Commercial 5 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

HP-6010 2025-10-20

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 4	$	**Generic/Preferred** biosimilar specialty medications	Generic and biosimilar specialty medications typically require additional information from you or your provider to determine coverage. Lower cost options may be available.
Tier 5	$$$$	**Mid-range cost** preferred brand-name specialty medication	Use tier 5 drugs to help reduce your out-of-pocket costs.
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.

PA	**Prior Authorization** – You or your provider must get pre-approval for the medicine with Sanford Health Plan before you can get the prescription filled. NOTE: The Member is ultimately responsible for obtaining pre-approval from the Plan, but your provider may also request approval.
QL	**Quantity Limit / Amount Allowed** – Medication may be limited to a certain quantity.
SP	**Specialty Medication** – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. Specialty medications may also need special handling and/or administration, and may have limited or exclusive product availability and distribution.
ST	**Step Therapy** – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
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.
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.

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	QL
buprenorphine transdermal	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
fentanyl	1	QL
FIORICET ORAL CAPSULE	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml	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
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	BP; QL
levorphanol tartrate oral	1	QL
meperidine hcl oral solution	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution	1	QL
morphine sulfate tablet 15 mg oral	1	QL
morphine sulfate tablet 30 mg oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	BP; QL
NUCYNTA	3	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol hcl oral tablet 25 mg, 75 mg	1	
tramadol-acetaminophen	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	ACA; O
aspirin adult low dose	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec adult low dose	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin low dose tablet chewable 81 mg oral	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet delayed release 325 mg	1	ACA; O
aspirin regimen	1	ACA; O
aspirin tablet chewable 81 mg oral	1	ACA; O
aspirin tablet delayed release 81 mg oral	1	ACA; O
CELEBREX CAPSULE 100 MG ORAL	3	BP
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 200 MG, 50 MG	3	BP
celecoxib capsule 100 mg oral	1	
celecoxib capsule 200 mg oral	1	
celecoxib oral capsule 400 mg, 50 mg	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
etodolac er	1	
etodolac oral	1	
flurbiprofen oral	1	
ft aspirin	1	ACA; O
ft aspirin low dose	1	ACA; O
ft enteric coated aspirin	1	ACA; O
genuine aspirin	1	ACA; O
goodsense aspirin low dose	1	ACA; O
goodsense aspirin oral tablet	1	ACA; O
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	
indomethacin er	1	

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Drug Name	Drug Tier	Limits/ Required
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LODINE	3	BP
LURBIRO	3	BP
mefenamic acid oral	1	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
naproxen oral tablet	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	

Drug Name	Drug Tier	Limits/ Required
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
TRIDACAINE II	3	BP
TRIDACAINE III	3	BP
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; QL
CHANTIX	2	ACA; QL
CHANTIX CONTINUING MONTH PAK	2	ACA; QL

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Drug Name	Drug Tier	Limits/ Required
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK	2	ACA; QL
disulfiram oral	1	
ft naloxone hcl	1	QL
ft nicotine	1	ACA; O; QL
ft nicotine mini	1	ACA; O; QL
goodsense nicotine mouth/throat gum	1	ACA; O; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; QL
goodsense nicotine policrilex	1	ACA; O; QL
habitrol	1	ACA; O; QL
lofexidine hcl	1	QL
LUCEMYRA	3	BP; QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine mini	1	ACA; O; QL
nicotine polacrilex mini	1	ACA; O; QL
nicotine polacrilex mouth/throat	1	ACA; O; QL
nicotine step 1	1	ACA; O; QL
nicotine step 2	1	ACA; O; QL
nicotine step 3	1	ACA; O; QL
nicotine transdermal kit	1	ACA; O; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; QL
NICOTROL NS	2	ACA; QL
REXTOVY	2	QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	ACA; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; QL
varenicline tartrate(continue)	1	ACA; QL
ZUBSOLV	3	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	BP

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Drug Name	Drug Tier	Limits/ Required
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVIDOXY	3	BP
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	

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

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Drug Name	Drug Tier	Limits/ Required
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 400	3	BP
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
fidaxomicin	1	ST; QL
FIRVANQ	3	BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
HUMATIN	2	
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP
MACRODANTIN	3	BP
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	3	BP
moxifloxacin hcl oral	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SILVADENE	3	BP
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	

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Drug Name	Drug Tier	Limits/ Required
VANCOCIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
XACIATO	3	
XIFAXAN TABLET 550 MG ORAL	2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL	3	PA; BP
Anticoagulants		
ARIXTRA	3	BP
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium	1	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX INJECTION	3	BP
rivaroxaban	1	
warfarin sodium oral	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	BP
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO STARTER PACK	2	
XARELTO TABLET 2.5 MG ORAL	3	BP
Anticonvulsants - Drugs for Seizures		
APTIOM	3	BP
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required
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
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	4	PA; SP
diazepam rectal	1	QL
DILANTIN CAPSULE 100 MG ORAL	3	BP
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	4	PA; SP
EPRONTIA	3	BP
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	5	PA; SP; QL
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	BP
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	

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Drug Name	Drug Tier	Limits/ Required
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral solution 500 mg/5ml	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
oxcarbazepine er	1	
OXTELLAR XR	3	BP
perampanel	1	
phenobarbital elixir 20 mg/5ml oral	1	
phenobarbital elixir 30 mg/7.5ml oral	1	
phenobarbital elixir 60 mg/15ml oral	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	5	SP; BP
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	

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Drug Name	Drug Tier	Limits/ Required
valproic acid solution 250 mg/5ml oral	1	
VALTOCO 10 MG DOSE	2	AL; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	2	AL; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	2	AL; QL
VALTOCO 5 MG DOSE	2	AL; QL
vigabatrin	4	SP
VIGADRONE	5	SP; BP
VIGAFYDE	4	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
zonisamide oral	1	
ZTALMY	4	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
memantine hcl-donepezil hcl	1	
NAMENDA TITRATION PAK	3	BP
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	3	BP
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion 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.

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

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

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Drug Name	Drug Tier	Limits/ Required
REMERON SOLTAB	3	BP
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	BP
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD ORAL TABLET	3	ST; BP; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	BP
ZOLOFT ORAL CONCENTRATE	3	BP
ZOLOFT ORAL TABLET 25 MG	3	BP
ZOLOFT TABLET 100 MG ORAL	3	BP
ZOLOFT TABLET 50 MG ORAL	3	BP
ZURZUVAE	3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
COMPRO	3	BP
dronabinol	1	
EMEND BIPACK	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRIPACK	3	BP; QL
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	

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Drug Name	Drug Tier	Limits/ Required
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate tablet 10 mg oral	1	
prochlorperazine maleate tablet 5 mg oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine hcl solution 6.25 mg/5ml oral	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	BP
REGLAN ORAL	3	BP
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
ANCOBON	3	BP
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
clotrimazole mouth/throat troche	1	

Drug Name	Drug Tier	Limits/ Required
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	BP
econazole nitrate external cream	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
klayesta	1	
miconazole 3 vaginal suppository	1	

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Drug Name	Drug Tier	Limits/ Required
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
posaconazole oral	1	
SPORANOX ORAL CAPSULE	3	BP; QL
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
VFEND ORAL SUSPENSION RECONSTITUTED	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP

