

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

Optum Rx[®]



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Call Pharmacy Management Team at (855) 305-5062**

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

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)

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine	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
fentanyl citrate buccal lozenge on a handle	1	

Drug Name	Drug Tier	Limits/ Required
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 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
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

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

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Drug Name	Drug Tier	Limits/ Required
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 solution 10 mg/5ml oral	1	QL
morphine sulfate tablet 15 mg oral	1	QL
morphine sulfate tablet 30 mg oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
NUCYNTA	3	QL
oxycodone hcl oral capsule	1	QL

Drug Name	Drug Tier	Limits/ Required
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
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol hcl oral tablet 25 mg	1	
tramadol-acetaminophen	1	QL

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Drug Name	Drug Tier	Limits/ Required
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 CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP
celecoxib oral	1	
DAYPRO	3	BP
diclofenac potassium oral tablet 50 mg	1	

Drug Name	Drug Tier	Limits/ Required
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	
ft aspirin	1	ACA; O
ft aspirin low dose	1	ACA; O
ft enteric coated aspirin	1	ACA; O
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O
goodsense aspirin low dose	1	ACA; O
goodsense aspirin oral tablet	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	

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

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Drug Name	Drug Tier	Limits/ Required
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	1	
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	
KIPROFEN	3	BP
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	

Drug Name	Drug Tier	Limits/ Required
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	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
TRIDACAINE	3	BP

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Drug Name	Drug Tier	Limits/ Required
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
disulfiram oral	1	
ft nicotine	1	ACA; O; PV; QL
ft nicotine mini	1	ACA; O; PV; QL
goodsense nicotine mouth/throat gum 2 mg	1	ACA; O; PV; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; PV; QL
habitrol	1	ACA; O; PV; QL
LUCEMYRA	3	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	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

Drug Name	Drug Tier	Limits/ Required
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
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	ACA; PV; QL
varenicline tartrate oral tablet	1	ACA; PV; QL
varenicline tartrate(continue)	1	ACA; PV; QL
ZUBSOLV	3	QL
Antibacterials		
amoxicillin capsule 500 mg oral	1	
amoxicillin oral capsule 250 mg	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	

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Drug Name	Drug Tier	Limits/ Required
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 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	

Drug Name	Drug Tier	Limits/ Required
cefuroxime axetil oral tablet	1	
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 tablet 250 mg, 500 mg, 750 mg	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
doxycycline hyclate oral capsule	1	

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

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Drug Name	Drug Tier	Limits/ Required
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
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	

Drug Name	Drug Tier	Limits/ Required
linezolid oral suspension reconstituted	1	PA
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	
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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Drug Name	Drug Tier	Limits/ Required
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL PACKET	3	BP
sulfatrim pediatric	1	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XEPI	3	
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	BP
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

Drug Name	Drug Tier	Limits/ Required
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 solution 300 mg/3ml	1	PV
enoxaparin sodium injection solution prefilled syringe	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
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV

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Drug Name	Drug Tier	Limits/ Required
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
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	

Drug Name	Drug Tier	Limits/ Required
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 ORAL TABLET	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
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	

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

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Drug Name	Drug Tier	Limits/ Required
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
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
phenytek	1	
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
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	

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

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Drug Name	Drug Tier	Limits/ Required
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	1	SP
vigadrone	1	SP
vigpoder	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
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	

Drug Name	Drug Tier	Limits/ Required
memantine hcl oral tablet	1	
NAMENDA TITRATION PAK	3	BP
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	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
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
desvenlafaxine succinate er	1	PV

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Drug Name	Drug Tier	Limits/ Required
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	
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

Drug Name	Drug Tier	Limits/ Required
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
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
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

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Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl er oral capsule extended release 24 hour	1	PV
VIIBRYD ORAL TABLET	3	ST; BP; 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
ZURZUVAE	3	PA; QL
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
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

Drug Name	Drug Tier	Limits/ Required
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 tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	

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Drug Name	Drug Tier	Limits/ Required
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, 200 MG	3	BP
econazole nitrate external	1	

