

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

Optum Rx®



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

SANFORD
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

You and your provider can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit sanfordhealthplan.com, log in to your Member Portal at sanfordhealthplan.com/memberlogin or call the toll-free member phone number on your ID card.

About this formulary

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 14	Medical Benefit medications	These are medications dispensed at the pharmacy that are subject to your medical deductible, coinsurance and maximum out-of-pocket.

Reading your formulary

Drug list information

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

Prior Authorization – You or your provider must get pre-approval for the medicine with Sanford Health Plan before you can get the prescription filled. NOTE: The Member is ultimately responsible for obtaining pre-approval from the Plan, but your provider may also request approval.

PA **QL Quantity Limit / Amount Allowed** – Medication may be limited to a certain quantity.

Specialty Medication – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. Specialty medications may also need special handling and/or administration, and may have limited or exclusive product availability and distribution.

ST Step Therapy – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.

ACA Affordable Care Act – As part of the Affordable Care Act, certain drugs are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.

O Over-the-counter – Medications, vitamins and/or supplements. Medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.

PV **High Deductible Health Plan Preventative Medication** – Medication not subject to Deductible and available at a Copay/Coinsurance under a High Deductible Health Plan.

MB **Medical Benefit** – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.

AL **Age Limit** – Medication may be subject to a minimum or maximum age.

BP **Brand Penalty** - Medication may be subject to penalty because there is a generic alternative or biosimilar equivalent that is available. Penalties do not apply to your deductible or maximum out of pocket.

Commercial 3 Tier (Large Group/Self-funded)

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
ascomp-codeine	1		hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
bac (butalbital-acetamin-caff)	1		hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
BELBUCA	3	QL	hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	QL
buprenorphine transdermal	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
butalbital-apap-caff-cod	1		hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		hydromorphone hcl er oral tablet extended release 24 hour	1	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1		hydromorphone hcl oral	1	QL
butalbital-asa-caff-codeine	1		HYSINGLA ER	3	BP; QL
butalbital-aspirin-caffeine oral capsule	1		levorphanol tartrate oral	1	QL
butorphanol tartrate nasal	1	QL	meperidine hcl oral solution	1	QL
BUTTRANS	3	BP; QL	meperidine hcl oral tablet 50 mg	1	QL
codeine sulfate oral tablet	1	QL	methadone hcl intensol	1	
DILAUDID ORAL	3	BP; QL	methadone hcl oral	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL			
ESGIC ORAL TABLET	3	BP			
fentanyl	1	QL			
FIORICET ORAL CAPSULE	3	BP			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
methadose oral tablet soluble	1		OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
METHADOSE SUGAR-FREE	3	BP	oxymorphone hcl	1	QL
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL	oxymorphone hcl er	1	QL
morphine sulfate er beads	1	QL	pentazocine-naloxone hcl	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	PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
morphine sulfate er oral tablet extended release	1	QL	ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
morphine sulfate oral solution	1	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
morphine sulfate tablet 15 mg oral	1	QL	tramadol hcl er	1	
morphine sulfate tablet 30 mg oral	1	QL	tramadol hcl oral tablet 100 mg, 50 mg	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL	tramadol hcl oral tablet 25 mg, 75 mg	1	
NUCYNTA	3	QL	tramadol-acetaminophen	1	QL
oxycodone hcl oral capsule	1	QL	Analgesics - Drugs for Pain and Inflammation		
oxycodone hcl oral concentrate 100 mg/5ml	1	QL	ANAPROX DS	3	BP
oxycodone hcl oral tablet	1	QL	ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
oxycodone hcl solution 5 mg/5ml oral	1	QL	aspirin 81 oral tablet delayed release	1	ACA; O

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
aspirin adult low dose	1	ACA; O	diclofenac sodium er	1	
aspirin adult low strength oral tablet delayed release	1	ACA; O	diclofenac sodium external solution 1.5 %	1	
aspirin childrens	1	ACA; O	diclofenac sodium external solution 2 %	1	QL
aspirin ec adult low dose	1	ACA; O	diclofenac sodium gel 1 % external (rx)	1	QL
aspirin ec low dose	1	ACA; O	diclofenac sodium oral	1	
aspirin ec low strength	1	ACA; O	diclofenac-misoprostol oral tablet delayed release	1	
aspirin low dose oral tablet delayed release	1	ACA; O	diflunisal oral	1	
aspirin low dose tablet chewable 81 mg oral	1	ACA; O	EC-NAPROSYN	3	BP
aspirin oral tablet 325 mg	1	ACA; O	etodolac er	1	
aspirin oral tablet chewable	1	ACA; O	etodolac oral	1	
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O	flurbiprofen oral	1	
aspirin regimen	1	ACA; O	ft aspirin	1	ACA; O
CELEBREX CAPSULE 100 MG ORAL	3	BP	ft aspirin low dose	1	ACA; O
CELEBREX CAPSULE 400 MG ORAL	3	BP	ft enteric coated aspirin	1	ACA; O
CELEBREX ORAL CAPSULE 200 MG, 50 MG	3	BP	genuine aspirin	1	ACA; O
celecoxib capsule 100 mg oral	1		goodsense aspirin low dose	1	ACA; O
celecoxib capsule 200 mg oral	1		goodsense aspirin oral tablet	1	ACA; O
celecoxib oral capsule 400 mg, 50 mg	1		ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
DAYPRO	3	BP	ibuprofen suspension 100 mg/5ml oral (rx)	1	
diclofenac potassium oral tablet 50 mg	1		indomethacin er	1	
			indomethacin oral capsule 25 mg, 50 mg	1	
			indomethacin oral suspension	1	
			ketoprofen oral capsule 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ketorolac tromethamine injection solution 15 mg/ml	1		GEBAUERS SPRAY AND STRETCH	3	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1		glydo external prefilled syringe	1	
ketorolac tromethamine oral	1	QL	lidocaine external patch 5 %	1	
ketorolac tromethamine solution 30 mg/ml injection	1		lidocaine hcl external solution	1	
KIPROFEN	3	BP	lidocaine hcl urethral/mucosal	1	
LODINE	3	BP	lidocaine ointment 5 % external	1	
mefenamic acid oral	1		lidocaine-prilocaine external cream	1	
meloxicam oral tablet	1		LIDOCAN	3	BP
mm aspirin oral tablet delayed release	1	ACA; O	LIDODERM	3	BP
nabumetone oral	1		TRIDACAINE II	3	BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP	TRIDACAINE III	3	BP
NAPROSYN ORAL TABLET 500 MG	3	BP	Anti-Addiction / Substance Abuse Treatment Agents		
naproxen oral tablet	1		acamprosate calcium	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1		buprenorphine hcl sublingual	1	QL
naproxen sodium oral tablet 275 mg, 550 mg	1		buprenorphine hcl-naloxone hcl	1	QL
oxaprozin oral tablet	1		bupropion hcl er (smoking det)	1	ACA; PV; QL
piroxicam oral	1		disulfiram oral	1	
sulindac oral	1		ft nicotine	1	ACA; O; QL
Anesthetics			ft nicotine mini	1	ACA; O; QL
ethyl chloride	1		goodsense nicotine mouth/throat gum	1	ACA; O; QL
GEBAUERS PAIN EASE	3				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; QL	varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; PV; QL	
habitrol	1	ACA; O; QL	varenicline tartrate(continue)	1	ACA; PV; QL	
lofexidine hcl	1	QL	ZUBSOLV	3	QL	
LUCEMYRA	3	BP; QL	Antibacterials			
naloxone hcl nasal	1	QL	amoxicillin oral capsule	1		
naltrexone hcl oral	1		amoxicillin oral suspension reconstituted	1		
NARCAN	2	QL	amoxicillin oral tablet	1		
nicotine mini	1	ACA; O; QL	amoxicillin oral tablet chewable 125 mg, 250 mg	1		
nicotine polacrilex mini	1	ACA; O; QL	amoxicillin-potassium clavulanate er	1		
nicotine polacrilex mouth/throat	1	ACA; O; QL	amoxicillin-potassium clavulanate oral suspension reconstituted	1		
nicotine step 1	1	ACA; O; QL	amoxicillin-potassium clavulanate oral tablet	1		
nicotine step 2	1	ACA; O; QL	amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1		
nicotine step 3	1	ACA; O; QL	ampicillin oral capsule 500 mg	1		
nicotine transdermal kit	1	ACA; O; QL	AUGMENTIN ES-600	3	BP	
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; QL	AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3		
NICOTROL	2	ACA; PV; QL	AVIDOXY	3	BP	
NICOTROL NS	2	ACA; PV; QL	azithromycin oral suspension	1		
REXTOVY	2	QL	azithromycin oral tablet 500 mg, 600 mg	1		
SUBOXONE SUBLINGUAL FILM	3	BP; QL				
varenicline tartrate (starter)	1	ACA; PV; QL				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
azithromycin tablet 250 mg oral	1		CLEOCIN ORAL	3	BP
BACTRIM	3	BP	CLEOCIN VAGINAL CREAM	3	BP
BACTRIM DS	3	BP	CLEOCIN VAGINAL SUPPOSITORY	3	
BAXDELA ORAL	3	PA	clindamycin hcl oral	1	
benzalkonium chloride external solution , 50 %	1		clindamycin palmitate hcl	1	
cefaclor er	1		clindamycin phosphate vaginal	1	
cefaclor oral capsule	1		CLINDESSE	3	
cefaclor oral suspension reconstituted 250 mg/5ml	1		demeocycline hcl oral	1	
cefadroxil	1		dicloxacillin sodium	1	
cefdinir	1		DIFICID	3	ST; QL
cefixime	1		doxycycline hyclate oral capsule	1	
cefpodoxime proxetil	1		doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
cefprozil	1		doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
cefuroxime axetil oral tablet	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
cephalexin oral capsule 250 mg, 500 mg	1		doxycycline monohydrate oral suspension reconstituted	1	
cephalexin oral suspension reconstituted	1		doxycycline monohydrate oral tablet	1	
cephalexin oral tablet	1		E.E.S. 400 ORAL TABLET	2	
CIPRO ORAL SUSPENSION RECONSTITUTED	3		E.E.S. GRANULES	3	BP
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP	ERYPED 400	3	BP
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1		erythromycin base oral	1	
clarithromycin er	1				
clarithromycin oral	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
erythromycin ethylsuccinate oral suspension reconstituted	1		nitrofurantoin monohydrate macrocrystals	1	
erythromycin oral	1		ofloxacin oral tablet 300 mg, 400 mg	1	
FIRVANQ	3	BP	penicillin v potassium	1	
fosfomycin tromethamine	1		SILVADENE	3	BP
gentamicin sulfate external	1		silver sulfadiazine external	1	
HIPREX	3	BP	ssd	1	
hydrogen peroxide solution 30 %	1		sulfadiazine oral	1	
levofloxacin oral	1		sulfamethoxazole-trimethoprim oral tablet	1	
linezolid oral suspension reconstituted	1	PA	sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
linezolid tablet 600 mg oral	1	PA	sulfatrim pediatric	1	
MACROBID	3	BP	tetracycline hcl oral capsule	1	
MACRODANTIN	3	BP	tinidazole oral	1	
mafénide acetate external	1		trimethoprim oral	1	
methenamine hippurate	1		VANCOCIN	3	BP
metronidazole oral tablet	1		vancomycin hcl oral	1	
metronidazole vaginal	1		VANDAZOLE	3	
minocycline hcl oral capsule	1		XACIATO	3	
MONDOXYNE NL ORAL CAPSULE 100 MG	3	BP	XIFAXAN ORAL TABLET 550 MG	2	
moxifloxacin hcl oral	1		ZITHROMAX ORAL PACKET	3	
mupirocin ointment	1		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
neomycin sulfate oral	1		ZITHROMAX ORAL TABLET 500 MG	3	BP
nitrofurantoin macrocrystal oral	1		ZITHROMAX TABLET 250 MG ORAL	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ZITHROMAX TRI-PAK	3	BP	heparin sodium (porcine) pf	1	PV
ZITHROMAX Z-PAK	3	BP	jantoven	1	PV
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP	LOVENOX INJECTION	3	PV; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP	rivaroxaban	1	PV
Anticoagulants			warfarin sodium oral	1	PV
ARIXTRA	3	PV; BP	XARELTO ORAL SUSPENSION RECONSTITUTED	2	PV
ELIQUIS	2	PV	XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV	XARELTO STARTER PACK	2	PV
enoxaparin sodium injection solution 300 mg/3ml	1	PV	XARELTO TABLET 2.5 MG ORAL	2	PV
enoxaparin sodium injection solution prefilled syringe	1	PV	Anticonvulsants - Drugs for Seizures		
fondaparinux sodium	1	PV	BANZEL	3	BP
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV	BRIVIACT ORAL	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV	carbamazepine er	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV	carbamazepine oral tablet	1	
heparin sodium (porcine) injection solution prefilled syringe	1	PV	carbamazepine oral tablet chewable	1	
			carbamazepine suspension 100 mg/5ml oral	1	
			CARBATROL	3	BP
			CELONTIN	3	BP
			clobazam oral suspension 2.5 mg/ml	1	
			clobazam oral tablet	1	
			DEPAKOTE	3	BP
			DEPAKOTE ER	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
DEPAKOTE			gabapentin solution 250 mg/5ml oral	1	
SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP	KEPPRA ORAL	3	BP
DIACOMIT	2	PA; SP	KEPPRA XR	3	BP
diazepam rectal	1	QL	lacosamide oral solution 10 mg/ml	1	
DILANTIN CAPSULE 100 MG ORAL	3	BP	lacosamide oral tablet	1	
DILANTIN INFATABS	3	BP	LAMICTAL ODT	3	BP
DILANTIN ORAL CAPSULE 30 MG	2		LAMICTAL ORAL TABLET	3	BP
DILANTIN ORAL SUSPENSION	3	BP	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
DILANTIN-125	3	BP	LAMICTAL STARTER	3	BP
divalproex sodium er oral tablet extended release 24 hour	1		LAMICTAL XR ORAL KIT	2	
divalproex sodium oral capsule delayed release sprinkle	1		LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
divalproex sodium oral tablet delayed release	1		lamotrigine er	1	
EPIDIOLEX	2	PA; SP	lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
epitol	1		lamotrigine oral tablet	1	
EPRONTIA	2		lamotrigine oral tablet chewable	1	
ethosuximide oral	1		lamotrigine oral tablet dispersible	1	
felbamate	1		lamotrigine starter kit-blue	1	
FELBATOL ORAL TABLET	3	BP	lamotrigine starter kit-green	1	
FINTEPLA	3	PA; SP; QL	lamotrigine starter kit-orange	1	
FYCOMPA	3		levetiracetam er	1	
gabapentin oral capsule	1				
gabapentin oral solution 300 mg/6ml	1				
gabapentin oral tablet 600 mg, 800 mg	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
levetiracetam oral solution 500 mg/5ml	1		subvenite starter kit-blue	1	
levetiracetam oral tablet	1		subvenite starter kit-green	1	
levetiracetam solution 100 mg/ml oral	1		subvenite starter kit-orange	1	
LIBERVANT	3	AL; QL	TEGRETOL ORAL SUSPENSION	3	BP
methsuximide	1		TEGRETOL ORAL TABLET	3	BP
MYSOLINE	3	BP	TEGRETOL-XR	3	BP
NAYZILAM	2	AL; QL	tiagabine hcl	1	
NEURONTIN	3	BP	TOPAMAX	3	BP
ONFI ORAL SUSPENSION	3	BP	TOPAMAX SPRINKLE	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP	topiramate er	1	
oxcarbazepine	1		topiramate oral	1	
oxcarbazepine er	1		TRILEPTAL	3	BP
OXTELLAR XR	3	BP	TROKENDI XR	3	BP
phenobarbital oral elixir	1		valproic acid oral capsule	1	
phenobarbital oral tablet	1		valproic acid solution 250 mg/5ml oral	1	
phenytek	1		VALTOCO 10 MG DOSE	2	AL; QL
phenytoin infatabs	1		VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	2	AL; QL
phenytoin oral suspension 125 mg/5ml	1		VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	2	AL; QL
phenytoin oral tablet chewable	1		VALTOCO 5 MG DOSE	2	AL; QL
phenytoin sodium extended	1		vigabatrin	1	SP
primidone oral	1		VIGADRONE	3	SP; BP
QUDEXY XR	3	BP	VIGAFYDE	2	SP
roweepra oral tablet 500 mg	1				
rufinamide	1				
SABRIL	3	SP; BP			
subvenite	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
vigpoder	1	SP	NAMENDA TITRATION PAK	3	BP
VIMPAT ORAL	3	BP	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	QL	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	3	
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	rivastigmine	1	
ZARONTIN	3	BP	rivastigmine tartrate	1	
ZONEGRAN	3	BP	Antidepressants		
zonisamide oral	1		amitriptyline hcl oral	1	
ZTALMY	2	PA; SP; QL	amoxapine	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			ANAFRANIL	3	BP
ARICEPT	3	BP	bupropion hcl er (sr)	1	PV
donepezil hcl	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
EXELON TRANSDERMAL	3	BP	bupropion hcl oral	1	PV
galantamine hydrobromide	1		CELEXA ORAL TABLET	3	PV; BP; QL
galantamine hydrobromide er	1		chlor diazepoxide-amitriptyline	1	
memantine hcl er	1		citalopram hydrobromide oral solution	1	PV; QL
memantine hcl oral solution 2 mg/ml	1		citalopram hydrobromide oral tablet	1	PV; QL
memantine hcl oral tablet	1		clomipramine hcl oral	1	
memantine hcl-donepezil hcl	1		CYMBALTA	3	PV; BP
			desipramine hcl oral	1	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
desvenlafaxine succinate er	1	PV	nortriptyline hcl oral	1	
doxepin hcl capsule 10 mg oral	1		olanzapine-fluoxetine hcl	1	PV
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1		PAMELOR ORAL CAPSULE	3	BP
doxepin hcl oral concentrate	1		PARNATE	3	BP
duloxetine hcl oral	1	PV	paroxetine hcl er	1	PV; QL
EFFEXOR XR	3	PV; BP	paroxetine hcl oral tablet	1	PV; QL
escitalopram oxalate oral	1	PV	paroxetine mesylate	1	ST; QL
fluoxetine hcl capsule 10 mg oral	1	PV	PAXIL CR	3	PV; BP; QL
fluoxetine hcl oral capsule 20 mg, 40 mg	1	PV	PAXIL ORAL TABLET	3	PV; BP; QL
fluoxetine hcl oral capsule delayed release	1	PV	perphenazine-amitriptyline	1	
fluoxetine hcl oral tablet 10 mg	1	PV; QL	phenelzine sulfate oral	1	
fluoxetine hcl solution 20 mg/5ml oral	1	PV	PRISTIQ	3	PV; BP
fluvoxamine maleate	1	PV	protriptyline hcl	1	
fluvoxamine maleate er	1	PV	PROZAC ORAL CAPSULE	3	PV; BP
imipramine hcl oral	1		REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
imipramine pamoate	1		REMERON SOLTAB	3	PV; BP
LEXAPRO ORAL TABLET	3	PV; BP	sertraline hcl oral concentrate	1	PV
MARPLAN	3		sertraline hcl oral tablet	1	PV
mirtazapine oral	1	PV	SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
NARDIL	3	BP	tranylcypromine sulfate	1	
nefazodone hcl	1		trazodone hcl oral	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP	trimipramine maleate oral	1	
			TRINTELLIX ORAL TABLET 10 MG	2	ST; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL	meclizine hcl oral tablet 12.5 mg, 50 mg	1	
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL	meclizine hcl tablet 25 mg oral (rx)	1	
venlafaxine hcl	1	PV	metoclopramide hcl oral solution 5 mg/5ml	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	PV	metoclopramide hcl oral tablet	1	
VIIBRYD ORAL TABLET	3	ST; BP; QL	metoclopramide hcl oral tablet dispersible 5 mg	1	
vilazodone hcl	1	ST; QL	ondansetron hcl oral tablet 4 mg, 8 mg	1	
WELLBUTRIN SR	3	PV; BP	ondansetron hcl solution 4 mg/5ml oral	1	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP	ondansetron odt	1	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP	perphenazine oral	1	PV
ZOLOFT	3	PV; BP	prochlorperazine	1	PV
ZURZUVAE	3	PA; QL	prochlorperazine maleate tablet 10 mg oral	1	PV
Antiemetics - Drugs for Nausea and Vomiting			prochlorperazine maleate tablet 5 mg oral	1	PV
AKYNZEO ORAL	3	QL	promethazine hcl oral tablet	1	
ANZEMET ORAL TABLET 50 MG	3	QL	promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
aprepitant	1	QL	promethazine hcl solution 6.25 mg/5ml oral	1	
COMPRO	3	PV; BP	PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	BP
dronabinol	1		REGLAN ORAL	3	BP
EMEND BIPACK	3	BP; QL	scopolamine	1	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL			
EMEND TRIPACK	3	BP; QL			
granisetron hcl 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
trimethobenzamide hcl oral	1		griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
Antifungals					
ANCOBON	3	BP	GYNAZOLE-1	3	
ciclodan external solution	1		itraconazole oral capsule	1	QL
ciclopirox external	1		itraconazole solution 10 mg/ml oral	1	QL
CICLOPIROX OLAMINE	2		ketoconazole external cream	1	
ciclopirox olamine external	1		ketoconazole external foam	1	
clotrimazole cream 1 % external (rx)	1		ketoconazole external shampoo 2 %	1	
CLOTRIMAZOLE POWDER	2		ketoconazole oral	1	
clotrimazole solution 1 % external (rx)	1		ketodan external foam	1	
clotrimazole troche 10 mg mouth/throat	1		klayesta	1	
clotrimazole- betamethasone	1		miconazole 3 vaginal suppository	1	
CRESEMBA ORAL	3		NOXAFL ORAL PACKET	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	BP	NOXAFL ORAL SUSPENSION	3	BP
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	BP	NOXAFL ORAL TABLET DELAYED RELEASE	3	BP
econazole nitrate external	1		nyamyc	1	
fluconazole oral	1		nystatin external	1	
flucytosine oral	1		nystatin oral tablet	1	
griseofulvin microsize oral	1		nystatin suspension 100000 unit/ml mouth/throat	1	
			nystatin-triamcinolone	1	
			nystop	1	
			oxiconazole nitrate	1	
			posaconazole oral	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SPORANOX	3	BP; QL	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
terbinafine hcl oral	1				
terconazole	1	QL			
TOLNAFTATE	2				
VFEND ORAL SUSPENSION RECONSTITUTED	3	BP	EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
VFEND ORAL TABLET 50 MG	3	BP			
VIVJOA	3	ST; QL	EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
voriconazole oral	1				
Antigout Agents			ERGOMAR	2	
allopurinol oral	1		ergotamine-caffeine	1	
colchicine oral capsule	1	ST	FROVA	3	BP; QL
colchicine oral tablet	1		frovatriptan succinate	1	QL
colchicine-probenecid	1		IMITREX ORAL	3	BP; QL
febuxostat	1	ST	IMITREX STATDOSE REFILL		
MITIGARE	3	ST; BP	SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
probenecid oral	1				
ULORIC	3	ST; BP	IMITREX STATDOSE SYSTEM		
Antimigraine Agents			SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL			
AIMOVIG	2	ST; QL	MAXALT ORAL TABLET 10 MG	3	BP; QL
diclofenac potassium(migraine)	1		MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
dihydroergotamine mesylate injection	1	QL	MIGERGOT	2	
dihydroergotamine mesylate nasal	1	QL	naratriptan hcl	1	QL
eletriptan hydrobromide	1	QL	QULIPTA	2	ST; QL
			RELPAX	3	BP; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REVVOW	3	ST; QL	pyridostigmine bromide oral tablet	1	
rizatriptan benzoate	1	QL	Antimycobacterials		
sumatriptan nasal	1	QL	cycloserine oral	1	
sumatriptan succinate oral	1	QL	dapsone oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	ethambutol hcl oral	1	
subcutaneous solution cartridge			isoniazid oral	1	
sumatriptan succinate			PRETOMANID	2	
refill subcutaneous			PRIFTIN	2	
solution cartridge			pyrazinamide oral	1	
subcutaneous solution			rifabutin	1	QL
cartridge			rifampin oral	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL	SIRTURO	3	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL	TRECATOR	2	
UBRELVY TABLET 100 MG ORAL	2	PA; QL	Antineoplastics - Drugs for Cancer		
UBRELVY TABLET 50 MG ORAL	2	PA; QL	abiraterone acetate	14	PA; MB; SP
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL	ABIRTEGA	14	PA; MB; SP; BP
zolmitriptan oral	1	QL	AFINITOR	14	PA; MB; SP; BP
ZOMIG ORAL	3	BP; QL	AFINITOR DISPERZ	14	PA; MB; SP; BP
Antimyasthenic Agents			ALECENSA	14	PA; MB; SP; QL
MESTINON ORAL SOLUTION	3	BP	ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
MESTINON ORAL TABLET	3	BP	ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP	anastrozole oral	1	ACA; PV
pyridostigmine bromide er	1		ARIMIDEX	3	PV; BP
pyridostigmine bromide oral solution	1		AROMASIN	3	PV; BP
			AUGTYRO	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AYVAKIT	14	PA; MB; SP; QL	DANZITEN	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL	dasatinib	14	PA; MB; SP
BESREMI	14	PA; MB; SP; QL	DROXIA	2	
bexarotene external	1	SP	ERIVEDGE	14	PA; MB; SP
bexarotene oral	14	PA; MB; SP	ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
bicalutamide	14	PA; MB; SP	ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
BOSULIF ORAL CAPSULE	14	PA; MB	erlotinib hcl	14	PA; MB; SP
BOSULIF ORAL TABLET	14	PA; MB; SP	etoposide oral	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL	EULEXIN	14	PA; MB; SP
BRUKINSA	14	PA; MB; SP; QL	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
CABOMETYX	14	PA; MB; SP	everolimus oral tablet soluble	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL	exemestane	1	ACA; PV
capecitabine	14	PA; MB; SP	FARESTON	3	PV; BP
CAPRELSA	14	PA; MB; SP	FEMARA	3	PV; BP
CASODEX	14	PA; MB; SP; BP	FOTIVDA	14	PA; MB; SP; QL
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP	FRUZAQLA	14	PA; MB; SP; QL
COPIKTRA	14	PA; MB; SP; QL	GAVRETO	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP	gefitinib	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB	GILOTTRIF	14	PA; MB; SP
			GLEEVEC	14	PA; MB; SP; BP

