

# ACA Compliant Individual/Small Group 6 Tier Formulary

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**SANFORD**<sup>®</sup>  
HEALTH PLAN

# Understanding your formulary

## What is a formulary?

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

## How do I use my formulary?

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

## About this formulary

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

## Reading your formulary

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

### Tier information

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

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

## Reading your formulary

### Drug list information

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

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

## ACA Compliant Individual/Small Group Formulary

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Drug Name	Drug Tier	Limits/ Required
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	QL
ALLZITAL	3	FE
APADAZ	3	FE; QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
buprenorphine transdermal	1	QL
butalbital-acetaminophen oral capsule	1	FE
butalbital-acetaminophen oral tablet 50-300 mg	1	FE
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	

Drug Name	Drug Tier	Limits/ Required
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
CONZIP	3	FE
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL TABLET	3	BP
fentanyl	1	QL
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	morphine sulfate tablet 30 mg oral	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
hydromorphone hcl oral	1	QL	NALOCET	3	FE; QL
HYSINGLA ER	3	BP; QL	NUCYNTA	3	QL
levorphanol tartrate oral	1	QL	NUCYNTA ER	3	FE; QL
meperidine hcl oral solution	1	QL	oxycodone hcl oral capsule	1	QL
meperidine hcl oral tablet 50 mg	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
methadone hcl intensol	1		oxycodone hcl oral tablet	1	QL
methadone hcl oral	1		OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 30 MG, 5 MG	3	FE; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP	OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
methadose oral tablet soluble	1		oxycodone hcl solution 5 mg/5ml oral	1	QL
METHADOSE SUGAR-FREE	3	BP	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL
morphine sulfate er beads	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 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			
morphine sulfate er oral tablet extended release	1	QL			
morphine sulfate oral solution	1	QL			
morphine sulfate tablet 15 mg oral	1	QL			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL	tramadol hcl oral tablet 25 mg, 75 mg	1	
oxymorphone hcl	1	QL	tramadol-acetaminophen	1	QL
oxymorphone hcl er	1	QL	XTAMPZA ER	3	FE; QL
pentazocine-naloxone hcl	1	QL	<b>Analgesics - Drugs for Pain and Inflammation</b>		
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL	ANAPROX DS	3	BP
PROLATE	3	FE; QL	ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL	aspirin 81 oral tablet delayed release	1	O
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 30 MG, 5 MG	3	FE; QL	aspirin adult low dose	1	O
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL	aspirin adult low strength oral tablet delayed release	1	O
TENCON ORAL TABLET 50-325 MG	3	FE	aspirin childrens	1	O
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE	aspirin ec adult low dose	1	O
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1		aspirin ec low dose	1	O
tramadol hcl er	1		aspirin ec low strength	1	O
TRAMADOL HCL ORAL SOLUTION	3	FE; QL	aspirin low dose oral tablet delayed release	1	O
tramadol hcl oral tablet 100 mg, 50 mg	1	QL	aspirin low dose tablet chewable 81 mg oral	1	O
			aspirin oral tablet 325 mg	1	O
			aspirin oral tablet chewable	1	O
			aspirin oral tablet delayed release 325 mg, 81 mg	1	O
			aspirin regimen	1	O
			CELEBREX CAPSULE 100 MG ORAL	3	BP

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



Drug Name	Drug Tier	Limits/ Required
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 200 MG, 50 MG	3	BP
celecoxib capsule 100 mg oral	1	
celecoxib capsule 200 mg oral	1	
celecoxib oral capsule 400 mg, 50 mg	1	
COXANTO	3	FE; QL
DAYPRO	3	BP
DICLOFENAC PATCH EXTERNAL	3	FE; QL
diclofenac potassium oral capsule	1	FE
diclofenac potassium oral tablet 25 mg	1	FE
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
DOLOBID	3	FE
DUEXIS	3	FE; BP
EC-NAPROSYN	3	BP
ec-naproxen	1	FE

Drug Name	Drug Tier	Limits/ Required
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
fenopropfen calcium oral	1	FE
FENOPRON	3	FE
FLECTOR EXTERNAL	3	FE; QL
flurbiprofen oral	1	
ft aspirin	1	O
ft aspirin low dose	1	O
ft enteric coated aspirin	1	O
genuine aspirin	1	O
goodsense aspirin low dose	1	O
goodsense aspirin oral tablet	1	O
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	FE; BP
INDOCIN RECTAL	3	FE; BP
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	1	
indomethacin rectal suppository 50 mg	1	FE
ketoprofen er	1	FE
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	

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

Drug Name	Drug Tier	Limits/ Required
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KIPROFEN	3	BP
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
LODINE	3	BP
LOFENA	3	FE; BP
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	
meloxicam oral capsule	1	FE
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	O
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE; BP
NALFON ORAL TABLET	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL TABLET 500 MG	3	BP

Drug Name	Drug Tier	Limits/ Required
naproxen dr oral tablet delayed release 500 mg	1	FE
naproxen oral suspension	1	FE
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	FE
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	FE
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg	1	FE
OXAPROZIN ORAL CAPSULE	3	FE; QL
oxaprozin oral tablet	1	
PENNSAID SOLUTION 2 % EXTERNAL	3	FE; BP; QL
piroxicam oral	1	
RELAFEN DS TABLET 1000 MG ORAL	3	FE
SPRIX	3	FE
sulindac oral	1	
tolmetin sodium oral capsule	1	FE
tolmetin sodium oral tablet 600 mg	1	FE
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	3	FE; BP
ZIPSOR	3	FE; BP

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

Drug Name	Drug Tier	Limits/ Required
<b>Anesthetics</b>		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
TRIDACAINE II	3	BP
TRIDACAINE III	3	BP
ZTLIDO	3	FE
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	PV; QL
disulfiram oral	1	
ft nicotine	1	O; QL
ft nicotine mini	1	O; QL

Drug Name	Drug Tier	Limits/ Required
goodsense nicotine mouth/throat gum	1	O; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	O; QL
habitrol	1	O; QL
KLOXXADO	3	FE; QL
lofexidine hcl	1	QL
LUCEMYRA	3	BP; QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine mini	1	O; QL
nicotine polacrilex mini	1	O; QL
nicotine polacrilex mouth/throat	1	O; QL
nicotine step 1	1	O; QL
nicotine step 2	1	O; QL
nicotine step 3	1	O; QL
nicotine transdermal kit	1	O; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	O; QL
NICOTROL	2	PV; QL
NICOTROL NS	2	PV; QL
OPVEE	3	FE; QL
REXTOVY	2	QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	PV; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	PV; QL
varenicline tartrate(continue)	1	PV; QL

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

Drug Name	Drug Tier	Limits/ Required
ZIMHI	3	FE
ZUBSOLV	3	QL
<b>Antibacterials</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	6	SP; FE
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVIDOXY	3	BP
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	

Drug Name	Drug Tier	Limits/ Required
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	FE
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er	1	
clarithromycin oral	1	

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

Drug Name	Drug Tier	Limits/ Required
CLEOCIN ORAL	3	BP
CLEOCIN VAGINAL CREAM	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	FE
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	1	FE
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	1	FE
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	FE
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

Drug Name	Drug Tier	Limits/ Required
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 400	3	BP
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FIRVANQ	3	BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
LIKMEZ	3	FE
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP
MACRODANTIN	3	BP

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Drug Name	Drug Tier	Limits/ Required
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral capsule	1	FE
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl er oral tablet extended release 24 hour	1	FE
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	FE
MONDOXYNE NL ORAL CAPSULE 100 MG	3	BP
moxifloxacin hcl oral	1	
mupirocin cream	1	FE
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1	FE
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	FE
NUVESSA	3	FE
NUZYRA ORAL TABLET 150 MG	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SEYSARA	3	FE
SILVADENE	3	BP
silver sulfadiazine external	1	
SIVEXTRO ORAL	3	PA; FE
SOLOSEC	3	FE; QL
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL CREAM	3	FE
sulfatrim pediatric	1	
TARGADOX	3	FE; BP
tetracycline hcl oral capsule	1	
TETRACYCLINE HCL ORAL TABLET	3	FE
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	

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

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

Drug Name	Drug Tier	Limits/ Required
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
PRADAXA ORAL CAPSULE	3	PV; FE; BP
PRADAXA ORAL PACKET	3	PV; FE
rivaroxaban	1	PV
SAVAYSA	3	PV; FE
warfarin sodium oral	1	PV
XARELTO ORAL SUSPENSION RECONSTITUTED	2	PV
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	PV
XARELTO STARTER PACK	2	PV
XARELTO TABLET 2.5 MG ORAL	2	PV
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	FE
BANZEL	3	BP

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

Drug Name	Drug Tier	Limits/ Required
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
carbamazepine suspension 100 mg/5ml oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	5	PA; SP
diazepam rectal	1	QL
DILANTIN CAPSULE 100 MG ORAL	3	BP
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
DILANTIN-125	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	

Drug Name	Drug Tier	Limits/ Required
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	3	FE
EPIDIOLEX	5	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	6	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
GABARONE	3	FE
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	

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



Drug Name	Drug Tier	Limits/ Required
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral solution 500 mg/5ml	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
LIBERVANT	3	AL; QL
methsuximide	1	
MOTPOLY XR	3	FE; QL
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	

Drug Name	Drug Tier	Limits/ Required
oxcarbazepine er	1	
OXTELLAR XR	3	BP
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	6	SP; BP
SPRITAM	3	FE
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	FE
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP

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

Drug Name	Drug Tier	Limits/ Required
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO 10 MG DOSE	2	AL; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	2	AL; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	2	AL; QL
VALTOCO 5 MG DOSE	2	AL; QL
vigabatrin	4	SP
VIGADRONE	6	SP; BP
VIGAFYDE	5	SP
vigpoder	4	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP

Drug Name	Drug Tier	Limits/ Required
ZONEGRAN	3	BP
ZONISADE	3	FE
zonisamide oral	1	
ZTALMY	5	PA; SP; QL
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	3	FE; QL
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
memantine hcl-donepezil hcl	1	
NAMENDA TITRATION PAK	3	BP
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	3	BP
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	

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

Drug Name	Drug Tier	Limits/ Required
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE
AUVELITY	3	FE; QL
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL
citalopram hydrobromide oral solution	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; PV; FE
desvenlafaxine succinate er	1	PV
doxepin hcl capsule 10 mg oral	1	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PV; FE
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
EMSAM	3	FE
escitalopram oxalate oral	1	PV
FETZIMA	3	ST; PV; FE
FETZIMA TITRATION	3	ST; PV; FE
fluoxetine hcl (pmdd) oral tablet	1	FE
fluoxetine hcl capsule 10 mg oral	1	PV
fluoxetine hcl oral capsule 20 mg, 40 mg	1	PV
fluoxetine hcl oral capsule delayed release	1	PV

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

Drug Name	Drug Tier	Limits/ Required
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE
fluoxetine hcl solution 20 mg/5ml oral	1	PV
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
FORFIVO XL	3	PV; FE
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral suspension	1	PV; FE; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL
PAXIL CR	3	PV; BP; QL
PAXIL ORAL SUSPENSION	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
PAXIL ORAL TABLET	3	PV; BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP
SERTRALINE HCL ORAL CAPSULE	3	PV; FE
sertraline hcl oral concentrate	1	PV
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
VENLAFAXINE BESYLATE ER	3	PV; FE
venlafaxine hcl	1	PV
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.

Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
VIIBRYD ORAL TABLET	3	ST; BP; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
ZURZUVAE	3	PA; QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	QL
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
COMPRO	3	PV; BP
dronabinol	1	
EMEND BIPACK	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRIPACK	3	BP; QL
GIMOTI	3	FE
granisetron hcl oral	1	QL
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	

Drug Name	Drug Tier	Limits/ Required
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
ondansetron hcl oral tablet 24 mg	1	FE
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine	1	PV
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine hcl solution 6.25 mg/5ml oral	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	BP
REGLAN ORAL	3	BP
SANCUSO	3	FE; QL
scopolamine	1	
SYNDROS	3	FE

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

Drug Name	Drug Tier	Limits/ Required
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
<b>Antifungals</b>		
ANCOBON	3	BP
BREXAFEMME	3	FE; QL
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole- betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	BP
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	BP
econazole nitrate external	1	
ECOZA	3	FE
ERTACZO	3	FE
EXELDERM	3	FE

Drug Name	Drug Tier	Limits/ Required
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
JUBLIA	3	FE
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
klayesta	1	
LULICONAZOLE	3	FE
LUZU	3	FE
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE
naftifine hcl external gel 2 %	1	FE
NAFTIN EXTERNAL GEL 2 %	3	FE; BP
NOXAFIL ORAL PACKET	3	

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

Drug Name	Drug Tier	Limits/ Required
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	3	FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL LOTION	3	FE
posaconazole oral	1	
SPORANOX	3	BP; QL
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
VFEND ORAL SUSPENSION RECONSTITUTED	3	BP
VFEND ORAL TABLET 50 MG	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE

Drug Name	Drug Tier	Limits/ Required
<b>Antigout Agents</b>		
allopurinol oral	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
GLOPERBA	3	FE
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
<b>Antimigraine Agents</b>		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL
almotriptan malate	1	FE; QL
CAMBIA	3	FE; BP
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL

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

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

Drug Name	Drug Tier	Limits/ Required
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
sumatriptan-naproxen sodium	1	FE
TOSYMRA SOLUTION 10 MG/ACT NASAL	3	FE; QL
TREXIMET ORAL TABLET 85-500 MG	3	FE; BP
TRUDHESA	3	FE; QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	3	FE; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	FE; QL
zolmitriptan nasal solution 5 mg	1	FE; QL

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



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

Drug Name	Drug Tier	Limits/ Required
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	14	PA; MB; SP
ABIRTEGA	14	PA; MB; SP; BP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AUGTYRO	14	PA; MB; SP; QL
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB
BOSULIF ORAL TABLET	14	PA; MB; SP

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

Drug Name	Drug Tier	Limits/ Required
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DANZITEN	14	PA; MB; SP; QL
dasatinib	14	PA; MB; SP
DROXIA	2	
ERIVEDGE	14	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
EULEXIN	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	PV
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
FRUZAQLA	14	PA; MB; SP; QL
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
IMBRUVICA ORAL CAPSULE	6	PA; SP; QL	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
IMBRUVICA ORAL SUSPENSION	6	PA; SP; QL	KOSELUGO	5	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	6	PA; SP; FE; QL	KRAZATI	14	PA; MB; SP; QL
IMBRUVICA ORAL TABLET 420 MG	6	PA; SP; QL	lapatinib ditosylate	14	PA; MB; SP
IMKELDI	14	PA; MB; QL	LAZCLUZE	14	PA; MB; SP; QL
INLYTA	14	PA; MB; SP	lenalidomide	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
INREBIC	14	PA; MB; SP; QL	letrozole oral	1	PV
IRESSA	14	PA; MB; SP; BP	leucovorin calcium oral	1	
ITOVEBI	14	PA; MB; SP; QL	LEUKERAN	14	PA; MB; SP
JAKAFI	6	PA; SP	LONSURF	14	PA; MB; SP
JAYPIRCA	14	PA; MB; SP; QL	LUMAKRAS ORAL TABLET 120 MG, 240 MG	14	PA; MB; SP; QL
KISQALI (200 MG DOSE)	14	PA; MB; SP; QL	LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP	LYNPARZA ORAL TABLET	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL	LYSODREN	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP	LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL

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

Drug Name	Drug Tier	Limits/ Required
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP
MEKINIST ORAL TABLET	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
mercaptopurine oral	1	
mesna oral	4	SP
MESNEX ORAL	6	SP; BP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
OGSIVEO	14	PA; MB; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED	14	PA; MB; SP; QL
OJEMDA ORAL TABLET 100 MG	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	5	SP
pazopanib hcl	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	BP
QINLOCK	14	PA; MB; SP; QL
RETEVMO ORAL TABLET	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG	14	PA; MB; SP; QL
REZLIDHIA	14	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL

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

Drug Name	Drug Tier	Limits/ Required
SIKLOS	3	FE
SOLTAMOX	3	PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP; BP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP
TAGRISO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	PV
TARCEVA ORAL TABLET 100 MG	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	6	SP; BP
TARGRETIN ORAL	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP
TAZVERIK	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	PV
torpenz	14	PA; MB; SP
tretinoin oral	14	PA; MB; SP
TRUQAP ORAL TABLET 200 MG	14	PA; MB; SP; QL
TRUQAP ORAL TABLET THERAPY PACK	14	PA; MB; SP; QL
TUKYSA	14	PA; MB; SP; QL
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TYKERB	14	PA; MB; SP; BP
VALCHLOR	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL
VENCLEXTA	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL
VIJOICE	5	PA; SP; QL
VIZIMPRO	14	PA; MB; SP; QL
VONJO	14	PA; MB; SP; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VORANIGO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP	YONSA	14	PA; MB; SP; QL
WELIREG	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZELBORAF	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZOLINZA	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYDELIG	14	PA; MB; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ZYKADIA ORAL TABLET	14	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	<b>Antiparasitics</b>		
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP	albendazole oral	1	
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP	ARAKODA	3	FE
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	atovaquone suspension 750 mg/5ml oral	1	
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP	atovaquone-proguanil hcl	1	
			BENZNIDAZOLE	3	QL
			BILTRICIDE	3	
			chloroquine phosphate oral	1	
			COARTEM	3	
			CROTAN	2	
			DARAPRIM	6	PA; SP; BP
			ELIMITE	3	BP
			EMVERM	3	
			hydroxychloroquine sulfate oral	1	
			IMPAVIDO	3	

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

Drug Name	Drug Tier	Limits/ Required
ivermectin oral tablet 3 mg	1	QL
ivermectin oral tablet 6 mg	1	
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
SOVUNA	3	FE
spinosad	1	
STROMECTOL	3	BP; QL
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
amantadine hcl oral capsule	1	

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

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

Drug Name	Drug Tier	Limits/ Required
ONGENTYS	2	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	FE
PARLODEL	3	BP
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	FE
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
TASMAR ORAL TABLET 100 MG	3	FE; BP
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	PV

Drug Name	Drug Tier	Limits/ Required
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	5	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
YOSPRALA	3	PV; FE
ZONTIVITY	2	PV
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet 15 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL

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



Drug Name	Drug Tier	Limits/ Required
aripiprazole tablet 10 mg oral	1	PV; QL
aripiprazole tablet 2 mg oral	1	PV; QL
aripiprazole tablet 20 mg oral	1	PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL
asenapine maleate	1	ST; PV; FE; QL
CAPLYTA	3	ST; PV; FE; QL
chlorpromazine hcl oral	1	PV
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
clozapine tablet dispersible 100 mg oral	1	PV
clozapine tablet dispersible 150 mg oral	1	PV
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	PV; BP
COBENFY	3	FE; QL
COBENFY STARTER PACK	3	FE; QL
FANAPT	3	ST; PV; FE; QL
FANAPT TITRATION PACK	3	ST; PV; FE; QL
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg	1	PV
haloperidol tablet 2 mg oral	1	PV
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP
LATUDA	3	ST; PV; BP; QL
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; QL
LYBALVI	3	ST; FE; QL
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral	1	PV
OPIPZA	3	PV; FE; QL
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate er	1	PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV
REXULTI	3	ST; PV; FE; QL

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

Drug Name	Drug Tier	Limits/ Required
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone oral solution	1	PV
risperidone oral tablet 0.25 mg	1	PV
risperidone oral tablet dispersible	1	PV
risperidone tablet 0.5 mg oral	1	PV
risperidone tablet 1 mg oral	1	PV
risperidone tablet 2 mg oral	1	PV
risperidone tablet 3 mg oral	1	PV
risperidone tablet 4 mg oral	1	PV
RYKINDO	14	MB; PV; QL
SAPHRIS	3	ST; PV; FE; BP; QL
SECUADO	3	ST; PV; FE; QL
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR ORAL CAPSULE	2	ST; PV; QL

Drug Name	Drug Tier	Limits/ Required
ziprasidone hcl	1	PV
ZYPREXA ORAL TABLET 20 MG	3	PV; BP
<b>Antivirals</b>		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external cream	1	FE
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 800 mg	1	
acyclovir tablet 400 mg oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DENAVIR	3	FE; BP
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL

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

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

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

Drug Name	Drug Tier	Limits/ Required
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	SP
penciclovir	1	FE
PIFELTRO	2	PV; QL
PREVYMIS ORAL	6	SP; QL
PREZCOBIX	2	PV; QL
PREZISTA ORAL SUSPENSION	2	PV; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL
RETROVIR ORAL SYRUP	3	PV; BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
REYATAZ ORAL PACKET	3	PV

Drug Name	Drug Tier	Limits/ Required
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV; QL
RUKOBIA	2	PV; QL
SELZENTRY ORAL SOLUTION	2	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
SITAVIG	3	FE
SOFOSBUVIR-VELPATASVIR	2	PA; SP; QL
SOVALDI ORAL PACKET	6	SP; FE; QL
SOVALDI ORAL TABLET	3	SP; FE; QL
STRIBILD	2	PV; QL
SUNLENCA ORAL	2	PV; QL
SYMFI	3	PV; BP; QL
SYMFI LO	3	PV; BP
SYMTUZA	2	PV; QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	PV; QL
TIVICAY ORAL TABLET 50 MG	2	PV; QL
TIVICAY PD	2	PV; QL

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

Drug Name	Drug Tier	Limits/ Required
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	2	PA; SP; QL
XERESE	3	FE
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZEPATIER	3	SP; FE; QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
ZOVIRAX EXTERNAL CREAM	3	FE; BP
ZOVIRAX EXTERNAL OINTMENT	3	BP
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	BP
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	

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

Drug Name	Drug Tier	Limits/ Required
lorazepam oral tablet	1	
LOREEV XR	3	FE
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE
triazolam	1	
VALIUM	3	BP
XANAX	3	BP
XANAX XR	3	BP
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	PV
lithium carbonate er	1	
lithium carbonate oral	1	
lithium solution 8 meq/5ml oral	1	
LITHOBID	3	BP
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	3	BP
ALVAIZ	6	PA; SP; FE; QL
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	6	PA; SP; FE; QL
FABHALTA	6	PA; SP; QL
FULPHILA	14	MB; SP

