

ACA Compliant Individual/Small Group Formulary



For the most current list of covered medications or if you have questions:

Call Pharmacy Management Team at (855) 305-5062

Visit sanfordhealthplan.com/members and link to the OptumRx website to:

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

SANFORD
HEALTH PLAN

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications chosen by health care providers on Sanford Health Plan's Pharmacy and Therapeutics Committee. Selection criteria includes clinical efficacy, safety, and cost. Medications on this list are approved by the U.S. Food and Drug Administration (FDA) 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 determine 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 (SBC) to determine your cost for each of the tiers listed below.

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

Reading your formulary

Drug list information

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

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

ACA Compliant Individual/Small Group Formulary

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL
ACTIQ	3	
ALLZITAL	3	FE
APADAZ	3	FE; QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
BUPAP ORAL TABLET 50-300 MG	3	FE
buprenorphine transdermal	1	QL
butalbital-acetaminophen capsule 50-300 mg oral	1	FE
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE
butalbital-acetaminophen oral tablet 25-325 mg, 50-325 mg	1	

Drug Name	Drug Tier	Limits/ Required
butalbital-acetaminophen oral tablet 50-300 mg	1	FE
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	
butorphanol tartrate nasal	1	QL
BUTRANS	3	QL
codeine sulfate oral tablet	1	QL
CONZIP	3	FE
DILAUDID ORAL	3	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL CAPSULE	3	FE
ESGIC ORAL TABLET	3	
fentanyl	1	QL
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	3	

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

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Drug Name	Drug Tier	Limits/ Required
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
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 tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	3	QL

Drug Name	Drug Tier	Limits/ Required
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3	FE
levorphanol tartrate oral	1	QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution 20 mg/5ml	1	QL
morphine sulfate oral tablet	1	QL

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Drug Name	Drug Tier	Limits/ Required
morphine sulfate solution 10 mg/5ml oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	QL
NALOCET	3	FE; QL
NUCYNTA	3	QL
NUCYNTA ER	3	FE; QL
OXAYDO ORAL TABLET	3	FE; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	2	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	3	FE; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	2	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	3	FE; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	2	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	3	FE; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL	2	QL

Drug Name	Drug Tier	Limits/ Required
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL	3	FE; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
PROLATE	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
QDOLO	3	FE; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	FE; QL
SEGLENTIS	3	FE
SUBSYS	3	
TENCON ORAL TABLET 50-325 MG	3	FE
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE
tramadol hcl er oral tablet extended release 24 hour	1	
TRAMADOL HCL ORAL SOLUTION	3	FE; QL
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	FE; QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	FE

Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	1	ACA; O
ANAPROX DS	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
aspirin 81 oral tablet delayed release	1	ACA; O
aspirin adult low dose	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin ec oral tablet delayed release 325 mg	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin low dose tablet chewable 81 mg oral	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
aspirin regimen	1	ACA; O
CELEBREX	3	
celecoxib oral	1	
DAYPRO	3	
DICLOFENAC PATCH EXTERNAL	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
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	
DUEXIS	3	FE
EC-NAPROSYN	3	
ec-naproxen	1	
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
FELDENE	3	
fenoprofen calcium oral	1	FE
FLECTOR EXTERNAL	3	FE; QL
flurbiprofen oral	1	
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O
goodsense aspirin low dose	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	

Drug Name	Drug Tier	Limits/ Required
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	
INDOCIN RECTAL	3	FE
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er	1	FE
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
KETOROLAC TROMETHAMINE NASAL	3	FE
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
LODINE	3	
LOFENA	3	FE
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	
meloxicam oral capsule	1	FE
meloxicam oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE
NALFON ORAL TABLET	3	FE
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	
NAPROSYN ORAL SUSPENSION	3	FE
NAPROSYN ORAL TABLET 500 MG	3	
naproxen oral suspension	1	FE
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
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	1	
PENNSAID SOLUTION 2 % EXTERNAL	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
piroxicam oral	1	
RELAFEN DS TABLET 1000 MG ORAL	3	FE
SPRIX	3	FE
sulindac oral	1	
VIMOVO	3	FE
ZIPSOR	3	FE
ZORVOLEX	3	FE
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDODERM	3	
PLIAGLIS EXTERNAL CREAM	3	FE
SYNERA	3	FE
ZTLIDO	3	FE
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	

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

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Drug Name	Drug Tier	Limits/ Required
APO-VARENICLINE	2	ACA; PV; QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; PV; QL
habitrol	1	ACA; O; PV; QL
KLOXXADO	3	FE; QL
LUCEMYRA	3	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	3	QL
nicotine polacrilex mini	1	ACA; O; PV; QL
nicotine polacrilex mouth/throat	1	ACA; O; PV; QL
nicotine step 1	1	ACA; O; PV; QL
nicotine step 2	1	ACA; O; PV; QL
nicotine step 3	1	ACA; O; PV; QL
nicotine transdermal kit	1	ACA; O; PV; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL

Drug Name	Drug Tier	Limits/ Required
SUBOXONE SUBLINGUAL FILM	3	QL
varenicline tartrate oral tablet	1	ACA; PV; QL
varenicline tartrate oral tablet therapy pack	1	ACA; PV; QL
ZIMHI	3	FE
ZUBSOLV	3	QL
Antibacterials		
AEMCOLO	3	FE; QL
ALTABAX	3	FE
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	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	4	SP; FE
AUGMENTIN ES-600	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	

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

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Drug Name	Drug Tier	Limits/ Required
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BACTRIM	3	
BACTRIM DS	3	
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
CENTANY	3	
cephalexin	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN	3	
clindamycin hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
coremino	1	FE
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
DORYX MPC	3	FE
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	
DORYX ORAL TABLET DELAYED RELEASE 80 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	

