

# ACA Compliant Individual/Small Group Formulary

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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 14</b>	<b>Medical Benefit</b> medications	These are medications dispensed at the pharmacy that are subject to your medical deductible, coinsurance and maximum out-of-pocket.

## Reading your formulary

### Drug list information

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

<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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	QL
ALLZITAL	3	FE
APADAZ	3	FE; QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
BUPAP ORAL TABLET 50-300 MG	3	FE; BP
buprenorphine transdermal	1	QL
butalbital-acetaminophen capsule 50-300 mg oral	1	FE
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE
butalbital-acetaminophen oral tablet 50-300 mg	1	FE
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE

Drug Name	Drug Tier	Limits/ Required
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
CONZIP	3	FE
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL CAPSULE	3	FE; BP
ESGIC ORAL TABLET	3	BP
fentanyl	1	QL
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	3	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP

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 bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	3	BP; QL
levorphanol tartrate oral	1	QL
meperidine hcl oral solution	1	QL
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

Drug Name	Drug Tier	Limits/ Required
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate solution 10 mg/5ml oral	1	QL
morphine sulfate tablet 15 mg oral	1	QL
morphine sulfate tablet 30 mg oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
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

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
oxycodone hcl solution 5 mg/5ml oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
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

Drug Name	Drug Tier	Limits/ Required
SEGLENTIS	3	FE
TENCON ORAL TABLET 50-325 MG	3	FE
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	ACA; O
aspirin adult low dose	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O

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Drug Name	Drug Tier	Limits/ Required
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin low dose tablet chewable 81 mg oral	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet chewable	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
aspirin regimen	1	ACA; O
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP
celecoxib oral	1	
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

Drug Name	Drug Tier	Limits/ Required
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
DUEXIS	3	FE; BP
EC-NAPROSYN	3	BP
ec-naproxen	1	
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
FELDENE	3	BP
fenopropfen calcium oral	1	FE
FLECTOR EXTERNAL	3	FE; QL
flurbiprofen oral	1	
ft aspirin	1	ACA; O
ft aspirin low dose	1	ACA; O
ft enteric coated aspirin	1	ACA; O
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O
goodsense aspirin low dose	1	ACA; O
goodsense aspirin oral tablet	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	FE; BP
INDOCIN RECTAL	3	FE; BP

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Drug Name	Drug Tier	Limits/ Required
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
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	ACA; O
nabumetone oral	1	

Drug Name	Drug Tier	Limits/ Required
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
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	

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Drug Name	Drug Tier	Limits/ Required
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	
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

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
nicotine step 2	1	ACA; O; PV; QL	amoxicillin-potassium clavulanate er	1	
nicotine step 3	1	ACA; O; PV; QL	amoxicillin-potassium clavulanate oral	1	
nicotine transdermal kit	1	ACA; O; PV; QL	ampicillin oral capsule 500 mg	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; PV; QL	ARIKAYCE	4	SP; FE
NICOTROL	2	ACA; PV; QL	AUGMENTIN ES-600	3	BP
NICOTROL NS	2	ACA; PV; QL	AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
OPVEE	3	FE; QL	AUGMENTIN ORAL TABLET 500-125 MG	3	BP
SUBOXONE SUBLINGUAL FILM	3	BP; QL	avidoxy	1	
varenicline tartrate (starter)	1	ACA; PV; QL	azithromycin oral packet	1	
varenicline tartrate oral tablet	1	ACA; PV; QL	azithromycin oral suspension reconstituted	1	
varenicline tartrate(continue)	1	ACA; PV; QL	azithromycin oral tablet 500 mg, 600 mg	1	
ZIMHI	3	FE	azithromycin tablet 250 mg oral	1	
ZUBSOLV	3	QL	BACTRIM	3	BP
<b>Antibacterials</b>			BACTRIM DS	3	BP
AEMCOLO	3	FE; QL	BAXDELA ORAL	3	PA
amoxicillin capsule 500 mg oral	1		benzalkonium chloride external solution , 50 %	1	
amoxicillin oral capsule 250 mg	1		cefaclor er	1	
amoxicillin oral suspension reconstituted	1		cefaclor oral capsule	1	
amoxicillin oral tablet	1		cefaclor oral suspension reconstituted 250 mg/5ml	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1		cefadroxil	1	

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Drug Name	Drug Tier	Limits/ Required
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	
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	

Drug Name	Drug Tier	Limits/ Required
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
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

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Drug Name	Drug Tier	Limits/ Required
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
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	

Drug Name	Drug Tier	Limits/ Required
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	
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

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
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	
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	

Drug Name	Drug Tier	Limits/ Required
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
<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

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
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
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

Drug Name	Drug Tier	Limits/ Required
clobazam	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	4	PA; SP
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	3	FE
EPIDIOLEX	4	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	4	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	

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Drug Name	Drug Tier	Limits/ Required
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	

Drug Name	Drug Tier	Limits/ Required
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	
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	4	SP; BP
SPRITAM	3	FE
subvenite	1	

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Drug Name	Drug Tier	Limits/ Required
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	
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

Drug Name	Drug Tier	Limits/ Required
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	4	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	
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

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Drug Name	Drug Tier	Limits/ Required
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
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
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
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral solution	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL

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Drug Name	Drug Tier	Limits/ Required
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
PAXIL CR	3	PV; BP; QL
PAXIL ORAL SUSPENSION	3	PV; FE; BP; QL
PAXIL ORAL TABLET	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP
SERTRALINE HCL ORAL CAPSULE	3	PV; FE
sertraline hcl oral concentrate	1	PV
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranlycypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
VENLAFAXINE BESYLATE ER	3	PV; FE
venlafaxine hcl	1	PV
venlafaxine hcl er oral capsule extended release 24 hour	1	PV

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Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
VIIBRYD ORAL TABLET	3	ST; BP; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
ZURZUVAE	3	PA; QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	3	BP
ANTIVERT ORAL TABLET CHEWABLE	3	BP
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	PV
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	BP; QL
GIMOTI	3	FE

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 maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
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
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole- betamethasone	1	
CRESEMBA ORAL	3	

Drug Name	Drug Tier	Limits/ Required
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
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	

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Drug Name	Drug Tier	Limits/ Required
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE
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

Drug Name	Drug Tier	Limits/ Required
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
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

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

Drug Name	Drug Tier	Limits/ Required
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL
naratriptan hcl	1	QL
NURTEC	3	FE; QL
ONZETRA XSAIL	3	FE
QULIPTA	2	ST; QL
RELPAK	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

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Drug Name	Drug Tier	Limits/ Required
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
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	

Drug Name	Drug Tier	Limits/ Required
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	
TRECATOR	2	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AUGTYRO	14	PA; MB; SP; QL
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB
BOSULIF ORAL TABLET	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP
EULEXIN	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	ACA; PV
EXKIVITY	14	PA; MB; SP; QL
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
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

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
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	4	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	4	PA; SP; FE; QL
IMBRUVICA ORAL TABLET 420 MG	4	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	4	PA; SP
JAYPIRCA	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI FEMARA	14	PA; MB; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
KOSELUGO	4	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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL	NUBEQA	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL	ODOMZO	14	PA; MB; SP
LYNPARZA ORAL TABLET	14	PA; MB; SP	OGSIVEO	14	PA; MB; SP; QL
LYSODREN	14	PA; MB; SP	OJJAARA	14	PA; MB; SP; QL
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL	ONUREG	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL	ORGOVYX	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL	ORSERDU	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP	PANRETIN	4	SP
MEKINIST ORAL TABLET	14	PA; MB; SP	pazopanib hcl	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL	PEMAZYRE	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP	PIQRAY	14	PA; MB; SP; QL
mercaptopurine oral	1		POMALYST	14	PA; MB; SP
MESNEX ORAL	4	SP	PURIXAN	3	
MYLERAN	14	PA; MB; SP	QINLOCK	14	PA; MB; SP; QL
NERLYNX	14	PA; MB; SP; QL	RETEVMO	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP	REVLIMID	14	PA; MB; SP
NILANDRON	14	PA; MB; SP; BP	REZLIDHIA	14	PA; MB; SP; QL
nilutamide	14	PA; MB; SP	ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
NINLARO	14	PA; MB; SP	RUBRACA	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SIKLOS	3	FE
SOLTAMOX	3	ACA; PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP
TAGRISSE	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA; PV
TARCEVA	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	4	SP; BP
TARGRETIN ORAL	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP
TAZVERIK	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL
THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	PV
tretinoin oral	14	PA; MB; SP
TRUQAP	14	PA; MB; SP; QL
TUKYSA	14	PA; MB; SP; QL
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TYKERB	14	PA; MB; SP; BP
VALCHLOR	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL
VENCLEXTA	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL
VIJOICE	4	PA; SP; QL
VIZIMPRO	14	PA; MB; SP; QL
VONJO	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required
VOTRIENT	14	PA; MB; SP; BP
WELIREG	14	PA; MB; SP; QL
XALKORI ORAL CAPSULE	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB
XELODA	14	PA; MB; SP; BP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
XTANDI	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
YONSA	14	PA; MB; SP; QL
ZEJULA ORAL TABLET	14	PA; MB; SP
ZELBORAF	14	PA; MB; SP
ZOLINZA	14	PA; MB; SP
ZYDELIG	14	PA; MB; SP
ZYKADIA ORAL TABLET	14	PA; MB; SP
ZYTIGA	14	PA; MB; SP; BP
<b>Antiparasitics</b>		
albendazole oral	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	3	BP
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	4	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	

