

# ACA Compliant Individual/Small Group 6 Tier Formulary

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**SANFORD**<sup>®</sup>  
HEALTH PLAN

# Understanding your formulary

## What is a formulary?

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

## How do I use my formulary?

You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your ID card.

## About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

## Reading your formulary

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

### Tier information

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

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

## Reading your formulary

### Drug list information

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

<b>PA</b>	<b>Prior Authorization</b> – You or your provider must get pre-approval for the medicine with Sanford Health Plan before you can get the prescription filled. NOTE: The Member is ultimately responsible for obtaining pre-approval from the Plan, but your provider may also request approval.
<b>PV</b>	<b>High Deductible Health Plan Preventive Medication</b> – Medication not subject to deductible and available at a copay/coinsurance under a high deductible health plan.
<b>QL</b>	<b>Quantity Limit / Amount Allowed</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. Specialty medications may also need special handling and/or administration, and may have limited or exclusive product availability and distribution.
<b>ST</b>	<b>Step Therapy</b> – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>FE</b>	<b>Formulary Exception</b> – This medication will only be available to the member if they meet Sanford Health Plan criteria for a formulary override.
<b>ACA</b>	<b>Affordable Care Act</b> – As part of the Affordable Care Act, certain drugs are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.
<b>O</b>	<b>Over-the-counter (OTC)</b> – Medications, vitamins and/or supplements. Medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.
<b>MB</b>	<b>Medical Benefit</b> – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.
<b>AL</b>	<b>Age Limit</b> – Medication may be subject to a minimum or maximum age.
<b>BP</b>	<b>Brand Penalty</b> – Medication may be subject to penalty because there is a generic alternative or biosimilar equivalent that is available. Penalties do not apply to your deductible or maximum out of pocket.

## ACA Compliant Individual/Small Group Formulary

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Drug Name	Drug Tier	Limits/ Required
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	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
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
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	

Drug Name	Drug Tier	Limits/ Required
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution 20 mg/5ml	1	QL
morphine sulfate 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
OXAYDO ORAL TABLET	3	FE; QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	3	FE; QL
oxycodone hcl oral capsule	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 oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
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

Drug Name	Drug Tier	Limits/ Required
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	FE; QL
SEGLENTIS	3	FE
SUBSYS SUBLINGUAL LIQUID 800 MCG	3	
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-acetaminophen	1	QL
XTAMPZA ER	3	FE; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	O
aspirin adult low dose	1	O

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Drug Name	Drug Tier	Limits/ Required
aspirin adult low strength oral tablet delayed release	1	O
aspirin childrens	1	O
aspirin ec low dose	1	O
aspirin ec low strength	1	O
aspirin low dose oral tablet delayed release	1	O
aspirin low dose tablet chewable 81 mg oral	1	O
aspirin oral tablet 325 mg	1	O
aspirin oral tablet chewable	1	O
aspirin oral tablet delayed release 325 mg, 81 mg	1	O
aspirin regimen	1	O
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP
celecoxib oral	1	
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	O
ft aspirin low dose	1	O
ft enteric coated aspirin	1	O
genuine aspirin	1	O
goodsense aspirin adults	1	O
goodsense aspirin low dose	1	O
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
INDOCIN RECTAL	3	FE; BP
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Limits/ Required
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	
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
LODINE	3	BP
LOFENA	3	FE; BP
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	
meloxicam oral capsule	1	FE
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	O
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE; BP
NALFON ORAL TABLET	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP

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

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Drug Name	Drug Tier	Limits/ Required
tolmetin sodium oral tablet 600 mg	1	
VIMOVO	3	FE; BP
ZIPSOR	3	FE; BP
ZORVOLEX	3	FE
<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
LIDOCAN III	3	BP
LIDODERM	3	BP
PLIAGLIS EXTERNAL CREAM	3	FE
ZTLIDO	3	FE
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
APO-VARENICLINE	2	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	1	QL
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	1	PV; QL
varenicline tartrate tablet 0.5 mg oral	1	QL
varenicline tartrate tablet 0.5 mg oral	1	PV; QL
varenicline tartrate tablet 1 mg oral	1	QL
varenicline tartrate tablet 1 mg oral	1	PV; QL
varenicline tartrate(continue)	1	PV; QL
ZIMHI	3	FE
ZUBSOLV	3	QL
<b>Antibacterials</b>		
AEMCOLO	3	FE; QL
ALTABAX	3	FE
amoxicillin capsule 500 mg oral	1	
amoxicillin oral capsule 250 mg	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	

Drug Name	Drug Tier	Limits/ Required
ampicillin oral capsule 500 mg	1	
ARIKAYCE	6	SP; FE
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	

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Drug Name	Drug Tier	Limits/ Required
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	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
DORYX MPC	3	FE

Drug Name	Drug Tier	Limits/ Required
DORYX ORAL TABLET DELAYED RELEASE 50 MG	3	BP
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
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
ERY-TAB	3	BP

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Drug Name	Drug Tier	Limits/ Required
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 CAPSULE EXTENDED RELEASE 24 HOUR	3	FE
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	

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
SIVEXTRO ORAL	3	PA; FE
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	FE; BP
SOLOSEC	3	FE; QL
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL CREAM	3	FE
SULFAMYLON EXTERNAL PACKET	3	BP
sulfatrim pediatric	1	
TARGADOX	3	FE; BP
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
XIFAXAN ORAL TABLET 550 MG	2	
XIMINO	3	FE
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
clobazam	1	

Drug Name	Drug Tier	Limits/ Required
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	5	PA; SP
DIASTAT ACUDIAL	3	BP; QL
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	5	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	6	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	

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
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	
levetiracetam er	1	

Drug Name	Drug Tier	Limits/ Required
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
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	6	SP; BP
SPRITAM	3	FE
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	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
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
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP

Drug Name	Drug Tier	Limits/ Required
ZONISADE	3	FE
zonisamide oral	1	
ZTALMY	5	PA; SP; QL
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	3	FE; QL
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	BP
NAMENDA TITRATION PAK	3	BP
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP

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
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
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	

Drug Name	Drug Tier	Limits/ Required
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
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LYBALVI	3	ST; FE; QL	SERTRALINE HCL ORAL CAPSULE	3	PV; FE
MARPLAN	3		sertraline hcl oral concentrate	1	PV
mirtazapine oral	1	PV	sertraline hcl tablet 100 mg oral	1	
NARDIL	3	BP	sertraline hcl tablet 100 mg oral	1	PV
nefazodone hcl	1		sertraline hcl tablet 25 mg oral	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP	sertraline hcl tablet 25 mg oral	1	PV
nortriptyline hcl oral	1		sertraline hcl tablet 50 mg oral	1	
olanzapine-fluoxetine hcl	1	PV	sertraline hcl tablet 50 mg oral	1	PV
PAMELOR ORAL CAPSULE	3	BP	SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
PARNATE	3	BP	tranylcypromine sulfate	1	
paroxetine hcl er	1	PV; QL	trazodone hcl oral	1	
paroxetine hcl oral suspension	1	PV; FE; QL	trimipramine maleate oral	1	
paroxetine hcl oral tablet	1	PV; QL	TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
paroxetine mesylate	1	ST; QL	TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
PAXIL CR	3	PV; BP; QL	TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
PAXIL ORAL SUSPENSION	3	PV; FE; BP; QL	VENLAFAXINE BESYLATE ER	3	PV; FE
PAXIL ORAL TABLET	3	PV; BP; QL	venlafaxine hcl	1	PV
perphenazine-amitriptyline	1		venlafaxine hcl er oral capsule extended release 24 hour	1	PV
phenelzine sulfate oral	1		venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
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			

