

ACA Compliant Individual/Small Group 6 Tier Formulary

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

About this formulary

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
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.

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.

FE **Formulary Exception** – This medication will only be available to the member if they meet Sanford Health Plan criteria for a formulary override.

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.

ACA Compliant Individual/Small Group Formulary

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	butalbital-asa-caff-codeine	1	
ALLZITAL	3	FE	butalbital-aspirin-caffeine oral capsule	1	
APADAZ	3	FE; QL	butorphanol tartrate nasal	1	QL
ascomp-codeine	1		BUTRANS	3	BP; QL
bac	1		codeine sulfate oral tablet	1	QL
BELBUCA	3	QL	CONZIP	3	FE
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL	DILAUDID ORAL	3	BP; QL
BUPAP ORAL TABLET 50-300 MG	3	FE; BP	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
buprenorphine transdermal	1	QL	ESGIC ORAL CAPSULE	3	FE; BP
butalbital-acetaminophen capsule 50-300 mg oral	1	FE	ESGIC ORAL TABLET	3	BP
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE	fentanyl	1	QL
butalbital-acetaminophen oral tablet 50-300 mg	1	FE	fentanyl citrate buccal lozenge on a handle	1	
butalbital-acetaminophen oral tablet 50-325 mg	1		FENTANYL CITRATE BUCCAL TABLET	3	
butalbital-apap-caff-cod	1		FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		FIORICET ORAL CAPSULE	3	BP
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE	FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
butalbital-apap-caffeine oral tablet 50-325-40 mg	1		hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
			hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	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	Drug Name	Drug Tier	Limits/ Required
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL	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
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL	morphine sulfate er oral tablet extended release	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	morphine sulfate solution 10 mg/5ml oral	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	morphine sulfate tablet 15 mg oral	1	QL
hydromorphone hcl oral	1	QL	morphine sulfate tablet 30 mg oral	1	QL
HYSINGLA ER	3	BP; QL	MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
levorphanol tartrate oral	1	QL	NALOCET	3	FE; QL
meperidine hcl oral solution	1	QL	NUCYNTA	3	QL
meperidine hcl oral tablet 50 mg	1	QL	NUCYNTA ER	3	FE; QL
methadone hcl intensol	1		OXAYDO ORAL TABLET	3	FE; QL
methadone hcl oral	1		OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	3	FE; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP	oxycodone hcl oral capsule	1	QL
methadose oral tablet soluble	1		oxycodone hcl oral concentrate 100 mg/5ml	1	QL
METHADOSE SUGAR-FREE	3	BP	oxycodone hcl oral tablet	1	QL
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL	oxycodone hcl solution 5 mg/5ml oral	1	QL
morphine sulfate er beads	1	QL	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL

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OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL	TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL	tramadol hcl er	1	
oxymorphone hcl	1	QL	TRAMADOL HCL ORAL SOLUTION	3	FE; QL
oxymorphone hcl er	1	QL	tramadol hcl oral tablet 100 mg, 50 mg	1	QL
pentazocine-naloxone hcl	1	QL	tramadol hcl oral tablet 25 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL	tramadol-acetaminophen	1	QL
PROLATE	3	FE; QL	XTAMPZA ER	3	FE; QL
QDOLO	3	FE; QL	Analgesics - Drugs for Pain and Inflammation		
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL	ANAPROX DS	3	BP
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL	ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	FE; QL	aspirin 81 oral tablet delayed release	1	O
SEGLENTIS	3	FE	aspirin adult low dose	1	O
TENCON ORAL TABLET 50-325 MG	3	FE	aspirin adult low strength oral tablet delayed release	1	O
			aspirin childrens	1	O
			aspirin ec low dose	1	O
			aspirin ec low strength	1	O
			aspirin low dose oral tablet delayed release	1	O

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
aspirin low dose tablet chewable 81 mg oral	1	O	EC-NAPROSYN	3	BP
aspirin oral tablet 325 mg	1	O	ec-naproxen	1	
aspirin oral tablet chewable	1	O	ELYXYB	3	FE
aspirin oral tablet delayed release 325 mg, 81 mg	1	O	etodolac er	1	
aspirin regimen	1	O	etodolac oral	1	
CELEBREX CAPSULE 400 MG ORAL	3	BP	FELDENE	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP	fenoprofen calcium oral	1	FE
celecoxib oral	1		FLECTOR EXTERNAL	3	FE; QL
DAYPRO	3	BP	flurbiprofen oral	1	
DICLOFENAC PATCH EXTERNAL	3	FE; QL	ft aspirin	1	O
diclofenac potassium oral capsule	1	FE	ft aspirin low dose	1	O
diclofenac potassium oral tablet 25 mg	1	FE	ft enteric coated aspirin	1	O
diclofenac potassium oral tablet 50 mg	1		genuine aspirin	1	O
diclofenac sodium er	1		goodsense aspirin adults	1	O
diclofenac sodium external solution 1.5 %	1		goodsense aspirin low dose	1	O
diclofenac sodium external solution 2 %	1	QL	ibuprofen oral suspension 100 mg/5ml	1	
diclofenac sodium gel 1 % external (rx)	1	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
diclofenac sodium oral	1		ibuprofen-famotidine	1	FE
diclofenac-misoprostol oral tablet delayed release	1		INDOCIN ORAL	3	FE; BP
diflunisal oral	1		INDOCIN RECTAL	3	FE; BP
DUEXIS	3	FE; BP	indomethacin er	1	
			indomethacin oral capsule 25 mg, 50 mg	1	
			indomethacin oral suspension	1	
			indomethacin rectal suppository 50 mg	1	
			ketoprofen er	1	FE
			ketoprofen oral capsule 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ketorolac tromethamine injection solution 15 mg/ml	1		NAPROSYN ORAL TABLET 500 MG	3	BP
ketorolac tromethamine intramuscular solution 60 mg/2ml	1		naproxen dr oral tablet delayed release 500 mg	1	
ketorolac tromethamine oral	1	QL	naproxen oral suspension	1	FE
ketorolac tromethamine solution 30 mg/ml injection	1		naproxen oral tablet	1	
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE	naproxen oral tablet delayed release	1	
LODINE	3	BP	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	FE
LOFENA	3	FE; BP	naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
meclofenamate sodium oral	1	FE	naproxen sodium oral tablet 275 mg, 550 mg	1	
mefenamic acid oral	1		naproxen-esomeprazole mg	1	FE
meloxicam oral capsule	1	FE	oxaprozin oral tablet	1	
meloxicam oral tablet	1		PENNSAID SOLUTION 2 % EXTERNAL	3	FE; BP; QL
mm aspirin oral tablet delayed release	1	O	piroxicam oral	1	
nabumetone oral	1		RELAFEN DS TABLET 1000 MG ORAL	3	FE
NALFON ORAL CAPSULE 400 MG	3	FE; BP	SPRIX	3	FE
NALFON ORAL TABLET	3	FE; BP	sulindac oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP	tolmetin sodium oral capsule	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP	tolmetin sodium oral tablet 600 mg	1	
NAPROSYN ORAL SUSPENSION	3	FE; BP	VIMOVO	3	FE; BP
			ZIPSOR	3	FE; BP
			Anesthetics		
			ethyl chloride	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GEBAUERS PAIN EASE	3		goodsense nicotine mouth/throat lozenge 4 mg	1	O; PV; QL
GEBAUERS SPRAY AND STRETCH	3		habitrol	1	O; PV; QL
glydo external prefilled syringe	1		KLOXXADO	3	FE; QL
lidocaine external patch 5 %	1		LUCEMYRA	3	QL
lidocaine hcl external solution	1		naloxone hcl nasal	1	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1		naltrexone hcl oral	1	
lidocaine ointment 5 % external	1		NARCAN	2	QL
lidocaine-prilocaine external cream	1		nicotine mini	1	O; PV; QL
LIDOCAN	3	BP	nicotine polacrilex mini	1	O; PV; QL
LIDOCAN III	3	BP	nicotine polacrilex mouth/throat	1	O; PV; QL
LIDODERM	3	BP	nicotine step 1	1	O; PV; QL
PLIAGLIS EXTERNAL CREAM	3	FE	nicotine step 2	1	O; PV; QL
ZTLIDO	3	FE	nicotine step 3	1	O; PV; QL
Anti-Addiction / Substance Abuse Treatment Agents			nicotine transdermal kit	1	O; PV; QL
acamprosate calcium	1		nicotine transdermal patch 24 hour 21 mg/24hr	1	O; PV; QL
buprenorphine hcl sublingual	1	QL	NICOTROL	2	PV; QL
buprenorphine hcl-naloxone hcl	1	QL	NICOTROL NS	2	PV; QL
bupropion hcl er (smoking det)	1	PV; QL	OPVEE	3	FE; QL
disulfiram oral	1		SUBOXONE SUBLINGUAL FILM	3	BP; QL
ft nicotine	1	O; PV; QL	varenicline tartrate (starter)	1	PV; QL
Antibacterials			varenicline tartrate oral tablet	1	PV; QL
AEMCOLO	3	FE; QL	varenicline tartrate(continue)	1	PV; QL
ALTABAX	3	FE	ZIMHI	3	FE
ZUBSOLV	3	QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
amoxicillin capsule 500 mg oral	1		benzalkonium chloride external solution , 50 %	1	
amoxicillin oral capsule 250 mg	1		cefaclor er	1	
amoxicillin oral suspension reconstituted	1		cefaclor oral capsule	1	
amoxicillin oral tablet	1		cefaclor oral suspension reconstituted 250 mg/5ml	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1		cefadroxil	1	
amoxicillin-potassium clavulanate er	1		cefdinir	1	
amoxicillin-potassium clavulanate oral	1		cefixime	1	
ampicillin oral capsule 500 mg	1		cefpodoxime proxetil	1	
ARIKAYCE	6	SP; FE	cefprozil	1	
AUGMENTIN ES-600	3	BP	cefuroxime axetil oral tablet	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3		cephalexin oral capsule 250 mg, 500 mg	1	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP	cephalexin oral capsule 750 mg	1	FE
avidoxy	1		cephalexin oral suspension reconstituted	1	
azithromycin oral packet	1		cephalexin oral tablet	1	
azithromycin oral suspension reconstituted	1		CIPRO ORAL SUSPENSION RECONSTITUTED	3	
azithromycin oral tablet 500 mg, 600 mg	1		CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
azithromycin tablet 250 mg oral	1		ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
BACTRIM	3	BP	clarithromycin er	1	
BACTRIM DS	3	BP	clarithromycin oral	1	
BAXDELA ORAL	3	PA	CLEOCIN ORAL	3	BP
			CLEOCIN VAGINAL CREAM	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLEOCIN VAGINAL SUPPOSITORY	3		doxycycline monohydrate oral suspension reconstituted	1	
clindamycin hcl oral	1		doxycycline monohydrate oral tablet	1	
clindamycin palmitate hcl	1		E.E.S. 400 ORAL TABLET	2	
clindamycin phosphate vaginal	1		E.E.S. GRANULES	3	BP
CLINDESSE	3		ERYPED 200	3	BP
demeclocycline hcl oral	1		ERYPED 400	3	BP
dicloxacillin sodium	1		ERY-TAB	3	BP
DIFICID	3	ST; QL	ERYTHROGIN STEARATE ORAL TABLET 250 MG	2	
DORYX MPC	3	FE	erythromycin base oral	1	
DORYX ORAL TABLET DELAYED RELEASE 50 MG	3	BP	erythromycin ethylsuccinate oral	1	
doxycycline hyclate oral capsule	1		erythromycin oral	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		FIRVANQ	3	BP
doxycycline hyclate oral tablet 50 mg	1	FE	FLAGYL ORAL CAPSULE	3	FE; BP
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1		fosfomycin tromethamine	1	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	1	FE	gentamicin sulfate external	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	FE	HIPREX	3	BP
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		hydrogen peroxide solution 30 %	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE	levofloxacin oral	1	
			LIKMEZ	3	FE
			linezolid oral suspension reconstituted	1	PA
			linezolid tablet 600 mg oral	1	PA
			MACROBID	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MACRODANTIN	3	BP	NUZYRA ORAL TABLET 150 MG	3	FE; QL
mafенide acetate external	1		ofloxacin oral tablet 300 mg, 400 mg	1	
methenamine hippurate	1		penicillin v potassium	1	
metronidazole oral capsule	1	FE	SEYSARA	3	FE
metronidazole oral tablet	1		SILVADENE	3	BP
metronidazole vaginal	1		silver sulfadiazine external	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	FE	SIVEXTRO ORAL	3	PA; FE
minocycline hcl er oral tablet extended release 24 hour	1	FE	SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	FE; BP
minocycline hcl oral capsule	1		105 MG, 115 MG, 55 MG, 65 MG, 80 MG		
minocycline hcl oral tablet	1	FE	SOLOSEC	3	FE; QL
MINOLIRA	3	FE	ssd	1	
monodoxine nl oral capsule 100 mg	1		sulfadiazine oral	1	
moxifloxacin hcl oral	1		sulfamethoxazole-trimethoprim oral tablet	1	
mupirocin calcium	1	FE	sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
mupirocin external	1		SULFAMYLYON EXTERNAL CREAM	3	FE
neomycin sulfate oral	1		SULFAMYLYON EXTERNAL PACKET	3	BP
nitrofurantoin macrocrystal oral	1		sulfatrim pediatric	1	
nitrofurantoin monohydrate macrocrystals	1		TARGADOX	3	FE; BP
nitrofurantoin oral suspension 25 mg/5ml	1	FE	tetracycline hcl oral capsule	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	FE	tinidazole oral	1	
NUVESSA	3	FE	trimethoprim oral	1	
			VANCOCIN	3	BP
			vancomycin hcl oral	1	
			VANDAZOLE	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VIBRAMYCIN ORAL CAPSULE	3	BP	enoxaparin sodium injection solution 300 mg/3ml	1	PV
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP	enoxaparin sodium injection solution prefilled syringe	1	PV
XACIATO	3		fondaparinux sodium	1	PV
XEPI	3		FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
XIFAXAN ORAL TABLET 200 MG	3	FE; QL	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV
XIFAXAN ORAL TABLET 550 MG	2		heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
XIMINO	3	FE	heparin sodium (porcine) injection solution prefilled syringe	1	PV
ZITHROMAX ORAL PACKET	3	BP	heparin sodium (porcine) pf	1	PV
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP	jantoven	1	PV
ZITHROMAX ORAL TABLET 500 MG	3	BP	LOVENOX INJECTION	3	PV; BP
ZITHROMAX TABLET 250 MG ORAL	3	BP	PRADAXA	3	PV; FE
ZITHROMAX TRI-PAK	3	BP	SAVAYSA	3	PV; FE
ZITHROMAX Z-PAK	3	BP	warfarin sodium oral	1	PV
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP	XARELTO	2	PV
ZYVOX TABLET 600 MG ORAL	3	PA; BP	XARELTO STARTER PACK	2	PV
Anticoagulants			Anticonvulsants - Drugs for Seizures		
ARIXTRA	3	PV; BP	APTIOM	3	FE
dabigatran etexilate mesylate	1	PV; FE	BANZEL	3	BP
ELIQUIS	2	PV			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	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
BRIVIACT ORAL	3		FELBATOL ORAL TABLET	3	BP
carbamazepine er	1		FINTEPLA	6	PA; SP; QL
carbamazepine oral	1		FYCOMPA	3	
CARBATROL	3	BP	gabapentin oral capsule	1	
CELONTIN	3	BP	gabapentin oral solution 300 mg/6ml	1	
clobazam	1		gabapentin oral tablet 600 mg, 800 mg	1	
DEPAKOTE	3	BP	gabapentin solution 250 mg/5ml oral	1	
DEPAKOTE ER	3	BP	KEPPRA ORAL	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP	KEPPRA XR	3	BP
DIACOMIT	5	PA; SP	lacosamide oral	1	
diazepam rectal	1	QL	LAMICTAL ODT	3	BP
DILANTIN INFATABS	3	BP	LAMICTAL ORAL TABLET	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2		LAMICTAL STARTER	3	BP
DILANTIN ORAL SUSPENSION	3	BP	LAMICTAL XR ORAL KIT	2	
divalproex sodium er oral tablet extended release 24 hour	1		LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
divalproex sodium oral capsule delayed release sprinkle	1		lamotrigine er	1	
divalproex sodium oral tablet delayed release	1		lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
ELEPSIA XR	3	FE	lamotrigine oral tablet	1	
EPIDIOLEX	5	PA; SP	lamotrigine oral tablet chewable	1	
epitol	1		lamotrigine oral tablet dispersible	1	
EPRONTIA	2				
ethosuximide oral	1				
felbamate	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
lamotrigine starter kit-blue	1		SABRIL	6	SP; BP
lamotrigine starter kit-green	1		SPRITAM	3	FE
lamotrigine starter kit-orange	1		subvenite	1	
levetiracetam er	1		subvenite starter kit-blue	1	
levetiracetam oral tablet	1		subvenite starter kit-green	1	
levetiracetam solution 100 mg/ml oral	1		subvenite starter kit-orange	1	
methsuximide	1		SYMPAZAN	3	FE
MYSOLINE	3	BP	TEGRETOL ORAL SUSPENSION	3	BP
NAYZILAM	2	AL; QL	TEGRETOL ORAL TABLET	3	BP
NEURONTIN	3	BP	TEGRETOL-XR	3	BP
ONFI ORAL SUSPENSION	3	BP	tiagabine hcl	1	
ONFI ORAL TABLET 10 MG, 20 MG	3	BP	TOPAMAX	3	BP
oxcarbazepine	1		TOPAMAX SPRINKLE	3	BP
OXTELLAR XR	3		topiramate er	1	
phenobarbital oral elixir	1		topiramate oral	1	
phenobarbital oral tablet	1		TRILEPTAL	3	BP
phenytek	1		TROKENDI XR	3	BP
phenytoin infatabs	1		valproic acid oral capsule	1	
phenytoin oral suspension 125 mg/5ml	1		valproic acid solution 250 mg/5ml oral	1	
phenytoin oral tablet chewable	1		VALTOCO	2	AL; QL
phenytoin sodium extended	1		vigabatrin	4	SP
primidone oral	1		vigadron	4	SP
QUDEXY XR	3	BP	vigpoder	4	SP
roweepra oral tablet 500 mg	1		VIMPAT ORAL	3	BP
rufinamide	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL