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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	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	2	
FLAGYL ORAL CAPSULE	3	FE
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
HUMATIN	3	
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	

Drug Name	Drug Tier	Limits/ Required
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	
MACRODANTIN	3	
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral capsule	1	FE
metronidazole oral tablet	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER (BIPHASIC)	3	FE
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	FE
minocycline hcl er oral tablet extended release 24 hour	1	FE
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	FE
MINOLIRA	3	FE
mondoxyne nl oral capsule 100 mg	1	
MONUROL	3	
moxifloxacin hcl oral	1	
mupirocin calcium	1	FE
mupirocin external	1	
neomycin sulfate oral	1	

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Drug Name	Drug Tier	Limits/ Required
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension	1	FE
NUVESSA	3	FE
NUZYRA ORAL TABLET 150 MG	3	FE; QL
ofloxacin oral tablet 300 mg, 400 mg	1	
paromomycin sulfate oral	1	
penicillin v potassium	1	
SEYSARA	3	FE
SILVADENE	3	
silver sulfadiazine external	1	
SIVEXTRO ORAL	3	PA; FE
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	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

Drug Name	Drug Tier	Limits/ Required
SULFAMYLON EXTERNAL PACKET	3	
sulfatrim pediatric	1	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TARGADOX	3	FE
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	
XIMINO	3	FE
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	

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

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

Drug Name	Drug Tier	Limits/ Required
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV
PRADAXA	3	PV; FE
SAVAYSA	3	PV; FE
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
Anticonvulsants - Drugs for Seizures		
APTIOM	3	FE
BANZEL	3	
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
CELONTIN	2	
clobazam	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT	4	PA; SP
DIASTAT ACUDIAL	3	QL
DIASTAT PEDIATRIC	3	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	

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

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Drug Name	Drug Tier	Limits/ Required
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	3	FE
EPIDIOLEX	4	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
FINTEPLA	4	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	
GABITRIL	3	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	

Drug Name	Drug Tier	Limits/ Required
LAMICTAL ODT	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral kit 25 & 50 & 100 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 tablet	1	
levetiracetam solution 100 mg/ml oral	1	
MYSOLINE	3	
NAYZILAM	2	QL
NEURONTIN	3	
ONFI ORAL SUSPENSION	3	

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

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Drug Name	Drug Tier	Limits/ Required
ONFI ORAL TABLET 10 MG, 20 MG	3	
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK	3	
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	
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	4	SP
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	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	

Drug Name	Drug Tier	Limits/ Required
tiagabine hcl	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	QL
vigabatrin	4	SP
vigadrone	4	SP
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	
ZONEGRAN	3	
ZONISADE	3	FE
zonisamide oral	1	
ZTALMY	4	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
ARICEPT	3	
donepezil hcl	1	
EXELON TRANSDERMAL	3	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	3	
RAZADYNE ER	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE

Drug Name	Drug Tier	Limits/ Required
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE
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; QL
chlordiazepoxide- amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; PV; FE
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	

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Drug Name	Drug Tier	Limits/ Required
DRIZALMA SPRINKLE	3	PV; FE
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV
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 oral capsule	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
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
LYBALVI	3	ST; FE; QL
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	

Drug Name	Drug Tier	Limits/ Required
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	
PARNATE	3	
paroxetine hcl er	1	PV; QL
paroxetine hcl oral suspension	1	PV; FE; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	FE; QL
PAXIL CR	3	PV; QL
PAXIL ORAL SUSPENSION	3	PV; FE; QL
PAXIL ORAL TABLET	3	PV; QL
perphenazine-amitriptyline	1	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	3	ST; PV; FE
phenelzine sulfate oral	1	
PRISTIQ	3	PV
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV
REMERON ORAL TABLET 15 MG, 30 MG	3	PV
REMERON SOLTAB	3	PV
SERTRALINE HCL ORAL CAPSULE	3	PV; FE
sertraline hcl oral concentrate	1	PV

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Drug Name	Drug Tier	Limits/ Required
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV
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
venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
VIIBRYD ORAL TABLET	3	ST; QL
VIIBRYD STARTER PACK	3	ST; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV

Drug Name	Drug Tier	Limits/ Required
ZOLOFT	3	PV
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET CHEWABLE	3	
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	PV
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	QL
GIMOTI	3	FE
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	
meclizine hcl oral tablet 12.5 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
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 maleate oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV
REGLAN ORAL	3	
SANCUSO	3	FE; QL
scopolamine	1	
SYNDROS	3	FE
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
Antifungals		
ANCOBON	3	
BREXAFEMME	3	FE; QL
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	

Drug Name	Drug Tier	Limits/ Required
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole- betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
econazole nitrate external	1	
ECOZA	3	FE
ERTACZO	3	FE
EXELDERM	3	FE
EXTINA	3	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
JUBLIA	3	FE
KERYDIN	3	FE
ketoconazole external cream	1	

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Drug Name	Drug Tier	Limits/ Required
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LOPROX EXTERNAL CREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
LOPROX EXTERNAL SUSPENSION	3	
LULICONAZOLE	3	FE
LUZU	3	FE
MENTAX	3	FE
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE
NAFTIN EXTERNAL GEL	3	FE
NOXAFIL ORAL SUSPENSION	3	
NOXAFIL ORAL TABLET DELAYED RELEASE	3	
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	