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VIIBRYD ORAL TABLET	3	ST; BP; QL	meclizine hcl tablet 25 mg oral (rx)	1	
vilazodone hcl	1	ST; QL	metoclopramide hcl oral solution 5 mg/5ml	1	
WELLBUTRIN SR	3	PV; BP	metoclopramide hcl oral tablet	1	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP	metoclopramide hcl oral tablet dispersible 5 mg	1	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP	metoclopramide hcl solution 10 mg/10ml oral	1	
ZOLOFT	3	PV; BP	ondansetron hcl oral tablet 24 mg	1	FE
<b>Antiemetics - Drugs for Nausea and Vomiting</b>			ondansetron hcl oral tablet 4 mg, 8 mg	1	
AKYNZEO ORAL	3	QL	ondansetron hcl solution 4 mg/5ml oral	1	
ANTIVERT ORAL TABLET 50 MG	3	BP	ondansetron odt	1	
ANTIVERT ORAL TABLET CHEWABLE	3	BP	perphenazine oral	1	PV
ANZEMET ORAL TABLET 50 MG	3	QL	prochlorperazine maleate tablet 10 mg oral	1	PV
aprepitant	1	QL	prochlorperazine maleate tablet 5 mg oral	1	PV
compro	1	PV	prochlorperazine suppository 25 mg rectal	1	PV
dronabinol	1		promethazine hcl oral	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL	promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL	promethegan	1	
EMEND TRI-PACK	3	BP; QL	REGLAN ORAL	3	BP
GIMOTI	3	FE	SANCUSO	3	FE; QL
granisetron hcl oral	1	QL	scopolamine	1	
MARINOL ORAL CAPSULE 2.5 MG	3	BP	SYNDROS	3	FE
meclizine hcl oral tablet 12.5 mg, 50 mg	1				

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

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Drug Name	Drug Tier	Limits/ Required
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	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP
econazole nitrate external	1	
ECOZA	3	FE
ERTACZO	3	FE

Drug Name	Drug Tier	Limits/ Required
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
KERYDIN	3	FE; BP
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LULICONAZOLE	3	FE
LUZU	3	FE
miconazole 3 vaginal suppository	1	
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

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
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	3	FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
OXISTAT EXTERNAL LOTION	3	FE
posaconazole oral	1	
SPORANOX	3	BP; QL
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE

Drug Name	Drug Tier	Limits/ Required
<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	
COLCRYS	3	BP
febuxostat	1	ST
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
<b>Antimigraine Agents</b>		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL
almotriptan malate	1	FE; QL
CAMBIA	3	FE; BP
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL

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Drug Name	Drug Tier	Limits/ Required
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX NASAL	3	BP; QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
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

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

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

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

Drug Name	Drug Tier	Limits/ Required
<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	PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
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

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Drug Name	Drug Tier	Limits/ Required
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
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	PV

Drug Name	Drug Tier	Limits/ Required
EXKIVITY	14	PA; MB; SP; QL
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	6	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	6	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	6	PA; SP; FE; QL
IMBRUVICA ORAL TABLET 420 MG	6	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
INLYTA	14	PA; MB; SP	lenalidomide	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL	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
INREBIC	14	PA; MB; SP; QL	letrozole oral	1	PV
IRESSA	14	PA; MB; SP; BP	leucovorin calcium oral	1	
JAKAFI	6	PA; SP	LEUKERAN	14	PA; MB; SP
JAYPIRCA	14	PA; MB; SP; QL	LONSURF	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP	LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL	LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP	LYNPARZA ORAL TABLET	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL	LYSODREN	14	PA; MB; SP
KISQALI FEMARA	14	PA; MB; SP; QL	LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL	LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
KOSELUGO	5	PA; SP; QL	LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
KRAZATI	14	PA; MB; SP; QL	MATULANE	14	PA; MB; SP
lapatinib ditosylate	14	PA; MB; SP	MEKINIST ORAL TABLET	14	PA; MB; SP
			MEKTOVI	14	PA; MB; SP; QL
			melphalan	14	PA; MB; SP
			mercaptopurine oral	1	

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
MESNEX ORAL	5	SP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	5	SP
pazopanib hcl	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	
QINLOCK	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
RETEVMO	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
REZLIDHIA	14	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SIKLOS	3	FE
SOLTAMOX	3	PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP
TAGRISSO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TARCEVA	14	PA; MB; SP; BP	VIJOICE	5	PA; SP; QL
TARGRETIN EXTERNAL	6	SP; BP	VIZIMPRO	14	PA; MB; SP; QL
TARGRETIN ORAL	14	PA; MB; SP; BP	VONJO	14	PA; MB; SP; QL
TASIGNA	14	PA; MB; SP	VOTRIENT	14	PA; MB; SP; BP
TAZVERIK	14	PA; MB; SP; QL	WELIREG	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP	XALKORI ORAL CAPSULE	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL	XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB
THALOMID	14	PA; MB; SP	XELODA	14	PA; MB; SP; BP
TIBSOVO	14	PA; MB; SP; QL	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP
toremifene citrate	1	PV	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
tretinoin oral	14	PA; MB; SP	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TUKYSA	14	PA; MB; SP; QL	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
TYKERB	14	PA; MB; SP; BP	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
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			

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
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
XTANDI	14	PA; MB; SP
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	6	PA; SP; BP
EMVERM	3	

Drug Name	Drug Tier	Limits/ Required
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
spinosad	1	
STROMEKTOL	3	BP; QL
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	6	SP; BP
apomorphine hcl subcutaneous	4	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN	3	BP
DHIVY ORAL TABLET 25-100 MG	3	FE
entacapone	1	
GOCOVRI	6	SP; FE
INBRIJA	6	SP; FE
LODOSYN	3	BP
MIRAPEX ER	3	FE; BP
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL

Drug Name	Drug Tier	Limits/ Required
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
STALEVO 100	3	BP
STALEVO 125	3	BP
STALEVO 150	3	BP
STALEVO 200	3	BP
STALEVO 50	3	BP
STALEVO 75	3	BP
TASMAR ORAL TABLET 100 MG	3	FE; BP
tolcapone	1	FE