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Drug Name	Drug Tier	Limits/ Required
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	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	

Drug Name	Drug Tier	Limits/ Required
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	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	
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	4	SP; FE
INBRIJA	4	SP; FE
LODOSYN	3	BP

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Drug Name	Drug Tier	Limits/ Required
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	
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

Drug Name	Drug Tier	Limits/ Required
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	4	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
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

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
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
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

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
<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
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

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Drug Name	Drug Tier	Limits/ Required
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	4	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	4	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL
ISENTRESS ORAL PACKET	2	PV
ISENTRESS ORAL TABLET	2	PV; QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
JULUCA	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
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	4	PA; SP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir	1	PV; QL
maraviroc	1	PV; QL
MAVYRET	4	PA; SP; QL
nevirapine	1	PV; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
NORVIR ORAL PACKET	2	PV
NORVIR ORAL TABLET	3	PV; BP; QL
ODEFSEY	2	PV; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP	SELZENTRY ORAL SOLUTION	2	PV; QL
penciclovir	1	FE	SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
PIFELTRO	2	PV; QL	SITAVIG	3	FE
PREVYMIS ORAL	4	SP; QL	SOFOSBUVIR- VELPATASVIR	4	PA; SP; QL
PREZCOBIX	2	PV; QL	SOVALDI	4	SP; FE; QL
PREZISTA ORAL SUSPENSION	2	PV; QL	STRIBILD	2	PV; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL	SUNLENCA ORAL	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL	SYMFI	3	PV; BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL	SYMFI LO	3	PV; BP
RETROVIR ORAL CAPSULE	3	PV; BP; QL	SYMPTUZA	2	PV; QL
RETROVIR ORAL SYRUP	3	PV; BP; QL	TAMIFLU ORAL CAPSULE	3	BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL	TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
REYATAZ ORAL PACKET	3	PV	tenofovir disoproxil fumarate	1	PV; QL
ribavirin inhalation	1		TIVICAY ORAL TABLET 50 MG	2	PV; QL
ribavirin oral capsule	1		TIVICAY PD	2	PV; QL
ribavirin oral tablet 200 mg	1		TRIUMEQ	2	PV; QL
rimantadine hcl	1		TRIUMEQ PD	2	PV; QL
ritonavir	1	PV; QL	TRUVADA	3	PV; BP; QL
RUKOBIA	2	PV; QL	TYBOST	3	PV; QL
			valacyclovir hcl oral	1	
			VALCYTE	3	BP
			valganciclovir hcl	1	
			VALTREX	3	BP

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Drug Name	Drug Tier	Limits/ Required
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	4	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	4	SP; FE; QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL CREAM	3	FE; BP
ZOVIRAX EXTERNAL OINTMENT	3	BP
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	BP
buspirone 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	
LOREEV XR	3	FE
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE

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Drug Name	Drug Tier	Limits/ Required
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	4	PA; SP; FE; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
JESDUVROQ	3	FE; QL
MULPLETA	4	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP

Drug Name	Drug Tier	Limits/ Required
NYVEPRIA	14	MB; SP
PROMACTA	4	PA; SP; QL
PYRUKYND	4	PA; SP; QL
PYRUKYND TAPER PACK	4	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	4	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
ALTACE ORAL CAPSULE	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride 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
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 tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV

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	4	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	3	PV; BP
COLESTID FLAVORED ORAL PACKET	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
DEMSER	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 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
EDECRIIN	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	ACA; PV; QL
fluvastatin sodium er	1	ACA; 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	4	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

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
INPEFA	3	FE; QL
INSPIRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	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

Drug Name	Drug Tier	Limits/ Required
LIVALO	3	PV; FE; BP; QL
LODOCO	3	QL
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV; BP
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

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
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
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

Drug Name	Drug Tier	Limits/ Required
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
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORTHERA	4	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

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
pitavastatin calcium	1	PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
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

Drug Name	Drug Tier	Limits/ Required
REPATHA		PA; PV; QL
PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
ROSZET	3	PV; FE; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	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
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

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
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
toremide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP
VALSARTAN ORAL SOLUTION	3	PV; FE
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

Drug Name	Drug Tier	Limits/ Required
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	4	PA; SP; QL
VYNDAQEL	4	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
<b>Central Nervous System Agents</b>		
SKYCLARYS	4	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	

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
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	
dextroamphetamine sulfate oral	1	
DYANAVAL XR	3	FE
EVEKEO	3	BP
EVEKEO ODT	3	FE
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
lisdexamfetamine dimesylate	1	

Drug Name	Drug Tier	Limits/ Required
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	
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	

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
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	4	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	4	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	4	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL

Drug Name	Drug Tier	Limits/ Required
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
fingolimod hcl	4	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	4	PA; SP; BP; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP
glatiramer acetate	4	PA; SP; FE; QL
glatopa	4	PA; SP; FE; QL
KESIMPTA	4	PA; SP; QL
MAVENCLAD	4	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MAYZENT STARTER PACK	4	PA; SP; QL	teriflunomide	4	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL	VUMERITY	4	PA; SP; QL
PLEGRIDY	4	PA; SP; QL	ZEPOSIA	4	PA; SP; QL
PLEGRIDY STARTER PACK	4	PA; SP; QL	ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL
PONVORY	4	PA; SP; FE; QL	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA; SP; QL
PONVORY STARTER PACK	4	PA; SP; FE; QL	<b>Central Nervous System Agents - Miscellaneous</b>		
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	AUSTEDO	4	SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	AUSTEDO XR	4	SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	AUSTEDO XR PATIENT TITRATION	4	SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	caffeine citrate oral	1	
TASCENSO ODT	4	PA; SP; QL	DAYBUE	4	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; SP; BP; QL	EXSERVAN	3	FE
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; SP; BP; QL	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	
			IMCIVREE	4	PA; SP; QL
			INGREZZA	4	SP; QL

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Drug Name	Drug Tier	Limits/ Required
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	4	PA; SP; QL
RADICAVA ORS STARTER KIT	4	PA; SP; QL
RELYVRIO	4	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGLUTIK	3	FE
TEGSEDI	4	PA; SP; QL
tetrabenazine	4	SP
XENAZINE	4	SP; BP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
AQUORAL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	

Drug Name	Drug Tier	Limits/ Required
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
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	

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Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride dental cream	1	
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
ACANYA	3	BP

Drug Name	Drug Tier	Limits/ Required
acutane	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	4	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	

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Drug Name	Drug Tier	Limits/ Required
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	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	4	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	

Drug Name	Drug Tier	Limits/ Required
calcipotriene-betameth diprop	1	FE; QL
CALCITRENE	3	BP
calcitriol external	1	
CAPEX	3	FE
CARAC	2	
CIBINQO	4	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 phos-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	
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	

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Drug Name	Drug Tier	Limits/ Required
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clocortolone pivalate	1	FE
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-SMOOTH/FS BODY	3	BP
DERMA-SMOOTH/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	

Drug Name	Drug Tier	Limits/ Required
desoximetasone external ointment 0.05 %	1	FE
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	4	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
ENSTILAR	3	FE
EPIDUO	3	BP
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	

Drug Name	Drug Tier	Limits/ Required
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
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

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Drug Name	Drug Tier	Limits/ Required
imiquimod external cream 3.75 %	1	FE; QL
imiquimod external cream 5 %	1	QL
imiquimod pump	1	FE; QL
IMPOYZ	3	FE
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	4	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	

