



# ACA Compliant Individual/Small Group 6 Tier Formulary

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- Look up possible lower-cost medication alternatives
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**SANFORD**<sup>®</sup>  
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).

### Tier information

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Higher-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier 4</b>	\$ <b>Generic/Preferred</b> biosimilar specialty medications	Generic and biosimilar specialty medications typically require additional information from you or your provider to determine coverage. Lower cost options may be available.
<b>Tier 5</b>	\$\$\$\$ <b>Mid-range cost</b> preferred brand-name specialty medication	Use tier 5 drugs, instead of tier 6, to help reduce your out-of-pocket costs.
<b>Tier 6</b>	\$\$\$\$\$ <b>Highest-cost</b> specialty medications	Many tier 6 drugs have lower cost options in Tier 4 or 5.
<b>Tier 14</b>	<b>Medical Benefit medications</b>	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.

<b>PA</b>	<b>Prior Authorization</b> – 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.
<b>PV</b>	<b>High Deductible Health Plan Preventive Medication</b> – Medication not subject to deductible and available at a copay/coinsurance under a high deductible health plan.
<b>QL</b>	<b>Quantity Limit / Amount Allowed</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – 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.
<b>ST</b>	<b>Step Therapy</b> – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>FE</b>	<b>Formulary Exception</b> – This medication will only be available to the member if they meet Sanford Health Plan criteria for a formulary override.
<b>ACA</b>	<b>Affordable Care Act</b> – As part of the Affordable Care Act, certain drugs are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.
<b>O</b>	<b>Over-the-counter (OTC)</b> – Medications, vitamins and/or supplements. Medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.
<b>MB</b>	<b>Medical Benefit</b> – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.
<b>AL</b>	<b>Age Limit</b> – Medication may be subject to a minimum or maximum age.
<b>BP</b>	<b>Brand Penalty</b> – 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.

## ACA Compliant Individual/Small Group Formulary

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
<b>Analgesics - Drugs for Pain</b>			butalbital-asa-caff-codeine	1	
acetaminophen-codeine	1	QL	butalbital-aspirin-caffeine oral capsule	1	
ALLZITAL	3	FE	butorphanol tartrate nasal	1	QL
APADAZ	3	FE; QL	BUTRANS	3	BP; QL
ascomp-codeine	1		codeine sulfate oral tablet	1	QL
bac	1		CONZIP	3	FE
BELBUCA	3	QL	DILAUDID ORAL	3	BP; QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
BUPAP ORAL TABLET 50-300 MG	3	FE; BP	ESGIC ORAL CAPSULE	3	FE; BP
buprenorphine transdermal	1	QL	ESGIC ORAL TABLET	3	BP
butalbital-acetaminophen capsule 50-300 mg oral	1	FE	fentanyl	1	QL
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE	fentanyl citrate buccal lozenge on a handle	1	
butalbital-acetaminophen oral tablet 50-300 mg	1	FE	FENTANYL CITRATE BUCCAL TABLET	3	
butalbital-acetaminophen oral tablet 50-325 mg	1		FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
butalbital-apap-caff-cod	1		FIORICET ORAL CAPSULE	3	BP
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE	hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1		hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	3	BP; QL
levorphanol tartrate oral	1	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL

Drug Name	Drug Tier	Limits/ Required
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate solution 10 mg/5ml oral	1	QL
morphine sulfate tablet 15 mg oral	1	QL
morphine sulfate tablet 30 mg oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
NALOCET	3	FE; QL
NUCYNTA	3	QL
NUCYNTA ER	3	FE; QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	3	FE; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
PROLATE	3	FE; QL
QDOLO	3	FE; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	FE; QL
SEGLENTIS	3	FE
TENCON ORAL TABLET 50-325 MG	3	FE

Drug Name	Drug Tier	Limits/ Required
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
TRAMADOL HCL ORAL SOLUTION	3	FE; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol hcl oral tablet 25 mg	1	
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	FE; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	O
aspirin adult low dose	1	O
aspirin adult low strength oral tablet delayed release	1	O
aspirin childrens	1	O
aspirin ec low dose	1	O
aspirin ec low strength	1	O
aspirin low dose oral tablet delayed release	1	O

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Drug Name	Drug Tier	Limits/ Required
aspirin low dose tablet chewable 81 mg oral	1	O
aspirin oral tablet 325 mg	1	O
aspirin oral tablet chewable	1	O
aspirin oral tablet delayed release 325 mg, 81 mg	1	O
aspirin regimen	1	O
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP
celecoxib oral	1	
COXANTO	3	FE; QL
DAYPRO	3	BP
DICLOFENAC PATCH EXTERNAL	3	FE; QL
diclofenac potassium oral capsule	1	FE
diclofenac potassium oral tablet 25 mg	1	FE
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	

Drug Name	Drug Tier	Limits/ Required
DUEXIS	3	FE; BP
EC-NAPROSYN	3	BP
ec-naproxen	1	
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
fenoprofen calcium oral	1	FE
FLECTOR EXTERNAL	3	FE; QL
flurbiprofen oral	1	
ft aspirin	1	O
ft aspirin low dose	1	O
ft enteric coated aspirin	1	O
genuine aspirin	1	O
goodsense aspirin adults	1	O
goodsense aspirin low dose	1	O
goodsense aspirin oral tablet	1	O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	FE; BP
INDOCIN RECTAL	3	FE; BP
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	1	
indomethacin rectal suppository 50 mg	1	
ketoprofen er	1	FE

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Drug Name	Drug Tier	Limits/ Required
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KIPROFEN	3	BP
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
LODINE	3	BP
LOFENA	3	FE; BP
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	
meloxicam oral capsule	1	FE
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	O
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE; BP
NALFON ORAL TABLET	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP

Drug Name	Drug Tier	Limits/ Required
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL SUSPENSION	3	FE; BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension	1	FE
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	FE
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg	1	FE
OXAPROZIN ORAL CAPSULE	3	FE; QL
oxaprozin oral tablet	1	
PENNSAID SOLUTION 2 % EXTERNAL	3	FE; BP; QL
piroxicam oral	1	
RELAFEN DS TABLET 1000 MG ORAL	3	FE
SPRIX	3	FE
sulindac oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
tolmetin sodium oral capsule	1	
VIMOVO	3	FE; BP
ZIPSOR	3	FE; BP
<b>Anesthetics</b>		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
PLIAGLIS EXTERNAL CREAM	3	FE
TRIDACAINE	3	BP
ZTLIDO	3	FE
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL

Drug Name	Drug Tier	Limits/ Required
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	PV; QL
disulfiram oral	1	
ft nicotine	1	O; PV; QL
ft nicotine mini	1	O; PV; QL
goodsense nicotine mouth/throat gum 2 mg	1	O; PV; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	O; PV; QL
habitrol	1	O; PV; QL
KLOXXADO	3	FE; QL
LUCEMYRA	3	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine mini	1	O; PV; QL
nicotine polacrilex mini	1	O; PV; QL
nicotine polacrilex mouth/throat	1	O; PV; QL
nicotine step 1	1	O; PV; QL
nicotine step 2	1	O; PV; QL
nicotine step 3	1	O; PV; QL
nicotine transdermal kit	1	O; PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	O; PV; QL
NICOTROL	2	PV; QL
NICOTROL NS	2	PV; QL
OPVEE	3	FE; QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	PV; QL

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Drug Name	Drug Tier	Limits/ Required
varenicline tartrate oral tablet	1	PV; QL
varenicline tartrate(continue)	1	PV; QL
ZIMHI	3	FE
ZUBSOLV	3	QL
<b>Antibacterials</b>		
AEMCOLO	3	FE; QL
amoxicillin capsule 500 mg oral	1	
amoxicillin oral capsule 250 mg	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	6	SP; FE
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	

Drug Name	Drug Tier	Limits/ Required
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	FE
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Limits/ Required
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	BP
CLEOCIN VAGINAL CREAM	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
DORYX MPC	3	FE
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	1	FE
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	1	FE

Drug Name	Drug Tier	Limits/ Required
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	FE
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 200	3	BP
ERYPED 400	3	BP
ERY-TAB	3	BP
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	BP
FLAGYL ORAL CAPSULE	3	FE; BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP

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Drug Name	Drug Tier	Limits/ Required
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
LIKMEZ	3	FE
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP
MACRODANTIN	3	BP
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral capsule	1	FE
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl er oral tablet extended release 24 hour	1	FE
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	FE
MINOLIRA	3	FE
mondoxyne nl oral capsule 100 mg	1	
moxifloxacin hcl oral	1	
mupirocin calcium	1	FE
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	

Drug Name	Drug Tier	Limits/ Required
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	FE
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	FE
NUVESSA	3	FE
NUZYRA ORAL TABLET 150 MG	3	FE; QL
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SEYSARA	3	FE
SILVADENE	3	BP
silver sulfadiazine external	1	
SIVEXTRO ORAL	3	PA; FE
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	FE; BP
SOLOSEC	3	FE; QL
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL CREAM	3	FE
SULFAMYLON EXTERNAL PACKET	3	BP
sulfatrim pediatric	1	

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

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Drug Name	Drug Tier	Limits/ Required
TARGADOX	3	FE; BP
tetracycline hcl oral capsule	1	
TETRACYCLINE HCL ORAL TABLET	3	FE
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	BP
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP

Drug Name	Drug Tier	Limits/ Required
<b>Anticoagulants</b>		
ARIXTRA	3	PV; BP
dabigatran etexilate mesylate	1	PV; FE
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium injection solution 300 mg/3ml	1	PV
enoxaparin sodium injection solution prefilled syringe	1	PV
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
PRADAXA	3	PV; FE
SAVAYSA	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	FE
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	5	PA; SP
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
DILANTIN-125	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	

