

Commercial 3 Tier (Large Group/Self-funded) Formulary

Optum Rx[®]



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- Look up possible lower-cost medication alternatives
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SANFORD[®]
HEALTH PLAN

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications chosen by health care providers on Sanford Health Plan's Pharmacy and Therapeutics Committee. Selection criteria includes clinical efficacy, safety, and cost. Medications on this list are approved by the U.S. Food and Drug Administration for use in the United States.

How do I use my formulary?

You and your provider can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit sanfordhealthplan.com, log in to your Member Portal at sanfordhealthplan.com/memberlogin or call the toll-free member phone number on your ID card.

About this formulary

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.

Reading your formulary

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

Tier information

Tiers are different cost levels you pay for a medication. This is how much you will pay when you fill a prescription. Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Consult your Summary of Benefits and Coverage to determine your cost for each of the tiers listed below.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generic medications	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	\$\$\$ Higher-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 14	Medical Benefit medications	These are medications dispensed at the pharmacy that are subject to your medical deductible, coinsurance and maximum out-of-pocket.

Reading your formulary

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 determines how these medications may be covered for you.

PA **Prior Authorization** – You or your provider must get pre-approval for the medicine with Sanford Health Plan before you can get the prescription filled. NOTE: The Member is ultimately responsible for obtaining pre-approval from the Plan, but your provider may also request approval.

QL **Quantity Limit / Amount Allowed** – Medication may be limited to a certain quantity.

SP **Specialty Medication** – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. Specialty medications may also need special handling and/or administration, and may have limited or exclusive product availability and distribution.

ST **Step Therapy** – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.

ACA **Affordable Care Act** – As part of the Affordable Care Act, certain drugs are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.

O **Over-the-counter** – Medications, vitamins and/or supplements. Medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.

PV **High Deductible Health Plan Preventative Medication** – Medication not subject to Deductible and available at a Copay/Coinsurance under a High Deductible Health Plan.

MB **Medical Benefit** – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.

AL **Age Limit** – Medication may be subject to a minimum or maximum age.

BP **Brand Penalty** – Medication may be subject to penalty because there is a generic alternative or biosimilar equivalent that is available. Penalties do not apply to your deductible or maximum out of pocket.

Commercial 3 Tier (Large Group/Self-funded) Formulary

Table of Contents

Analgesics - Drugs for Pain.....	6	Electrolytes / Minerals / Metals / Vitamins.	50
Analgesics - Drugs for Pain and Inflammation.....	8	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	53
Anesthetics.....	9	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	54
Anti-Addiction / Substance Abuse Treatment Agents.....	9	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment....	56
Antibacterials.....	10	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	57
Anticoagulants.....	13	Genitourinary Agents - Drugs for Prostate Conditions.....	58
Anticonvulsants - Drugs for Seizures.....	14	Hormonal Agents - Adrenal.....	58
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	16	Hormonal Agents - Men's Health.....	59
Antidepressants.....	16	Hormonal Agents - Pituitary.....	59
Antiemetics - Drugs for Nausea and Vomiting.....	18	Hormonal Agents - Prostaglandins.....	60
Antifungals.....	19	Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	60
Antigout Agents.....	20	Hormonal Agents - Sex Hormones and Birth Control.....	60
Antimigraine Agents.....	20	Hormonal Agents - Thyroid.....	65
Antimyasthenic Agents.....	21	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	66
Antimycobacterials.....	21	Inflammatory Bowel Disease Agents.....	69
Antineoplastics - Drugs for Cancer.....	21	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	70
Antiparasitics.....	26	Metabolic Bone Disease Agents - Other....	70
Antiparkinson Agents.....	27	Miscellaneous Therapeutic Agents.....	70
Antiplatelets.....	28	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	72
Antipsychotics - Drugs for Mood Disorders	28	Ophthalmic Agents - Drugs for Glaucoma.	73
Antivirals.....	29	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	74
Anxiolytics - Drugs for Anxiety.....	32	Otic Agents - Drugs for Ear Conditions.....	75
Bipolar Agents - Drugs for Mood Disorders.....	32	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	75
Blood Products and Modifiers - Drugs for Blood Disorders.....	33	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	76
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	33	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	80
Central Nervous System Agents.....	39	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	81
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	39	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	81
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	40	Sleep Disorder Agents.....	82
Central Nervous System Agents - Miscellaneous.....	42	Index of Drugs.....	83
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	42		
Dermatological Agents - Drugs for Skin Conditions.....	43		
Diabetes - Antidiabetic Agents.....	47		
Diabetes - Glucose Monitoring.....	49		
Diabetes - Glycemic Agents.....	49		
Diabetes - Insulins.....	49		

Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
buprenorphine transdermal	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL TABLET	3	BP
fentanyl	1	QL

Drug Name	Drug Tier	Limits/ Required
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	3	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	3	BP; QL
levorphanol tartrate oral	1	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution 20 mg/5ml	1	QL
morphine sulfate oral tablet	1	QL

Drug Name	Drug Tier	Limits/ Required
morphine sulfate solution 10 mg/5ml oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
NUCYNTA	3	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
SUBSYS SUBLINGUAL LIQUID 800 MCG	3	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	ACA; O
aspirin adult low dose	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin low dose tablet chewable 81 mg oral	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet chewable	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
aspirin regimen	1	ACA; O
CELEBREX	3	BP

Drug Name	Drug Tier	Limits/ Required
celecoxib oral	1	
DAYPRO	3	BP
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
EC-NAPROSYN	3	BP
ec-naproxen	1	
etodolac er	1	
etodolac oral	1	
FELDENE	3	BP
flurbiprofen oral	1	
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O
goodsense aspirin low dose	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LODINE	3	BP
mefenamic acid oral	1	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	

Drug Name	Drug Tier	Limits/ Required
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
sulindac oral	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
APO-VARENICLINE	2	ACA; PV; QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; PV; QL
habitrol	1	ACA; O; PV; QL
LUCEMYRA	3	QL
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	QL
naltrexone hcl oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	2	QL
nicotine mini	1	ACA; O; PV; QL
nicotine polacrilex mini	1	ACA; O; PV; QL
nicotine polacrilex mouth/throat	1	ACA; O; PV; QL
nicotine step 1	1	ACA; O; PV; QL
nicotine step 2	1	ACA; O; PV; QL
nicotine step 3	1	ACA; O; PV; QL
nicotine transdermal kit	1	ACA; O; PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; PV; QL

Drug Name	Drug Tier	Limits/ Required
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	1	ACA; QL
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	1	ACA; PV; QL
varenicline tartrate tablet 0.5 mg oral	1	ACA; QL
varenicline tartrate tablet 0.5 mg oral	1	ACA; PV; QL
varenicline tartrate tablet 1 mg oral	1	ACA; QL
varenicline tartrate tablet 1 mg oral	1	ACA; PV; QL
varenicline tartrate(continue)	1	ACA; QL
ZUBSOLV	3	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	BP
CLEOCIN VAGINAL CREAM	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
DORYX ORAL TABLET DELAYED RELEASE 50 MG	3	BP
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 200	3	BP
ERYPED 400	3	BP
ERY-TAB	3	BP
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	1	PA

Drug Name	Drug Tier	Limits/ Required
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP
MACRODANTIN	3	BP
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl oral capsule 100 mg	1	
MONUROL	3	BP
moxifloxacin hcl oral	1	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SILVADENE	3	BP
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL PACKET	3	BP
sulfatrim pediatric	1	
SUPRAX ORAL CAPSULE	3	BP
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	BP
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XENLETA ORAL	3	
XEPI	3	
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	BP

Drug Name	Drug Tier	Limits/ Required
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP
Anticoagulants		
ARIXTRA	3	PV; BP
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium injection	1	PV
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
Anticonvulsants - Drugs for Seizures		
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	2	PA; SP
DIASTAT ACUDIAL	3	BP; QL
DIASTAT PEDIATRIC	3	BP; QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP

Drug Name	Drug Tier	Limits/ Required
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	2	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	BP
FINTEPLA	3	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP

Drug Name	Drug Tier	Limits/ Required
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK	3	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	3	SP; BP
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	1	SP
vigadrone	1	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
zonisamide oral	1	
ZTALMY	2	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP

Drug Name	Drug Tier	Limits/ Required
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	BP
NAMENDA TITRATION PAK	3	BP
NAMENDA XR	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution	1	PV; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
escitalopram oxalate oral	1	PV
fluoxetine hcl oral capsule	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral solution	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	

Drug Name	Drug Tier	Limits/ Required
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL
PAXIL CR	3	PV; BP; QL
PAXIL ORAL TABLET	3	PV; BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP
sertraline hcl oral concentrate	1	PV
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranlycypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
venlafaxine hcl	1	PV
venlafaxine hcl er oral capsule extended release 24 hour	1	PV
VIIBRYD ORAL TABLET	3	ST; BP; QL
VIIBRYD STARTER PACK	3	ST; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	3	BP
ANTIVERT ORAL TABLET CHEWABLE	3	BP
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	PV

Drug Name	Drug Tier	Limits/ Required
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	BP; QL
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine maleate oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV
promethazine hcl oral	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
REGLAN ORAL	3	BP
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	
Antifungals		
ANCOBON	3	BP
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole- betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP

Drug Name	Drug Tier	Limits/ Required
econazole nitrate external	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LOPROX EXTERNAL SUSPENSION	3	BP
miconazole 3 vaginal suppository	1	
naftifine hcl external gel 2 %	1	
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
posaconazole oral	1	
SPORANOX	3	BP; QL
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
COLCHICINE ORAL CAPSULE	3	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
COLCRYS	3	BP
febuxostat	1	ST
MITIGARE	3	ST
probenecid oral	1	
ULORIC	3	ST; BP
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL

Drug Name	Drug Tier	Limits/ Required
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX NASAL	3	BP; QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL
naratriptan hcl	1	QL
QULIPTA	2	ST; QL
RELPAX	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
zolmitriptan oral	1	QL
ZOMIG ORAL	3	BP; QL
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	3	BP

Drug Name	Drug Tier	Limits/ Required
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	BP
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	1	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP

Drug Name	Drug Tier	Limits/ Required
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP
EULEXIN	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	ACA; PV
EXKIVITY	14	PA; MB; SP; QL
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; SP; QL
INLYTA	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL
INREBIC	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
IRESSA	14	PA; MB; SP; BP
JAKAFI	3	PA; SP
JAYPIRCA	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI FEMARA	14	PA; MB; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
KOSELUGO	2	PA; SP; QL
KRAZATI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP
lenalidomide	14	PA; MB; SP

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
letrozole oral	1	PV
leucovorin calcium oral	1	
LEUKERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP
MEKINIST	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP
mercaptopurine oral	1	
MESNEX ORAL	2	SP

Drug Name	Drug Tier	Limits/ Required
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	2	SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	
QINLOCK	14	PA; MB; SP; QL
RETEVMO	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
REZLIDHIA	14	PA; MB; SP; QL
ROZLYTREK	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCSEMBLIX	14	PA; MB; SP; QL
SOLTAMOX	3	PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR	14	PA; MB; SP
TAGRISSO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA; PV
TARCEVA	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	3	SP; BP

Drug Name	Drug Tier	Limits/ Required
TARGRETIN ORAL	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP
TAZVERIK	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL
THALOMID	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	PV
tretinoin oral	14	PA; MB; SP
TUKYSA	14	PA; MB; SP; QL
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TYKERB	14	PA; MB; SP; BP
VALCHLOR	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL
VENCLEXTA	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL
VIJOICE	2	PA; SP; QL
VIZIMPRO	14	PA; MB; SP; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VONJO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP	YONSA	14	PA; MB; SP; QL
WELIREG	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
XALKORI	14	PA; MB; SP	ZELBORAF	14	PA; MB; SP
XELODA ORAL TABLET 150 MG	14	PA; MB; SP; BP	ZOLINZA	14	PA; MB; SP
XELODA ORAL TABLET 500 MG	14	PA; MB; SP	ZYDELIG	14	PA; MB; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ZYKADIA ORAL TABLET	14	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	Antiparasitics		
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP	albendazole oral	1	
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	ALINIA ORAL TABLET	3	BP
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP	atovaquone oral	1	
			atovaquone-proguanil hcl	1	
			BENZNIDAZOLE	3	QL
			BILTRICIDE	3	BP
			chloroquine phosphate oral	1	
			COARTEM	3	
			CROTAN	2	
			DARAPRIM	3	PA; SP; BP
			EMVERM	3	
			hydroxychloroquine sulfate oral	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	1	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
spinosad	1	
STROMECTOL	3	BP; QL
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	

Drug Name	Drug Tier	Limits/ Required
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	SP; BP
apomorphine hcl subcutaneous	1	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN	3	BP
entacapone	1	
LODOSYN	3	BP
NEUPRO	3	
ONGENTYS	2	QL
PARLODEL	3	BP
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
STALEVO 100	3	BP
STALEVO 125	3	BP
STALEVO 150	3	BP
STALEVO 200	3	BP
STALEVO 50	3	BP
STALEVO 75	3	BP
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	2	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
chlorpromazine hcl oral	1	PV
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
clozapine tablet dispersible 100 mg oral	1	PV
clozapine tablet dispersible 150 mg oral	1	PV
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL	3	PV; BP
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA	3	PV; BP
LATUDA	3	ST; PV; BP; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; QL
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral	1	PV
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate er	1	PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone	1	PV
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
ZYPREXA ZYDIS	3	PV; BP
Antivirals		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	SP
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL
COMBIVIR	3	PV; BP; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
emtricitabine	1	PV; QL	ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
emtricitabine-tenofovir df	1	PV; QL	JULUCA	2	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL	KALETRA ORAL SOLUTION	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL	KALETRA ORAL TABLET	3	PV; BP; QL
entecavir	1		lamivudine oral solution	1	PV; QL
EPCLUSA	2	PA; SP; QL	lamivudine oral tablet 100 mg	1	
EPIVIR	3	PV; BP; QL	lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
EPZICOM	3	PV; BP; QL	lamivudine-zidovudine	1	PV; QL
etravirine	1	PV; QL	LEDIPASVIR-SOFOSBUVIR	2	PA; SP; QL
EVOTAZ	2	PV; QL	LEXIVA ORAL SUSPENSION	2	PV; QL
famciclovir oral	1	QL	LEXIVA ORAL TABLET	3	PV; BP; QL
fosamprenavir calcium	1	PV; QL	LIVTENCITY	3	SP; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL	lopinavir-ritonavir	1	PV; QL
GENVOYA	2	PV; QL	maraviroc	1	PV; QL
HARVONI	2	PA; SP; QL	MAVYRET	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL	nevirapine	1	PV; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL	nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
ISENTRESS HD	2	PV; QL	NORVIR ORAL PACKET	2	PV
ISENTRESS ORAL PACKET	2	PV	NORVIR ORAL TABLET	3	PV; BP; QL
ISENTRESS ORAL TABLET	2	PV; QL	ODEFSEY	2	PV; QL
			oseltamivir phosphate 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.