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Drug Name	Drug Tier	Limits/ Required	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	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	BP
ZARONTIN	3	BP	NAMZARIC	3	
ZONEGRAN	3	BP	rivastigmine	1	
ZONISADE	3	FE	rivastigmine tartrate	1	
zonisamide oral	1		Antidepressants		
ZTALMY	5	PA; SP; QL	amitriptyline hcl oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			amoxapine	1	
ADLARITY	3	FE; QL	ANAFRANIL	3	BP
ARICEPT	3	BP	APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE
donepezil hcl	1		APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE
EXELON TRANSDERMAL	3	BP	APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE
galantamine hydrobromide	1		AUVELITY	3	FE; QL
galantamine hydrobromide er	1		bupropion hcl er (sr)	1	PV
memantine hcl er	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
memantine hcl oral solution 2 mg/ml	1		BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE
memantine hcl oral tablet	1		bupropion hcl oral	1	PV
NAMENDA ORAL TABLET	3	BP	CELEXA ORAL TABLET	3	PV; BP; QL
NAMENDA TITRATION PAK	3	BP	chlordiazepoxide-amitriptyline	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL	fluoxetine hcl oral tablet 10 mg	1	PV; QL
citalopram hydrobromide oral solution	1	PV; QL	fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE
citalopram hydrobromide oral tablet	1	PV; QL	fluvoxamine maleate	1	PV
clomipramine hcl oral	1		fluvoxamine maleate er	1	PV
CYMBALTA	3	PV; BP	FORFIVO XL	3	PV; FE
desipramine hcl oral	1		imipramine hcl oral	1	
DESVENLAFAKINE ER	3	ST; PV; FE	imipramine pamoate	1	
desvenlafaxine succinate er	1	PV	LEXAPRO ORAL TABLET	3	PV; BP
doxepin hcl oral capsule	1		LYBALVI	3	ST; FE; QL
doxepin hcl oral concentrate	1		MARPLAN	3	
duloxetine hcl oral	1	PV	mirtazapine oral	1	PV
EFFEXOR XR	3	PV; BP	NARDIL	3	BP
EMSAM	3	FE	nefazodone hcl	1	
escitalopram oxalate oral	1	PV	NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
FETZIMA	3	ST; PV; FE	nortriptyline hcl oral	1	
FETZIMA TITRATION	3	ST; PV; FE	olanzapine-fluoxetine hcl	1	PV
fluoxetine hcl (pmdd) oral tablet	1	FE	PAMELOR ORAL CAPSULE	3	BP
fluoxetine hcl oral capsule	1	PV	PARNATE	3	BP
fluoxetine hcl oral capsule delayed release	1	PV	paroxetine hcl er	1	PV; QL
fluoxetine hcl oral solution	1	PV	paroxetine hcl oral suspension	1	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PAXIL ORAL TABLET	3	PV; BP; QL	venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
perphenazine- amitriptyline	1		VIIBRYD ORAL TABLET	3	ST; BP; QL
phenelzine sulfate oral	1		vilazodone hcl	1	ST; QL
PRISTIQ	3	PV; BP	WELLBUTRIN SR	3	PV; BP
protriptyline hcl	1		WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
PROZAC ORAL CAPSULE	3	PV; BP	WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP	ZOLOFT	3	PV; BP
REMERON SOLTAB	3	PV; BP	Antiemetics - Drugs for Nausea and Vomiting		
SERTRALINE HCL ORAL CAPSULE	3	PV; FE	AKYNZEO ORAL	3	QL
sertraline hcl oral concentrate	1	PV	ANTIVERT ORAL TABLET 50 MG	3	BP
sertraline hcl oral tablet	1	PV	ANTIVERT ORAL TABLET CHEWABLE	3	BP
SYMBYAX ORAL CAPSULE 3-25 MG, 6- 25 MG	3	PV; BP	ANZEMET ORAL TABLET 50 MG	3	QL
tranylcypromine sulfate	1		aprepitant	1	QL
trazodone hcl oral	1		compro	1	PV
trimipramine maleate oral	1		dronabinol	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL	EMEND ORAL CAPSULE 80 MG	3	BP; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL	EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL	EMEND TRI-PACK	3	BP; QL
VENLAFAKINE BESYLATE ER	3	PV; FE	GIMOTI	3	FE
venlafaxine hcl	1	PV	gransetron hcl oral	1	QL
venlafaxine 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	Drug Name	Drug Tier	Limits/ Required
MARINOL ORAL CAPSULE 2.5 MG	3	BP	SANCUSO	3	FE; QL
meclizine hcl oral tablet 12.5 mg, 50 mg	1		scopolamine	1	
meclizine hcl tablet 25 mg oral (rx)	1		SYNDROS	3	FE
metoclopramide hcl oral solution 5 mg/5ml	1		TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
metoclopramide hcl oral tablet	1		trimethobenzamide hcl oral	1	
metoclopramide hcl oral tablet dispersible 5 mg	1		VARUBI (180 MG DOSE)	3	FE; QL
metoclopramide hcl solution 10 mg/10ml oral	1		Antifungals		
ondansetron hcl oral tablet 24 mg	1	FE	ANCOBON	3	BP
ondansetron hcl oral tablet 4 mg, 8 mg	1		BREXAFEMME	3	FE; QL
ondansetron hcl solution 4 mg/5ml oral	1		ciclodan external solution	1	
ondansetron odt	1		ciclopirox external	1	
perphenazine oral	1	PV	CICLOPIROX OLAMINE	2	
prochlorperazine maleate tablet 10 mg oral	1	PV	ciclopirox olamine external	1	
prochlorperazine maleate tablet 5 mg oral	1	PV	clotrimazole cream 1 % external (rx)	1	
prochlorperazine suppository 25 mg rectal	1	PV	CLOTRIMAZOLE POWDER	2	
promethazine hcl oral	1		clotrimazole solution 1 % external (rx)	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1		clotrimazole troche 10 mg mouth/throat	1	
promethegan	1		clotrimazole-betamethasone	1	
REGLAN ORAL	3	BP	CRESEMBA ORAL	3	
			DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
			DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
econazole nitrate external	1		naftifine hcl external gel 2 %	1	
ECOZA	3	FE	NAFTIN EXTERNAL GEL 1 %	3	FE
ERTACZO	3	FE	NAFTIN EXTERNAL GEL 2 %	3	FE; BP
EXELDERM	3	FE	NOXAFL ORAL PACKET	3	
fluconazole oral	1		NOXAFL ORAL SUSPENSION	3	BP
flucytosine oral	1		NOXAFL ORAL TABLET DELAYED RELEASE	3	BP
griseofulvin microsize oral	1		nyamyc	1	
griseofulvin ultramicrosize	1		nystatin external	1	
GYNAZOLE-1	3		nystatin oral tablet	1	
itraconazole oral capsule	1	QL	nystatin suspension 100000 unit/ml mouth/throat	1	
itraconazole solution 10 mg/ml oral	1	QL	nystatin-triamcinolone	1	
JUBLIA	3	FE	nystop	1	
KERYDIN	3	FE; BP	ORAVIG	3	FE
ketoconazole external cream	1		oxiconazole nitrate	1	
ketoconazole external foam	1		OXISTAT EXTERNAL CREAM	3	BP
ketoconazole external shampoo 2 %	1		OXISTAT EXTERNAL LOTION	3	FE
ketoconazole oral	1		posaconazole oral	1	
ketodan external foam	1		SPORANOX	3	BP; QL
klayesta	1		SULCONAZOLE NITRATE	3	FE
LULICONAZOLE	3	FE	tavaborole	1	FE
LUZU	3	FE	terbinafine hcl oral	1	
miconazole 3 vaginal suppository	1		terconazole	1	QL
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE	TOLNAFTATE	2	
naftifine hcl external cream	1	FE	TOLSURA	3	FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VFEND	3	BP	dihydroergotamine mesylate nasal	1	QL
VIVJOA	3	ST; QL	eletriptan hydrobromide	1	QL
voriconazole oral	1		EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	2	ST; QL
VUSION	3	FE	EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
Antigout Agents			EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
allopurinol oral tablet 100 mg, 300 mg	1		ERGOMAR	2	
ALLOPURINOL ORAL TABLET 200 MG	3	FE	ergotamine-caffeine	1	
colchicine oral capsule	1	ST	FROVA	3	BP; QL
colchicine oral tablet	1		frovatriptan succinate	1	QL
colchicine-probenecid	1		IMITREX ORAL	3	BP; QL
febuxostat	1	ST	IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
GLOPERBA	3	FE	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	BP; QL
MITIGARE	3	ST; BP	MAXALT ORAL TABLET 10 MG	3	BP; QL
probenecid oral	1		MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
ULORIC	3	ST; BP	MIGERGOT	2	
Antimigraine Agents			MIGRANAL	3	BP; QL
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL			
AIMOVIG	2	ST; QL			
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL			
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL			
almotriptan malate	1	FE; QL			
CAMBIA	3	FE; BP			
diclofenac potassium(migraine)	1				
dihydroergotamine mesylate injection	1	QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
naratriptan hcl	1	QL	zolmitriptan oral	1	QL
NURTEC	3	FE; QL	ZOMIG NASAL SOLUTION 2.5 MG	3	FE; QL
ONZETRA XSAIL	3	FE	ZOMIG NASAL SOLUTION 5 MG	3	FE; BP; QL
QULIPTA	2	ST; QL	ZOMIG ORAL	3	BP; QL
RELPAX	3	BP; QL	Antimyasthenic Agents		
REYVOW	3	ST; QL	MESTINON ORAL SOLUTION	3	BP
rizatriptan benzoate	1	QL	MESTINON ORAL TABLET	3	BP
sumatriptan nasal	1	QL	MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
sumatriptan succinate oral	1	QL	pyridostigmine bromide er	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	pyridostigmine bromide oral solution	1	
subcutaneous solution cartridge			pyridostigmine bromide oral tablet	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL	Antimycobacterials		
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL	cycloserine oral	1	
sumatriptan-naproxen sodium	1	FE	dapsone oral	1	
TOSYMRA	3	FE; QL	ethambutol hcl oral	1	
TREXIMET ORAL TABLET 85-500 MG	3	FE; BP	isoniazid oral	1	
TRUDHESA	3	FE; QL	MYAMBUTOL ORAL TABLET 400 MG	3	BP
UBRELVY TABLET 100 MG ORAL	2	PA; QL	MYCOBUTIN	3	BP; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL	PRETOMANID	2	
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; FE; QL	PRIFTIN	2	
ZEMBRACE SYMTOUCH	3	FE; QL	pyrazinamide oral	1	
zolmitriptan nasal solution 5 mg	1	FE; QL	rifabutin	1	QL
			rifampin oral	1	
			SIRTURO	3	
			TRECATOR	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Antineoplastics - Drugs for Cancer					
abiraterone acetate	14	PA; MB; SP	CABOMETYX	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP	CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
AFINITOR DISPERZ	14	PA; MB; SP; BP	capecitabine	14	PA; MB; SP
ALECENSA	14	PA; MB; SP; QL	CAPRELSA	14	PA; MB; SP
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL	CASODEX	14	PA; MB; SP; BP
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP	COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
anastrozole oral	1	PV	COPIKTRA	14	PA; MB; SP; QL
ARIMIDEX	3	PV; BP	COTELLIC	14	PA; MB; SP
AROMASIN	3	PV; BP	cyclophosphamide oral capsule	14	PA; MB
AYVAKIT	14	PA; MB; SP; QL	DROXIA	2	
BALVERSA	14	PA; MB; SP; QL	EMCYT	14	PA; MB; SP
BESREMI	14	PA; MB; SP; QL	ERIVEDGE	14	PA; MB; SP
bexarotene external	4	SP	ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
bexarotene oral	14	PA; MB; SP	ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
bicalutamide	14	PA; MB; SP	erlotinib hcl	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB	etoposide oral	14	PA; MB; SP
BOSULIF ORAL TABLET	14	PA; MB; SP	EULEXIN	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
BRUKINSA	14	PA; MB; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
everolimus oral tablet soluble	14	PA; MB; SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG	6	PA; SP; FE; QL
exemestane	1	PV	IMBRUVICA ORAL TABLET 420 MG	6	PA; SP; QL
EXKIVITY	14	PA; MB; SP; QL	INLYTA	14	PA; MB; SP
FARESTON	3	PV; BP	INQOVI	14	PA; MB; SP; QL
FEMARA	3	PV; BP	INREBIC	14	PA; MB; SP; QL
FOTIVDA	14	PA; MB; SP; QL	IRESSA	14	PA; MB; SP; BP
GAVRETO	14	PA; MB; SP; QL	JAKAFI	6	PA; SP
gefitinib	14	PA; MB; SP	JAYPIRCA	14	PA; MB; SP; QL
GILOTrif	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
HYDREA	3	BP	KISQALI FEMARA	14	PA; MB; SP; QL
hydroxyurea oral	1		KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
IBRANCE	14	PA; MB; SP	KOSELUGO	5	PA; SP; QL
ICLUSIG	14	PA; MB; SP			
IDHIFA	14	PA; MB; SP; QL			
imatinib mesylate	14	PA; MB; SP			
IMBRUVICA ORAL CAPSULE	6	PA; SP; QL			
IMBRUVICA ORAL SUSPENSION	6	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KRAZATI	14	PA; MB; SP; QL	melphalan	14	PA; MB; SP
lapatinib ditosylate	14	PA; MB; SP	mercaptopurine oral	1	
lenalidomide	14	PA; MB; SP	MESNEX ORAL	5	SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP	MYLERAN	14	PA; MB; SP
letrozole oral	1	PV	NERLYNX	14	PA; MB; SP; QL
leucovorin calcium oral	1		NEXAVAR	14	PA; MB; SP; BP
LEUKERAN	14	PA; MB; SP	NILANDRON	14	PA; MB; SP; BP
LONSURF	14	PA; MB; SP	nilutamide	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL	NINLARO	14	PA; MB; SP
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL	NUBEQA	14	PA; MB; SP; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP	ODOMZO	14	PA; MB; SP
LYSODREN	14	PA; MB; SP	OJJAARA	14	PA; MB; SP; QL
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL	ONUREG	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL	ORGOVYX	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL	ORSERDU	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP	PANRETIN	5	SP
MEKINIST ORAL TABLET	14	PA; MB; SP	pazopanib hcl	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL	PEMAZYRE	14	PA; MB; SP; QL
			PIQRAY	14	PA; MB; SP; QL
			POMALYST	14	PA; MB; SP
			PURIXAN	3	

