

Commercial 6 Tier (Large Group/Self-funded) Formulary

Optum Rx[®]



**For the most current list of covered medications or if you have questions:
Call Pharmacy Management Team at (855) 305-5062**

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- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

SANFORD[®]
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 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, instead of tier 6, to help reduce your out-of-pocket costs.
Tier 6	\$\$\$\$\$ Highest-cost specialty medications	Many tier 6 drugs have lower cost options in Tier 4 or 5.
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. |
| PV | High-Deductible Health Plan Preventive Medication – Medication not subject to deductible and available at a copay/coinsurance under a high-deductible health plan. |
| 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 (OTC) – 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. |

Commercial 6 Tier (Large Group/Self-funded)

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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 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
ESGIC ORAL TABLET	3	BP

Drug Name	Drug Tier	Limits/ Required
fentanyl	1	QL
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral solution 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	3	BP; QL
levorphanol tartrate oral	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 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	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
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

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
tramadol hcl oral tablet 25 mg, 75 mg	1	
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	O
aspirin adult low dose	1	O
aspirin adult low strength oral tablet delayed release	1	O
aspirin childrens	1	O
aspirin ec adult low dose	1	O
aspirin ec low dose	1	O
aspirin ec low strength	1	O
aspirin low dose oral tablet delayed release	1	O
aspirin low dose tablet chewable 81 mg oral	1	O
aspirin oral tablet 325 mg	1	O
aspirin oral tablet chewable	1	O
aspirin oral tablet delayed release 325 mg, 81 mg	1	O
aspirin regimen	1	O

Drug Name	Drug Tier	Limits/ Required
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	
DAYPRO	3	BP
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
EC-NAPROSYN	3	BP
etodolac er	1	
etodolac oral	1	
flurbiprofen oral	1	
ft aspirin	1	O

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

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Drug Name	Drug Tier	Limits/ Required
ft aspirin low dose	1	O
ft enteric coated aspirin	1	O
genuine aspirin	1	O
goodsense aspirin low dose	1	O
goodsense aspirin oral tablet	1	O
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	
indomethacin er	1	
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	
KIPROFEN	3	BP
LODINE	3	BP
mefenamic acid oral	1	

Drug Name	Drug Tier	Limits/ Required
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	O
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL TABLET 500 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	
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	

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Drug Name	Drug Tier	Limits/ Required
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	PV; QL
disulfiram oral	1	
ft nicotine	1	O; QL
ft nicotine mini	1	O; QL
goodsense nicotine mouth/throat gum	1	O; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	O; QL
habitrol	1	O; QL
lofexidine hcl	1	QL
LUCEMYRA	3	BP; QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL

Drug Name	Drug Tier	Limits/ Required
nicotine mini	1	O; QL
nicotine polacrilex mini	1	O; QL
nicotine polacrilex mouth/throat	1	O; QL
nicotine step 1	1	O; QL
nicotine step 2	1	O; QL
nicotine step 3	1	O; QL
nicotine transdermal kit	1	O; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	O; QL
NICOTROL	2	PV; QL
NICOTROL NS	2	PV; QL
REXTOVY	2	QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	PV; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	PV; QL
varenicline tartrate(continue)	1	PV; 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	

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
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	BP
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	

Drug Name	Drug Tier	Limits/ Required
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefepodoxime 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	
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	

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
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; 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	
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	

Drug Name	Drug Tier	Limits/ Required
erythromycin oral	1	
FIRVANQ	3	BP
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
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
mafenide acetate external	1	
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	

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Drug Name	Drug Tier	Limits/ Required
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	
VANCOCIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
XACIATO	3	
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP

Drug Name	Drug Tier	Limits/ Required
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP
Anticoagulants		
ARIXTRA	3	PV; BP
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium injection solution 300 mg/3ml	1	PV
enoxaparin sodium injection solution prefilled syringe	1	PV
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV

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Drug Name	Drug Tier	Limits/ Required
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
rivaroxaban	1	PV
warfarin sodium oral	1	PV
XARELTO ORAL SUSPENSION RECONSTITUTED	2	PV
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	PV
XARELTO STARTER PACK	2	PV
XARELTO TABLET 2.5 MG ORAL	2	PV
Anticonvulsants - Drugs for Seizures		
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	

Drug Name	Drug Tier	Limits/ Required
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	5	PA; SP
diazepam rectal	1	QL
DILANTIN CAPSULE 100 MG ORAL	3	BP
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
DILANTIN-125	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	5	PA; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
epitol	1		lamotrigine er	1	
EPRONTIA	2		lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
ethosuximide oral	1		lamotrigine oral tablet	1	
felbamate	1		lamotrigine oral tablet chewable	1	
FELBATOL ORAL TABLET	3	BP	lamotrigine oral tablet dispersible	1	
FINTEPLA	6	PA; SP; QL	lamotrigine starter kit-blue	1	
FYCOMPA	3		lamotrigine starter kit-green	1	
gabapentin oral capsule	1		lamotrigine starter kit-orange	1	
gabapentin oral solution 300 mg/6ml	1		levetiracetam er	1	
gabapentin oral tablet 600 mg, 800 mg	1		levetiracetam oral solution 500 mg/5ml	1	
gabapentin solution 250 mg/5ml oral	1		levetiracetam oral tablet	1	
KEPPRA ORAL	3	BP	levetiracetam solution 100 mg/ml oral	1	
KEPPRA XR	3	BP	LIBERVANT	3	AL; QL
lacosamide oral solution 10 mg/ml	1		methsuximide	1	
lacosamide oral tablet	1		MYSOLINE	3	BP
LAMICTAL ODT	3	BP	NAYZILAM	2	AL; QL
LAMICTAL ORAL TABLET	3	BP	NEURONTIN	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP	ONFI ORAL SUSPENSION	3	BP
LAMICTAL STARTER	3	BP	ONFI ORAL TABLET 10 MG, 20 MG	3	BP
LAMICTAL XR ORAL KIT	2		oxcarbazepine	1	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP	oxcarbazepine 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
OXTELLAR XR	3	BP
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	6	SP; BP
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

Drug Name	Drug Tier	Limits/ Required
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO 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	6	SP; BP
VIGAFYDE	5	SP
vigpoder	4	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	QL

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Drug Name	Drug Tier	Limits/ Required
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
zonisamide oral	1	
ZTALMY	5	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

Drug Name	Drug Tier	Limits/ Required
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	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	