Drug Name	Drug Tier	Limits/ Required
ORAVIG	3	FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	
OXISTAT EXTERNAL LOTION	3	FE
posaconazole	1	
SPORANOX	3	QL
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
VFEND	3	
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
COLCHICINE ORAL CAPSULE	3	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
COLCRYS	3	
febuxostat	1	ST
GLOPERBA	3	FE
MITIGARE	3	ST
probenecid oral	1	
ULORIC	3	ST
ZYLOPRIM	3	

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Drug Name	Drug Tier	Limits/ Required
Antimigraine Agents		
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
CAFERGOT	3	
CAMBIA	3	FE
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL

Drug Name	Drug Tier	Limits/ Required
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	QL
frovatriptan succinate	1	QL
IMITREX NASAL	3	QL
IMITREX ORAL	3	QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
MAXALT ORAL TABLET 10 MG	3	QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	QL
MIGERGOT	2	
MIGRANAL	3	QL
naratriptan hcl	1	QL
NURTEC	3	FE; QL
ONZETRA XSAIL	3	FE
QULIPTA	2	ST; QL
RELPAK	3	QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL

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Drug Name	Drug Tier	Limits/ Required
sumatriptan succinate refill 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	3	FE; QL
TREXIMET ORAL TABLET 85-500 MG	3	FE
TRUDHESA	3	FE; QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZEMBRACE SYMTOUCH	3	FE; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	FE; QL
zolmitriptan nasal solution 5 mg	1	FE; QL
zolmitriptan oral	1	QL
ZOMIG NASAL	3	FE; QL
ZOMIG ORAL	3	QL
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	3	

Drug Name	Drug Tier	Limits/ Required
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP
AFINITOR DISPERZ	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required
ALECENSA	14	PA; MB; SP; QL
ALKERAN ORAL	14	PA; MB; SP
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV
AROMASIN	3	PV
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	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
CASODEX	14	PA; MB; SP
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
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP
ERLEADA	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP
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	ACA; PV
EXKIVITY	14	PA; MB; SP; QL
FARESTON	3	PV
FEMARA	3	PV
flutamide	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FOTIVDA	14	PA; MB; SP; QL	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GAVRETO	14	PA; MB; SP; QL	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
GILOTRIF	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
HYCAMTIN ORAL	14	PA; MB; SP	KISQALI FEMARA	14	PA; MB; SP; QL
HYDREA	3		KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
hydroxyurea oral	1		KOSELUGO	14	PA; MB; SP
IBRANCE	14	PA; MB; SP	lapatinib ditosylate	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP	lenalidomide	14	PA; MB; SP
IDHIFA	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
imatinib mesylate	14	PA; MB; SP	letrozole oral	1	PV
IMBRUVICA	4	PA; SP; QL	leucovorin calcium oral	1	
INLYTA	14	PA; MB; SP	LEUKERAN	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL			
INREBIC	14	PA; MB; SP; QL			
IRESSA	14	PA; MB; SP			
JAKAFI	4	PA; SP			

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

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Drug Name	Drug Tier	Limits/ Required
LONSURF	14	PA; MB; SP
LUMAKRAS	14	PA; MB; SP; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
MATULANE	14	PA; MB; SP
MEKINIST	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP
mercaptopurine oral	1	
MESNEX ORAL	2	SP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP
NILANDRON	14	PA; MB; SP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
ONUREG	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
ORGOVYX	14	PA; MB; SP; QL
PANRETIN	2	SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	
QINLOCK	14	PA; MB; SP; QL
RETEVMO	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
ROZLYTREK	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SIKLOS	3	FE
SOLTAMOX	3	ACA; PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TABLOID	14	PA; MB; SP	TRUSELTIQ (125MG DAILY DOSE)	14	PA; MB; SP; QL
TABRECTA	14	PA; MB; SP; QL	TRUSELTIQ (50MG DAILY DOSE)	14	PA; MB; SP; QL
TAFINLAR	14	PA; MB; SP	TRUSELTIQ (75MG DAILY DOSE)	14	PA; MB; SP; QL
TAGRISSE	14	PA; MB; SP; QL	TUKYSA	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL	TYKERB	14	PA; MB; SP
tamoxifen citrate oral	1	ACA; PV	VALCHLOR	14	PA; MB; SP
TARCEVA	14	PA; MB; SP	VENCLEXTA	14	PA; MB; SP
TARGRETIN EXTERNAL	4	SP	VENCLEXTA STARTING PACK	14	PA; MB; SP
TARGRETIN ORAL	14	PA; MB; SP	VERZENIO	14	PA; MB; SP; QL
TASIGNA	14	PA; MB; SP	VIJOICE	4	PA; SP; QL
TAZVERIK	14	PA; MB; SP; QL	VIZIMPRO	14	PA; MB; SP; QL
TEMODAR ORAL CAPSULE 250 MG	14	PA; MB; SP	VONJO	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP	VOTRIENT	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL	WELIREG	14	PA; MB; SP; QL
THALOMID	14	PA; MB; SP	XALKORI	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL	XELODA	14	PA; MB; SP
toremifene citrate	1	PV	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP
tretinoin oral	14	PA; MB; SP			
TRUSELTIQ (100MG DAILY DOSE)	14	PA; MB; SP; QL			

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Drug Name	Drug Tier	Limits/ Required
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
XTANDI	14	PA; MB; SP
YONSA	14	PA; MB; SP; QL
ZEJULA	14	PA; MB; SP; QL
ZELBORAF	14	PA; MB; SP
ZOLINZA	14	PA; MB; SP
ZYDELIG	14	PA; MB; SP
ZYKADIA ORAL TABLET	14	PA; MB; SP
ZYTIGA	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
Antiparasitics		
albendazole oral	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	3	
ARAKODA	3	FE
atovaquone oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	4	PA; SP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
lindane external shampoo	1	
MALARONE	3	
malathion external	1	
mefloquine hcl	1	
MEPRON	3	
NATROBA	3	
NEBUPENT	3	
nitazoxanide oral	1	
OVIDE	3	