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

Drug Name	Drug Tier	Limits/Required	Drug Name	Drug Tier	Limits/Required
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP	KISQALI (200 MG DOSE)	14	PA; MB; SP; QL
HYCAMTIN ORAL	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
HYDREA	3	BP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
hydroxyurea oral	1		KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
IBRANCE	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
ICLUSIG	14	PA; MB; SP	KOSELUGO	2	PA; SP; QL
IDHIFA	14	PA; MB; SP; QL	KRAZATI	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP	lapatinib ditosylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL	LAZCLUZE	14	PA; MB; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP; QL	lenalidomide	14	PA; MB; SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL	LENVIMA ORAL CAPSULE THERAPY		
IMKELDI	14	PA; MB; QL	PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
INLYTA	14	PA; MB; SP	letrozole oral	1	PV
INQOVI	14	PA; MB; SP; QL	leucovorin calcium oral	1	
INREBIC	14	PA; MB; SP; QL	LEUKERAN	14	PA; MB; SP
IRESSA	14	PA; MB; SP; BP			
ITOVEBI	14	PA; MB; SP; QL			
JAKAFI	3	PA; SP			
JAYPIRCA	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LONSURF	14	PA; MB; SP	NINLARO	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG	14	PA; MB; SP; QL	NUBEQA	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL	ODOMZO	14	PA; MB; SP
LYNPARZA ORAL TABLET	14	PA; MB; SP	OGSIVEO	14	PA; MB; SP; QL
LYSODREN	14	PA; MB; SP	OJEMDA ORAL SUSPENSION RECONSTITUTED	14	PA; MB; SP; QL
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL	OJEMDA ORAL TABLET 100 MG	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL	OJJAARA	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL	ONUREG	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP	ORGOVYX	14	PA; MB; SP; QL
MEKINIST ORAL TABLET	14	PA; MB; SP	ORSERDU	14	PA; MB; SP; QL
MEKTOVI	14	PA; MB; SP; QL	PANRETIN	2	SP
mercaptopurine oral	1		pazopanib hcl	14	PA; MB; SP
mesna oral	1	SP	PEMAZYRE	14	PA; MB; SP; QL
MESNEX ORAL	3	SP; BP	PIQRAY	14	PA; MB; SP; QL
MYLERAN	14	PA; MB; SP	POMALYST	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL	PURIXAN	3	BP
NEXAVAR	14	PA; MB; SP; BP	QINLOCK	14	PA; MB; SP; QL
NILANDRON	14	PA; MB; SP; BP	RETEVMO ORAL TABLET	14	PA; MB; SP; QL
nilutamide	14	PA; MB; SP	REVLIMID	14	PA; MB; SP