Drug Name	Drug Tier	Limits/ Required
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	
klayesta	1	
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	
nystatin oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required
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	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
diclofenac potassium(migraine)	1	

Drug Name	Drug Tier	Limits/ Required
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 ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
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
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL
zolmitriptan oral	1	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

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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
AUGTYRO	14	PA; MB; SP; QL
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 ORAL CAPSULE	14	PA; MB
BOSULIF ORAL TABLET	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

Drug Name	Drug Tier	Limits/ Required
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
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

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Drug Name	Drug Tier	Limits/ Required
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
FRUZAQLA	14	PA; MB; SP; QL
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 420 MG	3	PA; SP; QL
INLYTA	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
INQOVI	14	PA; MB; SP; QL
INREBIC	14	PA; MB; SP; QL
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

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

Drug Name	Drug Tier	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 ORAL TABLET	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
OGSIVEO	14	PA; MB; SP; QL
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	2	SP
pazopanib hcl	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	

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Drug Name	Drug Tier	Limits/ Required
QINLOCK	14	PA; MB; SP; QL
RETEVMO	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
REZLIDHIA	14	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	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 ORAL CAPSULE	14	PA; MB; SP
TAGRISSE	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
tamoxifen citrate oral	1	ACA; PV
TARCEVA	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	3	SP; BP
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 ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	PV
tretinoin oral	14	PA; MB; SP
TRUQAP	14	PA; MB; SP; QL
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VENCLEXTA STARTING PACK	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VIJOICE	2	PA; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VOTRIENT	14	PA; MB; SP; BP	ZEJULA ORAL TABLET	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZELBORAF	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZOLINZA	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZYDELIG	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYKADIA ORAL TABLET	14	PA; MB; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	Antiparasitics		
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	albendazole oral	1	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
			ALINIA ORAL TABLET	3	BP
			atovaquone oral	1	
			atovaquone-proguanil hcl	1	
			BENZNIDAZOLE	3	QL
			BILTRICIDE	3	BP
			chloroquine phosphate oral	1	

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Drug Name	Drug Tier	Limits/ Required
COARTEM	3	
CROTAN	2	
DARAPRIM	3	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
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

Drug Name	Drug Tier	Limits/ Required
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
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 er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible	1	
carbidopa-levodopa tablet 25-100 mg oral	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	

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

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Drug Name	Drug Tier	Limits/ Required
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	
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 150	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

Drug Name	Drug Tier	Limits/ Required
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
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 15 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
aripiprazole tablet 10 mg oral	1	PV; QL
aripiprazole tablet 2 mg oral	1	PV; QL
aripiprazole tablet 20 mg oral	1	PV; QL
aripiprazole tablet 30 mg oral	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

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
clozapine tablet dispersible 150 mg oral	1	PV	RISPERDAL ORAL SOLUTION	3	PV; BP
clozapine tablet dispersible 200 mg oral	1	PV	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
CLOZARIL	3	PV; BP	risperidone oral solution	1	PV
fluphenazine hcl oral	1	PV	risperidone oral tablet 0.25 mg	1	PV
GEODON ORAL	3	PV; BP	risperidone oral tablet dispersible	1	PV
haloperidol lactate concentrate 2 mg/ml oral	1	PV	risperidone tablet 0.5 mg oral	1	PV
haloperidol oral	1	PV	risperidone tablet 1 mg oral	1	PV
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP	risperidone tablet 2 mg oral	1	PV
LATUDA	3	ST; PV; BP; QL	risperidone tablet 3 mg oral	1	PV
loxapine succinate oral	1	PV	risperidone tablet 4 mg oral	1	PV
lurasidone hcl	1	ST; PV; QL	RYKINDO	14	MB; PV; QL
molindone hcl	1	PV	SEROQUEL	3	PV; BP; QL
NUPLAZID ORAL CAPSULE	2	ST; PV; QL	SEROQUEL XR	3	PV; BP; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL	thioridazine hcl oral	1	PV
olanzapine oral	1	PV	thiothixene oral	1	PV
paliperidone er	1	PV	trifluoperazine hcl oral	1	PV
pimozide	1		VERSACLOZ	3	PV
quetiapine fumarate er	1	PV; QL	VRAYLAR	2	ST; PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL	ziprasidone hcl	1	PV
quetiapine fumarate oral tablet 150 mg	1	PV	ZYPREXA ORAL	3	PV; BP
			ZYPREXA ZYDIS	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
Antivirals		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
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
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
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	2	PA; SP; QL
EPIVIR	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL
ISENTRESS ORAL PACKET	2	PV
ISENTRESS ORAL TABLET	2	PV; QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
JULUCA	2	PV; QL
KALETRA ORAL SOLUTION	3	PV; BP; QL