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

Drug Name	Drug Tier	Limits/ Required
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	
COMTAN	3	
DHIVY ORAL TABLET 25-100 MG	3	FE
entacapone	1	
GOCOVRI	4	SP; FE
INBRIJA	4	SP; FE
KYNMOBI	4	SP; QL
LODOSYN	3	
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	FE
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE
PARLODEL	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	

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Drug Name	Drug Tier	Limits/ Required
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	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	FE
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
Antiplatelets		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV

Drug Name	Drug Tier	Limits/ Required
CABLIVI	4	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
DURLAZA	3	PV; FE
EFFIENT	3	PV
PLAVIX ORAL TABLET 75 MG	3	PV
prasugrel hcl	1	PV
YOSPRALA	3	PV; FE
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
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; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
asenapine maleate	1	ST; PV; FE; QL
CAPLYTA	3	ST; PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required
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	3	PV
FANAPT	3	ST; PV; FE; QL
FANAPT TITRATION PACK	3	ST; PV; FE; QL
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA	3	PV
LATUDA	2	ST; PV; QL
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; 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
paliperidone er	1	PV
pimozide	1	

Drug Name	Drug Tier	Limits/ Required
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
RISPERDAL ORAL SOLUTION	3	PV
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV
risperidone	1	PV
SAPHRIS	3	ST; PV; FE; QL
SECUADO	3	ST; PV; FE; QL
SEROQUEL	3	PV; QL
SEROQUEL XR	3	PV; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV
ZYPREXA ZYDIS	3	PV
Antivirals		
abacavir sulfate	1	PV
abacavir sulfate-lamivudine	1	PV
acyclovir external cream	1	FE

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Drug Name	Drug Tier	Limits/ Required
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	SP
APTIVUS ORAL CAPSULE	2	PV
atazanavir sulfate	1	PV
BARACLUDE	3	
BIKTARVY	2	PV
CIMDUO	2	PV
COMBIVIR	3	PV
COMPLERA	2	PV
DELSTRIGO	2	PV
DENAVIR	3	FE
DESCOVY	2	PV
DOVATO	2	PV
EDURANT	2	PV
efavirenz	1	PV
efavirenz-emtricitab-tenofo df	1	PV
efavirenz-lamivudine-tenofovir	1	PV
emtricitabine	1	PV
emtricitabine-tenofovir df	1	PV
EMTRIVA ORAL CAPSULE	3	PV
EMTRIVA ORAL SOLUTION	2	PV
entecavir	1	
EPCLUSA	4	PA; SP; QL
EPIVIR HBV ORAL SOLUTION	2	

Drug Name	Drug Tier	Limits/ Required
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	PV
EPIVIR ORAL TABLET 150 MG	3	PV; QL
EPIVIR ORAL TABLET 300 MG	3	PV
EPZICOM	3	PV
etravirine	1	PV
EVOTAZ	2	PV
famciclovir oral	1	QL
fosamprenavir calcium	1	PV
GENVOYA	2	PV
HARVONI	4	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV
INTELENCE ORAL TABLET 25 MG	2	PV
ISENTRESS	2	PV
ISENTRESS HD	2	PV
JULUCA	2	PV
KALETRA ORAL SOLUTION	3	PV
KALETRA ORAL TABLET	3	PV
lamivudine oral solution	1	PV
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg	1	PV; QL
lamivudine oral tablet 300 mg	1	PV
lamivudine-zidovudine	1	PV

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Drug Name	Drug Tier	Limits/ Required
LEDIPASVIR-SOFOSBUVIR	4	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	PV
LEXIVA ORAL TABLET	3	PV
LIVTENCITY	4	SP; QL
lopinavir-ritonavir	1	PV
maraviroc	1	PV
MAVYRET	4	PA; SP; QL
nevirapine	1	PV
nevirapine er	1	PV
NORVIR ORAL PACKET	2	PV
NORVIR ORAL SOLUTION	2	PV
NORVIR ORAL TABLET	3	PV
ODEFSEY	2	PV
oseltamivir phosphate oral	1	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP
penciclovir	1	FE
PIFELTRO	2	PV
PREVYMIS ORAL	4	SP; QL
PREZCOBIX	2	PV
PREZISTA ORAL SUSPENSION	2	PV

Drug Name	Drug Tier	Limits/ Required
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	PV
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	PV
RETROVIR ORAL SYRUP	3	PV
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV
REYATAZ ORAL PACKET	3	PV
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV
RUKOBIA	2	PV
SELZENTRY ORAL SOLUTION	2	PV
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV
SITAVIG	3	FE
SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL
SOVALDI	4	SP; FE; QL
stavudine oral capsule	1	PV

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Drug Name	Drug Tier	Limits/ Required
STRIBILD	2	PV
SUSTIVA ORAL CAPSULE	3	PV
SYMFI	3	PV
SYMFI LO	3	PV
SYMITUZA	2	PV
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	PV
TIVICAY	2	PV
TIVICAY PD	2	PV
TRIUMEQ	2	PV
TRIUMEQ PD	2	PV
TRIZIVIR	3	PV
TRUVADA	3	PV
TYBOST	3	PV
valacyclovir hcl oral	1	
VALCYTE	3	
valganciclovir hcl	1	
VALTREX	3	
VEMLIDY	3	
VIEKIRA PAK	4	SP; FE; QL
VIRACEPT ORAL TABLET	2	PV
VIRAZOLE	3	
VIREAD ORAL POWDER	3	PV

