

NDPERS Dakota Plan Members Formulary

Optum Rx[®]

**For the most current list of covered medications or if you have questions:
Call Pharmacy Management Team at (877) 658-9194**

Visit sanfordhealthplan.com/members and link to the Optum Rx website to:

- 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 doctor 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. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website 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).

Drug Category Information

The drug category determines the cost levels you pay for a medication. This is how much you will pay when you fill a prescription. Using generic or formulary brand medications can help you pay your lowest out-of-pocket cost. Consult your Summary of Benefits and Coverage (SBC) to determine your cost for each of the drug categories listed below.

Drug Tier	Includes	Helpful Tips
Generic	\$ Lower-cost generic medications	Use generic drugs for the lowest out-of-pocket costs.
Formulary Brand	\$\$ Mid-range cost preferred brand-name	Use Formulary Brand drugs if a generic alternative is not available.
Non-Formulary Brand	\$\$\$ Higher-cost non-preferred	Non-Formulary Brand drugs are not listed and have lower-cost options in Generic or Formulary Brand categories. Ask your provider if they could work for you.
Medical Benefit	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.
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.

Formulary for NDPERS Dakota Plan Members

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Drug Name	Limits/ Required
Analgesics - Drugs for Pain	
acetaminophen-codeine	QL
ascomp-codeine	
bac	
BELBUCA	QL
buprenorphine transdermal	QL
butalbital-acetaminophen oral tablet 50-325 mg	
butalbital-apap-caff-cod	
butalbital-apap-caffeine oral capsule 50-300-40 mg	
butalbital-apap-caffeine oral tablet 50-325-40 mg	
butalbital-asa-caff-codeine	
butalbital-aspirin-caffeine oral capsule	
butorphanol tartrate nasal	QL
codeine sulfate oral tablet	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	QL
fentanyl	QL
fentanyl citrate buccal lozenge on a handle	
FENTANYL CITRATE BUCCAL TABLET	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	
hydrocodone bitartrate er oral capsule extended release 12 hour	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	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	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	QL
hydromorphone hcl er oral tablet extended release 24 hour	QL
hydromorphone hcl oral	QL
levorphanol tartrate oral	QL
meperidine hcl oral solution	QL
meperidine hcl oral tablet 50 mg	QL
methadone hcl intensol	

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	Limits/ Required
methadone hcl oral	
methadose oral tablet soluble	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	QL
morphine sulfate er beads	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	QL
morphine sulfate er oral tablet extended release	QL
morphine sulfate solution 10 mg/5ml oral	QL
morphine sulfate tablet 15 mg oral	QL
morphine sulfate tablet 30 mg oral	QL
NUCYNTA	QL
oxycodone hcl oral capsule	QL
oxycodone hcl oral concentrate 100 mg/5ml	QL
oxycodone hcl oral tablet	QL
oxycodone hcl solution 5 mg/5ml oral	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	QL
oxymorphone hcl	QL
oxymorphone hcl er	QL
pentazocine-naloxone hcl	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	
tramadol hcl er	
tramadol hcl oral tablet 100 mg, 50 mg	QL
tramadol hcl oral tablet 25 mg	
tramadol-acetaminophen	QL
Analgesics - Drugs for Pain and Inflammation	
celecoxib oral	
diclofenac potassium oral tablet 50 mg	
diclofenac sodium er	
diclofenac sodium external solution 1.5 %	

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	Limits/ Required
diclofenac sodium external solution 2 %	QL
diclofenac sodium gel 1 % external (rx)	QL
diclofenac sodium oral	
diclofenac-misoprostol oral tablet delayed release	
diflunisal oral	
ec-naproxen	
etodolac er	
etodolac oral	
flurbiprofen oral	
ibuprofen oral suspension 100 mg/5ml	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	
indomethacin er	
indomethacin oral capsule 25 mg, 50 mg	
indomethacin oral suspension	
indomethacin rectal suppository 50 mg	
ketoprofen oral capsule 25 mg, 50 mg	
ketorolac tromethamine injection solution 15 mg/ml	
ketorolac tromethamine intramuscular solution 60 mg/2ml	
ketorolac tromethamine oral	QL
ketorolac tromethamine solution 30 mg/ml injection	
mefenamic acid oral	
meloxicam oral tablet	
nabumetone oral	
naproxen dr oral tablet delayed release 500 mg	
naproxen oral tablet	
naproxen oral tablet delayed release	
naproxen sodium er oral tablet extended release 24 hour 750 mg	
naproxen sodium oral tablet 275 mg, 550 mg	
oxaprozin oral tablet	
piroxicam oral	
sulindac oral	
Anesthetics	
ethyl chloride	

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	Limits/ Required
GEBAUERS PAIN EASE	
GEBAUERS SPRAY AND STRETCH	
glydo external prefilled syringe	
lidocaine external patch 5 %	
lidocaine hcl external solution	
lidocaine hcl urethral/mucosal external prefilled syringe	
lidocaine ointment 5 % external	
lidocaine-prilocaine external cream	
Anti-Addiction / Substance Abuse Treatment Agents	
acamprosate calcium	
buprenorphine hcl sublingual	QL
buprenorphine hcl-naloxone hcl	QL
disulfiram oral	
LUCEMYRA	QL
naloxone hcl nasal	QL
naltrexone hcl oral	
NARCAN	QL
ZUBSOLV	QL
Antibacterials	
amoxicillin capsule 500 mg oral	
amoxicillin oral capsule 250 mg	
amoxicillin oral suspension reconstituted	
amoxicillin oral tablet	
amoxicillin oral tablet chewable 125 mg, 250 mg	
amoxicillin-potassium clavulanate er	
amoxicillin-potassium clavulanate oral	
ampicillin oral capsule 500 mg	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	
avidoxy	
azithromycin oral packet	
azithromycin oral suspension reconstituted	
azithromycin oral tablet 500 mg, 600 mg	

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	Limits/ Required
azithromycin tablet 250 mg oral	
BAXDELA ORAL	PA
benzalkonium chloride external solution , 50 %	
cefaclor er	
cefaclor oral capsule	
cefaclor oral suspension reconstituted 250 mg/5ml	
cefadroxil	
cefdinir	
cefixime	
cefpodoxime proxetil	
cefprozil	
cefuroxime axetil oral tablet	
cephalexin oral capsule 250 mg, 500 mg	
cephalexin oral suspension reconstituted	
cephalexin oral tablet	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	
clarithromycin er	
clarithromycin oral	
CLEOCIN VAGINAL SUPPOSITORY	
clindamycin hcl oral	
clindamycin palmitate hcl	
clindamycin phosphate vaginal	
CLINDESSE	
demeclocycline hcl oral	
dicloxacillin sodium	
DIFICID	ST; QL
doxycycline hyclate oral capsule	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	
doxycycline monohydrate oral capsule 100 mg, 50 mg	
doxycycline monohydrate oral suspension reconstituted	
doxycycline monohydrate oral tablet	

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	Limits/ Required
E.E.S. 400 ORAL TABLET	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	
erythromycin base oral	
erythromycin ethylsuccinate oral	
erythromycin oral	
fosfomycin tromethamine	
gentamicin sulfate external	
hydrogen peroxide solution 30 %	
levofloxacin oral	
linezolid oral suspension reconstituted	PA
linezolid tablet 600 mg oral	PA
mafenide acetate external	
methenamine hippurate	
metronidazole oral tablet	
metronidazole vaginal	
minocycline hcl oral capsule	
mondoxyne nl oral capsule 100 mg	
moxifloxacin hcl oral	
mupirocin external	
neomycin sulfate oral	
nitrofurantoin macrocrystal oral	
nitrofurantoin monohydrate macrocrystals	
ofloxacin oral tablet 300 mg, 400 mg	
penicillin v potassium	
silver sulfadiazine external	
ssd	
sulfadiazine oral	
sulfamethoxazole-trimethoprim oral tablet	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	
sulfatrim pediatric	
tetracycline hcl oral capsule	
tinidazole oral	
trimethoprim oral	

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	Limits/ Required
vancomycin hcl oral	
VANDAZOLE	
XACIATO	
XEPI	
XIFAXAN ORAL TABLET 550 MG	
Anticoagulants	
ELIQUIS	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	
enoxaparin sodium injection solution 300 mg/3ml	
enoxaparin sodium injection solution prefilled syringe	
fondaparinux sodium	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	
heparin sodium (porcine) injection solution prefilled syringe	
heparin sodium (porcine) pf	
jantoven	
warfarin sodium oral	
XARELTO	
XARELTO STARTER PACK	
Anticonvulsants - Drugs for Seizures	
BRIVIACT ORAL	
carbamazepine er	
carbamazepine oral	
clobazam	
DIACOMIT	PA; SP
diazepam rectal	QL
DILANTIN ORAL CAPSULE 30 MG	
divalproex sodium er oral tablet extended release 24 hour	
divalproex sodium oral capsule delayed release sprinkle	
divalproex sodium oral tablet delayed release	

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	Limits/ Required
EPIDIOLEX	PA; SP
epitol	
EPRONTIA	
ethosuximide oral	
felbamate	
FINTEPLA	PA; SP; QL
FYCOMPA	
gabapentin oral capsule	
gabapentin oral solution 300 mg/6ml	
gabapentin oral tablet 600 mg, 800 mg	
gabapentin solution 250 mg/5ml oral	
lacosamide oral	
LAMICTAL XR ORAL KIT	
lamotrigine er	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	
lamotrigine oral tablet	
lamotrigine oral tablet chewable	
lamotrigine oral tablet dispersible	
lamotrigine starter kit-blue	
lamotrigine starter kit-green	
lamotrigine starter kit-orange	
levetiracetam er	
levetiracetam oral tablet	
levetiracetam solution 100 mg/ml oral	
methsuximide	
NAYZILAM	AL; QL
oxcarbazepine	
OXTELLAR XR	
phenobarbital oral elixir	
phenobarbital oral tablet	
phenytek	
phenytoin infatabs	

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	Limits/ Required
phenytoin oral suspension 125 mg/5ml	
phenytoin oral tablet chewable	
phenytoin sodium extended	
primidone oral	
roweepra oral tablet 500 mg	
rufinamide	
subvenite	
subvenite starter kit-blue	
subvenite starter kit-green	
subvenite starter kit-orange	
tiagabine hcl	
topiramate er	
topiramate oral	
valproic acid oral capsule	
valproic acid solution 250 mg/5ml oral	
VALTOCO	AL; QL
vigabatrin	SP
vigadrone	SP
vigpoder	SP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	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	QL
zonisamide oral	
ZTALMY	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	
donepezil hcl	
galantamine hydrobromide	
galantamine hydrobromide er	
memantine hcl er	
memantine hcl oral solution 2 mg/ml	
memantine hcl oral tablet	
NAMZARIC	