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

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Drug Name	Drug Tier	Limits/ Required
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	5	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
YOSPRALA	3	PV; FE
ZONTIVITY	2	PV
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV

Drug Name	Drug Tier	Limits/ Required
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	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
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

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
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
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

Drug Name	Drug Tier	Limits/ Required
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
<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

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
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL
COMBIVIR	3	PV; BP; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DENA VIR	3	FE; BP
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz oral tablet	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	5	PA; SP; QL
EPIVIR	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
EPZICOM	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	5	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL
ISENTRESS ORAL PACKET	2	PV
ISENTRESS ORAL TABLET	2	PV; QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
JULUCA	2	PV; QL
KALETRA ORAL SOLUTION	3	PV; BP; QL
KALETRA ORAL TABLET	3	PV; BP; QL
lamivudine oral solution	1	PV; QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
lamivudine-zidovudine	1	PV; QL

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
LEDIPASVIR-SOFOSBUVIR	5	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	PV; QL
LEXIVA ORAL TABLET	3	PV; BP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir	1	PV; QL
maraviroc	1	PV; QL
MAVYRET	5	PA; SP; QL
nevirapine	1	PV; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
NORVIR ORAL PACKET	2	PV
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	5	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	SP
penciclovir	1	FE
PIFELTRO	2	PV; QL
PREVYMIS ORAL	6	SP; QL
PREZCOBIX	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
PREZISTA ORAL SUSPENSION	2	PV; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL
RETROVIR ORAL SYRUP	3	PV; BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
REYATAZ ORAL PACKET	3	PV
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV; QL
RUKOBIA	2	PV; QL
SELZENTRY ORAL SOLUTION	2	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV; QL
SITAVIG	3	FE

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

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Drug Name	Drug Tier	Limits/ Required
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL
SOVALDI	6	SP; FE; QL
STRIBILD	2	PV; QL
SUNLENCA ORAL	2	PV; QL
SYMFI	3	PV; BP; QL
SYMFI LO	3	PV; BP
SYMTUZA	2	PV; QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	PV; QL
TIVICAY	2	PV; QL
TIVICAY PD	2	PV; QL
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV

Drug Name	Drug Tier	Limits/ Required
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	5	PA; SP; QL
XERESE	3	FE
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZEPATIER	6	SP; FE; QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL CREAM	3	FE; BP
ZOVIRAX EXTERNAL OINTMENT	3	BP
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	BP
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	

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
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
triazolam	1	
VALIUM	3	BP
VISTARIL ORAL CAPSULE 25 MG	3	BP
XANAX	3	BP
XANAX XR	3	BP

Drug Name	Drug Tier	Limits/ Required
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	PV
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	BP
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	6	PA; SP; FE; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
MULPLETA	5	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	5	PA; SP; QL
PYRUKYND	5	PA; SP; QL
PYRUKYND TAPER PACK	5	PA; SP; QL
STIMUFEND	14	MB; SP

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
TAVALISSE	5	PA; SP; QL
tranexamic acid oral	1	QL
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	3	PV
ACCURETIC ORAL TABLET 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV

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

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
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	6	PA; SP; QL
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV; FE
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM LA	3	PV; FE; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
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

Drug Name	Drug Tier	Limits/ Required
clonidine hcl oral	1	PV
colesevelam hcl oral packet	1	PV; FE
colesevelam hcl oral tablet	1	PV
COLESTID	3	PV; BP
COLESTID FLAVORED	3	PV; BP
colestipol hcl	1	PV
CONJUPRI	3	PV; FE
COREG	3	PV; BP
COREG CR	3	FE; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR	3	
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSEER	3	PV; BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1	PV; FE
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	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
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
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

Drug Name	Drug Tier	Limits/ Required
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
EZETIMIBE-ROSUVASTATIN	3	PV; FE; 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
fenofibric acid oral tablet	1	PV; FE
FENOGLIDE	3	PV; FE; BP
FIBRICOR	3	PV; FE
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	PV; QL
fluvastatin sodium er	1	PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
FUROSCIX	3	PV; FE

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
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl tablet 1 mg oral	1	
guanfacine hcl tablet 1 mg oral	1	PV
guanfacine hcl tablet 2 mg oral	1	
guanfacine hcl tablet 2 mg oral	1	PV
HEMANGEOL	5	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INDERAL XL	3	PV; FE
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PV; FE
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
INPEFA ORAL TABLET 200 MG	3	FE; QL
INSPIRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine	1	PV

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

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
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	PV; QL
LOVAZA	3	PV; BP
matzim la	1	PV; FE
MAXZIDE	3	PV; BP
MAXZIDE-25	3	PV; BP
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
MICARDIS HCT	3	PV; FE; BP
midodrine hcl	1	
MINIPRESS	3	PV; BP
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol tablet 20 mg oral	1	
nadolol tablet 20 mg oral	1	PV
nadolol tablet 40 mg oral	1	
nadolol tablet 40 mg oral	1	PV

Drug Name	Drug Tier	Limits/ Required
nadolol tablet 80 mg oral	1	
nadolol tablet 80 mg oral	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

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
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE
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	6	SP; FE; BP
NORVASC	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil- hctz	1	PV
olmesartan-amlodipine- hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
pitavastatin calcium	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
PRALUENT SOLUTION AUTO- INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO- INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	PV; QL
prazosin hcl oral	1	PV
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 oral tablet 10-12.5 mg	1	
quinapril- hydrochlorothiazide tablet 20-12.5 mg oral	1	
quinapril- hydrochlorothiazide tablet 20-12.5 mg oral	1	PV
quinapril- hydrochlorothiazide tablet 20-25 mg oral	1	
quinapril- hydrochlorothiazide tablet 20-25 mg oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
ROSZET	3	PV; FE; QL
RYTHMOL SR	3	BP
simvastatin oral tablet	1	PV; QL
SOAANZ	3	PV; FE
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
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
tiadylt er	1	PV

Drug Name	Drug Tier	Limits/ Required
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
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

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
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	5	PA; SP; QL
VYNDAQEL	5	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL PACKET	3	PV; FE; BP
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
<b>Central Nervous System Agents</b>		
SKYCLARYS	5	PA; SP; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	2	
ADDERALL XR	3	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine- dextroamphetamine	1	

Drug Name	Drug Tier	Limits/ Required
amphetamine- dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
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	
DYANAVEL 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	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate	1	FE
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
MYDAYIS	3	FE; BP
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	