Drug Name	Drug Tier	Limits/ Required
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
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	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium-sulfur liquid 10-5 % external	1		TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
SYNALAR EXTERNAL CREAM	3	BP	TOPICORT SPRAY	3	BP
SYNALAR EXTERNAL OINTMENT	3	BP	tovet external foam	1	FE
TACLONEX EXTERNAL SUSPENSION	3	FE; BP; QL	tretinoin external	1	AL
tacrolimus external ointment	1		tretinoin microsphere	1	AL; FE
tazarotene external cream	1		tretinoin microsphere pump	1	AL; FE
TAZAROTENE EXTERNAL FOAM	3	FE	triamcinolone acetonide external aerosol solution	1	FE
tazarotene external gel	1	FE	triamcinolone acetonide external cream	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	FE	triamcinolone acetonide external lotion	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
TAZORAC EXTERNAL GEL	3	FE; BP	triamcinolone acetonide external ointment 0.05 %	1	FE
TEXACORT	3	FE	triamcinolone in absorbase	1	FE
TOLAK	3		triderm external cream 0.5 %	1	
TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP	TWYNEO	3	FE
TOPICORT EXTERNAL CREAM 0.25 %	3	BP	ULTRAVATE EXTERNAL LOTION	3	FE
TOPICORT EXTERNAL GEL	3	BP	urea external cream 20 %	1	
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP	VANOS	3	BP
			VECTICAL	3	BP
			VENELEX	2	
			VEREGEN	3	FE
			VTAMA	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
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
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL	metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
INVOKAMET	3	PV; FE; QL	metformin hcl ir	1	PV
INVOKAMET XR	3	PV; FE; QL	migliitol	1	PV
INVOKANA	3	PV; FE; QL	MOUNJARO	2	PA; PV; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL	nateglinide	1	PV
JANUMET TABLET 50-500 MG ORAL	2	PV; QL	ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL	pioglitazone hcl	1	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL	pioglitazone hcl-glimepiride	1	PV
JANUVIA	2	PV; QL	pioglitazone hcl-metformin hcl	1	PV
JARDIANCE TABLET 10 MG ORAL	2	PV; QL	QTERN	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL	repaglinide	1	PV
JENTADUETO	3	PV; FE; QL	RIOMET	3	PV; BP
JENTADUETO XR	3	PV; FE; QL	RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
metformin hcl er	1	PV	RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
metformin hcl er (mod)	1	PV; FE	saxagliptin hcl	1	PV; QL
			saxagliptin-metformin er	1	PV; QL
			SEGLUROMET	3	PV; FE; QL
			SOLQUA	2	PV; QL
			STEGLATRO	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
STEGLUJAN	3	PV; FE; QL	FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
SYMLINPEN 120	3	PA; PV	FREESTYLE LIBRE 2 READER	2	ST; QL
SYMLINPEN 60	3	PA; PV	FREESTYLE LIBRE 2 SENSOR	2	ST; QL
SYNJARDY	2	PV; QL	FREESTYLE LIBRE 3 READER	2	ST; QL
SYNJARDY XR	2	PV; QL	FREESTYLE LIBRE 3 SENSOR	2	ST; QL
TRADJENTA	3	PV; FE; QL	FREESTYLE LIBRE READER	2	ST; QL
TRIJARDY XR	2	PV; QL	GUARDIAN CONNECT TRANSMITTER	3	FE
TRULICITY	2	PA; PV; QL	GUARDIAN LINK 3 TRANSMITTER	3	FE
VICTOZA	2	PA; PV; QL	GUARDIAN SENSOR (3)	3	FE
XIGDUO XR	2	PV; QL	GUARDIAN SENSOR 3	3	FE
XULTOPHY	2	PV; QL	ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ZITUVIO	3	PV; FE; QL	ONETOUCH ULTRA TEST	2	PV; QL
<b>Diabetes - Glucose Monitoring</b>			ONETOUCH VERIO TEST STRIPS	2	PV; QL
DEXCOM G6 RECEIVER	2	ST; QL	<b>Diabetes - Glycemic Agents</b>		
DEXCOM G6 SENSOR	2	ST; QL	BAQSIMI ONE PACK	2	QL
DEXCOM G6 TRANSMITTER	2	ST; QL	BAQSIMI TWO PACK	2	QL
DEXCOM G7 RECEIVER	2	ST; QL	diazoxide oral	1	
DEXCOM G7 SENSOR	2	ST; QL	glucagon emergency kit	1	QL
ENLITE GLUCOSE SENSOR	3	FE	GLUCAGON EMERGENCY KIT	3	QL
EVERSENSE SENSOR/HOLDER	3	FE	GVOKE HYPOPEN 1-PACK	2	QL
EVERSENSE SMART TRANSMITTER	3	FE			
FREESTYLE LIBRE 14 DAY READER	2	ST; QL			

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
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
HUMULIN 70/30 KWIKPEN	3	PV; FE
HUMULIN 70/30 VIAL	3	PV; FE
HUMULIN N KWIKPEN	3	PV; FE
HUMULIN N VIAL	3	PV; FE
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV
HUMULIN R VIAL	3	PV; FE
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE
INSULIN ASPART FLEXPEN	3	PV; FE
INSULIN ASPART INJECTION	3	PV; FE
INSULIN ASPART PENFILL	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REZVOGLAR KWIKPEN	3	PV; FE	carglumic acid oral tablet soluble	4	SP
SEMGLEE (YFGN)	3	PV; FE	CARNITOR ORAL	3	BP
TOUJEO MAX SOLOSTAR	2	PV	CARNITOR SF	3	BP
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CHEMET	2	
TRESIBA	2	PV	CHOLINE BITARTRATE POWDER	2	
TRESIBA FLEXTOUCH	2	PV	CUVRIOR	4	SP; FE; QL
<b>Electrolytes / Minerals / Metals / Vitamins</b>			cyanocobalamin injection solution 1000 mcg/ml	1	
ACCRUFER	3	FE; QL	deferasirox	4	SP
ALANINE	2		deferasirox granules	4	SP
CALCIFOL	2		deferiprone	4	SP; FE
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-ALANINE	2	
CALCIUM GLUCONATE	2		DL-LEUCINE	2	
CALCIUM GLUCONATE ANHYDROUS	2		DL-METHIONINE POWDER (RX)	2	
CALCIUM GLUCONATE MONOHYDRATE	2		DL-PHENYLALANINE	2	
CALCIUM LACTATE PENTAHYDRATE	2		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
CALCIUM PHOSPHATE DIBASIC	2		effer-k tablet effervescent 25 meq oral	1	
CALCIUM PHOSPHATE TRIBASIC	2		EXJADE	4	SP; BP
CARBAGLU ORAL TABLET SOLUBLE	4	SP; BP	FERRIPROX ORAL SOLUTION	4	SP
			FERRIPROX ORAL TABLET	4	SP; FE; BP
			FERRIPROX TWICE-A-DAY	4	SP; FE
			folate	1	ACA; O

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Drug Name	Drug Tier	Limits/ Required
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	4	SP; BP
JADENU SPRINKLE	4	SP; BP
JYNARQUE	4	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	

Drug Name	Drug Tier	Limits/ Required
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	ACA; O; PV
METHIONINE	2	
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	ACA; O; PV
ONE VITE WOMENS	2	ACA; O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
POKONZA	3	FE
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	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
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV
prenatal oral tablet 27-0.8 mg	1	ACA; O; PV
SAMSCA	4	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
SPS	2	

Drug Name	Drug Tier	Limits/ Required
sterile water for irrigation solution irrigation	1	
SYPRINE	4	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	ACA; O
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
DEXILANT	3	PV; FE; BP; QL
dexlansoprazole	1	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
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
KONVOMEPEP	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
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL

Drug Name	Drug Tier	Limits/ Required
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
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required
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	
ANASPAZ	3	
bis subcit-metronid-tetracyc	1	PV; FE
BISACODYL	2	
bisacodyl ec	1	ACA; O
bisacodyl oral	1	ACA; O
bismuth/metronidaz/tetracyclin	1	PV; FE
CHENODAL	4	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	

Drug Name	Drug Tier	Limits/ Required
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	
ENTEREG	3	BP
enulose	1	
ft clearlax	1	ACA; O
ft laxative	1	ACA; O
ft magnesium citrate	1	ACA; O
GASTROCROM	3	BP
GATTEX	4	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA; PV
gavilyte-g	1	ACA; PV
generlac	1	
gentle laxative oral	1	ACA; O
gentlelax oral powder	1	ACA; O
GIALAX	3	FE
GLYCATE	3	FE
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
HELIDAC THERAPY	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
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
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O

Drug Name	Drug Tier	Limits/ Required
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
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	ACA; PV
peg-3350/electrolytes	1	ACA; PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	ACA; O

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Drug Name	Drug Tier	Limits/ Required
PYLERA	3	PV; FE; BP
qc magnesium citrate	1	ACA; 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	4	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	
VIBERZI	3	

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

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Drug Name	Drug Tier	Limits/ Required
nitisinone	4	SP
NITYR	4	SP
OCALIVA	4	SP; FE; QL
OLPRUVA (2 GM DOSE)	4	SP; QL
OLPRUVA (3 GM DOSE)	4	SP; QL
OLPRUVA (4 GM DOSE)	4	SP; QL
OLPRUVA (5 GM DOSE)	4	SP; QL
OLPRUVA (6 GM DOSE)	4	SP; QL
OLPRUVA (6.67 GM DOSE)	4	SP; QL
OPFOLDA	4	PA; SP; QL
ORFADIN ORAL CAPSULE	4	SP; BP
ORFADIN ORAL SUSPENSION	4	SP
PALYNZIQ	4	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	4	PA; SP
PROCYSBI	4	SP; FE
RAVICTI	4	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	4	PA; SP
SUCRAID	4	PA; SP
VIOKACE	3	ST
VOXZOGO	4	PA; SP; QL
XURIDEN	4	SP
yargesa	4	PA; SP
ZAVESCA	4	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	4	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	4	SP; BP
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
fesoterodine fumarate er	1	ST; FE

Drug Name	Drug Tier	Limits/ Required
flavoxate hcl	1	
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	
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	

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Drug Name	Drug Tier	Limits/ Required
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	4	SP; BP
THIOLA EC	4	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

Drug Name	Drug Tier	Limits/ Required
silodosin	1	
tamsulosin hcl	1	
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	4	PA; SP; FE
EMFLAZA ORAL TABLET	4	PA; SP; FE; BP
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE
hydrocortisone oral	1	

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Drug Name	Drug Tier	Limits/ Required
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
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