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	Limits/ Required
rivastigmine	
rivastigmine tartrate	
Antidepressants	
amitriptyline hcl oral	
amoxapine	
bupropion hcl er (sr)	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	
bupropion hcl oral	
chlordiazepoxide-amitriptyline	
citalopram hydrobromide oral solution	QL
citalopram hydrobromide oral tablet	QL
clomipramine hcl oral	
desipramine hcl oral	
desvenlafaxine succinate er	
doxepin hcl oral capsule	
doxepin hcl oral concentrate	
duloxetine hcl oral	
escitalopram oxalate oral	
fluoxetine hcl oral capsule	
fluoxetine hcl oral capsule delayed release	
fluoxetine hcl oral solution	
fluoxetine hcl oral tablet 10 mg	QL
fluvoxamine maleate	
fluvoxamine maleate er	
imipramine hcl oral	
imipramine pamoate	
MARPLAN	
mirtazapine oral	
nefazodone hcl	
nortriptyline hcl oral	
olanzapine-fluoxetine hcl	
paroxetine hcl er	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	Limits/ Required
paroxetine hcl oral tablet	QL
paroxetine mesylate	ST; QL
perphenazine-amitriptyline	
phenelzine sulfate oral	
protriptyline hcl	
sertraline hcl oral concentrate	
sertraline hcl oral tablet	
tranylcypromine sulfate	
trazodone hcl oral	
trimipramine maleate oral	
TRINTELLIX ORAL TABLET 10 MG	ST; QL
TRINTELLIX TABLET 20 MG ORAL	ST; QL
TRINTELLIX TABLET 5 MG ORAL	ST; QL
venlafaxine hcl	
venlafaxine hcl er oral capsule extended release 24 hour	
vilazodone hcl	ST; QL
ZURZUVAE	PA; QL
Antiemetics - Drugs for Nausea and Vomiting	
AKYNZEO ORAL	QL
ANZEMET ORAL TABLET 50 MG	QL
aprepitant	QL
compro	
dronabinol	
EMEND ORAL SUSPENSION RECONSTITUTED	QL
granisetron hcl oral	QL
meclizine hcl oral tablet 12.5 mg, 50 mg	
meclizine hcl tablet 25 mg oral (rx)	
metoclopramide hcl oral solution 5 mg/5ml	
metoclopramide hcl oral tablet	
metoclopramide hcl oral tablet dispersible 5 mg	
metoclopramide hcl solution 10 mg/10ml oral	
ondansetron hcl oral tablet 4 mg, 8 mg	
ondansetron hcl solution 4 mg/5ml oral	

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	Limits/ Required
ondansetron odt	
perphenazine oral	
prochlorperazine maleate tablet 10 mg oral	
prochlorperazine maleate tablet 5 mg oral	
prochlorperazine suppository 25 mg rectal	
promethazine hcl oral solution	
promethazine hcl oral tablet	
promethazine hcl rectal suppository 12.5 mg, 25 mg	
promethegan	
scopolamine	
trimethobenzamide hcl oral	
Antifungals	
ciclodan external solution	
ciclopirox external	
CICLOPIROX OLAMINE	
ciclopirox olamine external	
clotrimazole cream 1 % external (rx)	
CLOTRIMAZOLE POWDER	
clotrimazole solution 1 % external (rx)	
clotrimazole troche 10 mg mouth/throat	
clotrimazole-betamethasone	
CRESEMBA ORAL	
econazole nitrate external	
fluconazole oral	
flucytosine oral	
griseofulvin microsize oral	
griseofulvin ultramicrosize	
GYNAZOLE-1	
itraconazole oral capsule	QL
itraconazole solution 10 mg/ml oral	QL
ketoconazole external cream	
ketoconazole external foam	
ketoconazole external shampoo 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	Limits/ Required
ketoconazole oral	
ketodan external foam	
klayesta	
miconazole 3 vaginal suppository	
naftifine hcl external gel 2 %	
NOXAFIL ORAL PACKET	
nyamyc	
nystatin external	
nystatin oral tablet	
nystatin suspension 100000 unit/ml mouth/throat	
nystatin-triamcinolone	
nystop	
oxiconazole nitrate	
posaconazole oral	
terbinafine hcl oral	
terconazole	QL
TOLNAFTATE	
VIVJOA	ST; QL
voriconazole oral	
Antigout Agents	
allopurinol oral tablet 100 mg, 300 mg	
colchicine oral capsule	ST
colchicine oral tablet	
colchicine-probenecid	
febuxostat	ST
probenecid oral	
Antimigraine Agents	
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	ST; QL
AIMOVIG	ST; QL
diclofenac potassium(migraine)	
dihydroergotamine mesylate injection	QL
dihydroergotamine mesylate nasal	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	Limits/ Required
eletriptan hydrobromide	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	ST; QL
ERGOMAR	
ergotamine-caffeine	
frovatriptan succinate	QL
MIGERGOT	
naratriptan hcl	QL
QULIPTA	ST; QL
REYVOW	ST; QL
rizatriptan benzoate	QL
sumatriptan nasal	QL
sumatriptan succinate oral	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	QL
UBRELVY TABLET 100 MG ORAL	PA; QL
UBRELVY TABLET 50 MG ORAL	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	PA; QL
zolmitriptan oral	QL
Antimyasthenic Agents	
pyridostigmine bromide er	
pyridostigmine bromide oral solution	
pyridostigmine bromide oral tablet	
Antimycobacterials	
cycloserine oral	
dapsone oral	
ethambutol hcl oral	

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	Limits/ Required
isoniazid oral	
PRETOMANID	
PRIFTIN	
pyrazinamide oral	
rifabutin	QL
rifampin oral	
SIRTURO	
TRECATOR	
Antineoplastics - Drugs for Cancer	
abiraterone acetate	PA; MB; SP
AFINITOR	PA; MB; SP; BP
AFINITOR DISPERZ	PA; MB; SP; BP
ALECENSA	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	PA; MB; SP
anastrozole oral	
AUGTYRO	PA; MB; SP; QL
AYVAKIT	PA; MB; SP; QL
BALVERSA	PA; MB; SP; QL
BESREMI	PA; MB; SP; QL
bexarotene external	SP
bexarotene oral	PA; MB; SP
bicalutamide	PA; MB; SP
BOSULIF ORAL CAPSULE	PA; MB
BOSULIF ORAL TABLET	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	PA; MB; SP; QL
BRUKINSA	PA; MB; SP; QL
CABOMETYX	PA; MB; SP
CALQUENCE ORAL TABLET	PA; MB; SP; QL
capecitabine	PA; MB; SP
CAPRELSA	PA; MB; SP
CASODEX	PA; MB; SP; BP

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	PA; MB; SP
COPIKTRA	PA; MB; SP; QL
COTELLIC	PA; MB; SP
cyclophosphamide oral capsule	PA; MB
DROXIA	
EMCYT	PA; MB; SP
ERIVEDGE	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	PA; MB; SP; QL
erlotinib hcl	PA; MB; SP
etoposide oral	PA; MB; SP
EULEXIN	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PA; MB; SP
everolimus oral tablet soluble	PA; MB; SP
exemestane	
EXKIVITY	PA; MB; SP; QL
FARESTON	MB; BP
FOTIVDA	PA; MB; SP; QL
FRUZAQLA	PA; MB; SP; QL
GAVRETO	PA; MB; SP; QL
gefitinib	PA; MB; SP
GILOTRIF	PA; MB; SP
GLEEVEC	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	PA; MB; SP
HYCANTIN ORAL	PA; MB; SP
hydroxyurea oral	
IBRANCE	PA; MB; SP
ICLUSIG	PA; MB; SP
IDHIFA	PA; MB; SP; QL
imatinib mesylate	PA; MB; SP
IMBRUVICA ORAL CAPSULE	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	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	Limits/ Required
IMBRUVICA ORAL TABLET 420 MG	PA; SP; QL
INLYTA	PA; MB; SP
INQOVI	PA; MB; SP; QL
INREBIC	PA; MB; SP; QL
IRESSA	PA; MB; SP; BP
JAKAFI	PA; SP
JAYPIRCA	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	PA; MB; SP; QL
KISQALI FEMARA	PA; MB; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	PA; MB; SP; QL
KOSELUGO	PA; SP; QL
KRAZATI	PA; MB; SP; QL
lapatinib ditosylate	PA; MB; SP
lenalidomide	PA; MB; SP
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	PA; MB; SP
letrozole oral	
leucovorin calcium oral	
LEUKERAN	PA; MB; SP
LONSURF	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	PA; MB; QL
LYNPARZA ORAL TABLET	PA; MB; SP
LYSODREN	PA; MB; SP
LYTGOBI (12 MG DAILY DOSE)	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	PA; MB; SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
LYTGOBI (20 MG DAILY DOSE)	PA; MB; SP; QL
MATULANE	PA; MB; SP
MEKINIST ORAL TABLET	PA; MB; SP
MEKTOVI	PA; MB; SP; QL
melphalan	PA; MB; SP
mercaptopurine oral	
MESNEX ORAL	SP
MYLERAN	PA; MB; SP
NERLYNX	PA; MB; SP; QL
NEXAVAR	PA; MB; SP; BP
NILANDRON	PA; MB; SP; BP
nilutamide	PA; MB; SP
NINLARO	PA; MB; SP
NUBEQA	PA; MB; SP; QL
ODOMZO	PA; MB; SP
OGSIVEO	PA; MB; SP; QL
OJJAARA	PA; MB; SP; QL
ONUREG	PA; MB; SP; QL
ORGOVYX	PA; MB; SP; QL
ORSERDU	PA; MB; SP; QL
PANRETIN	SP
pazopanib hcl	PA; MB; SP
PEMAZYRE	PA; MB; SP; QL
PIQRAY	PA; MB; SP; QL
POMALYST	PA; MB; SP
PURIXAN	
QINLOCK	PA; MB; SP; QL
RETEVMO	PA; MB; SP; QL
REVLIMID	PA; MB; SP
REZLIDHIA	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	PA; MB; SP; QL
RUBRACA	PA; MB; SP; QL
RYDAPT	PA; MB; 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	Limits/ Required
SCEMBLIX	PA; MB; SP; QL
SOLTAMOX	
sorafenib tosylate	PA; MB; SP
SPRYCEL	PA; MB; SP
STIVARGA	PA; MB; SP
sunitinib malate	PA; MB; SP
SUTENT	PA; MB; SP; BP
TABLOID	PA; MB; SP
TABRECTA	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	PA; MB; SP
TAGRISSE	PA; MB; SP; QL
TALZENNA	PA; MB; SP; QL
tamoxifen citrate oral	
TARCEVA	PA; MB; SP; BP
TARGRETIN ORAL	PA; MB; SP; BP
TASIGNA	PA; MB; SP
TAZVERIK	PA; MB; SP; QL
temozolomide	PA; MB; SP
TEPMETKO	PA; MB; SP; QL
THALOMID ORAL CAPSULE 100 MG, 50 MG	PA; MB; SP
TIBSOVO	PA; MB; SP; QL
toremifene citrate	MB
tretinoin oral	PA; MB; SP
TRUQAP	PA; MB; SP; QL
TUKYSA	PA; MB; SP; QL
TURALIO ORAL CAPSULE 125 MG	PA; MB; SP; QL
TYKERB	PA; MB; SP; BP
VALCHLOR	PA; MB; SP
VANFLYTA	PA; MB; SP; QL
VENCLEXTA	PA; MB; SP
VENCLEXTA STARTING PACK	PA; MB; SP
VERZENIO	PA; MB; SP; QL
VIJOICE	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	Limits/ Required
VIZIMPRO	PA; MB; SP; QL
VONJO	PA; MB; SP; QL
VOTRIENT	PA; MB; SP; BP
WELIREG	PA; MB; SP; QL
XALKORI ORAL CAPSULE	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	PA; MB
XELODA	PA; MB; SP; BP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	PA; MB; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	PA; MB; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	PA; MB; SP
XPOVIO (60 MG TWICE WEEKLY)	PA; MB; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	PA; MB; SP
XPOVIO (80 MG TWICE WEEKLY)	PA; MB; SP
XTANDI	PA; MB; SP
YONSA	PA; MB; SP; QL
ZEJULA ORAL TABLET	PA; MB; SP
ZELBORAF	PA; MB; SP
ZOLINZA	PA; MB; SP
ZYDELIG	PA; MB; SP
ZYKADIA ORAL TABLET	PA; MB; SP
ZYTIGA	PA; MB; SP; BP
Antiparasitics	
albendazole oral	
ALINIA ORAL SUSPENSION RECONSTITUTED	
atovaquone oral	
atovaquone-proguanil hcl	
BENZNIDAZOLE	QL
chloroquine phosphate oral	