Drug Name	Drug Tier	Limits/ Required
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
naratriptan hcl	1	QL
QULIPTA	2	ST; QL
RELPAX	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL
zolmitriptan oral	1	QL
ZOMIG ORAL	3	BP; QL
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	3	BP
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
abirtega	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP

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Drug Name	Drug Tier	Limits/ Required
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA
ARIMIDEX	3	BP
AROMASIN	3	BP
AUGTYRO	14	PA; MB; SP; QL
AVMAPKI FAKZYNJA CO-PACK	14	PA; MB; SP; QL
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB
BOSULIF ORAL TABLET	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA ORAL CAPSULE	14	PA; MB; SP; QL
BRUKINSA ORAL TABLET	14	PA; MB

Drug Name	Drug Tier	Limits/ Required
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DANZITEN	14	PA; MB; SP; QL
dasatinib	14	PA; MB; SP
DROXIA	2	
ENSACOVE	14	PA; MB; SP; QL
ERIVEDGE	14	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP
EULEXIN	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	ACA
FARESTON	3	BP
FEMARA	3	BP
FOTIVDA	14	PA; MB; SP; QL
FRUZAQLA	14	PA; MB; SP; QL
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
GOMEKLI	4	PA; SP; QL
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
IBTROZI	14	PA; MB; SP; QL
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate oral	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	5	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	5	PA; SP; QL
IMBRUVICA ORAL TABLET 420 MG	5	PA; SP; QL
IMKELDI	14	PA; MB; QL
INLYTA	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL
INREBIC	14	PA; MB; SP; QL
IRESSA	14	PA; MB; SP; BP
ITOVEBI	14	PA; MB; SP; QL
JAKAFI	5	PA; SP
JAYPIRCA	14	PA; MB; SP; QL
KISQALI (200 MG DOSE)	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KOSELUGO ORAL CAPSULE	4	PA; SP; QL
KRAZATI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP
LAZCLUZE	14	PA; MB; SP; QL
lenalidomide	14	PA; MB; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP
MEKINIST ORAL TABLET	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
mercaptopurine oral	1	
mesna oral	4	SP
MESNEX ORAL	5	SP; BP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
NILOTINIB D-TARTRATE	14	PA; MB; SP; QL
nilotinib hcl	14	PA; MB; SP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
OGSIVEO	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required
OJEMDA ORAL SUSPENSION RECONSTITUTED	14	PA; MB; SP; QL
OJEMDA ORAL TABLET 100 MG	14	PA; MB; SP; QL
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	4	SP
pazopanib hcl	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL
PHYRAGO	14	PA; MB; SP
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	BP
QINLOCK	14	PA; MB; SP; QL
RETEVMO ORAL TABLET	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
REVUFORJ	14	PA; MB; SP; QL
REZLIDHIA	14	PA; MB; SP; QL
ROMVIMZA	14	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SOLTAMOX	3	ACA
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP; BP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP
TAGRISSO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA
TARCEVA ORAL TABLET 100 MG	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	5	SP; BP
TARGRETIN ORAL	14	PA; MB; SP; BP

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Drug Name	Drug Tier	Limits/ Required
TASIGNA	14	PA; MB; SP; BP
TAZVERIK	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL
THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	
torpenz	14	PA; MB; SP
tretinoin oral	14	PA; MB; SP
TRUQAP ORAL TABLET 200 MG	14	PA; MB; SP; QL
TRUQAP ORAL TABLET THERAPY PACK	14	PA; MB; SP; QL
TUKYSA	14	PA; MB; SP; QL
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TYKERB	14	PA; MB; SP; BP
VALCHLOR	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL
VENCLEXTA	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL
VIJOICE	4	PA; SP; QL
VIZIMPRO	14	PA; MB; SP; QL
VONJO	14	PA; MB; SP; QL
VORANIGO	14	PA; MB; SP; QL
VOTRIENT	14	PA; MB; SP; BP
WELIREG	14	PA; MB; SP; QL
XALKORI ORAL CAPSULE	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB
XELODA	14	PA; MB; SP; BP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	14	PA; MB; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
XTANDI	14	PA; MB; SP
YONSA	14	PA; MB; SP; QL
ZEJULA ORAL TABLET	14	PA; MB; SP
ZELBORAF	14	PA; MB; SP
ZOLINZA	14	PA; MB; SP
ZYDELIG	14	PA; MB; SP
ZYKADIA ORAL TABLET	14	PA; MB; SP
ZYTIGA	14	PA; MB; SP; BP
Antiparasitics		
albendazole oral	1	
atovaquone suspension 750 mg/5ml oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
DARAPRIM	5	PA; SP; BP
ELIMITE	3	BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral tablet 3 mg	1	QL
ivermectin oral tablet 6 mg	1	
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
quinine sulfate oral	1	
spinosad	1	
STROMECTOL	3	BP; QL
sulfurated lime	1	

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Drug Name	Drug Tier	Limits/ Required
Antiparkinson Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	SP; BP
apomorphine hcl subcutaneous	4	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
CREXONT	3	ST
entacapone	1	
LODOSYN	3	BP
NEUPRO	3	
ONGENTYS	2	QL
PARLODEL	3	BP
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA ORAL TABLET 60 MG	3	BP
BRILINTA TABLET 90 MG ORAL	3	BP
CABLIVI	4	PA; SP; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
EFFIENT	3	BP

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Drug Name	Drug Tier	Limits/ Required
PLAVIX ORAL TABLET 75 MG	3	BP
prasugrel hcl	1	
TAVALISSE	4	PA; SP; QL
ticagrelor	1	
ZONTIVITY	2	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ORAL TABLET	3	BP; QL
ADASUVE	3	
aripiprazole oral solution	1	
aripiprazole oral tablet 15 mg, 5 mg	1	QL
aripiprazole oral tablet dispersible	1	QL
aripiprazole tablet 10 mg oral	1	QL
aripiprazole tablet 2 mg oral	1	QL
aripiprazole tablet 20 mg oral	1	QL
aripiprazole tablet 30 mg oral	1	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	
clozapine tablet dispersible 100 mg oral	1	
clozapine tablet dispersible 150 mg oral	1	
clozapine tablet dispersible 200 mg oral	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	BP
fluphenazine hcl oral	1	
GEODON ORAL	3	BP
haloperidol lactate concentrate 2 mg/ml oral	1	
haloperidol tablet 0.5 mg oral	1	
haloperidol tablet 1 mg oral	1	
haloperidol tablet 10 mg oral	1	
haloperidol tablet 2 mg oral	1	
haloperidol tablet 20 mg oral	1	
haloperidol tablet 5 mg oral	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	BP
LATUDA	3	ST; BP; QL
loxapine succinate oral	1	
lurasidone hcl	1	ST; QL
molindone hcl	1	
NUPLAZID ORAL CAPSULE	2	ST; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; QL
olanzapine oral	1	
paliperidone er	1	