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
PIFELTRO	2	PV; QL
PREVYMIS ORAL	3	SP; QL
PREZCOBIX	2	PV; QL
PREZISTA ORAL SUSPENSION	2	PV; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL
RETROVIR ORAL SYRUP	3	PV; BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
REYATAZ ORAL PACKET	3	PV
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	

Drug Name	Drug Tier	Limits/ Required
ritonavir	1	PV; QL
RUKOBIA	2	PV; QL
SELZENTRY ORAL SOLUTION	2	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV; QL
SOFOSBUVIR-VELPATASVIR	2	PA; SP; QL
STRIBILD	2	PV; QL
SUNLENCA ORAL	2	PV; QL
SYMFI	3	PV; BP; QL
SYMFI LO	3	PV; BP
SYMTUZA	2	PV; QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	PV; QL
TIVICAY	2	PV; QL
TIVICAY PD	2	PV; QL
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRIZIVIR	3	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZIAGEN	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL OINTMENT	3	BP
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam xr	1	
ATIVAN ORAL	3	BP
bupirone hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
triazolam	1	
VALIUM	3	BP
VISTARIL	3	BP
XANAX	3	BP
XANAX XR	3	BP
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	BP
Blood Products and Modifiers - Drugs for Blood Disorders		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
MULPLETA	2	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	2	PA; SP; QL
PYRUKYND	2	PA; SP; QL
PYRUKYND TAPER PACK	2	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	2	PA; SP; QL
tranexamic acid oral	1	QL

Drug Name	Drug Tier	Limits/ Required
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG	3	PV
ACCURETIC ORAL TABLET 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV; BP
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV
amlodipine-valsartan-hctz	1	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
ATACAND	3	PV; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV; BP
BENICAR HCT	3	PV; BP
BETAPACE AF	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	3	PA; SP; QL
candesartan cilexetil	1	PV
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
cartia xt	1	PV
carvedilol	1	PV
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral packet	1	PV; QL
cholestyramine powder 4 gm/dose oral	1	QL
cholestyramine powder 4 gm/dose oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral tablet	1	PV
COLESTID	3	PV; BP

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
COLESTID FLAVORED	3	PV; BP
colestipol hcl	1	PV
COREG	3	PV; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR	3	
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSEER	3	PV; BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	

Drug Name	Drug Tier	Limits/ Required
doxazosin mesylate oral	1	PV; QL
DYRENIUM	3	PV; BP
EDECIN	3	PV; BP
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV
flecainide acetate	1	
fluvastatin sodium	1	ACA; PV; QL
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl oral	1	PV
HEMANGEOL	2	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INSPRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LIPITOR	3	PV; BP; QL
lisinopril oral	1	PV

Drug Name	Drug Tier	Limits/ Required
lisinopril-hydrochlorothiazide	1	PV
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV; BP
MAXZIDE	3	PV; BP
MAXZIDE-25	3	PV; BP
metolazone tablet 10 mg oral	1	
metolazone tablet 10 mg oral	1	PV
metolazone tablet 2.5 mg oral	1	
metolazone tablet 2.5 mg oral	1	PV
metolazone tablet 5 mg oral	1	
metolazone tablet 5 mg oral	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
midodrine hcl	1	
MINIPRESS	3	PV; BP
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	1	PV
NITRO-BID	2	PV
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV

Drug Name	Drug Tier	Limits/ Required
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORVASC	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters capsule 1 gm oral	1	
omega-3-acid ethyl esters capsule 1 gm oral	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
QUESTRAN	3	PV; BP; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
RYTHMOL SR	3	BP

Drug Name	Drug Tier	Limits/ Required
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
taztia xt	1	PV
TEKTURNA	3	PV; BP
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	PV
telmisartan	1	PV
telmisartan-amlodipine	1	PV
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadylt er	1	PV
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
torseamide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	2	PA; SP; QL
VYNDAQEL	2	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
ZETIA	3	PV; BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
Central Nervous System Agents		
SKYCLARYS	2	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	2	
ADDERALL XR	3	BP
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	
DESOXYN	3	BP
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
dextroamphetamine sulfate oral	1	
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	BP
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	

Drug Name	Drug Tier	Limits/ Required
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
STRATTERA	3	BP; QL
VYVANSE	2	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	3	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	3	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; SP; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	2	PA; SP; QL
fingolimod hcl	1	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	3	PA; SP; BP; QL
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP
KESIMPTA	2	PA; SP; QL
MAVENCLAD	2	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	2	PA; SP; QL
MAYZENT STARTER PACK	2	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	2	PA; SP; QL
PLEGRIDY	2	PA; SP; QL
PLEGRIDY STARTER PACK	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
TASCENSO ODT	3	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; SP; BP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	3	PA; SP; BP; QL
teriflunomide	1	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	SP; QL
AUSTEDO XR	2	SP; QL
AUSTEDO XR PATIENT TITRATION	2	SP; QL
caffeine citrate oral	1	
DAYBUE	2	PA; SP; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
IMCIVREE	3	PA; SP; QL
INGREZZA	2	SP; QL
LYRICA	3	BP; QL
NUDEXTA	3	QL
pregabalin oral	1	QL
RADICAVA ORS	2	PA; SP; QL
RADICAVA ORS STARTER KIT	2	PA; SP; QL
RELYVRIO	2	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL

Drug Name	Drug Tier	Limits/ Required
TEGSEDI	2	PA; SP; QL
tetrabenazine	1	SP
XENAZINE	3	SP; BP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
JUST RIGHT 5000	3	
kourzeq	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
lidocaine viscous hcl solution 2 % mouth/throat	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride dental cream	1	

Drug Name	Drug Tier	Limits/ Required
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ACANYA	3	BP
acutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
amcinonide external lotion	1	
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
ATRALIN	3	AL; BP
AVITA EXTERNAL CREAM	3	AL
azelaic acid external	1	
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	BP
calcitriol external	1	
CARAC	3	
CIBINQO	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate external	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clodan external shampoo	1	
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.05 %	3	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
CORDRAN EXTERNAL LOTION	3	BP
dapsone external gel 5 %	1	
DERMA-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/FS SCALP	3	BP
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
DRYSOL	2	

Drug Name	Drug Tier	Limits/ Required
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	2	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
ery	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	BP
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	

Drug Name	Drug Tier	Limits/ Required
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
lactic acid e	1	
lactic acid external lotion	1	
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
SANTYL	3	
selenium sulfide external lotion	1	
SOOLANTRA	3	BP
sulfacetamide sodium (acne)	1	
sulfacetamide-sulfur in urea external emulsion	1	
SYNALAR	3	BP
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tretinoin external	1	AL
triamcinolone acetonide external cream	1	

Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
TRIDESILON	3	BP
urea cream 47 % external	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZIANA	3	BP
ZONALON	3	BP
ZORYVE	3	ST; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
ACTOS	3	PV; BP; QL
BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
BYETTA 10 MCG PEN	2	PA; PV; QL
BYETTA 5 MCG PEN	2	PA; PV; QL
CYCLOSET	3	PV
DUETACT	3	PV; BP
FARXIGA TABLET 10 MG ORAL	2	PV; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV
glipizide ir	1	PV
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOTROL XL	3	PV; BP
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYNASE	3	PV; BP
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
JANUMET TABLET 50-500 MG ORAL	2	PV; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
JARDIANCE TABLET 25 MG ORAL	2	PV; QL
KOMBIGLYZE XR	3	PV; BP; QL
metformin hcl er	1	PV
metformin hcl ir	1	PV
migliitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
ONGLYZA	3	PV; BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SOLQUA	2	PV; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
SYNJARDY XR	2	PV; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	PA; PV; QL
VICTOZA	2	PA; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
Diabetes - Glucose Monitoring		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	BP; QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
PROGLYCEM	3	BP
Diabetes - Insulins		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
FIASP FLEXTOUCH	2	PV
FIASP INJECTION	2	PV
FIASP PENFILL	2	PV
FIASP PUMPCART	2	PV
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
INSULIN DEGLUDEC	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
LANTUS U-100 VIAL	2	PV
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV
LEVEMIR U-100 VIAL	2	PV
NOVOLIN 70/30 FLEXPEN	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV
NOVOLIN 70/30 RELION	2	PV
NOVOLIN 70/30 VIAL	2	PV
NOVOLIN N FLEXPEN	2	PV
NOVOLIN N FLEXPEN RELION	2	PV
NOVOLIN N RELION	2	PV
NOVOLIN N VIAL	2	PV
NOVOLIN R FLEXPEN	2	PV
NOVOLIN R FLEXPEN RELION	2	PV
NOVOLIN R RELION	2	PV
NOVOLIN R VIAL	2	PV
NOVOLOG 70/30 FLEXPEN RELION	2	PV
NOVOLOG FLEXPEN RELION	2	PV

Drug Name	Drug Tier	Limits/ Required
NOVOLOG U-100 FLEXPEN	2	PV
NOVOLOG MIX 70/30 FLEXPEN	2	PV
NOVOLOG MIX 70/30 RELION	2	PV
NOVOLOG MIX 70/30 VIAL	2	PV
NOVOLOG U-100 PENFILL	2	PV
NOVOLOG RELION INJECTION	2	PV
NOVOLOG U-100 VIAL INJECTION	2	PV
TOUJEO MAX SOLOSTAR	2	PV
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV
TRESIBA	2	PV
TRESIBA FLEXTOUCH	2	PV
Electrolytes / Minerals / Metals / Vitamins		
adc/f (0.5mg/ml)	1	ACA; PV
ALANINE	2	
CALCIFOL	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
CALCIUM GLUCONATE	2	
CALCIUM GLUCONATE ANHYDROUS	2	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CARBAGLU ORAL TABLET SOLUBLE	3	SP; BP
carglumic acid oral tablet soluble	1	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	1	SP
deferasirox granules	1	SP
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	

Drug Name	Drug Tier	Limits/ Required
EXJADE	3	SP; BP
FERRIPROX ORAL SOLUTION	3	SP
folate	1	ACA; O
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	3	SP; BP
JADENU SPRINKLE	3	SP; BP
JYNARQUE	3	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	ACA; O; PV
METHIONINE	2	
NEOKE ALCAR	3	
NEONATAL PRENATAL	2	ACA; O; PV
ONE VITE WOMENS	2	ACA; O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crystal	1	
potassium chloride er	1	
potassium chloride oral packet	1	

Drug Name	Drug Tier	Limits/ Required
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV
prenatal oral tablet 27-0.8 mg	1	ACA; O; PV
SAMSCA	3	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
sps	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
sterile water for irrigation solution irrigation	1	
SYPRINE	3	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	1	SP
trientine hcl	1	SP
tri-vite/fluoride oral solution 0.5 mg/ml	1	ACA; PV
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
UROCIT-K 5	3	BP
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
wes-phos 250 neutral	1	
yl folic acid	1	ACA; O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV
famotidine tablet 20 mg oral (rx)	1	PV
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
misoprostol oral	1	PV
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
ZEGERID ORAL CAPSULE	3	PV; BP; QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
BISACODYL	2	
bisacodyl ec	1	ACA; O
bisacodyl oral	1	ACA; O
CHENODAL	2	PA; SP
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ	2	PV
constulose	1	
cromolyn sodium oral	1	

Drug Name	Drug Tier	Limits/ Required
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ENTEREG	3	BP
enulose	1	
ft clearlax	1	ACA; O
ft laxative	1	ACA; O
ft magnesium citrate	1	ACA; O
GASTROCROM	3	BP
GATTEX	2	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA; PV
gavilyte-g	1	ACA; PV
generlac	1	
gentle laxative oral	1	ACA; O
gentlelax oral powder	1	ACA; O
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy	1	
lactulose solution 10 gm/15ml oral	1	
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	

Drug Name	Drug Tier	Limits/ Required
na sulfate-k sulfate-mg sulf	1	PV
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350-kcl-na bicarb-nacl	1	ACA; PV
peg-3350/electrolytes	1	ACA; PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	ACA; O
qc magnesium citrate	1	ACA; O
RESTORA RX	3	
ROBINUL ORAL	3	BP
ROBINUL-FORTE	3	BP
SUPREP BOWEL PREP KIT	3	PV; BP
SUTAB	3	PV
SYMPROIC	2	QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	BP
URSO FORTE	3	BP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOWST	3	PA; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
XERMELO	3	PA; SP; QL	OLPRUVA (3 GM DOSE)	2	SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			OLPRUVA (4 GM DOSE)	2	SP; QL
betaine	1	SP	OLPRUVA (5 GM DOSE)	2	SP; QL
BUPHENYL ORAL POWDER 3 GM/TSP	3	SP; BP	OLPRUVA (6 GM DOSE)	2	SP; QL
BUPHENYL ORAL TABLET	3	SP; BP	OLPRUVA (6.67 GM DOSE)	2	SP; QL
CERDELGA	2	PA; SP	ORFADIN ORAL CAPSULE	3	SP; BP
CHOLBAM	2	PA; SP	ORFADIN ORAL SUSPENSION	2	SP
CREON	2		PALYNZIQ	2	PA; SP; QL
CYSTADANE	3	SP; BP	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
CYSTAGON	2	SP	PHEBURANE	2	PA; SP
EVRYSDI	2	PA; SP; QL	RAVICTI	2	PA; SP
GALAFOLD	2	PA; SP; QL	sapropterin dihydrochloride oral packet	1	PA; SP
JAVYGTOR	3	PA; SP; BP	sapropterin dihydrochloride oral tablet	1	PA; SP
KUVAN ORAL PACKET	3	PA; SP; BP	sodium phenylbutyrate oral powder 3 gm/tsp	1	SP
KUVAN ORAL TABLET	3	PA; SP; BP	sodium phenylbutyrate oral tablet	1	SP
L-GLUTAMIC ACID HCL	2		STRENSIQ	2	PA; SP
miglustat	1	PA; SP			
MYALEPT	2	PA; SP			
nitisinone	1	SP			
NITYR	2	SP			
OLPRUVA (2 GM DOSE)	2	SP; QL			

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
SUCRAID	2	PA; SP
VIOKACE	3	ST
VOXZOGO	3	PA; SP; QL
XURIDEN	3	SP
ZAVESCA	3	PA; SP; BP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CUPRIMINE ORAL CAPSULE 250 MG	3	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	3	SP; BP
DETROL	3	BP
DETROL LA	3	BP

Drug Name	Drug Tier	Limits/ Required
ELMIRON	2	
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
penicillamine oral	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
THIOLA	3	SP; BP
THIOLA EC	2	SP
tiopronin oral	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	BP
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
CORTEF	3	BP
dexamethasone intensol	1	

Drug Name	Drug Tier	Limits/ Required
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
PEDIAPRED	3	BP
prednisolone oral solution	1	
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
FORTESTA	3	PA; BP
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA

Drug Name	Drug Tier	Limits/ Required
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
Hormonal Agents - Pituitary		
ACTHAR	3	PA; SP
cabergoline	1	QL
CORTROPHIN	3	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	3	PA; SP; QL
HUMATROPE INJECTION CARTRIDGE	2	PA; SP
INCRELEX	2	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	2	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	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.