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Drug Name	Drug Tier	Limits/ Required
desvenlafaxine succinate er	1	PV
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	PV
EFFEXOR XR	3	PV; BP
escitalopram oxalate oral	1	PV
fluoxetine hcl capsule 10 mg oral	1	PV
fluoxetine hcl oral capsule 20 mg, 40 mg	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluoxetine hcl solution 20 mg/5ml oral	1	PV
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
MARPLAN	3	
mirtazapine oral	1	PV

Drug Name	Drug Tier	Limits/ Required
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL
PAXIL CR	3	PV; BP; QL
PAXIL ORAL TABLET	3	PV; BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP
sertraline hcl oral concentrate	1	PV
sertraline hcl oral tablet	1	PV

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Drug Name	Drug Tier	Limits/ Required
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; 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	PV
venlafaxine hcl er oral capsule extended release 24 hour	1	PV
VIIBRYD ORAL TABLET	3	ST; BP; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
ZURZUVAE	3	PA; QL

Drug Name	Drug Tier	Limits/ Required
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
COMPRO	3	PV; BP
dronabinol	1	
EMEND BIPACK	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRIPACK	3	BP; QL
granisetron hcl oral	1	QL
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	
perphenazine oral	1	PV
prochlorperazine	1	PV

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Drug Name	Drug Tier	Limits/ Required
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
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	

Drug Name	Drug Tier	Limits/ Required
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	BP
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	BP
econazole nitrate external	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	

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Drug Name	Drug Tier	Limits/ Required
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
klayesta	1	
miconazole 3 vaginal suppository	1	
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
posaconazole oral	1	
SPORANOX	3	BP; QL
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
VFEND ORAL SUSPENSION RECONSTITUTED	3	BP

Drug Name	Drug Tier	Limits/ Required
VFEND ORAL TABLET 50 MG	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
Antigout Agents		
allopurinol oral	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
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

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

Drug Name	Drug Tier	Limits/ Required
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

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Drug Name	Drug Tier	Limits/ Required
pyridostigmine bromide er	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	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
ABIRTEGA	14	PA; MB; SP; BP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AUGTYRO	14	PA; MB; SP; QL
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB
BOSULIF ORAL TABLET	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CAPRELSA	14	PA; MB; SP	everolimus oral tablet soluble	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP	exemestane	1	PV
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP	FARESTON	3	PV; BP
COPIKTRA	14	PA; MB; SP; QL	FEMARA	3	PV; BP
COTELLIC	14	PA; MB; SP	FOTIVDA	14	PA; MB; SP; QL
cyclophosphamide oral capsule	14	PA; MB	FRUZAQLA	14	PA; MB; SP; QL
DANZITEN	14	PA; MB; SP; QL	GAVRETO	14	PA; MB; SP; QL
dasatinib	14	PA; MB; SP	gefitinib	14	PA; MB; SP
DROXIA	2		GILOTRIF	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP	GLEEVEC	14	PA; MB; SP; BP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL	HYCAMTIN ORAL	14	PA; MB; SP
erlotinib hcl	14	PA; MB; SP	HYDREA	3	BP
etoposide oral	14	PA; MB; SP	hydroxyurea oral	1	
EULEXIN	14	PA; MB; SP	IBRANCE	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP	ICLUSIG	14	PA; MB; SP
			IDHIFA	14	PA; MB; SP; QL
			imatinib mesylate	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
IMBRUVICA ORAL CAPSULE	6	PA; SP; QL	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
IMBRUVICA ORAL SUSPENSION	6	PA; SP; QL	KOSELUGO	5	PA; SP; QL
IMBRUVICA ORAL TABLET 420 MG	6	PA; SP; QL	KRAZATI	14	PA; MB; SP; QL
IMKELDI	14	PA; MB; QL	lapatinib ditosylate	14	PA; MB; SP
INLYTA	14	PA; MB; SP	LAZCLUZE	14	PA; MB; SP; QL
INQOVI	14	PA; MB; SP; QL	lenalidomide	14	PA; MB; SP
INREBIC	14	PA; MB; SP; QL	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
IRESSA	14	PA; MB; SP; BP	letrozole oral	1	PV
ITOVEBI	14	PA; MB; SP; QL	leucovorin calcium oral	1	
JAKAFI	6	PA; SP	LEUKERAN	14	PA; MB; SP
JAYPIRCA	14	PA; MB; SP; QL	LONSURF	14	PA; MB; SP
KISQALI (200 MG DOSE)	14	PA; MB; SP; QL	LUMAKRAS ORAL TABLET 120 MG, 240 MG	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP	LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL	LYNPARZA ORAL TABLET	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LYSODREN	14	PA; MB; SP	OGSIVEO	14	PA; MB; SP; QL
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL	OJEMDA ORAL SUSPENSION RECONSTITUTED	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL	OJEMDA ORAL TABLET 100 MG	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL	OJJAARA	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP	ONUREG	14	PA; MB; SP; QL
MEKINIST ORAL TABLET	14	PA; MB; SP	ORGOVYX	14	PA; MB; SP; QL
MEKTOVI	14	PA; MB; SP; QL	ORSERDU	14	PA; MB; SP; QL
mercaptapurine oral	1		PANRETIN	5	SP
mesna oral	4	SP	pazopanib hcl	14	PA; MB; SP
MESNEX ORAL	6	SP; BP	PEMAZYRE	14	PA; MB; SP; QL
MYLERAN	14	PA; MB; SP	PIQRAY	14	PA; MB; SP; QL
NERLYNX	14	PA; MB; SP; QL	POMALYST	14	PA; MB; SP
NEXAVAR	14	PA; MB; SP; BP	PURIXAN	3	BP
NILANDRON	14	PA; MB; SP; BP	QINLOCK	14	PA; MB; SP; QL
nilutamide	14	PA; MB; SP	RETEVMO ORAL TABLET	14	PA; MB; SP; QL
NINLARO	14	PA; MB; SP	REVLIMID	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL	REVUFORJ ORAL TABLET 110 MG, 160 MG	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REZLIDHIA	14	PA; MB; SP; QL	TARGRETIN EXTERNAL	6	SP; BP
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL	TARGRETIN ORAL	14	PA; MB; SP; BP
RUBRACA	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
RYDAPT	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
SCSEMBLIX	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SOLTAMOX	3	PV	TEPMETKO	14	PA; MB; SP; QL
sorafenib tosylate	14	PA; MB; SP	THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP; BP	TIBSOVO	14	PA; MB; SP; QL
STIVARGA	14	PA; MB; SP	toremifene citrate	1	PV
sunitinib malate	14	PA; MB; SP	torpenz	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP	tretinoin oral	14	PA; MB; SP
TABLOID	14	PA; MB; SP	TRUQAP ORAL TABLET 200 MG	14	PA; MB; SP; QL
TABRECTA	14	PA; MB; SP; QL	TRUQAP ORAL TABLET THERAPY PACK	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP	TUKYSA	14	PA; MB; SP; QL
TAGRISSO	14	PA; MB; SP; QL	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL	TYKERB	14	PA; MB; SP; BP
tamoxifen citrate oral	1	PV			
TARCEVA ORAL TABLET 100 MG	14	PA; MB; SP; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VALCHLOR	14	PA; MB; SP	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VENCLEXTA	14	PA; MB; SP	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VIJOICE	5	PA; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VORANIGO	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP	ZELBORAF	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZYDELIG	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZYKADIA ORAL TABLET	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP			