Drug Name	Drug Tier	Limits/ Required
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV
VIREAD ORAL TABLET 300 MG	3	PV
VOSEVI	4	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	4	SP; FE; QL
ZIAGEN	3	PV
zidovudine	1	PV
ZOVIRAX EXTERNAL CREAM	3	FE
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL SUSPENSION	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	
bupirone hcl oral	1	

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Drug Name	Drug Tier	Limits/ Required
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	
DORAL	3	FE
estazolam	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	3	FE
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE
TRANXENE-T ORAL TABLET 7.5 MG	3	
triazolam	1	
VALIUM	3	
VISTARIL	3	

Drug Name	Drug Tier	Limits/ Required
XANAX	3	
XANAX XR	3	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	PV
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Blood Products and Modifiers - Drugs for Blood Disorders		
AGRYLIN	3	
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	4	PA; SP; FE; QL
FULPHILA	14	MB; SP
MULPLETA	4	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
PYRUKYND	4	PA; SP; QL
PYRUKYND TAPER PACK	4	PA; SP; QL
TAVALISSE	4	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA	14	MB; SP
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV
ACCURETIC	3	PV
acebutolol hcl oral	1	PV
ALDACTAZIDE ORAL TABLET 25-25 MG	3	PV
ALDACTONE	3	PV
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV
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

Drug Name	Drug Tier	Limits/ Required
amlodipine-valsartan-hctz	1	PV
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	PV; FE
ASPRUZYO SPRINKLE	3	PV; FE; QL
ATACAND	3	PV
ATACAND HCT	3	PV
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV
AVAPRO	3	PV
AZOR	3	PV
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV
BENICAR HCT	3	PV
BETAPACE AF	3	PV
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV
betaxolol hcl oral	1	PV
BIDIL	3	PV
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV

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Drug Name	Drug Tier	Limits/ Required
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV
BYSTOLIC	3	PV
CADUET ORAL TABLET 10-10 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG	3	PV; QL
CALAN SR	3	PV
CAMZYOS	4	PA; SP; QL
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV
captopril oral	1	PV
CARDIZEM CD	3	PV
CARDIZEM LA	3	PV; FE
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV
CARDURA	3	PV; QL
CAROSPIR	3	PV; FE
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV; FE
CATAPRES-TTS-1	3	PV
CATAPRES-TTS-2	3	PV
CATAPRES-TTS-3	3	PV
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
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	3	PV
COLESTID FLAVORED	3	PV
colestipol hcl	1	PV
CONJUPRI	3	PV; FE
COREG	3	PV
COREG CR	3	PV; FE
CORGARD	3	PV
CORLANOR	3	
COZAAR	3	PV
CRESTOR	3	PV; QL
DEMSEER	3	PV
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV
digitek oral tablet 250 mcg	1	PV
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 coated beads oral tablet extended release 24 hour	1	PV; FE
diltiazem hcl er oral capsule extended release 12 hour 120 mg	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.

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Drug Name	Drug Tier	Limits/ Required
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV
DIOVAN HCT	3	PV
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
droxidopa	1	SP; FE
DYRENIUM	3	PV
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE
EDECIN	3	PV
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
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV

Drug Name	Drug Tier	Limits/ Required
EXFORGE HCT	3	PV
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
EZETIMIBE-ROSUVASTATIN	3	PV; FE; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 130 mg	1	PV; FE
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	PV; FE
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
FENOGLIDE	3	PV; FE
FIBRICOR	3	PV; FE
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	ACA; PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
GONITRO	3	PV
guanfacine hcl oral	1	PV
HEMANGEOL	4	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV
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
INSPIRA	3	PV
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV
isosorb dinitrate-hydralazine	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV

Drug Name	Drug Tier	Limits/ Required
isosorbide mononitrate er	1	PV
isradipine	1	PV
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	SP; PV; FE
KAPSPARGO SPRINKLE	3	PV; FE
KATERZIA	3	PV
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV
LASIX	3	PV
LESCOL XL	3	PV; QL
LEVAMLODIPINE MALEATE	3	PV; FE
LIPITOR	3	PV; QL
LIPOFEN	3	PV; FE
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; QL
LOPID	3	PV
LOPRESSOR ORAL	3	PV
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
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV

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

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Drug Name	Drug Tier	Limits/ Required
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV
matzim la	1	PV; FE
MAXZIDE	3	PV
MAXZIDE-25	3	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
MICARDIS HCT	3	PV
midodrine hcl	1	
MINIPRESS	3	PV
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV

Drug Name	Drug Tier	Limits/ Required
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
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	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 sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV
NITROMIST	3	PV
NITROSTAT	3	PV
NORLIQVA	3	PV

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

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Drug Name	Drug Tier	Limits/ Required
NORPACE	3	
NORPACE CR	2	
NORTHERA	3	SP; FE
NORVASC	3	PV
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV
propafenone hcl	1	
propafenone hcl er	1	

Drug Name	Drug Tier	Limits/ Required
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
QBRELIS	3	PV; FE
QUESTRAN	3	PV; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
RANEXA	3	PV
ranolazine er	1	PV
RECTIV	3	
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
ROSZET	3	PV; FE; QL
RYTHMOL SR	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
SOANZ	3	PV; FE
sorine	1	PV