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	SP
octreotide acetate subcutaneous	1	SP
ORILISSA	2	PA; QL
RECORLEV	3	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	SP; BP
SIGNIFOR	2	PA; SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	2	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV

Drug Name	Drug Tier	Limits/ Required
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz	1	PV
amethia	1	ACA; PV
amethyst	1	ACA; PV
ANNOVERA	3	PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV
aurovela fe 1/20	1	ACA; PV
aviane	1	ACA; PV
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	ACA; PV
BEYAZ	3	PV; BP
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal eq	1	ACA; PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
CLIMARA	3	PV; BP; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
curae	1	ACA; O; PV
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV
deblitane	1	ACA; PV
DELESTROGEN	3	PV; BP
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV
DIVIGEL	3	PV; BP
dolishale	1	ACA; PV
dotti	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
drospiren-eth estrad-levomefol	1	ACA; PV
drospirenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
econtra one-step	1	ACA; O; PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
ENDOMETRIN	3	
enilloring	1	ACA; PV; QL
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol oral	1	PV
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal	1	ACA; QL
etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal	1	ACA; PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	ACA; PV
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	1	PV
gemmily	1	ACA; PV
GENERESS FE	3	PV; BP
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV
haloette	1	ACA; PV; QL
heather	1	ACA; PV
her style	1	ACA; O; PV
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
introvale	1	ACA; PV
isibloom	1	ACA; PV
jaimiess	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jinteli	1	PV
jolessa	1	ACA; PV
joyeaux	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV
kelnor 1/50	1	ACA; PV
kurvelo	1	ACA; PV
larin 1.5/30	1	ACA; PV
larin 1/20	1	ACA; PV
larin 24 fe	1	ACA; PV
larin fe 1.5/30	1	ACA; PV
larin fe 1/20	1	ACA; PV
layolis fe	1	ACA; PV
leena	1	ACA; PV
lessina	1	ACA; PV
levonest	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
levonorgest-eth estradiol-iron	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O; PV
levonorgestrel-ethinyl estrad	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
LO LOESTRIN FE	3	PV
LOESTRIN 1.5/30 (21)	3	PV; BP
LOESTRIN 1/20 (21)	3	PV; BP
LOESTRIN FE 1.5/30	3	PV; BP
LOESTRIN FE 1/20	3	PV; BP
lojaimiess	1	ACA; PV
loryna	1	ACA; PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
lutera	1	ACA; PV
lyleq	1	ACA; PV
lyllana	1	PV; QL
lyza	1	ACA; PV
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
megestrol acetate suspension 400 mg/10ml oral	1	
merzee	1	ACA; PV
mibelas 24 fe	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	1	ACA; PV
microgestin 24 fe	1	ACA; PV
microgestin fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV
MINASTRIN 24 FE	3	PV; BP
MINIVELLE	3	PV; BP; QL
mono-lynyah	1	ACA; PV
my choice	1	ACA; O; PV
my way	1	ACA; O; PV
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	ACA; PV
necon 0.5/35 (28)	1	ACA; PV
new day	1	ACA; O; PV
NEXTSTELLIS	3	PV
nikki	1	ACA; PV
nora-be	1	ACA; PV
norethin ace-eth estrad-fe oral capsule	1	ACA; PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA; PV

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

Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
norethin ace-eth estrad- fe oral tablet chewable	1	ACA; PV
norethindrone acetate oral	1	
norethindrone acet- ethinyl est oral tablet	1	ACA; PV
norethindrone oral	1	ACA; PV
norethindrone-eth estradiol	1	PV
norethindron-ethinyl estrad-fe	1	ACA; PV
norethin-eth estradiol-fe	1	ACA; PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV
norgestimate-ethinyl estradiol triphasic	1	ACA; PV
norlyroc	1	ACA; PV
nortrel 0.5/35 (28)	1	ACA; PV
nortrel 1/35 (21)	1	ACA; PV
nortrel 1/35 (28)	1	ACA; PV
nortrel 7/7/7	1	ACA; PV
NUVARING	3	PV; BP; QL
nylia 1/35	1	ACA; PV
nylia 7/7/7	1	ACA; PV
nymyo	1	ACA; PV
ocella	1	ACA; PV
opcicon one-step	1	ACA; O; PV
option 2	1	ACA; O; PV
ORIAHNN	2	PA; PV; QL
philith	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
pimtrea	1	ACA; PV
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	ACA; O; PV
portia-28	1	ACA; PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	ACA; O; PV
reclipsen	1	ACA; PV
rivelsa	1	ACA; PV
SAFYRAL	3	PV; BP
setlakin	1	ACA; PV
sharobel	1	ACA; PV
simliya	1	ACA; PV
simpesse	1	ACA; PV
SLYND	3	PV
sprintec 28	1	ACA; PV
sronyx	1	ACA; PV
syeda	1	ACA; PV
take action	1	ACA; O; PV
tarina 24 fe	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV
taysofy	1	ACA; PV
TAYTULLA	3	PV; BP
tilia fe	1	ACA; PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
tri-estarylla	1	ACA; PV
tri-legest fe	1	ACA; PV
tri-linyah	1	ACA; PV
tri-lo-estarylla	1	ACA; PV
tri-lo-marzia	1	ACA; PV
tri-lo-mili	1	ACA; PV
tri-lo-sprintec	1	ACA; PV
tri-mili	1	ACA; PV
tri-nymyo	1	ACA; PV
tri-sprintec	1	ACA; PV
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
TWIRLA	3	PV; QL
tyblume oral tablet chewable	1	ACA; PV
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	PV; BP
YAZ	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
yuvaferm	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	BP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3		BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
TIROSINT-SOL	3		CELLCEPT	3	PV; BP
unithroid	1		CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL
Immunological Agents - Drugs for Immune System Stimulation or Suppression			CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL
ACTEMRA ACTPEN	3	PA; SP; QL	COSENTYX (300 MG DOSE)	3	PA; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL	COSENTYX 150 MG/ML	3	PA; SP; QL
ACTIMMUNE	2	PA; SP	COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL
ADALIMUMAB-FKJP	2	PA; SP; QL	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; SP; QL
AMJEVITA	2	PA; SP; QL	COSENTYX UNOREADY	3	PA; SP; QL
ARAVA	3	BP; QL	cyclosporine modified	1	PV
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	2	PA; SP	cyclosporine oral capsule	1	PV
ASTAGRAF XL	3	PV	ENBREL MINI	3	PA; SP; QL
AZASAN	3	PV; BP	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; SP; QL
azathioprine oral	1	PV			
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	2	PA; SP; QL			

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	2	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL	HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; SP; QL
ENSPRYNG	2	PA; SP; QL	HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP; QL
ENVARUSUS XR	3	PV	HUMIRA PEN-PEDIATRIC UC START	2	PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; BP	HUMIRA PEN-PSOR/UEVIT STARTER	2	PA; SP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP; QL
gengraf oral solution	1	PV	icatibant acetate subcutaneous solution prefilled syringe	1	PA; SP
HADLIMA	2	PA; SP; QL	IMURAN	3	PV; BP
HADLIMA PUSHTOUCH	2	PA; SP; QL	JOENJA	2	PA; SP; QL
HAEGARDA	2	PA; SP			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA; SP; QL			
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SP; QL			

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
KEVZARA	3	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	3	PA; SP; PV; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	PV
mycophenolate mofetil oral tablet	1	PV
mycophenolate mofetil suspension reconstituted 200 mg/ml oral	1	
mycophenolate mofetil suspension reconstituted 200 mg/ml oral	1	PV
mycophenolate sodium	1	PV
MYFORTIC	3	PV; BP
NEORAL	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
OLUMIANT	3	PA; SP; QL
ORENCIA CLICKJECT	3	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA ORAL TABLET	2	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP; QL
PROGRAF ORAL CAPSULE	3	PV; BP
PROGRAF ORAL PACKET	3	PV; AL
RAPAMUNE	3	PV; BP
REZUROCK	3	PA; SP; QL
RIDAURA	2	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	2	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	2	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	1	PA; SP
SANDIMMUNE ORAL CAPSULE	3	PV; BP
SANDIMMUNE ORAL SOLUTION	2	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
SILIQ	3	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
sirolimus oral	1	PV
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	3	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus oral	1	PV
TAKHZYRO	2	PA; SP; QL
TALTZ	3	PA; SP; QL
TREMFYA	2	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XELJANZ	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
XELJANZ XR	2	PA; SP; QL
ZORTRESS	3	PV; BP
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	3	BP
COLAZAL	3	BP
CORTENEMA	3	BP
CORTIFOAM EXTERNAL	2	
DELZICOL	3	BP
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
UCERIS RECTAL	3	BP
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV; BP
calcitonin (salmon)	1	PV
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
TYMLOS	2	PA; SP; PV; QL
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	

Drug Name	Drug Tier	Limits/ Required
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	3	PA; SP; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
BYLVAY (PELLETS)	3	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FLEXICHAMBER	2	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL

Drug Name	Drug Tier	Limits/ Required
K-Y ME & YOU EXTRA LUBRICATED	3	ACA; O
K-Y ME & YOU INTENSE	3	ACA; O
LIVMARLI	3	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	3	PA; SP; QL
PALFORZIA	3	SP; AL
PHEXXI	3	
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	3	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	ACA; O
vcf vaginal contraceptive vaginal gel	1	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	2	SP
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	2	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	BP

Drug Name	Drug Tier	Limits/ Required
ACULAR LS	3	BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
MAXIDEX	2	
MAXITROL OPHTHALMIC OINTMENT	3	BP
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	BP

Drug Name	Drug Tier	Limits/ Required
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
ZIRGAN	3	
ZYMAXID	3	BP
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	1	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	3	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST

Drug Name	Drug Tier	Limits/ Required
SIMBRINZA	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	BP
travoprost (bak free)	1	
VUITY	3	
XALATAN	3	BP
XELPROS	2	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	2	SP
CYSTARAN	2	SP
homatropaire	1	
ISOPTO ATROPINE	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	3	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	BP
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	3	QL

Drug Name	Drug Tier	Limits/ Required
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin ac	1	AL; QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr oral tablet	1	AL; QL
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate nasal	1	QL
nebusal inhalation nebulization solution 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	

Drug Name	Drug Tier	Limits/ Required
promethazine vc	1	
promethazine vc/codeine	1	AL; QL
promethazine-codeine	1	AL; QL
promethazine-dm oral syrup	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
pulmosal	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	3	PV; BP
acetylcysteine inhalation	1	
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Pro ventil; PV; QL	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV	ASMANEX HFA	2	PV; QL
albuterol sulfate oral	1	PV	ATROVENT HFA	2	PV; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
arformoterol tartrate	1	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL			

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
breyana	1	PV; QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
BROVANA	3	PV; BP; QL
budesonide inhalation	1	PV; QL
budesonide-formoterol fumarate	1	PV; QL
COMBIVENT RESPIMAT	2	PV; QL
cromolyn sodium inhalation	1	PV
DALIRESP	3	PV; BP
elixophyllin	1	PV
epinephrine injection solution auto-injector	1	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
ESBRIET	3	PA; SP; BP; QL
FASENRA PEN	2	PA; SP; QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	PV; QL
FLOVENT HFA	2	PV; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
formoterol fumarate inhalation	1	PV; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
ipratropium bromide inhalation	1	PV
ipratropium-albuterol	1	PV

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL	SINGULAIR	3	PV; BP
montelukast sodium oral	1	PV	SPIRIVA HANDIHALER	3	PV; BP; QL
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; SP; QL	SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
OFEV	2	PA; SP; QL	STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
PERFOROMIST	3	PV; BP; QL	STRIVERDI RESPIMAT	3	PV; QL
pirfenidone	1	PA; SP; QL	SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROAIR RESPICLICK	3	PV; QL	SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROVENTIL HFA	3	PV; BP; QL	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL
PULMICORT FLEXHALER	2	PV; QL	terbutaline sulfate oral	1	PV
PULMICORT SUSPENSION	3	PV; BP; QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
QVAR REDIHALER	2	PV; QL			
roflumilast	1	PV			

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
THEO-24	3	PV
theophylline elixir 80 mg/15ml oral	1	PV
theophylline er	1	PV
theophylline oral solution	1	PV
tiotropium bromide monohydrate	1	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
XOPENEX HFA	3	PV; QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
zafirlukast	1	PV

Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	3	SP; BP; QL
BRONCHITOL	2	QL
CAYSTON	2	SP
KALYDECO	2	PA; SP; QL
KITABIS PAK	2	SP; QL
ORKAMBI	2	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	SP
SYMDEKO	2	PA; SP; QL
TOBI NEBULIZER	3	SP; BP; QL
TOBI PODHALER	2	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	1	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	2	SP; QL
TRIKAFTA	2	PA; SP; QL

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	PA; SP; BP; QL
ADEMPAS	2	PA; SP; QL
alyq	1	PA; SP; QL
ambrisentan	1	PA; SP; QL
bosentan	1	PA; SP; QL
LETAIRIS	3	PA; SP; BP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	2	PA; SP
ORENITRAM MONTH 1	2	PA; SP
ORENITRAM MONTH 2	2	PA; SP
ORENITRAM MONTH 3	2	PA; SP
REVATIO ORAL	3	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
tadalafil (pah)	1	PA; SP; QL
TADLIQ	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
TRACLEER 62.5 MG, 125 MG	3	PA; SP; BP; QL
TRACLEER 32 MG	2	PA; SP; QL
TYVASO	2	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP; QL
TYVASO DPI TITRATION KIT	2	PA; SP; QL
TYVASO REFILL	2	PA; SP
TYVASO STARTER	2	PA; SP
UPTRAVI ORAL	2	PA; SP; QL
VENTAVIS	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	

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Coverage effective 10/15/2023

Drug Name	Drug Tier	Limits/ Required
orphenadrine citrate er	1	
SOMA	3	BP
tizanidine hcl oral	1	
VANADOM	3	BP
ZANAFLEX	3	BP
Sleep Disorder Agents		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	3	PA; SP; BP; QL
HETLIOZ LQ	3	PA; SP; QL
LUNESTA	3	BP; QL
modafinil	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL
SODIUM OXYBATE	2	PA; SP; QL
SUNOSI TABLET 150 MG ORAL	2	ST; QL
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	1	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
temazepam	1	
WAKIX	2	PA; SP; QL
XYREM	2	PA; SP; QL
XYWAV	2	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate 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.

Coverage effective 10/15/2023

Index of Drugs

abacavir sulfate.....	29	AEROCHAMBER MINI		alvimopan.....	54
abacavir sulfate-		CHAMBER.....	70	alyacen 1/35.....	60
lamivudine.....	29	AEROCHAMBER MV.....	70	alyacen 7/7/7.....	60
ABILIFY.....	28	AEROCHAMBER PLUS		alyq.....	81
abiraterone acetate.....	21	FLO-VU.....	70	amabelz.....	60
ABSORICA.....	43	AEROCHAMBER PLUS		amantadine hcl.....	27
acamprosate calcium.....	9	FLOW VU.....	70	AMBIEN.....	82
ACANYA.....	43	AEROCHAMBER		AMBIEN CR.....	82
acarbose.....	47	W/FLOWSIGNAL.....	70	ambrisentan.....	81
ACCOLATE.....	76	AFINITOR.....	21	amcinonide.....	44
ACCUPRIL.....	33	AFINITOR DISPERZ.....	21	amethia.....	60
ACCURETIC.....	33	afirmelle.....	60	amethyst.....	60
accutane.....	43	AFREZZA.....	49	amiloride hcl.....	33
acebutolol hcl.....	33	aftera.....	60	amiloride-	
acetaminophen-codeine....	6	AFTERPILL.....	60	hydrochlorothiazide.....	33
acetazolamide.....	73	AGRYLIN.....	33	aminocaproic acid.....	33
acetazolamide er.....	73	AIMOVIG.....	20	amiodarone hcl.....	33
acetic acid.....	75	AKYNZEO.....	18	AMITIZA.....	54
acetylcysteine.....	76	ala-cort.....	43	amitriptyline hcl.....	16
ACIPHEX.....	53	ALANINE.....	50	AMJEVITA.....	66
acitretin.....	43	albendazole.....	26	amlodipine besylate.....	33
ACTEMRA.....	66	albuterol sulfate.....	77	amlodipine besylate-	
ACTEMRA ACTPEN.....	66	albuterol sulfate hfa.....	77	benazepril hcl.....	33
ACTHAR.....	59	ALBUTEROL SULFATE		amlodipine besylate-	
ACTIMMUNE.....	66	HFA.....	77	valsartan.....	33
ACTIVELLA.....	60	alclometasone		amlodipine-atorvastatin....	33
ACTONEL.....	70	dipropionate.....	43	amlodipine-olmesartan....	33
ACTOPLUS MET.....	47	ALDACTONE.....	33	amlodipine-valsartan-	
ACTOS.....	47	ALECENSA.....	22	hctz.....	33
ACULAR.....	72	alendronate sodium.....	70	ammonium lactate.....	44
ACULAR LS.....	72	alfuzosin hcl er.....	58	amnesteem.....	44
acyclovir.....	29	ALINIA.....	26	amoxapine.....	16
ACZONE.....	43	aliskiren fumarate.....	33	amoxicillin.....	10
ADALIMUMAB-FKJP.....	66	allopurinol.....	20	amoxicillin-potassium	
adapalene.....	43	alosetron hcl.....	54	clavulanate.....	11
adapalene-benzoyl		ALPHAGAN P.....	73	amoxicillin-potassium	
peroxide.....	43	alprazolam.....	32	clavulanate er.....	10
ADASUVE.....	28	alprazolam er.....	32	amphetamine sulfate.....	39
ADBRY.....	43	alprazolam intensol.....	32	amphetamine-	
adc/f (0.5mg/ml).....	50	alprazolam xr.....	32	dextroamphetamine.....	39
ADCIRCA.....	81	ALTACE.....	33	amphetamine-	
ADDERALL.....	39	altafrin.....	74	dextroamphetamine er....	39
ADDERALL XR.....	39	altavera.....	60	ampicillin.....	11
adefovir dipivoxil.....	29	ALTRENO.....	43	AMPYRA.....	40
ADEMPAS.....	81	ALUMINUM CHLORIDE		ANAFRANIL.....	16
ADTHYZA.....	65	ANHYDROUS.....	43	anagrelide hcl.....	33
ADVAIR DISKUS.....	76	ALUMINUM CHLORIDE		ANAPROX DS.....	8
ADVAIR HFA.....	77	HEXAHYDRATE.....	43	ANASPAZ.....	54
ADZENYS XR-ODT.....	39	ALUNBRIG.....	22	anastrozole.....	22