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	Limits/ Required
COARTEM	
CROTAN	
EMVERM	
hydroxychloroquine sulfate oral	
IMPAVIDO	
ivermectin oral	QL
KRINTAFEL	QL
LAMPIT	QL
malathion external	
mefloquine hcl	
nitazoxanide oral	
pentamidine isethionate inhalation	
permethrin external cream	
praziquantel oral	
primaquine phosphate oral tablet 26.3 (15 base) mg	
pyrimethamine oral	PA; SP
quinine sulfate oral	
spinosad	
sulfurated lime	
Antiparkinson Agents	
amantadine hcl oral capsule	
amantadine hcl oral tablet	
amantadine hcl solution 50 mg/5ml oral	
apomorphine hcl subcutaneous	SP
benztropine mesylate oral	
bromocriptine mesylate oral	
carbidopa oral	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	
carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg	
carbidopa-levodopa oral tablet dispersible	
carbidopa-levodopa tablet 25-100 mg oral	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
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	
entacapone	
NEUPRO	
ONGENTYS	QL
pramipexole dihydrochloride	
rasagiline mesylate oral	
ropinirole hcl	
ropinirole hcl er	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	ST
selegiline hcl oral	
trihexyphenidyl hcl	
Antiplatelets	
aspirin-dipyridamole er	
BRILINTA ORAL TABLET 60 MG	
BRILINTA TABLET 90 MG ORAL	
CABLIVI	PA; SP; QL
cilostazol	
clopidogrel bisulfate oral	
dipyridamole oral	
prasugrel hcl	
ZONTIVITY	
Antipsychotics - Drugs for Mood Disorders	
ADASUVE	
aripiprazole oral solution	
aripiprazole oral tablet 15 mg, 5 mg	QL
aripiprazole oral tablet dispersible	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	Limits/ Required
aripiprazole tablet 10 mg oral	QL
aripiprazole tablet 2 mg oral	QL
aripiprazole tablet 20 mg oral	QL
aripiprazole tablet 30 mg oral	QL
chlorpromazine hcl oral	
clozapine oral tablet	
clozapine oral tablet dispersible 12.5 mg, 25 mg	
clozapine tablet dispersible 100 mg oral	
clozapine tablet dispersible 150 mg oral	
clozapine tablet dispersible 200 mg oral	
fluphenazine hcl oral	
haloperidol lactate concentrate 2 mg/ml oral	
haloperidol oral	
loxapine succinate oral	
lurasidone hcl	ST; QL
molindone hcl	
NUPLAZID ORAL CAPSULE	ST; QL
NUPLAZID ORAL TABLET 10 MG	ST; QL
olanzapine oral	
paliperidone er	
pimozide	
quetiapine fumarate er	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	QL
quetiapine fumarate oral tablet 150 mg	
risperidone oral solution	
risperidone oral tablet 0.25 mg	
risperidone oral tablet dispersible	
risperidone tablet 0.5 mg oral	
risperidone tablet 1 mg oral	
risperidone tablet 2 mg oral	
risperidone tablet 3 mg oral	
risperidone tablet 4 mg oral	

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	Limits/ Required
RYKINDO	MB; QL
thioridazine hcl oral	
thiothixene oral	
trifluoperazine hcl oral	
VERSACLOZ	
VRAYLAR	ST; QL
ziprasidone hcl	
Antivirals	
abacavir sulfate	QL
abacavir sulfate-lamivudine	QL
acyclovir external ointment	
acyclovir oral	
adefovir dipivoxil	
APTIVUS ORAL CAPSULE	QL
atazanavir sulfate	QL
BARACLUDE ORAL SOLUTION	
BIKTARVY	QL
CIMDUO	QL
COMPLERA	QL
darunavir	QL
DELSTRIGO	QL
DESCOVY	QL
DOVATO	QL
EDURANT	QL
efavirenz	QL
efavirenz-emtricitab-tenofo df	QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	QL
emtricitabine	QL
emtricitabine-tenofovir df	QL
EMTRIVA ORAL SOLUTION	QL
entecavir	
EPCLUSA	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	Limits/ Required
etravirine	QL
EVOTAZ	QL
famciclovir oral	QL
fosamprenavir calcium	QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	QL
GENVOYA	QL
HARVONI	PA; SP; QL
INTELENCE ORAL TABLET 25 MG	QL
ISENTRESS HD	QL
ISENTRESS ORAL PACKET	
ISENTRESS ORAL TABLET	QL
ISENTRESS ORAL TABLET CHEWABLE	QL
JULUCA	QL
lamivudine oral solution	QL
lamivudine oral tablet 100 mg	
lamivudine oral tablet 150 mg, 300 mg	QL
lamivudine-zidovudine	QL
LEDIPASVIR-SOFOSBUVIR	PA; SP; QL
LIVTENCITY	QL
lopinavir-ritonavir	QL
maraviroc	QL
MAVYRET	PA; SP; QL
nevirapine	QL
nevirapine er oral tablet extended release 24 hour 400 mg	QL
NORVIR ORAL PACKET	
ODEFSEY	QL
oseltamivir phosphate oral	QL
PAXLOVID (150/100)	QL
PAXLOVID (300/100)	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP
PIFELTRO	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	Limits/ Required
PREVYMIS ORAL	SP; QL
PREZCOBIX	QL
PREZISTA ORAL SUSPENSION	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	QL
REYATAZ ORAL PACKET	
ribavirin inhalation	
ribavirin oral capsule	
ribavirin oral tablet 200 mg	
rimantadine hcl	
ritonavir	QL
RUKOBIA	QL
SELZENTRY ORAL SOLUTION	QL
SOFOSBUVIR-VELPATASVIR	PA; SP; QL
STRIBILD	QL
SUNLENCA ORAL	QL
SYMTUZA	QL
tenofovir disoproxil fumarate	QL
TIVICAY ORAL TABLET 50 MG	QL
TIVICAY PD	QL
TRIUMEQ	QL
TRIUMEQ PD	QL
TYBOST	QL
valacyclovir hcl oral	
valganciclovir hcl	
VEMLIDY	
VIRACEPT ORAL TABLET	QL
VIREAD ORAL POWDER	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL
VOSEVI	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	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	Limits/ Required
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	QL
zidovudine	QL
Anxiolytics - Drugs for Anxiety	
alprazolam er	
alprazolam intensol	
alprazolam oral tablet	
alprazolam xr	
buspirone hcl oral	
chlordiazepoxide hcl	
clonazepam oral	
clorazepate dipotassium	
diazepam intensol	
diazepam oral concentrate	
diazepam oral tablet	
diazepam solution 5 mg/5ml oral	
estazolam	
hydroxyzine hcl oral tablet	
hydroxyzine hcl syrup 10 mg/5ml oral	
hydroxyzine pamoate oral	
lorazepam intensol	
lorazepam oral concentrate 2 mg/ml	
lorazepam oral tablet	
meprobamate	
midazolam hcl oral	
oxazepam	
triazolam	
Bipolar Agents - Drugs for Mood Disorders	
EQUETRO	
lithium carbonate er	
lithium carbonate oral	
lithium solution 8 meq/5ml oral	

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	Limits/ Required
Blood Products and Modifiers - Drugs for Blood Disorders	
aminocaproic acid oral solution	
aminocaproic acid oral tablet	
anagrelide hcl	
FULPHILA	MB; SP
FYLNETRA	MB; SP
MULPLETA	PA; SP; QL
NEULASTA ONPRO	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	MB; SP
NYVEPRIA	MB; SP
PROMACTA	PA; SP; QL
PYRUKYND	PA; SP; QL
PYRUKYND TAPER PACK	PA; SP; QL
STIMUFEND	MB; SP
TAVALISSE	PA; SP; QL
tranexamic acid oral	QL
UDENYCA ONBODY	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	MB; SP
ZIEXTENZO	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	
acebutolol hcl oral	
aliskiren fumarate	
amiloride hcl oral	
amiloride-hydrochlorothiazide	
amiodarone hcl oral	
amlodipine besylate oral	
amlodipine besylate-benazepril hcl	
amlodipine besylate-valsartan	
amlodipine-atorvastatin	QL
amlodipine-olmesartan	