Drug Name	Drug Tier	Limits/ Required
<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	
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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	GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE
testosterone transdermal solution	1	PA	HUMATROPE INJECTION CARTRIDGE	4	PA; SP
TLANDO	3	PA; FE; QL	INCRELEX	4	PA; SP
VOGELXO PUMP	3	PA; FE; BP	ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP	MYCAPSSA	4	SP; FE; QL
XYOSTED	3	PA; FE	NGENLA	4	PA; SP
<b>Hormonal Agents - Pituitary</b>			NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE
ACTHAR	4	PA; SP	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
cabergoline	1	QL	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
CORTROPHIN	4	PA; SP	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
DDAVP ORAL	3	BP	octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
desmopressin ace spray refrig	1		octreotide acetate subcutaneous	4	SP
desmopressin acetate oral	1				
desmopressin acetate spray	1				
EGRIFTA SV	4	PA; SP; QL			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE			

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Drug Name	Drug Tier	Limits/ Required
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE
ORILISSA	2	PA; QL
RECORLEV	4	PA; SP; QL
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	4	PA; SP; FE
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP; BP
SIGNIFOR	4	PA; SP
SKYTROFA	4	PA; SP
SOGROYA	4	SP; FE
SOMAVERT	4	SP; FE
SYNAREL	2	
ZOMACTON	4	PA; SP; FE
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	4	PA; SP; BP
mifepristone oral tablet 300 mg	4	PA; SP
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz oral tablet 0.5-0.1 mg	1	PV
amethyst	1	ACA; PV
ANGELIQ	3	PV; FE
ANNOVERA	3	ACA; PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
aurovela fe 1/20	1	ACA; PV
aviane	1	ACA; PV
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	ACA; PV; BP
balziva	1	ACA; PV
BEYAZ	3	ACA; PV; BP
BIJUVA	3	PV; FE
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal eq	1	ACA; PV
CLIMARA	3	PV; BP; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
curae	1	ACA; O; PV
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
deblitane	1	ACA; PV
DELESTROGEN	3	PV; BP
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA; PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA; PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV
DIVIGEL	3	PV; BP
dolishale	1	ACA; PV
dotti	1	PV; QL
drospiren-eth estrad-levomefol	1	ACA; PV
drospirenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
econtra one-step	1	ACA; O; PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
ENDOMETRIN	3	

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
enilloring	1	ACA; PV; QL
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol oral	1	PV
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol	1	ACA; PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	ACA; PV
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	1	PV

Drug Name	Drug Tier	Limits/ Required
gemmily	1	ACA; PV
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV
haloette	1	ACA; PV; QL
heather	1	ACA; PV
her style	1	ACA; O; PV
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV
isibloom	1	ACA; PV
jaimiess	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jinteli	1	PV
jolessa	1	ACA; PV
joyeaux	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
kelnor 1/50	1	ACA; PV
kurvelo	1	ACA; PV
larin 1.5/30	1	ACA; PV
larin 1/20	1	ACA; PV
larin 24 fe	1	ACA; PV
larin fe 1.5/30	1	ACA; PV
larin fe 1/20	1	ACA; PV
layolis fe	1	ACA; PV
leena	1	ACA; PV
lessina	1	ACA; PV
levonest	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV
levonorgest-eth estradiol-iron	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O; PV
levonorgestrel-ethinyl estrad	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
LO LOESTRIN FE	3	ACA; PV
LOESTRIN 1.5/30 (21)	3	ACA; PV; BP
LOESTRIN 1/20 (21)	3	ACA; PV; BP
LOESTRIN FE 1.5/30	3	ACA; PV; BP
LOESTRIN FE 1/20	3	ACA; PV; BP
lojaimiess	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
loryna	1	ACA; PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
luteru	1	ACA; PV
lyleq	1	ACA; PV
lyllana	1	PV; QL
lyza	1	ACA; PV
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
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	ACA; PV
mibelas 24 fe	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	1	ACA; PV
microgestin 24 fe	1	ACA; PV
microgestin fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV

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

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

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

Drug Name	Drug Tier	Limits/ Required
tri-sprintec	1	ACA; PV
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
turqoz	1	ACA; PV
TWIRLA	3	ACA; PV; QL
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	ACA; PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
<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	
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	

Drug Name	Drug Tier	Limits/ Required
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ABRILADA (1 PEN)	4	SP; FE
ABRILADA (2 PEN)	4	SP; FE
ABRILADA (2 SYRINGE)	4	SP; FE
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ACTIMMUNE	4	PA; SP
ADALIMUMAB-AACF (2 PEN)	4	PA; SP; FE
ADALIMUMAB-ADAZ	4	PA; SP; QL
ADALIMUMAB-ADB (2 PEN)	4	PA; SP; FE
ADALIMUMAB-ADB (2 SYRINGE)	4	PA; SP; FE; QL
ADALIMUMAB-ADB (CD/UC/HS STRT)	4	PA; SP; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADALIMUMAB- ADB(M/PS/UV STARTER)	4	PA; SP; FE	COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; SP; QL
ADALIMUMAB-FKJP	4	PA; SP; QL	COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL
AMJEVITA	4	PA; SP; FE; QL	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	4	PA; SP; QL
AMJEVITA-PED 10KG TO <15KG	4	PA; SP; FE; QL	COSENTYX UNOREADY	4	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG	4	PA; SP; FE; QL	cyclosporine modified	1	PV
ARAVA	3	BP; QL	cyclosporine oral capsule	1	PV
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP	CYLTEZO (2 PEN)	4	PA; SP; FE; QL
ASTAGRAF XL	3	PV	CYLTEZO (2 SYRINGE)	4	PA; SP; FE; QL
AZASAN	3	PV; BP	CYLTEZO-CD/UC/HS STARTER	4	PA; SP; FE; QL
azathioprine oral	1	PV	CYLTEZO- PSORIASIS/UV STARTER	4	PA; SP; FE; QL
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL	ENBREL MINI	4	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL
CELLCEPT	3	PV; BP	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
CIMZIA (2 SYRINGE)	4	PA; SP; QL	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL			
COSENTYX (300 MG DOSE)	4	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENSPRYNG	4	PA; SP; QL	HUMIRA (2 SYRINGE) SUBCUTANEOUS	4	PA; SP; BP; QL
ENTYVIO SUBCUTANEOUS	4	PA; SP; QL	PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML		
ENVARUSUS XR	3	PV			
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; BP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; BP	HUMIRA-PED<40KG CROHNS STARTER	4	PA; SP; BP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HUMIRA-PED>/=40KG CROHNS START	4	PA; SP; BP; QL
gengraf oral solution	1	PV	HUMIRA-PED>/=40KG UC STARTER	4	PA; SP; BP; QL
HADLIMA	4	PA; SP; QL	HUMIRA-PSORIASIS/UVEIT STARTER	4	PA; SP; BP; QL
HADLIMA PUSHTOUCH	4	PA; SP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL
HAEGARDA	4	PA; SP	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE
HULIO (2 PEN)	4	PA; SP; FE	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL
HULIO (2 SYRINGE)	4	PA; SP; FE	HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP; QL			
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; BP; QL			

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Drug Name	Drug Tier	Limits/ Required
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	4	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	4	PA; SP; FE; QL
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL
HYRIMOZ-PED<40KG CROHN STARTER	4	PA; SP; FE; QL
HYRIMOZ- PED>=40KG CROHN START	4	PA; SP; FE; QL
HYRIMOZ-PLAQUE PSORIASIS START	4	PA; SP; FE; QL
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
IDACIO (2 PEN)	4	PA; SP; FE; QL
IDACIO (2 SYRINGE)	4	PA; SP; FE; QL
IDACIO-CROHNS/UC STARTER	4	PA; SP; FE; QL

Drug Name	Drug Tier	Limits/ Required
IDACIO-PSORIASIS STARTER	4	PA; SP; FE; QL
IMURAN	3	PV; BP
JOENJA	4	PA; SP; QL
JYLAMVO	3	FE
KEVZARA	4	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	4	PA; SP; PV; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	PV
mycophenolate sodium	1	PV
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
MYFORTIC	3	PV; BP
NEORAL	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OLUMIANT	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE
OMVOH SUBCUTANEOUS	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE
ORENCIA CLICKJECT	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE
ORLADEYO	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
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 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
PROGRAF ORAL CAPSULE	3	PV; BP	REZUROCK	4	PA; SP; QL
PROGRAF ORAL PACKET	3	PV; AL	RIDAURA	4	SP
RAPAMUNE	3	PV; BP	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL	TALTZ	4	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	4	PA; SP; FE	TREMFYA	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV; BP	TREXALL	2	
SANDIMMUNE ORAL SOLUTION	2	PV	VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
SILIQ	4	PA; SP; QL	VELSIPITY	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	XATMEP	3	FE
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	XELJANZ	4	PA; SP; QL
sirolimus oral	1	PV	XELJANZ XR	4	PA; SP; QL
SKYRIZI PEN	4	PA; SP; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE; QL
SKYRIZI SUBCUTANEOUS	4	PA; SP; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; FE
SOTYKTU	4	PA; SP; QL	YUFLYMA (2 PEN)	4	PA; SP; FE; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	PA; SP; FE
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; FE; QL
tacrolimus oral	1	PV	YUFLYMA-CD/UC/HS STARTER	4	PA; SP; FE
TAKHZYRO	4	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required
YUSIMRY	4	PA; SP; FE; QL
ZORTRESS	3	PV; BP
<b>Inflammatory Bowel Disease Agents</b>		
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	1	FE; QL
budesonide oral	1	
budesonide rectal	1	
CANASA	3	BP
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	