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

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Drug Name	Drug Tier	Limits/ Required
pimozide	1	
quetiapine fumarate er	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
quetiapine fumarate oral tablet 150 mg	1	
RISPERDAL ORAL SOLUTION	3	BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	BP
risperidone oral solution	1	
risperidone oral tablet 0.25 mg	1	
risperidone oral tablet dispersible	1	
risperidone tablet 0.5 mg oral	1	
risperidone tablet 1 mg oral	1	
risperidone tablet 2 mg oral	1	
risperidone tablet 3 mg oral	1	
risperidone tablet 4 mg oral	1	
RYKINDO	14	MB; QL
SEROQUEL	3	BP; QL
SEROQUEL XR	3	BP; QL
thioridazine hcl oral	1	
thiothixene oral	1	
trifluoperazine hcl oral	1	
VERSACLOZ	3	
VRAYLAR ORAL CAPSULE	2	ST; QL
ziprasidone hcl	1	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	3	BP
Antivirals		
abacavir sulfate	1	QL
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral tablet 800 mg	1	
acyclovir suspension 200 mg/5ml oral	1	
acyclovir tablet 400 mg oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	QL
atazanavir sulfate	1	QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	QL
CIMDUO	2	QL
COMPLERA	3	BP; QL
darunavir	1	QL
DELSTRIGO	2	QL
DESCOVY	2	QL
DOVATO	2	QL
EDURANT	2	QL
EDURANT PED	2	
efavirenz oral tablet	1	QL

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Drug Name	Drug Tier	Limits/ Required
efavirenz-emtricitab-tenofo df	1	QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	QL
emtricitabine	1	QL
emtricitabine-tenofovir df	1	QL
emtricitab-rilpivir-tenofov df	1	QL
EMTRIVA ORAL CAPSULE	3	BP; QL
EMTRIVA ORAL SOLUTION	2	QL
entecavir	1	
EPCLUSA	4	PA; SP; QL
EPIVIR	3	BP; QL
etravirine	1	QL
EVOTAZ	2	QL
famciclovir oral	1	QL
fosamprenavir calcium	1	QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	QL
GENVOYA	2	QL
HARVONI	4	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	BP; QL
INTELENCE ORAL TABLET 25 MG	2	QL
ISENTRESS HD	2	QL
ISENTRESS ORAL PACKET	2	
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
JULUCA	2	QL
KALETRA ORAL SOLUTION	3	QL
KALETRA ORAL TABLET	3	BP; QL
lamivudine oral solution 10 mg/ml	1	QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 300 mg	1	QL
lamivudine tablet 150 mg oral	1	QL
lamivudine-zidovudine	1	QL
LEDIPASVIR-SOFOSBUVIR	4	PA; SP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir oral tablet	1	QL
maraviroc	1	QL
MAVYRET	4	PA; SP; QL
nevirapine	1	QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
ODEFSEY	2	QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP
PIFELTRO	2	QL
PREVYMIS ORAL PACKET	5	SP; QL
PREVYMIS ORAL TABLET	4	SP; QL
PREZCOBIX	2	QL
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	BP; QL
RETROVIR ORAL SYRUP	3	BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	BP; QL
REYATAZ ORAL PACKET	3	
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	QL
RUKOBIA	2	QL
SELZENTRY ORAL SOLUTION	2	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	BP; QL
SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL
STRIBILD	2	QL
SUNLENCA ORAL	2	QL
SYMFI	3	BP; QL
SYMTUZA	2	QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	QL
TIVICAY ORAL TABLET 50 MG	2	QL
TIVICAY PD	2	QL
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL

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Drug Name	Drug Tier	Limits/ Required
TRUVADA	3	BP; QL
TYBOST	3	QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	QL
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VIREAD ORAL TABLET 300 MG	3	BP; QL
VOSEVI	4	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
YEZTUGO ORAL	2	QL
ZIAGEN ORAL SOLUTION	3	BP; QL
zidovudine	1	QL
ZOVIRAX EXTERNAL OINTMENT	3	BP
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam xr	1	
ATIVAN ORAL	3	BP
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
triazolam	1	
VALIUM	3	BP
XANAX	3	BP
XANAX XR	3	BP

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Drug Name	Drug Tier	Limits/ Required
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
lithium solution 8 meq/5ml oral	1	
LITHOBID	3	BP
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	14	MB; SP
ADYNOVATE	14	MB; SP
AFSTYLA	14	MB; SP
AGRYLIN	3	BP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	14	MB; SP
ALPHANINE SD	14	MB; SP
ALPROLIX	14	MB; SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	14	MB; SP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	

Drug Name	Drug Tier	Limits/ Required
BENEFIX INTRAVENOUS KIT	14	MB; SP
ELOCTATE	14	MB; SP
eltrombopag olamine	4	PA; SP; QL
ESPEROCT	14	MB; SP
FABHALTA	5	PA; SP; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	14	MB; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	14	MB; SP
IDELVION	14	MB; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	14	MB; SP
JIVI	14	MB; SP
KOATE	14	MB; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	14	MB; SP
KOGENATE FS	14	MB; SP

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Drug Name	Drug Tier	Limits/ Required
MULPLETA	4	PA; SP; QL
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NOVOEIGHT	14	MB; SP
NOVOSEVEN RT	14	MB; SP
NUWIQ	14	MB; SP
NYVEPRIA	14	MB; SP
OBIZUR	14	MB; SP
PROMACTA	4	PA; SP; BP; QL
PYRUKYND	4	PA; SP; QL
PYRUKYND TAPER PACK	4	PA; SP; QL
REBINYN	14	MB; SP
RECOMBINATE	14	MB; SP
RIXUBIS	14	MB; SP
SEVENFACT	14	MB; SP
STIMUFEND	14	MB; SP
tranexamic acid oral	1	QL
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
VOYDEYA	5	PA; SP; QL
XOLREMDI	5	PA; SP; QL
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	14	MB; SP
XYNTHA SOLOFUSE	14	MB; SP
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	BP
acebutolol hcl oral	1	
ALDACTONE	3	BP
aliskiren fumarate	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	QL
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
ATACAND	3	BP
atenolol oral	1	

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Drug Name	Drug Tier	Limits/ Required
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
ATTRUBY	4	PA; SP; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	BP
AVAPRO ORAL TABLET 150 MG, 300 MG	3	BP
AZOR	3	BP
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	3	BP
BENICAR HCT	3	BP
BETAPACE AF	3	BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	BP
betaxolol hcl oral	1	
BIDIL	3	BP
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX ORAL TABLET 0.5 MG	3	BP
BYSTOLIC	3	BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	BP; QL
CAMZYOS	5	PA; SP; QL
candesartan cilexetil	1	
captopril oral tablet 100 mg, 50 mg	1	
captopril tablet 12.5 mg oral	1	
captopril tablet 25 mg oral	1	
captopril-hydrochlorothiazide	1	
CARDIZEM CD	3	BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	BP
CARDURA	3	BP; QL
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	3	BP
CATAPRES-TTS-2	3	BP
CATAPRES-TTS-3	3	BP
chlorthalidone oral tablet 25 mg, 50 mg	1	
cholestyramine light	1	QL
cholestyramine oral	1	QL
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL GRANULES	3	BP

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Drug Name	Drug Tier	Limits/ Required
COLESTID ORAL TABLET	3	BP
colestipol hcl	1	
COREG	3	BP
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	BP
COZAAR	3	BP
CRESTOR	3	BP; QL
DEMSER	3	BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	BP
digoxin oral	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	3	BP
DIOVAN HCT	3	BP
disopyramide phosphate oral	1	
DIURIL	2	
dofetilide	1	

Drug Name	Drug Tier	Limits/ Required
doxazosin mesylate oral	1	QL
DYRENIUM	3	BP
EDECRIN	3	BP
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL CAPSULE SPRINKLE	3	
ENTRESTO ORAL TABLET	3	BP
eplerenone	1	
ethacrynic acid oral	1	
EXFORGE	3	BP
EXFORGE HCT	3	BP
ezetimibe	1	QL
ezetimibe-simvastatin	1	QL
felodipine er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 48 mg, 54 mg	1	
fenofibrate tablet 145 mg oral	1	
fenofibrate tablet 160 mg oral	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fluvastatin sodium	1	ACA; QL
fluvastatin sodium er	1	ACA; QL