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Drug Name	Drug Tier	Limits/ Required
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	
CROTAN	2	
DARAPRIM	6	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

Drug Name	Drug Tier	Limits/ Required
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
spinosad	1	
STROMEKTOL	3	BP; QL
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	6	SP; BP
apomorphine hcl subcutaneous	4	SP
AZILECT	3	BP

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
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

Drug Name	Drug Tier	Limits/ Required
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	5	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ORAL TABLET	3	PV; BP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADASUVE	3	PV	haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg	1	PV
aripiprazole oral solution	1	PV	haloperidol tablet 2 mg oral	1	PV
aripiprazole oral tablet 15 mg, 5 mg	1	PV; QL	INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP
aripiprazole oral tablet dispersible	1	PV; QL	LATUDA	3	ST; PV; BP; QL
aripiprazole tablet 10 mg oral	1	PV; QL	loxapine succinate oral	1	PV
aripiprazole tablet 2 mg oral	1	PV; QL	lurasidone hcl	1	ST; PV; QL
aripiprazole tablet 20 mg oral	1	PV; QL	molindone hcl	1	PV
aripiprazole tablet 30 mg oral	1	PV; QL	NUPLAZID ORAL CAPSULE	2	ST; PV; QL
chlorpromazine hcl oral	1	PV	NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
clozapine oral tablet	1	PV	olanzapine oral	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV	paliperidone er	1	PV
clozapine tablet dispersible 100 mg oral	1	PV	pimozide	1	
clozapine tablet dispersible 150 mg oral	1	PV	quetiapine fumarate er	1	PV; QL
clozapine tablet dispersible 200 mg oral	1	PV	quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	PV; BP	quetiapine fumarate oral tablet 150 mg	1	PV
fluphenazine hcl oral	1	PV	RISPERDAL ORAL SOLUTION	3	PV; BP
GEODON ORAL	3	PV; BP	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV			

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

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Drug Name	Drug Tier	Limits/ Required
risperidone oral solution	1	PV
risperidone oral tablet 0.25 mg	1	PV
risperidone oral tablet dispersible	1	PV
risperidone tablet 0.5 mg oral	1	PV
risperidone tablet 1 mg oral	1	PV
risperidone tablet 2 mg oral	1	PV
risperidone tablet 3 mg oral	1	PV
risperidone tablet 4 mg oral	1	PV
RYKINDO	14	MB; PV; QL
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR ORAL CAPSULE	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL TABLET 20 MG	3	PV; BP
Antivirals		
abacavir sulfate	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 800 mg	1	
acyclovir tablet 400 mg oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz oral tablet	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL

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Drug Name	Drug Tier	Limits/ Required
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	5	PA; SP; QL
EPIVIR	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	5	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL

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

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

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Drug Name	Drug Tier	Limits/ Required
tenofovir disoproxil fumarate	1	PV; QL
TIVICAY ORAL TABLET 50 MG	2	PV; QL
TIVICAY PD	2	PV; QL
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	5	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL

Drug Name	Drug Tier	Limits/ Required
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; 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	

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Drug Name	Drug Tier	Limits/ Required
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
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	PV
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		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	

Drug Name	Drug Tier	Limits/ Required
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
FABHALTA	6	PA; SP; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
MULPLETA	5	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	5	PA; SP; QL
PYRUKYND	5	PA; SP; QL
PYRUKYND TAPER PACK	5	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	5	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP

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Drug Name	Drug Tier	Limits/ Required
VOYDEYA	6	PA; SP; QL
XOLREMDI	6	PA; SP; QL
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	3	PV; BP
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV
amlodipine-valsartan-hctz	1	PV

Drug Name	Drug Tier	Limits/ Required
ATACAND	3	PV; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
atorvastatin calcium oral	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO ORAL TABLET 150 MG, 300 MG	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV; BP
BENICAR HCT	3	PV; BP
BETAPACE AF	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL	colesevelam hcl oral tablet	1	PV
CAMZYOS	6	PA; SP; QL	COLESTID ORAL GRANULES	3	PV; BP
candesartan cilexetil	1	PV	COLESTID ORAL TABLET	3	PV; BP
captopril oral tablet 100 mg, 50 mg	1	PV	colestipol hcl	1	PV
captopril tablet 12.5 mg oral	1	PV	COREG	3	PV; BP
captopril tablet 25 mg oral	1	PV	CORLANOR ORAL SOLUTION	3	
captopril-hydrochlorothiazide	1	PV	CORLANOR ORAL TABLET	3	BP
CARDIZEM CD	3	PV; BP	COZAAR	3	PV; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP	CRESTOR	3	PV; BP; QL
CARDURA	3	PV; BP; QL	DEMSER	3	PV; BP
cartia xt	1	PV	DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
carvedilol	1	PV	digoxin oral	1	PV
CATAPRES-TTS-1	3	PV; BP	diltiazem hcl er beads	1	PV
CATAPRES-TTS-2	3	PV; BP	diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
CATAPRES-TTS-3	3	PV; BP	diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
chlorthalidone oral tablet 25 mg, 50 mg	1	PV	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
cholestyramine light	1	PV; QL	diltiazem hcl oral	1	PV
cholestyramine oral	1	PV; QL			
clonidine	1	PV			
clonidine hcl oral	1	PV			

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Drug Name	Drug Tier	Limits/ Required
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
DYRENIUM	3	PV; BP
EDECRIN	3	PV; BP
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV

Drug Name	Drug Tier	Limits/ Required
fenofibric acid oral capsule delayed release	1	PV
flecainide acetate	1	
fluvastatin sodium	1	PV; QL
fluvastatin sodium er	1	PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl oral	1	PV
HEMANGEOL	5	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INSPRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV

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Drug Name	Drug Tier	Limits/ Required
isosorbide mononitrate er	1	PV
isradipine	1	PV
ivabradine hcl	1	
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LIPITOR	3	PV; BP; QL
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LODOCO	3	QL
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
LOVAZA	3	PV; BP
methyldopa oral	1	PV
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
midodrine hcl	1	
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV

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Drug Name	Drug Tier	Limits/ Required
nifedipine oral capsule 20 mg	1	PV
nimodipine oral capsule	1	PV
NITRO-BID	2	PV
nitroglycerin rectal	1	
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	PV; BP
NORVASC TABLET 10 MG ORAL	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters capsule 1 gm oral	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	

Drug Name	Drug Tier	Limits/ Required
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral solution	1	PV
propranolol hcl oral tablet 10 mg, 40 mg, 60 mg, 80 mg	1	PV
propranolol hcl tablet 20 mg oral	1	PV
QUESTRAN	3	PV; BP; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
quinapril-hydrochlorothiazide	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	BP
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium oral	1	PV; QL
simvastatin oral tablet	1	PV; QL
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
TEKURNA	3	PV; BP
telmisartan	1	PV
telmisartan-amlodipine	1	PV
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadylt er	1	PV
TIAZAC	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
torse mide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	3	PV; BP
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV

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	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	5	PA; SP; QL
VYNDAQEL	5	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
Central Nervous System Agents		
SKYCLARYS	5	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	BP
ADDERALL XR	3	
ADZENYS XR-ODT	3	

Drug Name	Drug Tier	Limits/ Required
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	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	

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Drug Name	Drug Tier	Limits/ Required
METHYLIN ORAL SOLUTION	3	BP
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (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
STRATTERA	3	BP; QL
VYVANSE	2	
ZENZEDI	3	BP

Drug Name	Drug Tier	Limits/ Required
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	6	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	6	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	6	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; SP; QL
BAFIERTAM	5	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	5	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
fingolimod hcl	4	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	5	PA; SP	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	6	PA; SP; BP; QL	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
KESIMPTA	5	PA; SP; QL	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
MAVENCLAD	5	PA; SP; QL	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	5	PA; SP; QL	TASCENSO ODT	6	PA; SP; QL
MAYZENT STARTER PACK	5	PA; SP; QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE	6	PA; SP; BP; QL
MAYZENT TABLET 2 MG ORAL	5	PA; SP; QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	6	PA; SP; BP; QL
PLEGRIDY INTRAMUSCULAR	5	PA; SP; QL			
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL			
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
teriflunomide	4	PA; SP; QL	LYRICA CAPSULE 50 MG ORAL	3	BP; QL
VUMERITY	5	PA; SP; QL	LYRICA ORAL CAPSULE 100 MG, 200 MG, 225 MG, 25 MG, 300 MG, 75 MG	3	BP; QL
ZEPOSIA	6	PA; SP; QL	LYRICA ORAL SOLUTION	3	BP; QL
ZEPOSIA 7-DAY STARTER PACK	6	PA; SP; QL	NUEDEXTA	3	QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	6	PA; SP; QL	pregabalin capsule 150 mg oral	1	QL
Central Nervous System Agents - Miscellaneous			pregabalin capsule 200 mg oral	1	QL
AUSTEDO	5	SP; QL	pregabalin capsule 50 mg oral	1	QL
AUSTEDO XR	5	SP; QL	pregabalin capsule 75 mg oral	1	QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	SP; QL	pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg	1	QL
caffeine citrate oral	1		pregabalin oral solution	1	QL
DAYBUE	5	PA; SP; QL	RADICAVA ORS	5	PA; SP; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3		RADICAVA ORS STARTER KIT	5	PA; SP; QL
IMCIVREE	6	PA; SP; QL	riluzole	1	
INGREZZA	5	SP; QL	SAVELLA	2	ST; QL
LYRICA CAPSULE 150 MG ORAL	3	BP; QL	SAVELLA TITRATION PACK	2	ST; QL
			tetrabenazine	4	SP
			WAINUA	5	PA; SP; QL
			XENAZINE	6	SP; BP

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Drug Name	Drug Tier	Limits/ Required
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
CAPHOSOL 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	

Drug Name	Drug Tier	Limits/ Required
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	3	BP
lidocaine viscous hcl	1	
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	

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Drug Name	Drug Tier	Limits/ Required
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	

Drug Name	Drug Tier	Limits/ Required
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	5	PA; SP; QL
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
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	

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Drug Name	Drug Tier	Limits/ Required
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	
CIBINQO	5	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phosph-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	

Drug Name	Drug Tier	Limits/ Required
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	
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-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/FS SCALP	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
desonide external cream	1		DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL
desonide external lotion	1		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; SP; QL
desonide external ointment	1		EBGLYSS	5	PA; SP; QL
DESOWEN EXTERNAL CREAM	3	BP	ELIDEL	3	BP
desoximetasone external cream 0.25 %	1		EPIDUO	3	BP
desoximetasone external gel	1		EPIDUO FORTE	3	BP
desoximetasone external liquid	1		EPIFOAM	2	
desoximetasone external ointment 0.25 %	1		ery pad 2%	1	
diclofenac sodium gel 3 % external	1		ERYGEL	3	BP
DIFFERIN EXTERNAL CREAM	3	BP	erythromycin external gel	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	BP	erythromycin external solution	1	
DIPROLENE EXTERNAL OINTMENT	3	BP	EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
doxepin hcl external	1		FILSUVEZ	6	PA; SP
DRYSOL	2		FINACEA EXTERNAL FOAM	3	
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	5	PA; SP; QL	fluocinolone acetonide body	1	
			fluocinolone acetonide external	1	
			fluocinolone acetonide scalp	1	

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Drug Name	Drug Tier	Limits/ Required
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	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 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	

Drug Name	Drug Tier	Limits/ Required
HYFTOR	3	PA; QL
imiquimod external cream 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	
lactic acid external lotion	1	
LEXETTE	3	BP
LITFULO	6	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEMLUVIO	6	PA; SP; QL
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	

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Drug Name	Drug Tier	Limits/ Required
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	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