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	Limits/ Required
amlodipine-valsartan-hctz	
atenolol oral	
atenolol-chlorthalidone	
atorvastatin calcium oral	QL
benazepril hcl oral	
benazepril-hydrochlorothiazide	
betaxolol hcl oral	
bisoprolol fumarate oral	
bisoprolol-hydrochlorothiazide	
bumetanide oral	
CAMZYOS	PA; SP; QL
candesartan cilexetil	
captopril oral	
captopril-hydrochlorothiazide	
cartia xt	
carvedilol	
chlorthalidone oral tablet 25 mg, 50 mg	
cholestyramine light	QL
cholestyramine oral	QL
clonidine	
clonidine hcl oral	
colesevelam hcl oral tablet	
colestipol hcl	
CORLANOR	
digoxin oral	
diltiazem hcl er beads	
diltiazem hcl er coated beads oral capsule extended release 24 hour	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	
diltiazem hcl oral	
dilt-xr	

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	Limits/ Required
disopyramide phosphate oral	
DIURIL	
dofetilide	
doxazosin mesylate oral	QL
enalapril maleate oral tablet	
enalapril-hydrochlorothiazide	
ENTRESTO	
eplerenone	
ethacrynic acid oral	
ezetimibe	QL
ezetimibe-simvastatin	QL
felodipine er	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	
fenofibric acid oral capsule delayed release	
flecainide acetate	
fluvastatin sodium	QL
fluvastatin sodium er	QL
fosinopril sodium	
fosinopril sodium-hctz	
furosemide oral solution 10 mg/ml, 8 mg/ml	
furosemide oral tablet	
gemfibrozil oral	
guanfacine hcl oral	
HEMANGEOL	SP
hydralazine hcl oral	
hydrochlorothiazide oral	
icosapent ethyl	
indapamide oral	
irbesartan	
irbesartan-hydrochlorothiazide	

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	Limits/ Required
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	
isosorbide dinitrate oral	
isosorbide mononitrate	
isosorbide mononitrate er	
isradipine	
KATERZIA	AL
labetalol hcl oral	
lisinopril oral	
lisinopril-hydrochlorothiazide	
LODOCO	QL
losartan potassium oral	
losartan potassium-hctz	
lovastatin oral	QL
metolazone	
metoprolol succinate er	
metoprolol tartrate oral	
metoprolol-hydrochlorothiazide	
metyrosine	
mexiletine hcl oral	
midodrine hcl	
minoxidil oral	
moexipril hcl	
MULTAQ	
nadolol oral tablet 20 mg, 40 mg, 80 mg	
nebivolol hcl	
NEXLETOL	PA; QL
NEXLIZET	PA; QL
niacin (antihyperlipidemic)	
niacin er (antihyperlipidemic)	
niacor	
nifedipine capsule 10 mg oral	
nifedipine er	
nifedipine er osmotic release	

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	Limits/ Required
nifedipine oral capsule 20 mg	
nimodipine oral	
NITRO-BID	
nitroglycerin rectal	
nitroglycerin sublingual	
nitroglycerin transdermal patch 24 hour	
nitroglycerin translingual solution	
NORLIQVA	AL
NORPACE CR	
olmesartan medoxomil oral	
olmesartan medoxomil-hctz	
olmesartan-amlodipine-hctz	
omega-3-acid ethyl esters	
pentoxifylline er	
perindopril erbumine	
phenoxybenzamine hcl oral	
pindolol	
pitavastatin calcium	QL
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL
pravastatin sodium	QL
prazosin hcl oral	
PRESTALIA	
prevalite	QL
propafenone hcl	
propafenone hcl er	
propranolol hcl er	
propranolol hcl oral	
quinapril hcl	
quinapril-hydrochlorothiazide	
quinidine gluconate er	
quinidine sulfate oral	
ramipril	
ranolazine er	