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

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Drug Name	Drug Tier	Limits/ Required
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
HEMANGEOL	4	SP
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	BP
icosapent ethyl	1	
indapamide oral	1	
INDERAL LA	3	BP
INSPRA	3	BP
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	3	BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
ivabradine hcl	1	
KATERZIA	3	AL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	BP
LASIX	3	BP
LESCOL XL	3	BP; QL
LIPITOR	3	BP; QL
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	3	QL
LOPID	3	BP
LOPRESSOR ORAL TABLET	3	BP
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	BP
lovastatin oral	1	ACA; QL
LOVAZA	3	BP
methyldopa oral	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
mexiletine hcl oral	1	
MICARDIS ORAL TABLET 40 MG, 80 MG	3	BP
midodrine hcl	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	

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Drug Name	Drug Tier	Limits/ Required
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 20 mg	1	
nebivolol hcl tablet 10 mg oral	1	
nebivolol hcl tablet 2.5 mg oral	1	
nebivolol hcl tablet 5 mg oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
nifedipine capsule 10 mg oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral capsule 20 mg	1	
nimodipine oral capsule	1	
NITRO-BID	2	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
NITROLINGUAL	3	BP
NITROSTAT	3	BP
NORLIQVA	3	AL
NORPACE	3	BP
NORPACE CR	2	
NORVASC	3	BP
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters capsule 1 gm oral	1	
PACERONE ORAL TABLET 100 MG, 200 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; QL
pravastatin sodium	1	ACA; QL
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	QL
PROCARDIA XL	3	BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	

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Drug Name	Drug Tier	Limits/ Required
propranolol hcl oral solution	1	
propranolol hcl oral tablet 10 mg, 40 mg, 60 mg, 80 mg	1	
propranolol hcl tablet 20 mg oral	1	
QUESTRAN	3	BP; QL
QUESTRAN LIGHT ORAL POWDER	3	BP; QL
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	
ranolazine er	1	
RECTIV	3	BP
REPATHA	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium oral	1	QL
sacubitril-valsartan	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL
simvastatin oral tablet 80 mg	1	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
spironolactone-hctz	1	
TEKTURNA	3	BP
telmisartan	1	
telmisartan-amlodipine	1	
TENORETIC 100	3	BP
TENORETIC 50	3	BP
TENORMIN	3	BP
tiadylt er	1	
TIAZAC	3	BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	
TOPROL XL	3	BP
torsemide oral	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	3	BP
TRICOR	3	BP
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	BP
VASERETIC	3	BP
VASOTEC	3	BP
VECAMYL	3	
verapamil hcl er oral capsule extended release 24 hour	1	

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

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Drug Name	Drug Tier	Limits/ Required
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VERQUVO	3	QL
VYNDAMAX	4	PA; SP; QL
VYNDAQEL	4	PA; SP; QL
VYTORIN	3	BP; QL
WELCHOL ORAL TABLET	3	BP
ZESTORETIC	3	BP
ZESTRIL	3	BP
ZETIA	3	BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	BP; QL
Central Nervous System Agents		
SKYCLARYS	4	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	BP
ADDERALL XR	3	
ADZENYS XR-ODT	3	
AMPHETAMINE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
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	
methylphenidate hcl er (la)	1	

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

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Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
VYVANSE	2	
ZENZEDI	3	BP
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	5	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	5	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	5	PA; SP; BP; QL

Drug Name	Drug Tier	Limits/ Required
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL
fingolimod hcl	4	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP; BP; QL
KESIMPTA	4	PA; SP; QL
MAVENCLAD	4	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL
MAYZENT STARTER PACK	4	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required
PLEGRIDY INTRAMUSCULAR	4	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
TASCENSO ODT	5	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	5	PA; SP; BP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	PA; SP; BP; QL
teriflunomide	4	PA; SP; QL
VUMERITY	4	PA; SP; QL
ZEPOSIA	5	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	5	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	5	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	4	SP; QL
AUSTEDO XR	4	SP; QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	SP; QL
caffeine citrate oral	1	
DAYBUE	4	PA; SP; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
INGREZZA	4	SP; QL

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Drug Name	Drug Tier	Limits/ Required
LYRICA CAPSULE 100 MG ORAL	3	BP; QL
LYRICA CAPSULE 150 MG ORAL	3	BP; QL
LYRICA CAPSULE 50 MG ORAL	3	BP; QL
LYRICA CAPSULE 75 MG ORAL	3	BP; QL
LYRICA ORAL CAPSULE 200 MG, 225 MG, 25 MG, 300 MG	3	BP; QL
LYRICA ORAL SOLUTION	3	BP; QL
NUEDEXTA	3	QL
pregabalin capsule 150 mg oral	1	QL
pregabalin capsule 200 mg oral	1	QL
pregabalin capsule 50 mg oral	1	QL
pregabalin capsule 75 mg oral	1	QL
pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg	1	QL
pregabalin oral solution	1	QL
RADICAVA ORS	4	PA; SP; QL
RADICAVA ORS STARTER KIT	4	PA; SP; QL
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
tetrabenazine	4	SP
WAINUA	4	PA; SP; QL
XENAZINE	5	SP; BP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE DENTAL GEL	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	3	BP
lidocaine viscous hcl	1	

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Drug Name	Drug Tier	Limits/ Required
MI PASTE	2	
MI PASTE PLUS	2	
ORALONE	3	BP
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	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	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ACANYA	3	BP
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	4	PA; SP; QL
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL

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Drug Name	Drug Tier	Limits/ Required
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
ATRALIN	3	AL; BP
azelaic acid external	1	
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	BP
calcitriol external	1	

Drug Name	Drug Tier	Limits/ Required
CIBINQO	4	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate e	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	

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Drug Name	Drug Tier	Limits/ Required
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clodan external shampoo	1	
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	BP
dapsone external gel 5 %	1	
DERMA-SMOOTHE/FS BODY	3	BP
DERMA-SMOOTHE/FS SCALP	3	BP
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
DRYSOL	2	
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; SP; QL
EBGLYSS	4	PA; SP; QL
ELIDEL	3	BP
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
ery pad 2%	1	
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FILSUVEZ	5	PA; SP
FINACEA EXTERNAL FOAM	3	

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Drug Name	Drug Tier	Limits/ Required
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
lactic acid e	1	
LEQSELVI	5	PA; SP; QL
LEXETTE	3	BP
LITFULO	5	PA; SP; QL
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEMLUVIO	4	PA; SP; QL
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
pimecrolimus	1	
podofilox external	1	

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Drug Name	Drug Tier	Limits/ Required
PRAMOSONE EXTERNAL LOTION	2	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
RETIN-A	3	AL; BP
SANTYL	3	
selenium sulfide external lotion	1	
SOOLANTRA	3	BP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur external suspension 9-4.25 %	1	
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
SYNALAR EXTERNAL CREAM	3	BP
SYNALAR EXTERNAL OINTMENT	3	BP
tacrolimus external ointment	1	
tazarotene external cream 0.1 %	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TOLAK	3	
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tretinoin external	1	AL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
urea cream 40 % external	1	
urea cream 41 % external	1	
urea external cream 20 %	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZONALON	3	BP
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	3	ST; QL
ZORYVE EXTERNAL FOAM	3	ST; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	BP
ACTOS	3	BP; QL
CYCLOSET	3	
DUETACT	3	BP
EXENATIDE	2	PA; QL
FARXIGA TABLET 10 MG ORAL	2	QL