Drug Name	Drug Tier	Limits/ Required
FYLNETRA	14	MB; SP
JESDUVROQ	3	FE; QL
MULPLETA	5	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	5	PA; SP; QL
PYRUKYND	5	PA; SP; QL
PYRUKYND TAPER PACK	5	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	5	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
VAFSEO	6	SP; FE; QL
VOYDEYA	6	PA; SP; QL
XOLREMDI	6	PA; SP; QL
ZIEXTENZO	14	MB; SP

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

Drug Name	Drug Tier	Limits/ Required
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV
amlodipine-valsartan-hctz	1	PV
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG	3	PV; FE; QL
ATACAND	3	PV; BP
ATACAND HCT	3	PV; FE; BP
atenolol oral	1	PV

Drug Name	Drug Tier	Limits/ Required
atenolol-chlorthalidone	1	PV
ATORVALIQ	3	PV; FE; QL
atorvastatin calcium oral	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO ORAL TABLET 150 MG, 300 MG	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV; BP
BENICAR HCT	3	PV; BP
BETAPACE AF	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	6	PA; SP; QL

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

Drug Name	Drug Tier	Limits/ Required
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV; FE
captopril oral tablet 100 mg, 50 mg	1	PV
captopril tablet 12.5 mg oral	1	PV
captopril tablet 25 mg oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM LA	3	PV; FE; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
CAROSPIR	3	PV; FE; BP
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV; FE
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
CLONIDINE ER	3	PV; FE; QL
clonidine hcl oral	1	PV

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

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



Drug Name	Drug Tier	Limits/ Required
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl er oral tablet extended release 24 hour	1	PV; FE
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
droxidopa	4	SP; FE
DYRENIUM	3	PV; BP
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE
EDECIN	3	PV; BP
enalapril maleate oral solution	1	PV; FE
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
EPANED ORAL SOLUTION	3	PV; FE; BP
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 130 mg	1	PV; FE
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV
fenofibric acid oral tablet	1	PV; FE
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	PV; QL
fluvastatin sodium er	1	PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
FUROSCIX	3	PV; FE
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl oral	1	PV

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

Drug Name	Drug Tier	Limits/ Required
HEMANGEOL	5	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INDERAL XL	3	PV; FE
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PV; FE
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
INPEFA	3	FE; QL
INSPRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
ivabradine hcl	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	6	SP; PV; FE
KAPSPARGO SPRINKLE	3	PV; FE

Drug Name	Drug Tier	Limits/ Required
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LEVAMLODIPINE MALEATE	3	PV; FE
LIPITOR	3	PV; BP; QL
LIPOFEN	3	PV; FE; BP
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; BP; QL
LODOCO	3	QL
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	PV; QL
LOVAZA	3	PV; BP
matzim la	1	PV; FE

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

Drug Name	Drug Tier	Limits/ Required
methyldopa oral	1	PV
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
MICARDIS HCT	3	PV; FE; BP
midodrine hcl	1	
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PV; FE; QL
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nicardipine hcl oral	1	PV; FE
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV

Drug Name	Drug Tier	Limits/ Required
nifedipine oral capsule 20 mg	1	PV
nimodipine oral capsule	1	PV
nisoldipine er	1	PV; FE
NITRO-BID	2	PV
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE
nitroglycerin rectal	1	
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORTHERA	6	SP; FE; BP
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	PV; BP
NORVASC TABLET 10 MG ORAL	3	PV; BP

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

Drug Name	Drug Tier	Limits/ Required
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters capsule 1 gm oral	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
pitavastatin calcium	1	PV; FE; QL
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral solution	1	PV

Drug Name	Drug Tier	Limits/ Required
propranolol hcl oral tablet 10 mg, 40 mg, 60 mg, 80 mg	1	PV
propranolol hcl tablet 20 mg oral	1	PV
QBRELIS	3	PV; FE
QUESTRAN	3	PV; BP; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	BP
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium oral	1	PV; QL
simvastatin oral tablet	1	PV; QL
SOAANZ	3	PV; FE
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV

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

Drug Name	Drug Tier	Limits/ Required
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP
TEKTURNA	3	PV; BP
telmisartan	1	PV
telmisartan-amlo地平ine	1	PV
telmisartan-hctz	1	PV; FE
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadylt er	1	PV
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
toremide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
TRYVIO	3	PV; FE; QL
VALSARTAN ORAL SOLUTION	3	PV; FE
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	5	PA; SP; QL
VYNDAQEL	5	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL PACKET	3	PV; FE; BP
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL

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

Drug Name	Drug Tier	Limits/ Required
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
<b>Central Nervous System Agents</b>		
SKYCLARYS	5	PA; SP; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	3	BP
ADDERALL XR	3	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	FE
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
AZSTARYS	3	FE; QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	
COTEMPLA XR-ODT	3	FE
DAYTRANA	3	FE; BP
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	

Drug Name	Drug Tier	Limits/ Required
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	FE
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	FE
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
lisdexamfetamine dimesylate	1	
METADATE CD	3	BP
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate	1	FE
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	

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

Drug Name	Drug Tier	Limits/ Required
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
MYDAYIS	3	FE; BP
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL	3	FE; QL
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	3	FE
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
STRATTERA	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
VYVANSE	2	
XELSTRYM	3	FE
ZENZEDI	3	BP
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	6	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	6	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	6	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; SP; QL
BAFIERTAM	5	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	6	PA; SP; FE; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	5	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL

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

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

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



Drug Name	Drug Tier	Limits/ Required
teriflunomide	1	PA; SP; QL
VUMERITY	5	PA; SP; QL
ZEPOSIA	6	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	6	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	6	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	5	SP; QL
AUSTEDO XR	5	SP; QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	SP; QL
caffeine citrate oral	1	
DAYBUE	5	PA; SP; QL
gabapentin (once-daily)	1	FE
GRALISE ORAL TABLET 300 MG, 600 MG	3	FE; BP
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	3	FE
HORIZANT ORAL TABLET EXTENDED RELEASE	3	

Drug Name	Drug Tier	Limits/ Required
IMCIVREE	6	PA; SP; QL
INGREZZA	5	SP; QL
LYRICA CAPSULE 150 MG ORAL	3	BP; QL
LYRICA CAPSULE 50 MG ORAL	3	BP; QL
LYRICA CR	3	ST; FE; BP; QL
LYRICA ORAL CAPSULE 100 MG, 200 MG, 225 MG, 25 MG, 300 MG, 75 MG	3	BP; QL
LYRICA ORAL SOLUTION	3	BP; QL
NUEDEXTA	3	QL
pregabalin capsule 150 mg oral	1	QL
pregabalin capsule 200 mg oral	1	QL
pregabalin capsule 50 mg oral	1	QL
pregabalin capsule 75 mg oral	1	QL
pregabalin er	1	ST; FE; QL
pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg	1	QL
pregabalin oral solution	1	QL
RADICAVA ORS	5	PA; SP; QL
RADICAVA ORS STARTER KIT	5	PA; SP; QL
riluzole	1	
SAVELLA	2	ST; QL

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

Drug Name	Drug Tier	Limits/ Required
SAVELLA TITRATION PACK	2	ST; QL
TEGLUTIK	3	FE
tetrabenazine	4	SP
TIGLUTIK	3	FE
WAINUA	5	PA; SP; QL
XENAZINE	6	SP; BP
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; Coverage dependent on plan.; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
AQUORAL MOUTH/THROAT SOLUTION	3	
CAPHOSOL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE DENTAL GEL	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	

Drug Name	Drug Tier	Limits/ Required
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	3	BP
lidocaine viscous hcl	1	
MI PASTE	2	
MI PASTE PLUS	2	
ORALONE	3	BP
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	

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

Drug Name	Drug Tier	Limits/ Required
REMESENSE	3	
SALAGEN	3	BP
sf gel 1.1%	1	
sf 5000 plus	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA LD	3	FE
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE; BP
ACANYA	3	BP
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP

Drug Name	Drug Tier	Limits/ Required
ACZONE EXTERNAL GEL 7.5 %	3	FE; BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
ADAPALENE EXTERNAL PAD	3	FE
ADAPALENE EXTERNAL SOLUTION	3	FE
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	5	PA; SP; QL
AKLIEF	3	FE
ALA SCALP	3	FE
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external cream	1	FE
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	

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

Drug Name	Drug Tier	Limits/ Required
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
AMZEEQ	3	FE
ARAZLO	3	FE
ATRALIN	3	AL; BP
azelaic acid external	1	
AZELEX	3	FE
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
BRYHALI	3	FE
CABTREO	3	FE
CALAMINE	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	3	FE
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	FE; QL
CALCITRENE	3	BP
calcitriol external	1	

Drug Name	Drug Tier	Limits/ Required
CIBINQO	5	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin	1	FE
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	FE
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	FE
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	FE
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
clobetasol propionate external gel	1		desonide external ointment	1	
clobetasol propionate external liquid	1		DESOWEN EXTERNAL CREAM	3	BP
clobetasol propionate external lotion	1		desoximetasone external cream 0.05 %	1	FE
clobetasol propionate external ointment	1		desoximetasone external cream 0.25 %	1	
clobetasol propionate external shampoo	1		desoximetasone external gel	1	
clobetasol propionate external solution	1		desoximetasone external liquid	1	
CLOBEX	3	BP	desoximetasone external ointment 0.05 %	1	FE
CLOBEX SPRAY	3	BP	desoximetasone external ointment 0.25 %	1	
clocortolone pivalate	1	FE	diclofenac sodium gel 3 % external	1	
clodan external shampoo	1		DIFFERIN EXTERNAL CREAM	3	BP
CLODERM	3	FE; BP	DIFFERIN EXTERNAL GEL 0.3 %	3	BP
coal tar external solution	1		DIFFERIN EXTERNAL LOTION	3	
CONDYLOX EXTERNAL GEL	3	BP	diflorasone diacetate external	1	FE
CORDRAN EXTERNAL TAPE	3	FE	DIPROLENE EXTERNAL OINTMENT	3	BP
dapsone external gel 5 %	1		doxepin hcl external	1	
dapsone external gel 7.5 %	1	FE	doxycycline	1	FE
DERMA-SMOOTHIE/FS BODY	3	BP	DRYSOL	2	
DERMA-SMOOTHIE/FS SCALP	3	BP	DUOBRII	3	FE
desonide external cream	1				
desonide external gel	1	FE			
desonide external lotion	1				

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	5	PA; SP; QL	fluocinolone acetonide body	1	
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL	fluocinolone acetonide external	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; SP; QL	fluocinolone acetonide scalp	1	
EBGLYSS	5	PA; SP; QL	fluocinonide emulsified base	1	
ELIDEL	3	BP	fluocinonide external	1	
EMROSI	3	FE; QL	fluorouracil external cream 5 %	1	
ENSTILAR	3	FE	fluorouracil external solution	1	
EPIDUO	3	BP	flurandrenolide external cream	1	
EPIDUO FORTE	3	BP	flurandrenolide external lotion	1	
EPIFOAM	2		fluticasone propionate external	1	
EPSOLAY CREAM 5 % EXTERNAL	3	FE	GORDOFILM	2	
ery pad 2%	1		halcinonide external cream	1	FE
ERYGEL	3	BP	HALCINONIDE EXTERNAL SOLUTION	3	FE
erythromycin external gel	1		halobetasol propionate	1	
erythromycin external solution	1		HALOG EXTERNAL CREAM	3	FE; BP
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL	hydrocortisone butyrate external cream	1	FE
FABIOR	3	FE	hydrocortisone butyrate external lotion	1	
FILSUVEZ	6	PA; SP	hydrocortisone butyrate external ointment	1	
FINACEA EXTERNAL FOAM	3		hydrocortisone butyrate external solution	1	