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REVUFORJ ORAL TABLET 110 MG, 160 MG	14	PA; MB; SP; QL	TARGRETIN EXTERNAL	3	SP; BP
REZLIDHIA	14	PA; MB; SP; QL	TARGRETIN ORAL	14	PA; MB; SP; BP
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
RUBRACA	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SCEMBLIX	14	PA; MB; SP; QL	TEPMETKO	14	PA; MB; SP; QL
SOLTAMOX	3	PV	THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
sorafenib tosylate	14	PA; MB; SP	TIBSOVO	14	PA; MB; SP; QL
SPRYCEL	14	PA; MB; SP; BP	toremifene citrate	1	PV
STIVARGA	14	PA; MB; SP	torpenz	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP	TRUQAP ORAL TABLET 200 MG	14	PA; MB; SP; QL
TABLOID	14	PA; MB; SP	TRUQAP ORAL TABLET THERAPY PACK	14	PA; MB; SP; QL
TABRECTA	14	PA; MB; SP; QL	TUKYSA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TAGRISSO	14	PA; MB; SP; QL	TYKERB	14	PA; MB; SP; BP
TALZENNA	14	PA; MB; SP; QL	VALCHLOR	14	PA; MB; SP
tamoxifen citrate oral	1	ACA; PV	VANFLYTA	14	PA; MB; SP; QL
TARCEVA ORAL TABLET 100 MG	14	PA; MB; SP; BP			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VENCLEXTA	14	PA; MB; SP	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VIJOICE	2	PA; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VORANIGO	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP	ZELBORAF	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZYDELIG	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZYKADIA ORAL TABLET	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	Antiparasitics		
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	14	PA; MB; SP	albendazole oral	1	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	atovaquone suspension 750 mg/5ml oral	1	
			atovaquone-proguanil hcl	1	
			BENZNIDAZOLE	3	QL
			BILTRICIDE	3	
			chloroquine phosphate oral	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COARTEM	3		quinine sulfate oral	1	
CROTAN	2		spinosad	1	
DARAPRIM	3	PA; SP; BP	STROMECTOL	3	BP; QL
ELIMITE	3	BP	sulfurated lime	1	
EMVERM	3		Antiparkinson Agents		
hydroxychloroquine sulfate oral	1		amantadine hcl oral capsule	1	
IMPAVIDO	3		amantadine hcl oral tablet	1	
ivermectin oral tablet 3 mg	1	QL	amantadine hcl solution 50 mg/5ml oral	1	
ivermectin oral tablet 6 mg	1		APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	SP; BP
KRINTAFEL	2	QL	apomorphine hcl subcutaneous	1	SP
LAMPIT	3	QL	AZILECT	3	BP
MALARONE	3	BP	benztropine mesylate oral	1	
malathion external	1		bromocriptine mesylate oral	1	
mefloquine hcl	1		carbidopa oral	1	
MEPRON	3	BP	carbidopa-levodopa	1	
NATROBA	3	BP	carbidopa-levodopa er oral tablet extended release 25-100 mg, 50- 200 mg	1	
NEBUPENT	3	BP	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	
nitazoxanide oral	1		CREXONT	3	ST
OVIDE	3	BP	entacapone	1	
pentamidine isethionate inhalation	1				
permethrin external cream	1				
PLAQUENIL TABLET 200 MG ORAL	3	BP			
praziquantel oral	1				
primaquine phosphate oral tablet 26.3 (15 base) mg	1				
pyrimethamine oral	1	PA; SP			
QUALAQUIN	3	BP			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LODOSYN	3	BP	dipyridamole oral	1	PV
NEUPRO	3		EFFIENT	3	PV; BP
ONGENTYS	2	QL	PLAVIX ORAL TABLET 75 MG	3	PV; BP
PARLODEL	3	BP	prasugrel hcl	1	PV
pramipexole dihydrochloride	1		ZONTIVITY	2	PV
rasagiline mesylate oral	1		Antipsychotics - Drugs for Mood Disorders		
ropinirole hcl	1		ABILIFY ORAL TABLET	3	PV; BP; QL
ropinirole hcl er	1		ADASUVE	3	PV
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST	aripiprazole oral solution	1	PV
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST	aripiprazole oral tablet 15 mg, 5 mg	1	PV; QL
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST	aripiprazole oral tablet dispersible	1	PV; QL
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST	aripiprazole tablet 10 mg oral	1	PV; QL
selegiline hcl oral	1		aripiprazole tablet 2 mg oral	1	PV; QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP	aripiprazole tablet 20 mg oral	1	PV; QL
trihexyphenidyl hcl	1		aripiprazole tablet 30 mg oral	1	PV; QL
Antiplatelets			chlorpromazine hcl oral	1	PV
aspirin-dipyridamole er	1	PV	clozapine oral tablet	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV	clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
BRILINTA TABLET 90 MG ORAL	2	PV	clozapine tablet dispersible 100 mg oral	1	PV
CABLIVI	2	PA; SP; QL	clozapine tablet dispersible 150 mg oral	1	PV
cilostazol	1	PV	clozapine tablet dispersible 200 mg oral	1	PV
clopidogrel bisulfate 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	PV; BP	RISPERDAL ORAL SOLUTION	3	PV; BP
fluphenazine hcl oral	1	PV	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
GEODON ORAL	3	PV; BP	risperidone oral solution	1	PV
haloperidol lactate concentrate 2 mg/ml oral	1	PV	risperidone oral tablet 0.25 mg	1	PV
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg	1	PV	risperidone oral tablet dispersible	1	PV
haloperidol tablet 2 mg oral	1	PV	risperidone tablet 0.5 mg oral	1	PV
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP	risperidone tablet 1 mg oral	1	PV
LATUDA	3	ST; PV; BP; QL	risperidone tablet 2 mg oral	1	PV
loxapine succinate oral	1	PV	risperidone tablet 3 mg oral	1	PV
lurasidone hcl	1	ST; PV; QL	risperidone tablet 4 mg oral	1	PV
molindone hcl	1	PV	RYKINDO	14	MB; PV; QL
NUPLAZID ORAL CAPSULE	2	ST; PV; QL	SEROQUEL	3	PV; BP; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL	SEROQUEL XR	3	PV; BP; QL
olanzapine oral	1	PV	thioridazine hcl oral	1	PV
paliperidone er	1	PV	thiothixene oral	1	PV
pimozide	1		trifluoperazine hcl oral	1	PV
quetiapine fumarate er	1	PV; QL	VERSACLOZ	3	PV
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL	VRAYLAR ORAL CAPSULE	2	ST; PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV	ziprasidone hcl	1	PV
Antivirals					
abacavir sulfate			ZYPREXA ORAL TABLET 20 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
abacavir sulfate-lamivudine	1	PV; QL	emtricitabine	1	PV; QL
acyclovir external ointment	1		emtricitabine-tenofovir df	1	PV; QL
acyclovir oral capsule	1		EMTRIVA ORAL CAPSULE	3	PV; BP; QL
acyclovir oral suspension 200 mg/5ml	1		EMTRIVA ORAL SOLUTION	2	PV; QL
acyclovir oral tablet 800 mg	1		entecavir	1	
acyclovir tablet 400 mg oral	1		EPCLUSA	2	PA; SP; QL
adefovir dipivoxil	1		EPIVIR	3	PV; BP; QL
APTIVUS ORAL CAPSULE	2	PV; QL	etravirine	1	PV; QL
atazanavir sulfate	1	PV; QL	EVOTAZ	2	PV; QL
BARACLUDE ORAL SOLUTION	3		famciclovir oral	1	QL
BARACLUDE ORAL TABLET	3	BP	fosamprenavir calcium	1	PV; QL
BIKTARVY	2	PV; QL	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
CIMDUO	2	PV; QL	GENVOYA	2	PV; QL
COMPLERA	2	PV; QL	HARVONI	2	PA; SP; QL
darunavir	1	PV; QL	INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
DELSTRIGO	2	PV; QL	INTELENCE ORAL TABLET 25 MG	2	PV; QL
DESCOVY	2	PV; QL	ISENTRESS HD	2	PV; QL
DOVATO	2	PV; QL	ISENTRESS ORAL PACKET	2	PV
EDURANT	2	PV; QL	ISENTRESS ORAL TABLET	2	PV; QL
efavirenz oral tablet	1	PV; QL	ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL	JULUCA	2	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			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KALETRA ORAL SOLUTION	3	PV; BP; QL	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
KALETRA ORAL TABLET	3	PV; BP; QL	PIFELTRO	2	PV; QL
lamivudine oral solution 10 mg/ml	1	PV; QL	PREVYMIS ORAL	3	SP; QL
lamivudine oral tablet 100 mg	1		PREZCOBIX	2	PV; QL
lamivudine oral tablet 300 mg	1	PV; QL	PREZISTA ORAL SUSPENSION	2	PV; QL
lamivudine tablet 150 mg oral	1	PV; QL	PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
lamivudine-zidovudine	1	PV; QL	PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
LEDIPASVIR- SOFOSBUVIR	2	PA; SP; QL	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
LIVTENCITY	2	QL	RETROVIR ORAL CAPSULE	3	PV; BP; QL
lopinavir-ritonavir	1	PV; QL	RETROVIR ORAL SYRUP	3	PV; BP; QL
maraviroc	1	PV; QL	REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
MAVYRET	2	PA; SP; QL	REYATAZ ORAL PACKET	3	PV
nevirapine	1	PV; QL	ribavirin inhalation	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL	ribavirin oral capsule	1	
NORVIR ORAL PACKET	2	PV	ribavirin oral tablet 200 mg	1	
NORVIR ORAL TABLET	3	PV; BP; QL	rimantadine hcl	1	
ODEFSEY	2	PV; QL	ritonavir	1	PV; QL
oseltamivir phosphate oral	1	QL	RUKOBIA	2	PV; QL
PAXLOVID (150/100)	2	QL	SELZENTRY ORAL SOLUTION	2	PV; QL
PAXLOVID (300/100)	2	QL			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP			

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

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

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
diazepam oral tablet	1		Blood Products and Modifiers - Drugs for Blood Disorders		
diazepam solution 5 mg/5ml oral	1		AGRYLIN	3	BP
estazolam	1		aminocaproic acid oral solution	1	
HALCION	3	BP	aminocaproic acid oral tablet	1	
hydroxyzine hcl oral tablet	1		anagrelide hcl	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1		FABHALTA	3	PA; SP; QL
hydroxyzine pamoate oral	1		FULPHILA	14	MB; SP
KLONOPIN	3	BP	FYLNETRA	14	MB; SP
lorazepam intensol	1		MULPLETA	2	PA; SP; QL
lorazepam oral concentrate 2 mg/ml	1		NEULASTA ONPRO	14	MB; SP
lorazepam oral tablet	1		NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
meprobamate	1		NYVEPRIA	14	MB; SP
midazolam hcl oral	1		PROMACTA	2	PA; SP; QL
oxazepam	1		PYRUKYND	2	PA; SP; QL
triazolam	1		PYRUKYND TAPER PACK	2	PA; SP; QL
VALIUM	3	BP	STIMUFEND	14	MB; SP
XANAX	3	BP	TAVALISSE	2	PA; SP; QL
XANAX XR	3	BP	tranexamic acid oral	1	QL
Bipolar Agents - Drugs for Mood Disorders			UDENYCA ONBODY	14	MB; SP
EQUETRO	3	PV	UDENYCA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	14	MB
lithium carbonate er	1				
lithium carbonate oral	1				
lithium solution 8 meq/5ml oral	1				
LITHOBID	3	BP			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP	ATACAND	3	PV; BP
VOYDEYA	3	PA; SP; QL	atenolol oral	1	PV
XOLREMDI	3	PA; SP; QL	atenolol-chlorthalidone	1	PV
ZIEXTENZO	14	MB; SP	atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
ACCUPRIL	3	PV; BP	AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	PV; BP	AVAPRO ORAL TABLET 150 MG, 300 MG	3	PV; BP
acebutolol hcl oral	1	PV	AZOR	3	PV; BP
ALDACTONE	3	PV; BP	benazepril hcl oral	1	PV
aliskiren fumarate	1	PV	benazepril- hydrochlorothiazide	1	PV
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	3	PV; BP	BENICAR	3	PV; BP
amiloride hcl oral	1	PV	BENICAR HCT	3	PV; BP
amiloride- hydrochlorothiazide	1	PV	BETAPACE AF	3	PV; BP
amiodarone hcl oral	1		BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
amlodipine besylate oral	1	PV	betaxolol hcl oral	1	PV
amlodipine besylate- benazepril hcl	1	PV	BIDIL	3	PV; BP
amlodipine besylate- valsartan	1	PV	bisoprolol fumarate oral	1	PV
amlodipine-atorvastatin	1	PV; QL	bisoprolol- hydrochlorothiazide	1	PV
amlodipine-olmesartan	1	PV	bumetanide oral	1	PV
amlodipine-valsartan- hctz	1	PV	BUMEX ORAL TABLET 0.5 MG	3	PV; BP
			BYSTOLIC	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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	COLESTID ORAL TABLET	3	PV; BP
CAMZYOS	3	PA; SP; QL	colestipol hcl	1	PV
candesartan cilexetil	1	PV	COREG	3	PV; BP
captopril oral tablet 100 mg, 50 mg	1	PV	CORLANOR ORAL SOLUTION	3	
captopril tablet 12.5 mg oral	1	PV	CORLANOR ORAL TABLET	3	BP
captopril tablet 25 mg oral	1	PV	COZAAR	3	PV; BP
captopril-hydrochlorothiazide	1	PV	CRESTOR	3	PV; BP; QL
CARDIZEM CD	3	PV; BP	DEMSER	3	PV; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP	DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
CARDURA	3	PV; BP; QL	digoxin oral	1	PV
cartia xt	1	PV	diltiazem hcl er beads	1	PV
carvedilol	1	PV	diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
CATAPRES-TTS-1	3	PV; BP	diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
CATAPRES-TTS-2	3	PV; BP	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
CATAPRES-TTS-3	3	PV; BP	diltiazem hcl oral	1	PV
chlorthalidone oral tablet 25 mg, 50 mg	1	PV	dilt-xr	1	PV
cholestyramine light	1	PV; QL	DIOVAN	3	PV; BP
cholestyramine oral	1	PV; QL	DIOVAN HCT	3	PV; BP
clonidine	1	PV	disopyramide phosphate oral	1	
clonidine hcl oral	1	PV	DIURIL	2	PV
colesevelam hcl oral tablet	1	PV	dofetilide	1	
COLESTID ORAL GRANULES	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
doxazosin mesylate oral	1	PV; QL	furosemide oral tablet	1	PV
DYRENIUM	3	PV; BP	gemfibrozil oral	1	PV
EDECRIN	3	PV; BP	guanfacine hcl oral	1	PV
enalapril maleate oral tablet	1	PV	HEMANGEOL	2	SP; PV
enalapril- hydrochlorothiazide	1	PV	hydralazine hcl oral	1	PV
ENTRESTO	3		hydrochlorothiazide oral	1	PV
eplerenone	1	PV	HYZAAR	3	PV; BP
ethacrynic acid oral	1	PV	icosapent ethyl	1	PV
EXFORGE	3	PV; BP	indapamide oral	1	PV
EXFORGE HCT	3	PV; BP	INDERAL LA	3	PV; BP
ezetimibe	1	PV; QL	INSPRA	3	PV; BP
ezetimibe-simvastatin	1	PV; QL	irbesartan	1	PV
felodipine er	1	PV	irbesartan- hydrochlorothiazide	1	PV
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV	ISORDIL TITRADOSE	3	PV; BP
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV	isosorb dinitrate- hydralazine oral tablet 20-37.5 mg	1	PV
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV	isosorbide dinitrate oral	1	PV
fenofibric acid oral capsule delayed release	1	PV	isosorbide mononitrate	1	PV
flecainide acetate	1		isosorbide mononitrate er	1	PV
fluvastatin sodium	1	ACA; PV; QL	isradipine	1	PV
fluvastatin sodium er	1	ACA; PV; QL	ivabradine hcl	1	
flosinopril sodium	1	PV	KATERZIA	3	PV; AL
flosinopril sodium-hctz	1	PV	labetalol hcl oral	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV	LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
			LASIX	3	PV; BP
			LESCOL XL	3	PV; BP; QL
			LIPITOR	3	PV; BP; QL
			lisinopril oral	1	PV