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
QINLOCK	14	PA; MB; SP; QL	tamoxifen citrate oral	1	PV
RETEVMO	14	PA; MB; SP; QL	TARCEVA	14	PA; MB; SP; BP
REVLIMID	14	PA; MB; SP	TARGRETIN EXTERNAL	6	SP; BP
REZLIDHIA	14	PA; MB; SP; QL	TARGRETIN ORAL	14	PA; MB; SP; BP
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
RUBRACA	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SCEMBLIX	14	PA; MB; SP; QL	TEPMETKO	14	PA; MB; SP; QL
SIKLOS	3	FE	THALOMID	14	PA; MB; SP
SOLTAMOX	3	PV	TIBSOVO	14	PA; MB; SP; QL
sorafenib tosylate	14	PA; MB; SP	toremifene citrate	1	PV
SPRYCEL	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
STIVARGA	14	PA; MB; SP	TUKYSA	14	PA; MB; SP; QL
sunitinib malate	14	PA; MB; SP	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
SUTENT	14	PA; MB; SP; BP	TYKERB	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP	VALCHLOR	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL	VANFLYTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP	VENCLEXTA	14	PA; MB; SP
TAGRISSO	14	PA; MB; SP; QL	VENCLEXTA STARTING PACK	14	PA; MB; SP
TALZENNA	14	PA; MB; SP; QL	VERZENIO	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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
VOTRIENT	14	PA; MB; SP; BP	ZEJULA ORAL TABLET	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZELBORAF	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZOLINZA	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZYDELIG	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYKADIA ORAL TABLET	14	PA; MB; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	Antiparasitics		
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	albendazole oral	1	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP	ALINIA ORAL TABLET	3	BP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	ARAKODA	3	FE
			atovaquone oral	1	
			atovaquone-proguanil hcl	1	
			BENZNIDAZOLE	3	QL
			BILTRICIDE	3	BP
			chloroquine phosphate oral	1	
			COARTEM	3	
			CROTAN	2	
			DARAPRIM	6	PA; SP; BP
			EMVERM	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydroxychloroquine sulfate oral	1		amantadine hcl solution 50 mg/5ml oral	1	
IMPAVIDO	3		APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	6	SP; BP
ivermectin oral	1	QL	apomorphine hcl subcutaneous	4	SP
KRINTAFEL	2	QL	AZILECT	3	BP
LAMPIT	3	QL	benztropine mesylate oral	1	
MALARONE	3	BP	bromocriptine mesylate oral	1	
malathion external	1		carbidopa oral	1	
mefloquine hcl	1		carbidopa-levodopa	1	
MEPRON	3	BP	carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
NATROBA	3	BP	carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
NEBUPENT	3	BP	COMTAN	3	BP
nitazoxanide oral	1		DHIVY ORAL TABLET 25-100 MG	3	FE
OVIDE	3	BP	entacapone	1	
pentamidine isethionate inhalation	1		GOCOVRI	6	SP; FE
permethrin external cream	1		INBRIJA	6	SP; FE
PLAQUENIL TABLET 200 MG ORAL	3	BP	LODOSYN	3	BP
praziquantel oral	1		MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	FE; BP
primaquine phosphate oral tablet 26.3 (15 base) mg	1				
pyrimethamine oral	4	PA; SP			
QUALAQUIN	3	BP			
quinine sulfate oral	1				
spinosad	1				
STROMECTOL	3	BP; QL			
sulfurated lime	1				
Antiparkinson Agents					
amantadine hcl oral capsule	1				
amantadine hcl oral tablet	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NEUPRO	3		TASMAR ORAL TABLET 100 MG	3	FE; BP
NOURIANZ	3	FE; QL	tolcapone	1	FE
ONGENTYS	2	QL	trihexyphenidyl hcl	1	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE	XADAGO	3	FE; QL
PARLODEL	3	BP	ZELAPAR	3	FE
pramipexole dihydrochloride	1		Antiplatelets		
pramipexole dihydrochloride er	1	FE	aspirin-dipyridamole er	1	PV
rasagiline mesylate oral	1		BRILINTA ORAL TABLET 60 MG	2	PV
ropinirole hcl	1		BRILINTA TABLET 90 MG ORAL	2	PV
ropinirole hcl er	1		CABLIVI	5	PA; SP; QL
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST	cilostazol	1	PV
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST	clopidogrel bisulfate oral	1	PV
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST	dipyridamole oral	1	PV
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST	EFFIENT	3	PV; BP
selegiline hcl oral	1		PLAVIX ORAL TABLET 75 MG	3	PV; BP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP	prasugrel hcl	1	PV
STALEVO 100	3	BP	YOSPRALA	3	PV; FE
STALEVO 125	3	BP	ZONTIVITY	2	PV
STALEVO 150	3	BP	Antipsychotics - Drugs for Mood Disorders		
STALEVO 200	3	BP	ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
STALEVO 50	3	BP	ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
STALEVO 75	3	BP	ABILIFY ORAL TABLET	3	PV; BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADASUVE	3	PV	INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP
aripiprazole oral solution	1	PV	LATUDA	3	ST; PV; BP; QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg	1	PV; QL	loxapine succinate oral	1	PV
aripiprazole oral tablet dispersible	1	PV; QL	lurasidone hcl	1	ST; PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL	molindone hcl	1	PV
asenapine maleate	1	ST; PV; FE; QL	NUPLAZID ORAL CAPSULE	2	ST; PV; QL
CAPLYTA	3	ST; PV; FE; QL	NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
chlorpromazine hcl oral	1	PV	olanzapine oral	1	PV
clozapine oral tablet	1	PV	paliperidone er	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV	pimozide	1	
clozapine tablet dispersible 100 mg oral	1	PV	quetiapine fumarate er	1	PV; QL
clozapine tablet dispersible 150 mg oral	1	PV	quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
clozapine tablet dispersible 200 mg oral	1	PV	quetiapine fumarate oral tablet 150 mg	1	PV
CLOZARIL	3	PV; BP	REXULTI	3	ST; PV; FE; QL
FANAPT	3	ST; PV; FE; QL	RISPERDAL ORAL SOLUTION	3	PV; BP
FANAPT TITRATION PACK	3	ST; PV; FE; QL	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
fluphenazine hcl oral	1	PV	risperidone oral solution	1	PV
GEODON ORAL	3	PV; BP	risperidone oral tablet 0.25 mg	1	PV
haloperidol lactate concentrate 2 mg/ml oral	1	PV	risperidone oral tablet dispersible	1	PV
haloperidol oral	1	PV	risperidone tablet 0.5 mg oral	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
risperidone tablet 1 mg oral	1	PV	adefovir dipivoxil	1	
risperidone tablet 2 mg oral	1	PV	APTIVUS ORAL CAPSULE	2	PV; QL
risperidone tablet 3 mg oral	1	PV	atazanavir sulfate	1	PV; QL
risperidone tablet 4 mg oral	1	PV	BARACLUDE ORAL SOLUTION	3	
RYKINDO	14	MB; PV; QL	BARACLUDE ORAL TABLET	3	BP
SAPHRIS	3	ST; PV; FE; BP; QL	BIKTARVY	2	PV; QL
SECUADO	3	ST; PV; FE; QL	CIMDUO	2	PV; QL
SEROQUEL	3	PV; BP; QL	COMPLERA	2	PV; QL
SEROQUEL XR	3	PV; BP; QL	darunavir	1	PV; QL
thioridazine hcl oral	1	PV	DELSTRIGO	2	PV; QL
thiothixene oral	1	PV	DENAVIR	3	FE; BP
trifluoperazine hcl oral	1	PV	DESCOVY	2	PV; QL
VERSACLOZ	3	PV	DOVATO	2	PV; QL
VRAYLAR	2	ST; PV; QL	EDURANT	2	PV; QL
ziprasidone hcl	1	PV	efavirenz oral tablet	1	PV; QL
ZYPREXA ORAL	3	PV; BP	efavirenz-emtricitab- tenofo df	1	PV; QL
ZYPREXA ZYDIS	3	PV; BP	efavirenz-lamivudine- tenofovir oral tablet 400-300-300 mg	1	PV
Antivirals					
abacavir sulfate	1	PV; QL	efavirenz-lamivudine- tenofovir oral tablet 600-300-300 mg	1	PV; QL
abacavir sulfate- lamivudine	1	PV; QL	emtricitabine	1	PV; QL
acyclovir external cream	1	FE	emtricitabine-tenofovir df	1	PV; QL
acyclovir external ointment	1		EMTRIVA ORAL CAPSULE	3	PV; BP; QL
acyclovir oral	1		EMTRIVA ORAL SOLUTION	2	PV; QL
			entecavir	1	
			EPCLUSIA	5	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EPIVIR	3	PV; BP; QL	LEDIPASVIR- SOFOSBUVIR	5	PA; SP; QL
etravirine	1	PV; QL	LIVTENCITY	2	QL
EVOTAZ	2	PV; QL	lopinavir-ritonavir	1	PV; QL
famciclovir oral	1	QL	maraviroc	1	PV; QL
fosamprenavir calcium	1	PV; QL		5	PA; SP; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL	MAVYRET		
GENVOYA	2	PV; QL	nevirapine	1	PV; QL
HARVONI	5	PA; SP; QL	nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL	NORVIR ORAL PACKET	2	PV
INTELENCE ORAL TABLET 25 MG	2	PV; QL	NORVIR ORAL TABLET	3	PV; BP; QL
ISENTRESS HD	2	PV; QL	ODEFSEY	2	PV; QL
ISENTRESS ORAL PACKET	2	PV	oseltamivir phosphate oral	1	QL
ISENTRESS ORAL TABLET	2	PV; QL	PAXLOVID (150/100)	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL	PAXLOVID (300/100)	2	QL
JULUCA	2	PV; QL	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP
KALETRA ORAL SOLUTION	3	PV; BP; QL	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		
KALETRA ORAL TABLET	3	PV; BP; QL	penciclovir	1	FE
lamivudine oral solution	1	PV; QL	PIFELTRO	2	PV; QL
lamivudine oral tablet 100 mg	1		PREVYMIS ORAL	6	SP; QL
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL	PREZCOBIX	2	PV; QL
lamivudine-zidovudine	1	PV; QL	PREZISTA ORAL SUSPENSION	2	PV; QL
			PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL	SYMFI LO	3	PV; BP
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL	SYMTUZA	2	PV; QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL	TAMIFLU ORAL CAPSULE	3	BP; QL
RETROVIR ORAL SYRUP	3	PV; BP; QL	TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL	tenofovir disoproxil fumarate	1	PV; QL
REYATAZ ORAL PACKET	3	PV	TIVICAY ORAL TABLET 50 MG	2	PV; QL
ribavirin inhalation	1		TIVICAY PD	2	PV; QL
ribavirin oral capsule	1		TRIUMEQ	2	PV; QL
ribavirin oral tablet 200 mg	1		TRIUMEQ PD	2	PV; QL
rimantadine hcl	1		TRUVADA	3	PV; BP; QL
ritonavir	1	PV; QL	TYBOST	3	PV; QL
RUKOBIA	2	PV; QL	valacyclovir hcl oral	1	
SELZENTRY ORAL SOLUTION	2	PV; QL	VALCYTE	3	BP
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL	valganciclovir hcl	1	
SITAVIG	3	FE	VALTREX	3	BP
SOFOSBUVIR- VELPATASVIR	5	PA; SP; QL	VEMLIDY	3	
SOVALDI	6	SP; FE; QL	VIRACEPT ORAL TABLET	2	PV; QL
STRIBILD	2	PV; QL	VIRAZOLE	3	BP
SUNLENCA ORAL	2	PV; QL	VIREAD ORAL POWDER	3	PV
SYMF	3	PV; BP; QL	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
			VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
			VOSEVI	5	PA; SP; QL
			XERESE	3	FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL	DORAL	3	FE; BP
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL	estazolam	1	
ZEPATIER	6	SP; FE; QL	HALCION	3	BP
ZIAGEN ORAL SOLUTION	3	PV; BP; QL	hydroxyzine hcl oral tablet	1	
zidovudine	1	PV; QL	hydroxyzine hcl syrup 10 mg/5ml oral	1	
ZOVIRAX EXTERNAL CREAM	3	FE; BP	hydroxyzine pamoate oral	1	
ZOVIRAX EXTERNAL OINTMENT	3	BP	KLONOPIN	3	BP
Anxiolytics - Drugs for Anxiety			lorazepam intensol	1	
alprazolam er	1		lorazepam oral concentrate 2 mg/ml	1	
alprazolam intensol	1		lorazepam oral tablet	1	
alprazolam oral tablet	1		LOREEV XR	3	FE
alprazolam oral tablet dispersible	1	FE	meprobamate	1	
alprazolam xr	1		midazolam hcl oral	1	
ATIVAN ORAL	3	BP	oxazepam	1	
buspirone hcl oral	1		quazepam	1	FE
chlordiazepoxide hcl	1		triazolam	1	
clonazepam oral	1		VALIUM	3	BP
clorazepate dipotassium	1		VISTARIL ORAL CAPSULE 25 MG	3	BP
diazepam intensol	1		XANAX	3	BP
diazepam oral concentrate	1		XANAX XR	3	BP
diazepam oral tablet	1		Bipolar Agents - Drugs for Mood Disorders		
diazepam solution 5 mg/5ml oral	1		EQUETRO	3	PV
			lithium	1	
			lithium carbonate er	1	
			lithium carbonate oral	1	
			LITHOBID	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Blood Products and Modifiers - Drugs for Blood Disorders					
AGRYLIN	3	BP	UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
aminocaproic acid oral solution	1		ZIEXTENZO	14	MB; SP
aminocaproic acid oral tablet	1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
anagrelide hcl	1		ACCUPRIL	3	PV; BP
DOPTELET ORAL TABLET 20 MG	6	PA; SP; FE; QL	ACCURETIC ORAL TABLET 10-12.5 MG	3	PV
FULPHILA	14	MB; SP	ACCURETIC ORAL TABLET 20-12.5 MG	3	PV; BP
FYLNETRA	14	MB; SP	acebutolol hcl oral	1	PV
MULPLETA	5	PA; SP; QL	ALDACTONE	3	PV; BP
NEULASTA ONPRO	14	MB; SP	aliskiren fumarate	1	PV
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP	ALTACE ORAL CAPSULE	3	PV; BP
NYVEPRIA	14	MB; SP	ALTOPREV	3	PV; FE; QL
PROMACTA	5	PA; SP; QL	amiloride hcl oral	1	PV
PYRUKYND	5	PA; SP; QL	amiloride-hydrochlorothiazide	1	PV
PYRUKYND TAPER PACK	5	PA; SP; QL	amiodarone hcl oral	1	
STIMUFEND	14	MB; SP	amlodipine besylate oral	1	PV
TAVALISSE	5	PA; SP; QL	amlodipine besylate-benazepril hcl	1	PV
tranexamic acid oral	1	QL	amlodipine besylate-valsartan	1	PV
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB	amlodipine-atorvastatin	1	PV; QL
			amlodipine-olmesartan	1	PV
			amlodipine-valsartan-hctz	1	PV
			ASPRUZY SPRINKLE	3	PV; FE; QL