ANCOBON.....	19	aspirin ec low strength.....	8	AZOR.....	34
ANDRODERM.....	59	aspirin low dose.....	8	AZULFIDINE.....	69
ANDROGEL PUMP.....	59	aspirin regimen.....	8	AZULFIDINE EN-TABS...	69
ANNOVERA.....	60	aspirin-dipyridamole er...	28	azurette.....	60
ANORO ELLIPTA.....	77	ASTAGRAF XL.....	66	B & C.....	44
ANTIVERT.....	18	ATACAND.....	34	bac.....	6
ANUSOL-HC.....	69	atazanavir sulfate.....	29	bacitracin.....	72
ANZEMET.....	18	ATELVIA.....	70	bacitracin-polymyxin b....	74
APOKYN.....	27	atenolol.....	34	bacitra-neomycin-	
apomorphine hcl.....	27	atenolol-chlorthalidone....	34	polymyxin-hc.....	74
APO-VARENICLINE.....	10	ATIVAN.....	32	baclofen.....	81
apraclonidine hcl.....	73	atomoxetine hcl.....	39	BACTRIM.....	11
aprepitant.....	18	atorvastatin calcium.....	34	BACTRIM DS.....	11
apri.....	60	atovaquone.....	26	BAFIERTAM.....	40
APRISO.....	69	atovaquone-proguanil hcl	26	BALCOLTRA.....	60
APTENSIO XR.....	39	ATRALIN.....	44	balsalazide disodium.....	69
APTIVUS.....	29	atropine sulfate.....	74	balsam peru-castor oil....	44
AQUORAL.....	42	ATROVENT HFA.....	77	BALVERSA.....	22
aranelle.....	60	AUBAGIO.....	40	balziva.....	60
ARAVA.....	66	aubra eq.....	60	BANZEL.....	14
ARCALYST.....	66	AUGMENTIN.....	11	BAQSIMI ONE PACK.....	49
arformoterol tartrate.....	77	AUGMENTIN ES-600.....	11	BAQSIMI TWO PACK.....	49
ARICEPT.....	16	aurovela 1.5/30.....	60	BARACLUDGE.....	29
ARIMIDEX.....	22	aurovela 1/20.....	60	BAXDELA.....	11
aripiprazole.....	28	aurovela 24 fe.....	60	BELBUCA.....	6
ARIXTRA.....	13	aurovela fe 1.5/30.....	60	BELSOMRA.....	82
armodafinil.....	82	aurovela fe 1/20.....	60	benazepril hcl.....	34
ARMOUR THYROID.....	65	AURYXIA.....	57	benazepril-	
ARNUITY ELLIPTA.....	77	AUSTEDO.....	42	hydrochlorothiazide.....	34
AROMASIN.....	22	AUSTEDO XR.....	42	BENICAR.....	34
ARTHROTEC.....	8	AUSTEDO XR PATIENT		BENICAR HCT.....	34
ascomp-codeine.....	6	TITRATION.....	42	BENLYSTA.....	66
ashlyna.....	60	AVALIDE.....	34	benzalkonium chloride....	11
ASMANEX (120		AVAPRO.....	34	BENZAMYCIN.....	44
METERED DOSES).....	77	aviane.....	60	BENZNIDAZOLE.....	26
ASMANEX (30		avidoxy.....	11	benzonatate.....	75
METERED DOSES).....	77	AVITA.....	44	benzoyl peroxide-	
ASMANEX (60		AVODART.....	58	erythromycin.....	44
METERED DOSES).....	77	AVONEX PEN.....	40	benztropine mesylate.....	27
ASMANEX HFA.....	77	AVONEX PREFILLED....	40	BESREMI.....	22
ASPARTAME (FOR		ayuna.....	60	BETADINE	
COMPOUNDING).....	70	AYVAKIT.....	22	OPHTHALMIC PREP.....	72
ASPARTAME		AZASAN.....	66	betaine.....	56
(NUTRASWEET).....	70	AZASITE.....	72	betamethasone	
aspirin.....	8	azathioprine.....	66	dipropionate.....	44
aspirin 81.....	8	azelaic acid.....	44	betamethasone	
aspirin adult low dose.....	8	azelastine hcl.....	72, 75	dipropionate aug.....	44
aspirin adult low strength...	8	AZILECT.....	27	betamethasone valerate..	44
aspirin childrens.....	8	azithromycin.....	11	BETAPACE.....	34
aspirin ec low dose.....	8	AZOPT.....	73	BETAPACE AF.....	34

betaxolol hcl.....	34, 73	BRUKINSA.....	22	CALCIUM GLUCONATE	
bethanechol chloride.....	57	budesonide.....	69, 78	ANHYDROUS.....	50
BETHKIS.....	80	budesonide-formoterol		CALCIUM GLUCONATE	
BETIMOL.....	73	fumarate.....	78	MONOHYDRATE.....	51
BEVESPI		bumetanide.....	34	CALCIUM LACTATE	
AEROSPHERE.....	77	BUMEX.....	34	PENTAHYDRATE.....	51
bexarotene.....	22	BUPHENYL.....	56	CALCIUM PHOSPHATE	
BEYAZ.....	60	buprenorphine.....	6	DIBASIC.....	51
bicalutamide.....	22	buprenorphine hcl.....	10	CALCIUM PHOSPHATE	
BIDIL.....	34	buprenorphine hcl-		TRIBASIC.....	51
BIKTARVY.....	29	naloxone hcl.....	10	CALQUENCE.....	22
BILTRICIDE.....	26	bupropion hcl.....	16	camila.....	60
bimatoprost.....	73	bupropion hcl er		camrese.....	60
BISACODYL.....	54	(smoking det).....	10	camrese lo.....	60
bisacodyl.....	54	bupropion hcl er (sr).....	16	CAMZYOS.....	34
bisacodyl ec.....	54	bupropion hcl er (xl).....	16	CANASA.....	69
bisoprolol fumarate.....	34	bupirone hcl.....	32	candesartan cilexetil.....	34
bisoprolol-		butalbital-acetaminophen...6		capecitabine.....	22
hydrochlorothiazide.....	34	butalbital-apap-caff-cod....	6	CAPRELSA.....	22
blisovi 24 fe.....	60	butalbital-apap-caffeine....	6	captopril.....	34
blisovi fe 1.5/30.....	60	butalbital-asa-caff-		captopril-	
blisovi fe 1/20.....	60	codeine.....	6	hydrochlorothiazide.....	34
bosentan.....	81	butalbital-aspirin-caffeine...6		CARAC.....	44
BOSULIF.....	22	butorphanol tartrate.....	6	CARAFATE.....	53
BPCO.....	44	BUTRANS.....	6	CARBAGLU.....	51
BRAFTOVI.....	22	BYDUREON BCISE		carbamazepine.....	14
BREATHE EASE		AUTOINJECTOR.....	47	carbamazepine er.....	14
LARGE.....	70	BYETTA 10 MCG PEN....	47	CARBATROL.....	14
BREATHE EASE		BYETTA 5 MCG PEN.....	47	carbidopa.....	27
MEDIUM.....	70	BYLVAY.....	70	carbidopa-levodopa.....	27
BREATHE EASE SMALL	70	BYLVAY (PELLETS).....	71	carbidopa-levodopa er....	27
BREATHERITE VALVED		BYSTOLIC.....	34	carbidopa-levodopa-	
MDI CHAMBER.....	70	cabergoline.....	59	entacapone.....	27
BREO ELLIPTA.....	77, 78	CABLIVI.....	28	carbinoxamine maleate....	75
brey-na.....	78	CABOMETYX.....	22	CARDIZEM.....	34
BREZTRI		CADUET.....	34	CARDIZEM CD.....	34
AEROSPHERE.....	78	caffeine citrate.....	42	CARDURA.....	34
briellyn.....	60	CALAMINE.....	44	carglumic acid.....	51
BRILINTA.....	28	CALCIFOL.....	50	carisoprodol.....	81
brimonidine tartrate.....	73	calcipotriene.....	44	CARNITOR.....	51
brimonidine tartrate-		calcitonin (salmon).....	70	CARNITOR SF.....	51
timolol.....	74	CALCITRENE.....	44	carteolol hcl.....	74
brinzolamide.....	74	calcitriol.....	44, 70	cartia xt.....	34
BRIVIACT.....	14	calcium acetate.....	57	carvedilol.....	34
BROMELAIN.....	70	calcium acetate (phos		CASODEX.....	22
bromfenac sodium		binder).....	57	CATAPRES-TTS-1.....	34
(once-daily).....	72	CALCIUM CHLORIDE		CATAPRES-TTS-2.....	34
bromocriptine mesylate....	27	DIHYDRATE.....	50	CATAPRES-TTS-3.....	34
BRONCHITOL.....	80	CALCIUM GLUCONATE.50		CAYSTON.....	80
BROVANA.....	78			cefaclor.....	11

cefaclor er.....	11	ciprofloxacin-		COARTEM.....	26
cefadroxil.....	11	dexamethasone.....	75	codeine sulfate.....	6
cefdinir.....	11	citalopram hydrobromide		COLAZAL.....	69
cefixime.....	11	.....	16, 17	COLCHICINE.....	20
cefpodoxime proxetil.....	11	citroma.....	54	colchicine.....	20
cefprozil.....	11	claravis.....	44	colchicine-probenecid.....	20
cefuroxime axetil.....	11	clarithromycin.....	11	COLCRYS.....	20
CELEBREX.....	8	clarithromycin er.....	11	colesevelam hcl.....	34
celecoxib.....	8	clearlax.....	54	COLESTID.....	34
CELEXA.....	16	clemastine fumarate.....	75	COLESTID FLAVORED..	35
CELLCEPT.....	66	CLENPIQ.....	54	colestipol hcl.....	35
CELONTIN.....	14	CLEOCIN.....	11	COMBIGAN.....	74
cephalexin.....	11	CLEOCIN-T.....	44	COMBIPATCH.....	61
CEQUA.....	74	CLEVER CHOICE		COMBIVENT	
CERDELGA.....	56	HOLDING CHAMBER.....	71	RESPIMAT.....	78
cetirizine hcl.....	75	CLIMARA.....	61	COMBIVIR.....	29
CETYLICIDE-G.....	71	clindacin etz.....	44	COMETRIQ.....	22
cevimeline hcl.....	42	clindacin-p.....	44	COMPACT SPACE	
CHARCOAL		CLINDAGEL.....	44	CHAMBER.....	71
ACTIVATED.....	71	clindamycin hcl.....	11	COMPACT SPACE	
charlotte 24 fe.....	60	clindamycin palmitate hcl.	11	CHAMBER/LG MASK.....	71
chateal eq.....	60	clindamycin phosphate		COMPACT SPACE	
CHEMET.....	51	.....	11, 44	CHAMBER/MED MASK...71	
CHENODAL.....	54	clindamycin phosphate-		COMPACT SPACE	
chlordiazepoxide hcl.....	32	benzoyl peroxide.....	44	CHAMBER/SM MASK.....	71
chlordiazepoxide-		clindamycin-tretinoin.....	44	COMPLERA.....	29
amitriptyline.....	16	CLINDESSE.....	11	compro.....	18
chlorhexidine gluconate...42		CLINPRO 5000.....	42	COMTAN.....	27
chloroquine phosphate...26		clobazam.....	14	CONCERTA.....	39
chlorpromazine hcl.....	28	clobetasol prop emollient		CONDOMS.....	71
chlorthalidone.....	34	base.....	44	CONDYLOX.....	44
chlorzoxazone.....	81	clobetasol propionate.....	44	constulose.....	54
CHOLBAM.....	56	clobetasol propionate e...44		COPAXONE.....	40, 41
cholestyramine.....	34	CLOBEX.....	44	COPIKTRA.....	22
cholestyramine light.....	34	CLOBEX SPRAY.....	44	CORDRAN.....	44, 45
CHOLINE BITARTRATE.51		clodan.....	44	COREG.....	35
CIBINQO.....	44	clomipramine hcl.....	17	CORGARD.....	35
ciclodan.....	19	clonazepam.....	32	CORLANOR.....	35
ciclopirox.....	19	clonidine.....	34	CORTEF.....	58
CICLOPIROX OLAMINE.19		clonidine hcl.....	34	CORTENEMA.....	69
ciclopirox olamine.....	19	clonidine hcl er.....	39	CORTIFOAM.....	69
cilostazol.....	28	clopidogrel bisulfate.....	28	CORTISPORIN-TC.....	75
CIMDUO.....	29	clorazepate dipotassium..32		CORTROPHIN.....	59
cimetidine.....	53	clotrimazole.....	19	COSENTYX (300 MG	
CIMZIA.....	66	CLOTRIMAZOLE.....	19	DOSE).....	66
CIMZIA STARTER KIT...66		clotrimazole-		COSENTYX 150 MG/ML.	66
cinacalcet hcl.....	70	betamethasone.....	19	COSENTYX	
CIPRO.....	11	clozapine.....	28	SENSOREADY (300	
ciprofloxacin hcl...11, 72, 75		CLOZARIL.....	28	MG).....	66
		coal tar.....	44		

