
| Adcirca | 20mg/ml, 40mg/ml | Lamictal starter kit | Pristiq | Topicort spray |
| Adderall | Delzicol | Lamictal ODT | Prometrium | Toprol XL |
| Adderall XR | Depakote | Lamictal tab | Propecia | Tracleer 62.5,125mg |
| Adipex-P | Depakote ER | Lamictal XR | Protonix tab | Treximet |
| Afinitor 2.5,5,7.5mg | Depakote sprinkle cap | Lasix | Provigil | Tribenzor |
| Alphagan P 0.15% | Depo-testosterone injection | Latisse | Prozac | Tricor |
| Altace | Desonate gel | Lescol XL | Pulmicort inhalation suspension | Trileptal |
| Ambien | Differin cream, gel | Letairis | Qudexy XR | Tylenol/cod tab |
| Ambien CR | Dilantin cap 100mg | Levitra | Questran | Uceris tab |
| Amrix | Dilantin chewable | Lexapro | Ranexa | Ultracet |
| Androgel | Dilantin suspension | Lialda | Relpax | Ultram |
| Arimidex | Dilaudid | Lidoderm | Remodulin injection | Vagifem |
| Arthrotec | Diovan | Lipitor | Renagel | Valium |
| Asacol HD | Diovan HCT | Loestrin 21 | Restoril | Valtrex |
| Atacand | Doryx tab | Loestrin FE | Retin-A | Vanadom |
| Ativan | Duac | Lotemax suspension | Retin-A micro gel 0.04%, 0.1% | Vectical |
| Avapro | Duragesic | Lotrel | Risperdal solution, tablet | Vesicare |
| Avodart | Dyazide | Lovaza | Ritalin | Viagra |
| Azor | Effexor XR | Lunesta | Ritalin LA | Vigamox |
| Baraclude | Eliidel | Lyrca | Roxicodone | Vimovo |
| Benicar | Epiduo gel | Maxalt | Sabril | Vivelle-Dot |
| Benicar HCT | EpiPen Jr 0.15mg | Maxalt-MLT | Safyral | Volgelxo |
| Benzaclin | Estrace | Metrogel | Sandostatin injection | Wellbutrin SR |
| Benzamycin | Evekeo | Micardis | Seasonique | Wellbutrin XL |
| Beyaz | Exforge | Micardis HCT | Sensipar | Xalatan |
| Brisdelle | Exforge HCT | Minastrin | Seroquel | Xanax |
| Butrans | Fioricet | Mobic | Seroquel XR | Xanax XR |
| Canasa | Fioricet w/ codeine | MS Contin | Silvadene | Yasmin 28 |
| Carafate | Flomax | Nalfon | Singulair | Yaz |
| Carbatrol | Focalin | Nasonex | Skelaxin | Zanaflex |
| Cardizem LA 180,240,300,360, 420mg | Focalin XR | Natropa | Solodyn | Zegerid |
| Carnitor solution, tablet | Fortamet | Neurontin | Soma | Zestril |
| Catapres-TTS patch | Fortesta | Nexium capsule | Staxyn | Zetia |
| Celebrex | Generess FE chewable | Niaspan ER | Strattera | Ziana |
| Celexa | Gleevec | Nitrostat | Suboxone | Zocor |
| Cialis | Glumetza | Norco | Synthroid | Zohydro ER |
| Clarinex 5mg tab | Golytely solution | Norvasc | Taclonex ointment | Zoloft |
| Climara patch | Halog cream | Nulytely | Tamiflu | Zomig tab |
| Clobex | Hyzaar | Onfi | Targadox | Zomig ZMT |
| Cloderm | Imitrex | Oracea | Targetin | Zonegran |
| Cloderm | Inderal LA | Ortho Micron | Tazorac cream 0.1% | Zovirax |
| Colectid | Intuniv | Ortho-Tri-Cyclen Lo | Tegretol | Zyprexa |
| Concerta | Kadian | Ortho-Novum | Tegretol-XR | Zytiga 250mg |
| Coreg | 10,20,30,40,50,60,80,100mg | Pataday | Tenormin | |
| Coreg CR | 80,100mg | Patanol | Testim gel | |
| Cortef | Kenalog spray | Paxil | Tikosyn | |
| Cosopt solution | Kenalog-40 | Paxil CR | Timoptic | |
| Cosopt PF solution | Injection | Percocet | | |
| | | Plaquenil | | |

Required Prior Authorization +

| Therapeutic Class | Non-Preferred Medications | Preferred Medications |
|--------------------|---|---|
| Hepatitis C | All other brands non-preferred with prior authorization | Epclusa, Harvoni, Mavyret, Vosevi |
| Multiple Sclerosis | All other brands non-preferred with prior authorization | Avonex, Bafiertam, Betaseron, Copaxone/Glatopa/glatiramer, Tecfidera, Vumerity |
| Immunomodulators | All other brands non-preferred with prior authorization | Cimzia, Humira, Inflectra, Otezla, Renflexis, Rinvoq, Simponi, Simponi Aria, Skyrizi, Stelara, Tremfya, Xeljanz, Xeljanz XR |

+ All of the products listed above are currently subject to prior authorization. Preferred medications are required prior to new requests for non-preferred medication(s). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators and Multiple Sclerosis will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.

(M) Co-branded product

About this document: Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.



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