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Drug Name	Drug Tier	Limits/ Required
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE
taztia xt	1	PV
TEKTURNA	3	PV
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	PV
telmisartan	1	PV
telmisartan-amlodipine	1	PV
telmisartan-hctz	1	PV
TENORETIC 100	3	PV
TENORETIC 50	3	PV
TENORMIN	3	PV
tiadylt er	1	PV
TIAZAC	3	PV
TIKOSYN CAPSULE 125 MCG ORAL	3	
TIKOSYN CAPSULE 250 MCG ORAL	3	
TIKOSYN CAPSULE 500 MCG ORAL	3	
timolol maleate oral	1	PV
TOPROL XL	3	PV
toremide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV

Drug Name	Drug Tier	Limits/ Required
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV
TRICOR	3	PV
TRILIPIX	3	PV
VALSARTAN ORAL SOLUTION	3	PV; FE
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV
VASERETIC	3	PV
VASOTEC	3	PV
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
VERELAN PM	3	PV
VERQUVO	3	QL
VYNDAMAX	4	PA; SP; QL
VYNDAQEL	4	PA; SP; QL
VYTORIN	3	PV; QL
WELCHOL ORAL PACKET	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required
WELCHOL ORAL TABLET	3	PV
ZESTORETIC	3	PV
ZESTRIL	3	PV
ZETIA	3	PV; QL
ZIAC	3	PV
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	
ADDERALL XR	3	
ADHANSIA XR	3	FE
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	
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	
DESOXYN	3	

Drug Name	Drug Tier	Limits/ Required
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
DYANAVEL XR	3	FE
EVEKEO	3	
EVEKEO ODT	3	FE
FOCALIN	3	
FOCALIN XR	3	
guanfacine hcl er	1	
INTUNIV	3	
JORNAY PM	3	
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	
methylphenidate	1	
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	

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Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
MYDAYIS	3	FE
PROCENTRA	3	
QELBREE	3	ST; QL
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	3	
RITALIN	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	
STRATTERA	3	QL
VYVANSE	2	
ZENZEDI	3	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
AUBAGIO TABLET 14 MG ORAL	4	PA; SP; QL
AUBAGIO TABLET 7 MG ORAL	4	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL
dimethyl fumarate starter pack	4	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
fingolimod hcl	4	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
glatiramer acetate	1	PA; SP; FE; QL	REBIF TITRATION PACK		
glatopa	1	PA; SP; FE; QL	SUBCUTANEOUS SOLUTION	4	PA; SP; QL
KESIMPTA	4	PA; SP; QL	PREFILLED SYRINGE		
MAVENCLAD	4	PA; SP; QL	TECFIDERA	4	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL	VUMERITY	4	PA; SP; QL
MAYZENT STARTER PACK	4	PA; SP; QL	ZEPOSIA	4	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL	ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL
PLEGRIDY	4	PA; SP; QL	ZEPOSIA STARTER KIT	4	PA; SP; QL
PLEGRIDY STARTER PACK	4	PA; SP; QL	Central Nervous System Agents - Miscellaneous		
PONVORY	4	PA; SP; FE; QL	AUSTEDO	4	SP; FE; QL
PONVORY STARTER PACK	4	PA; SP; FE; QL	caffeine citrate oral	1	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	EXSERVAN	3	FE
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	GRALISE ORAL TABLET	3	FE
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	HORIZANT ORAL TABLET EXTENDED RELEASE	3	
			IMCIVREE	4	PA; SP; QL
			INGREZZA	4	SP; FE; QL
			LYRICA	3	QL
			LYRICA CR	3	ST; FE; QL
			NUEDEXTA	3	QL
			pregabalin er	1	ST; FE; QL

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Drug Name	Drug Tier	Limits/ Required
pregabalin oral	1	QL
RADICAVA ORS	4	PA; SP; QL
RADICAVA ORS STARTER KIT	4	PA; SP; QL
RILUTEK	3	
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	4	PA; SP; QL
tetrabenazine	4	PA; SP
TIGLUTIK	3	FE
XENAZINE	4	PA; SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	3	
FLUORIDEX	3	

Drug Name	Drug Tier	Limits/ Required
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
JUST RIGHT 5000	3	
lidocaine viscous hcl solution 2 % mouth/throat	1	
MI PASTE	2	
MI PASTE PLUS	2	
NAFRINSE DAILY ACIDULATED	2	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	2	
oralone	1	
PERIDEX	3	
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 ORTHO DEFENSE	3	

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Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	FE
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE
ACANYA	3	
accutane	1	

Drug Name	Drug Tier	Limits/ Required
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	
ACZONE EXTERNAL GEL 7.5 %	3	FE
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL PAD	3	FE
ADAPALENE EXTERNAL SOLUTION	3	FE
adapalene-benzoyl peroxide external gel	1	
ADBRY	4	PA; SP; QL
AKLIEF	3	FE
ALA SCALP	3	FE
ala-cort external cream	1	
alclometasone dipropionate	1	
ALTRENO	3	
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external lotion	1	
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	

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Drug Name	Drug Tier	Limits/ Required
ammonium lactate lotion 12 % external (rx)	1	
amnesteam	1	
AMZEEQ	3	FE
APEXICON E	3	FE
ARAZLO	3	FE
ATRALIN	3	
AVITA	3	
azelaic acid external	1	
AZELEX	3	FE
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
BRYHALI	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	

Drug Name	Drug Tier	Limits/ Required
calcitriol external	1	
CAPEX	3	FE
CARAC	2	
CIBINQO	4	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	FE
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
clobetasol propionate external	1	
CLOBEX	3	
CLOBEX SPRAY	3	

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Drug Name	Drug Tier	Limits/ Required
clocortolone pivalate	1	FE
clodan external shampoo	1	
CLODERM	3	FE
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	
CORDRAN EXTERNAL TAPE	3	FE
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	1	FE
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	1	
desonide external gel	1	FE
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	
desoximetasone external cream 0.05 %	1	FE
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	