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	Limits/ Required
REPATHA	PA; QL
REPATHA PUSHTRONEX SYSTEM	PA; QL
REPATHA SURECLICK	PA; QL
rosuvastatin calcium	QL
simvastatin oral tablet	QL
sotalol hcl (af)	
sotalol hcl oral	
SOTYLIZE	
spironolactone oral	
spironolactone-hctz	
taztia xt	
telmisartan	
telmisartan-amlodipine	
tiadylt er	
timolol maleate oral	
torsemide oral	
trandolapril	
trandolapril-verapamil hcl er	
triamterene oral	
triamterene-hctz oral capsule 37.5-25 mg	
triamterene-hctz oral tablet	
valsartan oral tablet	
valsartan-hydrochlorothiazide	
VECAMYL	
verapamil hcl er oral capsule extended release 24 hour	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	
verapamil hcl oral	
VERQUVO	QL
VYNDAMAX	PA; SP; QL
VYNDAQEL	PA; SP; QL
Central Nervous System Agents	
SKYCLARYS	PA; SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
Central Nervous System Agents - Drugs for Attention Deficit Disorder	
ADDERALL	
ADZENYS XR-ODT	
amphetamine sulfate	
amphetamine-dextroamphetamine	
amphetamine-dextroamphetamine er	
atomoxetine hcl	QL
clonidine hcl er oral tablet extended release 12 hour	
CONCERTA	
dexmethylphenidate hcl	
dexmethylphenidate hcl er	
dextroamphetamine sulfate er	
dextroamphetamine sulfate oral	
guanfacine hcl er	
JORNAY PM	
lisdexamfetamine dimesylate	
methamphetamine hcl	
methylphenidate hcl er	
methylphenidate hcl er (cd)	
methylphenidate hcl er (la)	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	
methylphenidate hcl er (xr)	
methylphenidate hcl oral	
QELBREE	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	
VYVANSE	
Central Nervous System Agents - Drugs for Multiple Sclerosis	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	PA; SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	PA; SP; QL
BAFIERTAM	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	PA; SP; QL
dalfampridine er	PA; SP; QL
dimethyl fumarate oral	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	PA; SP; QL
fingolimod hcl	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	PA; SP
KESIMPTA	PA; SP; QL
MAVENCLAD	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	PA; SP; QL
MAYZENT STARTER PACK	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	PA; SP; QL
PLEGRIDY	PA; SP; QL
PLEGRIDY STARTER PACK	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
TASCENSO ODT	PA; SP; QL
teriflunomide	PA; SP; QL
VUMERITY	PA; SP; QL
ZEPOSIA	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	PA; SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
Central Nervous System Agents - Miscellaneous	
AUSTEDO	SP; QL
AUSTEDO XR	SP; QL
AUSTEDO XR PATIENT TITRATION	SP; QL
caffeine citrate oral	
DAYBUE	PA; SP; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	
IMCIVREE	PA; SP; QL
INGREZZA	SP; QL
NUDEXTA	QL
pregabalin oral	QL
RADICAVA ORS	PA; SP; QL
RADICAVA ORS STARTER KIT	PA; SP; QL
RELYVRIO	PA; SP; QL
riluzole	
SAVELLA	ST; QL
SAVELLA TITRATION PACK	ST; QL
TEGSEDI	PA; SP; QL
tetrabenazine	SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	
AQUORAL MOUTH/THROAT SOLUTION	
cevimeline hcl	
chlorhexidine gluconate solution 0.12 % mouth/throat	
CLINPRO 5000 PASTE 1.1 % DENTAL	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	
DENTA 5000 PLUS	
DENTA 5000 PLUS SENSITIVE	
DENTAGEL	
FLUORIDEX	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	
FLUORIMAX 5000	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
FLUORIMAX 5000 SENSITIVE	
JUST RIGHT 5000 DENTAL PASTE	
kourzeq	
lidocaine viscous hcl	
MI PASTE	
MI PASTE PLUS	
oralone	
periogard	
pilocarpine hcl oral	
PREVIDENT 5000 BOOSTER PLUS	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	
PREVIDENT 5000 ORTHO DEFENSE	
PREVIDENT 5000 PLUS	
PREVIDENT 5000 SENSITIVE DENTAL GEL	
PREVIDENT DENTAL	
REMESENSE	
sf	
sf 5000 plus	
sodium fluoride 5000 plus	
sodium fluoride 5000 ppm dental cream	
sodium fluoride 5000 ppm dental paste	
sodium fluoride dental cream	
sodium fluoride dental gel 1.1 %	
triamcinolone acetonide mouth/throat	
Dermatological Agents - Drugs for Skin Conditions	
accutane	
acitretin	
adapalene external cream	
adapalene external gel	
adapalene-benzoyl peroxide external gel	
ADBRY	PA; SP; QL
ala-cort external cream 1 %	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
alclometasone dipropionate	
ALTRENO	AL
ALUMINUM CHLORIDE ANHYDROUS	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	
ammonium lactate cream 12 % external (rx)	
ammonium lactate lotion 12 % external (rx)	
amnesteem	
azelaic acid external	
B & C	
balsam peru-castor oil	
benzoyl peroxide-erythromycin	
betamethasone dipropionate aug	
betamethasone dipropionate external	
betamethasone valerate external	
BIMZELX	PA; SP; QL
BPCO	
CALAMINE	
calcipotriene external cream	
calcipotriene external ointment	
calcipotriene external solution	
calcitriol external	
CARAC	
CIBINQO	PA; SP; QL
claravis	
clindacin etz external swab	
clindacin-p	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	
clindamycin phosphate external gel	
clindamycin phosphate external lotion	
clindamycin phosphate external solution	
clindamycin phosphate external swab	
clindamycin-tretinoin	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
clobetasol propionate e	
clobetasol propionate external	
clodan external shampoo	
coal tar external solution	
dapsone external gel 5 %	
desonide external cream	
desonide external lotion	
desonide external ointment	
desoximetasone external cream 0.25 %	
desoximetasone external gel	
desoximetasone external liquid	
desoximetasone external ointment 0.25 %	
diclofenac sodium gel 3 % external	
doxepin hcl external	
DRYSOL	
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	PA; SP; QL
EPIFOAM	
ery	
erythromycin external gel	
erythromycin external solution	
EUCRISA OINTMENT 2 % EXTERNAL	ST; QL
FINACEA EXTERNAL FOAM	
fluocinolone acetonide body	
fluocinolone acetonide external	
fluocinolone acetonide scalp	
fluocinonide emulsified base	
fluocinonide external	
FLUOROURACIL EXTERNAL CREAM 0.5 %	
fluorouracil external cream 5 %	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
fluorouracil external solution	
flurandrenolide external cream	
flurandrenolide external lotion	
fluticasone propionate external	
halobetasol propionate	
hydrocortisone butyrate external lotion	
hydrocortisone butyrate external ointment	
hydrocortisone butyrate external solution	
hydrocortisone cream 1 % external (rx)	
hydrocortisone external cream 2.5 %	
hydrocortisone external lotion 2.5 %	
hydrocortisone external ointment 2.5 %	
hydrocortisone ointment 1 % external (rx)	
hydrocortisone valerate	
HYFTOR	PA; QL
imiquimod external cream 5 %	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	
ivermectin external cream	
lactic acid e	
lactic acid external lotion	
LITFULO	PA; SP; QL
methoxsalen rapid	
metronidazole external	
mometasone furoate external	
NEO-SYNALAR EXTERNAL CREAM	
neuac external gel	
OPZELURA CREAM 1.5 % EXTERNAL	PA; QL
pimecrolimus	
podofilox external	
PYROGALLIC ACID	
QBREXZA	ST; QL
REGRANEX	QL
SANTYL	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
selenium sulfide external lotion	
sulfacetamide sodium (acne)	
sulfacetamide sodium-sulfur liquid 10-5 % external	
tacrolimus external ointment	
tazarotene external cream	
TOLAK	
tretinoin external	AL
triamcinolone acetonide external cream	
triamcinolone acetonide external lotion	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	
triderm external cream 0.5 %	
urea external cream 20 %	
VENELEX	
zenatane	
ZORYVE EXTERNAL CREAM	ST; QL
Diabetes - Antidiabetic Agents	
acarbose oral	
BYDUREON BCISE AUTOINJECTOR	PA; QL
BYETTA 10 MCG PEN	PA; QL
BYETTA 5 MCG PEN	PA; QL
CYCLOSET	
FARXIGA TABLET 10 MG ORAL	QL
FARXIGA TABLET 5 MG ORAL	QL
glimepiride	
glipizide er	
glipizide oral tablet 10 mg, 5 mg	
glipizide xl	
glipizide-metformin hcl	
glyburide micronized	
glyburide oral	
glyburide-metformin	
GLYXAMBI ORAL TABLET 10-5 MG	QL
GLYXAMBI TABLET 25-5 MG ORAL	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	Limits/ Required
JANUMET ORAL TABLET 50-1000 MG	QL
JANUMET TABLET 50-500 MG ORAL	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	QL
JANUVIA	QL
JARDIANCE TABLET 10 MG ORAL	QL
JARDIANCE TABLET 25 MG ORAL	QL
metformin hcl er	
metformin hcl ir	
miglitol	
MOUNJARO	PA; QL
nateglinide	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	PA; QL
pioglitazone hcl	QL
pioglitazone hcl-glimepiride	
pioglitazone hcl-metformin hcl	
QTERN	QL
repaglinide	
RYBELSUS ORAL TABLET 14 MG, 7 MG	PA; QL
RYBELSUS TABLET 3 MG ORAL	PA; QL
saxagliptin hcl	QL
saxagliptin-metformin er	QL
SOLIQUA	QL
SYMLINPEN 120	PA
SYMLINPEN 60	PA
SYNJARDY	QL
SYNJARDY XR	QL
TRIJARDY XR	QL
TRULICITY	PA; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
VICTOZA	PA; QL
XIGDUO XR	QL
XULTOPHY	QL
Diabetes - Glucose Monitoring	
DEXCOM G6 RECEIVER	ST; QL
DEXCOM G6 SENSOR	ST; QL
DEXCOM G6 TRANSMITTER	ST; QL
DEXCOM G7 RECEIVER	ST; QL
DEXCOM G7 SENSOR	ST; QL
FREESTYLE LIBRE 14 DAY READER	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	ST; QL
FREESTYLE LIBRE 2 READER	ST; QL
FREESTYLE LIBRE 2 SENSOR	ST; QL
FREESTYLE LIBRE 3 READER	ST; QL
FREESTYLE LIBRE 3 SENSOR	ST; QL
FREESTYLE LIBRE READER	ST; QL
ONETOUCH ULTRA IN VITRO STRIP	QL
ONETOUCH ULTRA TEST	QL
ONETOUCH VERIO TEST STRIPS	QL
Diabetes - Glycemic Agents	
BAQSIMI ONE PACK	QL
BAQSIMI TWO PACK	QL
diazoxide oral	
glucagon emergency kit	QL
GLUCAGON EMERGENCY KIT	QL
GVOKE HYPOPEN 1-PACK	QL
GVOKE HYPOPEN 2-PACK	QL
GVOKE KIT	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	QL
Diabetes - Insulins	
FIASP FLEXTOUCH	
FIASP INJECTION	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
FIASP PENFILL	
FIASP PUMPCART	
HUMULIN R U-500 KWIKPEN	
HUMULIN R U-500 VIAL	
INSULIN DEGLUDEC	
INSULIN DEGLUDEC FLEXTOUCH	
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	
LANTUS U-100 VIAL	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
LEVEMIR U-100 VIAL	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN 70/30 VIAL	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN N VIAL	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLIN R VIAL	
NOVOLOG 70/30 FLEXPEN RELION	
NOVOLOG FLEXPEN RELION	
NOVOLOG U-100 FLEXPEN	
NOVOLOG MIX 70/30 FLEXPEN	
NOVOLOG MIX 70/30 RELION	
NOVOLOG MIX 70/30 VIAL	
NOVOLOG U-100 PENFILL	
NOVOLOG RELION INJECTION	
NOVOLOG U-100 VIAL INJECTION	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
TOUJEO MAX SOLOSTAR	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	
TRESIBA	
TRESIBA FLEXTOUCH	
Electrolytes / Minerals / Metals / Vitamins	
ALANINE	
ATABEX OB	
AZESCO	
CALCIFOL	
CALCIUM CHLORIDE DIHYDRATE POWDER	
CALCIUM GLUCONATE	
CALCIUM GLUCONATE ANHYDROUS	
CALCIUM GLUCONATE MONOHYDRATE	
CALCIUM LACTATE PENTAHYDRATE	
CALCIUM PHOSPHATE DIBASIC	
CALCIUM PHOSPHATE TRIBASIC	
carglumic acid oral tablet soluble	SP
CHEMET	
CHOLINE BITARTRATE POWDER	
CITRANATAL MEDLEY	
cyanocobalamin injection solution 1000 mcg/ml	
deferasirox	SP
deferasirox granules	SP
DERMACINRX PRETRATE	
DL-ALANINE	
DL-LEUCINE	
DL-METHIONINE POWDER (RX)	
DL-PHENYLALANINE	
effer-k tablet effervescent 25 meq oral	
ELITE-OB	
ENBRACE HR	
FERRIPROX ORAL SOLUTION	SP

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
GALZIN	
iodine strong oral	
JENLIVA PRENATAL/POSTNATAL	
JYNARQUE	PA; SP; QL
klor-con 10	
klor-con m10	
klor-con m15	
klor-con m20	
klor-con oral packet 20 meq	
klor-con oral tablet extended release	
k-prime	
L-ALANINE	
L-ARGININE	
L-CYSTINE	
levocarnitine oral tablet	
levocarnitine sf	
levocarnitine solution 1 gm/10ml oral	
L-GLUTAMIC ACID	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	
L-HISTIDINE POWDER (RX)	
L-ISOLEUCINE POWDER (RX)	
L-LEUCINE	
L-METHIONINE POWDER (RX)	
LOKELMA	QL
L-PHENYLALANINE	
L-PROLINE	
L-TYROSINE	
L-VALINE POWDER	
MAGNESIUM CARBONATE HEAVY	
MAGNESIUM CARBONATE POWDER	
METHIONINE	
M-NATAL PLUS	
NATAL PNV	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS ONE	
ONE VITE WOMENS PLUS	
ORAL CITRATE	
phosphorous	
phytonadione oral	QL
pnv prenatal plus multivit+dha	
PNV TABS 20-1	
potassium chloride crys er	
potassium chloride er	
potassium chloride oral packet	
potassium chloride oral solution 40 meq/15ml (20%)	
potassium chloride solution 10 % oral	
potassium chloride solution 20 meq/15ml (10%) oral	
potassium citrate er	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENAISSANCE	
prenatal oral tablet 27-1 mg	
prenatal plus vitamin/mineral	
PRENATE	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	
PRENATE ENHANCE	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	
PRENATE PIXIE	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
PRENATE RESTORE	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PRIMACARE ORAL CAPSULE	
RELNATE DHA	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	
SODIUM ASCORBATE POWDER	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	
sodium bicarbonate solution 8.4 % intravenous	
sodium polystyrene sulfonate oral powder	
SPS	
sterile water for irrigation solution irrigation	
TAURINE POWDER	
THREONINE	
tolvaptan	SP
trientine hcl oral capsule 250 mg	SP
trientine hcl oral capsule 500 mg	
TRINATE	
TRISTART DHA	
VALINE	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	
VELTASSA PACKET 8.4 GM ORAL	
VINATE ONE	
VITAFOL FE+ ORAL CAPSULE	
VITAFOL STRIPS	
VITAFOL-NANO	
VITAFOL-OB+DHA	
VITAMEDMD ONE RX/QUATREFOLIC	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
VITAPEARL	
VITATHELY WITH GINGER	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
wes-phos 250 neutral	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZIPHEX	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	
cimetidine oral	
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	QL
esomeprazole magnesium oral capsule delayed release 40 mg	QL
esomeprazole magnesium oral packet	AL; QL
famotidine oral suspension reconstituted	
famotidine oral tablet 40 mg	
famotidine tablet 20 mg oral (rx)	
lansoprazole capsule delayed release 15 mg oral (rx)	QL
lansoprazole oral capsule delayed release 30 mg	QL
misoprostol oral	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	AL; QL
nizatidine oral capsule	
omeprazole oral capsule delayed release	QL
omeprazole-sodium bicarbonate oral capsule	QL
pantoprazole sodium oral tablet delayed release	QL
rabeprazole sodium oral tablet delayed release	QL
sucralfate oral tablet	
sucralfate suspension 1 gm/10ml oral	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	
alosetron hcl	
alvimopan	
BISACODYL	
CHENODAL	PA; SP
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	
constulose	
cromolyn sodium oral	
dicyclomine hcl oral	
diphenoxylate-atropine oral liquid	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	
enulose	
GATTEX	PA; SP
gavilyte-c	
gavilyte-g	
generlac	
glycopyrrolate oral solution	
glycopyrrolate oral tablet 1 mg, 2 mg	
hyoscyamine sulfate elixir 0.125 mg/5ml oral	
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	
hyoscyamine sulfate tablet 0.125 mg oral	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	
lactulose encephalopathy	
lactulose oral solution 20 gm/30ml	
lactulose solution 10 gm/15ml oral	
LINZESS	QL
loperamide hcl oral capsule	
lubiprostone capsule 24 mcg oral	QL
lubiprostone capsule 8 mcg oral	QL
methscopolamine bromide oral	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
mineral oil heavy oral	
MOTEGRITY ORAL TABLET 1 MG	ST; QL
MOTEGRITY TABLET 2 MG ORAL	ST; QL
MOVANTIK	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	BP
MYTESI	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	
peg 3350-kcl-na bicarb-nacl	
peg-3350/electrolytes	
peg-3350/electrolytes/ascorbat	
peg-kcl-nacl-nasulf-na asc-c	
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	
RESTORA RX	
SUTAB	
SYMPROIC	QL
TRULANCE TABLET 3 MG ORAL	ST; QL
ursodiol oral capsule 300 mg	
ursodiol oral tablet	
VIBERZI	
VOWST	PA; QL
XERMELO	PA; SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	
betaine	SP
CERDELGA	PA; SP
CHOLBAM	PA; SP
CREON	
CYSTAGON	SP
EVRYSDI	PA; SP; QL
GALAFOLD	PA; SP; QL
L-GLUTAMIC ACID HCL	
miglustat	PA; SP
MYALEPT	PA; SP