Drug Name	Drug Tier	Limits/ Required
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
<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

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
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML	4	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
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; PV; FE; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	4	PA; SP; PV; FE; QL
TYMLOS	4	PA; SP; PV; QL
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	1	

Drug Name	Drug Tier	Limits/ Required
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	

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Drug Name	Drug Tier	Limits/ Required
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	4	PA; SP; QL
BYLVAY (PELLETS)	4	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	

Drug Name	Drug Tier	Limits/ Required
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FIRDAPSE	4	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	4	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 PODS (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL

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Drug Name	Drug Tier	Limits/ Required
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	4	PA; SP; QL
PALFORZIA	4	SP; AL
PHEXXI	3	ACA
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
SOHONOS	4	PA; SP; QL
TAVNEOS	4	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL

Drug Name	Drug Tier	Limits/ Required
VISTOGARD	4	SP
VORTEX VALVED HOLDING CHAMBER	2	
XPHOZAH	4	SP; FE; QL
ZOKINVY	4	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	BP
ACULAR LS	3	BP
ACUVAIL	3	FE
ALOCRIAL	3	FE
ALOMIDE	3	FE
ALREX	3	ST; BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bepotastine besilate	1	FE
BEPREVE	3	FE; BP
BESIVANCE	3	FE
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	1	
bromfenac sodium ophthalmic solution 0.075 %	1	FE
BROMSITE	3	FE; BP

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Drug Name	Drug Tier	Limits/ Required
CILOXAN OPHTHALMIC OINTMENT	3	FE
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
EYSUVIS	3	FE
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	FE
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP

Drug Name	Drug Tier	Limits/ Required
LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPHTHALMIC 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 OPHTHALMIC OINTMENT	3	BP
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl (2x day)	1	FE
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	

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Drug Name	Drug Tier	Limits/ Required
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	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMZY SOLUTION 0.25 % OPTHALMIC	3	PA
ZERVATE	3	FE
ZIRGAN	3	

Drug Name	Drug Tier	Limits/ Required
<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 OPTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP

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Drug Name	Drug Tier	Limits/ Required
IYUZEH	3	FE
KEVEYIS	4	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
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	
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	

Drug Name	Drug Tier	Limits/ Required
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
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTARANS	4	SP
CYSTARAN	4	SP
LACRISERT	3	FE
LASTACAFT	3	FE

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Drug Name	Drug Tier	Limits/ Required
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	4	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	
TYRVAYA	3	QL
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	

Drug Name	Drug Tier	Limits/ Required
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	
cetirizine hcl oral solution	1	
CLARINEX ORAL TABLET	3	FE; BP
CLARINEX-D 12 HOUR	3	FE
clemastine fumarate oral syrup	1	FE

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Drug Name	Drug Tier	Limits/ Required
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	FE
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
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
levocetirizine dihydrochloride oral solution	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	

Drug Name	Drug Tier	Limits/ Required
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 vc/codeine	1	AL; QL
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
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	

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Drug Name	Drug Tier	Limits/ Required
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
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
AIRDUO DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL
AIRDUO RESPICLICK 55/14	3	PV; FE; QL
AIRSUPRA	3	PV; FE; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; 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
ALVESCO	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
arformoterol tartrate	1	PV; QL	ASMANEX HFA	2	PV; QL
ARMONAIR DIGIHALER	3	PV; FE; QL	ATROVENT HFA	2	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
			breyana	1	PV; QL
			BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
				3	PV; BP; QL
			BROVANA	3	PV; BP; QL
			budesonide inhalation	1	PV; QL
			budesonide-formoterol fumarate	1	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COMBIVENT RESPIMAT	2	PV; QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL
cromolyn sodium inhalation	1	PV	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
DALIRESP	3	PV; BP	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
DUAKLIR PRESSAIR	3	PV; FE; QL	formoterol fumarate inhalation	1	PV; QL
DULERA	3	PV; FE; QL	INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	PV; QL
elixophyllin	1	PV	ipratropium bromide inhalation	1	PV
epinephrine injection solution auto-injector	1	QL	ipratropium-albuterol	1	PV
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; 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
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
ESBRIET	4	PA; SP; BP; QL	montelukast sodium oral	1	PV
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA; SP; QL			
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL			
FLUTICASONE PROPIONATE DISKUS	2	PV			
FLUTICASONE PROPIONATE HFA	3	PV; FE; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL	SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
OFEV	4	PA; SP; QL	STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
PERFOROMIST	3	PV; BP; QL	STRIVERDI RESPIMAT	3	PV; QL
pirfenidone	4	PA; SP; QL	SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL	SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROAIR RESPICLICK	3	PV; QL	terbutaline sulfate oral	1	PV
PROVENTIL HFA	3	PV; BP; QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
PULMICORT FLEXHALER	2	PV; QL	THEO-24	3	PV
PULMICORT SUSPENSION	3	PV; BP; QL	theophylline elixir 80 mg/15ml oral	1	PV
QVAR REDIHALER	2	PV; QL	theophylline er	1	PV
roflumilast	1	PV	theophylline oral solution	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	tiotropium bromide monohydrate	1	PV; QL
SINGULAIR	3	PV; BP			
SPIRIVA HANDIHALER	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
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 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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	4	SP; BP; QL

Drug Name	Drug Tier	Limits/ Required
BRONCHITOL	2	QL
CAYSTON	4	SP
KALYDECO	4	PA; SP; QL
KITABIS PAK	4	SP; QL
ORKAMBI	4	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP
SYMDEKO	4	PA; SP; QL
TOBI NEBULIZER	4	SP; BP; QL
TOBI PODHALER	4	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	4	SP; QL
TRIKAFTA	4	PA; SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	4	PA; SP; BP; QL
ADEMPAS	4	PA; SP; QL
alyq	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	4	PA; SP; BP; QL
LIQREV	4	PA; SP; FE; QL
OPSUMIT	4	PA; SP; QL
ORENITRAM	4	PA; SP
ORENITRAM MONTH 1	4	PA; SP
ORENITRAM MONTH 2	4	PA; SP
ORENITRAM MONTH 3	4	PA; SP
REVATIO ORAL	4	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	4	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	4	PA; SP; BP; QL
TRACLEER 32 MG	4	PA; SP; QL
TYVASO	4	PA; SP
TYVASO DPI INSTITUTIONAL KIT	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL
TYVASO DPI TITRATION KIT	4	PA; SP; QL
TYVASO REFILL	4	PA; SP
TYVASO STARTER	4	PA; SP
UPTRAVI ORAL	4	PA; SP; QL
UPTRAVI TITRATION	4	PA; SP; QL
VENTAVIS	4	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 10 mg, 20 mg, 5 mg	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er	1	FE
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

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Drug Name	Drug Tier	Limits/ Required
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
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
DAYVIGO	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
doxepin hcl oral tablet	1	QL
EDLUAR	3	FE; QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	4	PA; SP; BP; QL
HETLIOZ LQ	4	PA; SP; QL
LUMRYZ	4	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	4	PA; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	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
temazepam	1	
WAKIX	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
XYREM	4	PA; SP; QL
XYWAV	4	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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OXISTAT.....			PLAN B ONE-STEP.....
23			77
OXTELLAR XR.....			PLAQUENIL.....
17			31