Drug Name	Drug Tier	Limits/ Required
desoximetasone external liquid	1	
desoximetasone external ointment 0.05 %	1	FE
desoximetasone external ointment 0.25 %	1	
desrx	1	FE
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	
DIFFERIN EXTERNAL LOTION	3	
diflorasone diacetate external	1	FE
DIPROLENE EXTERNAL OINTMENT	3	
DOVONEX EXTERNAL CREAM	3	
doxepin hcl external	1	
doxycycline	1	FE
DRYSOL	2	
DUOBRII	3	FE
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	fluorouracil external cream 5 %	1	
EFUDEX EXTERNAL CREAM	3		fluorouracil external solution	1	
ELIDEL	3		flurandrenolide external cream	1	
ENSTILAR	3	FE	flurandrenolide external lotion	1	
EPIDUO	3		fluticasone propionate external	1	
EPIDUO FORTE	3		GORDOFILM	2	
EPIFOAM	2		halcinonide	1	FE
EPSOLAY CREAM 5 % EXTERNAL	3	FE	halobetasol propionate external cream	1	
ery	1		HALOBETASOL PROPIONATE EXTERNAL FOAM	3	FE
ERYGEL	3		halobetasol propionate external ointment	1	
erythromycin external gel	1		HALOG EXTERNAL CREAM	3	
erythromycin external solution	1		HALOG EXTERNAL OINTMENT	3	FE
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL	HALOG EXTERNAL SOLUTION	3	FE
EVOCLIN	3	FE	hydrocortisone butyr lipo base	1	
FABIOR	3	FE	hydrocortisone butyrate external cream	1	FE
FINACEA	3		hydrocortisone butyrate external lotion	1	
fluocinolone acetonide body	1		hydrocortisone butyrate external ointment	1	
fluocinolone acetonide external	1		hydrocortisone butyrate external solution	1	
fluocinolone acetonide scalp	1		hydrocortisone cream 1 % external (rx)	1	
fluocinonide emulsified base	1				
fluocinonide external	1				
FLUOROURACIL EXTERNAL CREAM 0.5 %	3				

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

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Drug Name	Drug Tier	Limits/ Required
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
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
IMPEKLO	3	FE
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	
KENALOG EXTERNAL	3	FE
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	
KLISYRI	3	FE; QL
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	FE
LOCOID EXTERNAL LOTION	3	

Drug Name	Drug Tier	Limits/ Required
LOCOID LIPOCREAM	3	
LUXIQ	3	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION	3	
metronidazole external	1	
mometasone furoate external	1	
myorisan	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
NORITATE	3	FE
OLUX	3	
OLUX-E	3	FE
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
ORACEA	3	FE
PANDEL	3	FE
pimecrolimus	1	
podofilox external	1	
prednicarbate external ointment	1	
PROTOPIC	3	
PRUDOXIN	3	
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGNANEX	2	QL
RETIN-A	3	

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

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Drug Name	Drug Tier	Limits/ Required
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	FE
RETIN-A MICRO PUMP	3	FE
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	
selenium sulfide external lotion	1	
SERNIVO	3	FE
SOOLANTRA	3	
SORILUX	3	FE
sulfacetamide sodium (acne)	1	
SYNALAR	3	
TACLONEX	3	FE; QL
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	3	FE
tazarotene external gel	1	FE
TAZORAC EXTERNAL CREAM 0.05 %	3	FE
TAZORAC EXTERNAL CREAM 0.1 %	3	
TAZORAC EXTERNAL GEL	3	FE
TEXACORT	3	FE
TOPICORT EXTERNAL CREAM 0.05 %	3	FE
TOPICORT EXTERNAL CREAM 0.25 %	3	

Drug Name	Drug Tier	Limits/ Required
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE
TOPICORT EXTERNAL OINTMENT 0.25 %	3	
TOPICORT SPRAY	3	
tovet external foam	1	FE
tretinoin external	1	
tretinoin microsphere	1	FE
tretinoin microsphere pump	1	FE
triamcinolone acetonide external aerosol solution	1	FE
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	1	FE
triamcinolone in absorbase	1	FE
TRIANEX	3	FE
triderm external cream	1	
TRIDESILON	3	
tritocin	1	FE
TWYNEO	3	FE
ULTRAVATE EXTERNAL LOTION	3	FE

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Drug Name	Drug Tier	Limits/ Required
urea cream 47 % external	1	
VANOS	3	
VECTICAL	3	
VELTIN	3	FE
VENELEX	2	
VERDESO	3	FE
VEREGEN	3	FE
VTAMA	3	FE; QL
WINLEVI	3	FE
WYNZORA	3	FE
XERAC AC	2	
zenatane	1	
ZIANA	3	
ZILXI	3	FE
ZONALON	3	
ZYCLARA	3	FE; QL
ZYCLARA PUMP	3	FE; QL
Dermatological Agents - Drugs to Treat Skin Conditions		
ZORYVE	3	ST; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV
ACTOPLUS MET	3	PV
ACTOS	3	PV; QL
ADLYXIN	3	PA; PV; FE; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL
ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
AMARYL	3	PV
BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
BYETTA 10 MCG PEN	2	PA; PV; QL
BYETTA 5 MCG PEN	2	PA; PV; QL
CYCLOSET	3	PV
DUETACT	3	PV
FARXIGA TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV
glipizide ir	1	PV
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOTROL XL	3	PV
GLUMETZA	3	PV; FE
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYNASE	3	PV
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
INVOKAMET	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required
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
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
KAZANO	3	PV; FE; QL
KOMBIGLYZE XR	2	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