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
nitisinone	SP
NITYR	SP
OLPRUVA (2 GM DOSE)	SP; QL
OLPRUVA (3 GM DOSE)	SP; QL
OLPRUVA (4 GM DOSE)	SP; QL
OLPRUVA (5 GM DOSE)	SP; QL
OLPRUVA (6 GM DOSE)	SP; QL
OLPRUVA (6.67 GM DOSE)	SP; QL
OPFOLDA	PA; SP; QL
ORFADIN ORAL SUSPENSION	SP
PALYNZIQ	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	ST
PHEBURANE	PA; SP
RAVICTI	PA; SP
sapropterin dihydrochloride oral packet	PA; SP
sapropterin dihydrochloride oral tablet	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	SP
sodium phenylbutyrate oral tablet	SP
STRENSIQ	PA; SP
SUCRAID	PA; SP
VIOKACE	ST
VOXZOGO	PA; SP; QL
XURIDEN	SP
yargesa	PA; SP
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	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	
AURYXIA	
bethanechol chloride oral	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
calcium acetate (phos binder) oral capsule	
calcium acetate (phos binder) tablet 667 mg oral (rx)	
calcium acetate oral tablet 667 mg	
CUPRIMINE ORAL CAPSULE 250 MG	SP; BP
darifenacin hydrobromide er	
ELMIRON	
flavoxate hcl	
FOSRENOL ORAL PACKET	
INTRAROSA	QL
lanthanum carbonate	
LITHOSTAT	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	ST
oxybutynin chloride er	
oxybutynin chloride oral solution	
oxybutynin chloride oral tablet	
penicillamine oral	SP
phenazo oral tablet 200 mg	
phenazopyridine hcl oral tablet 100 mg, 200 mg	
sevelamer carbonate	
sevelamer hcl	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	QL
solifenacin succinate	
tadalafil oral	QL
tiopronin oral	SP
tolterodine tartrate	
tolterodine tartrate er	
trospium chloride	
trospium chloride er	
uretron d/s oral tablet 81.6 mg	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
varafenafil hcl oral	QL
VELPHORO	QL
Genitourinary Agents - Drugs for Prostate Conditions	
alfuzosin hcl er	
dutasteride oral	
dutasteride-tamsulosin hcl	
finasteride oral tablet 5 mg	
silodosin	
tamsulosin hcl	
terazosin hcl oral	
Hormonal Agents - Adrenal	
dexamethasone intensol	
dexamethasone oral elixir	
dexamethasone oral solution	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	
dexamethasone oral tablet therapy pack	
dexamethasone tablet 4 mg oral	
fludrocortisone acetate oral	
hydrocortisone oral	
MEDROL ORAL TABLET 2 MG	
methylprednisolone oral	
prednisolone oral solution	
prednisolone oral tablet	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	
prednisone oral	
Hormonal Agents - Men's Health	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	PA
danazol oral	
FORTESTA	PA; BP
METHITEST	
METHYLTESTOSTERONE	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
methyltestosterone oral	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	PA
testosterone enanthate intramuscular solution	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%)	PA
testosterone transdermal solution	PA
Hormonal Agents - Pituitary	
ACTHAR	PA; SP
cabergoline	QL
cetorelix acetate	SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	SP; QL
CLOMID	
CORTROPHIN	PA; SP
desmopressin ace spray refrig	
desmopressin acetate oral	
desmopressin acetate spray	
EGRIFTA SV	PA; SP; QL
FOLLISTIM AQ SUBCUTANEOUS	SP
fyremadel	SP
ganirelix acetate subcutaneous solution prefilled syringe	SP
GONAL-F	SP
GONAL-F RFF	SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP
HUMATROPE INJECTION CARTRIDGE	PA; SP
INCRELEX	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	PA; SP; QL
leuprolide acetate injection	SP
MENOPUR	SP
NGENLA	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	SP
octreotide acetate subcutaneous	SP
ORILISSA	PA; QL
OVIDREL	SP
PREGNYL	SP; QL
RECORLEV	PA; SP; QL
SIGNIFOR	PA; SP
SKYTROFA	PA; SP
SYNAREL	
Hormonal Agents - Prostaglandins	
mifepristone oral tablet 300 mg	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	
OSPHENA	
raloxifene hcl	
Hormonal Agents - Sex Hormones and Birth Control	
afirmelle	
altavera	
alyacen 1/35	
alyacen 7/7/7	
amabelz oral tablet 0.5-0.1 mg	
amethyst	
ANNOVERA	QL
apri	
aranelle	
ashlyna	
aubra eq	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
aurovela 1.5/30	
aurovela 1/20	
aurovela 24 fe	
aurovela fe 1.5/30	
aurovela fe 1/20	
aviane	
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe 1.5/30	
blisovi fe 1/20	
briellyn	
camila	
camrese	
camrese lo	
charlotte 24 fe	
chateal eq	
COMBIPATCH	QL
CRINONE	
cryselle-28	
cyred eq	
dasetta 1/35	
dasetta 7/7/7	
daysee	
deblitane	
delyla	
DEPO-ESTRADIOL	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	
dolishale	
dotti	QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
drospiren-eth estrad-levomefol	
drospirenone-ethinyl estradiol	
DUAVEE	
ELESTRIN	
elinest	
eluryng	QL
ENDOMETRIN	
enilloring	QL
enpresse-28	
enskyce oral tablet 0.15-30 mg-mcg	
errin	
estarylla	
estradiol oral	
estradiol transdermal gel	
estradiol transdermal patch twice weekly	QL
estradiol transdermal patch weekly	QL
estradiol vaginal	
estradiol valerate intramuscular	
estradiol-norethindrone acet	
ESTRING VAGINAL RING 7.5 MCG/24HR	QL
ESTROGEL	
ethynodiol diac-eth estradiol	
etonogestrel-ethinyl estradiol	QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	
falmina	
FEMRING	QL
finzala	
fyavolv	
gemmily	
hailey 1.5/30	
hailey 24 fe	
hailey fe 1.5/30	
hailey fe 1/20	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
haloette	QL
heather	
iclevia	
IMVEXXY MAINTENANCE PACK	
IMVEXXY STARTER PACK	
incassia	
introvale	
isibloom	
jaimiess	
jasmiel	
jencycla	
jinteli	
jolessa	
joyeaux	
juleber	
junel 1.5/30	
junel 1/20	
junel fe 1.5/30	
junel fe 1/20	
junel fe 24	
kaitlib fe	
kalliga	
kariva	
kelnor 1/35	
kelnor 1/50	
kurvelo	
larin 1.5/30	
larin 1/20	
larin 24 fe	
larin fe 1.5/30	
larin fe 1/20	
layolis fe	
leena	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
lessina	
levonest	
levonorgest-eth est & eth est	
levonorgest-eth estrad 91-day	
levonorgest-eth estradiol-iron	
levonorgestrel-ethinyl estrad	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	
levora 0.15/30 (28)	
lojaimiess	
loryna	
low-ogestrel	
lo-zumandimine	
lutra	
lyleq	
lyllana	QL
lyza	
marlissa	
medroxyprogesterone acetate intramuscular	
medroxyprogesterone acetate oral	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	
megestrol acetate oral tablet	
megestrol acetate suspension 400 mg/10ml oral	
merzee	
mibelas 24 fe	
microgestin 1.5/30	
microgestin 1/20	
microgestin 24 fe	
microgestin fe 1.5/30	
microgestin fe 1/20	
mili	
mimvey	
mono-linyah	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
MYFEMBREE	PA; QL
necon 0.5/35 (28)	
nikki	
nora-be	
norelgestromin-eth estradiol	QL
norethin ace-eth estrad-fe oral capsule	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	
norethin ace-eth estrad-fe oral tablet chewable	
norethindrone acetate oral	
norethindrone acet-ethinyl est oral tablet	
norethindrone oral	
norethindrone-eth estradiol	
norethindron-ethinyl estrad-fe	
norethin-eth estradiol-fe	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	
norgestimate-ethinyl estradiol triphasic	
norlyroc	
nortrel 0.5/35 (28)	
nortrel 1/35 (21)	
nortrel 1/35 (28)	
nortrel 7/7/7	
nylia 1/35	
nylia 7/7/7	
nymyo	
ocella	
ORIAHNN	PA; QL
philith	
pimtrea	
portia-28	
PREMARIN ORAL	
PREMARIN VAGINAL	
PREMPHASE	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
PREMPRO	
progesterone intramuscular	
progesterone oral	
reclipsen	
rivelsa	
setlakin	
sharobel	
simliya	
simpesse	
sprintec 28	
sronyx	
syeda	
tarina 24 fe	
tarina fe 1/20 eq	
taysofy	
tilia fe	
tri-estarylla	
tri-legest fe	
tri-linyah	
tri-lo-estarylla	
tri-lo-marzia	
tri-lo-mili	
tri-lo-sprintec	
tri-mili	
tri-nymyo	
tri-sprintec	
trivora (28)	
tri-vylibra	
tri-vylibra lo	
turqoz	
tydemy	
velivet	
vestura	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
vienva	
viorele	
volnea	
vyfemla	
vylibra	
wera	
wymzya fe	
xulane	QL
yuvafem	
zafemy	QL
zovia 1/35 (28)	
zumandimine	
Hormonal Agents - Thyroid	
ADTHYZA ORAL TABLET 130 MG, 32.5 MG, 65 MG, 97.5 MG	
ARMOUR THYROID	
euthyrox	
levo-t	
LEVOTHYROXINE SODIUM ORAL CAPSULE	
levothyroxine sodium oral tablet	
levoxyl	
liothyronine sodium oral	
methimazole oral	
NIVA THYROID	
np thyroid	
propylthiouracil oral	
SYNTHROID	BP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	
TIROSINT CAPSULE 75 MCG ORAL	
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	
TIROSINT-SOL	
unithroid	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
Immunological Agents - Drugs for Immune System Stimulation or Suppression	
ACTEMRA ACTPEN	PA; SP; QL
ACTEMRA SUBCUTANEOUS	PA; SP; QL
ACTIMMUNE	PA; SP
ADALIMUMAB-ADAZ	PA; SP; QL
ADALIMUMAB-FKJP	PA; SP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	PA; SP
ASTAGRAF XL	
azathioprine oral	
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
CIMZIA (2 SYRINGE)	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	PA; SP; QL
COSENTYX (300 MG DOSE)	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; SP; QL
COSENTYX UNOREADY	PA; SP; QL
cyclosporine modified	
cyclosporine oral capsule	
ENBREL MINI	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP; QL
ENSPRYNG	PA; SP; QL
ENTYVIO SUBCUTANEOUS	PA; SP; QL
ENVARUSUS XR	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
gengraf oral capsule 100 mg, 25 mg	
gengraf oral solution	
HADLIMA	PA; SP; QL
HADLIMA PUSHTOUCH	PA; SP; QL
HAEGARDA	PA; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	PA; SP; BP; QL
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	PA; SP; BP; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	PA; SP; BP; QL
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	PA; SP; BP; QL
HUMIRA-PED<40KG CROHNS STARTER	PA; SP; BP; QL
HUMIRA-PED>=40KG CROHNS START	PA; SP; BP; QL
HUMIRA-PED>=40KG UC STARTER	PA; SP; BP; QL
HUMIRA-PSORIASIS/UVEIT STARTER	PA; SP; BP; QL
icatibant acetate subcutaneous solution prefilled syringe	PA; SP
JOENJA	PA; SP; QL
KEVZARA	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
leflunomide oral	QL
LUPKYNIS	PA; SP; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	
methotrexate sodium injection solution reconstituted	
methotrexate sodium oral	
mycophenolate mofetil oral	
mycophenolate sodium	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	
OLUMIANT	PA; SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
OMVOH SUBCUTANEOUS	PA; SP; QL
ORENCIA CLICKJECT	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
ORLADEYO	PA; SP; QL
OTEZLA ORAL TABLET	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	PA; SP; QL
PROGRAF ORAL PACKET	AL
REZUROCK	PA; SP; QL
RIDAURA	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	PA; SP; QL
SANDIMMUNE ORAL SOLUTION	
SILIQ	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
sirolimus oral	
SKYRIZI PEN	PA; SP; QL
SKYRIZI SUBCUTANEOUS	PA; SP; QL
SOTYKTU	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP; QL
tacrolimus oral	
TAKHZYRO	PA; SP; QL
TALTZ	PA; SP; QL
TREMFYA	PA; SP; QL
TREXALL	
VARIZIG INTRAMUSCULAR SOLUTION	
VELSIPITY	PA; SP; QL
XELJANZ	PA; SP; QL
XELJANZ XR	PA; SP; QL