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Drug Name	Drug Tier	Limits/ Required
FARXIGA TABLET 5 MG ORAL	2	QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	BP
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI ORAL TABLET 10-5 MG	2	QL
GLYXAMBI TABLET 25-5 MG ORAL	2	QL
JANUMET ORAL TABLET 50-1000 MG	2	QL
JANUMET TABLET 50-500 MG ORAL	2	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL
JANUVIA	2	QL
JARDIANCE TABLET 10 MG ORAL	2	QL
JARDIANCE TABLET 25 MG ORAL	2	QL
liraglutide	1	PA; QL
metformin hcl er	1	
metformin hcl ir	1	
miglitol	1	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
nateglinide	1	
ONGLYZA ORAL TABLET 5 MG	3	BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RIOMET	3	BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRIJARDY XR	2	QL

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Drug Name	Drug Tier	Limits/ Required
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
VICTOZA	3	PA; BP; QL
XIGDUO XR	2	QL
XULTOPHY	2	QL
Diabetes - Glucose Monitoring		
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR PLUS TEST STRIP	2	QL
CONTOUR TEST STRIPS	2	QL
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit injection solution reconstituted 1 mg	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL
PROGLYCEM	3	BP
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	
FIASP FLEXTOUCH	2	
FIASP INJECTION	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTOUCH	2	
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
LANTUS U-100 VIAL	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	

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Drug Name	Drug Tier	Limits/ Required
NOVOLIN 70/30 RELION	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG U-100 FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG U-100 PENFILL	2	
NOVOLOG RELION INJECTION	2	
NOVOLOG U-100 VIAL INJECTION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
ALANINE	2	
CALCIFOL	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
CALCIUM GLUCONATE	2	
CALCIUM GLUCONATE ANHYDROUS	2	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CARBAGLU ORAL TABLET SOLUBLE	5	SP; BP
carglumic acid oral tablet soluble	4	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	

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Drug Name	Drug Tier	Limits/ Required
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	SP
deferasirox granules	4	SP
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	5	SP; BP
FERRIPROX ORAL SOLUTION	5	SP
folate	1	ACA; O
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	5	SP; BP
JADENU SPRINKLE	5	SP; BP
JYNARQUE	5	PA; SP; BP; QL
KIONEX COMBINATION	2	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	ACA; O
METHIONINE	2	
NEOKE ALCAR	3	

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Drug Name	Drug Tier	Limits/ Required
NEONATAL PRENATAL	2	ACA; O
ONE VITE WOMENS	2	ACA; O
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O
prenatal oral tablet 27-0.8 mg	1	ACA; O
prenatal vitamins oral tablet 27-0.8 mg	1	ACA; O
SAMSCA	5	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	

Drug Name	Drug Tier	Limits/ Required
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF)	2	
sterile water for irrigation solution irrigation	1	
SYPRINE	5	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan oral tablet 15 mg, 30 mg	4	PA; SP; QL
tolvaptan oral tablet therapy pack	4	PA; SP; QL
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	1	
tri-vite/fluoride oral solution 0.5 mg/ml	1	ACA
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
VALINE	2	

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

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Drug Name	Drug Tier	Limits/ Required
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
wes-phos 250 neutral	1	
yl folic acid	1	ACA; O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	BP; QL
CARAFATE	3	BP
cimetidine hcl solution 300 mg/5ml oral	1	
cimetidine oral	1	
CYTOTEC	3	BP
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	QL
esomeprazole magnesium oral packet	1	AL; QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 40 mg	1	
famotidine tablet 20 mg oral (rx)	1	
lansoprazole capsule delayed release 15 mg oral (rx)	1	QL
lansoprazole oral capsule delayed release 30 mg	1	QL
misoprostol oral tablet 100 mcg	1	
misoprostol tablet 200 mcg oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	BP; QL
NEXIUM ORAL PACKET	3	AL; BP; QL
nizatidine oral capsule	1	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate oral capsule	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
PEPCID ORAL TABLET	3	BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	BP; QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
sucralfate suspension 1 gm/10ml oral	1	

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Drug Name	Drug Tier	Limits/ Required
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
BISACODYL	2	
bisacodyl ec	1	ACA; O
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	
constulose	1	
cromolyn sodium oral	1	
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	
enulose	1	
ft clearlax	1	ACA; O
ft laxative	1	ACA; O
ft magnesium citrate	1	ACA; O
GASTROCROM	3	BP
GATTEX	4	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-n with flavor pack	1	ACA
generlac	1	
gentle laxative oral tablet delayed release	1	ACA; O
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	BP
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	

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Drug Name	Drug Tier	Limits/ Required
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY	3	ST; BP; QL
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	BP
MYTESI	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350 oral powder	1	ACA; O
peg 3350-kcl-na bicarb-nacl	1	ACA
peg-3350/electrolytes	1	ACA
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	
polyethylene glycol 3350 oral powder	1	ACA; O
prucalopride succinate	1	ST; QL
RESTORA RX	3	
REZDIFFRA	3	PA; QL
smooth lax oral powder	1	ACA; O
SUPREP BOWEL PREP KIT	3	BP
SUTAB	3	
SYMPROIC	2	QL
true laxative	1	ACA; O
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO FORTE	3	BP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOWST	3	PA; QL
XERMELO	5	PA; SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	5	SP; BP
BUPHENYL ORAL TABLET	5	SP; BP
CERDELGA	4	PA; SP
CHOLBAM	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required
CREON	2	
CYSTADANE	5	SP; BP
CYSTAGON	4	SP
EVRYSDI	4	PA; SP; QL
GALAFOLD	4	PA; SP; QL
IMCIVREE	5	PA; SP; QL
JAVYGTOR	5	PA; SP; BP
KUVAN ORAL PACKET	5	PA; SP; BP
KUVAN ORAL TABLET	5	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	4	PA; SP
nitisinone	4	SP
NITYR	4	SP
OLPRUVA (2 GM DOSE)	4	SP; QL
OLPRUVA (3 GM DOSE)	4	SP; QL
OLPRUVA (4 GM DOSE)	4	SP; QL
OLPRUVA (5 GM DOSE)	4	SP; QL
OLPRUVA (6 GM DOSE)	4	SP; QL
OLPRUVA (6.67 GM DOSE)	4	SP; QL
OPFOLDA	5	PA; SP; QL
ORFADIN ORAL CAPSULE	5	SP; BP
ORFADIN ORAL SUSPENSION	4	SP
PALYNZIQ	4	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
PHEBURANE	4	PA; SP
RAVICTI	4	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	4	PA; SP
SUCRAID	4	PA; SP
VIOKACE	3	ST
VOXZOGO	5	PA; SP; QL
XURIDEN	5	SP
yargesa	4	PA; SP
ZAVESCA	5	PA; SP; BP
zelvysia	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CUPRIMINE ORAL CAPSULE 250 MG	5	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	5	SP; BP
DETROL ORAL TABLET 2 MG	3	BP
ELMIRON	2	
FERRIC CITRATE ORAL	3	
FILSPARI	5	PA; SP; QL
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
INTRAROSA	3	QL
LITHOSTAT	3	
mirabegron er	1	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; BP
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	ST; BP
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride solution 5 mg/5ml oral	1	
penicillamine oral	4	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
RIVFLOZA	5	PA; SP; QL
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
THIOLA	5	SP; BP
THIOLA EC	5	SP; BP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	