Drug Name	Drug Tier	Limits/ Required
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
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 external cream 20 %	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZONALON	3	BP
ZORYVE	3	ST; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL
ACTOS	3	PV; BP; QL	JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
CYCLOSET	3	PV	JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
DUETACT	3	PV; BP	JANUVIA	2	PV; QL
FARXIGA TABLET 10 MG ORAL	2	PV; QL	JARDIANCE TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL	JARDIANCE TABLET 25 MG ORAL	2	PV; QL
glimepiride	1	PV	liraglutide	1	PV; QL
glipizide er	1	PV	metformin hcl er	1	PV
glipizide oral tablet 10 mg, 5 mg	1	PV	metformin hcl ir	1	PV
glipizide-metformin hcl	1	PV	migliitol	1	PV
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	PV; BP	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PV; QL
glyburide micronized	1	PV	nateglinide	1	PV
glyburide oral	1	PV	ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL
glyburide-metformin	1	PV	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; PV; QL
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL			
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL			
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL			
JANUMET TABLET 50-500 MG ORAL	2	PV; QL			

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Drug Name	Drug Tier	Limits/ Required
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS (FORMULATION R2)	2	PV; QL
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SOLIQUA	2	PV; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRIJARDY XR	2	PV; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
VICTOZA	3	PV; BP; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
Diabetes - Glucose Monitoring		
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
ONETOUCH ULTRA BLUE TEST	2	PV; QL
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH ULTRA TEST STRIPS	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYOPEN 1-PACK	2	QL

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Drug Name	Drug Tier	Limits/ Required
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL
PROGLYCEM	3	BP
Diabetes - Insulins		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
FIASP FLEXTOUCH	2	PV
FIASP INJECTION	2	PV
FIASP PENFILL	2	PV
FIASP PUMPCART	2	PV
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV
INSULIN DEGLUDEC	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV

Drug Name	Drug Tier	Limits/ Required
LANTUS U-100 VIAL	2	PV
NOVOLIN 70/30 FLEXPEN	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV
NOVOLIN 70/30 RELION	2	PV
NOVOLIN 70/30 VIAL	2	PV
NOVOLIN N FLEXPEN	2	PV
NOVOLIN N FLEXPEN RELION	2	PV
NOVOLIN N RELION	2	PV
NOVOLIN N VIAL	2	PV
NOVOLIN R FLEXPEN	2	PV
NOVOLIN R FLEXPEN RELION	2	PV
NOVOLIN R RELION	2	PV
NOVOLIN R VIAL	2	PV
NOVOLOG 70/30 FLEXPEN RELION	2	PV
NOVOLOG FLEXPEN RELION	2	PV
NOVOLOG U-100 FLEXPEN	2	PV
NOVOLOG MIX 70/30 FLEXPEN	2	PV
NOVOLOG MIX 70/30 RELION	2	PV
NOVOLOG MIX 70/30 VIAL	2	PV
NOVOLOG U-100 PENFILL	2	PV

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOVOLOG RELION INJECTION	2	PV	CARBAGLU ORAL TABLET SOLUBLE	6	SP; BP
NOVOLOG U-100 VIAL INJECTION	2	PV	carglumic acid oral tablet soluble	4	SP
TOUJEO MAX SOLOSTAR	2	PV	CARNITOR ORAL	3	BP
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CARNITOR SF	3	BP
TRESIBA	2	PV	CHEMET	2	
TRESIBA FLEXTOUCH	2	PV	CHOLINE BITARTRATE POWDER	2	
Electrolytes / Minerals / Metals / Vitamins			cyanocobalamin injection solution 1000 mcg/ml	1	
ALANINE	2		deferasirox	4	SP
CALCIFOL	2		deferasirox granules	4	SP
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-ALANINE	2	
CALCIUM GLUCONATE	2		DL-LEUCINE	2	
CALCIUM GLUCONATE ANHYDROUS	2		DL-METHIONINE POWDER (RX)	2	
CALCIUM GLUCONATE MONOHYDRATE	2		DL-PHENYLALANINE	2	
CALCIUM LACTATE PENTAHYDRATE	2		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
CALCIUM PHOSPHATE DIBASIC	2		effer-k tablet effervescent 25 meq oral	1	
CALCIUM PHOSPHATE TRIBASIC	2		EXJADE	6	SP; BP
			FERRIPROX ORAL SOLUTION	6	SP
			folate	1	O
			folic acid oral tablet 400 mcg, 800 mcg	1	O

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

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Drug Name	Drug Tier	Limits/ Required
ft folic acid	1	O
ft prenatal	1	O
GALZIN	3	
iodine strong oral	1	
JADENU	6	SP; BP
JADENU SPRINKLE	6	SP; BP
JYNARQUE	6	PA; SP; 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	

Drug Name	Drug Tier	Limits/ Required
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	O
METHIONINE	2	
NEOKE ALCAR	3	
NEONATAL PRENATAL	2	O
ONE VITE WOMENS	2	O
ONE-A-DAY WOMENS PRENATAL 1	2	O
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	

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Drug Name	Drug Tier	Limits/ Required
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	O
prenatal oral tablet 27-0.8 mg	1	O
prenatal vitamins oral tablet 27-0.8 mg	1	O
SAMSCA	6	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA

Drug Name	Drug Tier	Limits/ Required
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	6	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	1	
tri-vite/fluoride oral solution 0.5 mg/ml	1	
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
VALINE	2	
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	O

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Drug Name	Drug Tier	Limits/ Required
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP
cimetidine hcl solution 300 mg/5ml oral	1	PV
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV
famotidine tablet 20 mg oral (rx)	1	PV
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
misoprostol oral tablet 100 mcg	1	PV

Drug Name	Drug Tier	Limits/ Required
misoprostol tablet 200 mcg oral	1	PV
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET	3	PV; AL; BP; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV

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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
ANASPAZ	3	
BISACODYL	2	
bisacodyl ec	1	O
CHENODAL	5	PA; SP
citroma	1	O
clearlax oral powder	1	O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CTEXLI	5	PA; SP
CUVPOSA	3	BP
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose	1	
ft clearlax	1	O

Drug Name	Drug Tier	Limits/ Required
ft laxative	1	O
ft magnesium citrate	1	O
GASTROCROM	3	BP
GATTEX	5	PA; SP
gavilax oral powder	1	O
gavilyte-c	1	PV
gavilyte-g	1	PV
gavilyte-n with flavor pack	1	PV
generlac	1	
gentle laxative oral tablet delayed release	1	O
glycolax	1	O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; 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	

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Drug Name	Drug Tier	Limits/ Required
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 20 gm	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	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	O
MOTEGRITY ORAL TABLET 1 MG	3	ST; BP; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; BP; QL
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP