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
Inflammatory Bowel Disease Agents	
balsalazide disodium	
budesonide oral	
budesonide rectal	
CORTIFOAM EXTERNAL	
hydrocortisone (perianal)	
hydrocortisone rectal enema	
mesalamine er	
mesalamine oral	
mesalamine rectal	
mesalamine-cleanser	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	
PROCTOFOAM HC EXTERNAL	
procto-med hc external	
proctosol hc external	
proctozone-hc external	
sulfasalazine oral	
Metabolic Bone Disease Agents - Drugs for Osteoporosis	
alendronate sodium oral solution	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	
calcitonin (salmon)	
ibandronate sodium oral	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	
risedronate sodium oral tablet delayed release	
TYMLOS	PA; SP; QL
Metabolic Bone Disease Agents - Other	
calcitriol oral	
cinacalcet hcl	
doxercalciferol oral	
paricalcitol oral	
RAYALDEE	
Miscellaneous Therapeutic Agents	
AEROCHAMBER HOLDING CHAMBER	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
AEROCHAMBER MINI CHAMBER	
AEROCHAMBER MV	
AEROCHAMBER PLS FLOVU MTHPIECE	
AEROCHAMBER PLUS FLO-VU INTERM	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	
AEROCHAMBER PLUS FLOW VU	
AEROCHAMBER W/FLOWSIGNAL	
ASPARTAME (FOR COMPOUNDING)	
ASPARTAME (NUTRASWEET)	
BREATHE EASE LARGE	
BREATHE EASE MEDIUM	
BREATHE EASE SMALL	
BREATHERITE VALVED MDI CHAMBER	
BROMELAIN	
BYLVAY	PA; SP; QL
BYLVAY (PELLETS)	PA; SP; QL
CETYLCIDE-G	
CHARCOAL ACTIVATED	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	
COMPACT SPACE CHAMBER	
COMPACT SPACE CHAMBER/LG MASK	
COMPACT SPACE CHAMBER/MED MASK	
COMPACT SPACE CHAMBER/SM MASK	
DOJOLVI	PA
EASIVENT	
ENDARI	
ergoloid mesylates oral	
FLEXICHAMBER	
formaldehyde solution 37 % external (rx)	
glutaraldehyde external	
GRASTEK	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
IWILFIN	PA; MB; SP; QL
KERENDIA TABLET 10 MG ORAL	PA; QL
KERENDIA TABLET 20 MG ORAL	PA; QL
LIVMARLI	PA; SP; QL
methergine oral	
methylergonovine maleate oral	
MICROCHAMBER DEVICE	
ODACTRA	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	MB; QL
OMNIPOD 5 G6 PODS (GEN 5)	MB; QL
OMNIPOD DASH INTRO (GEN 4)	MB; QL
OMNIPOD DASH PODS (GEN 4)	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	MB; QL
OPTICHAMBER DIAMOND	
OPTICHAMBER DIAMOND-LG MASK	
OPTICHAMBER DIAMOND-MD MASK	
OPTICHAMBER DIAMOND-SM MASK	
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	
OXBRYTA	PA; SP; QL
PALFORZIA	SP; AL
POCKET SPACER	
RADIOGARDASE	
RAGWITEK	
SACCHARIN	
sodium saccharin powder	
SOHONOS	PA; SP; QL
TAVNEOS	PA; SP; QL
VEOZAH TABLET 45 MG ORAL	ST; QL
VISTOGARD	SP
VORTEX VALVED HOLDING CHAMBER	
ZOKINVY	PA; SP

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	
AZASITE	
azelastine hcl ophthalmic	
bacitracin ophthalmic	
bepotastine besilate	
BETADINE OPHTHALMIC PREP	
bromfenac sodium (once-daily)	
bromfenac sodium ophthalmic solution 0.07 %	
ciprofloxacin hcl ophthalmic	
cromolyn sodium ophthalmic	
dexamethasone sodium phosphate ophthalmic	
diclofenac sodium ophthalmic	
difluprednate	ST
epinastine hcl	
erythromycin ointment 5 mg/gm ophthalmic	
FLAREX	
fluorometholone ophthalmic	
flurbiprofen sodium	
FML FORTE	
gatifloxacin ophthalmic	ST
gentamicin sulfate ophthalmic solution	
INVELTYS	
ketorolac tromethamine ophthalmic	
levofloxacin ophthalmic solution 1.5 %	
LOTEMAX SM	
loteprednol etabonate ophthalmic gel	ST
loteprednol etabonate ophthalmic suspension 0.2 %	ST
MAXIDEX	
MITOSOL	
moxifloxacin hcl ophthalmic solution	
NATACYN	
neomycin-polymyxin-dexameth ophthalmic ointment	

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

Coverage effective 4/15/2024

Drug Name	Limits/ Required
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	
ofloxacin ophthalmic	
olopatadine hcl solution 0.2 % ophthalmic (rx)	
POVIDONE-IODINE OPHTHALMIC	
PRED MILD	ST
prednisolone acetate ophthalmic	
prednisolone sodium phosphate ophthalmic	
sulfacetamide sodium ophthalmic	
TOBRADEX OPHTHALMIC OINTMENT	
TOBRADEX ST	
tobramycin ophthalmic	
tobramycin-dexamethasone	
TOBEX OPHTHALMIC OINTMENT	
trifluridine ophthalmic	
UPNEEQ	QL
XDEMYVY SOLUTION 0.25 % OPHTHALMIC	PA
ZIRGAN	
Ophthalmic Agents - Drugs for Glaucoma	
acetazolamide er	
acetazolamide oral	
apraclonidine hcl	
betaxolol hcl ophthalmic	
BETIMOL	
bimatoprost ophthalmic	
brimonidine tartrate ophthalmic	
brimonidine tartrate-timolol	
brinzolamide	
carteolol hcl	
dichlorphenamide	SP
dorzolamide hcl solution 2 % ophthalmic	
dorzolamide hcl-timolol mal	