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
lisinopril-hydrochlorothiazide	1	PV	NEXLETOL	2	PA; PV; QL
LODOCO	3	QL	NEXLIZET	2	PA; PV; QL
LOPID	3	PV; BP	niacin (antihyperlipidemic)	1	PV
LOPRESSOR ORAL	3	PV; BP	niacin er (antihyperlipidemic)	1	PV
losartan potassium oral	1	PV	niacor	1	PV
losartan potassium-hctz	1	PV	nifedipine capsule 10 mg oral	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP	nifedipine er	1	PV
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP	nifedipine er osmotic release	1	PV
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP	nifedipine oral capsule 20 mg	1	PV
lovastatin oral	1	ACA; PV; QL	nimodipine oral capsule	1	PV
LOVAZA	3	PV; BP	NITRO-BID	2	PV
methyldopa oral	1	PV	nitroglycerin rectal	1	
metolazone	1	PV	nitroglycerin sublingual	1	PV
metoprolol succinate er	1	PV	nitroglycerin transdermal patch 24 hour	1	PV
metoprolol tartrate oral	1	PV	nitroglycerin translingual solution	1	PV
metoprolol-hydrochlorothiazide	1	PV	NITROLINGUAL	3	PV; BP
metyrosine	1	PV	NITROSTAT	3	PV; BP
mexiletine hcl oral	1		NORLIQVA	3	PV; AL
MICARDIS	3	PV; BP	NORPACE	3	BP
midodrine hcl	1		NORPACE CR	2	
minoxidil oral	1	PV	NORVASC ORAL TABLET 2.5 MG, 5 MG	3	PV; BP
moexipril hcl	1	PV	NORVASC TABLET 10 MG ORAL	3	PV; BP
MULTAQ	2		olmesartan medoxomil oral	1	PV
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV			
nebivolol hcl	1	PV			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
olmesartan medoxomil-hctz	1	PV	propranolol hcl tablet 20 mg oral	1	PV
olmesartanamlodipine-hctz	1	PV	QUESTRAN	3	PV; BP; QL
omega-3-acid ethyl esters capsule 1 gm oral	1	PV	QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP	quinapril hcl	1	PV
pentoxifylline er	1		quinapril-hydrochlorothiazide	1	PV
perindopril erbumine	1	PV	quinidine gluconate er	1	
phenoxybenzamine hcl oral	1	PV	quinidine sulfate oral	1	
pindolol	1	PV	ramipril	1	PV
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL	ranolazine er	1	PV
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL	RECTIV	3	BP
pravastatin sodium	1	ACA; PV; QL	REPATHA	2	PA; PV; QL
prazosin hcl oral	1	PV	REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
PRESTALIA	3	PV	REPATHA SURECLICK	2	PA; PV; QL
prevalite	1	PV; QL	rosuvastatin calcium oral	1	PV; QL
PROCARDIA XL	3	PV; BP	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
propafenone hcl	1		simvastatin oral tablet 80 mg	1	PV; QL
propafenone hcl er	1		sotalol hcl (af)	1	PV
propranolol hcl er	1	PV	sotalol hcl oral	1	PV
propranolol hcl oral solution	1	PV	SOTYLIZE	3	PV
propranolol hcl oral tablet 10 mg, 40 mg, 60 mg, 80 mg	1	PV	spironolactone oral	1	PV
			spironolactone-hctz	1	PV
			TEKTURNA	3	PV; BP
			telmisartan	1	PV
			telmisartanamlodipine	1	PV

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TENORETIC 100	3	PV; BP	verapamil hcl er oral capsule extended release 24 hour	1	PV
TENORETIC 50	3	PV; BP	verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
TENORMIN	3	PV; BP	verapamil hcl oral	1	PV
tiadylt er	1	PV	VERELAN	3	PV; BP
TIAZAC	3	PV; BP	VERQUVO	3	QL
TIKOSYN CAPSULE 125 MCG ORAL	3	BP	VYNDAMAX	2	PA; SP; QL
TIKOSYN CAPSULE 250 MCG ORAL	3	BP	VYNDAQEL	2	PA; SP; QL
TIKOSYN CAPSULE 500 MCG ORAL	3	BP	VYTORIN	3	PV; BP; QL
timolol maleate oral	1	PV	WELCHOL ORAL TABLET	3	PV; BP
TOPROL XL	3	PV; BP	ZESTORETIC	3	PV; BP
tosemide oral	1	PV	ZESTRIL	3	PV; BP
trandolapril	1	PV	ZETIA	3	PV; BP; QL
trandolapril-verapamil hcl er	1	PV	ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
triamterene oral	1	PV	Central Nervous System Agents		
triamterene-hctz oral capsule 37.5-25 mg	1	PV	SKYCLARYS	2	PA; SP; QL
triamterene-hctz oral tablet	1	PV	Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TRIBENZOR	3	PV; BP	ADDERALL	3	BP
TRICOR	3	PV; BP	ADDERALL XR	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	3	PV; BP	ADZENYS XR-ODT	3	
valsartan oral tablet	1	PV	amphetamine sulfate	1	
valsartan-hydrochlorothiazide	1	PV			
VASCEPA	3	PV; BP			
VASERETIC	3	PV; BP			
VASOTEC	3	PV; BP			
VECAMYL	3	PV			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
amphetamine-dextroamphetamine	1		methylphenidate hcl er (la)	1	
amphetamine-dextroamphetamine er	1		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
APTENSIO XR	3	BP	methylphenidate hcl er (xr)	1	
atomoxetine hcl	1	QL	methylphenidate hcl oral	1	
clonidine hcl er oral tablet extended release 12 hour	1		PROCENTRA	3	BP
CONCERTA	3		QELBREE	3	ST; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP	QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
dexmethylphenidate hcl	1		RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
dexmethylphenidate hcl er	1		RITALIN	3	BP
dextroamphetamine sulfate er	1		RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
dextroamphetamine sulfate oral	1		STRATTERA	3	BP; QL
EVEKEO	3	BP	VYVANSE	2	
FOCALIN	3	BP	ZENZEDI	3	BP
FOCALIN XR	3	BP	Central Nervous System Agents - Drugs for Multiple Sclerosis		
guanfacine hcl er	1		AMPYRA	3	PA; SP; BP; QL
INTUNIV	3	BP	AUBAGIO TABLET 14 MG ORAL	3	PA; SP; BP; QL
JORNAY PM	3				
lisdexamfetamine dimesylate	1				
METADATE CD	3	BP			
methamphetamine hcl	1				
METHYLIN ORAL SOLUTION	3	BP			
methylphenidate hcl er	1				
methylphenidate hcl er (cd)	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AUBAGIO TABLET 7 MG ORAL	3	PA; SP; BP; QL	MAYZENT ORAL TABLET 0.25 MG, 1 MG	2	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL	MAYZENT STARTER PACK	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL	MAYZENT TABLET 2 MG ORAL	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL	PLEGRIDY INTRAMUSCULAR	2	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; SP; QL	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	2	PA; SP; QL	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	PA; SP; QL	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
fingolimod hcl	1	PA; SP; QL	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	3	PA; SP; BP; QL			
KESIMPTA	2	PA; SP; QL			
MAVENCLAD	2	PA; SP; QL			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL	DAYBUE	2	PA; SP; QL
TASCENO ODT	3	PA; SP; QL	HORIZANT ORAL TABLET EXTENDED RELEASE	3	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; SP; BP; QL	IMCIVREE	3	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	3	PA; SP; BP; QL	INGREZZA	2	SP; QL
teriflunomide	1	PA; SP; QL	LYRICA CAPSULE 150 MG ORAL	3	BP; QL
VUMERITY	2	PA; SP; QL	LYRICA CAPSULE 50 MG ORAL	3	BP; QL
ZEPOSIA	3	PA; SP; QL	LYRICA ORAL CAPSULE 100 MG, 200 MG, 225 MG, 25 MG, 300 MG, 75 MG	3	BP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL	LYRICA ORAL SOLUTION	3	BP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	3	PA; SP; QL	NUEDEXTA	3	QL
Central Nervous System Agents - Miscellaneous			pregabalin capsule 150 mg oral	1	QL
AUSTEDO	2	SP; QL	pregabalin capsule 200 mg oral	1	QL
AUSTEDO XR	2	SP; QL	pregabalin capsule 50 mg oral	1	QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	SP; QL	pregabalin capsule 75 mg oral	1	QL
caffeine citrate oral	1		pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg	1	QL
			pregabalin oral solution	1	QL
			RADICAVA ORS	2	PA; SP; QL
			RADICAVA ORS STARTER KIT	2	PA; SP; QL
			riluzole	1	
			SAVELLA	2	ST; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SAVELLA TITRATION PACK	2	ST; QL	FRAICHE 5000 DENTAL	3	
tetrabenazine	1	SP	JUST RIGHT 5000 DENTAL PASTE	3	
WAINUA	2	PA; SP; QL	KOURZEQ	3	BP
XENAZINE	3	SP; BP	lidocaine viscous hcl	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			MI PASTE	2	
AQUORAL MOUTH/THROAT SOLUTION	3		MI PASTE PLUS	2	
CAPHOSOL MOUTH/THROAT SOLUTION	3		ORALONE	3	BP
cevimeline hcl	1		PERIDEX	3	BP
chlorhexidine gluconate solution 0.12 % mouth/throat	1		periogard	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3		pilocarpine hcl oral	1	
DENTA 5000 PLUS	3		PREVIDENT	3	
DENTA 5000 PLUS SENSITIVE DENTAL GEL	3		PREVIDENT 5000 BOOSTER PLUS	3	
DENTAGEL	3		PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
EVOXAC	3	BP	PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
FLUORIDEX	3		PREVIDENT 5000 KIDS	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3		PREVIDENT 5000 ORTHO DEFENSE	3	
FLUORIMAX 5000	3		PREVIDENT 5000 PLUS	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	3		PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
			REMESENSE	3	
			SALAGEN	3	BP
			sf gel 1.1%	1	
			sf 5000 plus	1	
			sod fluoride-potassium nitrate	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sodium fluoride 5000 enamel dental gel	1		ala-cort external cream 1 %	1	
sodium fluoride 5000 plus	1		alclometasone dipropionate	1	
sodium fluoride 5000 ppm	1		ALTRENO	3	AL
sodium fluoride 5000 sensitive dental gel	1		ALUMINUM CHLORIDE ANHYDROUS	2	
sodium fluoride dental cream	1		ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
sodium fluoride dental gel 1.1 %	1		ammonium lactate cream 12 % external (rx)	1	
sodium fluoride mouth/throat	1		ammonium lactate lotion 12 % external (rx)	1	
triamcinolone acetonide mouth/throat	1		amnesteem	1	
Dermatological Agents - Drugs for Skin Conditions			ATRALIN	3	AL; BP
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP	azelaic acid external	1	
ACANYA	3	BP	B & C	2	
accutane	1		balsam peru-castor oil	1	
acitretin	1		BENZAMYCIN	3	BP
ACZONE EXTERNAL GEL 5 %	3	BP	benzoyl peroxide-erythromycin	1	
adapalene external cream	1		betamethasone dipropionate aug	1	
adapalene external gel 0.3 %	1		betamethasone dipropionate external	1	
adapalene gel 0.1 % external (rx)	1		betamethasone valerate external	1	
adapalene-benzoyl peroxide external gel	1		BPCO	2	
ADBRY	2	PA; SP; QL	CALAMINE	2	
			calcipotriene external cream	1	
			calcipotriene external ointment	1	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
calcipotriene external solution	1		clobetasol propionate external ointment	1	
CALCITRENE	3	BP	clobetasol propionate external shampoo	1	
calcitriol external	1		clobetasol propionate external solution	1	
CIBINQO	2	PA; SP; QL	CLOBEX	3	BP
claravis	1		CLOBEX SPRAY	3	BP
CLEOCIN-T EXTERNAL LOTION	3	BP	clodan external shampoo	1	
clindacin etz external swab	1		coal tar external solution	1	
clindacin-p	1		CONDYLOX EXTERNAL GEL	3	BP
CLINDAGEL	3	BP	dapsone external gel 5 %	1	
clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1		DERMA-SMOOTH/FS BODY	3	BP
clindamycin phosphate external gel 1 %	1		DERMA-SMOOTH/FS SCALP	3	BP
clindamycin phosphate external lotion	1		desonide external cream	1	
clindamycin phosphate external solution	1		desonide external lotion	1	
clindamycin phosphate external swab	1		desonide external ointment	1	
clobetasol propionate e	1		DESOWEN EXTERNAL CREAM	3	BP
clobetasol propionate external cream 0.05 %	1		desoximetasone external cream 0.25 %	1	
clobetasol propionate external foam	1		desoximetasone external gel	1	
clobetasol propionate external gel	1		desoximetasone external liquid	1	
clobetasol propionate external liquid	1		desoximetasone external ointment 0.25 %	1	
clobetasol propionate external lotion	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
diclofenac sodium gel 3 % external	1		EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
DIFFERIN EXTERNAL CREAM	3	BP	FILSUVEZ	3	PA; SP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP	FINACEA EXTERNAL FOAM	3	
DIPROLENE EXTERNAL OINTMENT	3	BP	fluocinolone acetonide body	1	
doxepin hcl external	1		fluocinolone acetonide external	1	
DRYSOL	2		fluocinolone acetonide scalp	1	
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	2	PA; SP; QL	fluocinonide emulsified base	1	
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; SP; QL	fluocinonide external	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; SP; QL	fluorouracil external cream 5 %	1	
EBGLYSS	2	PA; SP; QL	fluorouracil external solution	1	
ELIDEL	3	BP	flurandrenolide external cream	1	
EPIDUO	3	BP	flurandrenolide external lotion	1	
EPIDUO FORTE	3	BP	fluticasone propionate external	1	
EPIFOAM	2		GORDOFILM	3	
ery pad 2%	1		halobetasol propionate	1	
ERYGEL	3	BP	hydrocortisone butyrate external lotion	1	
erythromycin external gel	1		hydrocortisone butyrate external ointment	1	
erythromycin external solution	1		hydrocortisone butyrate external solution	1	
			hydrocortisone cream 1 % external (rx)	1	
			hydrocortisone external cream 2.5 %	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocortisone external lotion 2 %, 2.5 %	1		NEO-SYNALAR EXTERNAL CREAM	3	
hydrocortisone external ointment 2.5 %	1		neuac external gel	1	
hydrocortisone ointment 1 % external (rx)	1		ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
hydrocortisone valerate	1		OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
HYFTOR	3	PA; QL	pimecrolimus	1	
imiquimod external cream 5 %	1	QL	podofilox external	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		PRUDOXIN	3	BP
ivermectin external cream	1		PYROGALLIC ACID	2	
KERALYT EXTERNAL SHAMPOO	3		QBREXZA	3	ST; QL
KLARON	3	BP	REGRANEX	2	QL
lactic acid e	1		RETIN-A	3	AL; BP
lactic acid external lotion	1		SANTYL	3	
LEXETTE	3	BP	selenium sulfide external lotion	1	
LITFULO	3	PA; SP; QL	SOOLANTRA	3	BP
LOCOID EXTERNAL LOTION	3	BP	sulfacetamide sodium (acne)	1	
methoxsalen rapid	1		sulfacetamide sodium-sulfur external suspension 9-4.25 %	1	
METROCREAM	3	BP	sulfacetamide sodium-sulfur liquid 10-5 % external	1	
METROGEL EXTERNAL GEL	3	BP	SYNALAR EXTERNAL CREAM	3	BP
METROLOTION	3	BP	SYNALAR EXTERNAL OINTMENT	3	BP
metronidazole external	1		tacrolimus external ointment	1	
mometasone furoate external	1		tazarotene external cream 0.1 %	1	
NEMLUVIO	3	PA; SP; QL	TAZORAC EXTERNAL CREAM 0.1 %	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TOLAK	3		CYCLOSET	3	PV
TOPICORT EXTERNAL CREAM 0.25 %	3	BP	DUETACT	3	PV; BP
TOPICORT EXTERNAL GEL	3	BP	FARXIGA TABLET 10 MG ORAL	2	PV; QL
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP	FARXIGA TABLET 5 MG ORAL	2	PV; QL
TOPICORT SPRAY	3	BP	glimepiride	1	PV
tretinoin external	1	AL	glipizide er	1	PV
triamcinolone acetonide external cream	1		glipizide oral tablet 10 mg, 5 mg	1	PV
triamcinolone acetonide external lotion	1		glipizide-metformin hcl	1	PV
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	PV; BP
triderm external cream 0.5 %	1		glyburide micronized	1	PV
urea external cream 20 %	1		glyburide oral	1	PV
VANOS	3	BP	glyburide-metformin	1	PV
VECTICAL	3	BP	GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
VENELEX	2		GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
XERAC AC	3		JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
zenatane	1		JANUMET TABLET 50- 500 MG ORAL	2	PV; QL
ZONALON	3	BP	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL
ZORYVE	3	ST; QL	JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
Diabetes - Antidiabetic Agents			JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
acarbose oral	1	PV			
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP			
ACTOS	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
JANUVIA	2	PV; QL	saxagliptin-metformin er	1	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL	SOLIQUA	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL	SYMLINPEN 120	3	PA; PV
liraglutide	1	PA; PV; QL	SYMLINPEN 60	3	PA; PV
metformin hcl er	1	PV	SYNJARDY	2	PV; QL
metformin hcl ir	1	PV	SYNJARDY XR	2	PV; QL
miglitol	1	PV	TRIJARDY XR	2	PV; QL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL
nateglinide	1	PV	VICTOZA	3	PA; PV; BP; QL
ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL	XIGDUO XR	2	PV; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL	XULTOPHY	2	PV; QL
pioglitazone hcl	1	PV; QL	Diabetes - Glucose Monitoring		
pioglitazone hcl-glimepiride	1	PV	DEXCOM G6 RECEIVER	2	ST; QL
pioglitazone hcl-metformin hcl	1	PV	DEXCOM G6 SENSOR	2	ST; QL
QTERN	2	PV; QL	DEXCOM G6 TRANSMITTER	2	ST; QL
repaglinide	1	PV	DEXCOM G7 RECEIVER	2	ST; QL
RIOMET	3	PV; BP	DEXCOM G7 SENSOR	2	ST; QL
RYBELSUS (FORMULATION R2)	2	PA; PV; QL	ONETOUCH ULTRA BLUE TEST	2	PV; QL
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL	ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL	ONETOUCH ULTRA TEST STRIPS	2	PV; QL
saxagliptin hcl	1	PV; QL	ONETOUCH VERIO TEST STRIPS	2	PV; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Diabetes - Glycemic Agents					
BAQSIMI ONE PACK	2	QL	INSULIN DEGLUDEC FLEXTOUCH	2	PV
BAQSIMI TWO PACK	2	QL	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
diazoxide oral	1		LANTUS U-100 VIAL	2	PV
glucagon emergency kit	1	QL	NOVOLIN 70/30 FLEXPEN	2	PV
GLUCAGON EMERGENCY KIT	3	QL	NOVOLIN 70/30 FLEXPEN RELION	2	PV
GVOKE HYPOPEN 1-PACK	2	QL	NOVOLIN 70/30 RELION	2	PV
GVOKE HYPOPEN 2-PACK	2	QL	NOVOLIN 70/30 VIAL	2	PV
GVOKE KIT	2	QL	NOVOLIN N FLEXPEN	2	PV
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL	NOVOLIN N FLEXPEN RELION	2	PV
PROGLYCEM	3	BP	NOVOLIN N RELION	2	PV
Diabetes - Insulins					
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV	NOVOLIN R FLEXPEN RELION	2	PV
FIASP FLEXTOUCH	2	PV	NOVOLIN R RELION	2	PV
FIASP INJECTION	2	PV	NOVOLIN R VIAL	2	PV
FIASP PENFILL	2	PV	NOVOLOG 70/30 FLEXPEN RELION	2	PV
FIASP PUMPCART	2	PV	NOVOLOG FLEXPEN RELION	2	PV
HUMULIN R U-500 KWIKPEN	2	PV	NOVOLOG U-100 FLEXPEN	2	PV
HUMULIN R U-500 VIAL	2	PV	NOVOLOG MIX 70/30 FLEXPEN	2	PV
INSULIN DEGLUDEC	2	PV	NOVOLOG MIX 70/30 RELION	2	PV
			NOVOLOG MIX 70/30 VIAL	2	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOVOLOG U-100 PENFILL	2	PV	carglumic acid oral tablet soluble	1	SP
NOVOLOG RELION INJECTION	2	PV	CARNITOR ORAL	3	BP
NOVOLOG U-100 VIAL INJECTION	2	PV	CARNITOR SF	3	BP
TOUJEO MAX SOLOSTAR	2	PV	CHEMET	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CHOLINE BITARTRATE POWDER	2	
TRESIBA	2	PV	cyanocobalamin injection solution 1000 mcg/ml	1	
TRESIBA FLEXTOUCH	2	PV	deferasirox	1	SP
Electrolytes / Minerals / Metals / Vitamins			deferasirox granules	1	SP
ALANINE	2		DL-ALANINE	2	
CALCIFOL	2		DL-LEUCINE	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-METHIONINE POWDER (RX)	2	
CALCIUM GLUCONATE	2		DL-PHENYLALANINE	2	
CALCIUM GLUCONATE ANHYDROUS	2		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
CALCIUM GLUCONATE MONOHYDRATE	2		effer-k tablet effervescent 25 meq oral	1	
CALCIUM LACTATE PENTAHYDRATE	2		EXJADE	3	SP; BP
CALCIUM PHOSPHATE DIBASIC	2		FERRIPROX ORAL SOLUTION	3	SP
CALCIUM PHOSPHATE TRIBASIC	2		folate	1	ACA; O
CARBAGLU ORAL TABLET SOLUBLE	3	SP; BP	folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
			ft folic acid	1	ACA; O
			ft prenatal	1	ACA; O
			GALZIN	3	
			iodine strong oral	1	
			JADENU	3	SP; BP