COSENTYX		daysee.....	61	dexamethasone sodium	
SENSOREADY PEN.....	66	DDAVP.....	59	phosphate.....	72
COSENTYX		DEBACTEROL.....	42	DEXCOM G6	
UNOREADY.....	66	deblitane.....	61	RECEIVER.....	49
COSOPT.....	74	deferasirox.....	51	DEXCOM G6 SENSOR...	49
COSOPT PF.....	74	deferasirox granules.....	51	DEXCOM G6	
COTELLIC.....	22	DELESTROGEN.....	61	TRANSMITTER.....	49
COZAAR.....	35	DELSTRIGO.....	29	DEXCOM G7	
CREON.....	56	delyla.....	61	RECEIVER.....	49
CRESEMBA.....	19	DELZICOL.....	69	DEXCOM G7 SENSOR...	49
CRESTOR.....	35	demeclocycline hcl.....	11	DEXEDRINE.....	39
CRINONE.....	61	DEM SER.....	35	dexmethylphenidate hcl...	39
cromolyn sodium..	54, 72, 78	DENTA 5000 PLUS.....	42	dexmethylphenidate hcl	
CROTAN.....	26	DENTAGEL.....	42	er.....	39
cryselle-28.....	61	DEPAKOTE.....	14	dextroamphetamine	
CUPRIMINE.....	57	DEPAKOTE ER.....	14	sulfate.....	40
curae.....	61	DEPAKOTE		dextroamphetamine	
CUVPOSA.....	54	SPRINKLES.....	14	sulfate er.....	39
cyanocobalamin.....	51	DEPEN TITRATABS.....	57	DIACOMIT.....	14
cyclobenzaprine hcl.....	81	DEPO-ESTRADIOL.....	61	DIASTAT ACUDIAL.....	14
CYCLOGYL.....	74	DEPO-PROVERA.....	61	DIASTAT PEDIATRIC.....	14
cyclopentolate hcl.....	75	DEPO-SUBQ PROVERA		diazepam.....	14, 32
cyclophosphamide.....	22	104.....	61	diazepam intensol.....	32
cycloserine.....	21	DEPO-		diazoxide.....	49
CYCLOSET.....	47	TESTOSTERONE.....	59	DIBENZYLINE.....	35
cyclosporine.....	66, 75	DERMA-SMOOTH/FS		dichlorphenamide.....	74
cyclosporine modified.....	66	BODY.....	45	diclofenac potassium.....	8
CYMBALTA.....	17	DERMA-SMOOTH/FS		diclofenac	
cyproheptadine hcl.....	75	SCALP.....	45	potassium(migraine).....	20
cyred eq.....	61	DERMOTIC.....	75	diclofenac sodium..	8, 45, 72
CYSTADANE.....	56	DESCOVY.....	29	diclofenac sodium er.....	8
CYSTADROPS.....	75	desipramine hcl.....	17	diclofenac-misoprostol.....	8
CYSTAGON.....	56	desmopressin ace spray		dicloxacillin sodium.....	11
CYSTARAN.....	75	refrig.....	59	dicyclomine hcl.....	54
CYTOMEL.....	65	desmopressin acetate.....	59	DIFFERIN.....	45
CYTOTEC.....	53	desmopressin acetate		DIFICID.....	11
dalfampridine er.....	41	spray.....	59	DIFLUCAN.....	19
DALIRESP.....	78	desogestrel-ethinyl		diflunisal.....	8
danazol.....	59	estradiol.....	61	difluprednate.....	72
DANTRIUM.....	81	desonide.....	45	digoxin.....	35
dantrolene sodium.....	81	DESOWEN.....	45	dihydroergotamine	
dapsone.....	21, 45	desoximetasone.....	45	mesylate.....	20
DARAPRIM.....	26	DESOXYN.....	39	DILANTIN.....	14
darifenacin		desvenlafaxine succinate		DILANTIN INFATABS.....	14
hydrobromide er.....	57	er.....	17	DILAUDID.....	6
darunavir.....	29	DETROL.....	57	diltiazem hcl.....	35
dasetta 1/35.....	61	DETROL LA.....	57	diltiazem hcl er.....	35
dasetta 7/7/7.....	61	dexamethasone.....	58	diltiazem hcl er beads.....	35
DAYBUE.....	42	dexamethasone intensol..	58	diltiazem hcl er coated	
DAYPRO.....	8			beads.....	35

dilt-xr.....	35	DUREX EXTRA		ENBREL MINI.....	66
dimethyl fumarate.....	41	SENSITIVE THIN.....	71	ENBREL SURECLICK.....	67
dimethyl fumarate starter		DUREZOL.....	72	ENCARE.....	71
pack.....	41	dutasteride.....	58	ENDARI.....	71
DIOVAN.....	35	dutasteride-tamsulosin		endocet.....	6
DIOVAN HCT.....	35	hcl.....	58	ENDOMETRIN.....	61
diphenhydramine hcl.....	75	DYRENIUM.....	35	enilloring.....	61
diphenoxylate-atropine....	54	E.E.S. 400.....	12	enoxaparin sodium.....	13
DIPROLENE.....	45	E.E.S. GRANULES.....	12	enpresse-28.....	61
dipyridamole.....	28	EASIVENT.....	71	enskyce.....	61
disopyramide phosphate..	35	EC-NAPROSYN.....	8	ENSPRYNG.....	67
disulfiram.....	10	ec-naproxen.....	8	entacapone.....	27
DIURIL.....	35	econazole nitrate.....	19	entecavir.....	30
divalproex sodium.....	14	econtra one-step.....	61	ENTEREG.....	54
divalproex sodium er.....	14	EDECRIN.....	35	ENTRESTO.....	35
DIVIGEL.....	61	EDURANT.....	29	enulose.....	54
DL-ALANINE.....	51	efavirenz.....	29	ENVARBUS XR.....	67
DL-LEUCINE.....	51	efavirenz-emtricitab-		EPCLUSA.....	30
DL-METHIONINE.....	51	tenofo df.....	29	EPIDIOLEX.....	14
DL-PHENYLALANINE.....	51	efavirenz-lamivudine-		EPIDUO.....	45
dofetilide.....	35	tenofovir.....	29	EPIDUO FORTE.....	45
DOJOLVI.....	71	EFFER-K.....	51	EPIFOAM.....	45
dolishale.....	61	effer-k.....	51	epinastine hcl.....	72
donepezil hcl.....	16	EFFEXOR XR.....	17	epinephrine.....	78
DORYX.....	11	EFFIENT.....	28	EPIPEN 2-PAK.....	78
dorzolamide hcl.....	74	EFUDEX.....	45	EPIPEN JR 2-PAK.....	78
dorzolamide hcl-timolol		EGRIFTA SV.....	59	epitol.....	14
mal.....	74	ELESTRIN.....	61	EPIVIR.....	30
dorzolamide hcl-timolol		eletriptan hydrobromide..	20	eplerenone.....	35
mal pf.....	74	ELIDEL.....	45	EPRONTIA.....	14
dotti.....	61	elinest.....	61	EPZICOM.....	30
DOVATO.....	29	ELIQUIS.....	13	EQUETRO.....	32
doxazosin mesylate.....	35	ELIQUIS DVT/PE		ergoloid mesylates.....	71
doxepin hcl.....	17, 45, 82	STARTER PACK.....	13	ERGOMAR.....	20
doxercalciferol.....	70	elixophyllin.....	78	ergotamine-caffeine.....	20
doxycycline hyclate....	11, 12	ELLA.....	61	ERIVEDGE.....	22
doxycycline		ELMIRON.....	57	ERLEADA.....	22
monohydrate.....	12	eluryng.....	61	erlotinib hcl.....	22
dronabinol.....	18	EMCYT.....	22	errin.....	61
drospiren-eth estrad-		EMEND.....	18	ery.....	45
levomefol.....	61	EMEND TRI-PACK.....	18	ERYGEL.....	45
drospirenone-ethinyl		EMGALITY.....	20	ERYPED 200.....	12
estradiol.....	61	emtricitabine.....	30	ERYPED 400.....	12
DROXIA.....	22	emtricitabine-tenofovir df.	30	ERY-TAB.....	12
DRYSOL.....	45	EMTRIVA.....	30	ERYTHROCIN	
DUAVEE.....	61	EMVERM.....	26	STEARATE.....	12
DUETACT.....	47	enalapril maleate.....	35	erythromycin.....	12, 45, 72
duloxetine hcl.....	17	enalapril-		erythromycin base.....	12
DUPIXENT.....	45	hydrochlorothiazide.....	35	erythromycin	
		ENBREL.....	66, 67	ethylsuccinate.....	12

ESBRIET.....	78	FARXIGA.....	47, 48	fluocinonide emulsified	
escitalopram oxalate.....	17	FASENRA PEN.....	78	base.....	46
ESGIC.....	6	FC2 FEMALE CONDOM.....	71	FLUORIDEX.....	42
esomeprazole		febuxostat.....	20	FLUORIDEX	
magnesium.....	53	felbamate.....	14	ENHANCED	
estarylla.....	61	FELBATOL.....	14	WHITENING.....	42
estazolam.....	32	FELDENE.....	8	FLUORIDEX	
ESTRACE.....	61	felodipine er.....	35	SENSITIVITY RELIEF.....	42
estradiol.....	61	FEMARA.....	22	FLUORIMAX 5000.....	42
estradiol valerate.....	61	FEMRING.....	62	FLUORIMAX 5000	
estradiol-norethindrone		fenofibrate.....	35	SENSITIVE.....	42
acet.....	61	fenofibrate micronized.....	35	fluorometholone.....	72
ESTRING.....	62	fenofibric acid.....	35	FLUOROURACIL.....	46
ESTROGEL.....	62	fentanyl.....	6	fluorouracil.....	46
eszopiclone.....	82	fentanyl citrate.....	6	fluoxetine hcl.....	17
ethacrynic acid.....	35	FENTANYL CITRATE.....	6	fluphenazine hcl.....	28
ethambutol hcl.....	21	FENTORA.....	6	flurandrenolide.....	46
ethosuximide.....	14	FERRIPROX.....	51	flurazepam hcl.....	82
ethyl chloride.....	9	FIASP.....	49	flurbiprofen.....	8
ethynodiol diac-eth		FIASP FLEXTOUCH.....	49	flurbiprofen sodium.....	72
estradiol.....	62	FIASP PENFILL.....	49	fluticasone propionate.....	46, 76
etodolac.....	8	FIASP PUMPCART.....	49	fluticasone-salmeterol.....	78
etodolac er.....	8	FINACEA.....	45	FLUTICASONE-	
etonogestrel-ethinyl		finasteride.....	58	SALMETEROL.....	78
estradiol.....	62	fingolimod hcl.....	41	fluvastatin sodium.....	35
etoposide.....	22	FINTEPLA.....	14	fluvastatin sodium er.....	35
etravirine.....	30	finzala.....	62	fluvoxamine maleate.....	17
EUCRISA.....	45	FIORICET.....	6	fluvoxamine maleate er.....	17
EULEXIN.....	22	FIORICET/CODEINE.....	6	FML FORTE.....	72
euthyrox.....	65	FIRAZYR.....	67	FML LIQUIFILM.....	72
EVAMIST.....	62	FIRVANQ.....	12	FOCALIN.....	40
EVEKEO.....	40	flac.....	75	FOCALIN XR.....	40
everolimus.....	22, 67	FLAREX.....	72	folate.....	51
EVISTA.....	60	flavoxate hcl.....	57	folic acid.....	51
EVOTAZ.....	30	flecainide acetate.....	35	fondaparinux sodium.....	13
EVOXAC.....	42	FLEXICHAMBER.....	71	formaldehyde.....	71
EVRYSDI.....	56	FLOMAX.....	58	formoterol fumarate.....	78
EXELON.....	16	FLOVENT DISKUS.....	78	FORTESTA.....	59
exemestane.....	22	FLOVENT HFA.....	78	FOSAMAX.....	70
EXFORGE.....	35	fluconazole.....	19	fosamprenavir calcium.....	30
EXFORGE HCT.....	35	flucytosine.....	19	fosfomycin tromethamine.....	12
EXJADE.....	51	fludrocortisone acetate.....	58	fosinopril sodium.....	35
EXKIVITY.....	22	flunisolide.....	76	fosinopril sodium-hctz.....	35
EXTAVIA.....	41	fluocinolone acetonide		FOSRENOL.....	57
ezetimibe.....	35	.....	45, 75	FOTIVDA.....	22
ezetimibe-simvastatin.....	35	fluocinolone acetonide		FRAGMIN.....	13
falmina.....	62	body.....	45	FREESTYLE LIBRE 14	
famciclovir.....	30	fluocinolone acetonide		DAY READER.....	49
famotidine.....	53	scalp.....	45	FREESTYLE LIBRE 14	
FARESTON.....	22	fluocinonide.....	46	DAY SENSOR.....	49

FREESTYLE LIBRE 2 READER.....	49	GLEEVEC.....	23	HALCION.....	32
FREESTYLE LIBRE 2 SENSOR.....	49	GLEOSTINE.....	23	halobetasol propionate....	46
FREESTYLE LIBRE 3 SENSOR.....	49	glimepiride.....	48	haloette.....	62
FREESTYLE LIBRE READER.....	49	glipizide er.....	48	haloperidol.....	28
FROVA.....	20	glipizide ir.....	48	haloperidol lactate.....	28
frovatriptan succinate.....	20	glipizide xl.....	48	HARVONI.....	30
ft clearlax.....	54	glipizide-metformin hcl....	48	heather.....	62
ft laxative.....	54	glucagon emergency kit... 49		HEMANGEOL.....	36
ft magnesium citrate.....	54	GLUCAGON		heparin sodium (porcine)	
FULPHILA.....	33	EMERGENCY KIT.....	49	.....	13, 14
furosemide.....	35, 36	GLUCOTROL XL.....	48	heparin sodium (porcine)	
FUZEON.....	30	glutaraldehyde.....	71	pf.....	14
fyavolv.....	62	glyburide.....	48	her style.....	62
FYCOMPA.....	14	glyburide micronized.....	48	HETLIOZ.....	82
FYLNETRA.....	33	glyburide-metformin.....	48	HETLIOZ LQ.....	82
gabapentin.....	14	glycolax.....	54	HIPREX.....	12
GALAFOLD.....	56	glycopyrrolate.....	54	homatropaire.....	75
galantamine		glydo.....	9	HORIZANT.....	42
hydrobromide.....	16	GLYNASE.....	48	HUMATROPE.....	59
galantamine		GLYXAMBI.....	48	HUMIRA.....	67
hydrobromide er.....	16	GOLYTELY.....	54	HUMIRA PEDIATRIC	
GALZIN.....	51	goodsense aspirin adults... 8		CROHNS START.....	67
GASTROCROM.....	54	goodsense aspirin low		HUMIRA PEN.....	67
gatifloxacin.....	72	dose.....	8	HUMIRA PEN-	
GATTEX.....	54	goodsense nicotine.....	10	CD/UC/HS STARTER.....	67
gavilax.....	54	GORDOFILM.....	46	HUMIRA PEN-	
gavilyte-c.....	54	granisetron hcl.....	18	PEDIATRIC UC START... 67	
gavilyte-g.....	54	GRASTEK.....	71	HUMIRA PEN-	
GAVRETO.....	23	griseofulvin microsize.....	19	PS/UV/ADOL HS START 67	
GEBAUERS PAIN EASE... 9		griseofulvin		HUMIRA PEN-	
GEBAUERS SPRAY		ultramicrosize.....	19	PSOR/UEIT STARTER. 67	
AND STRETCH.....	9	guaifenesin ac.....	76	HUMULIN R U-500	
gefitinib.....	23	guaifenesin-codeine.....	76	KWIKPEN.....	49
gemfibrozil.....	36	guanfacine hcl.....	36	HUMULIN R U-500 VIAL. 49	
gemmily.....	62	guanfacine hcl er.....	40	HYCAMTIN.....	23
GENERESS FE.....	62	GVOKE HYOPEN 1-		HYCODAN.....	76
generlac.....	54	PACK.....	49	hydralazine hcl.....	36
gengraf.....	67	GVOKE HYOPEN 2-		HYDREA.....	23
gentamicin sulfate.....	12, 72	PACK.....	49	hydrochlorothiazide.....	36
gentle laxative.....	54	GVOKE KIT.....	49	hydrocod poli-chlorphe	
gentlelax.....	54	GVOKE PFS.....	49	poli er.....	76
genuine aspirin.....	8	GYNAZOLE-1.....	19	hydrocodone bitartrate er... 6	
GENVOYA.....	30	habitrol.....	10	hydrocodone bit-	
GEODON.....	28	HADLIMA.....	67	homatrop mbr.....	76
GILENYA.....	41	HADLIMA PUSHTOUCH. 67		hydrocodone-	
GILOTRIF.....	23	HAEGARDA.....	67	acetaminophen.....	6
		hailey 1.5/30.....	62	hydrocodone-ibuprofen.....	6
		hailey 24 fe.....	62	hydrocortisone.....	46, 58, 69
		hailey fe 1.5/30.....	62	hydrocortisone (perianal). 69	
		hailey fe 1/20.....	62		