Drug Name	Drug Tier	Limits/ Required
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	3	FE
EPIDIOLEX	5	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	6	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MOTPOLY XR	3	FE; QL
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin infatabs	1	

Drug Name	Drug Tier	Limits/ Required
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	6	SP; BP
SPRITAM	3	FE
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	FE
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	

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

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Drug Name	Drug Tier	Limits/ Required
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	4	SP
vigadrone	4	SP
vigpoder	4	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
ZONISADE	3	FE
zonisamide oral	1	
ZTALMY	5	PA; SP; QL
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	3	FE; QL
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	

Drug Name	Drug Tier	Limits/ Required
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA TITRATION PAK	3	BP
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE
AUVELITY	3	FE; QL
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; PV; FE
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
EMSAM	3	FE
escitalopram oxalate oral	1	PV
FETZIMA	3	ST; PV; FE
FETZIMA TITRATION	3	ST; PV; FE
fluoxetine hcl (pmdd) oral tablet	1	FE
fluoxetine hcl oral capsule	1	PV

Drug Name	Drug Tier	Limits/ Required
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral solution	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
FORFIVO XL	3	PV; FE
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
LYBALVI	3	ST; FE; QL
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral suspension	1	PV; FE; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PAXIL CR	3	PV; BP; QL	venlafaxine hcl er oral capsule extended release 24 hour	1	PV
PAXIL ORAL SUSPENSION	3	PV; FE; BP; QL	venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
PAXIL ORAL TABLET	3	PV; BP; QL	VIIBRYD ORAL TABLET	3	ST; BP; QL
perphenazine-amitriptyline	1		vilazodone hcl	1	ST; QL
phenelzine sulfate oral	1		WELLBUTRIN SR	3	PV; BP
PRISTIQ	3	PV; BP	WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
protriptyline hcl	1		WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
PROZAC ORAL CAPSULE	3	PV; BP	ZOLOFT	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP	ZURZUVAE	3	PA; QL
REMERON SOLTAB	3	PV; BP	<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
SERTRALINE HCL ORAL CAPSULE	3	PV; FE	AKYNZEO ORAL	3	QL
sertraline hcl oral concentrate	1	PV	ANTIVERT ORAL TABLET 50 MG	3	BP
sertraline hcl oral tablet	1	PV	ANZEMET ORAL TABLET 50 MG	3	QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP	aprepitant	1	QL
tranylcypromine sulfate	1		compro	1	PV
trazodone hcl oral	1		dronabinol	1	
trimipramine maleate oral	1		EMEND ORAL CAPSULE 80 MG	3	BP; QL
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL	EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL	EMEND TRI-PACK	3	BP; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL	GIMOTI	3	FE
VENLAFAXINE BESYLATE ER	3	PV; FE			
venlafaxine hcl	1	PV			

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

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Drug Name	Drug Tier	Limits/ Required
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 24 mg	1	FE
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine	1	PV
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	

Drug Name	Drug Tier	Limits/ Required
promethegan	1	
REGLAN ORAL	3	BP
SANCUSO	3	FE; QL
scopolamine	1	
SYNDROS	3	FE
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
<b>Antifungals</b>		
ANCOBON	3	BP
BREXAFEMME	3	FE; QL
ciclofan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	BP
econazole nitrate external	1	
ECOZA	3	FE
ERTACZO	3	FE
EXELDERM	3	FE
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
JUBLIA	3	FE
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
klayesta	1	
LULICONAZOLE	3	FE
LUZU	3	FE
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE

Drug Name	Drug Tier	Limits/ Required
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 1 %	3	FE
NAFTIN EXTERNAL GEL 2 %	3	FE; BP
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	3	FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
OXISTAT EXTERNAL LOTION	3	FE
posaconazole oral	1	
SPORANOX	3	BP; QL
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE

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

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Drug Name	Drug Tier	Limits/ Required
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	FE
colchicine oral capsule	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
GLOPERBA	3	FE
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
<b>Antimigraine Agents</b>		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL
almotriptan malate	1	FE; QL
CAMBIA	3	FE; BP
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL

Drug Name	Drug Tier	Limits/ Required
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
naratriptan hcl	1	QL
NURTEC	3	FE; QL
ONZETRA XSAIL	3	FE
QULIPTA	2	ST; QL
RELPAX	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
sumatriptan-naproxen sodium	1	FE
TOSYMRA	3	FE; QL
TREXIMET ORAL TABLET 85-500 MG	3	FE; BP
TRUDHESA	3	FE; QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL
ZEMBRACE SYMTOUCH	3	FE; QL
zolmitriptan nasal solution 5 mg	1	FE; QL

Drug Name	Drug Tier	Limits/ Required
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	FE; QL
ZOMIG NASAL SOLUTION 5 MG	3	FE; BP; QL
<b>Antimyasthenic Agents</b>		
MESTINON ORAL SOLUTION	3	BP
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
<b>Antimycobacterials</b>		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	BP
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
<b>Antineoplastics - Drugs for Cancer</b>			BRUKINSA	14	PA; MB; SP; QL
abiraterone acetate	14	PA; MB; SP	CABOMETYX	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP	CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
AFINITOR DISPERZ	14	PA; MB; SP; BP	capecitabine	14	PA; MB; SP
ALECENSA	14	PA; MB; SP; QL	CAPRELSA	14	PA; MB; SP
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL	CASODEX	14	PA; MB; SP; BP
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP	COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
anastrozole oral	1	PV	COPIKTRA	14	PA; MB; SP; QL
ARIMIDEX	3	PV; BP	COTELLIC	14	PA; MB; SP
AROMASIN	3	PV; BP	cyclophosphamide oral capsule	14	PA; MB
AUGTYRO	14	PA; MB; SP; QL	DROXIA	2	
AYVAKIT	14	PA; MB; SP; QL	EMCYT	14	PA; MB; SP
BALVERSA	14	PA; MB; SP; QL	ERIVEDGE	14	PA; MB; SP
BESREMI	14	PA; MB; SP; QL	ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
bexarotene external	4	SP	ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
bexarotene oral	14	PA; MB; SP	erlotinib hcl	14	PA; MB; SP
bicalutamide	14	PA; MB; SP	etoposide oral	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB	EULEXIN	14	PA; MB; SP
BOSULIF ORAL TABLET	14	PA; MB; SP			
BRAFTOVI ORAL CAPSULE 75 MG	14	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	Drug Tier	Limits/ Required
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	PV
EXKIVITY	14	PA; MB; SP; QL
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
FRUZAQLA	14	PA; MB; SP; QL
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
IMBRUVICA ORAL CAPSULE	6	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	6	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	6	PA; SP; FE; QL
IMBRUVICA ORAL TABLET 420 MG	6	PA; SP; QL
INLYTA	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL
INREBIC	14	PA; MB; SP; QL
IRESSA	14	PA; MB; SP; BP
JAKAFI	6	PA; SP
JAYPIRCA	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI FEMARA	14	PA; MB; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
KOSELUGO	5	PA; SP; QL
KRAZATI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP
lenalidomide	14	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	14	PA; MB; SP
letrozole oral	1	PV
leucovorin calcium oral	1	
LEUKERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
MATULANE	14	PA; MB; SP
MEKINIST ORAL TABLET	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP
mercaptapurine oral	1	
MESNEX ORAL	5	SP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
OGSIVEO ORAL TABLET 50 MG	14	PA; MB; SP; QL
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	5	SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
pazopanib hcl	14	PA; MB; SP	TABLOID	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL	TABRECTA	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL	TAFINLAR ORAL CAPSULE	14	PA; MB; SP
POMALYST	14	PA; MB; SP	TAGRISSE	14	PA; MB; SP; QL
PURIXAN	3		TALZENNA	14	PA; MB; SP; QL
QINLOCK	14	PA; MB; SP; QL	tamoxifen citrate oral	1	PV
RETEVMO	14	PA; MB; SP; QL	TARCEVA	14	PA; MB; SP; BP
REVLIMID	14	PA; MB; SP	TARGRETIN EXTERNAL	6	SP; BP
REZLIDHIA	14	PA; MB; SP; QL	TARGRETIN ORAL	14	PA; MB; SP; BP
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
RUBRACA	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SCSEMBLIX	14	PA; MB; SP; QL	TEPMETKO	14	PA; MB; SP; QL
SIKLOS	3	FE	THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
SOLTAMOX	3	PV	TIBSOVO	14	PA; MB; SP; QL
sorafenib tosylate	14	PA; MB; SP	toremifene citrate	1	PV
SPRYCEL	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
STIVARGA	14	PA; MB; SP	TRUQAP	14	PA; MB; SP; QL
sunitinib malate	14	PA; MB; SP	TUKYSA	14	PA; MB; SP; QL
SUTENT	14	PA; MB; SP; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TYKERB	14	PA; MB; SP; BP	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
VALCHLOR	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VENCLEXTA	14	PA; MB; SP	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	XTANDI	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VIJOICE	5	PA; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	ZELBORAF	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP	ZYDELIG	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZYKADIA ORAL TABLET	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	<b>Antiparasitics</b>		
XELODA	14	PA; MB; SP; BP	albendazole oral	1	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	ALINIA ORAL TABLET	3	BP

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Drug Name	Drug Tier	Limits/ Required
ARAKODA	3	FE
atovaquone oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	BP
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	6	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	

Drug Name	Drug Tier	Limits/ Required
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
SOVUNA	3	FE
spinosad	1	
STROMEKTOL	3	BP; QL
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	6	SP; BP
apomorphine hcl subcutaneous	4	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible	1	

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Drug Name	Drug Tier	Limits/ Required
carbidopa-levodopa tablet 25-100 mg oral	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DHIVY ORAL TABLET 25-100 MG	3	FE
entacapone	1	
GOCOVRI	6	SP; FE
INBRIJA	6	SP; FE
LODOSYN	3	BP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	FE; BP
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE
PARLODEL	3	BP
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	FE
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	