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Drug Name	Drug Tier	Limits/ Required
KALETRA ORAL TABLET	3	PV; BP; QL
lamivudine oral solution	1	PV; QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
lamivudine-zidovudine	1	PV; QL
LEDIPASVIR-SOFOSBUVIR	2	PA; SP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir	1	PV; QL
maraviroc	1	PV; QL
MAVYRET	2	PA; SP; QL
nevirapine	1	PV; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
NORVIR ORAL PACKET	2	PV
NORVIR ORAL TABLET	3	PV; BP; QL
ODEFSEY	2	PV; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP

Drug Name	Drug Tier	Limits/ Required
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	
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SOFOSBUVIR-VELPATASVIR	2	PA; SP; QL	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
STRIBILD	2	PV; QL	VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
SUNLENCA ORAL	2	PV; QL	VOSEVI	2	PA; SP; QL
SYMFI	3	PV; BP; QL	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
SYMFI LO	3	PV; BP	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
SYMITUZA	2	PV; QL	ZIAGEN ORAL SOLUTION	3	PV; BP; QL
TAMIFLU ORAL CAPSULE	3	BP; QL	zidovudine	1	PV; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL	ZOVIRAX EXTERNAL OINTMENT	3	BP
tenofovir disoproxil fumarate	1	PV; QL	Anxiolytics - Drugs for Anxiety		
TIVICAY ORAL TABLET 50 MG	2	PV; QL	alprazolam er	1	
TIVICAY PD	2	PV; QL	alprazolam intensol	1	
TRIUMEQ	2	PV; QL	alprazolam oral tablet	1	
TRIUMEQ PD	2	PV; QL	alprazolam xr	1	
TRUVADA	3	PV; BP; QL	ATIVAN ORAL	3	BP
TYBOST	3	PV; QL	buspirone hcl oral	1	
valacyclovir hcl oral	1		chlordiazepoxide hcl	1	
VALCYTE	3	BP	clonazepam oral	1	
valganciclovir hcl	1		clorazepate dipotassium	1	
VALTREX	3	BP	diazepam intensol	1	
VEMLIDY	3		diazepam oral concentrate	1	
VIRACEPT ORAL TABLET	2	PV; QL	diazepam oral tablet	1	
VIRAZOLE	3	BP			
VIREAD ORAL POWDER	3	PV			

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

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Drug Name	Drug Tier	Limits/ Required
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 ORAL CAPSULE 25 MG	3	BP
XANAX	3	BP
XANAX XR	3	BP
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	PV
lithium carbonate er	1	
lithium carbonate oral	1	
lithium solution 8 meq/5ml oral	1	
LITHOBID	3	BP

Drug Name	Drug Tier	Limits/ Required
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
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB

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Drug Name	Drug Tier	Limits/ Required
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, 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
ATACAND	3	PV; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV

Drug Name	Drug Tier	Limits/ Required
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
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

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Drug Name	Drug Tier	Limits/ Required
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	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral tablet	1	PV
COLESTID	3	PV; BP
COLESTID FLAVORED ORAL PACKET	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

Drug Name	Drug Tier	Limits/ Required
DEMSEER	3	PV; BP
DIBENZYLIN 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	
doxazosin mesylate oral	1	PV; QL
DYRENIUM	3	PV; BP
EDECRIN	3	PV; BP
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
eplerenone	1	PV

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
INDERAL LA	3	PV; BP
INSPIRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	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
lisinopril-hydrochlorothiazide	1	PV
LODOCO	3	QL
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