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Drug Name	Drug Tier	Limits/ Required
trospium chloride er	1	
VANRAFIA	5	PA; SP; QL
VELPHORO	3	QL
VENXXIVA	5	SP; BP
VESICARE	3	BP
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	BP
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
CORTEF	3	BP
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
PEDIAPRED	3	BP
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	
prednisolone sodium phosphate solution 5 mg/5ml oral	1	
prednisolone solution 15 mg/5ml oral	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
METHITEST	2	

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Drug Name	Drug Tier	Limits/ Required
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
Hormonal Agents - Pituitary		
ACTHAR	5	PA; SP
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	5	PA; SP
cabergoline	1	QL
CORTROPHIN	5	PA; SP
CORTROPHIN GEL	5	PA; SP
CRENESSITY	5	PA; SP; QL
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	5	PA; SP; QL
INCRELEX	4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; QL
NGENLA	5	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
octreotide acetate subcutaneous	4	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
ORILISSA	2	PA; QL
RECORLEV	5	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	SP; BP
SIGNIFOR	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required
SKYTROFA	5	PA; SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	5	PA; SP; BP
mifepristone oral tablet 300 mg	4	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	BP
OSPHENA	3	
raloxifene hcl	1	ACA
Hormonal Agents - Sex Hormones and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA ORAL TABLET 1-0.5 MG	3	BP
afirmelle	1	ACA
aftera	1	ACA; O
AFTERPILL	3	ACA; O
altavera	1	ACA
alyacen 1/35	1	ACA
alyacen 7/7/7	1	ACA
amethyst	1	ACA
ANNOVERA	3	ACA; QL
apri	1	ACA
aranelle	1	ACA
ashlyna	1	ACA
aubra eq	1	ACA
aurovela 1.5/30	1	ACA
aurovela 1/20	1	ACA
aurovela 24 fe	1	ACA
aurovela fe 1.5/30	1	ACA
aurovela fe 1/20	1	ACA
AVERI	3	ACA
aviane	1	ACA
ayuna	1	ACA
azurette	1	ACA
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	ACA; BP
balziva	1	ACA
BEYAZ	3	ACA; BP
blisovi 24 fe	1	ACA
blisovi fe 1.5/30	1	ACA
blisovi fe 1/20	1	ACA
briellyn	1	ACA
camila	1	ACA
camrese	1	ACA
camrese lo	1	ACA
charlotte 24 fe	1	ACA
chateal eq	1	ACA
CLIMARA	3	BP; QL
COMBIPATCH	2	QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA
cyred eq	1	ACA
dasetta 1/35 (28)	1	ACA
dasetta 7/7/7	1	ACA
daysee	1	ACA
deblitane	1	ACA

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Drug Name	Drug Tier	Limits/ Required
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	BP
delyla	1	ACA
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA
DIVIGEL	3	BP
dolishale	1	ACA
dotti	1	QL
drospiren-eth estrad-levomefol	1	ACA
drospirenone-ethinyl estradiol	1	ACA
DUAVEE	3	
econtra one-step	1	ACA; O
ELESTRIN	3	
elinest	1	ACA
ELLA	2	ACA
eluryng	1	ACA; QL
emzahh	1	ACA
ENDOMETRIN	3	BP
enilloring	1	ACA; QL
enpresse-28	1	ACA
enskyce oral tablet 0.15-30 mg-mcg	1	ACA
errin	1	ACA
estarylla	1	ACA
ESTRACE VAGINAL CREAM 0.01 %	3	BP
estradiol oral	1	
estradiol transdermal gel	1	
estradiol transdermal patch twice weekly	1	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	BP
ethynodiol diac-eth estradiol	1	ACA
etonogestrel-ethinyl estradiol	1	ACA; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	
falmina	1	ACA
feirza 1.5/30	1	ACA
feirza 1/20	1	ACA

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Drug Name	Drug Tier	Limits/ Required
FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL	2	ACA
FEMRING	2	QL
finzala	1	ACA
fyavolv	1	
galbriela	1	ACA
gallifrey	1	
gemmily	1	ACA
hailey 1.5/30	1	ACA
hailey 24 fe	1	ACA
hailey fe 1.5/30	1	ACA
hailey fe 1/20	1	ACA
haloette	1	ACA; QL
heather	1	ACA
her style	1	ACA; O
iclevia	1	ACA
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA
introvale	1	ACA
isibloom	1	ACA
jaimiess	1	ACA
jasmiel	1	ACA
jencycla	1	ACA
jinteli	1	
jolessa	1	ACA
joyeaux	1	ACA
juleber	1	ACA
junel 1.5/30	1	ACA
junel 1/20	1	ACA
junel fe 1.5/30	1	ACA
junel fe 1/20	1	ACA
junel fe 24	1	ACA
kaitlib fe	1	ACA
kalliga	1	ACA
kariva	1	ACA
kelnor 1/35	1	ACA
kurvelo	1	ACA
larin 1.5/30	1	ACA
larin 1/20	1	ACA
larin 24 fe	1	ACA
larin fe 1.5/30	1	ACA
larin fe 1/20	1	ACA
leena	1	ACA
lessina	1	ACA
levonest	1	ACA
levonorgest-eth est & eth est	1	ACA
levonorgest-eth estrad 91-day	1	ACA
levonorgest-eth estradiol-iron	1	ACA
levonorgestrel oral tablet 1.5 mg	1	ACA; O
levonorgestrel-ethinyl estrad	1	ACA
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA
levora 0.15/30 (28)	1	ACA
LO LOESTRIN FE	3	ACA
LOESTRIN 1.5/30 (21)	3	ACA; BP
LOESTRIN 1/20 (21)	3	ACA; BP
LOESTRIN FE 1.5/30	3	ACA; BP
LOESTRIN FE 1/20	3	ACA; BP
lojaimiess	1	ACA

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Drug Name	Drug Tier	Limits/ Required
loryna	1	ACA
low-ogestrel	1	ACA
lo-zumandimine	1	ACA
luizza 1.5/30	1	ACA
luizza 1/20	1	ACA
lutera	1	ACA
lyleq	1	ACA
lyllana	1	QL
lyza	1	ACA
marlissa	1	ACA
medroxyprogesterone acetate intramuscular	1	ACA
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
megestrol acetate suspension 400 mg/10ml oral	1	
meleya	1	ACA
merzee	1	ACA
mibelas 24 fe	1	ACA
microgestin 1.5/30	1	ACA
microgestin 1/20	1	ACA
microgestin fe 1.5/30	1	ACA
microgestin fe 1/20	1	ACA
mili	1	ACA
mimvey	1	
MINIVELLE	3	BP; QL
minzoya	1	ACA
mono-linyah	1	ACA
my choice	1	ACA; O
my way	1	ACA; O
MYFEMBREE	2	PA; QL
NATAZIA	2	ACA
necon 0.5/35 (28)	1	ACA
new day	1	ACA; O
NEXTSTELLIS	3	ACA
nikki	1	ACA
nora-be	1	ACA
norelgestromin-eth estradiol	1	ACA; QL
norethin ace-eth estrad-fe oral capsule	1	ACA
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	1	ACA
norethin ace-eth estrad-fe oral tablet chewable	1	ACA
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	ACA
norethindrone oral	1	ACA
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	1	ACA
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA
norgestimate-ethinyl estradiol triphasic	1	ACA
norlyroc	1	ACA
nortrel 0.5/35 (28)	1	ACA
nortrel 1/35 (21)	1	ACA
nortrel 1/35 (28)	1	ACA
nortrel 7/7/7	1	ACA