Drug Name	Drug Tier	Limits/ Required
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	3	FE; BP
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 ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	6	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	6	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	6	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; SP; QL
BAFIERTAM	5	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	6	PA; SP; FE; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	5	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	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	5	PA; SP; QL
fingolimod hcl	4	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	6	PA; SP; BP; QL
GILENYA ORAL CAPSULE 0.25 MG	5	PA; SP
glatiramer acetate	4	PA; SP; FE; QL
glatopa	4	PA; SP; FE; QL
KESIMPTA	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
MAVENCLAD	5	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	5	PA; SP; QL
MAYZENT STARTER PACK	5	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	5	PA; SP; QL
PLEGRIDY	5	PA; SP; QL
PLEGRIDY STARTER PACK	5	PA; SP; QL
PONVORY	6	PA; SP; FE; QL
PONVORY STARTER PACK	6	PA; SP; FE; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
TASCENSO ODT	6	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	6	PA; SP; 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
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	6	PA; SP; BP; QL
teriflunomide	4	PA; SP; QL
VUMERITY	5	PA; SP; QL
ZEPOSIA	6	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	6	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	6	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	5	SP; QL
AUSTEDO XR	5	SP; QL
AUSTEDO XR PATIENT TITRATION	5	SP; QL
caffeine citrate oral	1	
DAYBUE	5	PA; SP; QL
EXSERVAN	3	FE
GRALISE ORAL TABLET	3	FE
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
IMCIVREE	6	PA; SP; QL
INGREZZA	5	SP; QL
LYRICA	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
LYRICA CR	3	ST; FE; BP; QL
NUEDEXTA	3	QL
pregabalin er	1	ST; FE; QL
pregabalin oral	1	QL
RADICAVA ORS	5	PA; SP; QL
RADICAVA ORS STARTER KIT	5	PA; SP; QL
RELYVRIO	5	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	5	PA; SP; QL
tetrabenazine	4	SP
TIGLUTIK	3	FE
XENAZINE	6	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	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	

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

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

Drug Name	Drug Tier	Limits/ Required
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
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
ACZONE EXTERNAL GEL 7.5 %	3	FE; BP

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

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Drug Name	Drug Tier	Limits/ Required
adapalene external cream	1	
adapalene external gel 0.3 %	1	
ADAPALENE EXTERNAL PAD	3	FE
ADAPALENE EXTERNAL SOLUTION	3	FE
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	5	PA; SP; QL
AKLIEF	3	FE
ALA SCALP	3	FE
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external lotion	1	
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	

Drug Name	Drug Tier	Limits/ Required
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	
BPCO	2	
BRYHALI	3	FE
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	FE; QL
CALCITRENE	3	BP
calcitriol external	1	
CAPEX	3	FE
CARAC	2	
CIBINQO	5	PA; SP; QL
claravis	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
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 prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
clobetasol propionate external	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clocortolone pivalate	1	FE
clodan external shampoo	1	
CLODERM	3	FE; BP
coal tar external solution	1	

Drug Name	Drug Tier	Limits/ Required
CONDYLOX EXTERNAL GEL	3	BP
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	BP
CORDRAN EXTERNAL TAPE	3	FE
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	1	FE
DERMA-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/FS SCALP	3	BP
desonide external cream	1	
desonide external gel	1	FE
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.05 %	1	FE
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.05 %	1	FE
desoximetasone external ointment 0.25 %	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
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIFFERIN EXTERNAL LOTION	3	
diflorasone diacetate external	1	FE
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
doxycycline	1	FE
DRYSOL	2	
DUOBRII	3	FE
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	5	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
ENSTILAR	3	FE
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	

Drug Name	Drug Tier	Limits/ Required
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	
FINACEA EXTERNAL GEL	3	BP
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	2	

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

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Drug Name	Drug Tier	Limits/ Required
halcinonide	1	FE
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
halobetasol propionate foam 0.05 % external	1	
HALOBETASOL PROPIONATE FOAM 0.05 % EXTERNAL	3	FE
HALOG EXTERNAL CREAM	3	FE; BP
HALOG EXTERNAL OINTMENT	3	FE
HALOG EXTERNAL SOLUTION	3	FE
hydrocortisone butyr lipo base	1	
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	

Drug Name	Drug Tier	Limits/ Required
HYFTOR	3	PA; QL
imiquimod external cream 3.75 %	1	FE; QL
imiquimod external cream 5 %	1	QL
imiquimod pump	1	FE; QL
IMPOYZ	3	FE
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	FE
LITFULO	6	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	

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
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	
sulfacetamide sodium-sulfur liquid 10-5 % external	1	

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

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

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

Drug Name	Drug Tier	Limits/ Required
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
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
DUETACT	3	PV; BP

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

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

Drug Name	Drug Tier	Limits/ Required
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
KAZANO	3	PV; FE; QL
KOMBIGLYZE XR	3	PV; BP; QL
metformin hcl er	1	PV
metformin hcl er (mod)	1	PV; FE
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
metformin hcl ir	1	PV
miglitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
NESINA	3	PV; FE; QL
ONGLYZA	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
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl tablet 15 mg oral	1	QL
pioglitazone hcl tablet 15 mg oral	1	PV; QL
pioglitazone hcl tablet 30 mg oral	1	QL
pioglitazone hcl tablet 30 mg oral	1	PV; QL
pioglitazone hcl tablet 45 mg oral	1	QL
pioglitazone hcl tablet 45 mg oral	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SEGLUROMET	3	PV; FE; QL
SOLIQUA	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
STEGLATRO	3	PV; FE; QL
STEGLUJAN	3	PV; FE; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	PA; PV; QL
VICTOZA	2	PA; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
<b>Diabetes - Glucose Monitoring</b>		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
ENLITE GLUCOSE SENSOR	3	FE
EVERSENSE SENSOR/HOLDER	3	FE
EVERSENSE SMART TRANSMITTER	3	FE
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL

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Drug Name	Drug Tier	Limits/ Required
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 READER	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
GUARDIAN CONNECT TRANSMITTER	3	FE
GUARDIAN LINK 3 TRANSMITTER	3	FE
GUARDIAN SENSOR (3)	3	FE
GUARDIAN SENSOR 3	3	FE
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	BP; QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL

Drug Name	Drug Tier	Limits/ Required
GVOKE PFS	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
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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE	INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE	INSULIN LISPRO INJECTION	3	PV; FE
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE	INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE
HUMALOG TEMPO PEN	3	PV; FE	INSULIN LISPRO PROT & LISPRO	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
HUMULIN 70/30 KWIKPEN	3	PV; FE	LANTUS U-100 VIAL	2	PV
HUMULIN 70/30 VIAL	3	PV; FE	LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV
HUMULIN N KWIKPEN	3	PV; FE	LEVEMIR U-100 VIAL	2	PV
HUMULIN N VIAL	3	PV; FE	LYUMJEV KWIKPEN	3	PV; FE
HUMULIN R U-500 KWIKPEN	2	PV	LYUMJEV TEMPO PEN	3	PV; FE
HUMULIN R U-500 VIAL	2	PV	LYUMJEV VIAL	3	PV; FE
HUMULIN R VIAL	3	PV; FE	NOVOLIN 70/30 FLEXPEN	2	PV
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE	NOVOLIN 70/30 FLEXPEN RELION	2	PV
INSULIN ASPART FLEXPEN	3	PV; FE	NOVOLIN 70/30 RELION	2	PV
INSULIN ASPART INJECTION	3	PV; FE	NOVOLIN 70/30 VIAL	2	PV
INSULIN ASPART PENFILL	3	PV; FE	NOVOLIN N FLEXPEN	2	PV
INSULIN ASPART PROT & ASPART	3	PV; FE	NOVOLIN N FLEXPEN RELION	2	PV
INSULIN DEGLUDEC	2	PV	NOVOLIN N RELION	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV	NOVOLIN N VIAL	2	PV
INSULIN GLARGINE-YFGN	3	PV; FE	NOVOLIN R FLEXPEN	2	PV
			NOVOLIN R FLEXPEN RELION	2	PV