PLAVIX.....	32	PRESTALIA.....	44	promethegan.....	22
PLEGRIDY.....	48	PRETOMANID.....	25	PROMETRIUM.....	78
PLEGRIDY STARTER		PREVACID.....	64	propafenone hcl.....	44
PACK.....	48	PREVACID SOLUTAB.....	64	propafenone hcl er.....	44
PLENVU.....	66	prevalite.....	44	propranolol hcl.....	44
PLIAGLIS.....	11	PREVIDENT.....	49	propranolol hcl er.....	44
POCKET SPACER.....	88	PREVIDENT 5000		propylthiouracil.....	79
podofilox.....	54	BOOSTER PLUS.....	49	PROSCAR.....	70
POKONZA.....	62	PREVIDENT 5000 DRY		PROTONIX.....	64
polycin.....	92	MOUTH.....	49	protriptyline hcl.....	20
polyethylene glycol 3350.	66	PREVIDENT 5000		PROVENTIL HFA.....	97
polymyxin b-trimethoprim.	92	ENAMEL PROTECT.....	50	PROVERA.....	78
POMALYST.....	28	PREVIDENT 5000		PROVIGIL.....	100
PONVORY.....	48	ORTHO DEFENSE.....	50	PROZAC.....	20
PONVORY STARTER		PREVIDENT 5000 PLUS.	50	PRUDOXIN.....	54
PACK.....	48	PREVIDENT 5000		pseudoephedrine-	
portia-28.....	77	SENSITIVE.....	50	bromphen-dm.....	93
posaconazole.....	23	PREVYMIS.....	36	PULMICORT	
potassium chloride.....	62, 63	PREZCOBIX.....	36	FLEXHALER.....	97
potassium chloride crys		PREZISTA.....	36	PULMICORT	
er.....	62	PRIFTIN.....	25	SUSPENSION.....	97
potassium chloride er.....	62	PRIOSEC.....	64	PULMOSAL.....	93
potassium citrate er.....	63	primaquine phosphate.....	31	PULMOZYME.....	98
POVIDONE-IODINE.....	90	primidone.....	17	PURIXAN.....	28
PRADAXA.....	16	PRISTIQ.....	20	PYLERA.....	67
PRALUENT.....	44	PROAIR DIGIHALER.....	97	pyrazinamide.....	25
pramipexole		PROAIR RESPICLICK.....	97	pyridostigmine bromide.....	25
dihydrochloride.....	32	probenecid.....	23	pyridostigmine bromide	
pramipexole		PROCARDIA XL.....	44	er.....	25
dihydrochloride er.....	32	PROCENTRA.....	46	pyrimethamine.....	31
PRAMOTIC.....	92	prochlorperazine.....	21	PYROGALLIC ACID.....	54
prasugrel hcl.....	32	prochlorperazine		PYRUKYND.....	38
pravastatin sodium.....	44	maleate.....	21	PYRUKYND TAPER	
praziquantel.....	31	PROCTOCORT.....	85	PACK.....	38
prazosin hcl.....	44	PROCTOFOAM HC.....	85	QBRELIS.....	44
PRED FORTE.....	90	procto-med hc.....	85	QBREXZA.....	54
PRED MILD.....	90	proctosol hc.....	85	qc magnesium citrate.....	67
prednisolone.....	71	proctozone-hc.....	85	QDOLO.....	8
prednisolone acetate.....	90	PROCYSBI.....	68	QELBREE.....	46
prednisolone sodium		progesterone.....	77	QINLOCK.....	28
phosphate.....	71, 90	PROGLYCEM.....	59	QNASL.....	93
prednisone.....	71	PROGRAF.....	83	QNASL CHILDRENS.....	93
prednisone intensol.....	71	PROLATE.....	8	QTERN.....	57
pregabalin.....	49	PROLENSA.....	90	QUALAQUIN.....	31
pregabalin er.....	49	PROMACTA.....	38	quazepam.....	37
PREMARIN.....	77	promethazine hcl.....	21, 22	QUDEXY XR.....	17
PREMPHASE.....	77	promethazine vc.....	93	QUESTRAN.....	44
PREMPRO.....	77	promethazine vc/codeine.	93	QUESTRAN LIGHT.....	44
prenatal.....	63	promethazine-codeine.....	93	quetiapine fumarate.....	33
prenatal multi +dha.....	63	promethazine-dm.....	93	quetiapine fumarate er.....	33

QUILLICHEW ER.....	46	REMERON SOLTAB.....	20	ROCKLATAN.....	91
QUILLIVANT XR.....	46	REMESENSE.....	50	roflumilast.....	97
quinapril hcl.....	44	RENVELA.....	70	ropinirole hcl.....	32
quinapril- hydrochlorothiazide.....	44	repaglinide.....	57	ropinirole hcl er.....	32
quinidine gluconate er.....	44	REPATHA.....	44	rosuvastatin calcium.....	44
quinidine sulfate.....	44	REPATHA		ROSZET.....	44
quinine sulfate.....	31	PUSHTRONEX		ROWASA.....	85
QULIPTA.....	24	SYSTEM.....	44	roweepra.....	17
QUVIVIQ.....	100	REPATHA SURECLICK..	44	ROXICODONE.....	8
QVAR REDIHALER.....	97	RESTASIS.....	92	ROXYBOND.....	8
RABEPRAZOLE		RESTASIS MULTIDOSE..	92	ROZEREM.....	100
SODIUM.....	64	RESTORA RX.....	67	ROZLYTREK.....	28
rabeprazole sodium.....	65	RESTORIL.....	100	RUBRACA.....	28
RADICAVA ORS.....	49	RETEVMO.....	28	rufinamide.....	17
RADICAVA ORS		RETIN-A.....	54	RUKOBIA.....	36
STARTER KIT.....	49	RETIN-A MICRO GEL		RYALTRIS.....	93
RADIOGARDASE.....	88	0.04 %, 0.1 %.....	54	RYBELSUS.....	57
RAGWITEK.....	88	RETIN-A MICRO PUMP..	54	RYCLORA.....	93
raloxifene hcl.....	73	RETROVIR.....	36	RYDAPT.....	29
ramelteon.....	100	REVATIO.....	99	RYKINDO.....	34
ramipril.....	44	REVLIMID.....	28	RYTARY.....	32
ranolazine er.....	44	REXULTI.....	33	ryvent.....	93
RAPAFLO.....	70	REYATAZ.....	36	SABRIL.....	17
RAPAMUNE.....	83	REYVOW.....	24	SACCHARIN.....	88
rasagiline mesylate.....	32	REZLIDHIA.....	28	SAFYRAL.....	78
RASUVO.....	83	REZUROCK.....	83	SAIZEN.....	73
RAVICTI.....	68	REZVOGLAR KWIKPEN..	61	sajazir.....	84
RAYALDEE.....	86	RHOPRESSA.....	91	SALAGEN.....	50
RAYOS.....	71	ribavirin.....	36	SAMSCA.....	63
react.....	78	RIDAURA.....	83	SANCUSO.....	22
REBIF.....	48	rifabutin.....	25	SANDIMMUNE.....	84
REBIF REBIDOSE.....	48	rifampin.....	25	SANDOSTATIN.....	73
REBIF REBIDOSE		RILUTEK.....	49	SANTYL.....	54
TITRATION PACK.....	48	riluzole.....	49	SAPHRIS.....	34
REBIF TITRATION		rimantadine hcl.....	36	sapropterin	
PACK.....	48	RINVOQ.....	83, 84	dihydrochloride.....	68
reclipsen.....	78	RIOMET.....	57	SAVAYSA.....	16
RECORLEV.....	73	risedronate sodium.....	86	SAVELLA.....	49
RECTIV.....	44	RISPERDAL.....	33	SAVELLA TITRATION	
REGLAN.....	22	risperidone.....	34	PACK.....	49
REGRANEX.....	54	RITALIN.....	47	saxagliptin hcl.....	57
RELAFEN DS.....	11	RITALIN LA.....	47	saxagliptin-metformin er..	57
RELENZA DISKHALER...36		ritonavir.....	36	SCSEMBLIX.....	29
RELEXXII.....	46, 47	rivastigmine.....	19	scopolamine.....	22
RELISTOR.....	67	rivastigmine tartrate.....	19	SECUADO.....	34
RELPAK.....	24	rivelsa.....	78	SEGLENTIS.....	8
RELTONE.....	67	rizatriptan benzoate.....	24	SEGLUROMET.....	57
RELYVRIO.....	49	ROBINUL.....	67	selegiline hcl.....	32
REMERON.....	20	ROBINUL-FORTE.....	67	selenium sulfide.....	54
		ROCALTROL.....	86	SELZENTRY.....	36



SEMGLEE (YFGN).....	61	sodium fluoride 5000		STRIBILD.....	36
SENSIPAR.....	86	ppm.....	50	STRIVERDI RESPIMAT ..	97
SEREVENT DISKUS.....	97	SODIUM OXYBATE.....	100	STROMECTOL.....	31
SERNIVO.....	54	sodium phenylbutyrate.....	68	SUBOXONE.....	12
SEROQUEL.....	34	sodium polystyrene		subvenite.....	17
SEROQUEL XR.....	34	sulfonate.....	63	subvenite starter kit-blue..	18
SEROSTIM.....	67	sodium saccharin.....	88	subvenite starter kit-	
SERTRALINE HCL.....	20	SOFOSBUVIR-		green.....	18
sertraline hcl.....	20	VELPATASVIR.....	36	subvenite starter kit-	
setlakin.....	78	SOGROYA.....	73	orange.....	18
sevelamer carbonate.....	70	SOHONOS.....	88	SUCRAID.....	68
sevelamer hcl.....	70	solifenacin succinate.....	70	sucrafate.....	65
SEYSARA.....	14	SOLQUA.....	57	SUFLAVE.....	67
sf.....	50	SOLODYN.....	15	SULAR.....	44
sf 5000 plus.....	50	SOLOSEC.....	15	SULCONAZOLE	
SFROWASA.....	85	SOLTAMOX.....	29	NITRATE.....	23
sharobel.....	78	SOMA.....	100	sulfacetamide sodium.....	90
SIGNIFOR.....	73	SOMAVERT.....	73	sulfacetamide sodium	
SIKLOS.....	29	SOOLANTRA.....	54	(acne).....	54
sildenafil citrate.....	99	sorafenib tosylate.....	29	sulfacetamide sodium-	
SILENOR.....	100	SORILUX.....	54	sulfur.....	55
SILIQ.....	84	sotalol hcl.....	44	sulfacetamide-	
silodosin.....	70	sotalol hcl (af).....	44	prednisolone.....	92
SILVADENE.....	14	SOTYKTU.....	84	sulfadiazine.....	15
silver sulfadiazine.....	14	SOTYLIZE.....	44	sulfamethoxazole-	
SIMBRINZA.....	91	SOVALDI.....	36	trimethoprim.....	15
simliya.....	78	SOVUNA.....	31	SULFAMYLON.....	15
simpesse.....	78	spinosad.....	31	sulfasalazine.....	85
SIMPONI.....	84	SPIRIVA HANDIHALER..	97	sulfatrim pediatric.....	15
simvastatin.....	44	SPIRIVA RESPIMAT.....	97	sulfurated lime.....	31
SINEMET.....	32	spironolactone.....	44	sulindac.....	11
SINGULAIR.....	97	spironolactone-hctz.....	44	sumatriptan.....	24
sirolimus.....	84	SPORANOX.....	23	sumatriptan succinate.....	24
SIRTURO.....	25	sprintec 28.....	78	sumatriptan succinate	
SITAVIG.....	36	SPRITAM.....	17	refill subcutaneous	
SIVEXTRO.....	14	SPRIX.....	11	solution cartridge.....	24
SKYCLARYS.....	45	SPRYCEL.....	29	sumatriptan-naproxen	
SKYRIZI.....	84	SPS.....	63	sodium.....	24
SKYRIZI PEN.....	84	sronyx.....	78	sunitinib malate.....	29
SKYTROFA.....	73	ssd.....	15	SUNLENCA.....	36
SLYND.....	78	STALEVO 150.....	32	SUNOSI.....	100
SOAANZ.....	44	STEGLATRO.....	57	SUPREP BOWEL PREP	
sod citrate-citric acid.....	63	STEGLUJAN.....	58	KIT.....	67
SODIUM ASCORBATE...	63	STELARA.....	84	SUTAB.....	67
sodium bicarbonate.....	63	sterile water for irrigation.	63	SUTENT.....	29
sodium chloride.....	93, 94	STIMUFEND.....	38	syeda.....	78
sodium fluoride.....	50, 63	STIOLTO RESPIMAT.....	97	SYMBICORT.....	97
sodium fluoride 5000		STIVARGA.....	29	SYMBYAX.....	20
plus.....	50	STRATTERA.....	47	SYMDEKO.....	98
		STRENSIQ.....	68	SYMFI.....	36