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ATACAND	3	PV; BP	CAMZYOS	6	PA; SP; QL
ATACAND HCT	3	PV; FE; BP	candesartan cilexetil	1	PV
atenolol oral	1	PV	candesartan cilexetil- hctz	1	PV; FE
atenolol-chlorthalidone	1	PV	captopril oral	1	PV
ATORVALIQ	3	PV; FE; QL	captopril- hydrochlorothiazide	1	PV
atorvastatin calcium oral	1	PV; QL	CARDIZEM CD	3	PV; BP
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP	CARDIZEM LA	3	PV; FE; BP
AVAPRO	3	PV; BP	CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
AZOR	3	PV; BP	CARDURA	3	PV; BP; QL
benazepril hcl oral	1	PV	CAROSPIR	3	PV; FE; BP
benazepril- hydrochlorothiazide	1	PV	cartia xt	1	PV
BENICAR	3	PV; BP	carvedilol	1	PV
BENICAR HCT	3	PV; BP	carvedilol phosphate er	1	PV; FE
BETAPACE AF	3	PV; BP	CATAPRES-TTS-1	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP	CATAPRES-TTS-2	3	PV; BP
betaxolol hcl oral	1	PV	CATAPRES-TTS-3	3	PV; BP
BIDIL	3	PV; BP	chlorthalidone oral tablet 25 mg, 50 mg	1	PV
bisoprolol fumarate oral	1	PV	cholestyramine light	1	PV; QL
bisoprolol- hydrochlorothiazide	1	PV	cholestyramine oral	1	PV; QL
bumetanide oral	1	PV	clonidine	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP	clonidine hcl oral	1	PV
BYSTOLIC	3	PV; BP	colesevelam hcl oral packet	1	PV; FE
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
COLESTID	3	PV; BP	COLESTID	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COLESTID FLAVORED	3	PV; BP	dilt-xr	1	PV
colestipol hcl	1	PV	DIOVAN	3	PV; BP
CONJUPRI	3	PV; FE	DIOVAN HCT	3	PV; BP
COREG	3	PV; BP	disopyramide phosphate oral	1	
COREG CR	3	PV; FE; BP	DIURIL	2	PV
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP	dofetilide	1	
CORLANOR	3		doxazosin mesylate oral	1	PV; QL
COZAAR	3	PV; BP	droxidopa	4	SP; FE
CRESTOR	3	PV; BP; QL	DYRENIUM	3	PV; BP
DEMSER	3	PV; BP	EDARBI	3	PV; FE
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP	EDARBYCLOR	3	PV; FE
digoxin oral	1	PV	EDECRIN	3	PV; BP
diltiazem hcl er beads	1	PV	enalapril maleate oral solution	1	PV; FE
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV	enalapril hydrochlorothiazide	1	PV
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1	PV; FE	ENTRESTO	3	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV	EPANED ORAL SOLUTION	3	PV; FE; BP
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV	eplerenone	1	PV
diltiazem hcl er oral tablet extended release 24 hour	1	PV; FE	ethacrynic acid oral	1	PV
diltiazem hcl oral	1	PV	EXFORGE	3	PV; BP
			EXFORGE HCT	3	PV; BP
			EZALLOR SPRINKLE	3	PV; FE; QL
			ezetimibe	1	PV; QL
			EZETIMIBE- ROSUVASTATIN	3	PV; FE; QL
			ezetimibe-simvastatin	1	PV; QL
			felodipine er	1	PV
			fenofibrate micronized oral capsule 130 mg	1	PV; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV	icosapent ethyl	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV	indapamide oral	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE	INDERAL LA	3	PV; BP
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE	INDERAL XL	3	PV; FE
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV	INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PV; FE
fenofibric acid oral capsule delayed release	1	PV	INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
fenofibric acid oral tablet	1	PV; FE	INPEFA ORAL TABLET 200 MG	3	FE; QL
FENOGLIDE	3	PV; FE; BP	INSPRA	3	PV; BP
FIBRICOR	3	PV; FE	irbesartan	1	PV
flecainide acetate	1		irbesartan-hydrochlorothiazide	1	PV
FLOLIPID	3	PV; FE	ISORDIL TITRADOSE	3	PV; BP
fluvastatin sodium	1	PV; QL	isosorb dinitrate-hydralazine	1	PV
fluvastatin sodium er	1	PV; QL	isosorbide dinitrate oral	1	PV
fosinopril sodium	1	PV	isosorbide mononitrate	1	PV
fosinopril sodium-hctz	1	PV	isosorbide mononitrate er	1	PV
FUROSCIX	3	PV; FE	isradipine	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV	JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	6	SP; PV; FE
furosemide oral tablet	1	PV	KAPSPARGO SPRINKLE	3	PV; FE
gemfibrozil oral	1	PV	KATERZIA	3	PV; AL
guanfacine hcl oral	1	PV	labetalol hcl oral	1	PV
HEMANGEOL	5	SP; PV	LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
hydralazine hcl oral	1	PV	LASIX	3	PV; BP
hydrochlorothiazide oral	1	PV			
HYZAAR	3	PV; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LESCOL XL	3	PV; BP; QL	metyrosine	1	PV
LEVAMLODIPINE MALEATE	3	PV; FE	mexiletine hcl oral	1	
LIPITOR	3	PV; BP; QL	MICARDIS	3	PV; BP
LIPOFEN	3	PV; FE; BP	MICARDIS HCT	3	PV; FE; BP
lisinopril oral	1	PV	midodrine hcl	1	
lisinopril- hydrochlorothiazide	1	PV	MINIPRESS	3	PV; BP
LIVALO	3	PV; FE; BP; QL	minoxidil oral	1	PV
LOPID	3	PV; BP	moexipril hcl	1	PV
LOPRESSOR ORAL	3	PV; BP	MULTAQ	2	
losartan potassium oral	1	PV	nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
losartan potassium-hctz	1	PV	nebivolol hcl	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP	NEXLETOL	2	PA; PV; QL
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP	NEXLIZET	2	PA; PV; QL
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5- 20 MG	3	PV; BP	niacin (antihyperlipidemic)	1	PV
lovastatin oral	1	PV; QL	niacin er (antihyperlipidemic)	1	PV
LOVAZA	3	PV; BP	niacor	1	PV
matzim la	1	PV; FE	nicardipine hcl oral	1	PV; FE
MAXZIDE	3	PV; BP	nifedipine capsule 10 mg oral	1	PV
MAXZIDE-25	3	PV; BP	nifedipine er	1	PV
metolazone	1	PV	nifedipine er osmotic release	1	PV
metoprolol succinate er	1	PV	nifedipine oral capsule 20 mg	1	PV
metoprolol tartrate oral	1	PV	nimodipine oral	1	PV
metoprolol- hydrochlorothiazide	1	PV	nisoldipine er	1	PV; FE
			NITRO-BID	2	PV
			NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE	phenoxybenzamine hcl oral	1	PV
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE	pindolol	1	PV
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE	pitavastatin calcium	1	PV; QL
nitroglycerin sublingual	1	PV	PRALUENT SOLUTION AUTO- INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
nitroglycerin transdermal patch 24 hour	1	PV	PRALUENT SOLUTION AUTO- INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
nitroglycerin translingual solution	1	PV	pravastatin sodium	1	PV; QL
NITROLINGUAL	3	PV; BP	prazosin hcl oral	1	PV
NITROSTAT	3	PV; BP	PRESTALIA	3	PV
NORLIQVA	3	PV; AL	prevalite	1	PV; QL
NORPACE	3	BP	PROCARDIA XL	3	PV; BP
NORPACE CR	2		propafenone hcl	1	
NORTHERA	6	SP; FE; BP	propafenone hcl er	1	
NORVASC	3	PV; BP	propranolol hcl er	1	PV
olmesartan medoxomil oral	1	PV	propranolol hcl oral	1	PV
olmesartan medoxomil- hctz	1	PV	QBRELIS	3	PV; FE
olmesartan-amlodipine- hctz	1	PV	QUESTRAN	3	PV; BP; QL
omega-3-acid ethyl esters	1	PV	QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP	quinapril hcl	1	PV
pentoxifylline er	1		quinapril- hydrochlorothiazide	1	PV
perindopril erbumine	1	PV	quinidine gluconate er	1	
			quinidine sulfate oral	1	
			ramipril	1	PV
			ranolazine er	1	PV
			RECTIV	3	
			REPATHA	2	PA; PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL	TOPROL XL	3	PV; BP
REPATHA SURECLICK	2	PA; PV; QL	torsemide oral	1	PV
rosuvastatin calcium	1	PV; QL	trandolapril	1	PV
ROSZET	3	PV; FE; QL	trandolapril-verapamil hcl er	1	PV
simvastatin oral tablet	1	PV; QL	triamterene oral	1	PV
SOAANZ	3	PV; FE	triamterene-hctz oral capsule 37.5-25 mg	1	PV
sotalol hcl (af)	1	PV	triamterene-hctz oral tablet	1	PV
sotalol hcl oral	1	PV	TRIBENZOR	3	PV; BP
SOTYLIZE	3	PV	TRICOR	3	PV; BP
spironolactone oral	1	PV	TRILIPIX	3	PV; BP
spironolactone-hctz	1	PV	VALSARTAN ORAL SOLUTION	3	PV; FE
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP	valsartan oral tablet	1	PV
taztia xt	1	PV	valsartan- hydrochlorothiazide	1	PV
TEKTURNA	3	PV; BP	VASCEPA	3	PV; BP
telmisartan	1	PV	VASERETIC	3	PV; BP
telmisartan-amlodipine	1	PV	VASOTEC	3	PV; BP
telmisartan-hctz	1	PV; FE	VECAMYL	3	PV
TENORETIC 100	3	PV; BP	verapamil hcl er oral capsule extended release 24 hour	1	PV
TENORETIC 50	3	PV; BP	verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
TENORMIN	3	PV; BP	verapamil hcl oral	1	PV
tiadylt er	1	PV	VERELAN	3	PV; BP
TIAZAC	3	PV; BP	VERELAN PM	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP	VERQUVO	3	QL
TIKOSYN CAPSULE 250 MCG ORAL	3	BP	VYNDAMAX	5	PA; SP; QL
TIKOSYN CAPSULE 500 MCG ORAL	3	BP			
timolol maleate oral	1	PV			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VYndaqel	5	PA; SP; QL	AZSTARYS	3	FE; QL
Vytorin	3	PV; BP; QL	clonidine hcl er oral tablet extended release 12 hour	1	
WELCHOL ORAL PACKET	3	PV; FE; BP	CONCERTA	3	
WELCHOL ORAL TABLET	3	PV; BP	COTEMPLA XR-ODT	3	FE
Zestoretic	3	PV; BP	DAYTRANA	3	FE; BP
Zestril	3	PV; BP	DESOXYN	3	BP
Zetia	3	PV; BP; QL	DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
Zocor Oral TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL	dexmethylphenidate hcl	1	
Zypitamag Oral TABLET 2 MG, 4 MG	3	PV; FE; QL	dexmethylphenidate hcl er	1	
Central Nervous System Agents			dextroamphetamine sulfate er	1	
SKYCLARYS	5	PA; SP; QL	dextroamphetamine sulfate oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			DYANAVEL XR	3	FE
ADDERALL	2		EVEKEO	3	BP
ADDERALL XR	3		EVEKEO ODT	3	FE
ADZENYS XR-ODT	3		FOCALIN	3	BP
amphetamine sulfate	1		FOCALIN XR	3	BP
amphetamine- dextroamphetamine	1		guanfacine hcl er	1	
amphetamine- dextroamphetamine er	1		INTUNIV	3	BP
amphet-dextroamphet 3-bead er	1	FE	JORNAY PM	3	
APTENSIO XR	3	BP	lisdexamfetamine dimesylate	1	
atomoxetine hcl	1	QL	methamphetamine hcl	1	
			METHYLIN ORAL SOLUTION	3	BP
			methylphenidate	1	FE
			methylphenidate hcl er	1	
			methylphenidate hcl er (cd)	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (la)	1		RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1		STRATTERA	3	BP; QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE	VYVANSE	2	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE	XELSTRYM	3	FE
methylphenidate hcl er (xr)	1		ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP
methylphenidate hcl oral	1		ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	
MYDAYIS	3	FE; BP	Central Nervous System Agents - Drugs for Multiple Sclerosis		
PROCENTRA	3	BP	AMPYRA	6	PA; SP; BP; QL
QUEBREE	3	ST; QL	AUBAGIO TABLET 14 MG ORAL	6	PA; SP; BP; QL
QUILLCHEW ER	3	FE	AUBAGIO TABLET 7 MG ORAL	6	PA; SP; BP; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3		AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; SP; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3		AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; SP; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE	BAFIERTAM	5	PA; SP; QL
RITALIN	3	BP	BETASERON SUBCUTANEOUS KIT	6	PA; SP; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	5	PA; SP; QL	MAYZENT TABLET 2 MG ORAL	5	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP; QL	PLEGRIDY	5	PA; SP; QL
dalfampridine er	4	PA; SP; QL	PLEGRIDY STARTER PACK	5	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL	PONVORY	6	PA; SP; FE; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL	PONVORY STARTER PACK	6	PA; SP; FE; QL
EXTAVIA SUBCUTANEOUS KIT	5	PA; SP; QL	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; SP; QL
fingolimod hcl	4	PA; SP; QL	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	6	PA; SP; BP; QL	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	5	PA; SP	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
glatiramer acetate	4	PA; SP; FE; QL	TASCENO ODT	6	PA; SP; QL
glatopa	4	PA; SP; FE; QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE	6	PA; SP; BP; QL
KESIMPTA	5	PA; SP; QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	6	PA; SP; BP; QL
MAVENCLAD	5	PA; SP; QL	teriflunomide	4	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	5	PA; SP; QL			
MAYZENT STARTER PACK	5	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VUMERITY	5	PA; SP; QL	NUEDEXTA	3	QL
ZEPOSIA	6	PA; SP; QL	pregabalin er	1	ST; FE; QL
ZEPOSIA 7-DAY STARTER PACK	6	PA; SP; QL	pregabalin oral	1	QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	6	PA; SP; QL	RADICAVA ORS	5	PA; SP; QL
Central Nervous System Agents - Miscellaneous			RADICAVA ORS STARTER KIT	5	PA; SP; QL
AUSTEDO	5	SP; QL	RELYVRIOS	5	PA; SP; QL
AUSTEDO XR	5	SP; QL	RILUTEK	3	BP
AUSTEDO XR PATIENT TITRATION	5	SP; QL	riluzole	1	
caffeine citrate oral	1		SAVELLA	2	ST; QL
DAYBUE	5	PA; SP; QL	SAVELLA TITRATION PACK	2	ST; QL
EXSERVAN	3	FE	TEGSEDI	5	PA; SP; QL
gabapentin (once-daily)	1		tetrabenazine	4	SP
GRALISE ORAL TABLET 300 MG, 600 MG	3	FE; BP	XENAZINE	6	SP; BP
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	3	FE	Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
HORIZANT ORAL TABLET EXTENDED RELEASE	3		AQUORAL MOUTH/THROAT SOLUTION	3	
IMCIVREE	6	PA; SP; QL	cevimeline hcl	1	
INGREZZA	5	SP; QL	chlorhexidine gluconate solution 0.12 % mouth/throat	1	
LYRICA	3	BP; QL	CLINPRO 5000 PASTE 1.1 % DENTAL	3	
LYRICA CR	3	ST; FE; BP; QL	DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
			DENTA 5000 PLUS	3	
			DENTAGEL	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EVOXAC	3	BP	PREVIDENT 5000		
FLUORIDEX	3		SENSITIVE DENTAL GEL	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3		REMESENSE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3		SALAGEN	3	BP
FLUORIMAX 5000	3		sf	1	
FLUORIMAX 5000 SENSITIVE	3		sf 5000 plus	1	
JUST RIGHT 5000 DENTAL PASTE	3		sodium fluoride 5000 plus	1	
kourzeq	1		sodium fluoride 5000 ppm dental cream	1	
lidocaine viscous hcl solution 2 % mouth/throat	1		sodium fluoride 5000 ppm dental paste	1	
MI PASTE	2		sodium fluoride dental cream	1	
MI PASTE PLUS	2		sodium fluoride dental gel 1.1 %	1	
oralone	1		triamcinolone acetonide mouth/throat	1	
PERIDEX	3	BP	Dermatological Agents - Drugs for Skin Conditions		
periogard	1		ABSORICA LD	3	FE
pilocarpine hcl oral	1		ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
PREVIDENT	3		ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE; BP
PREVIDENT 5000 BOOSTER PLUS	3		ACANYA	3	BP
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3		accutane	1	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3		acitretin	1	
PREVIDENT 5000 ORTHO DEFENSE	3		ACZONE EXTERNAL GEL 5 %	3	BP
PREVIDENT 5000 PLUS	3		ACZONE EXTERNAL GEL 7.5 %	3	FE; BP
			adapalene external cream	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
adapalene external gel	1		AZELEX	3	FE
ADAPALENE EXTERNAL PAD	3	FE	B & C	2	
ADAPALENE EXTERNAL SOLUTION	3	FE	balsam peru-castor oil	1	
adapalene-benzoyl peroxide external gel	1		BENZAMYCIN	3	BP
ADBRY	5	PA; SP; QL	benzoyl peroxide-erythromycin	1	
AKLIEF	3	FE	betamethasone dipropionate aug	1	
ALA SCALP	3	FE	betamethasone dipropionate external	1	
ala-cort external cream 1 %	1		betamethasone valerate external	1	
alclometasone dipropionate	1		BPCO	2	
ALTRENO	3	AL	BRYHALI	3	FE
ALUMINUM CHLORIDE ANHYDROUS	2		CALAMINE	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2		calcipotriene external cream	1	
amcinonide external ointment	1	FE	calcipotriene external ointment	1	
ammonium lactate cream 12 % external (rx)	1		calcipotriene external solution	1	
ammonium lactate lotion 12 % external (rx)	1		calcipotriene-betameth diprop	1	FE; QL
amnesteem	1		CALCITRENE	3	BP
AMZEEQ	3	FE	calcitriol external	1	
APEXICON E	3	FE	CAPEX	3	FE
ARAZLO	3	FE	CARAC	2	
ATRALIN	3	AL; BP	CIBINQO	5	PA; SP; QL
azelaic acid external	1		claravis	1	
			CLEOCIN-T EXTERNAL LOTION	3	BP
			clindacin	1	FE
			clindacin etz external swab	1	
			clindacin-p	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLINDAGEL	3	BP	CORDRAN EXTERNAL TAPE	3	FE
clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1		dapsone external gel 5 %	1	
clindamycin phosphate external foam	1	FE	dapsone external gel 7.5 %	1	FE
clindamycin phosphate external gel	1		DERMA-SMOOTH/FS BODY	3	BP
clindamycin phosphate external lotion	1		DERMA-SMOOTH/FS SCALP	3	BP
clindamycin phosphate external solution	1		desonide external cream	1	
clindamycin phosphate external swab	1		desonide external gel	1	FE
clindamycin-tretinoin	1		desonide external lotion	1	
clobetasol prop emollient base	1		desonide external ointment	1	
clobetasol propionate e	1		DESOWEN EXTERNAL CREAM	3	BP
clobetasol propionate emulsion	1	FE	desoximetasone external cream 0.05 %	1	FE
clobetasol propionate external	1		desoximetasone external cream 0.25 %	1	
CLOBEX	3	BP	desoximetasone external gel	1	
CLOBEX SPRAY	3	BP	desoximetasone external liquid	1	
clocortolone pivalate	1	FE	desoximetasone external ointment 0.05 %	1	FE
clodan external shampoo	1		desoximetasone external ointment 0.25 %	1	
CLODERM	3	FE; BP	diclofenac sodium gel 3 % external	1	
coal tar external solution	1		DIFFERIN EXTERNAL CREAM	3	BP
CONDYLOX EXTERNAL GEL	3	BP	DIFFERIN EXTERNAL GEL 0.3 %	3	BP
CORDRAN EXTERNAL CREAM 0.05 %	3				
CORDRAN EXTERNAL LOTION	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	Drug Name	Drug Tier	Limits/ Required
DIFFERIN EXTERNAL LOTION	3		erythromycin external solution	1	
diflorasone diacetate external	1	FE	EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
DIPROLENE EXTERNAL OINTMENT	3	BP	FABIOR	3	FE
doxepin hcl external	1		FINACEA EXTERNAL FOAM	3	
doxycycline	1	FE	fluocinolone acetonide body	1	
DRYSOL	2		fluocinolone acetonide external	1	
DUOBRII	3	FE	fluocinolone acetonide scalp	1	
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	5	PA; SP; QL	fluocinonide emulsified base	1	
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL	fluocinonide external	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; SP; QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
EFUDEX EXTERNAL CREAM	3	BP	fluorouracil external cream 5 %	1	
ELIDEL	3	BP	fluorouracil external solution	1	
ENSTILAR	3	FE	flurandrenolide external cream	1	
EPIDUO	3	BP	flurandrenolide external lotion	1	
EPIDUO FORTE	3	BP	fluticasone propionate external	1	
EPIFOAM	2		GORDOFILM	2	
EPSOLAY CREAM 5 % EXTERNAL	3	FE	halcinonide	1	FE
ery	1		halobetasol propionate	1	
ERYGEL	3	BP	HALOG EXTERNAL CREAM	3	FE; BP
erythromycin external gel	1		HALOG EXTERNAL OINTMENT	3	FE
			HALOG EXTERNAL SOLUTION	3	FE

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocortisone butyr lipo base	1		KERALYT EXTERNAL SHAMPOO	3	
hydrocortisone butyrate external cream	1	FE	KLARON	3	BP
hydrocortisone butyrate external lotion	1		KLISYRI	3	FE; QL
hydrocortisone butyrate external ointment	1		lactic acid e	1	
hydrocortisone butyrate external solution	1		lactic acid external lotion	1	
hydrocortisone cream 1 % external (rx)	1		LEXETTE	3	BP
hydrocortisone external cream 2.5 %	1		LITFULO	6	PA; SP; QL
hydrocortisone external lotion 2.5 %	1		LOCOID EXTERNAL LOTION	3	BP
hydrocortisone external ointment 2.5 %	1		LOCOID LIPOCREAM	3	BP
hydrocortisone ointment 1 % external (rx)	1		methoxsalen rapid	1	
hydrocortisone valerate	1		METROCREAM	3	BP
HYFTOR	3	PA; QL	METROGEL EXTERNAL GEL	3	BP
imiquimod external cream 3.75 %	1	FE; QL	METROLOTION	3	BP
imiquimod external cream 5 %	1	QL	metronidazole external	1	
imiquimod pump	1	FE; QL	mometasone furoate external	1	
IMPOYZ	3	FE	NEO-SYNALAR EXTERNAL CREAM	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		neuac external gel	1	
isotretinoin oral capsule 25 mg, 35 mg	1	FE	NORITATE	3	FE
ivermectin external cream	1		ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
KENALOG EXTERNAL	3	FE; BP	OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
			ORACEA	3	FE; BP
			PANDEL	3	FE
			pimecrolimus	1	
			podofilox external	1	
			PRUDOXIN	3	BP
			PYROGALLIC ACID	2	
			QBREXZA	3	ST; QL