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

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

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Drug Name	Drug Tier	Limits/ Required
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	6	SP; BP
FERRIPROX ORAL SOLUTION	6	SP
FERRIPROX ORAL TABLET	6	SP; FE; BP
FERRIPROX TWICE-A-DAY	6	SP; FE
folate	1	O
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	O
GALZIN	3	
iodine strong oral	1	
JADENU	6	SP; BP
JADENU SPRINKLE	6	SP; BP
JYNARQUE	6	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	

Drug Name	Drug Tier	Limits/ Required
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	O; PV
METHIONINE	2	
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	O; PV

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

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

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>			lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
ACIPHEX	3	BP; QL	lansoprazole oral capsule delayed release 30 mg	1	PV; QL
CARAFATE	3	PV; BP	lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
cimetidine oral	1	PV	misoprostol oral	1	PV
CYTOTEC	3	PV; BP	NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
DEXILANT	3	PV; FE; BP; QL	NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL
dexlansoprazole	1	PV; FE; QL	NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL	nizatidine oral capsule	1	PV
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL	omeprazole oral capsule delayed release	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL	OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
famotidine oral suspension reconstituted	1	PV	omeprazole-sodium bicarbonate oral capsule	1	PV; QL
famotidine tablet 20 mg oral (rx)	1		omeprazole-sodium bicarbonate oral packet	1	PV; FE; QL
famotidine tablet 20 mg oral (rx)	1	PV	pantoprazole sodium oral packet	1	PV; FE; QL
famotidine tablet 40 mg oral	1		pantoprazole sodium oral tablet delayed release	1	PV; QL
famotidine tablet 40 mg oral	1	PV	PEPCID ORAL TABLET	3	PV; BP
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
KONVOMEF	3	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
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
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
ZEGERID ORAL CAPSULE	3	PV; BP; QL
ZEGERID ORAL PACKET	3	PV; FE; BP; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	1	FE
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	1	PV; FE
BISACODYL	2	

Drug Name	Drug Tier	Limits/ Required
bisacodyl ec	1	O
bisacodyl oral	1	O
bismuth/metronidaz/tetracyclin	1	PV; FE
CHENODAL	5	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	O
clearlax oral powder	1	O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ENTEREG	3	BP
enulose	1	
ft clearlax	1	O
ft laxative	1	O
ft magnesium citrate	1	O
GASTROCROM	3	BP
GATTEX	5	PA; SP
gavilax oral powder	1	O
gavilyte-c	1	PV
gavilyte-g	1	PV
generlac	1	
gentle laxative oral	1	O
gentlelax oral powder	1	O
GIALAX	3	FE

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Drug Name	Drug Tier	Limits/ Required
GLYCATE	3	FE
glycolax	1	O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	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 solution 10 gm/15ml oral	1	
LIBRAX	3	FE; BP
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	

Drug Name	Drug Tier	Limits/ Required
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	O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOTOFEN	3	FE
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	
na sulfate-k sulfate-mg sulf	1	PV
OMECLAMOX-PAK	3	PV; FE
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350-kcl-na bicarb-nacl	1	PV
peg-3350/electrolytes	1	PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV

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
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	O
PYLERA	3	PV; FE; BP
qc magnesium citrate	1	O
RELISTOR ORAL	3	FE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
RELTONE	3	FE
RESTORA RX	3	
ROBINUL ORAL	3	BP
ROBINUL-FORTE	3	BP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	6	PA; SP; FE
SUFLAVE	3	PV; FE
SUPREP BOWEL PREP KIT	3	PV; BP
SUTAB	3	PV
SYMPROIC	2	QL
TALICIA	3	PV; FE; QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	BP
URSO FORTE	3	BP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE

Drug Name	Drug Tier	Limits/ Required
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOQUEZNA DUAL PAK	3	PV; FE; QL
VOQUEZNA TRIPLE PAK	3	PV; FE; QL
VOWST	3	PA; QL
XERMELO	6	PA; SP; QL
ZORBTIVE	6	PA; SP; FE
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	6	SP; BP
BUPHENYL ORAL TABLET	6	SP; BP
CERDELGA	5	PA; SP
CHOLBAM	5	PA; SP
CREON	2	
CYSTADANE	6	SP; BP
CYSTAGON	5	SP
EVRYSDI	5	PA; SP; QL
GALAFOLD	5	PA; SP; QL
JAVYGTOR	6	PA; SP; BP
KUVAN ORAL PACKET	6	PA; SP; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KUVAN ORAL TABLET	6	PA; SP; BP	PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE
L-GLUTAMIC ACID HCL	2		PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE
miglustat	4	PA; SP	PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE
MYALEPT	5	PA; SP	PHEBURANE	5	PA; SP
nitisinone	4	SP	PROCYSBI	6	SP; FE
NITYR	5	SP	RAVICTI	5	PA; SP
OCALIVA	6	SP; FE; QL	sapropterin dihydrochloride oral packet	4	PA; SP
OLPRUVA (2 GM DOSE)	5	SP; QL	sapropterin dihydrochloride oral tablet	4	PA; SP
OLPRUVA (3 GM DOSE)	5	SP; QL	sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
OLPRUVA (4 GM DOSE)	5	SP; QL	sodium phenylbutyrate oral tablet	4	SP
OLPRUVA (5 GM DOSE)	5	SP; QL	STRENSIQ	5	PA; SP
OLPRUVA (6 GM DOSE)	5	SP; QL	SUCRAID	5	PA; SP
OLPRUVA (6.67 GM DOSE)	5	SP; QL	VIOKACE	3	ST
ORFADIN ORAL CAPSULE	6	SP; BP	VOXZOGO	6	PA; SP; QL
ORFADIN ORAL SUSPENSION	5	SP	XURIDEN	6	SP
PALYNZIQ	5	PA; SP; QL	yargesa	4	PA; SP
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	ZAVESCA	6	PA; SP; 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
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 5 MG	3	FE; BP; QL
CUPRIMINE ORAL CAPSULE 250 MG	6	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	6	SP; BP
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
fesoterodine fumarate er	1	ST; FE
flavoxate hcl	1	