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

Drug Name	Drug Tier	Limits/ Required
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION 2.5 %	3	FE
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 3.75 %	1	FE; QL
imiquimod external cream 5 %	1	QL
imiquimod pump	1	FE; QL
IMPOYZ	3	FE
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	FE
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
KLISYRI (250 MG)	3	FE; QL
KLISYRI (350 MG)	3	FE; QL
lactic acid e	1	
lactic acid external lotion	1	

Drug Name	Drug Tier	Limits/ Required
LEXETTE	3	BP
LITFULO	6	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEMLUVIO	6	PA; SP; QL
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
NORITATE	3	FE
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
ORACEA	3	FE; BP
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	AL; FE; BP

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	3	AL; FE; BP	TAZORAC EXTERNAL CREAM 0.05 %	3	FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	AL; FE	TAZORAC EXTERNAL CREAM 0.1 %	3	BP
SANTYL	3		TAZORAC EXTERNAL GEL	3	FE; BP
selenium sulfide external lotion	1		TEXACORT	3	FE
SERNIVO	3	FE	TOLAK	3	
SOFDRA	3	FE; QL	TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP
SOOLANTRA	3	BP	TOPICORT EXTERNAL CREAM 0.25 %	3	BP
SORILUX	3	FE	TOPICORT EXTERNAL GEL	3	BP
sulfacetamide sodium (acne)	1		TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP
sulfacetamide sodium-sulfur external suspension 9-4.25 %	1		TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
sulfacetamide sodium-sulfur liquid 10-5 % external	1		TOPICORT SPRAY	3	BP
SYNALAR EXTERNAL CREAM	3	BP	tovet external foam	1	FE
SYNALAR EXTERNAL OINTMENT	3	BP	tretinoin external	1	AL
TACLONEX EXTERNAL SUSPENSION	3	FE; BP; QL	tretinoin microsphere	1	AL; FE
tacrolimus external ointment	1		tretinoin microsphere pump	1	AL; FE
tazarotene external cream 0.05 %	1	FE	triamcinolone acetonide external aerosol solution	1	FE
tazarotene external cream 0.1 %	1		triamcinolone acetonide external cream	1	
TAZAROTENE EXTERNAL FOAM	3	FE	triamcinolone acetonide external lotion	1	
tazarotene external gel	1	FE	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	

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



Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide external ointment 0.05 %	1	FE
triamcinolone in absorbbase	1	FE
triderm external cream 0.5 %	1	
TWYNEO	3	FE
urea external cream 20 %	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
VEREGEN	3	FE
VTAMA	3	FE; QL
WINLEVI	3	FE
WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	FE
XERAC AC	2	
zenatane	1	
ZIANA	3	FE; BP
ZILXI	3	FE
ZONALON	3	BP
ZORYVE	3	ST; QL
ZYCLARA	3	FE; BP; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	PV

Drug Name	Drug Tier	Limits/ Required
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
ACTOS	3	PV; BP; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL
ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
BEXAGLIFLOZIN	3	PV; FE; QL
BRENZAVVY	3	PV; FE; QL
CYCLOSET	3	PV
DAPAGLIFLOZIN PRO-METFORMIN ER	3	PV; FE; QL
DAPAGLIFLOZIN PROPANEDIOL	3	PV; FE; QL
DUETACT	3	PV; BP
FARXIGA TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV
glipizide oral tablet 10 mg, 5 mg	1	PV
glipizide oral tablet 2.5 mg	1	PV; FE
glipizide-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.

Drug Name	Drug Tier	Limits/ Required
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	PV; BP
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
INVOKAMET	3	PV; FE; QL
INVOKAMET XR	3	PV; FE; QL
INVOKANA	3	PV; FE; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
JANUMET TABLET 50-500 MG ORAL	2	PV; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
liraglutide	1	PA; PV; QL
metformin hcl er	1	PV
metformin hcl er (mod)	1	PV; FE
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
metformin hcl ir	1	PV
miglitol	1	PV
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL
nateglinide	1	PV
ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS (FORMULATION R2)	2	PA; PV; QL

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

Drug Name	Drug Tier	Limits/ Required
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SEGLUOMET	3	PV; FE; QL
SITAGLIPTIN	3	PV; FE; QL
SITAGLIPTIN BASE-METFORMIN HCL	3	PV; FE; QL
SOLIQUA	2	PV; QL
STEGLATRO	3	PV; FE; QL
STEGLUJAN	3	PV; FE; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL
VICTOZA	3	PA; PV; BP; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
ZITUVIMET	3	PV; FE; QL
ZITUVIMET XR	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
ZITUVIO	3	PV; FE; QL
<b>Diabetes - Glucose Monitoring</b>		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
ENLITE GLUCOSE SENSOR	3	FE
EVERSENSE 365 SENSOR/HOLDER	3	FE
EVERSENSE 365 SMART TRANSMIT	3	FE
EVERSENSE SENSOR/HOLDER	3	FE
EVERSENSE SMART TRANSMITTER	3	FE
FREESTYLE LIBRE 14 DAY READER	3	FE; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	FE; QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	FE
FREESTYLE LIBRE 2 READER	3	FE; QL
FREESTYLE LIBRE 2 SENSOR	3	FE; QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	FE; QL
FREESTYLE LIBRE 3 READER	3	FE; QL

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

Drug Name	Drug Tier	Limits/ Required
FREESTYLE LIBRE 3 SENSOR	3	FE; QL
FREESTYLE LIBRE READER	3	FE; QL
GUARDIAN 4 GLUCOSE SENSOR	3	FE
GUARDIAN 4 TRANSMITTER	3	FE
GUARDIAN CONNECT TRANSMITTER	3	FE
GUARDIAN LINK 3 TRANSMITTER	3	FE
GUARDIAN SENSOR 3	3	FE
ONETOUCH ULTRA BLUE TEST	2	PV; QL
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH ULTRA TEST STRIPS	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL

Drug Name	Drug Tier	Limits/ Required
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL
PROGLYCEM	3	BP
ZEGALOGUE	3	FE; QL
<b>Diabetes - Insulins</b>		
ADMELOG INJECTION	3	PV; FE
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
APIDRA SOLOSTAR	3	PV; FE
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE
BASAGLAR TEMPO PEN	3	PV; FE
FIASP FLEXTOUCH	2	PV
FIASP INJECTION	2	PV
FIASP PENFILL	2	PV
FIASP PUMPCART	2	PV
HUMALOG INJECTION	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE	INSULIN GLARGINE MAX SOLOSTAR	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE	INSULIN GLARGINE SOLOSTAR		
HUMALOG MIX 75/25 VIAL	3	PV; FE	SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PV; FE
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE	INSULIN GLARGINE-YFGN	3	PV; FE
HUMALOG TEMPO PEN	3	PV; FE	INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE	INSULIN LISPRO INJECTION	3	PV; FE
HUMULIN 70/30 KWIKPEN	3	PV; FE	INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE
HUMULIN 70/30 VIAL	3	PV; FE	INSULIN LISPRO PROT & LISPRO	3	PV; FE
HUMULIN N KWIKPEN	3	PV; FE	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML	2	PV
HUMULIN N VIAL	3	PV; FE	SUBCUTANEOUS		
HUMULIN R U-500 KWIKPEN	2	PV	LANTUS U-100 VIAL	2	PV
HUMULIN R U-500 VIAL	2	PV	LYUMJEV KWIKPEN	3	PV; FE
HUMULIN R VIAL	3	PV; FE	LYUMJEV TEMPO PEN	3	PV; FE
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE	LYUMJEV VIAL	3	PV; FE
INSULIN ASPART FLEXPEN	3	PV; FE	NOVOLIN 70/30 FLEXPEN	2	PV
INSULIN ASPART INJECTION	3	PV; FE	NOVOLIN 70/30 FLEXPEN RELION	2	PV
INSULIN ASPART PENFILL	3	PV; FE	NOVOLIN 70/30 RELION	2	PV
INSULIN ASPART PROT & ASPART	3	PV; FE	NOVOLIN 70/30 VIAL	2	PV
INSULIN DEGLUDEC	2	PV	NOVOLIN N FLEXPEN	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV	NOVOLIN N FLEXPEN RELION	2	PV

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

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

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

Drug Name	Drug Tier	Limits/ Required
deferasirox	4	SP
deferasirox granules	4	SP
deferiprone	4	SP; FE
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	6	SP; BP
FERRIPROX ORAL SOLUTION	6	SP
FERRIPROX ORAL TABLET	6	SP; FE; BP
FERRIPROX TWICE-A-DAY	6	SP; FE
folate	1	O
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	O
ft folic acid	1	O
ft prenatal	1	O
GALZIN	3	
iodine strong oral	1	
JADENU	6	SP; BP
JADENU SPRINKLE	6	SP; BP
JYNARQUE	6	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
KIONEX COMBINATION	2	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	

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

Drug Name	Drug Tier	Limits/ Required
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	O
METHIONINE	2	
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	O
ONE VITE WOMENS	2	O
ONE-A-DAY WOMENS PRENATAL 1	2	O
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
POKONZA	3	FE
potassium chloride crs er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	O
prenatal oral tablet 27-0.8 mg	1	O
prenatal vitamins oral tablet 27-0.8 mg	1	O
SAMSCA	6	SP; BP

Drug Name	Drug Tier	Limits/ Required
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF)	2	
sterile water for irrigation solution irrigation	1	
SYPRINE	6	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	1	
UROKIT-K 10	3	BP
UROKIT-K 15	3	BP
VALINE	2	

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



Drug Name	Drug Tier	Limits/ Required
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
weekly-d	1	
wes-phos 250 neutral	1	
yl folic acid	1	O
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP
cimetidine hcl solution 300 mg/5ml oral	1	PV
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
DEXILANT	3	PV; FE; BP; QL
dexlansoprazole	1	PV; FE; QL
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV

Drug Name	Drug Tier	Limits/ Required
famotidine tablet 20 mg oral (rx)	1	PV
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
KONVOMEPE	3	PV; FE; QL
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
misoprostol oral tablet 100 mcg	1	PV
misoprostol tablet 200 mcg oral	1	PV
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET	3	PV; AL; BP; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL
omeprazole-sodium bicarbonate oral packet	1	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.