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
REGRANEX	2	QL	TAZORAC EXTERNAL CREAM 0.05 %	3	FE
RETIN-A	3	AL; BP	TAZORAC EXTERNAL CREAM 0.1 %	3	BP
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	AL; FE; BP	TAZORAC EXTERNAL GEL	3	FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	3	AL; FE; BP	TEXACORT	3	FE
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	AL; FE	TOLAK	3	
SANTYL	3		TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP
selenium sulfide external lotion	1		TOPICORT EXTERNAL CREAM 0.25 %	3	BP
SERNIVO	3	FE	TOPICORT EXTERNAL GEL	3	BP
sodium sulfacetamide shampoo 10 % external	1		TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP
SOOLANTRA	3	BP	TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
SORILUX	3	FE	TOPICORT SPRAY	3	BP
sulfacetamide sodium (acne)	1		tovet external foam	1	FE
sulfacetamide sodium-sulfur liquid 10-5 % external	1		tretinoin external	1	AL
SYNALAR EXTERNAL CREAM	3	BP	tretinoin microsphere	1	AL; FE
SYNALAR EXTERNAL OINTMENT	3	BP	tretinoin microsphere pump	1	AL; FE
TACLONEX EXTERNAL SUSPENSION	3	FE; BP; QL	triamcinolone acetonide external aerosol solution	1	FE
tacrolimus external ointment	1		triamcinolone acetonide external cream	1	
tazarotene external cream	1		triamcinolone acetonide external lotion	1	
TAZAROTENE EXTERNAL FOAM	3	FE	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
tazarotene external gel	1	FE			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide external ointment 0.05 %	1	FE	Diabetes - Antidiabetic Agents		
triamcinolone in absorbase	1	FE	acarbose oral	1	PV
triderm external cream 0.5 %	1		ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
TWYNEO	3	FE	ACTOS	3	PV; BP; QL
ULTRAVATE EXTERNAL LOTION	3	FE	ALOGLIPTIN BENZOATE	3	PV; FE; QL
VANOS	3	BP	ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
VECTICAL	3	BP	ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
VELTIN	3	FE; BP	BEXAGLIFLOZIN	3	PV; FE; QL
VENELEX	2		BRENZAVVY	3	PV; FE; QL
VERDESO	3	FE	BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
VEREGEN	3	FE	BYETTA 10 MCG PEN	2	PA; PV; QL
VTAMA	3	FE; QL	BYETTA 5 MCG PEN	2	PA; PV; QL
WINLEVI	3	FE	CYCLOSET	3	PV
WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	FE	DAPAGLIFLOZIN PRO-METFORMIN ER	3	PV; FE; QL
XERAC AC	2		DAPAGLIFLOZIN PROPANEDIOL	3	PV; FE; QL
zenatane	1		DUETACT	3	PV; BP
ZIANA	3	BP	FARXIGA TABLET 10 MG ORAL	2	PV; QL
ZILXI	3	FE	FARXIGA TABLET 5 MG ORAL	2	PV; QL
ZONALON	3	BP	glimepiride	1	PV
ZORYVE EXTERNAL CREAM	3	ST; QL			
ZYCLARA	3	FE; BP; QL			
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL			
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
glipizide er	1	PV	JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
glipizide oral tablet 10 mg, 5 mg	1	PV	JANUVIA	2	PV; QL
glipizide oral tablet 2.5 mg	1	PV; FE	JARDIANCE TABLET 10 MG ORAL	2	PV; QL
glipizide xl	1	PV	JARDIANCE TABLET 25 MG ORAL	2	PV; QL
glipizide-metformin hcl	1	PV	JENTADUETO	3	PV; FE; QL
GLUCOTROL XL	3	PV; BP	JENTADUETO XR	3	PV; FE; QL
GLUMETZA	3	PV; FE; BP	KOMBIGLYZE XR	3	PV; BP; QL
glyburide micronized	1	PV	metformin hcl er	1	PV
glyburide oral	1	PV	metformin hcl er (mod)	1	PV; FE
glyburide-metformin	1	PV	metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL	metformin hcl ir	1	PV
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL	miglitol	1	PV
INVOKAMET	3	PV; FE; QL	MOUNJARO	2	PA; PV; QL
INVOKAMET XR	3	PV; FE; QL	nateglinide	1	PV
INVOKANA	3	PV; FE; QL	ONGLYZA	3	PV; BP; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL	OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
JANUMET TABLET 50- 500 MG ORAL	2	PV; QL	pioglitazone hcl	1	PV; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL	pioglitazone hcl- glimepiride	1	PV
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL	pioglitazone hcl- metformin 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	Drug Name	Drug Tier	Limits/ Required
QTERN	2	PV; QL	DEXCOM G6 TRANSMITTER	2	ST; QL
repaglinide	1	PV	DEXCOM G7 RECEIVER	2	ST; QL
RIOMET	3	PV; BP	DEXCOM G7 SENSOR	2	ST; QL
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL	ENLITE GLUCOSE SENSOR	3	FE
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL	EVERSENSE SENSOR/HOLDER	3	FE
saxagliptin hcl	1	PV; QL	EVERSENSE SMART TRANSMITTER	3	FE
saxagliptin-metformin er	1	PV; QL	FREESTYLE LIBRE 14 DAY READER	2	ST; QL
SEGLUROMET	3	PV; FE; QL	FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
SOLIQUA	2	PV; QL	FREESTYLE LIBRE 2 READER	2	ST; QL
STEGLATRO	3	PV; FE; QL	FREESTYLE LIBRE 2 SENSOR	2	ST; QL
STEGLUJAN	3	PV; FE; QL	FREESTYLE LIBRE 3 READER	2	ST; QL
SYMLINPEN 120	3	PA; PV	FREESTYLE LIBRE 3 SENSOR	2	ST; QL
SYMLINPEN 60	3	PA; PV	FREESTYLE LIBRE READER	2	ST; QL
SYNJARDY	2	PV; QL	GUARDIAN CONNECT TRANSMITTER	3	FE
SYNJARDY XR	2	PV; QL	GUARDIAN LINK 3 TRANSMITTER	3	FE
TRADJENTA	3	PV; FE; QL	GUARDIAN SENSOR (3)	3	FE
TRIJARDY XR	2	PV; QL	GUARDIAN SENSOR 3	3	FE
TRULICITY	2	PA; PV; QL	ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
VICTOZA	2	PA; PV; QL	ONETOUCH VERIO TEST STRIPS	2	PV; 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			