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
JADENU SPRINKLE	3	SP; BP	L-VALINE POWDER	2	
JYNARQUE	3	PA; SP; QL	MAGNESIUM CARBONATE HEAVY	2	
KIONEX COMBINATION	2		MAGNESIUM CARBONATE POWDER	2	
klor-con 10	1		MASONATAL	2	ACA; O
klor-con m10	1		METHIONINE	2	
klor-con m15	1		NEOKE ALCAR	3	
klor-con m20	1		NEONATAL PRENATAL	2	ACA; O
klor-con oral packet 20 meq	1		ONE VITE WOMENS	2	ACA; O
klor-con oral tablet extended release	1		ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O
L-ALANINE	2		ORAL CITRATE	2	
L-ARGININE	2		phosphorous	1	
L-CYSTINE	2		phytonadione oral	1	QL
levocarnitine oral tablet	1		potassium chloride crys ter	1	
levocarnitine sf	1		potassium chloride er	1	
levocarnitine solution 1 gm/10ml oral	1		potassium chloride oral packet	1	
L-GLUTAMIC ACID	2		potassium chloride oral solution 40 meq/15ml (20%)	1	
L-HISTIDINE MONOHYDROCHLORI DE POWDER	2		potassium chloride solution 10 % oral	1	
L-HISTIDINE POWDER (RX)	2		potassium chloride solution 20 meq/15ml (10%) oral	1	
L-ISOLEUCINE POWDER (RX)	2		potassium citrate er	1	
L-LEUCINE	2		prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O
L-METHIONINE POWDER (RX)	2		prenatal oral tablet 27- 0.8 mg	1	ACA; O
LOKELMA	3	QL			
L-PHENYLALANINE	2				
L-PROLINE	2				
L-TYROSINE	2				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
prenatal vitamins oral tablet 27-0.8 mg	1	ACA; O	tri-vite/fluoride oral solution 0.5 mg/ml	1	ACA
SAMSCA	3	SP; BP	UROCIT-K 10	3	BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1		UROCIT-K 15	3	BP
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1		VALINE	2	
SODIUM ASCORBATE POWDER	2		VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM	3	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1		VELTASSA PACKET 8.4 GM ORAL	3	
sodium bicarbonate solution 8.4 % intravenous	1		wes-phos 250 neutral	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA	yl folic acid	1	ACA; O
sodium fluoride oral tablet chewable	1	ACA	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
sodium polystyrene sulfonate oral powder	1		ACIPHEX	3	PV; BP; QL
SPS (SODIUM POLYSTYRENE SULF)	2		CARAFATE	3	PV; BP
sterile water for irrigation solution irrigation	1		cimetidine hcl solution 300 mg/5ml oral	1	PV
SYPRINE	3	SP; BP	cimetidine oral	1	PV
TAURINE POWDER	2		CYTOTEC	3	PV; BP
THREONINE	2		esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
tolvaptan	1	SP	esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
trientine hcl oral capsule 250 mg	1	SP	esomeprazole magnesium oral packet	1	PV; AL; QL
trientine hcl oral capsule 500 mg	1		famotidine oral suspension reconstituted	1	PV
			famotidine oral tablet 40 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
famotidine tablet 20 mg oral (rx)	1	PV	rabeprazole sodium oral tablet delayed release	1	PV; QL	
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL	sucralfate oral tablet	1	PV	
lansoprazole oral capsule delayed release 30 mg	1	PV; QL	sucralfate suspension 1 gm/10ml oral	1	PV	
misoprostol oral tablet 100 mcg	1	PV	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			
misoprostol tablet 200 mcg oral	1	PV	alosetron hcl	1		
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL	alvimopan	1		
NEXIUM ORAL PACKET	3	PV; AL; BP; QL	AMITIZA	3	BP; QL	
nizatidine oral capsule	1	PV	ANASPAZ	3		
omeprazole oral capsule delayed release	1	PV; QL	BISACODYL	2		
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV	bisacodyl ec	1	ACA; O	
omeprazole-sodium bicarbonate oral capsule	1	PV; QL	CHENODAL	2	PA; SP	
pantoprazole sodium oral tablet delayed release	1	PV; QL	citroma	1	ACA; O	
PEPCID ORAL TABLET	3	PV; BP	clearlax oral powder	1	ACA; O	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL	CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV	
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL	constulose	1		
			cromolyn sodium oral	1		
			CTEXLI	2	PA; SP	
			CUVPOSA	3	BP	
			dicyclomine hcl oral capsule	1		
			dicyclomine hcl oral solution 10 mg/5ml	1		
			dicyclomine hcl oral tablet	1		
			diphenoxylate-atropine oral liquid	1		
			diphenoxylate-atropine oral tablet 2.5-0.025 mg	1		

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
enulose	1		lactulose oral packet 20 gm	1	
ft clearlax	1	ACA; O	lactulose solution 10 gm/15ml oral	1	
ft laxative	1	ACA; O	lactulose solution 20 gm/30ml oral	1	
ft magnesium citrate	1	ACA; O	LINZESS	2	QL
GASTROCROM	3	BP	LOMOTIL ORAL TABLET	3	BP
GATTEX	2	PA; SP	loperamide hcl oral capsule	1	
gavilax oral powder	1	ACA; O	LOTRONEX	3	BP
gavilyte-c	1	ACA; PV	lubiprostone capsule 24 mcg oral	1	QL
gavilyte-g	1	ACA; PV	lubiprostone capsule 8 mcg oral	1	QL
gavilyte-n with flavor pack	1	ACA; PV	magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
generlac	1		methscopolamine bromide oral	1	
gentle laxative oral tablet delayed release	1	ACA; O	mineral oil heavy oral	1	
glycolax	1	ACA; O	mm clearlax	1	ACA; O
glycopyrrolate oral solution	1		MOTEGRITY ORAL TABLET 1 MG	3	ST; BP; QL
glycopyrrolate oral tablet 1 mg, 2 mg	1		MOTEGRITY TABLET 2 MG ORAL	3	ST; BP; QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP	MOVANTIK	2	QL
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1		MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
hyoscyamine sulfate tablet 0.125 mg oral	1		MYTESI	3	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1		na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1		OSCIMIN ORAL TABLET	3	
lactulose encephalopathy oral solution 10 gm/15ml	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OSCIMIN SUBLINGUAL	3		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
peg 3350 oral powder	1	ACA; O	betaine	1	SP
peg 3350-kcl-na bicarb-nacl	1	ACA; PV	BUPHENYL ORAL POWDER 3 GM/TSP	3	SP; BP
peg-3350/electrolytes	1	ACA; PV	BUPHENYL ORAL TABLET	3	SP; BP
peg-3350/electrolytes/ascorbate	1	PV	CERDELGA	2	PA; SP
peg-kcl-nacl-nasulf-na asc-c	1	PV	CHOLBAM	2	PA; SP
PLENNU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV	CREON	2	
polyethylene glycol 3350 oral powder	1	ACA; O	CYSTADANE	3	SP; BP
prucalopride succinate	1	ST; QL	CYSTAGON	2	SP
RESTORA RX	3		EVRYSDI	2	PA; SP; QL
REZDIFRA	3	PA; QL	GALAFOLD	2	PA; SP; QL
SUPREP BOWEL PREP KIT	3	PV; BP	JAVYGTOR	3	PA; SP; BP
SUREBIOTIC PROBIOTIC SUPPORT	3		KUVAN ORAL PACKET	3	PA; SP; BP
SUTAB	3	PV	KUVAN ORAL TABLET	3	PA; SP; BP
SYMPROIC	2	QL	L-GLUTAMIC ACID HCL	2	
true laxative	1	ACA; O	miglustat	1	PA; SP
TRULANCE TABLET 3 MG ORAL	3	ST; QL	MYALEPT	2	PA; SP
URSO FORTE	3	BP	nitisinone	1	SP
ursodiol oral capsule 300 mg	1		NITYR	2	SP
ursodiol oral tablet	1		OLPRUVA (2 GM DOSE)	2	SP; QL
VIBERZI	3		OLPRUVA (3 GM DOSE)	2	SP; QL
VOWST	3	PA; QL	OLPRUVA (4 GM DOSE)	2	SP; QL
XERMELO	3	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OLPRUVA (5 GM DOSE)	2	SP; QL	VOXZOGO	3	PA; SP; QL
OLPRUVA (6 GM DOSE)	2	SP; QL	XURIDEN	3	SP
OLPRUVA (6.67 GM DOSE)	2	SP; QL	yargesa	1	PA; SP
OPFOLDA	3	PA; SP; QL	ZAVESCA	3	PA; SP; BP
ORFADIN ORAL CAPSULE	3	SP; BP	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
ORFADIN ORAL SUSPENSION	2	SP	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
PALYNZIQ	2	PA; SP; QL	AURYXIA	3	
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	bethanechol chloride oral	1	
PHEBURANE	2	PA; SP	calcium acetate (phos binder) oral capsule	1	
RAVICTI	2	PA; SP	calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
sapropterin dihydrochloride oral packet	1	PA; SP	calcium acetate oral tablet 667 mg	1	
sapropterin dihydrochloride oral tablet	1	PA; SP	CUPRIMINE ORAL CAPSULE 250 MG	3	SP; BP
sodium phenylbutyrate oral powder 3 gm/tsp	1	SP	darifenacin hydrobromide er	1	
sodium phenylbutyrate oral tablet	1	SP	DEPEN TITRATABS	3	SP; BP
STRENSIQ	2	PA; SP	DETROL ORAL TABLET 2 MG	3	BP
SUCRAID	2	PA; SP			
VIOKACE	3	ST			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ELMIRON	2		THIOLA EC	3	SP; BP
FERRIC CITRATE ORAL	3		tiopronin oral	1	SP
FILSPARI	3	PA; SP; QL	tolterodine tartrate	1	
flavoxate hcl	1		tolterodine tartrate er	1	
FOSRENOL ORAL PACKET	3		trospium chloride	1	
INTRAROSA	3	QL	trospium chloride er	1	
LITHOSTAT	3		VELPHORO	3	QL
mirabegron er	1	ST	VENXXIVA	3	SP; BP
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST	VESICARE	3	BP
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; BP	Genitourinary Agents - Drugs for Prostate Conditions		
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	ST; BP	alfuzosin hcl er	1	
oxybutynin chloride er	1		AVODART	3	BP
oxybutynin chloride oral solution	1		dutasteride oral	1	
oxybutynin chloride oral tablet	1		dutasteride-tamsulosin hcl	1	
penicillamine oral	1	SP	finasteride oral tablet 5 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		JALYN	3	BP
RENVELA	3	BP	PROSCAR	3	BP
RIVFLOZA	3	PA; SP; QL	RAPAFLO	3	BP
sevelamer carbonate	1		silodosin	1	
sevelamer hcl	1		tamsulosin hcl	1	
solifenacin succinate	1		terazosin hcl oral	1	PV
THIOLA	3	SP; BP	UROXATRAL	3	BP