hydrocortisone butyr lipo base.....	46	INDERAL LA.....	36	JANUMET XR.....	48
hydrocortisone butyrate... 46		indomethacin.....	8, 9	JANUVIA.....	48
hydrocortisone valerate... 46		indomethacin er.....	8	JARDIANCE.....	48
hydrocortisone-acetic acid.....	75	INGREZZA.....	42	jasmiel.....	62
hydrogen peroxide.....	12	INLYTA.....	23	JAVYGTOR.....	56
hydromet.....	76	INQOVI.....	23	JAYPIRCA.....	23
hydromorphone hcl.....	7	INREBIC.....	23	jencycla.....	62
hydromorphone hcl er.....	7	INSPRA.....	36	jinteli.....	62
hydroxychloroquine sulfate.....	26	INSULIN DEGLUDEC.....	50	JOENJA.....	67
hydroxyurea.....	23	INSULIN DEGLUDEC FLEXTOUCH.....	50	jolessa.....	62
hydroxyzine hcl.....	32	INTELENCE.....	30	JORNAY PM.....	40
hydroxyzine pamoate.....	32	INTRAROSA.....	57	joyeaux.....	62
HYFTOR.....	46	introvale.....	62	juleber.....	62
hyoscyamine sulfate.. 54, 55		INTUNIV.....	40	JULUCA.....	30
hyoscyamine sulfate sl....54		INVEGA.....	28	junel 1.5/30.....	62
HYPERSAL.....	76	INVELTYS.....	72	junel 1/20.....	62
HYSINGLA ER.....	7	iodine strong.....	51	junel fe 1.5/30.....	62
HYZAAR.....	36	IOPIDINE.....	74	junel fe 1/20.....	62
ibandronate sodium.....	70	ipratropium bromide... 76, 78		junel fe 24.....	62
IBRANCE.....	23	ipratropium-albuterol.....	78	JUST RIGHT 5000.....	42
ibuprofen.....	8	irbesartan.....	36	JYNARQUE.....	51
icatibant acetate.....	67	irbesartan- hydrochlorothiazide.....	36	kaitlib fe.....	62
iclevia.....	62	IRESSA.....	23	KALETRA.....	30
ICLUSIG.....	23	ISENTRESS.....	30	kalliga.....	62
icosapent ethyl.....	36	ISENTRESS HD.....	30	KALYDECO.....	80
IDHIFA.....	23	isibloom.....	62	KAPVAY.....	40
imatinib mesylate.....	23	isoniazid.....	21	kariva.....	62
IMBRUVICA.....	23	ISOPTO ATROPINE.....	75	KATERZIA.....	36
IMCIVREE.....	42	ISORDIL TITRADOSE.....	36	kelnor 1/35.....	62
imipramine hcl.....	17	isosorb dinitrate- hydralazine.....	36	kelnor 1/50.....	62
imipramine pamoate.....	17	isosorbide dinitrate.....	36	KEPPRA.....	14
imiquimod.....	46	isosorbide mononitrate... 36		KEPPRA XR.....	14
IMITREX.....	20	isosorbide mononitrate er.....	36	KERALYT.....	46
IMITREX STATDOSE REFILL.....	20	isotretinoin.....	46	KERENDIA.....	71
IMITREX STATDOSE SYSTEM.....	20	isradipine.....	36	KESIMPTA.....	41
IMPAVIDO.....	27	ISTALOL.....	74	ketoconazole.....	19
IMURAN.....	67	ISTURISA.....	59	ketodan.....	19
IMVEXXY MAINTENANCE PACK... 62		itraconazole.....	19	ketoprofen.....	9
IMVEXXY STARTER PACK.....	62	ivermectin.....	27, 46	ketorolac tromethamine.....	9, 72
incassia.....	62	JADENU.....	51	KEVEYIS.....	74
INCRELEX.....	59	JADENU SPRINKLE.....	51	KEVZARA.....	68
INCRUSE ELLIPTA.....	78	jaimiess.....	62	KINERET.....	68
indapamide.....	36	JAKAFI.....	23	KISQALI.....	23
		JALYN.....	58	KISQALI FEMARA.....	23
		jantoven.....	14	KITABIS PAK.....	80
		JANUMET.....	48	KLARON.....	46
				KLONOPIN.....	32
				klor-con.....	51
				klor-con 10.....	51

klor-con m10.....	51	larin fe 1.5/30.....	62	LEXAPRO.....	17
klor-con m15.....	51	larin fe 1/20.....	62	LEXIVA.....	30
klor-con m20.....	51	LASIX.....	36	L-GLUTAMIC ACID.....	51
KOMBIGLYZE XR.....	48	latanoprost.....	74	L-GLUTAMIC ACID HCL.....	56
KORLYM.....	60	LATUDA.....	28	L-HISTIDINE.....	52
KOSELUGO.....	23	layolis fe.....	62	L-HISTIDINE	
kourzeq.....	42	L-CYSTINE.....	51	MONOHYDROCHLORID	
k-prime.....	51	LEDIPASVIR-		E.....	51
KRAZATI.....	23	SOFOSBUVIR.....	30	LIALDA.....	69
KRINTAFEL.....	27	leena.....	62	lidocaine.....	9
K-TAB.....	51	leflunomide.....	68	lidocaine hcl.....	9
kurvelo.....	62	lenalidomide.....	23	lidocaine hcl	
KUVAN.....	56	LENVIMA.....	24	urethral/mucosal.....	9
K-Y ME & YOU EXTRA		LESCOL XL.....	36	lidocaine viscous hcl.....	43
LUBRICATED.....	71	lessina.....	62	lidocaine-prilocaine.....	9
K-Y ME & YOU		LETAIRIS.....	81	LIDOCAN.....	9
INTENSE.....	71	letrozole.....	24	LIDODERM.....	9
labetalol hcl.....	36	leucovorin calcium.....	24	linezolid.....	12
lacosamide.....	14	LEUKERAN.....	24	LINZESS.....	55
lactic acid.....	46	levabuterol hcl.....	79	liothyronine sodium.....	65
lactic acid e.....	46	LEVALBUTEROL HFA....	79	LIPITOR.....	36
lactulose.....	55	LEVEMIR FLEXPEN.....	50	lisdexamfetamine	
lactulose		LEVEMIR U-100 VIAL....	50	dimesylate.....	40
encephalopathy.....	55	levetiracetam.....	15	lisinopril.....	36
L-ALANINE.....	51	levetiracetam er.....	15	lisinopril-	
LAMICTAL.....	14, 15	levobunolol hcl.....	74	hydrochlorothiazide.....	36
LAMICTAL ODT.....	14	levocarnitine.....	51	L-ISOLEUCINE.....	52
LAMICTAL STARTER.....	15	levocarnitine sf.....	51	lithium.....	33
LAMICTAL XR.....	15	levocetirizine		lithium carbonate.....	33
lamivudine.....	30	dihydrochloride.....	76	lithium carbonate er.....	33
lamivudine-zidovudine....	30	levofloxacin.....	12, 73	LITHOBID.....	33
lamotrigine.....	15	levonest.....	62	LITHOSTAT.....	57
lamotrigine er.....	15	levonorgest-eth est & eth		LIVMARLI.....	71
lamotrigine starter kit-		est.....	62	LIVTENCITY.....	30
blue.....	15	levonorgest-eth estrad		L-LEUCINE.....	52
lamotrigine starter kit-		91-day.....	62	L-METHIONINE.....	52
green.....	15	levonorgest-eth		LO LOESTRIN FE.....	63
lamotrigine starter kit-		estradiol-iron.....	63	LOCOID.....	46
orange.....	15	levonorgestrel.....	63	LOCOID LIPOCREAM....	46
LAMPIT.....	27	levonorgestrel-ethinyl		LODINE.....	9
LANOXIN.....	36	estrad.....	63	LODOSYN.....	27
lansoprazole.....	53	levonorg-eth estrad		LOESTRIN 1.5/30 (21)....	63
lanthanum carbonate.....	57	triphasic.....	63	LOESTRIN 1/20 (21).....	63
LANTUS SOLOSTAR.....	50	levora 0.15/30 (28).....	63	LOESTRIN FE 1.5/30.....	63
LANTUS U-100 VIAL.....	50	levorphanol tartrate.....	7	LOESTRIN FE 1/20.....	63
lapatinib ditosylate.....	23	levo-t.....	65	lojaimiess.....	63
L-ARGININE.....	51	LEVOTHYROXINE		LOKELMA.....	52
larin 1.5/30.....	62	SODIUM.....	65	LOMOTIL.....	55
larin 1/20.....	62	levothyroxine sodium.....	65	LONSURF.....	24
larin 24 fe.....	62	levoxyl.....	65	loperamide hcl.....	55

LOPID.....	36	MAGNESIUM		metformin hcl ir.....	48
lopinavir-ritonavir.....	30	CARBONATE.....	52	methadone hcl.....	7
LOPRESSOR.....	36	MAGNESIUM		methadone hcl intensol.....	7
LOPROX.....	19	CARBONATE HEAVY.....	52	METHADOSE.....	7
lorazepam.....	32	magnesium citrate.....	55	methadose.....	7
lorazepam intensol.....	32	MALARONE.....	27	METHADOSE SUGAR-	
loryna.....	63	malathion.....	27	FREE.....	7
losartan potassium.....	36	maraviroc.....	30	methamphetamine hcl.....	40
losartan potassium-hctz...	36	MARINOL.....	18	methazolamide.....	74
LOTEMAX.....	73	marlissa.....	63	methenamine hippurate...	12
LOTEMAX SM.....	73	MARPLAN.....	17	methergine.....	71
LOTENSIN.....	36	MASONATAL.....	52	methimazole.....	65
LOTENSIN HCT.....	36	MATULANE.....	24	METHIONINE.....	52
loteprednol etabonate.....	73	MAVENCLAD.....	41	METHITEST.....	59
LOTREL.....	36	MAVYRET.....	30	methocarbamol.....	81
LOTRONEX.....	55	MAXALT.....	21	methotrexate sodium.....	68
lovastatin.....	36	MAXALT-MLT.....	21	methotrexate sodium (pf)...	68
LOVAZA.....	36	MAXIDEX.....	73	methoxsalen rapid.....	46
LOVENOX.....	14	MAXITROL.....	73	methscopolamine	
low-ogestrel.....	63	maxi-tuss ac.....	76	bromide.....	55
loxapine succinate.....	29	MAXZIDE.....	36	methsuximide.....	15
lo-zumandimine.....	63	MAXZIDE-25.....	36	methylergonovine	
L-PHENYLALANINE.....	52	MAYZENT.....	41	maleate.....	71
L-PROLINE.....	52	MAYZENT STARTER		METHYLIN.....	40
L-TYROSINE.....	52	PACK.....	41	methylphenidate hcl.....	40
lubiprostone.....	55	meclizine hcl.....	18	methylphenidate hcl er....	40
LUCEMYRA.....	10	MEDROL.....	58	methylphenidate hcl er	
LUMAKRAS.....	24	medroxyprogesterone		(cd).....	40
LUMIGAN.....	74	acetate.....	63	methylphenidate hcl er	
LUNESTA.....	82	mefenamic acid.....	9	(la).....	40
LUPKYNIS.....	68	mefloquine hcl.....	27	methylphenidate hcl er	
lurasidone hcl.....	29	megestrol acetate.....	63	(osm).....	40
lutra.....	63	MEKINIST.....	24	methylphenidate hcl er	
L-VALINE.....	52	MEKTOVI.....	24	(xr).....	40
lyleq.....	63	meloxicam.....	9	methylprednisolone.....	58
lyllana.....	63	melphalan.....	24	METHYLTESTOSTERO	
LYNPARZA.....	24	memantine hcl.....	16	NE.....	59
LYRICA.....	42	memantine hcl er.....	16	methyltestosterone.....	59
LYSODREN.....	24	meperidine hcl.....	7	metoclopramide hcl.....	18
LYTGOBI (12 MG DAILY		meprobamate.....	32	metolazone.....	36
DOSE).....	24	MEPRON.....	27	metoprolol succinate er....	36
LYTGOBI (16 MG DAILY		mercaptapurine.....	24	metoprolol tartrate.....	36
DOSE).....	24	merzee.....	63	metoprolol-	
LYTGOBI (20 MG DAILY		mesalamine.....	69	hydrochlorothiazide.....	37
DOSE).....	24	mesalamine er.....	69	METROCREAM.....	46
lyza.....	63	mesalamine-cleanser.....	69	METROGEL.....	46
MACROBID.....	12	MESNEX.....	24	METROLOTION.....	46
MACRODANTIN.....	12	MESTINON.....	21	metronidazole.....	12, 46
mafenide acetate.....	12	metaxalone.....	81	metyrosine.....	37
		metformin hcl er.....	48	mexiletine hcl.....	37

MI PASTE.....	43	moxifloxacin hcl.....	12, 73	NEOKE ALCAR.....	52
MI PASTE PLUS.....	43	MS CONTIN.....	7	neomycin sulfate.....	12
MIACALCIN.....	70	MULPLETA.....	33	neomycin-bacitracin zn-	
mibelas 24 fe.....	63	MULTAQ.....	37	polymyx.....	75
MICARDIS.....	37	mupirocin.....	12	neomycin-polymyxin-	
miconazole 3.....	19	my choice.....	63	dexameth.....	73
MICROCHAMBER.....	71	my way.....	63	neomycin-polymyxin-	
microgestin 1.5/30.....	63	MYALEPT.....	56	gramicidin.....	75
microgestin 1/20.....	63	MYAMBUTOL.....	21	neomycin-polymyxin-hc	
microgestin 24 fe.....	63	MYCOBUTIN.....	21	.....	73, 75
microgestin fe 1.5/30.....	63	mycophenolate mofetil....	68	NEONATAL PRENATAL.	52
microgestin fe 1/20.....	63	mycophenolate sodium....	68	neo-polycin.....	75
midazolam hcl.....	32	MYFEMBREE.....	63	neo-polycin hc.....	75
midodrine hcl.....	37	MYFORTIC.....	68	NEORAL.....	68
MIGERGOT.....	21	MYLERAN.....	24	NEO-SYNALAR.....	46
miglitol.....	48	MYRBETRIQ.....	57	NERLYNX.....	24
miglustat.....	56	MYSOLINE.....	15	neuac.....	46
MIGRANAL.....	21	MYTESI.....	55	NEULASTA.....	33
mili.....	63	na sulfate-k sulfate-mg		NEULASTA ONPRO.....	33
mimvey.....	63	sulf.....	55	NEUPRO.....	27
MINASTRIN 24 FE.....	63	nabumetone.....	9	NEURONTIN.....	15
mineral oil heavy.....	55	nadolol.....	37	nevirapine.....	30
MINIPRESS.....	37	naftifine hcl.....	19	nevirapine er.....	30
MINIVELLE.....	63	naloxone hcl.....	10	new day.....	63
minocycline hcl.....	12	naltrexone hcl.....	10	NEXAVAR.....	24
minoxidil.....	37	NAMENDA.....	16	NEXIUM.....	53
mirtazapine.....	17	NAMENDA TITRATION		NEXLETOL.....	37
misoprostol.....	53	PAK.....	16	NEXLIZET.....	37
MITIGARE.....	20	NAMENDA XR.....	16	NEXTSTELLIS.....	63
MITOSOL.....	73	NAMZARIC.....	16	niacin	
mm aspirin.....	9	NAPRELAN.....	9	(antihyperlipidemic).....	37
mm clearlax.....	55	NAPROSYN.....	9	niacin er	
modafinil.....	82	naproxen.....	9	(antihyperlipidemic).....	37
moexipril hcl.....	37	naproxen dr.....	9	niacor.....	37
molindone hcl.....	29	naproxen sodium.....	9	nicotine.....	10
mometasone furoate..	46, 76	naproxen sodium er.....	9	nicotine mini.....	10
mondoxyne nl.....	12	naratriptan hcl.....	21	nicotine polacrilex.....	10
mono-lynyah.....	63	NARCAN.....	10	nicotine polacrilex mini....	10
montelukast sodium.....	79	NARDIL.....	17	nicotine step 1.....	10
MONUROL.....	12	NATACYN.....	73	nicotine step 2.....	10
morphine sulfate.....	7	NATAZIA.....	63	nicotine step 3.....	10
morphine sulfate		nateglinide.....	48	NICOTROL.....	10
(concentrate).....	7	NATROBA.....	27	NICOTROL NS.....	10
morphine sulfate er.....	7	NAYZILAM.....	15	nifedipine.....	37
morphine sulfate er		nebivolol hcl.....	37	nifedipine er.....	37
beads.....	7	NEBUPENT.....	27	nifedipine er osmotic	
MOTEGRITY.....	55	nebusal.....	76	release.....	37
MOUNJARO.....	48	NEBUSAL.....	76	nikki.....	63
MOVANTIK.....	55	necon 0.5/35 (28).....	63	NILANDRON.....	24
MOVIPREP.....	55	nefazodone hcl.....	17	nilutamide.....	24