Drug Name	Drug Tier	Limits/ Required
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
STALEVO 150	3	BP
TASMAR ORAL TABLET 100 MG	3	FE; BP
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	5	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
YOSPRALA	3	PV; FE
ZONTIVITY	2	PV
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet 15 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
aripiprazole tablet 10 mg oral	1	PV; QL
aripiprazole tablet 2 mg oral	1	PV; QL
aripiprazole tablet 20 mg oral	1	PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL
asenapine maleate	1	ST; PV; FE; QL
CAPLYTA	3	ST; PV; FE; QL
chlorpromazine hcl oral	1	PV

Drug Name	Drug Tier	Limits/ Required
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
clozapine tablet dispersible 100 mg oral	1	PV
clozapine tablet dispersible 150 mg oral	1	PV
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL	3	PV; BP
FANAPT	3	ST; PV; FE; QL
FANAPT TITRATION PACK	3	ST; PV; FE; QL
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP
LATUDA	3	ST; PV; BP; QL
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; QL
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral	1	PV
paliperidone er	1	PV

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Drug Name	Drug Tier	Limits/ Required
pimozide	1	
quetiapine fumarate er	1	PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV
REXULTI	3	ST; PV; FE; QL
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone oral solution	1	PV
risperidone oral tablet 0.25 mg	1	PV
risperidone oral tablet dispersible	1	PV
risperidone tablet 0.5 mg oral	1	PV
risperidone tablet 1 mg oral	1	PV
risperidone tablet 2 mg oral	1	PV
risperidone tablet 3 mg oral	1	PV
risperidone tablet 4 mg oral	1	PV
RYKINDO	14	MB; PV; QL
SAPHRIS	3	ST; PV; FE; BP; QL
SECUADO	3	ST; PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV; BP
ZYPREXA ZYDIS	3	PV; BP
<b>Antivirals</b>		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external cream	1	FE
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DENAVIR	3	FE; BP

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Drug Name	Drug Tier	Limits/ Required
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	5	PA; SP; QL
EPIVIR	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL
ISENTRESS ORAL PACKET	2	PV
ISENTRESS ORAL TABLET	2	PV; QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
JULUCA	2	PV; QL
KALETRA ORAL SOLUTION	3	PV; BP; QL
KALETRA ORAL TABLET	3	PV; BP; QL
lamivudine oral solution	1	PV; QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
lamivudine-zidovudine	1	PV; QL
LEDIPASVIR-SOFOSBUVIR	5	PA; SP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir	1	PV; QL
maraviroc	1	PV; QL
MAVYRET	5	PA; SP; QL
nevirapine	1	PV; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
NORVIR ORAL PACKET	2	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NORVIR ORAL TABLET	3	PV; BP; QL	REYATAZ ORAL PACKET	3	PV
ODEFSEY	2	PV; QL	ribavirin inhalation	1	
oseltamivir phosphate oral	1	QL	ribavirin oral capsule	1	
PAXLOVID (150/100)	2	QL	ribavirin oral tablet 200 mg	1	
PAXLOVID (300/100)	2	QL	rimantadine hcl	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP	ritonavir	1	PV; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	SP	RUKOBIA	2	PV; QL
penciclovir	1	FE	SELZENTRY ORAL SOLUTION	2	PV; QL
PIFELTRO	2	PV; QL	SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
PREVYMIS ORAL	6	SP; QL	SITAVIG	3	FE
PREZCOBIX	2	PV; QL	SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL
PREZISTA ORAL SUSPENSION	2	PV; QL	SOVALDI	6	SP; FE; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL	STRIBILD	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL	SUNLENCA ORAL	2	PV; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL	SYMFI	3	PV; BP; QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL	SYMFI LO	3	PV; BP
RETROVIR ORAL SYRUP	3	PV; BP; QL	SYMTUZA	2	PV; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL	TAMIFLU ORAL CAPSULE	3	BP; QL
			TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
			tenofovir disoproxil fumarate	1	PV; QL
			TIVICAY ORAL TABLET 50 MG	2	PV; QL
			TIVICAY PD	2	PV; QL
			TRIUMEQ	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
TRIUMEQ PD	2	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	5	PA; SP; QL
XERESE	3	FE
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZEPATIER	6	SP; FE; QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL CREAM	3	FE; BP

Drug Name	Drug Tier	Limits/ Required
ZOVIRAX EXTERNAL OINTMENT	3	BP
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	BP
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
DORAL	3	FE; BP
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required
LOREEV XR	3	FE
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE
triazolam	1	
VALIUM	3	BP
VISTARIL ORAL CAPSULE 25 MG	3	BP
XANAX	3	BP
XANAX XR	3	BP
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	PV
lithium carbonate er	1	
lithium carbonate oral	1	
lithium solution 8 meq/5ml oral	1	
LITHOBID	3	BP
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	6	PA; SP; FE; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
JESDUVROQ	3	FE; QL
MULPLETA	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	5	PA; SP; QL
PYRUKYND	5	PA; SP; QL
PYRUKYND TAPER PACK	5	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	5	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
ZIEXTENZO	14	MB; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
ALTACE ORAL CAPSULE	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV
amlodipine-valsartan-hctz	1	PV
ASPRUZYO SPRINKLE	3	PV; FE; QL
ATACAND	3	PV; BP
ATACAND HCT	3	PV; FE; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
ATORVALIQ	3	PV; FE; QL
atorvastatin calcium oral	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV

Drug Name	Drug Tier	Limits/ Required
BENICAR	3	PV; BP
BENICAR HCT	3	PV; BP
BETAPACE AF	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	6	PA; SP; QL
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV; FE
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM LA	3	PV; FE; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL

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

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Drug Name	Drug Tier	Limits/ Required
CAROSPIR	3	PV; FE; BP
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV; FE
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral packet	1	PV; FE
colesevelam hcl oral tablet	1	PV
COLESTID FLAVORED ORAL PACKET	3	PV; BP
COLESTID ORAL GRANULES	3	PV; BP
COLESTID ORAL TABLET	3	PV; BP
colestipol hcl	1	PV
CONJUPRI	3	PV; FE
COREG	3	PV; BP
COREG CR	3	PV; FE; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR	3	
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
DEMSEER	3	PV; BP
DIBENZYLIN CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1	PV; FE
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl er oral tablet extended release 24 hour	1	PV; FE
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
droxidopa	4	SP; FE
DYRENIUM	3	PV; BP
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required
EDECIN	3	PV; BP
enalapril maleate oral solution	1	PV; FE
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
EPANED ORAL SOLUTION	3	PV; FE; BP
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 130 mg	1	PV; FE
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV

Drug Name	Drug Tier	Limits/ Required
fenofibric acid oral tablet	1	PV; FE
FENOGLIDE	3	PV; FE; BP
FIBRICOR	3	PV; FE
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	PV; QL
fluvastatin sodium er	1	PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
FUROSCIX	3	PV; FE
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl oral	1	PV
HEMANGEOL	5	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INDERAL XL	3	PV; FE
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PV; FE
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
INPEFA	3	FE; QL
INSPIRA	3	PV; BP
irbesartan	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	6	SP; PV; FE
KAPSPARGO SPRINKLE	3	PV; FE
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LEVAMLODIPINE MALEATE	3	PV; FE
LIPITOR	3	PV; BP; QL
LIPOFEN	3	PV; FE; BP
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; BP; QL
LODOCO	3	QL
LOPID	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	PV; QL
LOVAZA	3	PV; BP
matzim la	1	PV; FE
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
MICARDIS HCT	3	PV; FE; BP
midodrine hcl	1	
MINIPRESS	3	PV; BP
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nicardipine hcl oral	1	PV; FE
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	1	PV
nisoldipine er	1	PV; FE
NITRO-BID	2	PV
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE
nitroglycerin rectal	1	
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV

Drug Name	Drug Tier	Limits/ Required
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORTHERA	6	SP; FE; BP
NORVASC	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
pitavastatin calcium	1	PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	PV; QL
prazosin hcl oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
QBRELIS	3	PV; FE
QUESTRAN	3	PV; BP; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	BP
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
simvastatin oral tablet	1	PV; QL
SOAANZ	3	PV; FE
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV

Drug Name	Drug Tier	Limits/ Required
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP
taztia xt	1	PV
TEKTURNA	3	PV; BP
telmisartan	1	PV
telmisartan-amlodipine	1	PV
telmisartan-hctz	1	PV; FE
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadyt er	1	PV
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
torseamide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP
VALSARTAN ORAL SOLUTION	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	5	PA; SP; QL
VYNDAQEL	5	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL PACKET	3	PV; FE; BP
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
<b>Central Nervous System Agents</b>		
SKYCLARYS	5	PA; SP; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	2	
ADDERALL XR	3	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	FE
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
AZSTARYS	3	FE; QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	
COTEMPLA XR-ODT	3	FE
DAYTRANA	3	FE; BP
DESOXYN	3	BP
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	

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

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Drug Name	Drug Tier	Limits/ Required
dextroamphetamine sulfate oral	1	
DYANAVEL XR	3	FE
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate	1	FE
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
MYDAYIS	3	FE; BP
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	3	FE
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
STRATTERA	3	BP; QL
VYVANSE	2	
XELSTRYM	3	FE
ZENZEDI	3	BP
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	6	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	6	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	6	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; SP; QL	MAVENCLAD	5	PA; SP; QL
BAFIERTAM	5	PA; SP; QL	MAYZENT ORAL TABLET 0.25 MG, 1 MG	5	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	6	PA; SP; FE; QL	MAYZENT STARTER PACK	5	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	5	PA; SP; QL	MAYZENT TABLET 2 MG ORAL	5	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP; QL	PLEGRIDY	5	PA; SP; QL
dalfampridine er	4	PA; SP; QL	PLEGRIDY STARTER PACK	5	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL	PONVORY	6	PA; SP; FE; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL	PONVORY STARTER PACK	6	PA; SP; FE; QL
EXTAVIA SUBCUTANEOUS KIT	5	PA; SP; QL	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
fingolimod hcl	4	PA; SP; QL	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	6	PA; SP; BP; QL	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	5	PA; SP	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
glatiramer acetate	4	PA; SP; FE; QL	TASCENSO ODT	6	PA; SP; QL
glatopa	4	PA; SP; FE; QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE	6	PA; SP; BP; QL
KESIMPTA	5	PA; SP; QL			