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
dexamethasone oral tablet therapy pack	1		METHITEST	2	
dexamethasone tablet 4 mg oral	1		METHYLTESTOSTERONE	2	
fludrocortisone acetate oral	1		methyltestosterone oral	1	
hydrocortisone oral	1		TESTIM	3	PA; BP
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP	testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
MEDROL ORAL TABLET 2 MG	3		testosterone enanthate intramuscular solution	1	PA
MEDROL ORAL TABLET THERAPY PACK	3	BP	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
methylprednisolone oral	1		testosterone transdermal solution	1	PA
PEDIAPRED	3	BP	VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
prednisolone oral tablet	1		Hormonal Agents - Pituitary		
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1		ACTHAR	3	PA; SP
prednisolone sodium phosphate solution 5 mg/5ml oral	1		ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	3	PA; SP
prednisolone solution 15 mg/5ml oral	1		cabergoline	1	QL
prednisone oral	1		CORTROPHIN	3	PA; SP
Hormonal Agents - Men's Health			DDAVP ORAL	3	BP
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP			
danazol oral	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
desmopressin ace spray refrig	1		SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	SP; BP	
desmopressin acetate oral	1		SIGNIFOR	2	PA; SP	
desmopressin acetate spray	1		SKYTROFA	3	PA; SP	
EGRIFTA SV	3	PA; SP; QL	SYNAREL	2		
INCRELEX	2	PA; SP	Hormonal Agents - Prostaglandins			
ISTURISA ORAL TABLET 1 MG, 5 MG	2	PA; SP; QL	KORLYM	3	PA; SP; BP	
NGENLA	3	PA; SP	mifepristone oral tablet 300 mg	1	PA; SP	
NORDITROPIN FLEXPRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP	Hormonal Agents - Selective Estrogen Receptor Modifying Agents			
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	SP	EVISTA	3	PV; BP	
octreotide acetate subcutaneous	1	SP	OSPHENA	3	PV	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; SP	raloxifene hcl	1	ACA; PV	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP	Hormonal Agents - Sex Hormones and Birth Control			
ORILISSA	2	PA; QL	ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP	
RECORLEV	3	PA; SP; QL	afirmelle	1	ACA; PV	
			aftera	1	ACA; O	
			AFTERPILL	3	ACA; O	
			altavera	1	ACA; PV	
			alyacen 1/35	1	ACA; PV	
			alyacen 7/7/7	1	ACA; PV	
			amethyst	1	ACA; PV	
			ANNOVERA	3	PV; QL	
			apri	1	ACA; PV	
			aranelle	1	ACA; PV	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ashlyna	1	ACA; PV	deblitane	1	ACA; PV
aubra eq	1	ACA; PV	DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	PV; BP
aurovela 1.5/30	1	ACA; PV	delyla	1	ACA; PV
aurovela 1/20	1	ACA; PV	DEPO-ESTRADIOL	2	PV
aurovela 24 fe	1	ACA; PV	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
aurovela fe 1.5/30	1	ACA; PV	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
aurovela fe 1/20	1	ACA; PV	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA
aviane	1	ACA; PV	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV
ayuna	1	ACA; PV	DIVIGEL	3	PV; BP
azurette	1	ACA; PV	dolishale	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP	dotti	1	PV; QL
balziva	1	ACA; PV	drospiren-eth estrad- levomefol	1	ACA; PV
BEYAZ	3	PV; BP	drospirenone-ethinyl estradiol	1	ACA; PV
blisovi 24 fe	1	ACA; PV	DUAVEE	3	PV
blisovi fe 1.5/30	1	ACA; PV	econtra one-step	1	ACA; O
blisovi fe 1/20	1	ACA; PV	ELESTRIN	3	PV
brielllyn	1	ACA; PV	elinest	1	ACA; PV
camila	1	ACA; PV	ELLA	2	ACA; PV
camrese	1	ACA; PV	eluryng	1	ACA; PV; QL
camrese lo	1	ACA; PV			
charlotte 24 fe	1	ACA; PV			
chateal eq	1	ACA; PV			
CLIMARA	3	PV; BP; QL			
COMBIPATCH	2	PV; QL			
CRINONE VAGINAL GEL 4 %	2				
cryselle-28	1	ACA; PV			
cyred eq	1	ACA; PV			
dasetta 1/35 (28)	1	ACA; PV			
dasetta 7/7/7	1	ACA; PV			
daysee	1	ACA; PV			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
emzahh	1	ACA; PV	FEMLYV	2	ACA; PV
ENDOMETRIN	3		FEMRING	2	QL
enilloring	1	ACA; PV; QL	finzala	1	ACA; PV
enpresse-28	1	ACA; PV	fyavolv	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV	gallifrey	1	
errin	1	ACA; PV	gemmily	1	ACA; PV
estarrylla	1	ACA; PV	hailey 1.5/30	1	ACA; PV
ESTRACE ORAL	3	PV; BP	hailey 24 fe	1	ACA; PV
ESTRACE VAGINAL	3	BP	hailey fe 1.5/30	1	ACA; PV
estradiol oral	1	PV	hailey fe 1/20	1	ACA; PV
estradiol transdermal gel	1	PV	haloette	1	ACA; PV; QL
estradiol transdermal patch twice weekly	1	PV; QL	heather	1	ACA; PV
estradiol transdermal patch weekly	1	PV; QL	her style	1	ACA; O
estradiol vaginal	1		iclevia	1	ACA; PV
estradiol valerate intramuscular	1	PV	IMVEXXY MAINTENANCE PACK	3	
estradiol-norethindrone acet	1	PV	IMVEXXY STARTER PACK	3	
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL	incassia	1	ACA; PV
ESTROGEL	3	PV; BP	introvale	1	ACA; PV
ethynodiol diac-eth estradiol	1	ACA; PV	isibloom	1	ACA; PV
etonogestrel-ethinyl estradiol	1	ACA; PV; QL	jaimiess	1	ACA; PV
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV	jasmiel	1	ACA; PV
falmina	1	ACA; PV	jencycla	1	ACA; PV
feirza 1.5/30	1	ACA; PV	jinteli	1	PV
feirza 1/20	1	ACA; PV	jolessa	1	ACA; PV
			joyeaux	1	ACA; PV
			juleber	1	ACA; PV
			junel 1.5/30	1	ACA; PV
			junel 1/20	1	ACA; PV
			junel fe 1.5/30	1	ACA; PV
			junel fe 1/20	1	ACA; PV
			junel fe 24	1	ACA; PV

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
kaitlib fe	1	ACA; PV	loryna	1	ACA; PV
kalliga	1	ACA; PV	low-ogestrel	1	ACA; PV
kariva	1	ACA; PV	lo-zumandimine	1	ACA; PV
kelnor 1/35	1	ACA; PV	lulera	1	ACA; PV
kelnor 1/50	1	ACA; PV	lyeq	1	ACA; PV
kurvelo	1	ACA; PV	lyllana	1	PV; QL
larin 1.5/30	1	ACA; PV	lyza	1	ACA; PV
larin 1/20	1	ACA; PV	marlissa	1	ACA; PV
larin 24 fe	1	ACA; PV	medroxyprogesterone acetate intramuscular	1	ACA; PV
larin fe 1.5/30	1	ACA; PV	medroxyprogesterone acetate oral	1	
larin fe 1/20	1	ACA; PV	megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
layolis fe	1	ACA; PV	megestrol acetate oral tablet	1	
leena	1	ACA; PV	megestrol acetate suspension 400 mg/10ml oral	1	
lessina	1	ACA; PV	merzee	1	ACA; PV
levonest	1	ACA; PV	mibelas 24 fe	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV	microgestin 1.5/30	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV	microgestin 1/20	1	ACA; PV
levonorgest-eth estradiol-iron	1	ACA; PV	microgestin fe 1.5/30	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O	microgestin fe 1/20	1	ACA; PV
levonorgestrel-ethynodiol estrad	1	ACA; PV	mili	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV	mimvey	1	PV
levora 0.15/30 (28)	1	ACA; PV		3	PV; BP; QL
LO LOESTRIN FE	3	PV	MINIVELLE		
LOESTRIN 1.5/30 (21)	3	PV; BP	minzoya	1	ACA; PV
LOESTRIN 1/20 (21)	3	PV; BP	mono-linyah	1	ACA; PV
LOESTRIN FE 1.5/30	3	PV; BP	my choice	1	ACA; O
LOESTRIN FE 1/20	3	PV; BP	my way	1	ACA; O
lojaimiess	1	ACA; PV			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MYFEMBREE	2	PA; PV; QL	NUVARING	3	PV; BP; QL
NATAZIA	2	ACA; PV	nylia 1/35	1	ACA; PV
necon 0.5/35 (28)	1	ACA; PV	nylia 7/7/7	1	ACA; PV
new day	1	ACA; O	ocella	1	ACA; PV
NEXTSTELLIS	3	PV	opcicon one-step	1	ACA; O
nikki	1	ACA; PV	option 2	1	ACA; O
nora-be	1	ACA; PV		2	PA; PV; QL
norelgestromin-eth estradiol	1	ACA; PV; QL	ORIAHNN		
norethin ace-eth estrad- fe oral capsule	1	ACA; PV	philith	1	ACA; PV
norethin ace-eth estrad- fe oral tablet 1-20 mg- mcg, 1.5-30 mg-mcg	1	ACA; PV	pimtrea	1	ACA; PV
norethin ace-eth estrad- fe oral tablet chewable	1	ACA; PV	PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	ACA; O
norethindrone acetate oral	1		portia-28	1	ACA; PV
norethindrone acet- ethynodiol-3-one oral tablet	1	ACA; PV	PREMARIN ORAL	2	PV
norethindrone oral	1	ACA; PV	PREMARIN VAGINAL	2	
norethindrone-eth estradiol	1	PV	PREMPHASE	2	PV
norethin-eth estradiol-fe	1	ACA; PV	PREMPRO	2	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV	progesterone intramuscular	1	
norgestimate-ethynodiol-3-one estradiol triphasic	1	ACA; PV	progesterone oral	1	
norlyroc	1	ACA; PV	PROMETRIUM	3	BP
nortrel 0.5/35 (28)	1	ACA; PV	PROVERA	3	BP
nortrel 1/35 (21)	1	ACA; PV	react	1	ACA; O
nortrel 1/35 (28)	1	ACA; PV	reclipsen	1	ACA; PV
nortrel 7/7/7	1	ACA; PV	rivelsa	1	ACA; PV
			SAFYRAL	3	PV; BP
			setlakin	1	ACA; PV
			sharobel	1	ACA; PV
			simliya	1	ACA; PV
			simpesse	1	ACA; PV
			SLYND TABLET 4 MG ORAL	3	PV