nimodipine.....	37	NOVOLIN 70/30 VIAL.....	50	OCUFLOX.....	73
NINLARO.....	24	NOVOLIN N FLEXPEN....	50	ODACTRA.....	71
nitazoxanide.....	27	NOVOLIN N FLEXPEN		ODEFSEY.....	30
nitisinone.....	56	RELION.....	50	ODOMZO.....	24
NITRO-BID.....	37	NOVOLIN N RELION.....	50	OFEV.....	79
nitrofurantoin		NOVOLIN N VIAL.....	50	ofloxacin.....	12, 73, 75
macrocrystal.....	12	NOVOLIN R FLEXPEN....	50	olanzapine.....	29
nitrofurantoin		NOVOLIN R FLEXPEN		olanzapine-fluoxetine hcl.	17
monohydrate		RELION.....	50	olmesartan medoxomil.....	37
macrocrystals.....	12	NOVOLIN R RELION.....	50	olmesartan medoxomil-	
nitroglycerin.....	37	NOVOLIN R VIAL.....	50	hctz.....	37
NITROLINGUAL.....	37	NOVOLOG 70/30		olmesartan-amlodipine-	
NITROSTAT.....	37	FLEXPEN RELION.....	50	hctz.....	37
NITYR.....	56	NOVOLOG FLEXPEN....	50	olopatadine hcl.....	73
NIVA THYROID.....	65	NOVOLOG FLEXPEN		OLPRUVA (2 GM	
nizatidine.....	53	RELION.....	50	DOSE).....	56
nora-be.....	63	NOVOLOG MIX 70/30		OLPRUVA (3 GM	
norethin ace-eth estrad-		FLEXPEN.....	50	DOSE).....	56
fe.....	63, 64	NOVOLOG MIX 70/30		OLPRUVA (4 GM	
norethindrone.....	64	RELION.....	50	DOSE).....	56
norethindrone acetate.....	64	NOVOLOG MIX 70/30		OLPRUVA (5 GM	
norethindrone acet-		VIAL.....	50	DOSE).....	56
ethinyl est.....	64	NOVOLOG PENFILL.....	50	OLPRUVA (6 GM	
norethindrone-eth		NOVOLOG RELION.....	50	DOSE).....	56
estradiol.....	64	NOVOLOG U-100 VIAL...	50	OLPRUVA (6.67 GM	
norethindron-ethinyl		NOXAFIL.....	19	DOSE).....	56
estrad-fe.....	64	np thyroid.....	65	OLUMIANT.....	68
norethin-eth estradiol-fe...	64	NUBEQA.....	24	omega-3-acid ethyl	
norgestimate-eth		NUCALA.....	79	esters.....	37
estradiol.....	64	NUCYNTA.....	7	omeprazole.....	53
norgestimate-ethinyl		NUDEXTA.....	42	OMEPRAZOLE+SYRSP	
estradiol triphasic.....	64	NUPLAZID.....	29	END SF ALKA.....	53
NORLIQVA.....	37	NUTROPIN AQ NUSPIN		omeprazole-sodium	
norlyroc.....	64	10.....	59	bicarbonate.....	53
NORPACE.....	37	NUTROPIN AQ NUSPIN		OMNIPOD 5 G6 INTRO	
NORPACE CR.....	37	20.....	59	(GEN 5).....	71
NORPRAMIN.....	17	NUTROPIN AQ NUSPIN		OMNIPOD 5 G6 POD	
nortrel 0.5/35 (28).....	64	5.....	59	(GEN 5).....	71
nortrel 1/35 (21).....	64	NUVARING.....	64	OMNIPOD DASH INTRO	
nortrel 1/35 (28).....	64	NUVIGIL.....	82	(GEN 4).....	71
nortrel 7/7/7.....	64	nyamyc.....	19	OMNIPOD DASH PODS	
nortriptyline hcl.....	17	nylia 1/35.....	64	(GEN 4).....	71
NORVASC.....	37	nylia 7/7/7.....	64	OMNIPOD GO.....	71
NORVIR.....	30	nymyo.....	64	ondansetron hcl.....	18
NOVOLIN 70/30		nystatin.....	19, 20	ondansetron odt.....	18
FLEXPEN.....	50	nystatin-triamcinolone.....	20	ONE VITE WOMENS.....	52
NOVOLIN 70/30		nystop.....	20	ONE-A-DAY WOMENS	
FLEXPEN RELION.....	50	NYVEPRIA.....	33	PRENATAL 1.....	52
NOVOLIN 70/30		ocella.....	64	ONETOUCH ULTRA	
RELION.....	50	octreotide acetate.....	60	TEST STRIPS.....	49

ONETOUCH VERIO KIT	oxybutynin chloride.....	57	perphenazine.....	18
W/DEVICE.....	oxybutynin chloride er.....	57	perphenazine-	
ONEXTON.....	oxycodone hcl.....	7	amitriptyline.....	17
ONFI.....	oxycodone-		PHEBURANE.....	56
ONGENTYS.....	acetaminophen.....	7	phenazo.....	57
ONGLYZA.....	OXYCONTIN.....	7	phenazopyridine hcl.....	57
ONUREG.....	oxymorphone hcl.....	7	phenelzine sulfate.....	17
opcicon one-step.....	oxymorphone hcl er.....	7	phenobarbital.....	15
OPSUMIT.....	OZEMPIC.....	48	phenoxybenzamine hcl....	37
OPTICHAMBER	PACERONE.....	37	phenylephrine hcl.....	75
DIAMOND.....	PALFORZIA.....	72	PHENYTEK.....	15
OPTICHAMBER	paliperidone er.....	29	phenytoin.....	15
DIAMOND-LG MASK.....	PALYNZIQ.....	56	phenytoin infatabs.....	15
OPTICHAMBER	PAMELOR.....	17	phenytoin sodium	
DIAMOND-MD MASK.....	PANCREAZE.....	56	extended.....	15
OPTICHAMBER	PANRETIN.....	24	PHEXXI.....	72
DIAMOND-SM MASK.....	pantoprazole sodium.....	54	philith.....	64
option 2.....	paricalcitol.....	70	PHOSPHOLINE IODIDE..	74
OPTIONS GYNOL II	PARLODEL.....	27	phosphorous.....	52
CONTRACEPTIVE.....	PARNATE.....	17	phytonadione.....	52
OPZELURA.....	paroxetine hcl.....	17	PIFELTRO.....	31
ORALAIR.....	paroxetine hcl er.....	17	pilocarpine hcl.....	43, 74
oralone.....	paroxetine mesylate.....	17	pimecrolimus.....	47
ORENCIA.....	PAXIL.....	17	pimozide.....	29
ORENCIA CLICKJECT...	PAXIL CR.....	17	pimtrea.....	64
ORENITRAM.....	PEDIAPRED.....	58	pindolol.....	37
ORENITRAM MONTH 1..	peg 3350-kcl-na bicarb-		pioglitazone hcl.....	48
ORENITRAM MONTH 2..	nacl.....	55	pioglitazone hcl-	
ORENITRAM MONTH 3..	peg-3350/electrolytes.....	55	glimepiride.....	48
ORFADIN.....	peg-		pioglitazone hcl-	
ORGOVYX.....	3350/electrolytes/ascorb		metformin hcl.....	48
ORIAHNN.....	at.....	55	PIQRAY.....	24
ORILISSA.....	PEGASYS.....	31	pirfenidone.....	79
ORKAMBI.....	peg-kcl-nacl-nasulf-na		piroxicam.....	9
ORLADEYO.....	asc-c.....	55	PLAN B ONE-STEP.....	64
orphenadrine citrate er....	PEMAZYRE.....	24	PLAQUENIL.....	27
ORSERDU.....	penicillamine.....	57	PLAVIX.....	28
OSCIMIN.....	penicillin v potassium.....	12	PLEGRIDY.....	41
oseltamivir phosphate.....	pentamidine isethionate...	27	PLEGRIDY STARTER	
OSPHENA.....	PENTASA.....	69	PACK.....	41
OTEZLA.....	pentazocine-naloxone		PLENVU.....	55
OVIDE.....	hcl.....	7	POCKET SPACER.....	72
oxaprozin.....	pentoxifylline er.....	37	podofilox.....	47
oxazepam.....	PEPCID.....	54	polycin.....	75
OXBRYTA.....	PERCOCET.....	7	polyethylene glycol 3350..	55
oxcarbazepine.....	PERFOROMIST.....	79	polymyxin b-trimethoprim..	75
OXERVATE.....	PERIDEX.....	43	POLYTRIM.....	75
oxiconazole nitrate.....	perindopril erbumine.....	37	POMALYST.....	24
OXISTAT.....	periogard.....	43	portia-28.....	64
OXTELLAR XR.....	permethrin.....	27	posaconazole.....	20

potassium chloride.....	52	PROAIR RESPICLICK.....	79	PYROGALLIC ACID.....	47
potassium chloride crys		probenecid.....	20	PYRUKYND.....	33
er.....	52	PROCARDIA XL.....	38	PYRUKYND TAPER	
potassium chloride er.....	52	PROCENTRA.....	40	PACK.....	33
potassium citrate er.....	52	prochlorperazine.....	18	QBREXZA.....	47
POVIDONE-IODINE.....	73	prochlorperazine		qc magnesium citrate.....	55
PRALUENT.....	37	maleate.....	18	QELBREE.....	40
pramipexole		PROCTOCORT.....	69	QINLOCK.....	24
dihydrochloride.....	27	PROCTOFOAM HC.....	69	QTERN.....	48
PRAMOTIC.....	75	procto-med hc.....	69	QUALAQUIN.....	27
prasugrel hcl.....	28	proctosol hc.....	70	QUDEXY XR.....	15
pravastatin sodium.....	38	proctozone-hc.....	70	QUESTRAN.....	38
praziquantel.....	27	progesterone.....	64	QUESTRAN LIGHT.....	38
prazosin hcl.....	38	PROGLYCEM.....	49	quetiapine fumarate.....	29
PRED FORTE.....	73	PROGRAF.....	68	quetiapine fumarate er.....	29
PRED MILD.....	73	PROMACTA.....	33	QUILLIVANT XR.....	40
prednisolone.....	58	promethazine hcl.....	18, 19	quinapril hcl.....	38
prednisolone acetate.....	73	promethazine vc.....	76	quinapril-	
prednisolone sodium		promethazine vc/codeine.....	76	hydrochlorothiazide.....	38
phosphate.....	58, 73	promethazine-codeine.....	76	quinidine gluconate er.....	38
prednisone.....	58	promethazine-dm.....	76	quinidine sulfate.....	38
pregabalin.....	42	promethegan.....	19	quinine sulfate.....	27
PREMARIN.....	64	PROMETRIUM.....	64	QULIPTA.....	21
PREMPHASE.....	64	propafenone hcl.....	38	QVAR REDIHALER.....	79
PREMPRO.....	64	propafenone hcl er.....	38	rabeprazole sodium.....	54
prenatal.....	52	propranolol hcl.....	38	RADICAVA ORS.....	42
prenatal multi +dha.....	52	propranolol hcl er.....	38	RADICAVA ORS	
PRESTALIA.....	38	propylthiouracil.....	65	STARTER KIT.....	42
PRETOMANID.....	21	PROSCAR.....	58	RADIOGARDASE.....	72
PREVACID.....	54	PROTONIX.....	54	RAGWITEK.....	72
prevalite.....	38	protriptyline hcl.....	17	raloxifene hcl.....	60
PREVIDENT.....	43	PROVENTIL HFA.....	79	ramelteon.....	82
PREVIDENT 5000		PROVERA.....	64	ramipril.....	38
BOOSTER PLUS.....	43	PROVIGIL.....	82	ranolazine er.....	38
PREVIDENT 5000 DRY		PROZAC.....	17	RAPAFLO.....	58
MOUTH.....	43	PRUDOXIN.....	47	RAPAMUNE.....	68
PREVIDENT 5000		pseudoephedrine-		rasagiline mesylate.....	27
ENAMEL PROTECT.....	43	bromphen-dm.....	76	RAVICTI.....	56
PREVIDENT 5000		PULMICORT		RAYALDEE.....	70
ORTHO DEFENSE.....	43	FLEXHALER.....	79	react.....	64
PREVIDENT 5000 PLUS.....	43	PULMICORT		REBIF.....	41
PREVIDENT 5000		SUSPENSION.....	79	REBIF REBIDOSE.....	41
SENSITIVE.....	43	pulmosal.....	76	REBIF REBIDOSE	
PREVYMIS.....	31	PULMOZYME.....	80	TITRATION PACK.....	41
PREZCOBIX.....	31	PURIXAN.....	24	REBIF TITRATION	
PREZISTA.....	31	pyrazinamide.....	21	PACK.....	41
PRIFTIN.....	21	pyridostigmine bromide.....	21	reclipsen.....	64
primaquine phosphate.....	27	pyridostigmine bromide		RECORLEV.....	60
primidone.....	15	er.....	21	RECTIV.....	38
PRISTIQ.....	17	pyrimethamine.....	27	REGLAN.....	19

REGRANEX.....	47	ROCKLATAN.....	74	SIGNIFOR.....	60
RELENZA DISKHALER...	31	roflumilast.....	79	sildenafil citrate.....	81
RELPAK.....	21	ropinirole hcl.....	27	SILENOR.....	82
RELYVRIO.....	42	ropinirole hcl er.....	27	SILIQ.....	69
REMERON.....	17	rosuvastatin calcium.....	38	silodosin.....	58
REMERON SOLTAB.....	17	ROWASA.....	70	SILVADENE.....	12
REMESENSE.....	43	roweepra.....	15	silver sulfadiazine.....	12
REVELA.....	57	ROXICODONE.....	7	SIMBRINZA.....	74
repaglinide.....	48	ROZEREM.....	82	simliya.....	64
REPATHA.....	38	ROZLYTREK.....	25	simpesse.....	64
REPATHA		RUBRACA.....	25	SIMPONI.....	69
PUSHTRONEX		rufinamide.....	15	simvastatin.....	38
SYSTEM.....	38	RUKOBIA.....	31	SINEMET.....	28
REPATHA SURECLICK..	38	RYBELSUS.....	48	SINGULAIR.....	79
RESTASIS.....	75	RYDAPT.....	25	sirolimus.....	69
RESTASIS MULTIDOSE..	75	RYTARY.....	28	SIRTURO.....	21
RESTORA RX.....	55	RYTHMOL SR.....	38	SKYCLARYS.....	39
RESTORIL.....	82	SABRIL.....	15	SKYRIZI.....	69
RETEVMO.....	24	SACCHARIN.....	72	SKYRIZI PEN.....	69
RETIN-A.....	47	SAFYRAL.....	64	SLYND.....	64
RETROVIR.....	31	sajazir.....	68	sod citrate-citric acid.....	52
REVATIO.....	81	SALAGEN.....	43	SODIUM ASCORBATE...	52
REVLIMID.....	24	SAMSCA.....	52	sodium bicarbonate.....	52
REYATAZ.....	31	SANDIMMUNE.....	68	sodium chloride.....	76
REYVOW.....	21	SANDOSTATIN.....	60	sodium fluoride.....	43, 52
REZLIDHIA.....	25	SANTYL.....	47	sodium fluoride 5000	
REZUROCK.....	68	sapropterin		plus.....	43
RHOPRESSA.....	74	dihydrochloride.....	56	sodium fluoride 5000	
ribavirin.....	31	SAVELLA.....	42	ppm.....	43
RIDAURA.....	68	SAVELLA TITRATION		SODIUM OXYBATE.....	82
rifabutin.....	21	PACK.....	42	sodium phenylbutyrate....	56
rifampin.....	21	saxagliptin hcl.....	48	sodium polystyrene	
RILUTEK.....	42	saxagliptin-metformin er..	48	sulfonate.....	52
riluzole.....	42	SCSEMBLIX.....	25	sodium saccharin.....	72
rimantadine hcl.....	31	scopolamine.....	19	SOFOSBUVIR-	
RINVOQ.....	68	selegiline hcl.....	28	VELPATASVIR.....	31
RIOMET.....	48	selenium sulfide.....	47	solifenacin succinate.....	57
risedronate sodium.....	70	SELZENTRY.....	31	SOLIQUA.....	48
RISPERDAL.....	29	SENSIPAR.....	70	SOLTAMOX.....	25
risperidone.....	29	SEREVENT DISKUS.....	79	SOMA.....	82
RITALIN.....	40	SEROQUEL.....	29	SOOLANTRA.....	47
RITALIN LA.....	40	SEROQUEL XR.....	29	sorafenib tosylate.....	25
ritonavir.....	31	sertraline hcl.....	17	sotalol hcl.....	38
rivastigmine.....	16	setlakin.....	64	sotalol hcl (af).....	38
rivastigmine tartrate.....	16	sevelamer carbonate.....	57	SOTYKTU.....	69
rivelsa.....	64	sevelamer hcl.....	57	SOTYLIZE.....	38
rizatriptan benzoate.....	21	sf.....	43	spinosad.....	27
ROBINUL.....	55	sf 5000 plus.....	43	SPIRIVA HANDIHALER..	79
ROBINUL-FORTE.....	55	SFROWASA.....	70	SPIRIVA RESPIMAT.....	79
ROCALTROL.....	70	sharobel.....	64	spironolactone.....	38