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

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Drug Name	Drug Tier	Limits/ Required
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	6	PA; SP; BP; QL
teriflunomide	4	PA; SP; QL
VUMERITY	5	PA; SP; QL
ZEPOSIA	6	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	6	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	6	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	5	SP; QL
AUSTEDO XR	5	SP; QL
AUSTEDO XR PATIENT TITRATION	5	SP; QL
caffeine citrate oral	1	
DAYBUE	5	PA; SP; QL
EXSERVAN	3	FE
gabapentin (once-daily)	1	FE
GRALISE ORAL TABLET 300 MG, 600 MG	3	FE; BP
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	3	FE
HORIZANT ORAL TABLET EXTENDED RELEASE	3	

Drug Name	Drug Tier	Limits/ Required
IMCIVREE	6	PA; SP; QL
INGREZZA ORAL CAPSULE	5	SP; QL
INGREZZA ORAL CAPSULE THERAPY PACK	5	SP; QL
LYRICA	3	BP; QL
LYRICA CR	3	ST; FE; BP; QL
NUEDEXTA	3	QL
pregabalin er	1	ST; FE; QL
pregabalin oral	1	QL
RADICAVA ORS	5	PA; SP; QL
RADICAVA ORS STARTER KIT	5	PA; SP; QL
RELYVRIO	5	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGLUTIK	3	FE
TEGSEDI	5	PA; SP; QL
tetrabenazine	4	SP
XENAZINE	6	SP; BP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
AQUORAL MOUTH/THROAT SOLUTION	3	

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

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Drug Name	Drug Tier	Limits/ Required
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	1	
lidocaine viscous hcl	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	

Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA LD	3	FE
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE; BP

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

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Drug Name	Drug Tier	Limits/ Required
ACANYA	3	BP
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
ACZONE EXTERNAL GEL 7.5 %	3	FE; BP
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL PAD	3	FE
ADAPALENE EXTERNAL SOLUTION	3	FE
adapalene-benzoyl peroxide external gel	1	
ADBRY	5	PA; SP; QL
AKLIEF	3	FE
ALA SCALP	3	FE
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	

Drug Name	Drug Tier	Limits/ Required
ammonium lactate lotion 12 % external (rx)	1	
amnesteam	1	
AMZEEQ	3	FE
APEXICON E	3	FE
ARAZLO	3	FE
ATRALIN	3	AL; BP
azelaic acid external	1	
AZELEX	3	FE
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BIMZELX	6	PA; SP; QL
BPCO	2	
BRYHALI	3	FE
CABTREO	3	FE
CALAMINE	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	3	FE
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	FE; QL

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

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Drug Name	Drug Tier	Limits/ Required
CALCITRENE	3	BP
calcitriol external	1	
CARAC	2	
CIBINQO	5	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin	1	FE
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phospho- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	FE
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
clobetasol propionate external	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clocortolone pivalate	1	FE

Drug Name	Drug Tier	Limits/ Required
clodan external shampoo	1	
CLODERM	3	FE; BP
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	BP
CORDRAN EXTERNAL TAPE	3	FE
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	1	FE
DERMA-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/FS SCALP	3	BP
desonide external cream	1	
desonide external gel	1	FE
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.05 %	1	FE
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.05 %	1	FE

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

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Drug Name	Drug Tier	Limits/ Required
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIFFERIN EXTERNAL LOTION	3	
diflorasone diacetate external	1	FE
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
doxycycline	1	FE
DRYSOL	2	
DUOBRII	3	FE
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	5	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
ENSTILAR	3	FE
EPIDUO	3	BP

Drug Name	Drug Tier	Limits/ Required
EPIDUO FORTE	3	BP
EPIFOAM	2	
EPSOLAY CREAM 5 % EXTERNAL	3	FE
ery	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FABIOR	3	FE
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	

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

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Drug Name	Drug Tier	Limits/ Required
GORDOFILM	2	
halcinonide	1	FE
halobetasol propionate	1	
HALOG EXTERNAL CREAM	3	FE; BP
HALOG EXTERNAL OINTMENT	3	FE
HALOG EXTERNAL SOLUTION	3	FE
hydrocortisone butyrate external cream	1	FE
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 3.75 %	1	FE; QL
imiquimod external cream 5 %	1	QL
imiquimod pump	1	FE; QL
IMPOYZ	3	FE

Drug Name	Drug Tier	Limits/ Required
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	FE
ivermectin external cream	1	
KENALOG EXTERNAL	3	FE; BP
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
KLISYRI	3	FE; QL
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	BP
LITFULO	6	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
NORITATE	3	FE
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL

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Drug Name	Drug Tier	Limits/ Required
ORACEA	3	FE; BP
PANDEL	3	FE
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	AL; FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	3	AL; FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	AL; FE
SANTYL	3	
selenium sulfide external lotion	1	
SERNIVO	3	FE
SOOLANTRA	3	BP
SORILUX	3	FE
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
SYNALAR EXTERNAL CREAM	3	BP
SYNALAR EXTERNAL OINTMENT	3	BP
TACLONEX EXTERNAL SUSPENSION	3	FE; BP; QL

Drug Name	Drug Tier	Limits/ Required
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	3	FE
tazarotene external gel	1	FE
TAZORAC EXTERNAL CREAM 0.05 %	3	FE
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TAZORAC EXTERNAL GEL	3	FE; BP
TEXACORT	3	FE
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tovet external foam	1	FE
tretinoin external	1	AL
tretinoin microsphere	1	AL; FE
tretinoin microsphere pump	1	AL; FE
triamcinolone acetonide external aerosol solution	1	FE

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

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Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	1	FE
triamcinolone in absorbase	1	FE
triderm external cream 0.5 %	1	
TWYNEO	3	FE
ULTRAVATE EXTERNAL LOTION	3	FE
urea external cream 20 %	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
VEREGEN	3	FE
VTAMA	3	FE; QL
WINLEVI	3	FE
WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	FE
XERAC AC	2	
zenatane	1	
ZIANA	3	BP
ZILXI	3	FE
ZONALON	3	BP
ZORYVE EXTERNAL CREAM	3	ST; QL
ZYCLARA	3	FE; BP; QL

Drug Name	Drug Tier	Limits/ Required
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
ACTOS	3	PV; BP; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL
ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
BEXAGLIFLOZIN	3	PV; FE; QL
BRENZAVVY	3	PV; FE; QL
BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
BYETTA 10 MCG PEN	2	PA; PV; QL
BYETTA 5 MCG PEN	2	PA; PV; QL
CYCLOSET	3	PV
DAPAGLIFLOZIN PRO-METFORMIN ER	3	PV; FE; QL
DAPAGLIFLOZIN PROPANEDIOL	3	PV; FE; QL
DUETACT	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required
FARXIGA TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV
glipizide oral tablet 10 mg, 5 mg	1	PV
glipizide oral tablet 2.5 mg	1	PV; FE
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOTROL XL	3	PV; BP
GLUMETZA	3	PV; FE; BP
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
INVOKAMET	3	PV; FE; QL
INVOKAMET XR	3	PV; FE; QL
INVOKANA	3	PV; FE; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
JANUMET TABLET 50-500 MG ORAL	2	PV; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
metformin hcl er	1	PV
metformin hcl er (mod)	1	PV; FE
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
metformin hcl ir	1	PV
miglitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV

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Drug Name	Drug Tier	Limits/ Required
pioglitazone hcl- metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SEGLUROMET	3	PV; FE; QL
SITAGLIPTIN	3	PV; FE; QL
SOLIQUA	2	PV; QL
STEGLATRO	3	PV; FE; QL
STEGLUJAN	3	PV; FE; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	PA; PV; QL
VICTOZA	2	PA; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
ZITUVIO	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
<b>Diabetes - Glucose Monitoring</b>		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
ENLITE GLUCOSE SENSOR	3	FE
EVERSENSE SENSOR/HOLDER	3	FE
EVERSENSE SMART TRANSMITTER	3	FE
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 READER	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
GUARDIAN CONNECT TRANSMITTER	3	FE
GUARDIAN LINK 3 TRANSMITTER	3	FE
GUARDIAN SENSOR (3)	3	FE
GUARDIAN SENSOR 3	3	FE

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

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Drug Name	Drug Tier	Limits/ Required
ONETOUGH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUGH ULTRA TEST	2	PV; QL
ONETOUGH VERIO TEST STRIPS	2	PV; QL
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL
PROGLYCEM	3	BP
ZEGALOGUE	3	FE; QL
<b>Diabetes - Insulins</b>		
ADMELOG INJECTION	3	PV; FE
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE

Drug Name	Drug Tier	Limits/ Required
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
APIDRA SOLOSTAR	3	PV; FE
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE
BASAGLAR TEMPO PEN	3	PV; FE
FIASP FLEXTOUCH	2	PV
FIASP INJECTION	2	PV
FIASP PENFILL	2	PV
FIASP PUMPCART	2	PV
HUMALOG INJECTION	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 VIAL	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE
HUMALOG TEMPO PEN	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMULIN 70/30 KWIKPEN	3	PV; FE	INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE
HUMULIN 70/30 VIAL	3	PV; FE	INSULIN LISPRO PROT & LISPRO	3	PV; FE
HUMULIN N KWIKPEN	3	PV; FE	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
HUMULIN N VIAL	3	PV; FE	LANTUS U-100 VIAL	2	PV
HUMULIN R U-500 KWIKPEN	2	PV	LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV
HUMULIN R U-500 VIAL	2	PV	LEVEMIR U-100 VIAL	2	PV
HUMULIN R VIAL	3	PV; FE	LYUMJEV KWIKPEN	3	PV; FE
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE	LYUMJEV TEMPO PEN	3	PV; FE
INSULIN ASPART FLEXPEN	3	PV; FE	LYUMJEV VIAL	3	PV; FE
INSULIN ASPART INJECTION	3	PV; FE	NOVOLIN 70/30 FLEXPEN	2	PV
INSULIN ASPART PENFILL	3	PV; FE	NOVOLIN 70/30 FLEXPEN RELION	2	PV
INSULIN ASPART PROT & ASPART	3	PV; FE	NOVOLIN 70/30 RELION	2	PV
INSULIN DEGLUDEC	2	PV	NOVOLIN 70/30 VIAL	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV	NOVOLIN N FLEXPEN	2	PV
INSULIN GLARGINE MAX SOLOSTAR	3	PV; FE	NOVOLIN N FLEXPEN RELION	2	PV
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PV; FE	NOVOLIN N RELION	2	PV
INSULIN GLARGINE-YFGN	3	PV; FE	NOVOLIN N VIAL	2	PV
INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE	NOVOLIN R FLEXPEN	2	PV
INSULIN LISPRO INJECTION	3	PV; FE	NOVOLIN R FLEXPEN RELION	2	PV
			NOVOLIN R RELION	2	PV
			NOVOLIN R VIAL	2	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOVOLOG 70/30 FLEXPEN RELION	2	PV	CALCIUM GLUCONATE	2	
NOVOLOG FLEXPEN RELION	2	PV	CALCIUM GLUCONATE ANHYDROUS	2	
NOVOLOG U-100 FLEXPEN	2	PV	CALCIUM GLUCONATE MONOHYDRATE	2	
NOVOLOG MIX 70/30 FLEXPEN	2	PV	CALCIUM LACTATE PENTAHYDRATE	2	
NOVOLOG MIX 70/30 RELION	2	PV	CALCIUM PHOSPHATE DIBASIC	2	
NOVOLOG MIX 70/30 VIAL	2	PV	CALCIUM PHOSPHATE TRIBASIC	2	
NOVOLOG U-100 PENFILL	2	PV	CARBAGLU ORAL TABLET SOLUBLE	6	SP; BP
NOVOLOG RELION INJECTION	2	PV	carglumic acid oral tablet soluble	4	SP
NOVOLOG U-100 VIAL INJECTION	2	PV	CARNITOR ORAL	3	BP
REZVOGLAR KWIKPEN	3	PV; FE	CARNITOR SF	3	BP
SEMGLEE (YFGN)	3	PV; FE	CHEMET	2	
TOUJEO MAX SOLOSTAR	2	PV	CHOLINE BITARTRATE POWDER	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CUVRIOR	6	SP; FE; QL
TRESIBA	2	PV	cyanocobalamin injection solution 1000 mcg/ml	1	
TRESIBA FLEXTOUCH	2	PV	deferasirox	4	SP
<b>Electrolytes / Minerals / Metals / Vitamins</b>			deferasirox granules	4	SP
ACCRUFER	3	FE; QL	deferiprone	4	SP; FE
ALANINE	2		DL-ALANINE	2	
CALCIFOL	2		DL-LEUCINE	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-METHIONINE POWDER (RX)	2	
			DL-PHENYLALANINE	2	

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Drug Name	Drug Tier	Limits/ Required
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	6	SP; BP
FERRIPROX ORAL SOLUTION	6	SP
FERRIPROX ORAL TABLET	6	SP; FE; BP
FERRIPROX TWICE-A-DAY	6	SP; FE
folate	1	O
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	O
GALZIN	3	
iodine strong oral	1	
JADENU	6	SP; BP
JADENU SPRINKLE	6	SP; BP
JYNARQUE	6	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP

Drug Name	Drug Tier	Limits/ Required
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	O; PV
METHIONINE	2	
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	O; PV
ONE VITE WOMENS	2	O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	O; PV

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

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Drug Name	Drug Tier	Limits/ Required
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
POKONZA	3	FE
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	O; PV
prenatal oral tablet 27-0.8 mg	1	O; PV
SAMSCA	6	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	

Drug Name	Drug Tier	Limits/ Required
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
SPS	2	
sterile water for irrigation solution irrigation	1	
SYPRINE	6	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	1	
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
UROCIT-K 5	3	BP
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
weekly-d	1	
wes-phos 250 neutral	1	
yl folic acid	1	O
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
DEXILANT	3	PV; FE; BP; QL
dexlansoprazole	1	PV; FE; QL
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV
famotidine tablet 20 mg oral (rx)	1	PV
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
KONVOMEF	3	PV; FE; QL
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
misoprostol oral	1	PV

Drug Name	Drug Tier	Limits/ Required
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL
omeprazole-sodium bicarbonate oral packet	1	PV; FE; QL
pantoprazole sodium oral packet	1	PV; FE; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL
PRILOSEC ORAL PACKET	3	PV; FE
PROTONIX ORAL PACKET	3	PV; FE; BP; QL

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

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Drug Name	Drug Tier	Limits/ Required
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
VOQUEZNA	3	PV; FE; QL
ZEGERID ORAL CAPSULE	3	PV; BP; QL
ZEGERID ORAL PACKET	3	PV; FE; BP; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
bis subcit-metronid-tetracyc	1	PV; FE
BISACODYL	2	
bisacodyl ec	1	O
bisacodyl oral	1	O
bismuth/metronidaz/tetracyclin	1	PV; FE
CHENODAL	5	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	O

Drug Name	Drug Tier	Limits/ Required
clearlax oral powder	1	O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose	1	
ft clearlax	1	O
ft laxative	1	O
ft magnesium citrate	1	O
GASTROCROM	3	BP
GATTEX	5	PA; SP
gavilax oral powder	1	O
gavilyte-c	1	PV
gavilyte-g	1	PV
generlac	1	
gentle laxative oral	1	O
gentlelax oral powder	1	O
GIALAX	3	FE
GLYCATE	3	FE
glycolax	1	O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE

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

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Drug Name	Drug Tier	Limits/ Required
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
IBSRELA	3	ST; FE; QL
KRISTALOSE	3	FE
lactulose encephalopathy	1	
lactulose oral packet	1	FE
lactulose oral solution 20 gm/30ml	1	
lactulose solution 10 gm/15ml oral	1	
LIBRAX	3	FE; BP
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL

Drug Name	Drug Tier	Limits/ Required
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOTOFEN	3	FE
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV
OMECLAMOX-PAK	3	PV; FE
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350-kcl-na bicarb-nacl	1	PV
peg-3350/electrolytes	1	PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV

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Drug Name	Drug Tier	Limits/ Required
polyethylene glycol 3350 oral powder	1	O
PYLERA	3	PV; FE; BP
qc magnesium citrate	1	O
RELISTOR ORAL	3	FE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
RELTONE	3	FE
RESTORA RX	3	
ROBINUL ORAL	3	BP
ROBINUL-FORTE	3	BP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	6	PA; SP; FE
SUFLAVE	3	PV; FE
SUPREP BOWEL PREP KIT	3	PV; BP
SUTAB	3	PV
SYMPROIC	2	QL
TALICIA	3	PV; FE; QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	BP
URSO FORTE	3	BP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
VIBERZI	3	
VOQUEZNA DUAL PAK	3	PV; FE; QL
VOQUEZNA TRIPLE PAK	3	PV; FE; QL
VOWST	3	PA; QL
XERMELO	6	PA; SP; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	6	SP; BP
BUPHENYL ORAL TABLET	6	SP; BP
CERDELGA	5	PA; SP
CHOLBAM	5	PA; SP
CREON	2	
CYSTADANE	6	SP; BP
CYSTAGON	5	SP
EVRYSDI	5	PA; SP; QL
GALAFOLD	5	PA; SP; QL
JAVYGTOR	6	PA; SP; BP
KUVAN ORAL PACKET	6	PA; SP; BP
KUVAN ORAL TABLET	6	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	5	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required
nitisinone	4	SP
NITYR	5	SP
OCALIVA	6	SP; FE; QL
OLPRUVA (2 GM DOSE)	5	SP; QL
OLPRUVA (3 GM DOSE)	5	SP; QL
OLPRUVA (4 GM DOSE)	5	SP; QL
OLPRUVA (5 GM DOSE)	5	SP; QL
OLPRUVA (6 GM DOSE)	5	SP; QL
OLPRUVA (6.67 GM DOSE)	5	SP; QL
OPFOLDA	6	PA; SP; QL
ORFADIN ORAL CAPSULE	6	SP; BP
ORFADIN ORAL SUSPENSION	5	SP
PALYNZIQ	5	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE

Drug Name	Drug Tier	Limits/ Required
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE
PHEBURANE	5	PA; SP
PROCYSBI	6	SP; FE
RAVICTI	5	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	5	PA; SP
SUCRAID	5	PA; SP
VIOKACE	3	ST
VOXZOGO	6	PA; SP; QL
XURIDEN	6	SP
yargesa	4	PA; SP
ZAVESCA	6	PA; SP; BP

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Drug Name	Drug Tier	Limits/ Required
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 5 MG	3	FE; BP; QL
CUPRIMINE ORAL CAPSULE 250 MG	6	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	6	SP; BP
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
fesoterodine fumarate er	1	ST; FE
flavoxate hcl	1	