Drug Name	Drug Tier	Limits/ Required
pantoprazole sodium oral packet	1	PV; FE; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL
PRILOSEC ORAL PACKET	3	PV; FE
PROTONIX ORAL PACKET	3	PV; FE; BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
VOQUEZNA	3	PV; FE; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alose tron hcl	1	
alvimopan	1	

Drug Name	Drug Tier	Limits/ Required
AMITIZA	3	BP; QL
ANASPAZ	3	
bis subcit-metronid-tetracyc	1	PV; FE
BISACODYL	2	
bisacodyl ec	1	O
bismuth/metronidaz/tetracyclin	1	PV; FE
CHENODAL	5	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	O
clearlax oral powder	1	O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CTEXLI	5	PA; SP
CUVPOSA	3	BP
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose	1	
ft clearlax	1	O
ft laxative	1	O
ft magnesium citrate	1	O
GASTROCROM	3	BP

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

Drug Name	Drug Tier	Limits/ Required
GATTEX	5	PA; SP
gavilax oral powder	1	O
gavilyte-c	1	PV
gavilyte-g	1	PV
gavilyte-n with flavor pack	1	PV
generlac	1	
gentle laxative oral tablet delayed release	1	O
GLYCATE	3	FE
glycolax	1	O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
IBSRELA	3	ST; FE; QL
KRISTALOSE	3	FE

Drug Name	Drug Tier	Limits/ Required
lactulose		
encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm	1	FE
lactulose oral packet 20 gm	1	
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	
LIBRAX	3	FE; BP
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	O
MOTEGRITY ORAL TABLET 1 MG	3	ST; BP; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; BP; QL
MOTOFEN	3	FE
MOVANTIK	2	QL

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

Drug Name	Drug Tier	Limits/ Required
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV
OMECLAMOX-PAK	3	PV; FE
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350 oral powder	1	O
peg 3350-kcl-na bicarb-nacl	1	PV
peg-3350/electrolytes	1	PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	O
prucalopride succinate	1	ST; QL
PYLERA	3	PV; FE; BP
RELISTOR ORAL	3	FE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
RELTONE	3	FE
RESTORA RX	3	

Drug Name	Drug Tier	Limits/ Required
REZDIFFRA	3	PA; QL
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	6	PA; SP; FE
SUFLAVE	3	PV; FE
SUPREP BOWEL PREP KIT	3	PV; BP
SUREBIOTIC PROBIOTIC SUPPORT	3	
SUTAB	3	PV
SYMPROIC	2	QL
TALICIA	3	PV; FE; QL
true laxative	1	O
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO FORTE	3	BP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOQUEZNA DUAL PAK	3	PV; FE; QL
VOQUEZNA TRIPLE PAK	3	PV; FE; QL
VOWST	3	PA; QL
XERMELO	6	PA; SP; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>			OLPRUVA (4 GM DOSE)	5	SP; QL
betaine	4	SP	OLPRUVA (5 GM DOSE)	5	SP; QL
BUPHENYL ORAL POWDER 3 GM/TSP	6	SP; BP	OLPRUVA (6 GM DOSE)	5	SP; QL
BUPHENYL ORAL TABLET	6	SP; BP	OLPRUVA (6.67 GM DOSE)	5	SP; QL
CERDELGA	5	PA; SP	OPFOLDA	6	PA; SP; QL
CHOLBAM	5	PA; SP	ORFADIN ORAL CAPSULE	6	SP; BP
CREON	2		ORFADIN ORAL SUSPENSION	5	SP
CYSTADANE	6	SP; BP		5	PA; SP; QL
CYSTAGON	5	SP	PALYNZIQ	5	PA; SP; QL
EVRYSDI	5	PA; SP; QL	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
GALAFOLD	5	PA; SP; QL			
JAVYGTOR	6	PA; SP; BP	PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE
KUVAN ORAL PACKET	6	PA; SP; BP	PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE
KUVAN ORAL TABLET	6	PA; SP; BP	PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE
L-GLUTAMIC ACID HCL	2		PHEBURANE	5	PA; SP
miglustat	4	PA; SP			
MYALEPT	5	PA; SP			
nitisinone	4	SP			
NITYR	5	SP			
OCALIVA	6	SP; FE; QL			
OLPRUVA (2 GM DOSE)	5	SP; QL			
OLPRUVA (3 GM DOSE)	5	SP; QL			

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

Drug Name	Drug Tier	Limits/ Required
PROCYSBI	6	SP; FE
RAVICTI	5	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	5	PA; SP
SUCRAID	5	PA; SP
VIOKACE	3	ST
VOXZOGO	6	PA; SP; QL
XURIDEN	6	SP
yargesa	4	PA; SP
ZAVESCA	6	PA; SP; BP
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	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	

Drug Name	Drug Tier	Limits/ Required
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 5 MG	3	FE; BP; QL
CUPRIMINE ORAL CAPSULE 250 MG	6	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	6	SP; BP
DETROL ORAL TABLET 2 MG	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
FERRIC CITRATE ORAL	3	
fesoterodine fumarate er	1	ST; FE
FILSPARI	6	PA; SP; QL
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	FE; BP
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	FE

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

Drug Name	Drug Tier	Limits/ Required
LITHOSTAT	3	
mirabegron er	1	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; BP
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	ST; BP
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE
penicillamine oral	4	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
RIVFLOZA	6	PA; SP; QL
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	6	SP; BP
THIOLA EC	6	SP; BP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST; FE; BP

Drug Name	Drug Tier	Limits/ Required
tropium chloride	1	
tropium chloride er	1	
VELPHORO	3	QL
VENXXIVA	6	SP; BP
VESICARE	3	BP
VESICARE LS	3	FE; QL
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	3	BP
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP
<b>Hormonal Agents - Adrenal</b>		
AGAMREE	6	PA; SP; FE
ALKINDI SPRINKLE	3	FE
CORTEF	3	BP
deflazacort	4	PA; SP; FE
DEXABLISS	3	FE
dexamethasone intensol	1	

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

Drug Name	Drug Tier	Limits/ Required
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
EMFLAZA	6	PA; SP; FE; BP
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
ORAPRED ODT	3	FE; BP
PEDIAPRED	3	BP
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	

Drug Name	Drug Tier	Limits/ Required
prednisolone sodium phosphate oral tablet dispersible	1	FE
prednisolone sodium phosphate solution 5 mg/5ml oral	1	
prednisolone solution 15 mg/5ml oral	1	
prednisone intensol	1	FE
prednisone oral	1	
RAYOS	3	FE
TAPERDEX 12-DAY	3	FE
TAPERDEX 6-DAY	3	FE
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE
<b>Hormonal Agents - Men's Health</b>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
AZMIRO	3	PA; FE
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
JATENZO	3	PA; FE; QL
KYZATREX	3	PA; FE; QL
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE

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



Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TESTIM	3	PA; BP	desmopressin ace spray refrig	1	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA	desmopressin acetate oral	1	
testosterone enanthate intramuscular solution	1	PA	desmopressin acetate spray	1	
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	EGRIFTA SV	6	PA; SP; QL
testosterone transdermal solution	1	PA	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	6	PA; SP; FE
TLANDO	3	PA; FE; QL	GENOTROPIN SUBCUTANEOUS CARTRIDGE	6	PA; SP; FE
UNDECATREX	3	PA; FE; QL	HUMATROPE INJECTION CARTRIDGE	6	PA; SP; FE
VOGELXO PUMP	3	PA; FE; BP	INCRELEX	5	PA; SP
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP	ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; QL
XYOSTED	3	PA; FE	MYCAPSSA	6	SP; FE; QL
<b>Hormonal Agents - Pituitary</b>			NGENLA	6	PA; SP
ACTHAR	6	PA; SP	NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	6	PA; SP	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	6	PA; SP; FE
cabergoline	1	QL	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	6	PA; SP; FE
CORTROPHIN	6	PA; SP			
DDAVP ORAL	3	BP			

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

Drug Name	Drug Tier	Limits/ Required
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	6	PA; SP; FE
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
octreotide acetate subcutaneous	4	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; SP
ORLISSA	2	PA; QL
RECORLEV	6	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	6	SP; BP
SIGNIFOR	5	PA; SP
SKYTROFA	6	PA; SP
SOGROYA	6	SP; FE
SOMAVERT	6	SP; FE
SYNAREL	2	
ZOMACTON	6	PA; SP; FE

Drug Name	Drug Tier	Limits/ Required
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	6	PA; SP; BP
mifepristone oral tablet 300 mg	4	PA; SP
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	PV
aftera	1	O
AFTERPILL	3	O
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amethyst	1	PV
ANGELIQ	3	PV; FE
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV

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

Drug Name	Drug Tier	Limits/ Required
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	PV
BEYAZ	3	PV; BP
BIJUVA	3	PV; FE
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camila	1	PV
camrese	1	PV
camrese lo	1	PV
charlotte 24 fe	1	PV
chateal eq	1	PV
CLIMARA	3	PV; BP; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	PV
cyred eq	1	PV
dasetta 1/35 (28)	1	PV

Drug Name	Drug Tier	Limits/ Required
dasetta 7/7/7	1	PV
daysee	1	PV
deblitane	1	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	PV; BP
delyla	1	PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL	3	PV; BP
dolishale	1	PV
dotti	1	PV; QL
drospiren-eth estrad- levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	3	PV
econtra one-step	1	O
ELESTRIN	3	PV
elinest	1	PV
ELLA	2	PV

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

Drug Name	Drug Tier	Limits/ Required
eluryng	1	PV; QL
emzahh	1	PV
ENDOMETRIN	3	
enilloring	1	PV; QL
enpresse-28	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
errin	1	PV
estarylla	1	PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol oral	1	PV
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV; BP
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	PV
feirza 1.5/30	1	PV
feirza 1/20	1	PV

Drug Name	Drug Tier	Limits/ Required
FEMLYV	2	PV
FEMRING	2	QL
finzala	1	PV
fyavolv	1	PV
gallifrey	1	
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
haloette	1	PV; QL
heather	1	PV
her style	1	O
iclevia	1	PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	PV
introvale	1	PV
isibloom	1	PV
jaimiess	1	PV
jasmiel	1	PV
jencycla	1	PV
jinteli	1	PV
jolessa	1	PV
joyeaux	1	PV
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
kaitlib fe	1	PV	loryna	1	PV
kalliga	1	PV	low-ogestrel	1	PV
kariva	1	PV	lo-zumandimine	1	PV
kelnor 1/35	1	PV	luteru	1	PV
kelnor 1/50	1	PV	lyleq	1	PV
kurvelo	1	PV	lyllana	1	PV; QL
larin 1.5/30	1	PV	lyza	1	PV
larin 1/20	1	PV	marlissa	1	PV
larin 24 fe	1	PV	medroxyprogesterone acetate intramuscular	1	PV
larin fe 1.5/30	1	PV	medroxyprogesterone acetate oral	1	
larin fe 1/20	1	PV	megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
layolis fe	1	PV	megestrol acetate oral tablet	1	
leena	1	PV	megestrol acetate suspension 400 mg/10ml oral	1	
lessina	1	PV	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
levonest	1	PV	MENOSTAR	3	PV; FE; QL
levonorgest-eth est & eth est	1	PV	merzee	1	PV
levonorgest-eth estrad 91-day	1	PV	mibelas 24 fe	1	PV
levonorgest-eth estradiol-iron	1	PV	microgestin 1.5/30	1	PV
levonorgestrel oral tablet 1.5 mg	1	O	microgestin 1/20	1	PV
levonorgestrel-ethinyl estrad	1	PV	microgestin fe 1.5/30	1	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	PV	microgestin fe 1/20	1	PV
levora 0.15/30 (28)	1	PV	mili	1	PV
LO LOESTRIN FE	3	PV	mimvey	1	PV
LOESTRIN 1.5/30 (21)	3	PV; BP	MINIVELLE	3	PV; BP; QL
LOESTRIN 1/20 (21)	3	PV; BP			
LOESTRIN FE 1.5/30	3	PV; BP			
LOESTRIN FE 1/20	3	PV; BP			
lojaimiess	1	PV			