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	Limits/ Required
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	
IOPIDINE OPHTHALMIC SOLUTION 1 %	
latanoprost ophthalmic	
levobunolol hcl ophthalmic solution 0.5 %	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	ST
methazolamide oral	
PHOSPHOLINE IODIDE	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	
RHOPRESSA	
ROCKLATAN	ST
SIMBRINZA	
tafluprost (pf)	ST
timolol maleate (once-daily)	
timolol maleate ocudose	
timolol maleate ophthalmic solution	
timolol maleate pf	
travoprost (bak free)	
VUITY	
XELPROS	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	
altafrin ophthalmic solution 10 %, 2.5 %	
atropine sulfate ophthalmic ointment	
atropine sulfate ophthalmic solution 1 %	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	
bacitra-neomycin-polymyxin-hc	
CEQUA	QL
cyclopentolate hcl ophthalmic solution 1 %	
cyclosporine ophthalmic	
CYSTADROPS	SP
CYSTARAN	SP
MIEBO	
neomycin-bacitracin zn-polymyx	

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	Limits/ Required
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	
neo-polycin	
neo-polycin hc	
OXERVATE	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	
polycin	
polymyxin b-trimethoprim	
proparacaine hcl ophthalmic	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	QL
sulfacetamide-prednisolone ophthalmic solution	
TYRVAYA	QL
VERKAZIA	
XIIDRA	QL
ZYLET	
Otic Agents - Drugs for Ear Conditions	
acetic acid otic	
ciprofloxacin hcl otic	
ciprofloxacin-dexamethasone	
CORTISPORIN-TC	
flac	
fluocinolone acetonide otic	
hydrocortisone-acetic acid	
neomycin-polymyxin-hc otic	
ofloxacin otic	
PRAMOTIC	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	
azelastine hcl nasal	
benzonatate	
carbinoxamine maleate oral solution	
carbinoxamine maleate oral tablet 4 mg	
cetirizine hcl oral solution	

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	Limits/ Required
clemastine fumarate oral tablet 2.68 mg	
cyproheptadine hcl oral	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	
flunisolide nasal solution 25 mcg/act (0.025%)	
fluticasone propionate suspension 50 mcg/act nasal (rx)	QL
guaifenesin-codeine oral solution	AL; QL
hydrocod poli-chlorphe poli er	AL; QL
hydrocodone bit-homatrop mbr	AL; QL
hydromet oral solution	AL; QL
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	
ipratropium bromide nasal	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	
maxi-tuss ac	AL; QL
mometasone furoate suspension 50 mcg/act nasal (rx)	QL
NEBUSAL	
promethazine vc	
promethazine vc/codeine	AL; QL
promethazine-codeine oral solution	AL; QL
promethazine-dm oral syrup	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	
PULMOSAL	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	
sodium chloride nebulization solution 7 % inhalation	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	
acetylcysteine inhalation	
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	BP; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	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	Limits/ Required
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Generic Proair/Proventil; 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	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	
albuterol sulfate oral	
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	QL
arformoterol tartrate	QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL
ASMANEX HFA	QL
ATROVENT HFA	QL
BEVESPI AEROSPHERE	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	QL
brey-na	QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	QL
budesonide inhalation	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	Limits/ Required
budesonide-formoterol fumarate	QL
COMBIVENT RESPIMAT	QL
cromolyn sodium inhalation	
elixophyllin	
epinephrine injection solution auto-injector	QL
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	PA; SP; QL
FLUTICASONE PROPIONATE DISKUS	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	QL
formoterol fumarate inhalation	QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	QL
ipratropium bromide inhalation	
ipratropium-albuterol	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	QL
montelukast sodium oral	
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PA; SP; QL
OFEV	PA; SP; QL
pirfenidone	PA; SP; QL
PULMICORT FLEXHALER	QL
QVAR REDHALER	QL
roflumilast	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	QL

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Drug Name	Limits/ Required
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	QL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	QL
STRIVERDI RESPIMAT	QL
terbutaline sulfate oral	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP; QL
THEO-24	
theophylline elixir 80 mg/15ml oral	
theophylline er	
theophylline oral solution	
tiotropium bromide monohydrate	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	QL
XOPENEX HFA	QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	ST; QL
zafirlukast	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	
BRONCHITOL	QL
CAYSTON	SP
KALYDECO	PA; SP; QL
KITABIS PAK	SP; QL
ORKAMBI	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	SP
SYMDEKO	PA; SP; QL
TOBI PODHALER	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	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	Limits/ Required
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	SP; QL
TRIKAFTA	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	
ADEMPAS	PA; SP; QL
alyq	PA; SP; QL
ambrisentan	PA; SP; QL
bosentan	PA; SP; QL
OPSUMIT	PA; SP; QL
ORENITRAM	PA; SP
ORENITRAM MONTH 1	PA; SP
ORENITRAM MONTH 2	PA; SP
ORENITRAM MONTH 3	PA; SP
sildenafil citrate oral suspension reconstituted	PA; SP; QL
sildenafil citrate oral tablet 20 mg	PA; SP; QL
tadalafil (pah)	PA; SP; QL
TADLIQ	PA; SP; QL
TRACLEER 32 MG	PA; SP; QL
TYVASO	PA; SP
TYVASO DPI INSTITUTIONAL KIT	PA; SP; QL
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	PA; SP; QL
TYVASO DPI TITRATION KIT	PA; SP; QL
TYVASO REFILL	PA; SP
TYVASO STARTER	PA; SP
UPTRAVI ORAL	PA; SP; QL
UPTRAVI TITRATION	PA; SP; QL
VENTAVIS	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	
baclofen oral suspension	
baclofen oral tablet 10 mg, 20 mg, 5 mg	
carisoprodol oral	

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Drug Name	Limits/ Required
chlorzoxazone oral tablet 500 mg	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	
dantrolene sodium oral	
metaxalone oral tablet 800 mg	
methocarbamol oral tablet 500 mg, 750 mg	
orphenadrine citrate er	
tizanidine hcl oral	
Sleep Disorder Agents	
armodafinil	QL
BELSOMRA	ST; QL
doxepin hcl oral tablet	QL
eszopiclone	QL
flurazepam hcl	
HETLIOZ LQ	PA; SP; QL
modafinil oral	QL
ramelteon	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	PA; SP; QL
SUNOSI TABLET 150 MG ORAL	ST; QL
SUNOSI TABLET 75 MG ORAL	ST; QL
tasimelteon	PA; SP; QL
temazepam	
WAKIX	PA; SP; QL
XYREM	PA; SP; QL
XYWAV	PA; SP; QL
zaleplon	QL
zolpidem tartrate er	QL
zolpidem tartrate oral tablet	QL
zolpidem tartrate sublingual	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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vienna.....	69	WESTGEL DHA.....	55	ZAVZPRET.....	20
vigabatrin.....	15	wixela inhub.....	83	ZEJULA.....	26
vigadrone.....	15	wymzya fe.....	69	ZELBORAF.....	26
vigpoder.....	15	XACIATO.....	13	zenatane.....	47
VIJOICE.....	25	XALKORI.....	26	ZENPEP.....	58
vilazodone hcl.....	17	XARELTO.....	13	ZEPOSIA.....	41
VINATE ONE.....	54	XARELTO STARTER PACK.....	13	ZEPOSIA 7-DAY STARTER	
VIOKACE.....	58	XCOPRI.....	15	PACK.....	41
viorele.....	69	XDEMVI.....	77	ZEPOSIA STARTER KIT.....	41
VIRACEPT.....	32	XELJANZ.....	72	zidovudine.....	33
VIREAD.....	32	XELJANZ XR.....	72	ZIEXTENZO.....	34
VISTOGARD.....	75	XELODA.....	26	ZIPHEX.....	55
VITAFOL FE+.....	54	XELPROS.....	78	ziprasidone hcl.....	30
VITAFOL STRIPS.....	54	XEPI.....	13	ZIRGAN.....	77
VITAFOL-NANO.....	54	XERMELO.....	57	ZOKINVY.....	75
VITAFOL-OB+DHA.....	54	XIFAXAN.....	13	ZOLINZA.....	26
VITAMEDMD ONE		XIGDUO XR.....	49	zolmitriptan.....	20
RX/QUATREFOLIC.....	54	XIIDRA.....	79	zolpidem tartrate.....	85
VITAPEARL.....	55	XOFLUZA (40 MG DOSE).....	32	zolpidem tartrate er.....	85
VITATHELY WITH GINGER.....	55	XOFLUZA (80 MG DOSE).....	33	zonisamide.....	15
VIVJOA.....	19	XOPENEX HFA.....	83	ZONTIVITY.....	28
VIZIMPRO.....	26	XPOVIO (100 MG ONCE		ZORYVE.....	47
volnea.....	69	WEEKLY).....	26	zovia 1/35 (28).....	69
VONJO.....	26	XPOVIO (40 MG ONCE		ZTALMY.....	15
voriconazole.....	19	WEEKLY).....	26	ZUBSOLV.....	10
VORTEX VALVED		XPOVIO (40 MG TWICE		zumandimine.....	69
HOLDING CHAMBER.....	75	WEEKLY).....	26	ZURZUVAE.....	17
VOSEVI.....	32	XPOVIO (60 MG ONCE		ZYDELIG.....	26
VOTRIENT.....	26	WEEKLY).....	26	ZYKADIA.....	26
VOWST.....	57	XPOVIO (60 MG TWICE		ZYLET.....	79
VOXZOGO.....	58	WEEKLY).....	26	ZYTIGA.....	26
VRAYLAR.....	30				

Non-discrimination notice



Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, call (800) 752-5863 (TTY: 711)

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103

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

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Help in Other Languages

For help in any language other than English, call (800) 752-5863 (TTY: 711).

Arabic -

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711) (800) 752-5863

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችንም የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ለተሳናቸው:711)።

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

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

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 752-5863 (TTY: 711).

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

Karen - ၵာ်သုၣ်ဟံးသး- နမ့ၢ်ကတိၤ ကညိ ကျိၣ်အသိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၢ်ဘျၣ်လၢၢ်စ့ၤ နိတမံၤဘျၣ်သ့န့ၢ်လီၤ. ကိး (800) 752-5863 (TTY: 711).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 752-5863 (TTY: 711) 번으로 전화해 주십시오.

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ (800) 752-5863 (TTY: 711).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 752-5863 (TTY: 711).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 752-5863 (телетайп: 711).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 752-5863 (TTY: 711).

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

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

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