Drug Name	Drug Tier	Limits/ Required
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
GELNIQUE TRANSDERMAL GEL 10 %	3	FE
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
sevelamer carbonate	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
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	6	SP; BP
THIOLA EC	5	SP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST; FE; BP
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
VESICARE LS	3	FE; QL
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	3	BP
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV

Drug Name	Drug Tier	Limits/ Required
UROXATRAL	3	BP
<b>Hormonal Agents - Adrenal</b>		
ALKINDI SPRINKLE	3	FE
CORTEF	3	BP
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	6	PA; SP; FE
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
ORAPRED ODT	3	FE; BP

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

Drug Name	Drug Tier	Limits/ Required
JATENZO	3	PA; FE; QL
KYZATREX	3	PA; FE; QL
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA
TLANDO	3	PA; FE; QL
VOGELXO PUMP	3	PA; FE; BP
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
XYOSTED	3	PA; FE
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	6	PA; SP
cabergoline	1	QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CORTROPHIN	6	PA; SP	NUTROPIN AQ		
DDAVP ORAL	3	BP	NUSPIN 20	5	PA; SP
desmopressin ace spray refrig	1		SUBCUTANEOUS		
desmopressin acetate oral	1		SOLUTION PEN- INJECTOR		
desmopressin acetate spray	1		NUTROPIN AQ		
EGRIFTA SV	6	PA; SP; QL	NUSPIN 5	5	PA; SP
GENOTROPIN			SUBCUTANEOUS		
MINIQUICK	6	PA; SP; FE	SOLUTION PEN- INJECTOR		
SUBCUTANEOUS			octreotide acetate		
PREFILLED SYRINGE			injection solution 100	4	SP
GENOTROPIN			mcg/ml, 1000 mcg/ml,		
SUBCUTANEOUS	6	PA; SP; FE	200 mcg/ml, 50 mcg/ml,		
CARTRIDGE			500 mcg/ml		
HUMATROPE			octreotide acetate	4	SP
INJECTION	5	PA; SP	subcutaneous		
CARTRIDGE			OMNITROPE	6	PA; SP; FE
INCRELEX	5	PA; SP	SUBCUTANEOUS		
ISTURISA ORAL			SOLUTION		
TABLET 1 MG, 5 MG	5	PA; SP; QL	CARTRIDGE		
MYCAPSSA	6	SP; FE; QL	OMNITROPE		
NGENLA	6	PA; SP	SUBCUTANEOUS	6	PA; SP; FE
NORDITROPIN			SOLUTION		
FLEXPRO			RECONSTITUTED		
SUBCUTANEOUS	6	PA; SP; FE	ORILISSA	2	PA; QL
SOLUTION PEN- INJECTOR			RECORLEV	6	PA; SP; QL
NUTROPIN AQ			SAIZEN	6	PA; SP; FE
NUSPIN 10			SANDOSTATIN		
SUBCUTANEOUS	5	PA; SP	INJECTION		
SOLUTION PEN- INJECTOR			SOLUTION 100	6	SP; BP
			MCG/ML, 50 MCG/ML, 500 MCG/ML		
			SIGNIFOR	5	PA; SP
			SKYTROFA	6	PA; SP
			SOGROYA	6	SP; FE
			SOMAVERT	6	SP; FE
			SYNAREL	2	

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

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Drug Name	Drug Tier	Limits/ Required
ZOMACTON	6	PA; SP; FE
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	5	PA; SP
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	PV
aftera	1	O; PV
AFTERPILL	3	O; PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz	1	PV
amethia	1	PV
amethyst	1	PV
ANGELIQ	3	PV; FE
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV

Drug Name	Drug Tier	Limits/ Required
ashlyna	1	PV
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	PV
BEYAZ	3	PV; BP
BIJUVA CAPSULE 1-100 MG ORAL	3	FE
BIJUVA CAPSULE 1-100 MG ORAL	3	PV; FE
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camila	1	PV
camrese	1	PV
camrese lo	1	PV
charlotte 24 fe	1	PV
chateal eq	1	PV
CLIMARA	3	PV; BP; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	

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
cryselle-28	1	PV
curae	1	O; PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV
deblitane	1	PV
DELESTROGEN	3	PV; BP
delyla	1	PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL	3	PV; BP
dolishale	1	PV
dotti	1	PV; QL
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	3	PV
econtra one-step	1	O; PV
ELESTRIN	3	PV

Drug Name	Drug Tier	Limits/ Required
elimest	1	PV
ELLA	2	PV
eluryng	1	PV; QL
ENDOMETRIN	3	
enilloring	1	PV; QL
enpresse-28	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
errin	1	PV
estarylla	1	PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol gel 0.25 mg/0.25gm transdermal	1	
estradiol gel 0.25 mg/0.25gm transdermal	1	PV
estradiol gel 0.5 mg/0.5gm transdermal	1	
estradiol gel 0.5 mg/0.5gm transdermal	1	PV
estradiol gel 0.75 mg/0.75gm transdermal	1	
estradiol gel 0.75 mg/0.75gm transdermal	1	PV
estradiol gel 1 mg/gm transdermal	1	
estradiol gel 1 mg/gm transdermal	1	PV
estradiol gel 1.25 mg/1.25gm transdermal	1	
estradiol gel 1.25 mg/1.25gm transdermal	1	PV
estradiol oral	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
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	PV
etonogestrel-ethinyl estradiol	1	PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	PV
FEMRING	2	QL
finzala	1	PV
fyavolv	1	PV
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
haloette	1	PV; QL
heather	1	PV
her style	1	O; PV
iclevia	1	PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	PV
introvale	1	PV
isibloom	1	PV
jaimiess	1	PV

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

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

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

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

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

Drug Name	Drug Tier	Limits/ Required
PREMPHASE	2	PV
PREMPRO	2	PV
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	O; PV
reclipsen	1	PV
rivelsa	1	PV
SAFYRAL	3	PV; BP
setlakin	1	PV
sharobel	1	PV
simliya	1	PV
simpesse	1	PV
SLYND	3	PV
sprintec 28	1	PV
sronyx	1	PV
syeda	1	PV
take action	1	O; PV
tarina 24 fe	1	PV
tarina fe 1/20 eq	1	PV
taysofy	1	PV
TAYTULLA	3	PV; BP
tilia fe	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-nymyo	1	PV

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
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
turqoz	1	PV
TWIRLA	3	PV; QL
tydemy	1	PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xulane	1	PV; QL
YASMIN 28	3	PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	PV; QL
zovia 1/35 (28)	1	PV
zumandimine	1	PV
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	