Drug Name	Drug Tier	Limits/ Required
MYTESI	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350 oral powder	1	O
peg 3350-kcl-na bicarb-nacl	1	PV
peg-3350/electrolytes	1	PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	O
prucalopride succinate	1	ST; QL
RESTORA RX	3	
REZDIFFRA	3	PA; QL
SUPREP BOWEL PREP KIT	3	PV; BP
SUREBIOTIC PROBIOTIC SUPPORT	3	
SUTAB	3	PV
SYMPROIC	2	QL
true laxative	1	O

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Drug Name	Drug Tier	Limits/ Required
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	6	PA; SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	6	SP; BP
BUPHENYL ORAL TABLET	6	SP; BP
CERDELGA	5	PA; SP
CHOLBAM	5	PA; SP
CREON	2	
CYSTADANE	6	SP; BP
CYSTAGON	5	SP
EVRYSDI	5	PA; SP; QL
GALAFOLD	5	PA; SP; QL
JAVYGTOR	6	PA; SP; BP
KUVAN ORAL PACKET	6	PA; SP; BP

Drug Name	Drug Tier	Limits/ Required
KUVAN ORAL TABLET	6	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	5	PA; SP
nitisinone	4	SP
NITYR	5	SP
OLPRUVA (2 GM DOSE)	5	SP; QL
OLPRUVA (3 GM DOSE)	5	SP; QL
OLPRUVA (4 GM DOSE)	5	SP; QL
OLPRUVA (5 GM DOSE)	5	SP; QL
OLPRUVA (6 GM DOSE)	5	SP; QL
OLPRUVA (6.67 GM DOSE)	5	SP; QL
OPFOLDA	6	PA; SP; QL
ORFADIN ORAL CAPSULE	6	SP; BP
ORFADIN ORAL SUSPENSION	5	SP
PALYNZIQ	5	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
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	5	PA; SP
RAVICTI	5	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	5	PA; SP
SUCRAID	5	PA; SP
VIOKACE	3	ST
VOXZOGO	6	PA; SP; QL
XURIDEN	6	SP
yargesa	4	PA; SP
ZAVESCA	6	PA; SP; BP

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	6	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	6	SP; BP
DETROL ORAL TABLET 2 MG	3	BP
ELMIRON	2	
FERRIC CITRATE ORAL	3	

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Drug Name	Drug Tier	Limits/ Required
FILSPARI	6	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 solution	1	
oxybutynin chloride oral tablet	1	
penicillamine oral	4	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
RIVFLOZA	6	PA; SP; QL
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	

Drug Name	Drug Tier	Limits/ Required
THIOLA	6	SP; BP
THIOLA EC	6	SP; BP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VELPHORO	3	QL
VENXXIVA	6	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	PV
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
CORTEF	3	BP

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Drug Name	Drug Tier	Limits/ Required
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	

Drug Name	Drug Tier	Limits/ Required
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	
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

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Drug Name	Drug Tier	Limits/ Required
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
Hormonal Agents - Pituitary		
ACTHAR	6	PA; SP
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	6	PA; SP
cabergoline	1	QL
CORTROPHIN	6	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	6	PA; SP; QL
INCRELEX	5	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; QL
NGENLA	6	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP

Drug Name	Drug Tier	Limits/ Required
octreotide acetate subcutaneous	4	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; SP
ORILISSA	2	PA; QL
RECORLEV	6	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	6	SP; BP
SIGNIFOR	5	PA; SP
SKYTROFA	6	PA; SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	6	PA; SP; BP
mifepristone oral tablet 300 mg	4	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	PV

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Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	PV
aftera	1	O
AFTERPILL	3	O
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amethyst	1	PV
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV
abra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	PV
BEYAZ	3	PV; BP
blisovi 24 fe	1	PV

Drug Name	Drug Tier	Limits/ Required
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camila	1	PV
camrese	1	PV
camrese lo	1	PV
charlotte 24 fe	1	PV
chateal eq	1	PV
CLIMARA	3	PV; BP; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	PV
cyred eq	1	PV
dasetta 1/35 (28)	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV
deblitane	1	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	PV; BP
delyla	1	PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP

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
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL	3	PV; BP
dolishale	1	PV
dotti	1	PV; QL
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	3	PV
econtra one-step	1	O
ELESTRIN	3	PV
elinest	1	PV
ELLA	2	PV
eluryng	1	PV; QL
emzahh	1	PV
ENDOMETRIN	3	
enilloring	1	PV; QL
enpresse-28	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
errin	1	PV
estarylla	1	PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP

Drug Name	Drug Tier	Limits/ Required
estradiol oral	1	PV
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV; BP
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	PV
feirza 1.5/30	1	PV
feirza 1/20	1	PV
FEMLYV	2	PV
FEMRING	2	QL
finzala	1	PV
fyavolv	1	PV
gallifrey	1	
gemmily	1	PV
hailey 1.5/30	1	PV

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

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

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

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
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
luteria	1	PV
lyleq	1	PV
lyllana	1	PV; QL
lyza	1	PV
marlissa	1	PV
medroxyprogesterone acetate intramuscular	1	PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
megestrol acetate suspension 400 mg/10ml oral	1	
merzee	1	PV
mibelas 24 fe	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	PV
MINIVELLE	3	PV; BP; QL
minzoya	1	PV

Drug Name	Drug Tier	Limits/ Required
mono-lynyah	1	PV
my choice	1	O
my way	1	O
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
new day	1	O
NEXTSTELLIS	3	PV
nikki	1	PV
nora-be	1	PV
norelgestromin-eth estradiol	1	PV; QL
norethin ace-eth estrad-fe oral capsule	1	PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethin ace-eth estrad-fe oral tablet chewable	1	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	PV
norethindrone oral	1	PV
norethindrone-eth estradiol	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV

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Drug Name	Drug Tier	Limits/ Required
norlyroc	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
NUVARING	3	PV; BP; QL
nylia 1/35	1	PV
nylia 7/7/7	1	PV
ocella	1	PV
opcicon one-step	1	O
option 2	1	O
ORIAHNN	2	PA; PV; QL
philith	1	PV
pimtrea	1	PV
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	O
portia-28	1	PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	O
reclipsen	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
TWIRLA	3	PV; QL
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
valtya 1/50	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xarah fe	1	PV
xulane	1	PV; QL
YASMIN 28	3	PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	PV; QL
zovia 1/35 (28)	1	PV
zumandimine	1	PV
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	

Drug Name	Drug Tier	Limits/ Required
ARMOUR THYROID	2	
CYTOMEL	3	BP
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	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	