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sprintec 28	1	ACA; PV	vyfemla	1	ACA; PV
sronyx	1	ACA; PV	vylibra	1	ACA; PV
syeda	1	ACA; PV	wera	1	ACA; PV
take action	1	ACA; O	wymzya fe	1	ACA; PV
tarina 24 fe	1	ACA; PV	xarah fe	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV	xulane	1	ACA; PV; QL
taysofy	1	ACA; PV	YASMIN 28	3	PV; BP
TAYTULLA	3	PV; BP	YAZ	3	PV; BP
tilia fe	1	ACA; PV	yuvafem	1	
tri-estarylla	1	ACA; PV	zafemy	1	ACA; PV; QL
tri-legest fe	1	ACA; PV	zovia 1/35 (28)	1	ACA; PV
tri-linyah	1	ACA; PV	zumandimine	1	ACA; PV
tri-lo-estarylla	1	ACA; PV	Hormonal Agents - Thyroid		
tri-lo-marzia	1	ACA; PV	ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
tri-lo-mili	1	ACA; PV	ADTHYZA ORAL TABLET 97.5 MG	2	
tri-lo-sprintec	1	ACA; PV	ARMOUR THYROID	2	
tri-mili	1	ACA; PV	CYTOMEL	3	BP
tri-sprintec	1	ACA; PV	euthyrox	1	
trivora (28)	1	ACA; PV	levo-t	1	
tri-vylibra	1	ACA; PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-vylibra lo	1	ACA; PV	levothyroxine sodium oral tablet	1	
turqoz	1	ACA; PV	levoxyl	1	
TWIRLA	3	PV; QL	liothyronine sodium oral	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	BP	methimazole oral	1	
valtya 1/50	1	ACA; PV	NIVA THYROID	2	
velivet	1	ACA; PV			
vestura	1	ACA; PV			
vienna	1	ACA; PV			
viorele	1	ACA; PV			
VIVELLE-DOT	3	PV; BP; QL			
volnea	1	ACA; PV			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
np thyroid	1		ADALIMUMAB-FKJP (2 PEN)	2	PA; SP; QL
propylthiouracil oral	1		ADALIMUMAB-FKJP (2 SYRINGE)	2	PA; SP; QL
SYNTHROID	2	BP	ARAVA	3	BP; QL
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1		ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	2	PA; SP
TIROSINT CAPSULE 75 MCG ORAL	3		ASTAGRAF XL	3	PV
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		AURANOFIN	2	SP
TIROSINT-SOL	3		AZASAN	3	PV; BP
unithroid	1		azathioprine oral	1	PV
Immunological Agents - Drugs for Immune System Stimulation or Suppression			BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	2	PA; SP; QL
ACTEMRA ACTPEN	3	PA; SP; QL	BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL	BIMZELX	3	PA; SP; QL
ACTIMMUNE	2	PA; SP	CELLCEPT	3	PV; BP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL	CIMZIA (2 SYRINGE)	2	PA; SP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML	2	PA; SP; QL	CIMZIA-STARTER	2	PA; SP; QL
			COSENTYX (300 MG DOSE)	3	PA; SP; QL
			COSENTYX 150 MG/ML SUBCUTANEOUS	3	PA; SP; QL
			COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	3	PA; SP; QL	FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; BP
COSENTYX UNOREADY SOLUTION AUTO- INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA; SP; QL	gengraf oral capsule 100 mg, 25 mg	1	PV
cyclosporine modified	1	PV	gengraf oral solution	1	PV
cyclosporine oral capsule	1	PV	HADLIMA	2	PA; SP; QL
ENBREL MINI	3	PA; SP; QL	HADLIMA PUSHTOUCH	2	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; SP; QL	HAEGARDA	2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	icatibant acetate subcutaneous solution prefilled syringe	1	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP; QL	IMURAN	3	PV; BP
ENSPRYNG	2	PA; SP; QL	JOENJA	2	PA; SP; QL
ENTYVIO PEN	3	PA; SP; QL	KEVZARA	3	PA; SP; QL
ENVARSUS XR	3	PV	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	leflunomide oral	1	QL
			LUPKYNIS	3	PA; SP; PV; QL
			methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
			methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
			methotrexate sodium injection solution reconstituted	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methotrexate sodium oral	1		RINVOQ LQ	2	PA; SP; QL
mycophenolate mofetil oral capsule	1	PV	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	2	PA; SP; QL
mycophenolate mofetil oral tablet	1	PV	RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	2	PA; SP; QL
mycophenolate sodium	1	PV	SANDIMMUNE ORAL CAPSULE	3	PV; BP
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV	SELARSDI SUBCUTANEOUS	2	PA; SP; QL
MYFORTIC	3	PV; BP	SILIQ	3	PA; SP; QL
MYHIBBIN	2	PV	SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA; SP; QL
NEORAL	3	PV; BP	SIMLANDI (1 SYRINGE)	2	PA; SP; QL
OLUMIANT	3	PA; SP; QL	SIMLANDI (2 PEN)	2	PA; SP; QL
OMVOH SUBCUTANEOUS	3	PA; SP; QL	SIMLANDI (2 SYRINGE)	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; SP; QL	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ORLADEYO	3	PA; SP; QL	sirolimus oral	1	PV
OTEZLA ORAL TABLET	2	PA; SP; QL	SKYRIZI PEN	2	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP; QL	SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
PROGRAF ORAL CAPSULE	3	PV; BP			
PROGRAF ORAL PACKET	3	PV; AL			
REZUROCK	3	PA; SP; QL			
RIDAURA	2	SP			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
SOTYKTU	3	PA; SP; QL	WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	2	PA; SP; QL	
SPEVIGO SUBCUTANEOUS	3	PA; SP; QL	WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	2	PA; SP; QL	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; SP; BP; QL	XELJANZ	2	PA; SP; QL	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; BP; QL	XELJANZ XR	2	PA; SP; QL	
tacrolimus capsule 0.5 mg oral	1	PV	YESINTEK SUBCUTANEOUS	2	PA; SP; QL	
tacrolimus capsule 5 mg oral	1	PV	ZORTRESS	3	PV; BP	
tacrolimus oral capsule 1 mg	1	PV	ZYMFENTRA (1 PEN)	2	PA; SP; QL	
TAKHZYRO	2	PA; SP; QL	ZYMFENTRA (2 PEN)	2	PA; SP; QL	
TALTZ	3	PA; SP; QL	Inflammatory Bowel Disease Agents			
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; SP; QL	ANUSOL-HC EXTERNAL	3	BP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL	APRISO	3	BP	
TREXALL	2		AZULFIDINE	3	BP	
VARIZIG INTRAMUSCULAR SOLUTION	2		AZULFIDINE EN-TABS	3	BP	
VELSIPITY	3	PA; SP; QL	balsalazide disodium	1		
WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	2	PA; SP; QL	budesonide oral	1		
			budesonide rectal	1		
			CANASA	3	BP	
			COLAZAL	3	BP	
			CORTENEMA	3	BP	
			CORTIFOAM EXTERNAL	2		
			DELZICOL	3	BP	
			EOHILIA	3	QL	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocortisone (perianal)	1		calcitonin (salmon)	1	PV
hydrocortisone rectal enema	1		FOSAMAX ORAL TABLET 70 MG	3	PV; BP
LIALDA	3	BP	ibandronate sodium oral	1	PV
mesalamine er oral capsule 0.375 gm	1		MIACALCIN INJECTION	3	PV; BP
mesalamine oral	1		risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
mesalamine rectal	1		risedronate sodium oral tablet delayed release	1	PV
mesalamine-cleanser	1		TYMLOS	2	PA; SP; PV; QL
PENTASA	2		Metabolic Bone Disease Agents - Other		
PROCTOCORT EXTERNAL	3	BP	calcitriol oral	1	
PROCTOFOAM HC EXTERNAL	2		cinacalcet hcl	1	
procto-med hc external	1		doxercalciferol oral	1	
PROCTOSOL HC EXTERNAL	3	BP	paricalcitol oral	1	
PROCTOZONE-HC EXTERNAL	3	BP	RAYALDEE	3	
ROWASA RECTAL	3	BP	ROCALTROL	3	BP
SFROWASA	3		SENSIPAR	3	BP
sulfasalazine oral	1		ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
UCERIS RECTAL	3	BP	Miscellaneous Therapeutic Agents		
Metabolic Bone Disease Agents - Drugs for Osteoporosis			AEROCHAMBER HOLDING CHAMBER	2	
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP	AEROCHAMBER MINI CHAMBER	2	
alendronate sodium oral solution	1	PV	AEROCHAMBER MV	2	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV	AEROCHAMBER PLS FLOU MTHPIECE	2	
ATELVIA	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (RX)	2		CHARCOAL ACTIVATED	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		COMPACT SPACE CHAMBER	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		COMPACT SPACE CHAMBER/LG MASK	2	
AEROCHAMBER PLUS FLOW VU	2		COMPACT SPACE CHAMBER/MED MASK	2	
AEROCHAMBER W/FLOWSIGNAL	2		COMPACT SPACE CHAMBER/SM MASK	2	
AQNEURSA	3	PA; SP; QL	CONDOMS	3	ACA; O
ASPARTAME (FOR COMPOUNDING)	2		DOJOLVI	3	PA
ASPARTAME (NUTRASWEET)	2		DUREX EXTRA SENSITIVE THIN	3	ACA; O
BREATHE EASE LARGE	2		DUREX TROPICAL	3	ACA; O
BREATHE EASE MEDIUM	2		EASIVENT	2	
BREATHE EASE SMALL	2		ENCARE VAGINAL SUPPOSITORY	3	ACA; O
BREATHERITE VALVED MDI CHAMBER	2		ENDARI	3	BP
BROMELAIN	2		FC2 FEMALE CONDOM	3	ACA; O
BYLVAY	3	PA; SP; QL	FLEXICHAMBER	2	
BYLVAY (PELLETS)	3	PA; SP; QL	formaldehyde solution 37 % external (rx)	1	
CETYLCIDE-G	2		glutaraldehyde external	1	
			GRASTEK	3	
			IWILFIN	14	PA; MB; SP; QL
			KERENDIA TABLET 10 MG ORAL	3	PA; QL
			KERENDIA TABLET 20 MG ORAL	3	PA; QL
			l-glutamine oral packet	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; SP	PALFORZIA INITIAL DOSE 1-3YRS	3	AL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL	PALFORZIA INITIAL DOSE 4-17YRS	3	AL
METHERGINE ORAL	3	BP	PHEXXI	3	
methylergonovine maleate oral	1		POCKET SPACER	2	
MICROCHAMBER DEVICE	2		RADIOGARDASE	3	
MIPLYFFA	3	PA; SP; QL	RAGWITEK	3	
ODACTRA	3	AL; QL	SACCHARIN	2	
OMNIPOD 5 DEXCOM INTRO KIT	14	MB; QL	sodium saccharin powder	1	
OMNIPOD 5 DEXCOM PODS	14	MB; QL	SOHONOS	3	PA; SP; QL
OMNIPOD DASH INTRO KIT	14	MB; QL	TAVNEOS	3	PA; SP; QL
OMNIPOD DASH PODS	14	MB; QL	TODAY SPONGE	2	ACA; O
OPTICHAMBER DIAMOND	2		TRUE COVER	3	ACA; O
OPTICHAMBER DIAMOND-LG MASK	2		VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
OPTICHAMBER DIAMOND-MD MASK	2		VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
OPTICHAMBER DIAMOND-SM MASK	2		VEOZAH TABLET 45 MG ORAL	3	ST; QL
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O	VISTOGARD	2	SP
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2		VORTEX VALVE CHAMBER-PEDI MASK	2	
PALFORZIA	3	AL	VORTEX VALVED HOLDING CHAMBER	2	
PALFORZIA (1 MG DAILY DOSE)	3	AL	YORVIPATH	3	PA; SP; QL
			ZILBRYSQ	3	PA; SP; QL
			ZOKINVY	2	PA; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation					
ACULAR	3	BP	INVELTYS	2	
ACULAR LS	3	BP	ketorolac tromethamine ophthalmic	1	
AZASITE	2		levofloxacin ophthalmic solution 1.5 %	1	
azelastine hcl ophthalmic	1		LOTEMAX	3	ST; BP
bacitracin ophthalmic	1		LOTEMAX SM	2	
BETADINE OPHTHALMIC PREP	3		loteprednol etabonate ophthalmic gel	1	ST
bromfenac sodium (once-daily)	1		MAXIDEX	2	
ciprofloxacin hcl ophthalmic	1		MAXITROL OPHTHALMIC OINTMENT	3	BP
cromolyn sodium ophthalmic	1		MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
dexamethasone sodium phosphate ophthalmic	1		MITOSOL	3	
diclofenac sodium ophthalmic	1		moxifloxacin hcl ophthalmic solution	1	
difluprednate	1	ST	NATACYN	3	
DUREZOL	3	ST; BP	neomycin-polymyxin-dexameth ophthalmic ointment	1	
epinastine hcl	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
erythromycin ointment 5 mg/gm ophthalmic	1		neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
FLAREX	2		OCUFLOX	3	BP
fluorometholone ophthalmic	1		ofloxacin ophthalmic	1	
flurbiprofen sodium	1		olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
FML FORTE	3	ST	POVIDONE-IODINE OPHTHALMIC	3	
FML LIQUIFILM	3	BP			
gatifloxacin ophthalmic	1				
gentamicin sulfate ophthalmic solution	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PRED FORTE	3	BP	BETIMOL		
PRED MILD	3	ST	OPHTHALMIC SOLUTION 0.5 %	3	BP
prednisolone acetate ophthalmic	1		bimatoprost ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1		brimonidine tartrate ophthalmic	1	
sulfacetamide sodium ophthalmic	1		brimonidine tartrate- timolol	1	
TOBRADEX OPHTHALMIC OINTMENT	3		brinzolamide	1	
TOBRADEX ST	2		carteolol hcl	1	
tobramycin ophthalmic	1		COMBIGAN	3	BP
tobramycin- dexamethasone	1		COSOPT	3	BP
TOBREX OPHTHALMIC OINTMENT	2		COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP
trifluridine ophthalmic	1		dichlorphenamide	1	SP
UPNEEQ	3	QL	dorzolamide hcl solution 2 % ophthalmic	1	
VIGAMOX	3	BP	dorzolamide hcl-timolol mal	1	
XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA	dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ZIRGAN	3		IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
Ophthalmic Agents - Drugs for Glaucoma			ISTALOL	3	BP
acetazolamide er	1		KEVEYIS	3	SP; BP
acetazolamide oral	1		latanoprost ophthalmic	1	
ALPHAGAN P	3	BP	levobunolol hcl ophthalmic solution 0.5 %	1	
apraclonidine hcl	1		LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
AZOPT	3	BP	methazolamide oral	1	
betaxolol hcl ophthalmic	1		ORMALVI	3	SP; BP
BETIMOL OPHTHALMIC SOLUTION 0.25 %	3				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PHOSPHOLINE IODIDE	2		cyclopentolate hcl ophthalmic solution 1 %	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1		cyclosporine ophthalmic	1	
RHOPRESSA	2		CYSTADROPS	2	SP
ROCKLATAN	2	ST	CYSTARAN	2	SP
SIMBRINZA	3		MIEBO	2	
timolol hemihydrate	1		neomycin-bacitracin zn-polymyx	1	
timolol maleate (once-daily)	1		neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
timolol maleate ophthalmic solution	1		NEO-POLYCIN	3	BP
travoprost (bak free)	1		OXERVATE	3	PA; SP; QL
VURITY	3		phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
XALATAN	3	BP	POLYCIN	3	BP
XELPROS	2		polymyxin b-trimethoprim	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			RESTASIS	3	BP; QL
altafrin ophthalmic solution 10 %, 2.5 %	1		RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
atropine sulfate ophthalmic solution 1 %	1		sulfacetamide-prednisolone ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1		TYRVAYA	3	QL
bacitra-neomycin-polymyxin-hc	1		VERKAZIA	3	
CEQUA	3	QL	IIDRA	2	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3		ZYLET	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP	Otic Agents - Drugs for Ear Conditions		
			acetic acid otic	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ciprofloxacin hcl solution 0.2 % otic	1		fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
ciprofloxacin-dexamethasone	1		guaifenesin-codeine oral solution	1	AL; QL
CORTISPORIN-TC	3		HYCODAN ORAL SOLUTION	3	AL; BP; QL
DERMOTIC	3	BP	HYCODAN ORAL TABLET	3	AL; BP; QL
flac	1		hydrocod poli-chlorphe poli er	1	AL; QL
fluocinolone acetonide otic	1		hydrocodone bit-homatrop mbr	1	AL; QL
hydrocortisone-acetic acid	1		hydromet oral solution	1	AL; QL
neomycin-polymyxin-hc otic	1		HYPERSAL	3	
ofloxacin otic	1		ipratropium bromide nasal	1	
PRAMOTIC	3		levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			maxi-tuss ac	1	AL; QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1		mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL
benzonatate	1		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
bromphen-pseudoeph-dm	1		NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
carbinoxamine maleate oral solution	1		promethazine vc	1	
carbinoxamine maleate oral tablet 4 mg	1		promethazine-codeine oral solution	1	AL; QL
cetirizine hcl oral solution	1		promethazine-dm oral syrup	1	
clemastine fumarate oral tablet 2.68 mg	1				
cyproheptadine hcl oral	1				
flunisolide nasal solution 25 mcg/act (0.025%)	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
promethazine-phenylephrine	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Ventolin brand alternative ; PV; QL
PULMOSAL	2		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
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1		albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV
sodium chloride nebulization solution 7 % inhalation	1		albuterol sulfate oral syrup 2 mg/5ml	1	PV
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			albuterol sulfate oral tablet	1	PV
ACCOLATE	3	PV; BP	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
acetylcysteine inhalation	1		arformoterol tartrate	1	PV; QL
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	PV; BP; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 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
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	breyna	1	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BROVANA	3	PV; BP; QL
ASMANEX HFA	2	PV; QL	budesonide inhalation	1	PV; QL
ATROVENT HFA	2	PV; QL	budesonide-formoterol fumarate	1	PV; QL
BEVESPI AEROSPHERE	3	PV; QL	COMBIVENT RESPIMAT	2	PV; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	cromolyn sodium inhalation	1	PV
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	DALIRESP	3	PV; BP
			elixophyllin	1	PV
			epinephrine injection solution auto-injector	1	QL
			EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	BP; QL
			EPIPEN JR 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	BP; QL
			ESBRIET	3	PA; SP; BP; QL
			FASENRA PEN SOLUTION AUTO- INJECTOR 30 MG/ML SUBCUTANEOUS	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FLUTICASONE PROPIONATE DISKUS	2	PV	NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; SP; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	OFEV	2	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	PERFOROMIST	3	PV; BP; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	pirfenidone	1	PA; SP; QL
ipratropium bromide inhalation	1	PV	PROAIR RESPICLICK	3	PV; QL
ipratropium-albuterol	1	PV	PULMICORT FLEXHALER	2	PV; QL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV	PULMICORT SUSPENSION	3	PV; BP; QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL	QVAR REDIHALER	2	PV; QL
montelukast sodium oral	1	PV	roflumilast	1	PV
			SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
			SINGULAIR	3	PV; BP
			SPIRIVA HANDIHALER	3	PV; BP; QL
			SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
			SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL	TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	3	PV; QL
STRIVERDI RESPIMAT	3	PV; QL	VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; BP; QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL	wixela inhlu inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL	XOPENEX HFA	3	PV; QL
terbutaline sulfate oral	1	PV	YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; SP; QL	zafirlukast	1	PV
THEO-24	3	PV	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
theophylline elixir 80 mg/15ml oral	1	PV	BETHKIS	3	SP; BP; QL
theophylline er	1	PV	BRONCHITOL	2	QL
theophylline solution 80 mg/15ml oral	1	PV	BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	2	QL
tiotropium bromide monohydrate	1	PV; QL	CAYSTON	2	SP
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL	KALYDECO	2	PA; SP; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL	KITABIS PAK (W/ NEBULIZER)	2	SP; QL
			ORKAMBI	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	SP	OPSUMIT	2	PA; SP; QL
SYMDEKO	2	PA; SP; QL	ORENITRAM	2	PA; SP
TOBI NEBULIZER	3	SP; BP; QL	ORENITRAM MONTH 1	2	PA; SP
TOBI PODHALER	2	SP; QL	ORENITRAM MONTH 2	2	PA; SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	SP; QL	ORENITRAM MONTH 3	2	PA; SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP; QL	REVATIO ORAL TABLET	3	PA; SP; BP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	2	SP; QL	sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
TRIKAFTA	2	PA; SP; QL	sildenafil citrate tablet 20 mg oral	1	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			tadalafil (pah)	1	PA; SP; QL
ADCIRCA	3	PA; SP; BP; QL	TADLIQ	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL	TRACLEER 62.5 MG, 125 MG	3	PA; SP; BP; QL
alyq	1	PA; SP; QL	TRACLEER 32 MG	2	PA; SP; QL
ambrisentan	1	PA; SP; QL	TYVASO	2	PA; SP
bosentan	1	PA; SP; QL	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP; QL
LETAIRIS	3	PA; SP; BP; QL	TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	2	PA; SP; QL
			TYVASO REFILL KIT	2	PA; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TYVASO STARTER KIT	2	PA; SP	armodafinil	1	QL
UPTRAVI ORAL	2	PA; SP; QL	BELSOMRA	2	ST; QL
UPTRAVI TITRATION	2	PA; SP; QL	doxepin hcl oral tablet	1	QL
VENTAVIS	2	PA; SP; QL	eszopiclone	1	QL
WINREVAIR	3	PA; SP; QL	flurazepam hcl	1	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm			HETLIOZ	3	PA; SP; BP; QL
baclofen oral tablet	1		HETLIOZ LQ	3	PA; SP; QL
carisoprodol oral	1		LUNESTA	3	BP; QL
chlorzoxazone oral tablet 500 mg	1		modafinil oral	1	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1		NUVIGIL	3	BP; QL
DANTRIUM ORAL CAPSULE 25 MG	3	BP	PROVIGIL	3	BP; QL
dantrolene sodium oral	1		ramelteon	1	
metaxalone oral tablet 640 mg, 800 mg	1		RESTORIL	3	BP
methocarbamol oral	1		ROZEREM	3	BP
orphenadrine citrate er	1		SILENOR	3	BP; QL
SOMA	3	BP	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	2	PA; SP; QL
TANLOR	3	BP	SUNOSI TABLET 150 MG ORAL	2	PA; QL
tizanidine hcl oral	1		SUNOSI TABLET 75 MG ORAL	2	PA; QL
ZANAFLEX ORAL TABLET	3	BP	tasimelteon	1	PA; SP; QL
Sleep Disorder Agents			temazepam	1	
AMBIEN	3	BP; QL	WAKIX	2	PA; SP; QL
AMBIEN CR	3	BP; QL	XYREM	2	PA; SP; QL
			XYWAV	2	PA; SP; QL
			zaleplon	1	QL
			zolpidem tartrate er	1	QL