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

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

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Drug Name	Drug Tier	Limits/ Required
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ABRILADA	6	SP; FE
ABRILADA (1 PEN)	6	SP; FE
ABRILADA (2 PEN)	6	SP; FE
ABRILADA (2 SYRINGE)	6	SP; FE
ACTEMRA ACTPEN	6	PA; SP; QL
ACTEMRA SUBCUTANEOUS	6	PA; SP; QL
ACTIMMUNE	5	PA; SP
ADALIMUMAB-AACF	6	PA; SP; FE
ADALIMUMAB-ADAZ	5	PA; SP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	6	PA; SP; FE; QL
ADALIMUMAB-FKJP	5	PA; SP; QL
AMJEVITA	6	PA; SP; FE; QL
AMJEVITA-PED 15KG TO <30KG	6	PA; SP; FE; QL
ARAVAL	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	5	PA; SP
ASTAGRAF XL	3	PV

Drug Name	Drug Tier	Limits/ Required
AZASAN	3	PV; BP
azathioprine oral	1	PV
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	5	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
CELLCEPT	3	PV; BP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL
COSENTYX (300 MG DOSE)	6	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	6	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	6	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	6	PA; SP; QL
COSENTYX UNOREADY	6	PA; SP; QL
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
CYLTEZO (2 PEN)	6	PA; SP; FE; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CYLTEZO (2 SYRINGE)	6	PA; SP; FE; QL	HULIO	6	PA; SP; FE
CYLTEZO-CD/UC/HS STARTER	6	PA; SP; FE; QL	HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; BP; QL
CYLTEZO-PSORIASIS/UV STARTER	6	PA; SP; FE; QL	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	6	PA; SP; BP; QL
ENBREL MINI	6	PA; SP; QL	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; BP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	6	PA; SP; QL	HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; BP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; BP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	6	PA; SP; QL	HUMIRA-PED<40KG CROHNS STARTER	6	PA; SP; BP; QL
ENSPRYNG	5	PA; SP; QL	HUMIRA-PED>/=40KG CROHNS START	6	PA; SP; BP; QL
ENVARUS XR	3	PV	HUMIRA-PED>/=40KG UC STARTER	6	PA; SP; BP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	HUMIRA-PS/UV/ADOL HS STARTER	6	PA; SP; BP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP	HUMIRA-PSORIASIS/UEVIT STARTER	6	PA; SP; BP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV			
gengraf oral solution	1	PV			
HADLIMA	5	PA; SP; QL			
HADLIMA PUSHTOUCH	5	PA; SP; QL			
HAEGARDA	5	PA; SP			

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE; QL	HYRIMOZ-PED<40KG CROHN STARTER	6	PA; SP; FE; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE	HYRIMOZ-PED>=40KG CROHN START	6	PA; SP; FE; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL	HYRIMOZ-PLAQUE PSORIASIS START	6	PA; SP; FE; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE; QL	icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	6	PA; SP; FE; QL	IDACIO (2 PEN)	6	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	6	PA; SP; FE; QL	IDACIO (2 SYRINGE)	6	PA; SP; FE; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE	IDACIO-CROHNS/UC STARTER	6	PA; SP; FE; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL	IDACIO-PSORIASIS STARTER	6	PA; SP; FE; QL
			IMURAN	3	PV; BP
			JOENJA	5	PA; SP; QL
			KEVZARA	6	PA; SP; QL
			KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
			leflunomide oral	1	QL
			LUPKYNIS	6	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	

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methotrexate sodium injection solution reconstituted	1		RAPAMUNE	3	PV; BP
methotrexate sodium oral	1		RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE
mycophenolate mofetil oral	1	PV	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE
mycophenolate sodium	1	PV	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE
MYFORTIC	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE
NEORAL	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE
OLUMIANT	6	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE
ORENCIA CLICKJECT	6	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
ORLADEYO	6	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET	5	PA; SP; QL	REZUROCK	6	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	5	PA; SP; QL	RIDAURA	5	SP
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			
PROGRAF ORAL CAPSULE	3	PV; BP			
PROGRAF ORAL PACKET	3	PV; AL			

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	PA; SP; QL	TAKHZYRO	5	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	5	PA; SP; QL	TALTZ	6	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	6	PA; SP; FE	TREMFYA	5	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV; BP	TREXALL	2	
SANDIMMUNE ORAL SOLUTION	2	PV	VARIZIG INTRAMUSCULAR SOLUTION	2	
SILIQ	6	PA; SP; QL	XATMEP	3	FE
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL	XELJANZ	5	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	XELJANZ XR	5	PA; SP; QL
sirolimus oral	1	PV	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE; QL
SKYRIZI PEN	5	PA; SP; QL	YUFLYMA (2 PEN)	6	PA; SP; FE; QL
SKYRIZI SUBCUTANEOUS	5	PA; SP; QL	YUFLYMA (2 SYRINGE)	6	PA; SP; FE; QL
SOTYKTU	6	PA; SP; QL	YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; SP; QL	YUFLYMA-CD/UC/HS STARTER	6	PA; SP; FE
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	YUSIMRY	6	PA; SP; FE; QL
tacrolimus oral	1	PV	ZORTRESS	3	PV; BP
			<b>Inflammatory Bowel Disease Agents</b>		
			ANUSOL-HC EXTERNAL	3	BP
			APRISO	3	BP
			AZULFIDINE	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
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	2	
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

Drug Name	Drug Tier	Limits/ Required
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
ATELVIA	3	PV; BP
BINOSTO	3	PV; FE
calcitonin (salmon)	1	PV
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	6	PA; SP; PV; FE; BP; QL
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
FOSAMAX PLUS D	3	PV; FE
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV

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

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

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

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Drug Name	Drug Tier	Limits/ Required
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	O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	O
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	O
FIRDAPSE	6	PA; SP; FE; QL
FLEXICHAMBER	2	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL

Drug Name	Drug Tier	Limits/ Required
LIVMARLI	6	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	6	PA; SP; QL
PALFORZIA	6	SP; AL
PHEXXI	3	

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Drug Name	Drug Tier	Limits/ Required
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	6	PA; SP; QL
TODAY SPONGE	2	O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	5	SP
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	5	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; FE
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bepotastine besilate	1	FE

Drug Name	Drug Tier	Limits/ Required
BEPREVE	3	FE; BP
BESIVANCE	3	FE
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
BROMSITE	3	FE
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	

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Drug Name	Drug Tier	Limits/ Required
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPTHALMIC GEL	3	ST; BP
LOTEMAX OPTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPTHALMIC SUSPENSION	3	ST; FE; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension	1	ST; FE
MAXIDEX	2	
MAXITROL OPTHALMIC OINTMENT	3	BP
MAXITROL OPTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl (2x day)	1	FE
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	

Drug Name	Drug Tier	Limits/ Required
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
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
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVIY SOLUTION 0.25 % OPTHALMIC	3	PA

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Drug Name	Drug Tier	Limits/ Required
ZERVIAE	3	FE
ZIRGAN	3	
ZYMAXID	3	BP
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
BETOPTIC-S	3	FE
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate- timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	

Drug Name	Drug Tier	Limits/ Required
IOPIDINE		
OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	6	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