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Drug Name	Drug Tier	Limits/ Required
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
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
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

Drug Name	Drug Tier	Limits/ Required
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 rectal	1	
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
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	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV

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Drug Name	Drug Tier	Limits/ Required
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
pitavastatin calcium	1	PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
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	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	BP

Drug Name	Drug Tier	Limits/ Required
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
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
telmisartan	1	PV
telmisartan-amlodipine	1	PV
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadyt 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

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Drug Name	Drug Tier	Limits/ Required
toremide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
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

Drug Name	Drug Tier	Limits/ Required
VYTORIN	3	PV; BP; QL
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
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	
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

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

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Drug Name	Drug Tier	Limits/ Required
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
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	

Drug Name	Drug Tier	Limits/ Required
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
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	3	BP
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

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

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Drug Name	Drug Tier	Limits/ Required
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; SP; QL
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

Drug Name	Drug Tier	Limits/ Required
PLEGRIDY	2	PA; SP; QL
PLEGRIDY STARTER PACK	2	PA; SP; QL
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

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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	
DENTA 5000 PLUS SENSITIVE	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	

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Drug Name	Drug Tier	Limits/ Required
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	1	
lidocaine viscous hcl	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	

Drug Name	Drug Tier	Limits/ Required
sodium fluoride dental cream	1	
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
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
adapalene external cream	1	
adapalene external gel	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	

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Drug Name	Drug Tier	Limits/ Required
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
ATRALIN	3	AL; BP
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	
BIMZELX	3	PA; SP; QL
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
claravis	1	

Drug Name	Drug Tier	Limits/ Required
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 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	BP
dapsone external gel 5 %	1	
DERMA-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/FS SCALP	3	BP

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Drug Name	Drug Tier	Limits/ Required
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	
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

Drug Name	Drug Tier	Limits/ Required
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	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	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	

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Drug Name	Drug Tier	Limits/ Required
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate	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	
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	

Drug Name	Drug Tier	Limits/ Required
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	BP
LITFULO	3	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	
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	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGANEX	2	QL
RETIN-A	3	AL; BP
SANTYL	3	

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Drug Name	Drug Tier	Limits/ Required
selenium sulfide external lotion	1	
SOOLANTRA	3	BP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
SYNALAR EXTERNAL CREAM	3	BP
SYNALAR EXTERNAL OINTMENT	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	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	

Drug Name	Drug Tier	Limits/ Required
triderm external cream 0.5 %	1	
urea external cream 20 %	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZIANA	3	BP
ZONALON	3	BP
ZORYVE EXTERNAL CREAM	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
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV

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Drug Name	Drug Tier	Limits/ Required
glipizide oral tablet 10 mg, 5 mg	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
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
JARDIANCE TABLET 25 MG ORAL	2	PV; QL
metformin hcl er	1	PV
metformin hcl ir	1	PV
miglitol	1	PV

Drug Name	Drug Tier	Limits/ Required
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
ONGLYZA ORAL TABLET 5 MG	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
SOLIQUA	2	PV; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
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

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Drug Name	Drug Tier	Limits/ Required
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 READER	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 ULTRA TEST	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	

Drug Name	Drug Tier	Limits/ Required
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	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
INSULIN DEGLUDEC	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV

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Drug Name	Drug Tier	Limits/ Required
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
NOVOLOG U-100 FLEXPEN	2	PV
NOVOLOG MIX 70/30 FLEXPEN	2	PV

Drug Name	Drug Tier	Limits/ Required
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	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	

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Drug Name	Drug Tier	Limits/ Required
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	
EXJADE	3	SP; BP
FERRIPROX ORAL SOLUTION	3	SP
folate	1	ACA; O

Drug Name	Drug Tier	Limits/ Required
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 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	

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

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Drug Name	Drug Tier	Limits/ Required
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
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crystal	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	

Drug Name	Drug Tier	Limits/ Required
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	2	
sterile water for irrigation solution irrigation	1	
SYPRINE	3	SP; BP
TAURINE POWDER	2	