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Drug Name	Drug Tier	Limits/ Required
NUVARING	3	ACA; BP; QL
nylia 1/35	1	ACA
nylia 7/7/7	1	ACA
ocella	1	ACA
opcicon one-step	1	ACA; O
option 2	1	ACA; O
ORIAHNN	2	PA; QL
orquidea	1	ACA
philith	1	ACA
pimtrea	1	ACA
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	ACA; O
portia-28	1	ACA
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
progesterone vaginal	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	ACA; O
reclipsen	1	ACA
rivelsa	1	ACA
rosyrah	1	ACA
SAFYRAL	3	ACA; BP
setlakin	1	ACA
sharobel	1	ACA
simliya	1	ACA
simpesse	1	ACA
SLYND TABLET 4 MG ORAL	3	ACA
sprintec 28	1	ACA
sronyx	1	ACA
syeda	1	ACA
take action	1	ACA; O
tarina 24 fe	1	ACA
tarina fe 1/20 eq	1	ACA
taysofy	1	ACA
TAYTULLA	3	ACA; BP
tilia fe	1	ACA
tri-estarylla	1	ACA
tri-legest fe	1	ACA
tri-linyah	1	ACA
tri-lo-estarylla	1	ACA
tri-lo-marzia	1	ACA
tri-lo-mili	1	ACA
tri-lo-sprintec	1	ACA
tri-mili	1	ACA
tri-sprintec	1	ACA
tri-vylibra	1	ACA
tri-vylibra lo	1	ACA
turqoz	1	ACA
TWIRLA	3	ACA; QL
tydemy	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
valtya 1/35	1	ACA
valtya 1/50	1	ACA
velivet	1	ACA
vestura	1	ACA
vienva	1	ACA
viorele	1	ACA

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

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Drug Name	Drug Tier	Limits/ Required
VIVELLE-DOT	3	BP; QL
volnea	1	ACA
vyfemla	1	ACA
vylibra	1	ACA
wera	1	ACA
wymzya fe	1	ACA
xarah fe	1	ACA
xelria fe	1	ACA
xulane	1	ACA; QL
YASMIN 28	3	ACA; BP
YAZ	3	BP
yuvafem	1	
zafemy	1	ACA; QL
zovia 1/35 (28)	1	ACA
zumandimine	1	ACA
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	3	BP
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	2	
SYNTHROID	2	BP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	5	PA; SP; QL
ACTEMRA SUBCUTANEOUS	5	PA; SP; QL
ACTIMMUNE	4	PA; SP
ADALIMUMAB-ADAZ	4	PA; SP; QL
ADALIMUMAB-FKJP (2 PEN)	4	PA; SP; QL
ADALIMUMAB-FKJP (2 SYRINGE)	4	PA; SP; QL
ADALIMUMAB-RYVK (1 PEN)	4	PA; SP; QL
ARAVA	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required
ASTAGRAF XL	3	
AZASAN	3	BP
azathioprine oral	1	
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
BIMZELX	5	PA; SP; QL
CELLCEPT	3	BP
CIMZIA (1 SYRINGE)	4	PA; SP; QL
CIMZIA (2 SYRINGE)	4	PA; SP; QL
CIMZIA-STARTER	4	PA; SP; QL
COSENTYX (300 MG DOSE)	5	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	5	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	5	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; SP; QL
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL
cyclosporine modified	1	
cyclosporine oral capsule	1	
ENBREL MINI	5	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
ENSPRYNG	4	PA; SP; QL
ENTYVIO PEN	5	PA; SP; QL
ENVARSUS XR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; BP
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution	1	
HADLIMA	4	PA; SP; QL
HADLIMA PUSHTOUCH	4	PA; SP; QL
HAEGARDA	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
IMURAN	3	BP
JOENJA	4	PA; SP; QL
KEVZARA	5	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	5	PA; SP; 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	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid oral tablet delayed release 180 mg	1	
mycophenolic acid tablet delayed release 360 mg oral	1	
MYFORTIC	3	BP
MYHIBBIN	2	
NEORAL	3	BP
OLUMIANT	5	PA; SP; QL
OMVOH (300 MG DOSE)	5	PA; SP; QL
OMVOH SUBCUTANEOUS	5	PA; SP; QL
ORENCIA CLICKJECT	5	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
ORLADEYO	5	PA; SP; QL
OTEZLA ORAL TABLET	4	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL
PROGRAF ORAL CAPSULE	3	BP
PROGRAF ORAL PACKET	3	AL
REZUROCK	5	PA; SP; QL
RIDAURA	4	SP
RINVOQ LQ	4	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	BP
SELARSDI SUBCUTANEOUS	4	PA; SP; QL
SILIQ	5	PA; SP; QL
SIMLANDI (1 PEN)	4	PA; SP; QL
SIMLANDI (2 PEN)	4	PA; SP; QL
SIMLANDI (2 SYRINGE)	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
sirolimus oral	1	
SKYRIZI PEN	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS	4	PA; SP; QL
SOTYKTU	5	PA; SP; QL
SPEVIGO SUBCUTANEOUS	5	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; SP; BP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; BP; QL
tacrolimus capsule 0.5 mg oral	1	
tacrolimus capsule 5 mg oral	1	
tacrolimus oral capsule 1 mg	1	
TAKHZYRO	4	PA; SP; QL
TALTZ	5	PA; SP; QL
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
TREMFYA PEN	4	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
TREMFYA-CD/UC INDUCTION	4	PA; SP; QL
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS	5	PA; SP; BP; QL
USTEKINUMAB-AEKN	4	PA; SP; QL
VARIZIG INTRAMUSCULAR SOLUTION	2	
VELSIPITY	5	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	4	PA; SP; QL
WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	4	PA; SP; QL
WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	4	PA; SP; QL
XELJANZ	4	PA; SP; QL
XELJANZ XR	4	PA; SP; QL
YESINTEK SUBCUTANEOUS	4	PA; SP; QL
ZORTRESS	3	BP
ZYMFENTRA (1 PEN)	4	PA; SP; QL
ZYMFENTRA (2 PEN)	4	PA; SP; QL
Inflammatory Bowel Disease Agents		
ANALPRAM HC EXTERNAL CREAM 1-1 %	3	BP
ANALPRAM HC EXTERNAL LOTION	3	
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	

Drug Name	Drug Tier	Limits/ Required
CANASA	3	BP
COLAZAL	3	BP
CORTENEMA	3	BP
CORTIFOAM EXTERNAL	2	
EOHILIA	3	QL
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	
mesalamine rectal	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
PROCTOSOL HC EXTERNAL	3	BP
PROCTOZONE-HC EXTERNAL	3	BP
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
UCERIS RECTAL	3	BP
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
ATELVIA	3	BP
calcitonin (salmon)	1	
FOSAMAX ORAL TABLET 70 MG	3	BP
ibandronate sodium oral	1	
MIACALCIN INJECTION	3	BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	1	
TYMLOS	4	PA; SP; QL
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	