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Drug Name	Drug Tier	Limits/ Required
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	6	PA; SP; QL
ACTEMRA SUBCUTANEOUS	6	PA; SP; QL
ACTIMMUNE	5	PA; SP
ADALIMUMAB-ADAZ	5	PA; SP; QL
ADALIMUMAB-FKJP (2 PEN)	5	PA; SP; QL
ADALIMUMAB-FKJP (2 SYRINGE)	5	PA; SP; QL
ARAVA	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	5	PA; SP
ASTAGRAF XL	3	PV
AURANOFIN	5	SP
AZASAN	3	PV; BP
azathioprine oral	1	PV
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	5	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
BIMZELX	6	PA; SP; QL
CELLCEPT	3	PV; BP
CIMZIA (2 SYRINGE)	5	PA; SP; QL
CIMZIA-STARTER	5	PA; SP; QL
COSENTYX (300 MG DOSE)	6	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	6	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	6	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	6	PA; SP; QL
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	6	PA; SP; QL
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
ENBREL MINI	6	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	6	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	6	PA; SP; QL
ENSPRYNG	5	PA; SP; QL
ENTYVIO PEN	6	PA; SP; QL
ENVARUSUS XR	3	PV
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP
gengraf oral capsule 100 mg, 25 mg	1	PV
gengraf oral solution	1	PV
HADLIMA	5	PA; SP; QL
HADLIMA PUSH TOUCH	5	PA; SP; QL
HAEGARDA	5	PA; SP
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
IMURAN	3	PV; BP
JOENJA	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
KEVZARA	6	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	6	PA; SP; PV; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 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	PV
mycophenolate mofetil oral tablet	1	PV
mycophenolate sodium	1	PV
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
MYFORTIC	3	PV; BP
MYHIBBIN	2	PV
NEORAL	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OLUMIANT	6	PA; SP; QL	SELARSDI SUBCUTANEOUS	5	PA; SP; QL
OMVOH SUBCUTANEOUS	6	PA; SP; QL	SILIQ	6	PA; SP; QL
ORENCIA CLICKJECT	6	PA; SP; QL	SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL	SIMLANDI (1 SYRINGE)	5	PA; SP; QL
ORLADEYO	6	PA; SP; QL	SIMLANDI (2 PEN)	5	PA; SP; QL
OTEZLA ORAL TABLET	5	PA; SP; QL	SIMLANDI (2 SYRINGE)	5	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	5	PA; SP; QL	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
PROGRAF ORAL CAPSULE	3	PV; BP	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
PROGRAF ORAL PACKET	3	PV; AL	sirolimus oral	1	PV
REZUROCK	6	PA; SP; QL	SKYRIZI PEN	5	PA; SP; QL
RIDAURA	5	SP	SKYRIZI SUBCUTANEOUS	5	PA; SP; QL
RINVOQ LQ	5	PA; SP; QL	SOTYKTU	6	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	PA; SP; QL	SPEVIGO SUBCUTANEOUS	6	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	5	PA; SP; QL	STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	6	PA; SP; BP; QL
SANDIMMUNE ORAL CAPSULE	3	PV; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP; QL	WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	5	PA; SP; QL
tacrolimus capsule 0.5 mg oral	1	PV	XELJANZ	5	PA; SP; QL
tacrolimus capsule 5 mg oral	1	PV	XELJANZ XR	5	PA; SP; QL
tacrolimus oral capsule 1 mg	1	PV	YESINTEK SUBCUTANEOUS	5	PA; SP; QL
TAKHZYRO	5	PA; SP; QL	ZORTRESS	3	PV; BP
TALTZ	6	PA; SP; QL	ZYMFENTRA (1 PEN)	5	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; SP; QL	ZYMFENTRA (2 PEN)	5	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	Inflammatory Bowel Disease Agents		
TREXALL	2		ANUSOL-HC EXTERNAL	3	BP
VARIZIG INTRAMUSCULAR SOLUTION	2		APRISO	3	BP
VELSIPITY	6	PA; SP; QL	AZULFIDINE	3	BP
WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	5	PA; SP; QL	AZULFIDINE EN-TABS	3	BP
WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	5	PA; SP; QL	balsalazide disodium	1	
			budesonide oral	1	
			budesonide rectal	1	
			CANASA	3	BP
			COLAZAL	3	BP
			CORTENEMA	3	BP
			CORTIFOAM EXTERNAL	2	
			DELZICOL	3	BP
			EOHILIA	3	QL

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Drug Name	Drug Tier	Limits/ Required
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
PROCTOSOL HC EXTERNAL	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	PV; BP
alendronate sodium oral solution	1	PV

Drug Name	Drug Tier	Limits/ Required
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV; BP
calcitonin (salmon)	1	PV
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
TYMLOS	5	PA; SP; PV; 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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Miscellaneous Therapeutic Agents			BREATHE EASE MEDIUM	2	
AEROCHAMBER HOLDING CHAMBER	2		BREATHE EASE SMALL	2	
AEROCHAMBER MINI CHAMBER	2		BREATHERITE VALVED MDI CHAMBER	2	
AEROCHAMBER MV	2		BROMELAIN	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2		BYLVAY	6	PA; SP; QL
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (RX)	2		BYLVAY (PELLETS)	6	PA; SP; QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		CETYLCIDE-G	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		CHARCOAL ACTIVATED	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
AEROCHAMBER PLUS FLOW VU	2		COMPACT SPACE CHAMBER	2	
AEROCHAMBER W/FLOWSIGNAL	2		COMPACT SPACE CHAMBER/LG MASK	2	
AQNEURSA	6	PA; SP; QL	COMPACT SPACE CHAMBER/MED MASK	2	
ASPARTAME (FOR COMPOUNDING)	2		COMPACT SPACE CHAMBER/SM MASK	2	
ASPARTAME (NUTRASWEET)	2		CONDOMS	3	O
BREATHE EASE LARGE	2		DOJOLVI	3	PA
			DUREX EXTRA SENSITIVE THIN	3	O
			DUREX TROPICAL	3	O
			EASIVENT	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENCARE VAGINAL SUPPOSITORY	3	O	OMNIPOD DASH INTRO KIT	14	MB; QL
ENDARI	3	BP	OMNIPOD DASH PODS	14	MB; QL
FC2 FEMALE CONDOM	3	O	OPTICHAMBER DIAMOND	2	
FLEXICHAMBER	2		OPTICHAMBER DIAMOND-LG MASK	2	
formaldehyde solution 37 % external (rx)	1		OPTICHAMBER DIAMOND-MD MASK	2	
glutaraldehyde external	1		OPTICHAMBER DIAMOND-SM MASK	2	
GRASTEK	3		OPTIONS GYNOL II CONTRACEPTIVE	3	O
IWILFIN	14	PA; MB; SP; QL	ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
KERENDIA TABLET 10 MG ORAL	3	PA; QL	PALFORZIA	3	AL
KERENDIA TABLET 20 MG ORAL	3	PA; QL	PALFORZIA (1 MG DAILY DOSE)	3	AL
l-glutamine oral packet	1		PALFORZIA INITIAL DOSE 1-3YRS	3	AL
LIVMARLI ORAL SOLUTION 19 MG/ML	6	PA; SP	PALFORZIA INITIAL DOSE 4-17YRS	3	AL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	6	PA; SP; QL	PHEXXI	3	
METHERGINE ORAL	3	BP	POCKET SPACER	2	
methylergonovine maleate oral	1		RADIOGARDASE	3	
MICROCHAMBER DEVICE	2		RAGWITEK	3	
MIPLYFFA	6	PA; SP; QL	SACCHARIN	2	
ODACTRA	3	AL; QL	sodium saccharin powder	1	
OMNIPOD 5 DEXCOM INTRO KIT	14	MB; QL	SOHONOS	6	PA; SP; QL
OMNIPOD 5 DEXCOM PODS	14	MB; QL			