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

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Drug Name	Drug Tier	Limits/ Required
THREONINE	2	
tolvaptan	1	SP
trientine hcl oral capsule 250 mg	1	SP
trientine hcl oral capsule 500 mg	1	
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
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
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
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required
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	
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 ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	

Drug Name	Drug Tier	Limits/ Required
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 er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	

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Drug Name	Drug Tier	Limits/ Required
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy	1	
lactulose oral solution 20 gm/30ml	1	
lactulose solution 10 gm/15ml oral	1	
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTROXEX	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 oral solution 17.5-3.13-1.6 gm/177ml	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	

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Drug Name	Drug Tier	Limits/ Required
VOWST	3	PA; QL
XERMELO	3	PA; SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	1	SP
BUPHENYL ORAL POWDER 3 GM/TSP	3	SP; BP
BUPHENYL ORAL TABLET	3	SP; BP
CERDELGA	2	PA; SP
CHOLBAM	2	PA; SP
CREON	2	
CYSTADANE	3	SP; BP
CYSTAGON	2	SP
EVRYSDI	2	PA; SP; QL
GALAFOLD	2	PA; SP; QL
JAVYGTOR	3	PA; SP; BP
KUVAN ORAL PACKET	3	PA; SP; BP
KUVAN ORAL TABLET	3	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	1	PA; SP
MYALEPT	2	PA; SP
nitisinone	1	SP
NITYR	2	SP
OLPRUVA (2 GM DOSE)	2	SP; QL

Drug Name	Drug Tier	Limits/ Required
OLPRUVA (3 GM DOSE)	2	SP; QL
OLPRUVA (4 GM DOSE)	2	SP; QL
OLPRUVA (5 GM DOSE)	2	SP; QL
OLPRUVA (6 GM DOSE)	2	SP; QL
OLPRUVA (6.67 GM DOSE)	2	SP; QL
OPFOLDA	3	PA; SP; QL
ORFADIN ORAL CAPSULE	3	SP; BP
ORFADIN ORAL SUSPENSION	2	SP
PALYNZIQ	2	PA; SP; QL
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
PHEBURANE	2	PA; SP
RAVICTI	2	PA; SP
sapropterin dihydrochloride oral packet	1	PA; SP
sapropterin dihydrochloride oral tablet	1	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	SP

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

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Drug Name	Drug Tier	Limits/ Required
sodium phenylbutyrate oral tablet	1	SP
STRENSIQ	2	PA; SP
SUCRAID	2	PA; SP
VIOKACE	3	ST
VOXZOGO	3	PA; SP; QL
XURIDEN	3	SP
yargesa	1	PA; 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, 60000-189600 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

Drug Name	Drug Tier	Limits/ Required
darifenacin hydrobromide er	1	
DEPEN TITRATABS	3	SP; BP
DETROL	3	BP
DETROL LA	3	BP
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	

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Drug Name	Drug Tier	Limits/ Required
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
THIOLA	3	SP; BP
THIOLA EC	3	SP; BP
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

Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Adrenal		
CORTEF	3	BP
dexamethasone intensol	1	
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	

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Drug Name	Drug Tier	Limits/ Required
prednisone oral	1	
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
NGENLA	3	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP

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Drug Name	Drug Tier	Limits/ Required
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; SP
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
ORLISSA	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
SKYTROFA	3	PA; SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	3	PA; SP; BP
mifepristone oral tablet 300 mg	1	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
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
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz oral tablet 0.5- 0.1 mg	1	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

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
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
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

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Drug Name	Drug Tier	Limits/ Required
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
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol	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
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

Drug Name	Drug Tier	Limits/ Required
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
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

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Drug Name	Drug Tier	Limits/ Required
lessina	1	ACA; PV
levonest	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV
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
luteria	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	

Drug Name	Drug Tier	Limits/ Required
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
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
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

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

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Drug Name	Drug Tier	Limits/ Required
norelgestromin-eth estradiol	1	ACA; PV; QL
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
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