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
Diabetes - Glycemic Agents					
BAQSIMI ONE PACK	2	QL	APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE
BAQSIMI TWO PACK	2	QL	BASAGLAR KWIKPEN	3	PV; FE
diazoxide oral	1		BASAGLAR TEMPO PEN	3	PV; FE
glucagon emergency kit	1	QL	FIASP FLEXTOUCH	2	PV
GLUCAGON EMERGENCY KIT	3	QL	FIASP INJECTION	2	PV
GVOKE HYPOPEN 1-PACK	2	QL	FIASP PENFILL	2	PV
GVOKE HYPOPEN 2-PACK	2	QL	FIASP PUMPCART	2	PV
GVOKE KIT	2	QL	HUMALOG INJECTION	3	PV; FE
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL	HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE
PROGLYCEM	3	BP	HUMALOG MIX 50/50 KWIKPEN	3	PV; FE
ZEGALOGUE	3	FE; QL	HUMALOG MIX 50/50 VIAL	3	PV; FE
Diabetes - Insulins					
ADMELOG INJECTION	3	PV; FE	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE	HUMALOG TEMPO PEN	3	PV; FE
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV	HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE
APIDRA SOLOSTAR	3	PV; FE	HUMULIN 70/30 KWIKPEN	3	PV; FE
			HUMULIN 70/30 VIAL	3	PV; FE
			HUMULIN N KWIKPEN	3	PV; FE
			HUMULIN N VIAL	3	PV; FE
			HUMULIN R U-500 KWIKPEN	2	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMULIN R U-500 VIAL	2	PV	LANTUS U-100 VIAL	2	PV
HUMULIN R VIAL	3	PV; FE	LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE	LEVEMIR U-100 VIAL	2	PV
INSULIN ASPART FLEXPEN	3	PV; FE	LYUMJEV KWIKPEN	3	PV; FE
INSULIN ASPART INJECTION	3	PV; FE	LYUMJEV TEMPO PEN	3	PV; FE
INSULIN ASPART PENFILL	3	PV; FE	LYUMJEV VIAL	3	PV; FE
INSULIN ASPART PROT & ASPART	3	PV; FE	NOVOLIN 70/30 FLEXPEN	2	PV
INSULIN DEGLUDEC	2	PV	NOVOLIN 70/30 FLEXPEN RELION	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV	NOVOLIN 70/30 RELION	2	PV
INSULIN GLARGINE MAX SOLOSTAR	3	PV; FE	NOVOLIN 70/30 VIAL	2	PV
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PV; FE	NOVOLIN N FLEXPEN	2	PV
INSULIN GLARGINE-YFGN	3	PV; FE	NOVOLIN N FLEXPEN RELION	2	PV
INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE	NOVOLIN N RELION	2	PV
INSULIN LISPRO INJECTION	3	PV; FE	NOVOLIN N VIAL	2	PV
INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE	NOVOLIN R FLEXPEN	2	PV
INSULIN LISPRO PROT & LISPRO	3	PV; FE	NOVOLIN R FLEXPEN RELION	2	PV
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV	NOVOLIN R RELION	2	PV
			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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOVOLOG MIX 70/30 VIAL	2	PV	CALCIUM PHOSPHATE DIBASIC	2	
NOVOLOG U-100 PENFILL	2	PV	CALCIUM PHOSPHATE TRIBASIC	2	
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
REZVOGLAR KWIKPEN	3	PV; FE	CARNITOR ORAL	3	BP
SEMGLEE (YFGN)	3	PV; FE	CARNITOR SF	3	BP
TOUJEO MAX SOLOSTAR	2	PV	CHEMET	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CHOLINE BITARTRATE POWDER	2	
TRESIBA	2	PV	CUVRIOR	6	SP; FE; QL
TRESIBA FLEXTOUCH	2	PV	cyanocobalamin injection solution 1000 mcg/ml	1	
Electrolytes / Minerals / Metals / Vitamins			deferasirox	4	SP
ACCRUFER	3	FE; QL	deferasirox granules	4	SP
ALANINE	2		deferiprone	4	SP; FE
CALCIFOL	2		DL-ALANINE	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-LEUCINE	2	
CALCIUM GLUCONATE	2		DL-METHIONINE POWDER (RX)	2	
CALCIUM GLUCONATE ANHYDROUS	2		DL-PHENYLALANINE	2	
CALCIUM GLUCONATE MONOHYDRATE	2		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
CALCIUM LACTATE PENTAHYDRATE	2		effer-k tablet effervescent 25 meq oral	1	
			EXJADE	6	SP; BP
			FERRIPROX ORAL SOLUTION	6	SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FERRIPROX ORAL TABLET	6	SP; FE; BP	L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
FERRIPROX TWICE-A-DAY	6	SP; FE	L-HISTIDINE POWDER (RX)	2	
folate	1	O	L-ISOLEUCINE POWDER (RX)	2	
folic acid oral tablet 1 mg	1		L-LEUCINE	2	
folic acid oral tablet 400 mcg, 800 mcg	1	O	L-METHIONINE POWDER (RX)	2	
GALZIN	3		LOKELMA	3	QL
iodine strong oral	1		L-PHENYLALANINE	2	
JADENU	6	SP; BP	L-PROLINE	2	
JADENU SPRINKLE	6	SP; BP	L-TYROSINE	2	
JYNARQUE	6	PA; SP; QL	L-VALINE POWDER	2	
klor-con 10	1		MAGNESIUM CARBONATE HEAVY	2	
klor-con m10	1		MAGNESIUM CARBONATE POWDER	2	
klor-con m15	1		MASONATAL	2	O; PV
klor-con m20	1		METHIONINE	2	
klor-con oral packet 20 meq	1		NEOKE ALCAR	2	
klor-con oral tablet extended release	1		NEONATAL PRENATAL	2	O; PV
k-prime	1		ONE VITE WOMENS	2	O; PV
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP	ONE-A-DAY WOMENS PRENATAL 1	2	O; PV
L-ALANINE	2		phosphorous	1	
L-ARGININE	2		phytonadione oral	1	QL
L-CYSTINE	2		POKONZA	3	FE
levocarnitine oral tablet	1		potassium chloride crys er	1	
levocarnitine sf	1		potassium chloride er	1	
levocarnitine solution 1 gm/10ml oral	1		potassium chloride oral packet	1	
L-GLUTAMIC ACID	2				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
potassium chloride oral solution 40 meq/15ml (20%)	1		sterile water for irrigation solution irrigation	1	
potassium chloride solution 10 % oral	1		SYPRINE	6	SP; BP
potassium chloride solution 20 meq/15ml (10%) oral	1		TAURINE POWDER	2	
potassium citrate er	1		THREONINE	2	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	O; PV	tolvaptan	4	SP
prenatal oral tablet 27-0.8 mg	1	O; PV	trientine hcl oral capsule 250 mg	4	SP
SAMSCA	6	SP; BP	trientine hcl oral capsule 500 mg	1	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1		UROCIT-K 10	3	BP
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1		UROCIT-K 15	3	BP
SODIUM ASCORBATE POWDER	2		UROCIT-K 5	3	BP
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1		VALINE	2	
sodium bicarbonate solution 8.4 % intravenous	1		VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA	VELTASSA PACKET 8.4 GM ORAL	3	
sodium fluoride oral tablet chewable	1	ACA	weekly-d	1	
sodium polystyrene sulfonate oral powder	1		wes-phos 250 neutral	1	
SPS	2		yl folic acid	1	O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer					
			ACIPHEX	3	PV; BP; QL
			CARAFATE	3	PV; BP
			cimetidine oral	1	PV
			CYTOTEC	3	PV; BP
			DEXILANT	3	PV; FE; BP; QL
			dexlansoprazole	1	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL	NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL	nizatidine oral capsule	1	PV
esomeprazole magnesium oral packet	1	PV; AL; QL	omeprazole oral capsule delayed release	1	PV; QL
famotidine oral suspension reconstituted	1	PV	OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
famotidine oral tablet 40 mg	1	PV	omeprazole-sodium bicarbonate oral capsule	1	PV; QL
famotidine tablet 20 mg oral (rx)	1	PV	omeprazole-sodium bicarbonate oral packet	1	PV; FE; QL
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	pantoprazole sodium oral packet	1	PV; FE; QL
KONVOMEP	3	PV; FE; QL	pantoprazole sodium oral tablet delayed release	1	PV; QL
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL	PEPCID ORAL TABLET	3	PV; BP
lansoprazole oral capsule delayed release 30 mg	1	PV; QL	PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL
misoprostol oral	1	PV	PRILOSEC ORAL PACKET	3	PV; FE
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL	PROTONIX ORAL PACKET	3	PV; FE; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL	PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
			RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
rabeprazole sodium oral tablet delayed release	1	PV; QL	diphenoxylate-atropine oral liquid	1	
sucralfate oral tablet	1	PV	diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
sucralfate suspension 1 gm/10ml oral	1	PV	ENTEREG	3	BP
ZEGERID ORAL CAPSULE	3	PV; BP; QL	enulose	1	
ZEGERID ORAL PACKET	3	PV; FE; BP; QL	ft clearlax	1	O
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			ft laxative	1	O
alosetron hcl	1		ft magnesium citrate	1	O
alvimopan	1		GASTROCROM	3	BP
ANASPAZ	3		GATTEX	5	PA; SP
bis subcit-metronid-tetracyc	1	PV; FE	gavilax oral powder	1	O
BISACODYL	2		gavilyte-c	1	PV
bisacodyl ec	1	O	gavilyte-g	1	PV
bisacodyl oral	1	O	generlac	1	
bismuth/metronidaz/tetracyclin	1	PV; FE	gentle laxative oral	1	O
CHENODAL	5	PA; SP	gentrelax oral powder	1	O
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE	GIALAX	3	FE
citroma	1	O	GLYCATE	3	FE
clearlax oral powder	1	O	glycolax	1	O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV	glycopyrrolate oral solution	1	
constulose	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
cromolyn sodium oral	1		GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
CUVPOSA	3	BP	GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
dicyclomine hcl oral	1		HELIDAC THERAPY	3	PV; FE
			hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
			hyoscyamine sulfate sl	1	
			hyoscyamine sulfate tablet 0.125 mg oral	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1		MOTOFEN	3	FE
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1		MOVANTIK	2	QL
IBSRELA	3	ST; FE; QL	MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
KRISTALOSE	3	FE	MYTESI	3	
lactulose encephalopathy	1		na sulfate-k sulfate-mg sulf	1	PV
lactulose oral packet	1	FE	OMECLAMOX-PAK	3	PV; FE
lactulose oral solution 20 gm/30ml	1		OSCIMIN ORAL TABLET	3	
lactulose solution 10 gm/15ml oral	1		OSCIMIN SUBLINGUAL	3	
LIBRAX	3	FE; BP	peg 3350-kcl-na bicarb-nacl	1	PV
LINZESS	2	QL	peg-3350/electrolytes	1	PV
LOMOTIL ORAL TABLET	3	BP	peg-3350/electrolytes/ascorbate	1	PV
loperamide hcl oral capsule	1		peg-kcl-nacl-nasulf-na asc-c	1	PV
LOTRONEX	3	BP	PLENNU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
lubiprostone capsule 24 mcg oral	1	QL	polyethylene glycol 3350 oral powder	1	O
lubiprostone capsule 8 mcg oral	1	QL		3	PV; FE; BP
magnesium citrate oral solution 1.745 gm/30ml	1	O	PYLERA		
methscopolamine bromide oral	1		qc magnesium citrate	1	O
mineral oil heavy oral	1		RELISTOR ORAL	3	FE
mm clearlax	1	O	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL	RELTONE	3	FE
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL	RESTORA RX	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ROBINUL ORAL	3	BP	BUPHENYL ORAL POWDER 3 GM/TSP	6	SP; BP
ROBINUL-FORTE	3	BP	BUPHENYL ORAL TABLET	6	SP; BP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	6	PA; SP; FE	CERDELGA	5	PA; SP
SUFLAVE	3	PV; FE	CHOLBAM	5	PA; SP
SUPREP BOWEL PREP KIT	3	PV; BP	CREON	2	
SUTAB	3	PV	CYSTADANE	6	SP; BP
SYMPROIC	2	QL	CYSTAGON	5	SP
TALICIA	3	PV; FE; QL	EVRYSDI	5	PA; SP; QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL	GALAFOLD	5	PA; SP; QL
URSO 250	3	BP	JAVYGTOR	6	PA; SP; BP
URSO FORTE	3	BP	KUVAN ORAL PACKET	6	PA; SP; BP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE	KUVAN ORAL TABLET	6	PA; SP; BP
ursodiol oral capsule 300 mg	1		L-GLUTAMIC ACID HCL	2	
ursodiol oral tablet	1		miglustat	4	PA; SP
VIBERZI	3		MYALEPT	5	PA; SP
VOQUEZNA DUAL PAK	3	PV; FE; QL	nitisinone	4	SP
VOQUEZNA TRIPLE PAK	3	PV; FE; QL	NITYR	5	SP
VOWST	3	PA; QL	OCALIVA	6	SP; FE; QL
XERMELO	6	PA; SP; QL	OLPRUVA (2 GM DOSE)	5	SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			OLPRUVA (3 GM DOSE)	5	SP; QL
betaine	4	SP	OLPRUVA (4 GM DOSE)	5	SP; QL
			OLPRUVA (5 GM DOSE)	5	SP; QL
			OLPRUVA (6 GM DOSE)	5	SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OLPRUVA (6.67 GM DOSE)	5	SP; QL	sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
ORFADIN ORAL CAPSULE	6	SP; BP	sodium phenylbutyrate oral tablet	4	SP
ORFADIN ORAL SUSPENSION	5	SP	STRENSIQ	5	PA; SP
PALYNZIQ	5	PA; SP; QL	SUCRAID	5	PA; SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST	VIOKACE	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE	VOXZOGO	6	PA; SP; QL
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE	XURIDEN	6	SP
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE	yargesa	4	PA; SP
PHEBURANE	5	PA; SP	ZAVESCA	6	PA; SP; BP
PROCYSBI	6	SP; FE	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	
RAVICTI	5	PA; SP	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
sapropterin dihydrochloride oral packet	4	PA; SP	AURYXIA	3	
sapropterin dihydrochloride oral tablet	4	PA; SP	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	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CIALIS ORAL TABLET 5 MG	3	FE; BP; QL	oxybutynin chloride er	1	
CUPRIMINE ORAL CAPSULE 250 MG	6	SP; BP	oxybutynin chloride oral solution	1	
darifenacin hydrobromide er	1		oxybutynin chloride oral tablet	1	
DEPEN TITRATABS	6	SP; BP	OXYTROL	3	FE
DETROL	3	BP	penicillamine oral	4	SP
DETROL LA	3	BP	phenazo oral tablet 200 mg	1	
ELMIRON	2		phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
ENTADFI	3	FE; QL	RENVELA	3	BP
fesoterodine fumarate er	1	ST; FE	sevelamer carbonate	1	
flavoxate hcl	1		sevelamer hcl	1	
FOSRENOL ORAL PACKET	3		solifenacain succinate	1	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP	tadalafil oral tablet 5 mg	1	FE; QL
GELNIQUE TRANSDERMAL GEL 10 %	3	FE	THIOLA	6	SP; BP
GEMTESA	3	ST; FE; QL	THIOLA EC	5	SP
INTRAROSA	3	QL	tiopronin oral	4	SP
lanthanum carbonate	1		tolterodine tartrate	1	
LITHOSTAT	3		tolterodine tartrate er	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST	TOVIAZ	3	ST; FE; BP
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST	trospium chloride	1	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST	trospium chloride er	1	
Genitourinary Agents - Drugs for Prostate Conditions					
			alfuzosin hcl er	1	
			AVODART	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	Drug Name	Drug Tier	Limits/ Required
CARDURA XL	3	FE; QL	HEMADY	3	FE
dutasteride oral	1		HIDEX 6-DAY	3	FE
dutasteride-tamsulosin hcl	1		hydrocortisone oral	1	
finasteride oral tablet 5 mg	1		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
FLOMAX	3	BP	MEDROL ORAL TABLET 2 MG	3	
JALYN	3	BP	MEDROL ORAL TABLET THERAPY PACK	3	BP
PROSCAR	3	BP	methylprednisolone oral	1	
RAPAFLO	3	BP	ORAPRED ODT	3	FE; BP
silodosin	1		PEDIAPRED	3	BP
tamsulosin hcl	1		prednisolone oral solution	1	
terazosin hcl oral	1	PV	prednisolone oral tablet	1	
UROXATRAL	3	BP	prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE
Hormonal Agents - Adrenal			prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
ALKINDI SPRINKLE	3	FE	prednisolone sodium phosphate oral tablet dispersible	1	FE
CORTEF	3	BP	prednisone intensol	1	FE
DEXABLISS	3	FE	prednisone oral	1	
dexamethasone intensol	1		RAYOS	3	FE
dexamethasone oral elixir	1		TAPERDEX 12-DAY	3	FE
dexamethasone oral solution	1		TAPERDEX 6-DAY	3	FE
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1		TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE
dexamethasone oral tablet therapy pack	1				
dexamethasone tablet 4 mg oral	1				
EMFLAZA	6	PA; SP; FE			
fludrocortisone acetate oral	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required			
Hormonal Agents - Men's Health								
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA	testosterone transdermal solution	1	PA			
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP	TLANDO	3	PA; FE; QL			
danazol oral	1		VOGELXO PUMP	3	PA; FE; BP			
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP	VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP			
FORTESTA	3	PA; BP	XYOSTED	3	PA; FE			
JATENZO	3	PA; FE; QL	Hormonal Agents - Pituitary					
KYZATREX	3	PA; FE; QL	ACTHAR	6	PA; SP			
METHITEST	2		cabergoline	1	QL			
METHYLTESTOSTERONE	2		CORTROPHIN	6	PA; SP			
methyltestosterone oral	1		DDAVP ORAL	3	BP			
NATESTO	3	PA; FE	desmopressin ace spray refrig	1				
TESTIM	3	PA; BP	desmopressin acetate oral	1				
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA	desmopressin acetate spray	1				
testosterone enanthate intramuscular solution	1	PA	EGRIFTA SV	6	PA; SP; QL			
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	6	PA; SP; FE			
			GENOTROPIN SUBCUTANEOUS CARTRIDGE	6	PA; SP; FE			
			HUMATROPE INJECTION CARTRIDGE	5	PA; SP			
			INCRELEX	5	PA; SP			
			ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MYCAPSSA	6	SP; FE; QL	SAIZEN	6	PA; SP; FE
NGENLA	6	PA; SP	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	6	SP; BP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	6	PA; SP; FE	SIGNIFOR	5	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; SP	SKYTROFA	6	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; SP	SOGROYA	6	SP; FE
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; SP	SOMAVERT	6	SP; FE
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP	SYNAREL	2	
octreotide acetate subcutaneous	4	SP	ZOMACTON	6	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	6	PA; SP; FE	Hormonal Agents - Prostaglandins		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	6	PA; SP; FE	KORLYM	5	PA; SP
ORILISSA	2	PA; QL	mifepristone oral tablet 300 mg	4	PA; SP
RECORLEV	6	PA; SP; QL	Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
			EVISTA	3	PV; BP
			OSPHENA	3	PV
			raloxifene hcl	1	PV
			Hormonal Agents - Sex Hormones and Birth Control		
			ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
			afirmelle	1	PV
			aftera	1	O; PV
			AFTERPILL	3	O; PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ALORA			blisovi fe 1.5/30	1	PV
TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL	blisovi fe 1/20	1	PV
altavera	1	PV	briellyn	1	PV
alyacen 1/35	1	PV	camila	1	PV
alyacen 7/7/7	1	PV	camrese	1	PV
amabelz oral tablet 0.5-0.1 mg	1	PV	camrese lo	1	PV
amethia	1	PV	charlotte 24 fe	1	PV
amethyst	1	PV	chateal eq	1	PV
ANGELIQ	3	PV; FE	CLIMARA	3	PV; BP; QL
ANNOVERA	3	PV; QL	CLIMARA PRO	3	PV; FE; QL
apri	1	PV	COMBIPATCH	2	PV; QL
aranelle	1	PV	CRINONE VAGINAL GEL 4 %	2	
ashlyna	1	PV	cryselle-28	1	PV
aubra eq	1	PV	curae	1	O; PV
aurovela 1.5/30	1	PV	cyred eq	1	PV
aurovela 1/20	1	PV	dasetta 1/35	1	PV
aurovela 24 fe	1	PV	dasetta 7/7/7	1	PV
aurovela fe 1.5/30	1	PV	daysee	1	PV
aurovela fe 1/20	1	PV	deblitane	1	PV
aviane	1	PV	DELESTROGEN	3	PV; BP
ayuna	1	PV	delyla	1	PV
azurette	1	PV	DEPO-ESTRADIOL	2	PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
balziva	1	PV	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
BEYAZ	3	PV; BP			
BIJUVA ORAL CAPSULE 1-100 MG	3	PV; FE			
blisovi 24 fe	1	PV			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
DEPO-SUBQ			estradiol transdermal patch weekly	1	PV; QL
PROVERA 104			estradiol vaginal	1	
SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	PV	estradiol valerate intramuscular	1	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV	estradiol-norethindrone acet	1	PV
DIVIGEL	3	PV; BP	ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
dolishale	1	PV	ESTROGEL	3	PV
dotti	1	PV; QL	ethynodiol diac-eth estradiol	1	PV
drospirene-eth estrad-levomefol	1	PV	etongestrel-ethinyl estradiol	1	PV; QL
drospirenone-ethinyl estradiol	1	PV	EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
DUAVEE	3	PV	falmina	1	PV
econtra one-step	1	O; PV	FEMRING	2	QL
ELESTRIN	3	PV	finzala	1	PV
elinest	1	PV	fyavolv	1	PV
ELLA	2	PV	gummily	1	PV
eluryng	1	PV; QL	hailey 1.5/30	1	PV
ENDOMETRIN	3		hailey 24 fe	1	PV
enilloring	1	PV; QL	hailey fe 1.5/30	1	PV
enpresse-28	1	PV	hailey fe 1/20	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV	haloette	1	PV; QL
errin	1	PV	heather	1	PV
estarylla	1	PV	her style	1	O; PV
ESTRACE ORAL	3	PV; BP	iclevia	1	PV
ESTRACE VAGINAL	3	BP	IMVEXXY MAINTENANCE PACK	3	
estradiol oral	1	PV	IMVEXXY STARTER PACK	3	
estradiol transdermal gel	1	PV	incassia	1	PV
estradiol transdermal patch twice weekly	1	PV; QL	introvale	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
isibloom	1	PV	levonorgestrel oral tablet 1.5 mg	1	O; PV
jaimiess	1	PV	levonorgestrel-ethinyl estrad	1	PV
jasmiel	1	PV	levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	PV
jencycla	1	PV	levora 0.15/30 (28)	1	PV
jintel	1	PV	LO LOESTRIN FE	3	PV
jolessa	1	PV	LOESTRIN 1.5/30 (21)	3	PV; BP
joyeaux	1	PV	LOESTRIN 1/20 (21)	3	PV; BP
juleber	1	PV	LOESTRIN FE 1.5/30	3	PV; BP
junel 1.5/30	1	PV	LOESTRIN FE 1/20	3	PV; BP
junel 1/20	1	PV	lojaimiess	1	PV
junel fe 1.5/30	1	PV	loryna	1	PV
junel fe 1/20	1	PV	low-ogestrel	1	PV
junel fe 24	1	PV	lo-zumandimine	1	PV
kaitlib fe	1	PV	lutera	1	PV
kalliga	1	PV	lyeq	1	PV
kariva	1	PV	lyllana	1	PV; QL
kelnor 1/35	1	PV	lyza	1	PV
kelnor 1/50	1	PV	marlissa	1	PV
kurvelo	1	PV	medroxyprogesterone acetate intramuscular	1	PV
larin 1.5/30	1	PV	medroxyprogesterone acetate oral	1	
larin 1/20	1	PV	megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
larin 24 fe	1	PV	megestrol acetate oral tablet	1	
larin fe 1.5/30	1	PV	megestrol acetate suspension 400 mg/10ml oral	1	
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			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE	norethin ace-eth estrad-fe oral tablet chewable	1	PV
MENOSTAR	3	PV; FE; QL	norethindrone acetate oral	1	
merzee	1	PV	norethindrone acet-ethinyl est oral tablet	1	PV
mibelas 24 fe	1	PV	norethindrone oral	1	PV
microgestin 1.5/30	1	PV	norethindrone-eth estradiol	1	PV
microgestin 1/20	1	PV	norethindron-ethinyl estrad-fe	1	PV
microgestin 24 fe	1	PV	norethindron-eth estradiol-fe	1	PV
microgestin fe 1.5/30	1	PV	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
microgestin fe 1/20	1	PV	norgestimate-ethinyl estradiol triphasic	1	PV
ili	1	PV	norlyroc	1	PV
mimvey	1	PV	nortrel 0.5/35 (28)	1	PV
MINASTRIN 24 FE	3	PV; BP	nortrel 1/35 (21)	1	PV
MINIVELLE	3	PV; BP; QL	nortrel 1/35 (28)	1	PV
mono-linyah	1	PV	nortrel 7/7/7	1	PV
my choice	1	O; PV	NUVARING	3	PV; BP; QL
my way	1	O; PV	nylia 1/35	1	PV
MYFEMBREE	2	PA; PV; QL	nylia 7/7/7	1	PV
NATAZIA	2	PV	nymyo	1	PV
necon 0.5/35 (28)	1	PV	ocella	1	PV
new day	1	O; PV	opcicon one-step	1	O; PV
NEXTSTELLIS	3	PV	option 2	1	O; PV
nikki	1	PV	ORIAHNN	2	PA; PV; QL
nora-be	1	PV	philith	1	PV
norelgestromin-eth estradiol	1	PV; QL	pimtrea	1	PV
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			

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
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	O; PV	tri-lo-estarrylla	1	PV
portia-28	1	PV	tri-lo-marzia	1	PV
PREMARIN ORAL	2	PV	tri-lo-mili	1	PV
PREMARIN VAGINAL	2		tri-lo-sprintec	1	PV
PREMPHASE	2	PV	tri-mili	1	PV
PREMPRO	2	PV	tri-nymyo	1	PV
progesterone intramuscular	1		tri-sprintec	1	PV
progesterone oral	1		trivora (28)	1	PV
PROMETRIUM	3	BP	tri-vylibra	1	PV
PROVERA	3	BP	tri-vylibra lo	1	PV
react	1	O; PV	turqoz	1	PV
reclipsen	1	PV	TWIRLA	3	PV; QL
rivilsa	1	PV	tydemy	1	PV
SAFYRAL	3	PV; BP	VAGIFEM VAGINAL TABLET 10 MCG	3	BP
setlakin	1	PV	velivet	1	PV
sharobel	1	PV	vestura	1	PV
simliya	1	PV	vienna	1	PV
simpesse	1	PV	viorele	1	PV
SLYND	3	PV	VIVELLE-DOT	3	PV; BP; QL
sprintec 28	1	PV	volnea	1	PV
sronyx	1	PV	vyfemla	1	PV
syeda	1	PV	vylibra	1	PV
take action	1	O; PV	wera	1	PV
tarina 24 fe	1	PV	wymzya fe	1	PV
tarina fe 1/20 eq	1	PV	xulane	1	PV; QL
taysofy	1	PV	YASMIN 28	3	PV; BP
TAYTULLA	3	PV; BP	YAZ	3	PV; BP
tilia fe	1	PV	yuvafem	1	
tri-estarrylla	1	PV	zafemy	1	PV; QL
tri-legest fe	1	PV	zovia 1/35 (28)	1	PV
tri-linyah	1	PV	zumandimine	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Thyroid					
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	FE	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	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3		TIROSINT-SOL unithroid	3 1	
ADTHYZA ORAL TABLET 97.5 MG	2		Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ARMOUR THYROID	2		ABRILADA (1 PEN)	6	SP; FE
CYTOMEL	3	BP	ABRILADA (2 PEN)	6	SP; FE
ERMEZA	3	FE	ABRILADA (2 SYRINGE)	6	SP; FE
euthyrox	1		ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	6	SP; FE
levo-t	1		ACTEMRA ACTPEN	6	PA; SP; QL
LEVOTHYROXINE SODIUM ORAL CAPSULE	3		ACTEMRA SUBCUTANEOUS	6	PA; SP; QL
levothyroxine sodium oral tablet	1		ACTIMMUNE	5	PA; SP
levoxyl	1		ADALIMUMAB-AACF	6	PA; SP; FE
liothyronine sodium oral	1		ADALIMUMAB-ADAZ	5	PA; SP; QL
methimazole oral	1		ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE
NIVA THYROID	2				
np thyroid	1				
propylthiouracil oral	1				
SYNTHROID	3	BP			
THYQUIDITY	3	FE			
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1				
TIROSINT CAPSULE 75 MCG ORAL	3				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	6	PA; SP; FE; QL	COSENTYX 150 MG/ML SUBCUTANEOUS	6	PA; SP; QL
ADALIMUMAB-FKJP	5	PA; SP; QL	COSENTYX SENSOREADY (300 MG)	6	PA; SP; QL
AMJEVITA	6	PA; SP; FE; QL	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	6	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG	6	PA; SP; FE; QL	COSENTYX UNOREADY	6	PA; SP; QL
ARAVA	3	BP; QL	cyclosporine modified	1	PV
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	5	PA; SP	cyclosporine oral capsule	1	PV
ASTAGRAF XL	3	PV	CYLTEZO (2 PEN)	6	PA; SP; FE; QL
AZASAN	3	PV; BP	CYLTEZO (2 SYRINGE)	6	PA; SP; FE; QL
azathioprine oral	1	PV	CYLTEZO-CD/UC/HS STARTER	6	PA; SP; FE; QL
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	5	PA; SP; QL	CYLTEZO- PSORIASIS/UV STARTER	6	PA; SP; FE; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	ENBREL MINI	6	PA; SP; QL
CELLCEPT	3	PV; BP	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	6	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	6	PA; SP; QL
COSENTYX (300 MG DOSE)	6	PA; SP; QL			