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

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

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

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

Drug Name	Drug Tier	Limits/ Required
simpesse	1	PV
SLYND TABLET 4 MG ORAL	3	PV
sprintec 28	1	PV
sronyx	1	PV
syeda	1	PV
take action	1	O
tarina 24 fe	1	PV
tarina fe 1/20 eq	1	PV
taysofy	1	PV
TAYTULLA	3	PV; BP
tilia fe	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
turqoz	1	PV
TWIRLA	3	PV; QL
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
valtya 1/50	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV

Drug Name	Drug Tier	Limits/ Required
VIVELLE-DOT	3	PV; BP; QL
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xarah fe	1	PV
xulane	1	PV; QL
YASMIN 28	3	PV; BP
YAZ	3	PV; BP
yuvafem	1	
zafemy	1	PV; QL
zovia 1/35 (28)	1	PV
zumandimine	1	PV
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	FE
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
ERMEZA	3	FE
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
levothyroxine sodium oral tablet	1		ACTEMRA SUBCUTANEOUS	6	PA; SP; QL
levoxyl	1		ACTIMMUNE	5	PA; SP
liothyronine sodium oral	1		ADALIMUMAB-AACF (2 PEN)	6	PA; SP; FE
methimazole oral	1		ADALIMUMAB-AACF (2 SYRINGE)	6	PA; SP; FE; QL
NIVA THYROID	2		ADALIMUMAB-AACF(CD/UC/HS STRT)	6	PA; SP; FE; QL
np thyroid	1		ADALIMUMAB-AACF(PS/UV STARTER)	6	PA; SP; FE; QL
propylthiouracil oral	1		ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE; QL
SYNTHROID	3	BP	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE
THYQUIDITY	3	FE	ADALIMUMAB-AATY (2 PEN)	6	PA; SP; FE; QL
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1		ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	6	PA; SP; FE
TIROSINT CAPSULE 75 MCG ORAL	3		ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	6	PA; SP; FE; QL
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		ADALIMUMAB-ADAZ	5	PA; SP; QL
TIROSINT-SOL	3		ADALIMUMAB-ADBM (2 PEN)	6	PA; SP; FE
unithroid	1				
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>					
ABRILADA (1 PEN)	6	SP; FE			
ABRILADA (2 PEN)	6	SP; FE			
ABRILADA (2 SYRINGE)	6	SP; FE			
ACTEMRA ACTPEN	6	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; FE; QL	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	6	PA; SP; FE; QL
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	6	PA; SP; FE	AMJEVITA-PED 15KG TO <30KG	6	PA; SP; FE; QL
ADALIMUMAB-ADBM(CD/UC/HS STRT)	6	PA; SP; FE	ARAVAL	3	BP; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	6	PA; SP; FE	ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	5	PA; SP
ADALIMUMAB-FKJP (2 PEN)	5	PA; SP; QL	ASTAGRAF XL	3	PV
ADALIMUMAB-FKJP (2 SYRINGE)	5	PA; SP; QL	AURANOFIN	5	SP
ADALIMUMAB-RYVK (2 PEN)	6	PA; SP; FE; QL	AZASAN	3	PV; BP
ADALIMUMAB-RYVK (2 SYRINGE)	6	PA; SP; FE	azathioprine oral	1	PV
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	6	PA; SP; FE; QL	BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	5	PA; SP; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; FE; QL	BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
			BIMZELX	6	PA; SP; QL
			CELLCEPT	3	PV; BP
			CIMZIA (2 SYRINGE)	5	PA; SP; QL
			CIMZIA-STARTER	5	PA; SP; QL
			COSENTYX (300 MG DOSE)	6	PA; SP; QL
			COSENTYX 150 MG/ML SUBCUTANEOUS	6	PA; SP; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COSENTYX SENSOREADY (300 MG)	6	PA; SP; QL	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	6	PA; SP; QL	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE; QL
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	6	PA; SP; QL	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE
cyclosporine modified	1	PV	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE; QL
cyclosporine oral capsule	1	PV	ENBREL MINI	6	PA; SP; QL
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	6	PA; SP; QL
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; FE; QL	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; FE; QL	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	6	PA; SP; QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	6	PA; SP; FE	ENSPRYNG	5	PA; SP; QL
			ENTYVIO PEN	6	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENVARUSUS XR	3	PV	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; FE; BP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE; BP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP	HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	6	PA; SP; FE; BP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE; QL
gengraf oral solution	1	PV	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE
HADLIMA	5	PA; SP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL
HADLIMA PUSHTOUCH	5	PA; SP; QL	HYRIMOZ SOLUTION PREFILLED SYRINGE 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; QL
HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE; BP; QL
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	6	PA; SP; FE	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	6	PA; SP; FE; BP; QL
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	6	PA; SP; FE; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE	leflunomide oral	1	QL
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL	LUPKYNIS methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	6	PA; SP; PV; QL
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; FE; QL	methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
HYRIMOZ-PED<40KG CROHN STARTER	6	PA; SP; FE; QL	methotrexate sodium injection solution reconstituted	1	
HYRIMOZ- PED>=40KG CROHN START	6	PA; SP; FE; QL	methotrexate sodium oral	1	
HYRIMOZ-PLAQ PSOR/UEVIT START	6	PA; SP; FE; QL	mycophenolate mofetil oral capsule	1	PV
HYRIMOZ-PLAQUE PSORIASIS START	6	PA; SP; FE; QL	mycophenolate mofetil oral suspension reconstituted	1	PV; FE
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP	mycophenolate mofetil oral tablet	1	PV
IMURAN	3	PV; BP	mycophenolate sodium	1	PV
JOENJA	5	PA; SP; QL	mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
JYLAMVO	3	FE	MYFORTIC	3	PV; BP
KEVZARA	6	PA; SP; QL	MYHIBBIN	2	PV
			NEORAL	3	PV; BP
			OLUMIANT	6	PA; SP; QL
			OMVOH SUBCUTANEOUS	6	PA; SP; QL

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

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

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SANDIMMUNE ORAL CAPSULE	3	PV; BP	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP; QL
SELARSDI SUBCUTANEOUS	5	PA; SP; QL	tacrolimus capsule 0.5 mg oral	1	PV
SILIQ	6	PA; SP; QL	tacrolimus capsule 5 mg oral	1	PV
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL	tacrolimus oral capsule 1 mg	1	PV
SIMLANDI (1 SYRINGE)	5	PA; SP; QL	TAKHZYRO	5	PA; SP; QL
SIMLANDI (2 PEN)	5	PA; SP; QL	TALTZ	6	PA; SP; QL
SIMLANDI (2 SYRINGE)	5	PA; SP; QL	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL	TREXALL	2	
sirolimus oral	1	PV	TYENNE SUBCUTANEOUS	6	PA; SP; FE; QL
SKYRIZI PEN	5	PA; SP; QL	VARIZIG INTRAMUSCULAR SOLUTION	2	
SKYRIZI SUBCUTANEOUS	5	PA; SP; QL	VELSIPITY	6	PA; SP; QL
SOTYKTU	6	PA; SP; QL	WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	5	PA; SP; QL
SPEVIGO SUBCUTANEOUS	6	PA; SP; QL	WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	6	PA; SP; FE; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	6	PA; SP; BP; QL			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	5	PA; SP; QL	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	6	PA; SP; FE; QL
WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	6	PA; SP; FE; QL	YUFLYMA-CD/UC/HS STARTER	6	PA; SP; FE
WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	5	PA; SP; QL	YUSIMRY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	6	PA; SP; FE; QL
WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	6	PA; SP; FE; QL	ZORTRESS	3	PV; BP
XATMEP	3	FE	ZYMFENTRA (1 PEN)	5	PA; SP; QL
XELJANZ	5	PA; SP; QL	ZYMFENTRA (2 PEN)	5	PA; SP; QL
XELJANZ XR	5	PA; SP; QL	ZYMFENTRA (2 SYRINGE)	6	PA; SP; FE; QL
YESINTEK SUBCUTANEOUS	5	PA; SP; QL	<b>Inflammatory Bowel Disease Agents</b>		
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	6	PA; SP; FE; QL	ANUSOL-HC EXTERNAL	3	BP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	6	PA; SP; FE	APRISO	3	BP
YUFLYMA (2 PEN)	6	PA; SP; FE; QL	AZULFIDINE	3	BP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	6	PA; SP; FE	AZULFIDINE EN-TABS	3	BP
			balsalazide disodium	1	
			budesonide er oral tablet extended release 24 hour	1	FE; QL
			budesonide oral	1	
			budesonide rectal	1	
			CANASA	3	BP
			COLAZAL	3	BP
			CORTENEMA	3	BP
			CORTIFOAM EXTERNAL	2	
			DELZICOL	3	BP

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

Drug Name	Drug Tier	Limits/ Required
DIPENTUM	3	FE
EOHILIA	3	QL
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
PROCTOSOL HC EXTERNAL	3	BP
PROCTOZONE-HC EXTERNAL	3	BP
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	FE; QL
UCERIS RECTAL	3	BP
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	FE; BP; QL

Drug Name	Drug Tier	Limits/ Required
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV; BP
BINOSTO	3	PV; FE
calcitonin (salmon)	1	PV
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	6	PA; SP; PV; FE; BP; QL
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
FOSAMAX PLUS D	3	PV; FE
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; 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.