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Drug Name	Drug Tier	Limits/ Required
travoprost (bak free)	1	
VUITY	3	
VYZULTA	3	ST; FE
XALATAN	3	BP
XELPROS	2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin- polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	5	SP
CYSTARAN	5	SP
LACRISERT	3	FE
LASTACAPT	3	FE

Drug Name	Drug Tier	Limits/ Required
MIEBO	3	FE
neomycin-bacitracin zn- polymyx	1	
neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000- .025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	6	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b- trimethoprim	1	
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide- prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	3	QL
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CETRAXAL	3	FE; BP
CIPRO HC	3	FE
ciprofloxacin hcl otic	1	
ciprofloxacin- dexamethasone	1	

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Drug Name	Drug Tier	Limits/ Required
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	
carbinoxamine maleate oral tablet 6 mg	1	FE
cetirizine hcl oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET	3	FE; BP
CLARINEX-D 12 HOUR	3	FE
clemastine fumarate oral syrup	1	FE
clemastine fumarate oral tablet 2.68 mg	1	

Drug Name	Drug Tier	Limits/ Required
ciproheptadine 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
GILPHEX TR ORAL TABLET 10-388 MG	3	FE
guaifenesin ac	1	AL; QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr	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	

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Drug Name	Drug Tier	Limits/ Required
maxi-tuss ac	1	AL; QL
mometasone furoate nasal	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	
sodium chloride nebulization solution 7 % inhalation	1	

Drug Name	Drug Tier	Limits/ Required
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
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AIRDUO DIGIHALER	3	PV; FE; QL	ARMONAIR DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PV; FE; QL	ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
AIRSUPRA	3	PV; FE; QL	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV	ASMANEX HFA	2	PV; QL
albuterol sulfate oral	1	PV	ATROVENT HFA	2	PV; QL
ALVESCO	3	PV; FE; QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL			
arformoterol tartrate	1	PV; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
BEVESPI AEROSPHERE	3	PV; QL	epinephrine injection solution auto-injector	1	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL	ESBRIET	6	PA; SP; BP; QL
breyana	1	PV; QL	FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	5	PA; SP; QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL	FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL
BROVANA	3	PV; BP; QL	FLUTICASONE PROPIONATE DISKUS	2	PV
budesonide inhalation	1	PV; QL	FLUTICASONE PROPIONATE HFA	3	PV; FE; QL
budesonide-formoterol fumarate	1	PV; QL	fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	QL
COMBIVENT RESPIMAT	2	PV; QL	fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	PV; QL
cromolyn sodium inhalation	1	PV	FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL
DALIRESP	3	PV; BP			
DUAKLIR PRESSAIR	3	PV; FE; QL			
DULERA	3	PV; FE; QL			
elixophyllin	1	PV			

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Drug Name	Drug Tier	Limits/ Required
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act	1	PV; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
formoterol fumarate inhalation	1	PV; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
ipratropium bromide inhalation	1	PV
ipratropium-albuterol	1	PV
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
montelukast sodium oral	1	PV
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; SP; QL
OFEV	5	PA; SP; QL
PERFOROMIST	3	PV; BP; QL
pirfenidone	4	PA; SP; QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL
PROAIR RESPICLICK	3	PV; QL
PROVENTIL HFA	3	PV; BP; QL
PULMICORT FLEXHALER	2	PV; QL
PULMICORT SUSPENSION	3	PV; BP; QL
QVAR REDIHALER	2	PV; QL
roflumilast	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
SINGULAIR	3	PV; BP
SPIRIVA HANDIHALER	3	PV; BP; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL	theophylline er tablet extended release 12 hour 450 mg oral	1	
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL	theophylline er tablet extended release 12 hour 450 mg oral	1	PV
STRIVERDI RESPIMAT	3	PV; QL	theophylline oral solution	1	PV
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL	tiotropium bromide monohydrate	1	PV; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
terbutaline sulfate oral	1	PV	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
THEO-24	3	PV	VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL
theophylline elixir 80 mg/15ml oral	1	PV	wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	PV	XOPENEX HFA	3	PV; QL
theophylline er oral tablet extended release 24 hour	1	PV	YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
theophylline er tablet extended release 12 hour 300 mg oral	1		zafirlukast	1	PV
theophylline er tablet extended release 12 hour 300 mg oral	1	PV			

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

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Drug Name	Drug Tier	Limits/ Required
zileuton er	1	PV; FE
ZYFLO	3	PV; FE
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	6	SP; BP; QL
BRONCHITOL	2	QL
CAYSTON	5	SP
KALYDECO	5	PA; SP; QL
KITABIS PAK	5	SP; QL
ORKAMBI	5	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	SP
SYMDEKO	5	PA; SP; QL
TOBI NEBULIZER	6	SP; BP; QL
TOBI PODHALER	5	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	SP; QL
TRIKAFTA	5	PA; SP; QL

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

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

Drug Name	Drug Tier	Limits/ Required
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
FEXMID	3	FE; BP
FLEQSUVY	3	FE; BP
LORZONE	3	FE; BP
LYVISPAAH	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	3	FE
SOMA	3	BP
tizanidine hcl oral	1	
VANADOM	3	BP
ZANAFLEX	3	BP
<b>Sleep Disorder Agents</b>		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL

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

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

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TEGSEDI.....	48	timolol maleate ocudose..	88	tramadol hcl (er biphasic)..	8
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VERQUVO.....	45	vyfemla.....	77	DOSE).....	36
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VESICARE.....	69	VYNDAQEL.....	45	WEEKLY).....	29
VESICARE LS.....	69	VYTORIN.....	45	XPOVIO (40 MG ONCE	
vestura.....	77	VYVANSE.....	46	WEEKLY).....	29
VFEND.....	23	VYZULTA.....	89	XPOVIO (40 MG TWICE	
VIBERZI.....	66	WAKIX.....	98	WEEKLY).....	29
VIBRAMYCIN.....	15	warfarin sodium.....	16	XPOVIO (60 MG ONCE	
VICTOZA.....	57	weekly-d.....	62	WEEKLY).....	29
vienva.....	77	WELCHOL.....	45	XPOVIO (60 MG TWICE	
vigabatrin.....	18	WELIREG.....	29	WEEKLY).....	29
vigadrone.....	18	WELLBUTRIN SR.....	21	XPOVIO (80 MG ONCE	
VIGAMOX.....	87	WELLBUTRIN XL.....	21	WEEKLY).....	29
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# Non-discrimination notice



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

Sanford Health Plan:

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

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

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

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

Fax: (605) 312-9886

Email: [shpcompliance@sanfordhealth.org](mailto:shpcompliance@sanfordhealth.org)

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

# Help in Other Languages

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

## Arabic -

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

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

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

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

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

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

**Karen** - ဟံသုဉ်ဟံသး- နမုာ်ကတိၤ ကညိ ကျိာ်အသိ, နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နိတမံၤဘျုးသ့န့ၢ်လီၤ. ကိး (800) 752-5863 (TTY: 711).

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

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

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

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

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

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

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

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