Drug Name	Drug Tier	Limits/ Required
opcicon one-step	1	ACA; O; PV
option 2	1	ACA; O; PV
ORIAHNN	2	PA; PV; QL
philith	1	ACA; PV
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 TABLET 4 MG ORAL	3	PV
sprintec 28	1	ACA; PV
sronyx	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
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
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
turqoz	1	ACA; PV
TWIRLA	3	PV; QL
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

Drug Name	Drug Tier	Limits/ Required
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
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	

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Drug Name	Drug Tier	Limits/ Required
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	
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	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL
ACTIMMUNE	2	PA; SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-FKJP	2	PA; SP; QL
ARAVAL	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	2	PA; SP
ASTAGRAF XL	3	PV

Drug Name	Drug Tier	Limits/ Required
AZASAN	3	PV; BP
azathioprine oral	1	PV
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	2	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
CELLCEPT	3	PV; BP
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL
COSENTYX (300 MG DOSE)	3	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	3	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; SP; QL
COSENTYX UNOREADY	3	PA; SP; QL
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
ENBREL MINI	3	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; SP; QL	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	3	PA; SP; BP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; SP; BP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP; QL	HUMIRA-CD/UC/HS STARTER PEN- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA; SP; BP; QL
ENSPRYNG	2	PA; SP; QL	HUMIRA-PED<40KG CROHNS STARTER	3	PA; SP; BP; QL
ENTYVIO SUBCUTANEOUS	3	PA; SP; QL	HUMIRA-PED>=40KG CROHNS START	3	PA; SP; BP; QL
ENVARUSUS XR	3	PV	HUMIRA-PED>=40KG UC STARTER	3	PA; SP; BP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	HUMIRA- PSORIASIS/UVEIT STARTER	3	PA; SP; BP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; BP	icatibant acetate subcutaneous solution prefilled syringe	1	PA; SP
gengraf oral capsule 100 mg, 25 mg	1	PV	IMURAN	3	PV; BP
gengraf oral solution	1	PV	JOENJA	2	PA; SP; QL
HADLIMA	2	PA; SP; QL	KEVZARA	3	PA; SP; QL
HADLIMA PUSHTOUCH	2	PA; SP; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
HAEGARDA	2	PA; SP	leflunomide oral	1	QL
HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SP; BP; QL			

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Drug Name	Drug Tier	Limits/ Required
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	1	PV
mycophenolate sodium	1	PV
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
MYFORTIC	3	PV; BP
NEORAL	3	PV; BP
OLUMIANT	3	PA; SP; QL
OMVOH SUBCUTANEOUS	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

Drug Name	Drug Tier	Limits/ Required
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
SANDIMMUNE ORAL CAPSULE	3	PV; BP
SANDIMMUNE ORAL SOLUTION	2	PV
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

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Drug Name	Drug Tier	Limits/ Required
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	
VELSIPITY	3	PA; SP; QL
XELJANZ	2	PA; SP; QL
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	

Drug Name	Drug Tier	Limits/ Required
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	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	BP
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
UCERIS RECTAL	3	BP

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

Drug Name	Drug Tier	Limits/ Required
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	
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP

Drug Name	Drug Tier	Limits/ Required
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	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	

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Drug Name	Drug Tier	Limits/ Required
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	3	PA; SP; QL
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	

Drug Name	Drug Tier	Limits/ Required
glutaraldehyde external	1	
GRASTEK	3	
IWILFIN	14	PA; MB; SP; QL
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
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 PODS (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	

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Drug Name	Drug Tier	Limits/ Required
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
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	
SOHONOS	3	PA; SP; QL
TAVNEOS	3	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	2	SP
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	2	PA; SP

Drug Name	Drug Tier	Limits/ Required
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	BP
ACULAR LS	3	BP
ALREX	3	ST; BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	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

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Drug Name	Drug Tier	Limits/ Required
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPTHALMIC GEL	3	ST; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension 0.2 %	1	ST
MAXIDEX	2	
MAXITROL OPTHALMIC OINTMENT	3	BP
MAXITROL OPTHALMIC 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	

Drug Name	Drug Tier	Limits/ Required
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVIY SOLUTION 0.25 % OPTHALMIC	3	PA
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	