Drug Name	Drug Tier	Limits/ Required
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	6	PA; SP; PV; FE; QL
TYMLOS	5	PA; SP; PV; QL
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (RX)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	

Drug Name	Drug Tier	Limits/ Required
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AQNEURSA	6	PA; SP; QL
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	6	PA; SP; QL
BYLVAY (PELLETS)	6	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	

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

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

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

Drug Name	Drug Tier	Limits/ Required
SACCHARIN	2	
sodium saccharin powder	1	
SOHONOS	6	PA; SP; QL
TAVNEOS	6	PA; SP; QL
TODAY SPONGE	2	O
TRUE COVER	3	O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	5	SP
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
XPHOZAH	6	SP; FE; QL
YORVIPATH	6	PA; SP; QL
ZILBRYSQ	6	PA; SP; QL
ZOKINVY	5	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	BP
ACULAR LS	3	BP
ACUVAIL	3	FE

Drug Name	Drug Tier	Limits/ Required
ALOCRIAL	3	FE
ALREX	3	FE; BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bepotastine besilate	1	FE
BEPREVE	3	FE; BP
BESIVANCE	3	FE
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	FE
BROMSITE	3	FE; BP
CILOXAN OPHTHALMIC OINTMENT	3	FE
ciprofloxacin hcl ophthalmic	1	
CLOBETASOL PROPIONATE OPHTHALMIC	3	FE
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	

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

Drug Name	Drug Tier	Limits/ Required
EYSUVIS	3	FE
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	FE
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPTHALMIC GEL	3	ST; BP
LOTEMAX OPTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPTHALMIC SUSPENSION	3	ST; FE; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension 0.2 %	1	FE
loteprednol etabonate ophthalmic suspension 0.5 %	1	ST; FE
MAXIDEX	2	
MAXITROL OPTHALMIC OINTMENT	3	BP

Drug Name	Drug Tier	Limits/ Required
MAXITROL OPTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl (2x day)	1	FE
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	3	FE
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PATADAY OPTHALMIC SOLUTION 0.7 %	3	FE
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	FE; BP

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

Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVIY SOLUTION 0.25 % OPHTHALMIC	3	PA
ZERVIAE	3	FE
ZIRGAN	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	3	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	BP
BETOPTIC-S	3	FE
bimatoprost ophthalmic	1	

Drug Name	Drug Tier	Limits/ Required
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
IYUZEH	3	FE
KEVEYIS	6	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
ORMALVI	6	SP; BP
PHOSPHOLINE IODIDE	2	

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

Drug Name	Drug Tier	Limits/ Required
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
QLOSI	3	FE
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	FE
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	FE
TIMOPTIC OCUDOSE	3	FE; BP
TRAVATAN Z	3	FE; BP
travoprost (bak free)	1	
VUITY	3	
VYZULTA	3	ST; FE
XALATAN	3	BP
XELPROS	2	
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
altafrin ophthalmic solution 10 %, 2.5 %	1	

Drug Name	Drug Tier	Limits/ Required
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	5	SP
CYSTARAN	5	SP
LASTACAFT	3	FE
MIEBO	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
NEO-POLYCIN	3	BP
OXERVATE	6	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
POLYCIN	3	BP
polymyxin b-trimethoprim	1	

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

Drug Name	Drug Tier	Limits/ Required
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
VEVYE	3	FE
XIIDRA	2	QL
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CETRAXAL	3	FE; BP
CIPRO HC	3	FE
ciprofloxacin hcl solution 0.2 % otic	1	
ciprofloxacin hcl solution 0.2 % otic	1	FE
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	3	FE
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Drug Name	Drug Tier	Limits/ Required
OTOVEL	3	FE
PRAMOTIC	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine-fluticasone	1	FE
benzonatate	1	
bromphen-pseudoeph-dm	1	
CARBINOXAMINE MALEATE ER	3	FE
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	FE
cetirizine hcl oral solution	1	
CLARINEX ORAL TABLET	3	FE; BP
CLARINEX-D 12 HOUR	3	FE
clemastine fumarate oral syrup	1	FE
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	FE
DYMISTA	3	FE; BP
flunisolide nasal solution 25 mcg/act (0.025%)	1	

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

Drug Name	Drug Tier	Limits/ Required
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE
levocetirizine dihydrochloride oral solution	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	

Drug Name	Drug Tier	Limits/ Required
NEOTUSS PLUS	3	FE
olopatadine hcl nasal	1	FE
OMNARIS	3	FE
promethazine vc	1	
promethazine-codeine oral solution	1	AL; QL
promethazine-dm oral syrup	1	
promethazine-phenylephrine	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
PULMOSAL	2	
QNASL	3	FE
QNASL CHILDRENS	3	FE
RYALTRIS	3	FE; QL
RYCLORA ORAL SOLUTION	3	FE
ryvent	1	FE
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
sodium chloride nebulization solution 7 % inhalation	1	
TUXARIN ER	3	AL; FE; QL
XHANCE	3	FE; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ACCOLATE	3	PV; BP

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



Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
acetylcysteine inhalation	1		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
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	PV; BP; QL	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL	albuterol sulfate oral	1	PV
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	ALVESCO	3	PV; FE; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL	arformoterol tartrate	1	PV; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 55/14	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Ventolin brand alternative ; PV; QL			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BROVANA	3	PV; BP; QL
ASMANEX HFA	2	PV; QL	budesonide inhalation	1	PV; QL
ATROVENT HFA	2	PV; QL	budesonide-formoterol fumarate	1	PV; QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL	COMBIVENT RESPIMAT	2	PV; QL
BEVESPI AEROSPHERE	3	PV; QL	cromolyn sodium inhalation	1	PV
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	DALIRESP	3	PV; BP
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	DUAKLIR PRESSAIR	3	PV; FE; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL	DULERA AEROSOL 100-5 MCG/ACT INHALATION	3	PV; FE; QL
brey-na	1	PV; QL	DULERA AEROSOL 200-5 MCG/ACT INHALATION	3	PV; FE; QL
			DULERA INHALATION AEROSOL 50-5 MCG/ACT	3	PV; FE; QL
			elixophyllin	1	PV
			epinephrine injection solution auto-injector	1	QL
			EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ESBRIET	6	PA; SP; BP; QL	INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	5	PA; SP; QL	ipratropium bromide inhalation	1	PV
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL	ipratropium-albuterol	1	PV
FLUTICASONE PROPIONATE DISKUS	2	PV	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV
FLUTICASONE PROPIONATE HFA	3	PV; FE; QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL	montelukast sodium oral	1	PV
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	NEFFY	3	FE; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; SP; QL
			OFEV	5	PA; SP; QL
			OHTUVAYRE	3	FE; QL
			PERFOROMIST	3	PV; BP; QL
			pirfenidone	4	PA; SP; QL
			PROAIR RESPICLICK	3	PV; QL
			PULMICORT FLEXHALER	2	PV; QL

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

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

Drug Name	Drug Tier	Limits/ Required
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	SP; QL
TRIKAFTA	5	PA; SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	6	PA; SP; BP; QL
ADEMPAS	5	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	6	PA; SP; BP; QL
OPSUMIT	5	PA; SP; QL
OPSYNVI	6	PA; SP; FE; QL
ORENITRAM	5	PA; SP
ORENITRAM MONTH 1	5	PA; SP
ORENITRAM MONTH 2	5	PA; SP
ORENITRAM MONTH 3	5	PA; SP
REVATIO ORAL TABLET	6	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sildenafil citrate tablet 20 mg oral	4	PA; SP; QL	BACLOFEN ORAL SOLUTION 10 MG/5ML	3	FE
tadalafil (pah)	4	PA; SP; QL	baclofen oral solution 5 mg/5ml	1	FE
TADLIQ	6	PA; SP; QL	baclofen oral suspension	1	FE
TRACLEER 62.5 MG, 125 MG	6	PA; SP; BP; QL	baclofen oral tablet	1	
TRACLEER 32 MG	5	PA; SP; QL	carisoprodol oral	1	
TYVASO	5	PA; SP	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL	chlorzoxazone oral tablet 500 mg	1	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; SP; QL	cyclobenzaprine hcl er	1	FE
TYVASO REFILL KIT	5	PA; SP	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
TYVASO STARTER KIT	5	PA; SP	cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
UPTRAVI ORAL	5	PA; SP; QL	DANTRIUM ORAL CAPSULE 25 MG	3	BP
UPTRAVI TITRATION	5	PA; SP; QL	dantrolene sodium oral	1	
VENTAVIS	5	PA; SP; QL	FLEQSUVY	3	FE; BP
WINREVAIR	6	PA; SP; QL	LYVISPAH	3	FE
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>			metaxalone oral tablet 400 mg	1	FE
AMRIX	3	FE; BP	metaxalone oral tablet 640 mg, 800 mg	1	
			methocarbamol oral	1	
			NORGESIC	3	FE
			NORGESIC FORTE	3	FE
			orphenadrine citrate er	1	
			orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE
			ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE

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Drug Name	Drug Tier	Limits/ Required
OZOBAX DS	3	FE
SOMA	3	BP
TANLOR	3	BP
tizanidine hcl oral	1	
ZANAFLEX ORAL TABLET	3	BP
<b>Sleep Disorder Agents</b>		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
DAYVIGO	3	FE; QL
doxepin hcl oral tablet	1	QL
EDLUAR	3	FE; QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	6	PA; SP; BP; QL
HETLIOZ LQ	6	PA; SP; QL
LUMRYZ	6	PA; SP; FE; QL
LUMRYZ STARTER PACK	6	PA; SP; FE; QL
LUNESTA	3	BP; QL
modafinil oral	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
QUVIVIQ	3	ST; FE; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	5	PA; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	6	PA; SP; FE; QL
SUNOSI TABLET 150 MG ORAL	2	PA; QL
SUNOSI TABLET 75 MG ORAL	2	PA; QL
tasimelteon	4	PA; SP; QL
temazepam	1	
WAKIX	5	PA; SP; QL
XYREM	5	PA; SP; QL
XYWAV	5	PA; SP; QL
zaleplon	1	QL
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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NORITATE.....	55	NUCYNTA.....	7	DOSE).....	69
NORLIQVA.....	43	NUCYNTA ER.....	7	OLPRUVA (6 GM	
norlyroc.....	78	NUDEXTA.....	49	DOSE).....	69
NORPACE.....	43	NUPLAZID.....	33	OLPRUVA (6.67 GM	
NORPACE CR.....	43	NURTEC.....	24	DOSE).....	69
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NORVIR.....	35	NUVIGIL.....	103	bicarbonate.....	65
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ONEXTON.....	55	OSCIMIN.....	68	paroxetine mesylate.....	20
ONFI.....	17	oseltamivir phosphate.....	36	PATADAY.....	92
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ONGLYZA.....	58	OSPHERA.....	74	PAXIL CR.....	20
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OPSUMIT.....	101	oxazepam.....	38	nacl.....	68
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ORAL CITRATE.....	64	oxymorphone hcl.....	8	hcl.....	8
ORALAIR.....	90	oxymorphone hcl er.....	8	pentoxifylline er.....	44
ORALONE.....	50	OXYTROL.....	71	PEPCID.....	66
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PLEGRIDY.....	48	prenatal vitamins.....	phenylephrine.....	96
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PACK.....	48	PREVIDENT 5000 KIDS.....	PROZAC.....	20
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QBRELIS.....	PACK.....	48	RINVOQ.....	85
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28	silodosin.....	71	SOFOSBUVIR-
RYKINDO.....	SILVADENE.....	14	VELPATASVIR.....
34	silver sulfadiazine.....	14	36
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32	SIMLANDI (1 PEN).....	86	74
ryvent.....	SIMLANDI (1 SYRINGE).....	86	SOHONOS.....
96	SIMLANDI (2 PEN).....	86	91
SABRIL.....	SIMLANDI (2 SYRINGE).....	86	solifenacin succinate.....
17	simliya.....	78	71
SACCHARIN.....	simpesse.....	79	SOLQUA.....
91	SIMPONI.....	86	59
SAFYRAL.....	simvastatin.....	44	SOLOSEC.....
78	SINEMET.....	32	14
SAJAZIR.....	SINGULAIR.....	100	SOLTAMOX.....
85	sirolimus.....	86	29
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70	64		SOTYLIZE.....
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15	sodium chloride.....	96	SOVALDI.....
SAVELLA.....	sodium fluoride.....	51, 64	36
49	sodium fluoride 5000		SOVUNA.....
SAVELLA TITRATION	enamel.....	51	31
PACK.....	sodium fluoride 5000		SPEVIGO.....
50	plus.....	51	86
saxagliptin hcl.....	sodium fluoride 5000		spinosad.....
59	ppm.....	51	31
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59	103		100
SCSEMBLIX.....	SODIUM OXYBATE.....	103	SPIRIVA RESPIMAT .....
28	sodium phenylbutyrate.....	70	100
SCOPOLAMINE.....			spironolactone.....
21			44
SECUADO.....			spironolactone-hctz.....
34			44
SEGLUROMET.....			SPORANOX.....
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89			sronyx.....
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100			ssd.....
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sertraline hcl.....			38
20			STIOLTO RESPIMAT .....
setlakin.....			100
78			STIVARGA.....
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71			STRATTERA.....
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71			STRENSIQ.....
SEYSARA.....			70
14			STRIBILD.....
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SFROWASA.....			31
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sulfacetamide sodium.....	93	SYPRINE.....	64	telmisartan-hctz.....	45
sulfacetamide sodium (acne).....	56	TABLOID.....	29	temazepam.....	103
sulfacetamide sodium-sulfur.....	56	TABRECTA.....	29	temozolomide.....	29
sulfacetamide-prednisolone.....	95	TACLONEX.....	56	TENCON.....	8
sulfadiazine.....	14	tacrolimus.....	56, 86	tenofovir disoproxil fumarate.....	36
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SULFAMYLON.....	14	tadalafil (pah).....	102	TENORETIC 50.....	45
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SYMBYAX.....	20	TARGADOX.....	14	THEO-24.....	100
SYMDEKO.....	101	TARGRETIN.....	29	theophylline.....	100
SYMFI.....	36	tasimelton.....	103	theophylline er.....	100
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				tiadylt er.....	45
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timolol maleate ocudose..	94	TRAMADOL HCL (ER BIPHASIC).....	8	tri-lo-marzia.....	79
timolol maleate pf.....	94	tramadol hcl (er biphasic)..	8	tri-lo-mili.....	79
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tiopronin.....	71	tramadol hcl ir.....	8	trimethoprim.....	14
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tolterodine tartrate er.....	71	triazolam.....	38	TURALIO.....	29
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TOPAMAX.....	17	TRICOR.....	45	TUXARIN ER.....	96
TOPAMAX SPRINKLE....	18	TRIDACAINE II.....	11	TWIRLA.....	79
TOPICORT.....	56	TRIDACAINE III.....	11	TWYNEO.....	57
TOPICORT SPRAY.....	56	triderm.....	57	TYBOST.....	37
topiramate.....	18	trientine hcl.....	64	TYENNE.....	86
topiramate er.....	18	tri-estarylla.....	79	TYKERB.....	29
TOPROL XL.....	45	trifluoperazine hcl.....	34	TYMLOS.....	89
toremifene citrate.....	29	trifluridine.....	93	TYRVAYA.....	95
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torseamide.....	45			TYVASO DPI MAINTENANCE KIT.....	102
				TYVASO DPI TITRATION KIT.....	102