Drug Name	Drug Tier	Limits/ Required
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
GELNIQUE TRANSDERMAL GEL 10 %	3	FE
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
mirabegron er	1	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	6	SP; BP
THIOLA EC	6	SP; BP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST; FE; BP
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
VESICARE LS	3	FE; QL
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	3	BP
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	

Drug Name	Drug Tier	Limits/ Required
terazosin hcl oral	1	PV
UROXATRAL	3	BP
<b>Hormonal Agents - Adrenal</b>		
ALKINDI SPRINKLE	3	FE
CORTEF	3	BP
deflazacort	4	PA; SP; FE
DEXABLISS	3	FE
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
EMFLAZA ORAL SUSPENSION	6	PA; SP; FE
EMFLAZA ORAL TABLET	6	PA; SP; FE; BP
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	

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

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Drug Name	Drug Tier	Limits/ Required
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
ORAPRED ODT	3	FE; BP
PEDIAPRED	3	BP
prednisolone oral solution	1	
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	FE
prednisone intensol	1	FE
prednisone oral	1	
RAYOS	3	FE
TAPERDEX 12-DAY	3	FE
TAPERDEX 6-DAY	3	FE
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	

Drug Name	Drug Tier	Limits/ Required
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
FORTESTA	3	PA; BP
JATENZO	3	PA; FE; QL
KYZATREX	3	PA; FE; QL
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA
TLANDO	3	PA; FE; QL
VOGELXO PUMP	3	PA; FE; BP
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP

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Drug Name	Drug Tier	Limits/ Required
XYOSTED	3	PA; FE
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	6	PA; SP
cabergoline	1	QL
CORTROPHIN	6	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	6	PA; SP; QL
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	6	PA; SP; FE
GENOTROPIN SUBCUTANEOUS CARTRIDGE	6	PA; SP; FE
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
INCRELEX	5	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; QL
MYCAPSSA	6	SP; FE; QL
NGENLA	6	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	6	PA; SP; FE

Drug Name	Drug Tier	Limits/ Required
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
octreotide acetate subcutaneous	4	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	6	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	6	PA; SP; FE
ORLISSA	2	PA; QL
RECORLEV	6	PA; SP; QL
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	6	PA; SP; FE

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

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Drug Name	Drug Tier	Limits/ Required
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	6	SP; BP
SIGNIFOR	5	PA; SP
SKYTROFA	6	PA; SP
SOGROYA	6	SP; FE
SOMAVERT	6	SP; FE
SYNAREL	2	
ZOMACTON	6	PA; SP; FE
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	6	PA; SP; BP
mifepristone oral tablet 300 mg	4	PA; SP
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	PV
aftera	1	O; PV
AFTERPILL	3	O; PV

Drug Name	Drug Tier	Limits/ Required
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz oral tablet 0.5-0.1 mg	1	PV
amethyst	1	PV
ANGELIQ	3	PV; FE
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	PV
BEYAZ	3	PV; BP
BIJUVA	3	PV; FE
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV

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Drug Name	Drug Tier	Limits/ Required
briellyn	1	PV
camila	1	PV
camrese	1	PV
camrese lo	1	PV
charlotte 24 fe	1	PV
chateal eq	1	PV
CLIMARA	3	PV; BP; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	PV
curae	1	O; PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV
deblitane	1	PV
DELESTROGEN	3	PV; BP
delyla	1	PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	PV

Drug Name	Drug Tier	Limits/ Required
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL	3	PV; BP
dolishale	1	PV
dotti	1	PV; QL
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	3	PV
econtra one-step	1	O; PV
ELESTRIN	3	PV
elinest	1	PV
ELLA	2	PV
eluryng	1	PV; QL
emzahn	1	PV
ENDOMETRIN	3	
enilloring	1	PV; QL
enpresse-28	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
errin	1	PV
estarylla	1	PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol oral	1	PV
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	

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

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Drug Name	Drug Tier	Limits/ Required
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	PV
FEMRING	2	QL
finzala	1	PV
fyavolv	1	PV
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
haloette	1	PV; QL
heather	1	PV
her style	1	O; PV
iclevia	1	PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	PV
introvale	1	PV
isibloom	1	PV
jaimiess	1	PV
jasmiel	1	PV

Drug Name	Drug Tier	Limits/ Required
jencycla	1	PV
jinteli	1	PV
jolessa	1	PV
joyeaux	1	PV
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
kelnor 1/50	1	PV
kurvelo	1	PV
larin 1.5/30	1	PV
larin 1/20	1	PV
larin 24 fe	1	PV
larin fe 1.5/30	1	PV
larin fe 1/20	1	PV
layolis fe	1	PV
leena	1	PV
lessina	1	PV
levonest	1	PV
levonorgest-eth est & eth est	1	PV
levonorgest-eth estrad 91-day	1	PV
levonorgest-eth estradiol-iron	1	PV
levonorgestrel oral tablet 1.5 mg	1	O; PV
levonorgestrel-ethinyl estrad	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	PV
levora 0.15/30 (28)	1	PV
LO LOESTRIN FE	3	PV
LOESTRIN 1.5/30 (21)	3	PV; BP
LOESTRIN 1/20 (21)	3	PV; BP
LOESTRIN FE 1.5/30	3	PV; BP
LOESTRIN FE 1/20	3	PV; BP
lojaimiess	1	PV
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
luteria	1	PV
lyleq	1	PV
lyllana	1	PV; QL
lyza	1	PV
marlissa	1	PV
medroxyprogesterone acetate intramuscular	1	PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
megestrol acetate suspension 400 mg/10ml oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
MENOSTAR	3	PV; FE; QL
merzee	1	PV

Drug Name	Drug Tier	Limits/ Required
mibelas 24 fe	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin 24 fe	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	PV
MINIVELLE	3	PV; BP; QL
mono-lynyah	1	PV
my choice	1	O; PV
my way	1	O; PV
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
new day	1	O; PV
NEXTSTELLIS	3	PV
nikki	1	PV
nora-be	1	PV
norelgestromin-eth estradiol	1	PV; QL
norethin ace-eth estrad-fe oral capsule	1	PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethin ace-eth estrad-fe oral tablet chewable	1	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	PV
norethindrone oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
norethindrone-eth estradiol	1	PV
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
norlyroc	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
NUVARING	3	PV; BP; QL
nylia 1/35	1	PV
nylia 7/7/7	1	PV
nymyo	1	PV
ocella	1	PV
opcicon one-step	1	O; PV
option 2	1	O; PV
ORIAHNN	2	PA; PV; QL
philith	1	PV
pimtrea	1	PV
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	O; PV
portia-28	1	PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV

Drug Name	Drug Tier	Limits/ Required
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	O; PV
reclipsen	1	PV
rivelsa	1	PV
SAFYRAL	3	PV; BP
setlakin	1	PV
sharobel	1	PV
simliya	1	PV
simpesse	1	PV
SLYND TABLET 4 MG ORAL	3	PV
sprintec 28	1	PV
sronyx	1	PV
syeda	1	PV
take action	1	O; PV
tarina 24 fe	1	PV
tarina fe 1/20 eq	1	PV
taysofy	1	PV
TAYTULLA	3	PV; BP
tilia fe	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-nymyo	1	PV
tri-sprintec	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
turqoz	1	PV
TWIRLA	3	PV; QL
tydemy	1	PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xulane	1	PV; QL
YASMIN 28	3	PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	PV; QL
zovia 1/35 (28)	1	PV
zumandimine	1	PV
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	FE
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	

Drug Name	Drug Tier	Limits/ Required
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
ERMEZA	3	FE
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	BP
THYQUIDITY	3	FE
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>			ADALIMUMAB-ADB M (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE
ABRILADA (1 PEN)	6	SP; FE	ADALIMUMAB-ADB M (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; FE; QL
ABRILADA (2 PEN)	6	SP; FE	ADALIMUMAB-ADB M(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE
ABRILADA (2 SYRINGE)	6	SP; FE	ADALIMUMAB-ADB M(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE
ACTEMRA ACTPEN	6	PA; SP; QL	ADALIMUMAB-FKJP	5	PA; SP; QL
ACTEMRA SUBCUTANEOUS	6	PA; SP; QL	ADALIMUMAB-RYVK (2 PEN)	6	PA; SP; FE; QL
ACTIMMUNE	5	PA; SP	AMJEVITA	6	PA; SP; FE; QL
ADALIMUMAB-AACF (2 PEN)	6	PA; SP; FE	AMJEVITA-PED 10KG TO <15KG	6	PA; SP; FE; QL
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE; QL	AMJEVITA-PED 15KG TO <30KG	6	PA; SP; FE; QL
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE	ARAVA	3	BP; QL
ADALIMUMAB-AATY (2 PEN)	6	PA; SP; FE; QL	ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	5	PA; SP
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	6	PA; SP; FE	ASTAGRAF XL	3	PV
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	6	PA; SP; FE; QL			
ADALIMUMAB-ADAZ	5	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AZASAN	3	PV; BP	CYLTEZO (2 SYRINGE)		
azathioprine oral	1	PV	SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; FE; QL
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	5	PA; SP; QL	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE; QL
CELLCEPT	3	PV; BP	ENBREL MINI	6	PA; SP; QL
CIMZIA (2 SYRINGE)	5	PA; SP; QL	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	6	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
COSENTYX (300 MG DOSE)	6	PA; SP; QL	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	6	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	6	PA; SP; QL	ENSPRYNG	5	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	6	PA; SP; QL	ENTYVIO SUBCUTANEOUS	6	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	6	PA; SP; QL	ENVARUSUS XR	3	PV
COSENTYX UNOREADY	6	PA; SP; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
cyclosporine modified	1	PV			
cyclosporine oral capsule	1	PV			
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE; QL			