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Drug Name	Drug Tier	Limits/ Required
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	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPTHALMIC 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 OPTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	3	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	

Drug Name	Drug Tier	Limits/ Required
LUMIGAN SOLUTION 0.01 % OPTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPTHALMIC 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	

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Drug Name	Drug Tier	Limits/ Required
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	2	SP
CYSTARAN	2	SP
MIEBO	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	
RESTASIS	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	2	QL
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	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
carbinoxamine maleate oral tablet 4 mg	1		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
cetirizine hcl oral solution	1		NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
clemastine fumarate oral tablet 2.68 mg	1		promethazine vc	1	
cyproheptadine hcl oral	1		promethazine vc/codeine	1	AL; QL
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1		promethazine-codeine oral solution	1	AL; QL
flunisolide nasal solution 25 mcg/act (0.025%)	1		promethazine-dm oral syrup	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL	pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
guaifenesin-codeine oral solution	1	AL; QL	PULMOSAL	2	
HYCODAN ORAL SOLUTION	3	AL; BP; QL	sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
HYCODAN ORAL TABLET	3	AL; BP; QL	sodium chloride nebulization solution 7 % inhalation	1	
hydrocod poli-chlorphe poli er	1	AL; QL	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
hydrocodone bit-homatrop mbr	1	AL; QL	ACCOLATE	3	PV; BP
hydromet oral solution	1	AL; QL	acetylcysteine inhalation	1	
HYPERSAL	3		ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
ipratropium bromide nasal	1				
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1				
maxi-tuss ac	1	AL; QL			
mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL	albuterol sulfate oral	1	PV
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	arformoterol tartrate	1	PV; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Pro ventil; PV; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL	ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 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 (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
			ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
ASMANEX HFA	2	PV; QL
ATROVENT HFA	2	PV; QL
BEVESPI AEROSPHERE	3	PV; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL
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

Drug Name	Drug Tier	Limits/ Required
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
ESBRIET	3	PA; SP; BP; QL
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	2	PA; SP; QL
FLUTICASONE PROPIONATE DISKUS	2	PV
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	PULMICORT SUSPENSION	3	PV; BP; QL
ipratropium bromide inhalation	1	PV	QVAR REDIHALER	2	PV; QL
ipratropium-albuterol	1	PV	roflumilast	1	PV
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	terbutaline sulfate oral	1	PV
PULMICORT FLEXHALER	2	PV; QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL

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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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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			TRACLEER 62.5 MG, 125 MG	3	PA; SP; BP; QL
ADCIRCA	3	PA; SP; BP; QL	TRACLEER 32 MG	2	PA; SP; QL
ADEMPAS	2	PA; SP; QL	TYVASO	2	PA; SP
alyq	1	PA; SP; QL	TYVASO DPI INSTITUTIONAL KIT	2	PA; SP; QL
ambrisentan	1	PA; SP; QL	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP; QL
bosentan	1	PA; SP; QL	TYVASO DPI TITRATION KIT	2	PA; SP; QL
LETAIRIS	3	PA; SP; BP; QL	TYVASO REFILL	2	PA; SP
OPSUMIT	2	PA; SP; QL	TYVASO STARTER	2	PA; SP
ORENITRAM	2	PA; SP	UPTRAVI ORAL	2	PA; SP; QL
ORENITRAM MONTH 1	2	PA; SP	UPTRAVI TITRATION	2	PA; SP; QL
ORENITRAM MONTH 2	2	PA; SP	VENTAVIS	2	PA; SP; QL
ORENITRAM MONTH 3	2	PA; SP	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
REVATIO ORAL	3	PA; SP; BP; QL	baclofen oral suspension	1	
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL	baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL	carisoprodol oral	1	
tadalafil (pah)	1	PA; SP; QL	chlorzoxazone oral tablet 500 mg	1	
TADLIQ	3	PA; SP; QL	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

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Drug Name	Drug Tier	Limits/ Required
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	3	BP
tizanidine hcl oral	1	
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 oral	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
SUNOSI TABLET 150 MG ORAL	2	ST; QL
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	1	PA; SP; QL
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

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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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