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	6	PA; SP; FE; QL	IDACIO-PSORIASIS STARTER	6	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	6	PA; SP; FE; QL	IMURAN	3	PV; BP
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE	JOENJA	5	PA; SP; QL
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL	KEVZARA	6	PA; SP; QL
HYRIMOZ-PED<40KG CROHN STARTER	6	PA; SP; FE; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
HYRIMOZ-PED>/=40KG CROHN START	6	PA; SP; FE; QL	leflunomide oral	1	QL
HYRIMOZ-PLAQUE PSORIASIS START	6	PA; SP; FE; QL	LUPKYNIS	6	PA; SP; PV; QL
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
IDACIO (2 PEN)	6	PA; SP; FE; QL	methotrexate sodium injection solution reconstituted	1	
IDACIO (2 SYRINGE)	6	PA; SP; FE; QL	methotrexate sodium oral	1	
IDACIO-CROHNS/UC STARTER	6	PA; SP; FE; QL	mycophenolate mofetil oral	1	PV
			mycophenolate sodium	1	PV
			mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
			MYFORTIC	3	PV; BP
			NEORAL	3	PV; BP
			OLUMIANT	6	PA; SP; QL
			ORENCIA CLICKJECT	6	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE
ORLADEYO	6	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET	5	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET THERAPY PACK	5	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	FE	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
PROGRAF ORAL CAPSULE	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
PROGRAF ORAL PACKET	3	PV; AL	REZUROCK	6	PA; SP; QL
RAPAMUNE	3	PV; BP	RIDAURA	5	SP
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE	RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	5	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE	sajazir subcutaneous solution prefilled syringe	6	PA; SP; FE
			SANDIMMUNE ORAL CAPSULE	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SANDIMMUNE ORAL SOLUTION	2	PV	XELJANZ	5	PA; SP; QL
SILIQ	6	PA; SP; QL	XELJANZ XR	5	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; SP; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE
sirolimus oral	1	PV	YUFLYMA (2 PEN)	6	PA; SP; FE; QL
SKYRIZI PEN	5	PA; SP; QL	YUFLYMA (2 SYRINGE)	6	PA; SP; FE; QL
SKYRIZI SUBCUTANEOUS	5	PA; SP; QL	YUFLYMA-CD/UC/HS STARTER	6	PA; SP; FE
SOTYKTU	6	PA; SP; QL	YUSIMRY	6	PA; SP; FE; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; SP; QL	ZORTRESS	3	PV; BP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	Inflammatory Bowel Disease Agents		
tacrolimus oral	1	PV	ANUSOL-HC EXTERNAL	3	BP
TAKHZYRO	5	PA; SP; QL	APRISO	3	BP
TALTZ	6	PA; SP; QL	AZULFIDINE	3	BP
TREMFYA	5	PA; SP; QL	AZULFIDINE EN-TABS	3	BP
TREXALL	2		balsalazide disodium	1	
VARIZIG INTRAMUSCULAR SOLUTION	2		budesonide er oral tablet extended release 24 hour	1	FE; QL
XATMEP	3	FE	budesonide oral	1	
			budesonide rectal	1	
			CANASA	3	BP
			COLAZAL	3	BP
			CORTENEMA	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CORTIFOAM EXTERNAL	2		alendronate sodium oral solution	1	PV
DELZICOL	3	BP	alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
DIPENTUM	3	FE	ATELVIA	3	PV; BP
hydrocortisone (perianal)	1		BINOSTO	3	PV; FE
hydrocortisone rectal enema	1		calcitonin (salmon)	1	PV
LIALDA	3	BP	FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	6	PA; SP; PV; FE; BP; QL
mesalamine er	1		FOSAMAX ORAL TABLET 70 MG	3	PV; BP
mesalamine oral	1		FOSAMAX PLUS D	3	PV; FE
mesalamine rectal	1		ibandronate sodium oral	1	PV
mesalamine-cleanser	1		MIACALCIN INJECTION	3	PV; BP
PENTASA	2		risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
PROCTOCORT EXTERNAL	3	BP	risedronate sodium oral tablet delayed release	1	PV
PROCTOFOAM HC EXTERNAL	2			4	PA; SP; PV; FE; QL
procto-med hc external	1		teriparatide		
proctosol hc external	1		teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; PV; FE; QL
proctozone-hc external	1		TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	6	PA; SP; PV; FE; QL
ROWASA RECTAL	3	BP			
SFROWASA	3				
sulfasalazine oral	1				
TARPEYO	3	FE; QL			
UCERIS RECTAL	3	BP			
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	FE; BP; QL			
Metabolic Bone Disease Agents - Drugs for Osteoporosis					
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TYMLOS	5	PA; SP; PV; QL	AEROCHAMBER W/FLOWSIGNAL	2	
Metabolic Bone Disease Agents - Other			ASPARTAME (FOR COMPOUNDING)	2	
calcitriol oral	1		ASPARTAME (NUTRASWEET)	2	
cinacalcet hcl	1		BREATHE EASE LARGE	2	
doxercalciferol oral	1		BREATHE EASE MEDIUM	2	
paricalcitol oral	1		BREATHE EASE SMALL	2	
RAYALDEE	3		BREATHERITE VALVED MDI CHAMBER	2	
ROCALTROL	3	BP	BROMELAIN	2	
SENSIPAR	3	BP	BYLVAY	6	PA; SP; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP	BYLVAY (PELLETS)	6	PA; SP; QL
Miscellaneous Therapeutic Agents			CETYLCIDE-G	2	
AEROCHAMBER HOLDING CHAMBER	2		CHARCOAL ACTIVATED	2	
AEROCHAMBER MINI CHAMBER	2		CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
AEROCHAMBER MV	2		COMPACT SPACE CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2		COMPACT SPACE CHAMBER/LG MASK	2	
AEROCHAMBER PLUS FLO-VU INTERM	2		COMPACT SPACE CHAMBER/MED MASK	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		COMPACT SPACE CHAMBER/SM MASK	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		CONDOMS	3	O
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		DOJOLVI	3	PA
AEROCHAMBER PLUS FLOW VU	2		DUREX EXTRA SENSITIVE THIN	3	O

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EASIVENT	2		OMNIPOD GO KIT 10 UNIT/24HR, 15		
ENCARE VAGINAL SUPPOSITORY	3	O	UNIT/24HR, 25	14	MB; QL
ENDARI	3		UNIT/24HR, 35		
ergoloid mesylates oral	1		UNIT/24HR		
FC2 FEMALE CONDOM	3	O	OPTICHAMBER DIAMOND	2	
FIRDAPSE	6	PA; SP; FE; QL	OPTICHAMBER DIAMOND-LG MASK	2	
FLEXICHAMBER	2		OPTICHAMBER DIAMOND-MD MASK	2	
formaldehyde solution 37 % external (rx)	1		OPTICHAMBER DIAMOND-SM MASK	2	
glutaraldehyde external	1		OPTIONS GYNOL II CONTRACEPTIVE	3	O
GRASTEK	3		ORALAIR TABLET SUBLINGUAL 300 IR	2	
KERENDIA TABLET 10 MG ORAL	3	PA; QL	SUBLINGUAL		
KERENDIA TABLET 20 MG ORAL	3	PA; QL	OXBRYTA	6	PA; SP; QL
LIVMARLI	6	PA; SP; QL	PALFORZIA	6	SP; AL
methergine oral	1		PHEXXI	3	
methylergonovine maleate oral	1		POCKET SPACER	2	
MICROCHAMBER DEVICE	2		RADIOGARDASE	3	
ODACTRA	3	AL; QL	RAGWITEK	3	
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL	SACCHARIN	2	
OMNIPOD 5 G6 PODS (GEN 5)	14	MB; QL	sodium saccharin powder	1	
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL	TAVNEOS	6	PA; SP; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL	TODAY SPONGE	2	O
			VCF VAGINAL CONTRACEPTIVE	2	O
			VAGINAL FILM		
			VCF VAGINAL CONTRACEPTIVE	3	O
			VAGINAL GEL		

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VEOZAH TABLET 45 MG ORAL	3	ST; QL	cromolyn sodium ophthalmic	1	
VISTOGARD	5	SP	dexamethasone sodium phosphate ophthalmic	1	
VORTEX VALVED HOLDING CHAMBER	2		diclofenac sodium ophthalmic	1	
ZOKINVY	5	PA; SP	diloprednate	1	ST
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			DUREZOL	3	ST; BP
ACULAR	3	BP	epinastine hcl	1	
ACULAR LS	3	BP	erythromycin ointment 5 mg/gm ophthalmic	1	
ACUVAIL	3	FE	EYSUVIS	3	FE
ALOCRIL	3	FE	FLAREX	2	
ALOMIDE	3	FE	fluorometholone ophthalmic	1	
ALREX	3	ST; FE	flurbiprofen sodium	1	
AZASITE	2		FML FORTE	3	ST
azelastine hcl ophthalmic	1		FML LIQUIFILM	3	BP
bacitracin ophthalmic	1		gatifloxacin ophthalmic	1	
bepotastine besilate	1	FE	gentamicin sulfate ophthalmic solution	1	
BEPREVE	3	FE; BP	ILEVRO	3	FE
BESIVANCE	3	FE	INVELTYS	2	
BETADINE OPHTHALMIC PREP	3		ketorolac tromethamine ophthalmic	1	
bromfenac sodium (once-daily)	1		levofloxacin ophthalmic solution 1.5 %	1	
bromfenac sodium ophthalmic solution 0.07 %	1		LOTEMAX OPHTHALMIC GEL	3	ST; BP
BROMSITE	3	FE	LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE
CILOXAN OPHTHALMIC OINTMENT	3	FE	LOTEMAX OPHTHALMIC SUSPENSION	3	ST; FE; BP
ciprofloxacin hcl ophthalmic	1		LOTEMAX SM	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
loteprednol etabonate ophthalmic gel	1	ST	PRED MILD	3	ST
loteprednol etabonate ophthalmic suspension	1	ST; FE	prednisolone acetate ophthalmic	1	
MAXIDEX	2		prednisolone sodium phosphate ophthalmic	1	
MAXITROL OPHTHALMIC OINTMENT	3	BP	PROLENSA	3	FE; BP
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP	sulfacetamide sodium ophthalmic	1	
MITOSOL	3		TOBRADEX OPHTHALMIC OINTMENT	3	
moxifloxacin hcl (2x day)	1	FE	TOBRADEX ST	2	
moxifloxacin hcl ophthalmic solution	1		tobramycin ophthalmic	1	
NATACYN	3		tobramycin-dexamethasone	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1		TOBREX OPHTHALMIC OINTMENT	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		trifluridine ophthalmic	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1		UPNEEQ	3	QL
NEVANAC	3	FE	VIGAMOX	3	BP
OCUFLOX	3	BP	XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA
ofloxacin ophthalmic	1		ZERVIATE	3	FE
olopatadine hcl solution 0.2 % ophthalmic (rx)	1		ZIRGAN	3	
PATADAY OPHTHALMIC SOLUTION 0.7 %	3	FE	ZYMAXID	3	BP
POVIDONE-IODINE OPHTHALMIC	3		Ophthalmic Agents - Drugs for Glaucoma		
PRED FORTE	3	BP	acetazolamide er	1	
			acetazolamide oral	1	
			ALPHAGAN P	3	BP
			apraclonidine hcl	1	
			AZOPT	3	BP
			betaxolol hcl ophthalmic	1	
			BETIMOL	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
BETOPTIC-S	3	FE	pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
bimatoprost ophthalmic	1		RHOPRESSA	2	
brimonidine tartrate ophthalmic	1		ROCKLATAN	2	ST
brimonidine tartrate-timolol	1		SIMBRINZA	3	
brinzolamide	1		tafluprost (pf)	1	ST
carteolol hcl	1		timolol maleate (once-daily)	1	
COMBIGAN	3	BP	timolol maleate ocudose	1	
COSOPT	3	BP	timolol maleate ophthalmic gel forming solution	1	FE
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP	timolol maleate ophthalmic solution	1	
dichlorphenamide	4	SP	timolol maleate pf	1	
dorzolamide hcl solution 2 % ophthalmic	1		TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	FE; BP
dorzolamide hcl-timolol mal	1		TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	BP
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1		TRAVATAN Z	3	FE; BP
IOPIDINE OPHTHALMIC SOLUTION 1 %	3		travoprost (bak free)	1	
ISTALOL	3	BP	VUITY	3	
KEVEYIS	6	SP; BP	VYZULTA	3	ST; FE
latanoprost ophthalmic	1		XALATAN	3	BP
levobunolol hcl ophthalmic solution 0.5 %	1		XELPROS	2	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST	ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP
methazolamide oral	1		Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
PHOSPHOLINE IODIDE	2		altafrin ophthalmic solution 10 %, 2.5 %	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
atropine sulfate ophthalmic ointment	1		polycin	1	
atropine sulfate ophthalmic solution 1 %	1		polymyxin b- trimethoprim	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1		RESTASIS	3	BP; QL
bacitra-neomycin- polymyxin-hc	1		RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
CEQUA	3	QL	sulfacetamide- prednisolone ophthalmic solution	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3		TYRVAYA	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP	VERKAZIA	3	
cyclopentolate hcl ophthalmic solution 1 %	1		XIIDRA	3	QL
cyclosporine ophthalmic	1		ZYLET	3	
CYSTADROPS	5	SP	Otic Agents - Drugs for Ear Conditions		
CYSTARAN	5	SP	acetic acid otic	1	
LACRISERT	3	FE	CETRAXAL	3	FE; BP
LASTACAFT	3	FE	CIPRO HC	3	FE
MIEBO	3	FE	ciprofloxacin hcl otic	1	
neomycin-bacitracin zn- polymyx	1		ciprofloxacin- dexamethasone	1	
neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000- .025	1		CIPROFLOXACIN- FLUOCINOLONE PF	3	FE
neo-polycin	1		CORTISPORIN-TC	3	
neo-polycin hc	1		DERMOTIC	3	BP
OXERVATE	6	PA; SP; QL	flac	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1		fluocinolone acetonide otic	1	
			hydrocortisone-acetic acid	1	
			neomycin-polymyxin-hc otic	1	
			ofloxacin otic	1	
			OTOVEL	3	FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PRAMOTIC	3		guaifenesin-codeine oral solution	1	AL; QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			HYCODAN ORAL SOLUTION	3	AL; BP; QL
azelastine hcl nasal	1		HYCODAN ORAL TABLET	3	AL; BP; QL
azelastine-fluticasone	1	FE	hydrocod poli-chlorphe poli er	1	AL; QL
benzonatate	1		hydrocodone bit-homatrop mbr	1	AL; QL
carinoxamine maleate oral solution	1		hydromet oral solution	1	AL; QL
carinoxamine maleate oral tablet 4 mg	1		HYPERSAL	3	
carinoxamine maleate oral tablet 6 mg	1	FE	ipratropium bromide nasal	1	
cetirizine hcl oral solution 1 mg/ml	1		KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE
CLARINEX ORAL TABLET	3	FE; BP	levocetirizine dihydrochloride oral solution	1	FE
CLARINEX-D 12 HOUR	3	FE	levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
clemastine fumarate oral syrup	1	FE	maxi-tuss ac	1	AL; QL
clemastine fumarate oral tablet 2.68 mg	1		mometasone furoate nasal	1	QL
cyproheptadine hcl oral	1		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
desloratadine	1	FE	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1		olopatadine hcl nasal	1	FE
DYMISTA	3	FE; BP	OMNARIS	3	FE
flunisolide nasal solution 25 mcg/act (0.025%)	1		promethazine vc	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL			
guaifenesin ac	1	AL; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
promethazine vc/codeine	1	AL; QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
promethazine-codeine oral solution	1	AL; QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
promethazine-dm oral syrup	1		ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL
pseudoeph-bromphen- dm syrup 30-2-10 mg/5ml oral (rx)	1		ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; BP; QL
PULMOSAL	2		ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
QNASL	3	FE	ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
QNASL CHILDRENS	3	FE	TUXARIN ER	3	AL; FE; QL
RYALTRIS	3	FE; QL	XHANCE	3	FE; QL
RYCLORA ORAL SOLUTION	3	FE	ZETONNA	3	FE
ryvent	1	FE	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1		ACCOLATE	3	PV; BP
sodium chloride nebulization solution 7 % inhalation	1		acetylcysteine inhalation	1	
TUXARIN ER	3	AL; FE; QL			
XHANCE	3	FE; QL			
ZETONNA	3	FE			
			AIRDUO DIGIHALER	3	PV; FE; QL
			AIRDUO RESPICLICK 113/14	3	PV; FE; QL
			AIRDUO RESPICLICK 232/14	3	PV; FE; QL
			AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PV; FE; QL
			AIRSUPRA	3	PV; FE; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL	FASENRA PEN SOLUTION AUTO- INJECTOR 30 MG/ML SUBCUTANEOUS	5	PA; SP; QL
breyna	1	PV; QL	FLUTICASONE FUROATE- VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200- 25 MCG/ACT	3	PV; FE; QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL	FLUTICASONE PROPIONATE DISKUS	2	PV
BROVANA	3	PV; BP; QL	FLUTICASONE PROPIONATE HFA	3	PV; FE; QL
budesonide inhalation	1	PV; QL	FLUTICASONE- SALMETEROL INHALATION AEROSOL	3	PV; FE; QL
budesonide-formoterol fumarate	1	PV; QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
COMBIVENT RESPIMAT	2	PV; QL	FLUTICASONE- SALMETEROL INHALATION AEROSOL		
cromolyn sodium inhalation	1	PV	DULERA	3	PV; FE; QL
DALIRESP	3	PV; BP	elixophyllin	1	PV
DUAKLIR PRESSAIR	3	PV; FE; QL	epinephrine injection solution auto-injector	1	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	BP; QL	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	BP; QL
ESBRIET	6	PA; SP; BP; QL	formoterol fumarate inhalation	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	PROAIR RESPICLICK	3	PV; QL
ipratropium bromide inhalation	1	PV	PROVENTIL HFA	3	PV; BP; QL
ipratropium-albuterol	1	PV	PULMICORT FLEXHALER	2	PV; QL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV	PULMICORT SUSPENSION	3	PV; BP; QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL	QVAR REDIHALER	2	PV; QL
montelukast sodium oral	1	PV	roflumilast	1	PV
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA; SP; QL	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; SP; QL	SINGULAIR	3	PV; BP
OFEV	5	PA; SP; QL	SPIRIVA HANDIHALER	3	PV; BP; QL
PERFOROMIST	3	PV; BP; QL	SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
pirfenidone	4	PA; SP; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; 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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
terbutaline sulfate oral	1	PV	YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; SP; QL	zafirlukast	1	PV	
THEO-24	3	PV	zileuton er	1	PV; FE	
theophylline elixir 80 mg/15ml oral	1	PV	ZYFLO	3	PV; FE	
theophylline er	1	PV	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			
theophylline oral solution	1	PV	BETHKIS	6	SP; BP; QL	
tiotropium bromide monohydrate	1	PV; QL	BRONCHITOL	2	QL	
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL	CAYSTON	5	SP	
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL	KALYDECO	5	PA; SP; QL	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL	KITABIS PAK	5	SP; QL	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL	ORKAMBI	5	PA; SP; QL	
wixela inhlu inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	SP	
XOPENEX HFA	3	PV; QL	SYMDEKO	5	PA; SP; QL	
			TOBI NEBULIZER	6	SP; BP; QL	
			TOBI PODHALER	5	SP; QL	
			tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL	
			tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL	
			TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	SP; QL	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TRIKAFTA	5	PA; SP; QL	TADLIQ	6	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			TRACLEER 62.5 MG, 125 MG	6	PA; SP; BP; QL
ADCIRCA	6	PA; SP; BP; QL	TRACLEER 32 MG	5	PA; SP; QL
ADEMPAS	5	PA; SP; QL	TYVASO	5	PA; SP
alyq	4	PA; SP; QL	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL
ambrisentan	4	PA; SP; QL	TYVASO DPI TITRATION KIT	5	PA; SP; QL
bosentan	4	PA; SP; QL	TYVASO REFILL	5	PA; SP
LETAIRIS	6	PA; SP; BP; QL	TYVASO STARTER	5	PA; SP
LIQREV	6	PA; SP; FE; QL	UPTRAVI ORAL	5	PA; SP; QL
OPSUMIT	5	PA; SP; QL	UPTRAVI TITRATION	5	PA; SP; QL
ORENITRAM	5	PA; SP	VENTAVIS	5	PA; SP; QL
ORENITRAM MONTH 1	5	PA; SP	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
ORENITRAM MONTH 2	5	PA; SP	AMRIX	3	FE; BP
ORENITRAM MONTH 3	5	PA; SP	BACLOFEN ORAL SOLUTION 5 MG/5ML	3	FE
REVATIO ORAL	6	PA; SP; BP; QL	baclofen oral suspension	1	
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL	baclofen oral tablet	1	
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL	carisoprodol oral	1	
tadalafil (pah)	4	PA; SP; QL	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
chlorzoxazone oral tablet 500 mg	1		armodafinil	1	QL
cyclobenzaprine hcl er	1	FE	BELSOMRA	2	ST; QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1		DAYVIGO	3	FE; QL
cyclobenzaprine hcl oral tablet 7.5 mg	1	FE	doxepin hcl oral tablet	1	QL
DANTRIUM ORAL CAPSULE 25 MG	3	BP	EDLUAR	3	FE; QL
dantrolene sodium oral	1		eszopiclone	1	QL
FEXMID	3	FE; BP	flurazepam hcl	1	
FLEQSVUY	3	FE; BP	HETLIOZ	6	PA; SP; BP; QL
LORZONE	3	FE; BP	HETLIOZ LQ	6	PA; SP; QL
LYVISPAH	3	FE	LUMRYZ	6	PA; SP; FE; QL
metaxalone oral tablet 400 mg	1	FE	LUNESTA	3	BP; QL
metaxalone oral tablet 800 mg	1		modafinil oral	1	QL
methocarbamol oral tablet 500 mg, 750 mg	1		NUVIGIL	3	BP; QL
NORGESIC	3	FE	PROVIGIL	3	BP; QL
NORGESIC FORTE	3	FE	QUVIVIQ	3	ST; FE; QL
orphenadrine citrate er	1		ramelteon	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE	RESTORIL	3	BP
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE	ROZEREM	3	BP
SOMA	3	BP	SILENOR	3	BP; QL
tizanidine hcl oral	1		SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	5	PA; SP; QL
ZANAFLEX	3	BP	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	6	PA; SP; FE; QL
Sleep Disorder Agents			SUNOSI TABLET 150 MG ORAL	2	ST; QL
AMBIEN	3	BP; QL	SUNOSI TABLET 75 MG ORAL	2	ST; QL
AMBIEN CR	3	BP; QL	tasimelteon	4	PA; SP; QL
			temazepam	1	