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Drug Name	Drug Tier	Limits/ Required
TAVNEOS	6	PA; SP; QL
TODAY SPONGE	2	O
TRUE COVER	3	O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	5	SP
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
YORVIPATH	6	PA; SP; QL
ZILBRYSQ	6	PA; SP; QL
ZOKINVY	5	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	

Drug Name	Drug Tier	Limits/ Required
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
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 solution 1.5 %	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP

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Drug Name	Drug Tier	Limits/ Required
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 ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	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	

Drug Name	Drug Tier	Limits/ Required
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
XDEMVIY SOLUTION 0.25 % OPHTHALMIC	3	PA
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 0.25 %	3	

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Drug Name	Drug Tier	Limits/ Required
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	6	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	

Drug Name	Drug Tier	Limits/ Required
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
ORMALVI	6	SP; BP
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol hemihydrate	1	
timolol maleate (once- daily)	1	
timolol maleate ophthalmic solution	1	
travoprost (bak free)	1	
VUITY	3	
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	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	

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Drug Name	Drug Tier	Limits/ Required
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	5	SP
CYSTARAN	5	SP
MIEBO	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
NEO-POLYCIN	3	BP
OXERVATE	6	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
POLYCIN	3	BP
polymyxin b-trimethoprim	1	
RESTASIS	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	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
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	

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Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet 2.68 mg	1	
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

Drug Name	Drug Tier	Limits/ Required
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 vc	1	
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	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL
sodium chloride nebulization solution 7 % inhalation	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Ventolin brand alternative ; PV; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV
ACCOLATE	3	PV; BP	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV
acetylcysteine inhalation	1		albuterol sulfate oral	1	PV
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	PV; BP; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL	arformoterol tartrate	1	PV; QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	breyana	1	PV; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
ASMANEX HFA	2	PV; QL	BROVANA	3	PV; BP; QL
ATROVENT HFA	2	PV; QL	budesonide inhalation	1	PV; QL
BEVESPI AEROSPHERE	3	PV; QL	budesonide-formoterol fumarate	1	PV; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	COMBIVENT RESPIMAT	2	PV; QL
			cromolyn sodium inhalation	1	PV
			DALIRESP	3	PV; BP
			elixophyllin	1	PV
			epinephrine injection solution auto-injector	1	QL
			EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL	ipratropium-albuterol	1	PV
ESBRIET	6	PA; SP; BP; QL	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	5	PA; SP; QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
FLUTICASONE PROPIONATE DISKUS	2	PV	montelukast sodium oral	1	PV
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA; SP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	OFEV	5	PA; SP; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	PERFOROMIST	3	PV; BP; QL
ipratropium bromide inhalation	1	PV	pirfenidone	4	PA; SP; QL
			PROAIR RESPICLICK	3	PV; QL
			PULMICORT FLEXHALER	2	PV; QL
			PULMICORT SUSPENSION	3	PV; BP; QL
			QVAR REDHALER	2	PV; QL
			roflumilast	1	PV

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

Drug Name	Drug Tier	Limits/ Required
theophylline elixir 80 mg/15ml oral	1	PV
theophylline er	1	PV
theophylline solution 80 mg/15ml oral	1	PV
tiotropium bromide monohydrate	1	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	3	PV; QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; BP; QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
XOPENEX HFA	3	PV; QL

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Drug Name	Drug Tier	Limits/ Required
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
zafirlukast	1	PV
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	6	SP; BP; QL
BRONCHITOL	2	QL
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	2	QL
CAYSTON	5	SP
KALYDECO	5	PA; SP; QL
KITABIS PAK (W/ NEBULIZER)	5	SP; QL
ORKAMBI	5	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	SP
SYMDEKO	5	PA; SP; QL
TOBI NEBULIZER	6	SP; BP; QL
TOBI PODHALER	5	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL

Drug Name	Drug Tier	Limits/ Required
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	SP; QL
TRIKAFTA	5	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	6	PA; SP; BP; QL
ADEMPAS	5	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	6	PA; SP; BP; QL
OPSUMIT	5	PA; SP; QL
ORENITRAM	5	PA; SP
ORENITRAM MONTH 1	5	PA; SP
ORENITRAM MONTH 2	5	PA; SP
ORENITRAM MONTH 3	5	PA; SP

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Drug Name	Drug Tier	Limits/ Required
REVATIO ORAL TABLET	6	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	6	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	6	PA; SP; BP; QL
TRACLEER 32 MG	5	PA; SP; QL
TYVASO	5	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; SP; QL
TYVASO REFILL KIT	5	PA; SP
TYVASO STARTER KIT	5	PA; SP
UPTRAVI ORAL	5	PA; SP; QL
UPTRAVI TITRATION	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
VENTAVIS	5	PA; SP; QL
WINREVAIR	6	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	
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

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Drug Name	Drug Tier	Limits/ Required
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	6	PA; SP; BP; QL
HETLIOZ LQ	6	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	5	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	5	PA; SP; QL
XYREM	5	PA; SP; QL
XYWAV	5	PA; SP; QL
zaleplon	1	QL

Drug Name	Drug Tier	Limits/ Required
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

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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)

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

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

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

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

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

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