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP	HUMIRA-PED>=40KG CROHNS START	6	PA; SP; BP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HUMIRA-PED>=40KG UC STARTER	6	PA; SP; BP; QL
gengraf oral solution	1	PV	HUMIRA- PSORIASIS/UVEIT STARTER	6	PA; SP; BP; QL
HADLIMA	5	PA; SP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE; QL
HADLIMA PUSHTOUCH	5	PA; SP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE
HAEGARDA	5	PA; SP	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL
HULIO (2 PEN)	6	PA; SP; FE	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL
HULIO (2 SYRINGE)	6	PA; SP; FE	HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE; QL
HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; BP; QL	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	6	PA; SP; FE; QL
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	6	PA; SP; BP; QL	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	6	PA; SP; FE; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; BP; QL	HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE
HUMIRA-CD/UC/HS STARTER PEN- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; BP; QL			
HUMIRA-PED<40KG CROHNS STARTER	6	PA; SP; BP; QL			

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Drug Name	Drug Tier	Limits/ Required
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL
HYRIMOZ-PED<40KG CROHN STARTER	6	PA; SP; FE; QL
HYRIMOZ-PED>=40KG CROHN START	6	PA; SP; FE; QL
HYRIMOZ-PLAQUE PSORIASIS START	6	PA; SP; FE; QL
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
IDACIO (2 PEN)	6	PA; SP; FE; QL
IDACIO (2 SYRINGE)	6	PA; SP; FE; QL
IDACIO-CROHNS/UC STARTER	6	PA; SP; FE; QL
IDACIO-PSORIASIS STARTER	6	PA; SP; FE; QL
IMURAN	3	PV; BP
JOENJA	5	PA; SP; QL
JYLAMVO	3	FE
KEVZARA	6	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	6	PA; SP; PV; QL

Drug Name	Drug Tier	Limits/ Required
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	PV
mycophenolate sodium	1	PV
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
MYFORTIC	3	PV; BP
NEORAL	3	PV; BP
OLUMIANT	6	PA; SP; QL
OMVOH SUBCUTANEOUS	6	PA; SP; QL
ORENCIA CLICKJECT	6	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
ORLADEYO	6	PA; SP; QL
OTEZLA ORAL TABLET	5	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	5	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	FE	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
PROGRAF ORAL CAPSULE	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
PROGRAF ORAL PACKET	3	PV; AL	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
RAPAMUNE	3	PV; BP	REZUROCK	6	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE	RIDAURA	5	SP
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE	RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	5	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE	sajazir subcutaneous solution prefilled syringe	6	PA; SP; FE
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE	SANDIMMUNE ORAL CAPSULE	3	PV; BP
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE	SANDIMMUNE ORAL SOLUTION	2	PV
			SILIQ	6	PA; SP; QL
			SIMLANDI (1 PEN)	6	PA; SP; FE; QL
			SIMLANDI (2 PEN)	6	PA; SP; FE; QL
			SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE; QL
sirolimus oral	1	PV	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE
SKYRIZI PEN	5	PA; SP; QL	YUFLYMA (2 PEN)	6	PA; SP; FE; QL
SKYRIZI SUBCUTANEOUS	5	PA; SP; QL	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	6	PA; SP; FE
SOTYKTU	6	PA; SP; QL	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	6	PA; SP; FE; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; SP; QL	YUFLYMA-CD/UC/HS STARTER	6	PA; SP; FE
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	YUSIMRY	6	PA; SP; FE; QL
tacrolimus oral	1	PV	ZORTRESS	3	PV; BP
TAKHZYRO	5	PA; SP; QL	<b>Inflammatory Bowel Disease Agents</b>		
TALTZ	6	PA; SP; QL	ANUSOL-HC EXTERNAL	3	BP
TREMFYA	5	PA; SP; QL	APRISO	3	BP
TREXALL	2		AZULFIDINE	3	BP
VARIZIG INTRAMUSCULAR SOLUTION	2		AZULFIDINE EN-TABS	3	BP
VELSIPITY	6	PA; SP; QL	balsalazide disodium	1	
XATMEP	3	FE	budesonide er oral tablet extended release 24 hour	1	FE; QL
XELJANZ	5	PA; SP; QL	budesonide oral	1	
XELJANZ XR	5	PA; SP; QL	budesonide rectal	1	
			CANASA	3	BP

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Drug Name	Drug Tier	Limits/ Required
COLAZAL	3	BP
CORTENEMA	3	BP
CORTIFOAM EXTERNAL	2	
DELZICOL	3	BP
DIPENTUM	3	FE
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	BP
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	FE; QL
UCERIS RECTAL	3	BP
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	FE; BP; QL

Drug Name	Drug Tier	Limits/ Required
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
AELVIA	3	PV; BP
BINOSTO	3	PV; FE
calcitonin (salmon)	1	PV
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	6	PA; SP; PV; FE; BP; QL
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
FOSAMAX PLUS D	3	PV; FE
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
teriparatide	4	PA; SP; PV; FE; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; PV; FE; QL	AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	6	PA; SP; PV; FE; QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
TYMLOS	5	PA; SP; PV; QL	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
<b>Metabolic Bone Disease Agents - Other</b>			AEROCHAMBER PLUS FLOW VU	2	
calcitriol oral	1		AEROCHAMBER W/FLOWSIGNAL	2	
cinacalcet hcl	1		ASPARTAME (FOR COMPOUNDING)	2	
doxercalciferol oral	1		ASPARTAME (NUTRASWEET)	2	
paricalcitol oral	1		BREATHE EASE LARGE	2	
RAYALDEE	3		BREATHE EASE MEDIUM	2	
ROCALTROL	3	BP	BREATHE EASE SMALL	2	
SENSIPAR	3	BP	BREATHERITE VALVED MDI CHAMBER	2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP	BROMELAIN	2	
<b>Miscellaneous Therapeutic Agents</b>			BYLVAY	6	PA; SP; QL
AEROCHAMBER HOLDING CHAMBER	2		BYLVAY (PELLETS)	6	PA; SP; QL
AEROCHAMBER MINI CHAMBER	2		CETYLCIDE-G	2	
AEROCHAMBER MV	2		CHARCOAL ACTIVATED	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2		CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
AEROCHAMBER PLUS FLO-VU INTERM	2		COMPACT SPACE CHAMBER	2	

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Drug Name	Drug Tier	Limits/ Required
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	O
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	O
FIRDAPSE	6	PA; SP; FE; QL
FLEXICHAMBER	2	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
IWILFIN	14	PA; MB; SP; QL
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
LIVMARLI	6	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	

Drug Name	Drug Tier	Limits/ Required
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 PODS (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	6	PA; SP; QL
PALFORZIA	6	SP; AL
PHEXXI	3	
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SOHONOS	6	PA; SP; QL	BETADINE OPHTHALMIC PREP	3	
TAVNEOS	6	PA; SP; QL	bromfenac sodium (once-daily)	1	
TODAY SPONGE	2	O	bromfenac sodium ophthalmic solution 0.07 %	1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	O	bromfenac sodium ophthalmic solution 0.075 %	1	FE
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	O	BROMSITE	3	FE; BP
VEOZAH TABLET 45 MG ORAL	3	ST; QL	CILOXAN OPHTHALMIC OINTMENT	3	FE
VISTOGARD	5	SP	ciprofloxacin hcl ophthalmic	1	
VORTEX VALVED HOLDING CHAMBER	2		cromolyn sodium ophthalmic	1	
XPHOZAH	6	SP; FE; QL	dexamethasone sodium phosphate ophthalmic	1	
ZOKINVY	5	PA; SP	diclofenac sodium ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>			difluprednate	1	ST
ACULAR	3	BP	DUREZOL	3	ST; BP
ACULAR LS	3	BP	epinastine hcl	1	
ACUVAIL	3	FE	erythromycin ointment 5 mg/gm ophthalmic	1	
ALOCRIL	3	FE	EYSUVIS	3	FE
ALOMIDE	3	FE	FLAREX	2	
ALREX	3	ST; BP	fluorometholone ophthalmic	1	
AZASITE	2		flurbiprofen sodium	1	
azelastine hcl ophthalmic	1		FML FORTE	3	ST
bacitracin ophthalmic	1		FML LIQUIFILM	3	BP
bepotastine besilate	1	FE	gatifloxacin ophthalmic	1	
BEPREVE	3	FE; BP	gentamicin sulfate ophthalmic solution	1	
BESIVANCE	3	FE			

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Drug Name	Drug Tier	Limits/ Required
ILEVRO	3	FE
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPTHALMIC GEL	3	ST; BP
LOTEMAX OPTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPTHALMIC SUSPENSION	3	ST; FE; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension 0.2 %	1	ST
loteprednol etabonate ophthalmic suspension 0.5 %	1	ST; FE
MAXIDEX	2	
MAXITROL OPTHALMIC OINTMENT	3	BP
MAXITROL OPTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl (2x day)	1	FE
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	

Drug Name	Drug Tier	Limits/ Required
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	3	FE
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PATADAY OPTHALMIC SOLUTION 0.7 %	3	FE
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	FE; BP
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	

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Drug Name	Drug Tier	Limits/ Required
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMZY SOLUTION 0.25 % OPHTHALMIC	3	PA
ZERVIATE	3	FE
ZIRGAN	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
BETOPTIC-S	3	FE
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate- timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	

Drug Name	Drug Tier	Limits/ Required
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
IYUZEH	3	FE
KEVEYIS	6	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
ORMALVI	6	SP; BP
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
tafluprost (pf)	1	ST
timolol maleate (once- daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	

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Drug Name	Drug Tier	Limits/ Required
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	FE; BP
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	BP
TRAVATAN Z	3	FE; BP
travoprost (bak free)	1	
VUITY	3	
VYZULTA	3	ST; FE
XALATAN	3	BP
XELPROS	2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin- polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP

Drug Name	Drug Tier	Limits/ Required
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	5	SP
CYSTARAN	5	SP
LACRISERT	3	FE
LASTACAFT	3	FE
MIEBO	2	
neomycin-bacitracin zn- polymyx	1	
neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000- .025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	6	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b- trimethoprim	1	
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide- prednisolone ophthalmic solution	1	
tropic-cyclopent-pe- ketorolac ophthalmic solution prefilled syringe 1-1-2.5-0.5 %	1	
TYRVAYA	3	QL

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

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Drug Name	Drug Tier	Limits/ Required
VERKAZIA	3	
XIIDRA	2	QL
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CETRAXAL	3	FE; BP
CIPRO HC	3	FE
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	3	FE
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	FE
PRAMOTIC	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	
azelastine-fluticasone	1	FE
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	

Drug Name	Drug Tier	Limits/ Required
carbinoxamine maleate oral tablet 6 mg	1	FE
cetirizine hcl oral solution	1	
CLARINEX ORAL TABLET	3	FE; BP
CLARINEX-D 12 HOUR	3	FE
clemastine fumarate oral syrup	1	FE
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	FE
DYMISTA	3	FE; BP
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE

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Drug Name	Drug Tier	Limits/ Required
levocetirizine dihydrochloride oral solution	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
olopatadine hcl nasal	1	FE
OMNARIS	3	FE
promethazine vc	1	
promethazine-codeine oral solution	1	AL; QL
promethazine-dm oral syrup	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
PULMOSAL	2	
QNASL	3	FE
QNASL CHILDRENS	3	FE
RYALTRIS	3	FE; QL
RYCLORA ORAL SOLUTION	3	FE
ryvent	1	FE

Drug Name	Drug Tier	Limits/ Required
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
sodium chloride nebulization solution 7 % inhalation	1	
TUXARIN ER	3	AL; FE; QL
XHANCE	3	FE; QL
ZETONNA	3	FE
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ACCOLATE	3	PV; BP
acetylcysteine inhalation	1	
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	ALVESCO	3	PV; FE; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
AIRDUO DIGIHALER	3	PV; FE; QL	arformoterol tartrate	1	PV; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL	ARMONAIR DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 55/14	3	PV; FE; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	PV; FE; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Pro ventil; PV; QL	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV			
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV			
albuterol sulfate oral	1	PV			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	COMBIVENT RESPIMAT	2	PV; QL
ASMANEX HFA	2	PV; QL	cromolyn sodium inhalation	1	PV
ATROVENT HFA	2	PV; QL	DALIRESP	3	PV; BP
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL	DUAKLIR PRESSAIR	3	PV; FE; QL
BEVESPI AEROSPHERE	3	PV; QL	DULERA AEROSOL 100-5 MCG/ACT INHALATION	3	PV; FE; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	DULERA AEROSOL 200-5 MCG/ACT INHALATION	3	PV; FE; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	DULERA INHALATION AEROSOL 50-5 MCG/ACT	3	PV; FE; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL	elixophyllin	1	PV
breyana	1	PV; QL	epinephrine injection solution auto-injector	1	QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
BROVANA	3	PV; BP; QL	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
budesonide inhalation	1	PV; QL	ESBRIET	6	PA; SP; BP; QL
budesonide-formoterol fumarate	1	PV; QL	FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	5	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV
FLUTICASONE PROPIONATE DISKUS	2	PV	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
FLUTICASONE PROPIONATE HFA	3	PV; FE; QL	montelukast sodium oral	1	PV
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL	NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA; SP; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; SP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	OFEV	5	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	PERFOROMIST	3	PV; BP; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	pirfenidone	4	PA; SP; QL
ipratropium bromide inhalation	1	PV	PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL
ipratropium-albuterol	1	PV	PROAIR RESPICLICK	3	PV; QL
			PROVENTIL HFA	3	PV; BP; QL
			PULMICORT FLEXHALER	2	PV; QL
			PULMICORT SUSPENSION	3	PV; BP; QL
			QVAR REDIHALER	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
roflumilast	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
SINGULAIR	3	PV; BP
SPIRIVA HANDIHALER	3	PV; BP; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
STRIVERDI RESPIMAT	3	PV; QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
terbutaline sulfate oral	1	PV
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
THEO-24	3	PV
theophylline elixir 80 mg/15ml oral	1	PV
theophylline er	1	PV

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

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

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Drug Name	Drug Tier	Limits/ Required
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	6	SP; BP; QL
BRONCHITOL	2	QL
CAYSTON	5	SP
KALYDECO	5	PA; SP; QL
KITABIS PAK	5	SP; QL
ORKAMBI	5	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	SP
SYMDEKO	5	PA; SP; QL
TOBI NEBULIZER	6	SP; BP; QL
TOBI PODHALER	5	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	SP; QL
TRIKAFTA	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	6	PA; SP; BP; QL
ADEMPAS	5	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	6	PA; SP; BP; QL
LIQREV	6	PA; SP; FE; QL
OPSUMIT	5	PA; SP; QL
ORENITRAM	5	PA; SP
ORENITRAM MONTH 1	5	PA; SP
ORENITRAM MONTH 2	5	PA; SP
ORENITRAM MONTH 3	5	PA; SP
REVATIO ORAL	6	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah)	4	PA; SP; QL
TADLIQ	6	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
TRACLEER 62.5 MG, 125 MG	6	PA; SP; BP; QL
TRACLEER 32 MG	5	PA; SP; QL
TYVASO	5	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; SP; QL
TYVASO REFILL	5	PA; SP
TYVASO STARTER	5	PA; SP
UPTRAVI ORAL	5	PA; SP; QL
UPTRAVI TITRATION	5	PA; SP; QL
VENTAVIS	5	PA; SP; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	3	FE; BP
BACLOFEN ORAL SOLUTION	3	FE
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE

Drug Name	Drug Tier	Limits/ Required
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er	1	FE
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
FEXMID	3	FE; BP
FLEQSUVY	3	FE; BP
LORZONE	3	FE; BP
LYVISPAH	3	FE
metaxalone oral tablet 400 mg	1	FE
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	3	FE
NORGESIC FORTE	3	FE
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE
OZOBAX DS	3	FE
SOMA	3	BP
tizanidine hcl oral	1	
ZANAFLEX	3	BP
<b>Sleep Disorder Agents</b>		
AMBIEN	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
DAYVIGO	3	FE; QL
doxepin hcl oral tablet	1	QL
EDLUAR	3	FE; QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	6	PA; SP; BP; QL
HETLIOZ LQ	6	PA; SP; QL
LUMRYZ	6	PA; SP; FE; QL
LUNESTA	3	BP; QL
modafinil oral	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
QUVIVIQ	3	ST; FE; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	5	PA; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	6	PA; SP; FE; QL
SUNOSI TABLET 150 MG ORAL	2	ST; QL
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
temazepam	1	
WAKIX	5	PA; SP; QL
XYREM	5	PA; SP; QL
XYWAV	5	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	3	FE; QL
zolpidem tartrate oral tablet	1	QL
zolpidem tartrate sublingual	1	FE; QL

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ranolazine er.....	43	REYATAZ.....	35	SACCHARIN.....	85
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RAPAMUNE.....	81	REZLIDHIA.....	28	SAIZEN.....	70
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PACK.....	46	RIOMET.....	56	SAVELLA.....	47
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RELAFEN DS.....	10	ritonavir.....	35	scopolamine.....	21
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SEMGLEE (YFGN).....	59	sodium fluoride 5000		STRATTERA.....	45
SENSIPAR.....	84	plus.....	48	STRENSIQ.....	66
SEREVENT DISKUS.....	95	sodium fluoride 5000		STRIBILD.....	35
SERNIVO.....	53	ppm.....	48	STRIVERDI RESPIMAT..	95
SEROQUEL.....	33	SODIUM OXYBATE.....	98	STROMECTOL.....	30
SEROQUEL XR.....	33	sodium phenylbutyrate....	66	SUBOXONE.....	11
SEROSTIM.....	65	sodium polystyrene		subvenite.....	17
SERTRALINE HCL.....	20	sulfonate.....	61	subvenite starter kit-blue..	17
sertraline hcl.....	20	sodium saccharin.....	85	subvenite starter kit-	
setlakin.....	75	SOFOSBUVIR-		green.....	17
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sevelamer hcl.....	68	SOGROYA.....	71	orange.....	17
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SFROWASA.....	83	SOLODYN.....	14	SULAR.....	43
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SIGNIFOR.....	71	SOLTAMOX.....	28	NITRATE.....	22
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SILENOR.....	98	SOOLANTRA.....	53	(acne).....	53
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silodosin.....	68	SORILUX.....	53	sulfur.....	53
SILVADENE.....	14	sotalol hcl.....	43	sulfacetamide-	
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SIRTURO.....	24	sprintec 28.....	75	sumatriptan succinate	
SITAGLIPTIN.....	56	SPRITAM.....	17	refill subcutaneous	
SITAVIG.....	35	SPRIX.....	10	solution cartridge.....	24
SIVEXTRO.....	14	SPRYCEL.....	28	sumatriptan-naproxen	
SKYCLARYS.....	44	SPS.....	61	sodium.....	24
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SOANZ.....	43	STEGLUJAN.....	56	KIT.....	65
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SYPRINE.....	61	telmisartan-amlodipine....	43	timolol maleate pf.....	89
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topiramate er.....	17	trientine hcl.....	61	TYVASO DPI	
TOPROL XL.....	43	tri-estarylla.....	75	MAINTENANCE KIT.....	97
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torsemide.....	43	trifluridine.....	88	TITRATION KIT.....	97
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TRAVATAN Z.....	89	tri-vylibra.....	76	ursodiol.....	65
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# 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](mailto: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** - መስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችንም የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት 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** - ဟံသုဉ်ဟံသး- နမုာ်ကတိၤ ကညိ ကျိာ်အယိ, နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နိတမံၤဘျုးသ့န့ၢ်လီၤ. 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).