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Drug Name	Drug Tier	Limits/ Required
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sulfatrim pediatric	12	TALTZ	THIOLA EC	58
sulfurated lime	27	TALZENNA	thioridazine hcl	29
sulindac	9	TAMIFLU	thiothixene	29
sumatriptan	21	tamoxifen citrate	THREONINE	53
sumatriptan succinate	21	tamsulosin hcl	thyroid	66
sumatriptan succinate refill subcutaneous solution cartridge	21	TANLOR	tiadylt er	39
sunitinib malate	25	TARCEVA	tiagabine hcl	15
SUNLENCA	32	TARGETIN	TIAZAC	39
SUNOSI	82	tarina 24 fe	TIBSOVO	25
		tarina fe 1/20 eq	TIKOSYN	39
		TASCENO ODT	tilia fe	65
		TASIGNA	timolol hemihydrate	75
		tasimelteon	timolol maleate	39, 75
		TAURINE	timolol maleate (once-daily)	75
		TAVALISSE	tinidazole	12
		TAVNEOS	tiopronin	58
		taysofy		
		TAYTULLA		
		tazarotene		

tiotropium bromide monohydrate	80	TRESIBA	51	TUDORZA PRESSAIR	80
TIROSINT	66	TRESIBA FLEXTOUCH	51	TUKYSA	25
TIROSINT-SOL	66	tretinoin	25, 48	TURALIO	25
TIVICAY	32	TREXALL	69	turqoz	65
TIVICAY PD	32	triamcinolone acetonide	44, 48	TWIRLA	65
tizanidine hcl	82	triamterene	39	TYBOST	32
TOBI NEBULIZER	81	triamterene-hctz	39	TYKERB	25
TOBI PODHALER	81	triazolam	33	TYMLOS	70
TOBRADEX	74	TRIBENZOR	39	TYRVAYA	75
TOBRADEX ST	74	TRICOR	39	TYVASO	81
tobramycin	74, 81	TRIDACAINE II	9	TYVASO DPI	
TOBRAMYCIN	81	TRIDACAINE III	9	MAINTENANCE KIT	81
tobramycin-dexamethasone	74	triderm	48	TYVASO DPI	
TOBREX	74	trientine hcl	53	TITRATION KIT	81
TODAY SPONGE	72	tri-estarrylla	65	TYVASO REFILL KIT	81
TOLAK	48	trifluoperazine hcl	29	TYVASO STARTER KIT	82
TOLNAFTATE	20	trifluridine	74	UBRELVY	21
tolterodine tartrate	58	TRIJARDY XR	49	UCERIS	70
tolterodine tartrate er	58	TRIKAFTA	81	UDENYCA	33, 34
tolvaptan	53	tri-legest fe	65	UDENYCA ONBODY	33
TOPAMAX	15	TRILEPTAL	15	ULORIC	20
TOPAMAX SPRINKLE	15	tri-linyah	65	unithroid	66
TOPICORT	48	TRILIPIX	39	UPNEEQ	74
TOPICORT SPRAY	48	tri-lo-estarrylla	65	UPTRAVI	82
topiramate	15	tri-lo-marzia	65	UPTRAVI TITRATION	82
topiramate er	15	tri-lo-mili	65	urea	48
TOPROL XL	39	tri-lo-sprintec	65	UROCIT-K 10	53
toremifene citrate	25	trimethobenzamide hcl	19	UROCIT-K 15	53
torpenz	25	trimethoprim	12	UROXATRAL	58
torsemide	39	tri-mili	65	URSO FORTE	56
TOUJEO MAX SOLOSTAR	51	trimipramine maleate	17	ursodiol	56
TOUJEO SOLOSTAR	51	TRINTELLIX	17, 18	VAGIFEM	65
TRACLEER	81	tri-sprintec	65	valacyclovir hcl	32
tramadol hcl (er biphasic)	7	TRIUMEQ	32	VALCHLOR	25
tramadol hcl er	7	TRIUMEQ PD	32	VALCYTE	32
tramadol hcl ir	7	tri-vite/fluoride	53	valganciclovir hcl	32
tramadol-acetaminophen	7	trivora (28)	65	VALINE	53
trandolapril	39	tri-vylibra	65	VALIUM	33
trandolapril-verapamil hcl er	39	tri-vylibra lo	65	valproic acid	15
tranexamic acid	33	TROKENDI XR	15	valsartan	39
tranylcyprromine sulfate	17	trospium chloride	58	valsartan-hydrochlorothiazide	39
travoprost (bak free)	75	trospium chloride er	58	VALTOCO 10 MG DOSE	15
trazodone hcl	17	TRUE COVER	72	VALTOCO 15 MG DOSE	15
TRECATOR	21	true laxative	56	VALTOCO 20 MG DOSE	15
TRELEGY ELLIPTA	80	TRULANCE	56	VALTOCO 5 MG DOSE	15
TREMFYA	69	TRULICITY	49	VALTREX	32
		TRUQAP	25	valtya 1/50	65
		TRUVADA	32	VANCOCIN	12
				vancomycin hcl	12

VANDAZOLE	12	VIJOICE	26	XALKORI	26
VANFLYTA	25	vilazodone hcl	18	XANAX	33
VANOS	48	VIMPAT	16	XANAX XR	33
varenicline tartrate	10	VIOKACE	57	xarah fe	65
varenicline tartrate		viorele	65	XARELTO	13
(starter)	10	VIRACEPT	32	XARELTO STARTER	
varenicline		VIRAZOLE	32	PACK	13
tartrate(continue)	10	VIREAD	32	XCOPRI	16
VARIZIG	69	VISTOGARD	72	XDEMVY	74
VASCEPA	39	VIVELLE-DOT	65	XELJANZ	69
VASERETIC	39	VIVJOA	20	XELJANZ XR	69
VASOTEC	39	VIZIMPRO	26	XELODA	26
VCF VAGINAL		VOGELXO	59	XELPROS	75
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VECAMYL	39	VONJO	26	XERAC AC	48
VECTICAL	48	VORANIGO	26	XERMELO	56
velvet	65	voriconazole	20	XIFAXAN	12
VELPHORO	58	VORTEX VALVE		XIGDUO XR	49
VELSIPITY	69	CHAMBER-PEDI MASK..	72	XiIDRA	75
VELTASSA	53	VORTEX VALVED		XOFLUZA (40 MG	
VEMLIDY	32	HOLDING CHAMBER	72	DOSE)	32
VENCLEXTA	26	VOSEVI	32	XOFLUZA (80 MG	
VENCLEXTA		VOTRIENT	26	DOSE)	32
STARTING PACK	26	VOWST	56	XOLREMDI	34
VENELEX	48	VOXZOGO	57	XOPENEX HFA	80
venlafaxine hcl	18	VOYDEYA	34	XPOVIO (100 MG ONCE	
venlafaxine hcl er	18	VRAYLAR	29	WEEKLY)	26
VENTAVIS	82	VUITY	75	XPOVIO (40 MG ONCE	
VENTOLIN HFA	80	VUMERTY	42	WEEKLY)	26
VENXXIVA	58	vyfemla	65	XPOVIO (40 MG TWICE	
VEOZAH	72	vylibra	65	WEEKLY)	26
verapamil hcl	39	VYNDAMAX	39	XPOVIO (60 MG ONCE	
verapamil hcl er	39	VYNDAQEL	39	WEEKLY)	26
VERELAN	39	VYTORIN	39	XPOVIO (60 MG TWICE	
VERKAZIA	75	VYVANSE	40	WEEKLY)	26
VERQUVO	39	WAINUA	43	XPOVIO (80 MG ONCE	
VERSACLOZ	29	WAKIX	82	WEEKLY)	26
VERZENIO	26	warfarin sodium	13	XPOVIO (80 MG TWICE	
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vestura	65	WELIREG	26	XTANDI	26
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VICTOZA	49	wera	65	XURIDEN	57
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vigabatrin	15	WEZLANA	69	XYWAV	82
VIGADRONE	15	WINREVAIR	82	yargesa	57
VIGAFYDE	15	wixela inhub	80	YASMIN 28	65
VIGAMOX	74	wymzya fe	65	YAZ	65
vigpoder	16	XACIATO	12	YESINTEK	69
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ZITHROMAX TRI-PAK....	13		
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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

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 752-5863 (800) رقم هاتف الصم والبكم: 711

Amharic - ማስታወሻ: ፭፻፯፻፷፻ ቀን አማርኛ ከሆነ የተጠገኗል እናዳታ ዳረሰው ማስታወሻ: ፭፻፯፻፷፻ ቀን አማርኛ ከሆነ የተጠገኗል እናዳታ ዳረሰው፡ በዚ ለያዝዘምት ተዘጋጀት ወደ ማከተለው ቁጥር ደጋጌ (800) 752-5863 (መስማት ለተሳኞች፡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) - XIYYEFFANNAA: 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 - ဖုန်းလိပ်သား:– နမူးကတို့ ကည်း ကျိုးအယို့, နမေနဲ့ ကျိုးအတ်မစေးလာ တလော်ဘူးလာရိစ္စ၊ နိတ်ခံဘုံသူနှင့်လို့။ ကို (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 – ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຂ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແສ່ງຄ່າ, ແມ່ນມີພົອມໃຫ້ທ່ານ.
ໂທ (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 (телефон: 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: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี 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).