spironolactone-hctz.....	38	sumatriptan succinate		TAVALISSE.....	33
SPORANOX.....	20	refill subcutaneous		TAVNEOS.....	72
sprintec 28.....	64	solution cartridge.....	21	taysofy.....	64
SPRYCEL.....	25	sunitinib malate.....	25	TAYTULLA.....	64
sps.....	52	SUNLENCA.....	31	tazarotene.....	47
sronyx.....	64	SUNOSI.....	82	TAZORAC.....	47
ssd.....	12	SUPRAX.....	13	taztia xt.....	38
STALEVO 100.....	28	SUPREP BOWEL PREP		TAZVERIK.....	25
STALEVO 125.....	28	KIT.....	55	TECFIDERA.....	41
STALEVO 150.....	28	SUTAB.....	55	TEGRETOL.....	15
STALEVO 200.....	28	SUTENT.....	25	TEGRETOL-XR.....	15
STALEVO 50.....	28	syeda.....	64	TEGSEDI.....	42
STALEVO 75.....	28	SYMBICORT.....	79	TEKTURNA.....	38
STELARA.....	69	SYMBYAX.....	17	TEKTURNA HCT.....	38
sterile water for irrigation.	53	SYMDEKO.....	80	telmisartan.....	38
STIMUFEND.....	33	SYMFI.....	31	telmisartan-amlodipine....	38
STIOLTO RESPIMAT.....	79	SYMFI LO.....	31	temazepam.....	82
STIVARGA.....	25	SYMJEPI.....	79	temozolomide.....	25
STRATTERA.....	40	SYMLINPEN 120.....	48	tenofovir disoproxil	
STRENSIQ.....	56	SYMLINPEN 60.....	48	fumarate.....	31
STRIBILD.....	31	SYMPROIC.....	55	TENORETIC 100.....	38
STRIVERDI RESPIMAT..	79	SYMTUZA.....	31	TENORETIC 50.....	38
STROMECTOL.....	27	SYNALAR.....	47	TENORMIN.....	38
SUBOXONE.....	10	SYNAREL.....	60	TEPMETKO.....	25
SUBSYS.....	7	SYNJARDY.....	48	terazosin hcl.....	58
subvenite.....	15	SYNJARDY XR.....	49	terbinafine hcl.....	20
subvenite starter kit-blue..	15	SYNTHROID.....	65	terbutaline sulfate.....	79
subvenite starter kit-		SYPRINE.....	53	terconazole.....	20
green.....	15	TABLOID.....	25	teriflunomide.....	41
subvenite starter kit-		TABRECTA.....	25	TESTIM.....	59
orange.....	15	tacrolimus.....	47, 69	testosterone.....	59
SUCRAID.....	57	tadalafil (pah).....	81	testosterone cypionate.....	59
sucralfate.....	54	TADLIQ.....	81	testosterone enanthate....	59
sulfacetamide sodium.....	73	TAFINLAR.....	25	tetrabenazine.....	42
sulfacetamide sodium		TAGRISO.....	25	tetracycline hcl.....	13
(acne).....	47	take action.....	64	TEZSPIRE.....	79
sulfacetamide-		TAKHZYRO.....	69	THALOMID.....	25
prednisolone.....	75	TALTZ.....	69	THEO-24.....	80
sulfacetamide-sulfur in		TALZENNA.....	25	theophylline.....	80
urea.....	47	TAMIFLU.....	31	theophylline er.....	80
sulfadiazine.....	12	tamoxifen citrate.....	25	THIOLA.....	58
sulfamethoxazole-		tamsulosin hcl.....	58	THIOLA EC.....	58
trimethoprim.....	12, 13	TARCEVA.....	25	thioridazine hcl.....	29
SULFAMYLON.....	13	TARGRETIN.....	25	thiothixene.....	29
sulfasalazine.....	70	tarina 24 fe.....	64	THREONINE.....	53
sulfatrim pediatric.....	13	tarina fe 1/20 eq.....	64	thyroid.....	65
sulfurated lime.....	27	TASCENSO ODT.....	41	tiadylt er.....	38
sulindac.....	9	TASIGNA.....	25	tiagabine hcl.....	15
sumatriptan.....	21	tasimelteon.....	82	TIAZAC.....	38
sumatriptan succinate.....	21	TAURINE.....	53	TIBSOVO.....	25

TIKOSYN.....	38	trandolapril.....	38	tri-vylibra.....	65
tilia fe.....	64	trandolapril-verapamil hcl		tri-vylibra lo.....	65
timolol maleate.....	38, 74	er.....	38	TRIZIVIR.....	31
timolol maleate (once-daily).....	74	tranexamic acid.....	33	TROKENDI XR.....	16
timolol maleate ocudose..	74	TRANSDERM-SCOP.....	19	tropium chloride.....	58
timolol maleate pf.....	74	tranylcypromine sulfate...	17	tropium chloride er.....	58
TIMOPTIC OCUDOSE....	74	travoprost (bak free).....	74	TRULANCE.....	55
tinidazole.....	13	trazodone hcl.....	17	TRULICITY.....	49
tiopronin.....	58	TRECTOR.....	21	TRUVADA.....	31
tiotropium bromide		TRELEGY ELLIPTA.....	80	TUDORZA PRESSAIR....	80
monohydrate.....	80	TREMFYA.....	69	TUKYSA.....	25
TIROSINT.....	65, 66	TRESIBA.....	50	TURALIO.....	25
TIROSINT-SOL.....	66	TRESIBA FLEXTOUCH...	50	TWIRLA.....	65
TIVICAY.....	31	tretinoin.....	25, 47	tyblume.....	65
TIVICAY PD.....	31	TREXALL.....	69	TYBOST.....	31
tizanidine hcl.....	82	triamcinolone acetonide		tydemy.....	65
TOBI NEBULIZER.....	80	.....	43, 47	TYKERB.....	25
TOBI PODHALER.....	80	triamterene.....	38	TYMLOS.....	70
TOBRADEX.....	73	triamterene-hctz.....	39	TYRVAYA.....	75
TOBRADEX ST.....	73	triazolam.....	32	TYVASO.....	81
tobramycin.....	73, 80	TRIBENZOR.....	39	TYVASO DPI	
TOBRAMYCIN.....	80	TRICOR.....	39	MAINTENANCE KIT.....	81
tobramycin-		triderm.....	47	TYVASO DPI	
dexamethasone.....	73	TRIDESILON.....	47	TITRATION KIT.....	81
TOBREX.....	73	trientine hcl.....	53	TYVASO REFILL.....	81
TODAY SPONGE.....	72	tri-estarylla.....	65	TYVASO STARTER.....	81
TOLAK.....	47	trifluoperazine hcl.....	29	UBRELVY.....	21
tolmetin sodium.....	9	trifluridine.....	73	UCERIS.....	70
TOLNAFTATE.....	20	trihexyphenidyl hcl.....	28	UDENYCA.....	33
tolterodine tartrate.....	58	TRIJARDY XR.....	49	ULORIC.....	20
tolterodine tartrate er.....	58	TRIKAFTA.....	80	unithroid.....	66
tolvaptan.....	53	tri-legest fe.....	65	UPNEEQ.....	73
TOPAMAX.....	15	TRILEPTAL.....	16	UPTRAVI.....	81
TOPAMAX SPRINKLE....	16	tri-linyah.....	65	urea.....	47
TOPICORT.....	47	TRILIPIX.....	39	uretron d/s.....	58
TOPICORT SPRAY.....	47	tri-lo-estarylla.....	65	UROCIT-K 10.....	53
topiramate.....	16	tri-lo-marzia.....	65	UROCIT-K 15.....	53
topiramate er.....	16	tri-lo-mili.....	65	UROCIT-K 5.....	53
TOPROL XL.....	38	tri-lo-sprintec.....	65	UROXATRAL.....	58
toremifene citrate.....	25	trimethobenzamide hcl....	19	URSO 250.....	55
torseamide.....	38	trimethoprim.....	13	URSO FORTE.....	55
TOUJEO MAX		tri-mili.....	65	ursodiol.....	55
SOLOSTAR.....	50	trimipramine maleate.....	17	VAGIFEM.....	65
TOUJEO SOLOSTAR.....	50	TRINTELLIX.....	18	valacyclovir hcl.....	31
TRACLEER.....	81	tri-nymyo.....	65	VALCHLOR.....	25
tramadol hcl (er biphasic)..	8	tri-sprintec.....	65	VALCYTE.....	31
tramadol hcl er.....	8	TRIUMEQ.....	31	valganciclovir hcl.....	32
tramadol hcl ir.....	8	TRIUMEQ PD.....	31	VALINE.....	53
tramadol-acetaminophen...	8	tri-vite/fluoride.....	53	VALIUM.....	32
		trivora (28).....	65	valproic acid.....	16

valsartan.....	39	VIBRAMYCIN.....	13	wymzya fe.....	65
valsartan-		VICTOZA.....	49	XACIATO.....	13
hydrochlorothiazide.....	39	vienva.....	65	XALATAN.....	74
VALTOCO.....	16	vigabatrin.....	16	XALKORI.....	26
VALTREX.....	32	vigadrone.....	16	XANAX.....	32
VANADOM.....	82	VIGAMOX.....	73	XANAX XR.....	32
VANCOCIN.....	13	VIIBRYD.....	18	XARELTO.....	14
vancomycin hcl.....	13	VIIBRYD STARTER		XARELTO STARTER	
VANDAZOLE.....	13	PACK.....	18	PACK.....	14
VANFLYTA.....	25	VIJOICE.....	25	XCOPRI.....	16
VANOS.....	47	vilazodone hcl.....	18	XELJANZ.....	69
varenicline tartrate.....	10	VIMPAT.....	16	XELJANZ XR.....	69
varenicline tartrate		VIOKACE.....	57	XELODA.....	26
(starter).....	10	viorele.....	65	XELPROS.....	74
varenicline		VIRACEPT.....	32	XENAZINE.....	42
tartrate(continue).....	10	VIRAZOLE.....	32	XENLETA.....	13
VARIZIG.....	69	VIREAD.....	32	XEPI.....	13
VASCEPA.....	39	VISTARIL.....	32	XERAC AC.....	47
VASERETIC.....	39	VISTOGARD.....	72	XERMELO.....	56
VASOTEC.....	39	VIVELLE-DOT.....	65	XIFAXAN.....	13
VCF VAGINAL		VIVJOA.....	20	XIGDUO XR.....	49
CONTRACEPTIVE.....	72	VIZIMPRO.....	25	XIIDRA.....	75
vcf vaginal contraceptive.	72	VOGELXO.....	59	XOFLUZA (40 MG	
VECAMYL.....	39	volnea.....	65	DOSE).....	32
VECTICAL.....	47	VONJO.....	26	XOFLUZA (80 MG	
velivet.....	65	voriconazole.....	20	DOSE).....	32
VELPHORO.....	58	VORTEX VALVED		XOPENEX HFA.....	80
VELTASSA.....	53	HOLDING CHAMBER.....	72	XPOVIO (100 MG ONCE	
VEMLIDY.....	32	VOSEVI.....	32	WEEKLY).....	26
VENCLEXTA.....	25	VOTRIENT.....	26	XPOVIO (40 MG ONCE	
VENCLEXTA		VOWST.....	55	WEEKLY).....	26
STARTING PACK.....	25	VOXZOGO.....	57	XPOVIO (40 MG TWICE	
VENELEX.....	47	VRAYLAR.....	29	WEEKLY).....	26
venlafaxine hcl.....	18	VUITY.....	74	XPOVIO (60 MG ONCE	
venlafaxine hcl er.....	18	VUMERITY.....	41	WEEKLY).....	26
VENTAVIS.....	81	vyfemla.....	65	XPOVIO (60 MG TWICE	
VENTOLIN HFA.....	80	vylibra.....	65	WEEKLY).....	26
VEOZAH.....	72	VYNDAMAX.....	39	XPOVIO (80 MG ONCE	
verapamil hcl.....	39	VYNDAQEL.....	39	WEEKLY).....	26
verapamil hcl er.....	39	VYTORIN.....	39	XPOVIO (80 MG TWICE	
VERELAN.....	39	VYVANSE.....	40	WEEKLY).....	26
VERELAN PM.....	39	WAKIX.....	82	XTANDI.....	26
VERKAZIA.....	75	warfarin sodium.....	14	xulane.....	65
VERQUVO.....	39	WELCHOL.....	39	XULTOPHY.....	49
VERSACLOZ.....	29	WELIREG.....	26	XURIDEN.....	57
VERZENIO.....	25	WELLBUTRIN SR.....	18	XYREM.....	82
VESICARE.....	58	WELLBUTRIN XL.....	18	XYWAV.....	82
vestura.....	65	wera.....	65	YASMIN 28.....	65
VFEND.....	20	wes-phos 250 neutral.....	53	YAZ.....	65
VIBERZI.....	55	wixela inhub.....	80	yl folic acid.....	53

YONSA.....	26	zumandimine.....	65
YUPELRI.....	80	ZYDELIG.....	26
yuvafem.....	65	ZYKADIA.....	26
zafemy.....	65	ZYLET.....	75
zafirlukast.....	80	ZYMAXID.....	73
zaleplon.....	82	ZYPREXA.....	29
ZANAFLEX.....	82	ZYPREXA ZYDIS.....	29
ZARONTIN.....	16	ZYTIGA.....	26
ZAVESCA.....	57	ZYVOX.....	13
ZEGERID.....	54		
ZEJULA.....	26		
ZELBORAF.....	26		
ZEMPLAR.....	70		
zenatane.....	47		
ZENPEP.....	57		
ZENZEDI.....	40		
ZEPOSIA.....	41		
ZEPOSIA 7-DAY STARTER PACK.....	41		
ZEPOSIA STARTER KIT.....	42		
ZESTORETIC.....	39		
ZESTRIL.....	39		
ZETIA.....	39		
ZIAGEN.....	32		
ZIANA.....	47		
zidovudine.....	32		
ZIEXTENZO.....	33		
ziprasidone hcl.....	29		
ZIRGAN.....	73		
ZITHROMAX.....	13		
ZITHROMAX TRI-PAK....	13		
ZITHROMAX Z-PAK.....	13		
ZOCOR.....	39		
ZOKINVY.....	72		
ZOLINZA.....	26		
zolmitriptan.....	21		
ZOLOFT.....	18		
zolpidem tartrate.....	82		
zolpidem tartrate er.....	82		
ZOMIG.....	21		
ZONALON.....	47		
ZONEGRAN.....	16		
zonisamide.....	16		
ZONTIVITY.....	28		
ZORTRESS.....	69		
ZORYVE.....	47		
zovia 1/35 (28).....	65		
ZOVIRAX.....	32		
ZTALMY.....	16		
ZUBSOLV.....	10		

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 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
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Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103

Telephone number: (877) 473-0911 (TTY: 711)

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

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U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

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Chinese - 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (800) 752-5863 (TTY: 711)。

Cushite (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 752-5863 (TTY: 711).

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Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 752-5863 (TTY: 711).

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Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 752-5863 (TTY: 711).

Thai - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร (800) 752-5863 (TTY: 711).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 752-5863 (TTY: 711).