Drug Name	Drug Tier	Limits/ Required
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	14	MB
AQNEURSA	5	PA; SP; QL
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	

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Drug Name	Drug Tier	Limits/ Required
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	5	PA; SP; QL
BYLVAY (PELLETS)	5	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
DUREX TROPICAL	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	BP
FC2 FEMALE CONDOM	3	ACA; O
FLEXICHAMBER	2	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
IWILFIN	14	PA; MB; SP; QL
KERENDIA ORAL TABLET 40 MG	3	PA; QL
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
l-glutamine oral packet	1	
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; SP; QL
METHERGINE ORAL	3	BP
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
MIPLYFFA	5	PA; SP; QL
ODACTRA	3	AL; QL
OMNIPOD 5 DEXCOM INTRO KIT	14	MB; QL
OMNIPOD 5 DEXCOM PODS	14	MB
OMNIPOD 5 DEXCOM PODS	14	MB; QL
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	14	MB
OMNIPOD 5 LIBRE PODS	14	MB
OMNIPOD DASH INTRO KIT	14	MB; QL
OMNIPOD DASH PDM (GEN 4)	14	MB; QL

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Drug Name	Drug Tier	Limits/ Required
OMNIPOD DASH PODS	14	MB; QL
OMNIPOD POD PALS	14	MB
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
PALFORZIA	3	AL
PALFORZIA (1 MG DAILY DOSE)	3	AL
PALFORZIA INITIAL DOSE 1-3YRS	3	AL
PALFORZIA INITIAL DOSE 4-17YRS	3	AL
PHEXXI	3	ACA
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
SOHONOS	5	PA; SP; QL
TAVNEOS	5	PA; SP; QL
TODAY SPONGE	2	ACA; O
TRUE COVER	3	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	4	SP
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
YORVIPATH	5	PA; SP; QL
ZILBRYSQ	5	PA; SP; QL
ZOKINVY	4	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	BP
ACULAR LS	3	BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	

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Drug Name	Drug Tier	Limits/ Required
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
MAXIDEX	2	
MAXITROL OPHTHALMIC OINTMENT	3	BP
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA

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Drug Name	Drug Tier	Limits/ Required
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	BP
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	5	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
ORMALVI	5	SP; BP
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
travoprost (bak free)	1	
VUITY	3	BP
XALATAN	3	BP
XELPROS	2	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic solution 1 %	1	

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Drug Name	Drug Tier	Limits/ Required
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	4	SP
CYSTARAN	4	SP
MIEBO	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
NEO-POLYCIN	3	BP
OXERVATE	5	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
POLYCIN	3	BP
polymyxin b-trimethoprim	1	
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA SOLUTION 5 % OPHTHALMIC	2	QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin hcl solution 0.2 % otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	BP
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	

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Drug Name	Drug Tier	Limits/ Required
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
CARBZAH	3	BP
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet 2.68 mg	1	
CLEMSZA	3	BP
cyproheptadine hcl oral	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
promethazine-codeine oral solution	1	AL; QL
promethazine-dm oral syrup	1	
promethazine-phenylephrine	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
PULMOSAL	2	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
sodium chloride nebulization solution 7 % inhalation	1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	3	BP
acetylcysteine inhalation	1	

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

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Drug Name	Drug Tier	Limits/ Required
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	BP; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral tablet	1	
albuterol sulfate syrup 2 mg/5ml oral	1	

Drug Name	Drug Tier	Limits/ Required
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL
arformoterol tartrate	1	QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	QL
ASMANEX HFA	2	QL

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

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Drug Name	Drug Tier	Limits/ Required
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	QL
breyna	1	QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	QL
BROVANA	3	BP; QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	1	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	1	
DALIRESP	3	BP
elixophyllin	1	
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 ORAL TABLET	5	PA; SP; BP; QL
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA; SP; QL
FLUTICASONE PROPIONATE DISKUS	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
formoterol fumarate inhalation	1	QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	QL
ipratropium bromide inhalation	1	

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Drug Name	Drug Tier	Limits/ Required
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
OFEV	4	PA; SP; QL
PERFOROMIST	3	BP; QL
pirfenidone	4	PA; SP; QL
PROAIR RESPICLICK	3	QL
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	3	BP; QL
QVAR REDIHALER	2	QL
roflumilast	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL
SINGULAIR	3	BP
SPIRIVA HANDIHALER	3	BP; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	QL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL
STRIVERDI RESPIMAT	3	QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	BP; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	BP; QL
terbutaline sulfate oral	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
THEO-24	3	
theophylline elixir 80 mg/15ml oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline solution 80 mg/15ml oral	1	
tiotropium bromide	1	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	3	QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	BP; QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
XOPENEX HFA	3	QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK	4	PA; SP; QL
BETHKIS	5	SP; BP; QL
BRONCHITOL	2	QL
BRONCHITOL TOLERANCE TEST	2	QL
CAYSTON	4	SP
KALYDECO	4	PA; SP; QL
KITABIS PAK (W/ NEBULIZER)	4	SP; QL
ORKAMBI	4	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP
SYMDEKO	4	PA; SP; QL
TOBI NEBULIZER	5	SP; BP; QL
TOBI PODHALER	4	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL

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Drug Name	Drug Tier	Limits/ Required
TRIKAFTA	4	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	5	PA; SP; BP; QL
ADEMPAS	4	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	5	PA; SP; BP; QL
OPSUMIT	4	PA; SP; QL
ORENITRAM	4	PA; SP
ORENITRAM MONTH 1	4	PA; SP
ORENITRAM MONTH 2	4	PA; SP
ORENITRAM MONTH 3	4	PA; SP
REVATIO ORAL TABLET	5	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate tablet 20 mg oral	4	PA; SP; QL
tadalafil (pah)	4	PA; SP; QL
TADLIQ	5	PA; SP; QL
TRACLEER	5	PA; SP; BP; QL
TYVASO	4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; SP; QL
TYVASO REFILL KIT	4	PA; SP
TYVASO STARTER KIT	4	PA; SP
UPTRAVI ORAL	4	PA; SP; QL
UPTRAVI TITRATION	4	PA; SP; QL
VENTAVIS	4	PA; SP; QL
WINREVAIR	5	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
metaxalone oral tablet 640 mg, 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	3	BP
TANLOR	3	BP
tizanidine hcl oral	1	
ZANAFLEX ORAL TABLET	3	BP
Sleep Disorder Agents		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	5	PA; SP; BP; QL
HETLIOZ LQ	5	PA; SP; QL
LUNESTA	3	BP; QL
modafinil oral	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA; SP; QL
SUNOSI TABLET 150 MG ORAL	2	PA; QL
SUNOSI TABLET 75 MG ORAL	2	PA; QL
tasimelteon	4	PA; SP; QL
temazepam	1	
WAKIX	4	PA; SP; QL
XYREM	4	PA; SP; QL
XYWAV	4	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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Created on 10/22/2025

Non-discrimination notice

SANFORD HEALTH PLAN

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

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶችማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ለተሳናቸው:711).

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

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

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

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

Karen – ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤန့်ၣ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး (800) 752-5863 (TTY: 711).

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

Laotian – ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ (800) 752-5863 (TTY: 711).

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

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

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

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

Thai – เรียน: 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).

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