TYVASO REFILL KIT ....	102	VARUBI (180 MG DOSE).....	22	VIMOVO.....	10
TYVASO STARTER KIT	102	VASCEPA.....	45	VIMPAT.....	18
UBRELVY.....	24	VASERETIC.....	45	VIOKACE.....	70
UCERIS.....	88	VASOTEC.....	45	viorele.....	79
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UPTRAVI.....	102	VELTASSA.....	65	VIZIMPRO.....	29
UPTRAVI TITRATION..	102	VEMLIDY.....	37	VOGELXO.....	73
urea.....	57	VENCLEXTA.....	29	VOGELXO PUMP.....	73
UROCIT-K 10.....	64	VENELEX.....	57	volnea.....	79
UROCIT-K 15.....	64	VENLAFAXINE		VONJO.....	29
UROXATRAL.....	71	BESYLATE ER.....	20	VOQUEZNA.....	66
URSO FORTE.....	68	venlafaxine hcl.....	20	VOQUEZNA DUAL PAK..	68
URSODIOL.....	68	venlafaxine hcl er.....	20, 21	VOQUEZNA TRIPLE PAK.....	68
ursodiol.....	68	VENTAVIS.....	102	VORANIGO.....	30
VAFSEO.....	38	VENTOLIN HFA.....	100	voriconazole.....	23
VAGIFEM.....	79	VENXXIVA.....	71	VORTEX VALVE CHAMBER-PEDI MASK..	91
valacyclovir hcl.....	37	VEOZAH.....	91	VORTEX VALVED HOLDING CHAMBER.....	91
VALCHLOR.....	29	verapamil hcl.....	45	VOSEVI.....	37
VALCYTE.....	37	verapamil hcl er.....	45	VOTRIENT.....	30
valganciclovir hcl.....	37	VEREGEN.....	57	VOWST.....	68
VALINE.....	64	VERELAN.....	45	VOXZOGO.....	70
VALIUM.....	38	VERKAZIA.....	95	VOYDEYA.....	38
valproic acid.....	18	VERQUOVO.....	45	VRAYLAR.....	34
VALSARTAN.....	45	VERSACLOZ.....	34	VTAMA.....	57
valsartan.....	45	VERZENIO.....	29	VUITY.....	94
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VALTOCO 10 MG DOSE..	18	VESICARE LS.....	71	VUSION.....	23
VALTOCO 15 MG DOSE..	18	vestura.....	79	vyfemla.....	79
VALTOCO 20 MG DOSE..	18	VEVYE.....	95	vylibra.....	79
VALTOCO 5 MG DOSE...18		VFEND.....	23	VYNDAMAX.....	45
VALTRESX.....	37	VIBERZI.....	68	VYNDAQEL.....	45
valtya 1/50.....	79	VICTOZA.....	59	VYTORIN.....	45
VANCOCIN.....	14	vienva.....	79	VYVANSE.....	47
vancomycin hcl.....	14	vigabatin.....	18	VYZULTA.....	94
VANDAZOLE.....	14	VIGADRONE.....	18	WAINUA.....	50
VANFLYTA.....	29	VIGAFYDE.....	18	WAKIX.....	103
VANOS.....	57	VIGAMOX.....	93	warfarin sodium.....	15
varenicline tartrate.....	11	vigpoder.....	18	weekly-d.....	65
varenicline tartrate (starter).....	11	VIIBRYD.....	21	WELCHOL.....	45
varenicline tartrate(continue).....	11	VIJOICE.....	29	WELIREG.....	30
VARIZIG.....	86	vilazodone hcl.....	21	WELLBUTRIN SR.....	21
				WELLBUTRIN XL.....	21

wera.....	79	XPOVIO (60 MG TWICE WEEKLY).....	30	ZEPOSIA 7-DAY STARTER PACK.....	49
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WEZLANA.....	86, 87	XPOVIO (80 MG TWICE WEEKLY).....	30	ZERVIATE.....	93
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wymzya fe.....	79	XULTOPHY.....	59	ZIAGEN.....	37
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XADAGO.....	32	XYREM.....	103	ZIEXTENZO.....	38
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XANAX.....	38	YASMIN 28.....	79	ZILXI.....	57
XANAX XR.....	38	YAZ.....	79	ZIMHI.....	12
xarah fe.....	79	YESINTEK.....	87	ZIOPTAN.....	94
XARELTO.....	15	yl folic acid.....	65	ziprasidone hcl.....	34
XARELTO STARTER PACK.....	15	YONSA.....	30	ZIPSOR.....	10
XATMEP.....	87	YORVIPATH.....	91	ZIRGAN.....	93
XCOPRI.....	18	YOSPRALA.....	32	ZITHROMAX.....	15
XDEMVI.....	93	YUFLYMA (1 PEN).....	87	ZITHROMAX TRI-PAK.....	15
XELJANZ.....	87	YUFLYMA (2 PEN).....	87	ZITHROMAX Z-PAK.....	15
XELJANZ XR.....	87	YUFLYMA (2 SYRINGE).....	87	ZITUVIMET.....	59
XELODA.....	30	YUFLYMA-CD/UC/HS STARTER.....	87	ZITUVIMET XR.....	59
XELPROS.....	94	YUPELRI.....	100	ZITUVIO.....	59
XELSTRYM.....	47	YUSIMRY.....	87	ZOCOR.....	46
XENAZINE.....	50	yuvafem.....	79	ZOKINVY.....	91
XERAC AC.....	57	zafemy.....	79	ZOLINZA.....	30
XERESE.....	37	zafirlukast.....	100	ZOLMITRIPTAN.....	24
XERMELO.....	68	zaleplon.....	103	zolmitriptan.....	24, 25
XHANCE.....	96	ZANAFLEX.....	103	ZOLOFT.....	21
XIFAXAN.....	14	ZARONTIN.....	18	ZOLPIDEM TARTRATE.....	103
XIGDUO XR.....	59	ZAVESCA.....	70	zolpidem tartrate er.....	103
XIIDRA.....	95	ZAVZPRET.....	24	ZOMACTON.....	74
XOFLUZA (40 MG DOSE).....	37	ZEGALOGUE.....	60	ZOMIG.....	25
XOFLUZA (80 MG DOSE).....	37	ZEJULA.....	30	ZONALON.....	57
XOLREMDI.....	38	ZELAPAR.....	32	ZONEGRAN.....	18
XOPENEX HFA.....	100	ZELBORAF.....	30	ZONISADE.....	18
XPHOZAH.....	91	ZEMBRACE.....		zonisamide.....	18
XPOVIO (100 MG ONCE WEEKLY).....	30	SYMTOUCH.....	24	ZONTIVITY.....	32
XPOVIO (40 MG ONCE WEEKLY).....	30	ZEMPLAR.....	89	ZORTRESS.....	87
XPOVIO (40 MG TWICE WEEKLY).....	30	zenatane.....	57	ZORYVE.....	57
XPOVIO (60 MG ONCE WEEKLY).....	30	ZENPEP.....	70	zovia 1/35 (28).....	79
		ZENZEDI.....	47	ZOVIRAX.....	37
		ZEPATIER.....	37	ZTALMY.....	18
		ZEPBOUND.....	50	ZTLIDO.....	11
		ZEPOSIA.....	49	ZUBSOLV.....	12
				zumandimine.....	79
				ZURZUVAE.....	21

ZYCLARA.....	57
ZYCLARA PUMP.....	57
ZYDELIG.....	30
ZYFLO.....	101
ZYKADIA.....	30
ZYLET.....	95
ZYMFENTRA (1 PEN).....	87
ZYMFENTRA (2 PEN).....	87
ZYMFENTRA (2 SYRINGE).....	87
ZYPITAMAG.....	46
ZYPREXA.....	34
ZYTIGA.....	30
ZYVOX.....	15



# Non-discrimination notice



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

Sanford Health Plan:

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

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

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

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

Fax: (605) 312-9886

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

# Help in Other Languages

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

## Arabic -

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

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

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

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

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

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

**Karen** - ၵာ်သုၣ်ဟံးသး- နမ့ၢ်ကတိၤ ကညိ ကျိၣ်အသိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၢ်ဘျၣ်လၢၢ်စ့ၤ နိတမံၤဘျၣ်သ့န့ၢ်လီၤ. ကိး (800) 752-5863 (TTY: 711).

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

**Laotian** - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 (телетайп: 711).

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

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

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

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