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

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		topiramate.....	17
		topiramate er.....	17
		TOPROL XL.....	43
		toremifene citrate.....	28
		torsemide.....	43
		TOSYMRA.....	24
		TOUJEO MAX	
		SOLOSTAR.....	59
		TOUJEO SOLOSTAR....	59
		tovet.....	53
		TOVIAZ.....	67
		TRACLEER.....	95
		TRADJENTA.....	56
		TRAMADOL HCL (ER BIPHASIC).....	8
		tramadol hcl (er biphasic)..	8
		tramadol hcl er.....	8
		TRAMADOL HCL IR.....	8
		tramadol hcl ir.....	8
		tramadol-acetaminophen...8	

trandolapril	43	tri-nymyo	75	ursodiol	65
trandolapril-verapamil hcl er	43	tri-sprintec	75	VAGIFEM	75
tranexamic acid	37	TRIUMEQ	35	valacyclovir hcl	35
TRANSDERM-SCOP	21	TRIUMEQ PD	35	VALCHLOR	28
tranylcypromine sulfate	20	trivora (28)	75	VALCYTE	35
TRAVATAN Z	87	tri-vylibra	75	valganciclovir hcl	35
travoprost (bak free)	87	tri-vylibra lo	75	VALINE	61
trazodone hcl	20	TROKENDI XR	17	VALIUM	36
TRECATOR	24	trospium chloride	67	valproic acid	17
TRELEGY ELLIPTA	94	trospium chloride er	67	VALSARTAN	43
TREMFYA	81	TRUDHESA	24	valsartan	43
TRESIBA	59	TRULANCE	65	valsartan-	
TRESIBA FLEXTOUCH	59	TRULICITY	56	hydrochlorothiazide	43
tretinoin	28, 53	TRUVADA	35	VALTOCO	17
tretinoin microsphere	53	TUDORZA PRESSAIR	94	VALTREX	35
tretinoin microsphere pump	53	TUKYSA	28	VANCOCIN	14
TREXALL	81	TURALIO	28	vancomycin hcl	14
TREXIMET	24	turqoz	75	VANDAZOLE	14
triamcinolone acetonide		TUXARIN ER	90	VANFLYTA	28
	48, 53, 54	TWIRLA	75	VANOS	54
triamcinolone in absorbase	54	TWYNEO	54	varenicline tartrate	11
triamterene	43	TYBOST	35	varenicline tartrate (starter)	11
triamterene-hctz	43	tydemy	75	varenicline	
triazolam	36	TYKERB	28	tartrate(continue)	11
TRIBENZOR	43	TYMLOS	83	VARIZIG	81
TRICOR	43	TYRVAYA	88	VARUBI (180 MG	
triderm	54	TYVASO	95	DOSE)	21
trientine hcl	61	TYVASO DPI		VASCEPA	43
tri-estarrylla	75	MAINTENANCE KIT	95	VASERETIC	43
trifluoperazine hcl	33	TYVASO DPI		VASOTEC	43
trifluridine	86	TITRATION KIT	95	VCF VAGINAL	
trihexyphenidyl hcl	31	TYVASO REFILL	95	CONTRACEPTIVE	84
TRIJARDY XR	56	TYVASO STARTER	95	VECAMYL	43
TRIKAFTA	95	UBRELVY	24	VECTICAL	54
tri-legest fe	75	UCERIS	82	velivet	75
TRILEPTAL	17	UDENYCA	37	VELPHORO	67
tri-linyah	75	ULORIC	23	VELTASSA	61
TRILIPPIX	43	ULTRAVATE	54	VELTIN	54
tri-lo-estarrylla	75	unithroid	76	VEMLIDY	35
tri-lo-marzia	75	UPNEEQ	86	VENCLEXTA	28
tri-lo-mili	75	UPTRAVI	95	VENCLEXTA	
tri-lo-sprintec	75	UPTRAVI TITRATION	95	STARTING PACK	28
trimethobenzamide hcl	21	uretron d/s	67	VENELEX	54
trimethoprim	14	UROCIT-K 10	61	VENLAFAXINE	
tri-mili	75	UROCIT-K 15	61	BESYLATE ER	20
trimipramine maleate	20	UROCIT-K 5	61	venlafaxine hcl	20
TRINTELLIX	20	UROXATRAL	68	venlafaxine hcl er	20
		URSO 250	65	VENTAVIS	95
		URSO FORTE	65	VENTOLIN HFA	94
		URSODIOL	65		

VEOZAH.....	85	VOWST.....	65	XIFAXAN.....	15
verapamil hcl.....	43	VOXZOGO.....	66	XIGDUO XR.....	56
verapamil hcl er.....	43	VRAYLAR.....	33	IIIDRA.....	88
VERDESO.....	54	VTAMA.....	54	XIMINO.....	15
VEREGEN.....	54	VUITY.....	87	XOFLUZA (40 MG	
VERELAN.....	43	VUMERITY.....	47	DOSE).....	36
VERELAN PM.....	43	VUSION.....	23	XOFLUZA (80 MG	
VERKAZIA.....	88	vyfemla.....	75	DOSE).....	36
VERQUVO.....	43	vylibra.....	75	XOPENEX HFA.....	94
VERSACLOZ.....	33	VYNDAMAX.....	43	XPOVIO (100 MG ONCE	
VERZENIO.....	28	VYNDAQEL.....	44	WEEKLY).....	29
VESICARE.....	67	VYTORIN.....	44	XPOVIO (40 MG ONCE	
VESICARE LS.....	67	VYVANSE.....	45	WEEKLY).....	29
vestura.....	75	VYZULTA.....	87	XPOVIO (40 MG TWICE	
VFEND.....	23	WAKIX.....	97	WEEKLY).....	29
VIBERZI.....	65	warfarin sodium.....	15	XPOVIO (60 MG ONCE	
VIBRAMYCIN.....	15	weekly-d.....	61	WEEKLY).....	29
VICTOZA.....	56	WELCHOL.....	44	XPOVIO (60 MG TWICE	
vienna.....	75	WELIREG.....	29	WEEKLY).....	29
vigabatrin.....	17	WELLBUTRIN SR.....	20	XPOVIO (80 MG ONCE	
vigadrona.....	17	WELLBUTRIN XL.....	20	WEEKLY).....	29
VIGAMOX.....	86	wera.....	75	XPOVIO (80 MG TWICE	
vigpoder.....	17	wes-phos 250 neutral.....	61	WEEKLY).....	29
VIIBRYD.....	20	WINLEVI.....	54	XTAMPZA ER.....	8
VIJOICE.....	29	wixela inhub.....	94	XTANDI.....	29
vilazodone hcl.....	20	wymzya fe.....	75	xulane.....	75
VIMOVO.....	10	WYNZORA.....	54	XULTOPHY.....	56
VIMPAT.....	17	XACIATO.....	15	XURIDEN.....	66
VIOKACE.....	66	XADAGO.....	31	XYOSTED.....	69
viorele.....	75	XALATAN.....	87	XYREM.....	97
VIRACEPT.....	35	XALKORI.....	29	XYWAV.....	97
VIRAZOLE.....	35	XANAX.....	36	yargesa.....	66
VIREAD.....	35	XANAX XR.....	36	YASMIN 28.....	75
VISTARIL.....	36	XARELTO.....	15	YAZ.....	75
VISTOGARD.....	85	XARELTO STARTER		yl folic acid.....	61
VIVELLE-DOT.....	75	PACK.....	15	YONSA.....	29
VIVJOA.....	23	XATMEP.....	81	YOSPRALA.....	31
VIZIMPRO.....	29	XCOPRI.....	17, 18	YUFLYMA (1 PEN).....	81
VOGELXO.....	69	XDEMVF.....	86	YUFLYMA (2 PEN).....	81
VOGELXO PUMP.....	69	XELJANZ.....	81	YUFLYMA (2 SYRINGE).....	81
volnea.....	75	XELJANZ XR.....	81	YUFLYMA-CD/UC/HS	
VONJO.....	29	XELODA.....	29	STARTER.....	81
VOQUEZNA DUAL PAK..	65	XELPROS.....	87	YUPELRI.....	94
VOQUEZNA TRIPLE		XELSTRYM.....	45	YUSIMRY.....	81
PAK.....	65	XENAZINE.....	47	yuvafem.....	75
voriconazole.....	23	XEPI.....	15	zafemy.....	75
VORTEX VALVED		XERAC AC.....	54	zaflurkast.....	94
HOLDING CHAMBER....	85	XERESE.....	35	zaleplon.....	97
VOSEVI.....	35	XERMELO.....	65	ZANAFLEX.....	96
VOTRIENT.....	29	XHANCE.....	90	ZARONTIN.....	18

ZAVESCA.....	66	zonisamide.....	18
ZAVZPRET.....	24	ZONTIVITY.....	31
ZEGALOGUE.....	57	ZORTRESS.....	81
ZEGERID.....	63	ZORYVE.....	54
ZEJULA.....	29	zovia 1/35 (28).....	75
ZELAPAR.....	31	ZOVIRAX.....	36
ZELBORAF.....	29	ZTALMY.....	18
ZEMBRACE		ZTLIDO.....	11
SYMTOUCH.....	24	ZUBSOLV.....	11
ZEMPLAR.....	83	zumandimine.....	75
zenatane.....	54	ZYCLARA.....	54
ZENPEP.....	66	ZYCLARA PUMP.....	54
ZENZEDI.....	45	ZYDELIG.....	29
ZEPATIER.....	36	ZYFLO.....	94
ZEPOSIA.....	47	ZYKADIA.....	29
ZEPOSIA 7-DAY		ZYLET.....	88
STARTER PACK.....	47	ZYMAXID.....	86
ZEPOSIA STARTER KIT	47	ZYPITAMAG.....	44
ZERVIATE.....	86	ZYPREXA.....	33
ZESTORETIC.....	44	ZYPREXA ZYDIS.....	33
ZESTRIL.....	44	ZYTIGA.....	29
ZETIA.....	44	ZYVOX.....	15
ZETONNA.....	90		
ZIAGEN.....	36		
ZIANA.....	54		
zidovudine.....	36		
ZIEXTENZO.....	37		
zileuton er.....	94		
ZILXI.....	54		
ZIMHI.....	11		
ZIOPTAN.....	87		
ziprasidone hcl.....	33		
ZIPSOR.....	10		
ZIRGAN.....	86		
ZITHROMAX.....	15		
ZITHROMAX TRI-PAK....	15		
ZITHROMAX Z-PAK.....	15		
ZOCOR.....	44		
ZOKINVY.....	85		
ZOLINZA.....	29		
zolmitriptan.....	24		
ZOLOFT.....	20		
ZOLPIDEM TARTRATE..	97		
zolpidem tartrate.....	97		
zolpidem tartrate er.....	97		
ZOMACTON.....	70		
ZOMIG.....	24		
ZONALON.....	54		
ZONEGRAN.....	18		
ZONISADE.....	18		

Non-discrimination notice



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

Sanford Health Plan:

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

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

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone number: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

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

Help in Other Languages

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

Arabic -

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

Amharic - ማስታወሻ: ፭፻፯፻፷፻ ቀን አማርኛ ከሆነ የተጠገኗል እርዳታ ዳረሰውን ማስታወሻ: ፭፻፯፻፷፻ ቀን አማርኛ ከሆነ የተጠገኗል እርዳታ ዳረሰው፡ በንዑስ ለያዝዎች ተዘጋጀት ወደ ማከተለው ቁጥር ደንብ ሌላ (800) 752-5863 (መስማት ለተሳናቸው፡711).

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

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

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

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

Karen - ဖုန်းလိပ်သား:– နမူးကတို့ ကည်း ကျိုးအယို့, နမေနဲ့ ကျိုးအတ်မစေးလာ တလော်ဘူးလာရိစ္စ၊ နိတ်မံဘာ့သဲ့နှင့်လို့။ ကို (800) 752-5863 (TTY: 711).

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

Laotian – ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຂ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແສ່ງຄ່າ, ແມ່ນມີພົອມໃຫ້ທ່ານ.
ໂທ (800) 752-5863 (TTY: 711).

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

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

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

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

Thai – เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 752-5863 (TTY: 711).

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