SYMFI LO.....	36	tazarotene.....	55	THREONINE.....	63
SYMLINPEN 120.....	58	TAZAROTENE.....	55	THYQUIDITY.....	79
SYMLINPEN 60.....	58	TAZORAC.....	55	thyroid.....	79
SYMPAZAN.....	18	taztia xt.....	44	tiadylt er.....	44
SYMPROIC.....	67	TAZVERIK.....	29	tiagabine hcl.....	18
SYMTUZA.....	36	TECFIDERA.....	48	TIAZAC.....	44
SYNALAR.....	55	TEGLUTIK.....	49	TIBSOVO.....	29
SYNAREL.....	73	TEGRETOL.....	18	TIKOSYN.....	44, 45
SYNDROS.....	22	TEGRETOL-XR.....	18	tilia fe.....	78
SYNJARDY.....	58	TEGSEDI.....	49	timolol maleate.....	45, 91
SYNJARDY XR.....	58	TEKTURNA.....	44	timolol maleate (once-	
SYNTHROID.....	79	telmisartan.....	44	daily).....	91
SYPRINE.....	63	telmisartan-amlodipine.....	44	timolol maleate ocudose..	91
TABLOID.....	29	telmisartan-hctz.....	44	timolol maleate pf.....	91
TABRECTA.....	29	temazepam.....	100	TIMOPTIC OCUDOSE....	91
TACLONEX.....	55	temozolomide.....	29	tinidazole.....	15
tacrolimus.....	55, 84	TENCON.....	8	tiopronin.....	70
tadalafil.....	70	tenofovir disoproxil		tiotropium bromide	
tadalafil (pah).....	99	fumarate.....	36	monohydrate.....	97
TADLIQ.....	99	TENORETIC 100.....	44	TIROSINT.....	79
TAFINLAR.....	29	TENORETIC 50.....	44	TIROSINT-SOL.....	79
tafluprost (pf).....	91	TENORMIN.....	44	TIVICAY.....	36
TAGRISSE.....	29	TEPMETKO.....	29	TIVICAY PD.....	36
take action.....	78	terazosin hcl.....	70	tizanidine hcl.....	100
TAKHZYRO.....	84	terbinafine hcl.....	23	TLANDO.....	72
TALICIA.....	67	terbutaline sulfate.....	97	TOBI NEBULIZER.....	98
TALTZ.....	84	terconazole.....	23	TOBI PODHALER.....	98
TALZENNA.....	29	teriflunomide.....	48	TOBRADEX.....	90
TAMIFLU.....	36	teriparatide.....	86	TOBRADEX ST.....	90
tamoxifen citrate.....	29	teriparatide		tobramycin.....	90, 98
tamsulosin hcl.....	70	(recombinant).....	86	TOBRAMYCIN.....	98
TAPERDEX 12-DAY.....	71	TERIPARATIDE		tobramycin-	
TAPERDEX 6-DAY.....	71	(RECOMBINANT).....	86	dexamethasone.....	90
TAPERDEX 7-DAY.....	71	TESTIM.....	71	TOBREX.....	90
TARCEVA.....	29	testosterone.....	72	TODAY SPONGE.....	88
TARGADOX.....	15	testosterone cypionate.....	71	TOLAK.....	55
TARGRETIN.....	29	testosterone enanthate....	71	tolcapone.....	32
tarina 24 fe.....	78	tetrabenazine.....	49	TOLNAFTATE.....	23
tarina fe 1/20 eq.....	78	tetracycline hcl.....	15	TOLSURA.....	23
TARPEYO.....	85	TETRACYCLINE HCL....	15	tolterodine tartrate.....	70
TASCENSO ODT.....	48	TEXACORT.....	55	tolterodine tartrate er.....	70
TASIGNA.....	29	TEZSPIRE.....	97	tolvaptan.....	63
tasimelteon.....	100	THALOMID.....	29	TOPAMAX.....	18
TASMAR.....	32	THEO-24.....	97	TOPAMAX SPRINKLE....	18
TAURINE.....	63	theophylline.....	97	TOPICORT.....	55
tavaborole.....	23	theophylline er.....	97	TOPICORT SPRAY.....	55
TAVALISSE.....	38	THIOLA.....	70	topiramate.....	18
TAVNEOS.....	88	THIOLA EC.....	70	topiramate er.....	18
taysofy.....	78	thioridazine hcl.....	34	TOPROL XL.....	45
TAYTULLA.....	78	thiothixene.....	34	toremifene citrate.....	29

torseamide.....	45	trifluridine.....	90	TYVASO DPI	
TOSYMRA.....	24	trihexyphenidyl hcl.....	32	TITRATION KIT.....	99
TOUJEO MAX		TRIJARDY XR.....	58	TYVASO REFILL.....	99
SOLOSTAR.....	61	TRIKAFTA.....	98	TYVASO STARTER.....	99
TOUJEO SOLOSTAR.....	61	tri-legest fe.....	78	UBRELVY.....	25
tovet.....	55	TRILEPTAL.....	18	UCERIS.....	85
TOVIAZ.....	70	tri-linyah.....	78	UDENYCA.....	38
TRACLEER.....	99	TRILIPIX.....	45	UDENYCA ONBODY.....	38
TRADJENTA.....	58	tri-lo-estarylla.....	78	ULORIC.....	23
TRAMADOL HCL (ER		tri-lo-marzia.....	78	ULTRAVATE.....	55
BIPHASIC).....	8	tri-lo-mili.....	78	unithroid.....	79
tramadol hcl (er biphasic)..	8	tri-lo-sprintec.....	78	UPNEEQ.....	90
tramadol hcl er.....	8	trimethobenzamide hcl.....	22	UPTRAVI.....	99
TRAMADOL HCL IR.....	8	trimethoprim.....	15	UPTRAVI TITRATION.....	99
tramadol hcl ir.....	8	tri-mili.....	78	urea.....	55
tramadol-acetaminophen...	8	trimipramine maleate.....	20	uretron d/s.....	70
trandolapril.....	45	TRINTELLIX.....	20	UROCIT-K 10.....	63
trandolapril-verapamil hcl		tri-nymyo.....	78	UROCIT-K 15.....	63
er.....	45	tri-sprintec.....	78	UROCIT-K 5.....	63
tranexamic acid.....	38	TRIUMEQ.....	36	UROXATRAL.....	70
TRANSDERM-SCOP.....	22	TRIUMEQ PD.....	36	URSO 250.....	67
tranylcypromine sulfate....	20	trivora (28).....	78	URSO FORTE.....	67
TRAVATAN Z.....	91	tri-vylibra.....	78	URSODIOL.....	67
travoprost (bak free).....	91	tri-vylibra lo.....	78	ursodiol.....	67
trazodone hcl.....	20	TROKENDI XR.....	18	VAGIFEM.....	78
TRECATOR.....	25	tropium chloride.....	70	valacyclovir hcl.....	36
TRELEGY ELLIPTA.....	98	tropium chloride er.....	70	VALCHLOR.....	29
TREMFYA.....	84	TRUDHESA.....	24	VALCYTE.....	36
TRESIBA.....	61	TRULANCE.....	67	valganciclovir hcl.....	36
TRESIBA FLEXTOUCH...	61	TRULICITY.....	58	VALINE.....	63
tretinoin.....	29, 55	TRUQAP.....	29	VALIUM.....	38
tretinoin microsphere.....	55	TRUVADA.....	36	valproic acid.....	18
tretinoin microsphere		TUDORZA PRESSAIR...	98	VALSARTAN.....	45
pump.....	55	TUKYSA.....	29	valsartan.....	45
TREXALL.....	84	TURALIO.....	29	valsartan-	
TREXIMET.....	24	turqoz.....	78	hydrochlorothiazide.....	45
triamcinolone acetoneide		TUXARIN ER.....	94	VALTOCO.....	18
.....	50, 55	TWIRLA.....	78	VALTRESX.....	36
triamcinolone in		TWYNEO.....	55	VANCOGIN.....	15
absorbbase.....	55	TYBOST.....	36	vancomycin hcl.....	15
triamterene.....	45	tydemy.....	78	VANDAZOLE.....	15
triamterene-hctz.....	45	TYKERB.....	29	VANFLYTA.....	29
triazolam.....	38	TYMLOS.....	86	VANOS.....	55
TRIBENZOR.....	45	TYRVAYA.....	92	varenicline tartrate.....	12
TRICOR.....	45	TYVASO.....	99	varenicline tartrate	
TRIDACAINE.....	11	TYVASO DPI		(starter).....	12
triderm.....	55	INSTITUTIONAL KIT.....	99	varenicline	
trientine hcl.....	63	TYVASO DPI		tartrate(continue).....	12
tri-estarylla.....	78	MAINTENANCE KIT.....	99	VARIZIG.....	84
trifluoperazine hcl.....	34				

VARUBI (180 MG DOSE).....	22	VIMPAT.....	18	WYNZORA.....	56
VASCEPA.....	45	VIOKACE.....	68	XACIATO.....	15
VASERETIC.....	45	viorele.....	78	XADAGO.....	32
VASOTEC.....	45	VIRACEPT.....	37	XALATAN.....	91
VCF VAGINAL CONTRACEPTIVE.....	88	VIRAZOLE.....	37	XALKORI.....	30
VECAMYL.....	45	VIREAD.....	37	XANAX.....	38
VECTICAL.....	55	VISTARIL.....	38	XANAX XR.....	38
velivet.....	78	VISTOGARD.....	88	XARELTO.....	16
VELPHORO.....	70	VIVELLE-DOT.....	78	XARELTO STARTER PACK.....	16
VELSIPITY.....	84	VIVJOA.....	23	XATMEP.....	84
VELTASSA.....	63	VIZIMPRO.....	29	XCOPRI.....	18
VEMLIDY.....	37	VOGELXO.....	72	XDEMVY.....	90
VENCLEXTA.....	29	VOGELXO PUMP.....	72	XELJANZ.....	84
VENCLEXTA STARTING PACK.....	29	volnea.....	78	XELJANZ XR.....	84
VENELEX.....	55	VONJO.....	29	XELODA.....	30
VENLAFAXINE BESYLATE ER.....	20	VOQUEZNA.....	65	XELPROS.....	91
venlafaxine hcl.....	20	VOQUEZNA DUAL PAK.....	67	XELSTRYM.....	47
venlafaxine hcl er.....	20, 21	VOQUEZNA TRIPLE PAK.....	67	XENAZINE.....	49
VENTAVIS.....	99	voriconazole.....	23	XEPI.....	15
VENTOLIN HFA.....	98	VORTEX VALVED HOLDING CHAMBER.....	88	XERAC AC.....	56
VEOZAH.....	88	VOSEVI.....	37	XERESE.....	37
verapamil hcl.....	45	VOTRIENT.....	30	XERMELO.....	67
verapamil hcl er.....	45	VOWST.....	67	XHANCE.....	94
VEREGEN.....	55	VOXZOGO.....	68	XIFAXAN.....	15
VERELAN.....	45	VRAYLAR.....	34	XIGDUO XR.....	58
VERELAN PM.....	45	VTAMA.....	55	XIIDRA.....	92
VERKAZIA.....	92	VUITY.....	91	XOFLUZA (40 MG DOSE).....	37
VERQUVO.....	45	VUMERITY.....	48	XOFLUZA (80 MG DOSE).....	37
VERSACLOZ.....	34	VUSION.....	23	XOPENEX HFA.....	98
VERZENIO.....	29	vyfemla.....	78	XPHOZAH.....	88
VESICARE.....	70	vylibra.....	78	XPOVIO (100 MG ONCE WEEKLY).....	30
VESICARE LS.....	70	VYNDAMAX.....	45	XPOVIO (40 MG ONCE WEEKLY).....	30
vestura.....	78	VYNDAQEL.....	45	XPOVIO (40 MG TWICE WEEKLY).....	30
VFEND.....	23	VYTORIN.....	45	XPOVIO (40 MG TWICE WEEKLY).....	30
VIBERZI.....	67	VYVANSE.....	47	XPOVIO (60 MG ONCE WEEKLY).....	30
VIBRAMYCIN.....	15	VYZULTA.....	91	XPOVIO (60 MG TWICE WEEKLY).....	30
VICTOZA.....	58	WAKIX.....	100	XPOVIO (60 MG TWICE WEEKLY).....	30
vienva.....	78	warfarin sodium.....	16	XPOVIO (80 MG ONCE WEEKLY).....	30
vigabatrin.....	18	weekly-d.....	63	XPOVIO (80 MG TWICE WEEKLY).....	30
vigadrone.....	18	WELCHOL.....	45	XPOVIO (80 MG TWICE WEEKLY).....	30
VIGAMOX.....	90	WELIREG.....	30	XPOVIO (80 MG TWICE WEEKLY).....	30
vigpoder.....	18	WELLBUTRIN SR.....	21	XPOVIO (80 MG TWICE WEEKLY).....	30
VIIBRYD.....	21	WELLBUTRIN XL.....	21	XPOVIO (80 MG TWICE WEEKLY).....	30
VIJOICE.....	29	wera.....	78	XTAMPZA ER.....	8
vilazodone hcl.....	21	wes-phos 250 neutral.....	63	XTANDI.....	30
VIMOVO.....	11	WINLEVI.....	56	xulane.....	78
		wixela inhub.....	98		
		wymzya fe.....	78		

XULTOPHY.....	58	ZIEXTENZO.....	38
XURIDEN.....	68	zileuton er.....	98
XYOSTED.....	72	ZILXI.....	56
XYREM.....	101	ZIMHI.....	12
XYWAV.....	101	ZIOPTAN.....	91
yargesa.....	68	ziprasidone hcl.....	34
YASMIN 28.....	78	ZIPSOR.....	11
YAZ.....	78	ZIRGAN.....	90
yl folic acid.....	63	ZITHROMAX.....	15
YONSA.....	30	ZITHROMAX TRI-PAK....	15
YOSPRALA.....	32	ZITHROMAX Z-PAK.....	15
YUFLYMA (1 PEN).....	84	ZITUVIO.....	58
YUFLYMA (2 PEN).....	84	ZOCOR.....	45
YUFLYMA (2 SYRINGE).....	84	ZOKINVY.....	88
YUFLYMA-CD/UC/HS		ZOLINZA.....	30
STARTER.....	84	zolmitriptan.....	25
YUPELRI.....	98	ZOLOFT.....	21
YUSIMRY.....	85	ZOLPIDEM TARTRATE	101
yuvafem.....	78	zolpidem tartrate.....	101
zafemy.....	78	zolpidem tartrate er.....	101
zafirlukast.....	98	ZOMACTON.....	73
zaleplon.....	101	ZOMIG.....	25
ZANAFLEX.....	100	ZONALON.....	56
ZARONTIN.....	18	ZONEGRAN.....	18
ZAVESCA.....	68	ZONISADE.....	18
ZAVZPRET.....	25	zonisamide.....	18
ZEGALOGUE.....	59	ZONTIVITY.....	32
ZEGERID.....	65	ZORTRESS.....	85
ZEJULA.....	30	ZORYVE.....	56
ZELAPAR.....	32	zovia 1/35 (28).....	78
ZELBORAF.....	30	ZOVIRAX.....	37
ZEMBRACE		ZTALMY.....	18
SYMTOUCH.....	25	ZTLIDO.....	11
ZEMPLAR.....	86	ZUBSOLV.....	12
zenatane.....	56	zumandimine.....	78
ZENPEP.....	69	ZURZUVAE.....	21
ZENZEDI.....	47	ZYCLARA.....	56
ZEPATIER.....	37	ZYCLARA PUMP.....	56
ZEPOSIA.....	48	ZYDELIG.....	30
ZEPOSIA 7-DAY		ZYFLO.....	98
STARTER PACK.....	48	ZYKADIA.....	30
ZEPOSIA STARTER KIT.....	48	ZYLET.....	92
ZERVIAE.....	90	ZYPITAMAG.....	45
ZESTORETIC.....	45	ZYPREXA.....	34
ZESTRIL.....	45	ZYPREXA ZYDIS.....	34
ZETIA.....	45	ZYTIGA.....	30
ZETONNA.....	94	ZYVOX.....	15
ZIAGEN.....	37		
ZIANA.....	56		
zidovudine.....	37		

# 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 ድርጅቶቻችን መስታወሻ: 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. ကိ: (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).