Drug Name	Drug Tier	Limits/ Required
metformin hcl ir	1	PV
miglitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
NESINA	3	PV; FE; QL
ONGLYZA	2	PV; QL
OSENI	3	PV; FE; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 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
RYBELSUS	2	PA; PV; QL
SEGLUROMET	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

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Drug Name	Drug Tier	Limits/ Required
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	PA; PV; QL
VICTOZA	2	PA; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
Diabetes - Glucose Monitoring		
ONETOUCH ULTRA TEST STRIPS	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
PROGLYCEM	3	
ZEGALOGUE	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
Diabetes - Insulins		
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
HUMALOG INJECTION	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 VIAL	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE
HUMALOG TEMPO PEN	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE
HUMULIN 70/30 KWIKPEN	3	PV; FE
HUMULIN 70/30 VIAL	3	PV; FE
HUMULIN N KWIKPEN	3	PV; FE
HUMULIN N VIAL	3	PV; FE
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV
HUMULIN R VIAL	3	PV; FE
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE
INSULIN ASPART FLEXPEN	3	PV; FE
INSULIN ASPART INJECTION	3	PV; FE
INSULIN ASPART PENFILL	3	PV; FE
INSULIN ASPART PROT & ASPART	3	PV; FE
INSULIN DEGLUDEC	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV
INSULIN GLARGINE	3	PV; FE
INSULIN GLARGINE SOLOSTAR	3	PV; FE
INSULIN GLARGINE-YFGN	3	PV; FE

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

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Drug Name	Drug Tier	Limits/ Required
NOVOLIN R FLEXPEN RELION	2	PV
NOVOLIN R RELION	2	PV
NOVOLIN R VIAL	2	PV
NOVOLOG 70/30 FLEXPEN RELION	2	PV
NOVOLOG FLEXPEN RELION	2	PV
NOVOLOG U-100 FLEXPEN	2	PV
NOVOLOG MIX 70/30 FLEXPEN	2	PV
NOVOLOG MIX 70/30 RELION	2	PV
NOVOLOG MIX 70/30 VIAL	2	PV
NOVOLOG U-100 PENFILL	2	PV
NOVOLOG RELION INJECTION	2	PV
NOVOLOG U-100 VIAL INJECTION	2	PV
SEMGLEE (YFGN)	3	PV; FE
TOUJEO MAX SOLOSTAR	2	PV
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV
TRESIBA	2	PV
TRESIBA FLEXTOUCH	2	PV
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	3	FE; QL
ALANINE	2	

Drug Name	Drug Tier	Limits/ Required
CALCIFOL	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
CALCIUM GLUCONATE	2	
CALCIUM GLUCONATE ANHYDROUS	2	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CARBAGLU ORAL TABLET SOLUBLE	4	SP
carglumic acid oral tablet soluble	4	SP
CARNITOR ORAL	3	
CARNITOR SF	3	
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	SP
deferasirox granules	4	SP
deferiprone	4	SP; FE
DL-ALANINE	2	
DL-LEUCINE	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
DL-METHIONINE POWDER (RX)	2		K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
DL-PHENYLALANINE	2		L-ALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3		L-ARGININE	2	
effer-k tablet effervescent 25 meq oral	1		L-CYSTINE	2	
EXJADE	4	SP	levocarnitine oral solution	1	
FERRIPROX ORAL SOLUTION	4	SP	levocarnitine oral tablet	1	
FERRIPROX ORAL TABLET	4	SP; FE	levocarnitine sf	1	
FERRIPROX TWICE-A-DAY	4	SP; FE	L-GLUTAMIC ACID	2	
fluoritab oral solution	1	ACA	L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
folate	1	ACA; O	L-HISTIDINE POWDER (RX)	2	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O	L-ISOLEUCINE POWDER (RX)	2	
GALZIN	3		L-LEUCINE	2	
iodine strong oral	1		L-METHIONINE POWDER (RX)	2	
JADENU	4	SP	LOKELMA	3	QL
JADENU SPRINKLE	4	SP	L-PHENYLALANINE	2	
JYNARQUE	4	PA; SP; QL	L-PROLINE	2	
klor-con 10	1		L-TYROSINE	2	
klor-con m10	1		L-VALINE POWDER	2	
klor-con m15	1		MAGNESIUM CARBONATE HEAVY	2	
klor-con m20	1		MAGNESIUM CARBONATE POWDER	2	
klor-con oral packet 20 meq	1		MASONATAL	2	ACA; O; PV
klor-con oral tablet extended release	1		MEPHYTON	3	
k-prime	1		METHIONINE POWDER (RX)	2	

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Drug Name	Drug Tier	Limits/ Required
nafrinse	1	ACA
nafrinse drops	1	ACA
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	ACA; O; PV
ONE VITE WOMENS	2	ACA; O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
phosphorous	1	
phytonadione oral	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV
prenatal oral tablet 27-0.8 mg	1	ACA; O; PV
SAMSCA	4	SP
sod citrate-citric acid solution 500-334 mg/5ml oral	1	
SODIUM ASCORBATE POWDER	2	

Drug Name	Drug Tier	Limits/ Required
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	1	
sterile water for irrigation solution irrigation	1	
SYPRINE	4	SP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl	4	SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
weekly-d	1	
yl folic acid	1	ACA; O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	PV; QL
CARAFATE	3	PV
cimetidine hcl oral solution 300 mg/5ml	1	PV
cimetidine oral	1	PV

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Drug Name	Drug Tier	Limits/ Required
CYTOTEC	3	PV
DEXILANT	3	PV; FE; QL
dexlansoprazole capsule delayed release 30 mg oral	1	PV; QL
DEXLANSOPRAZOLE CAPSULE DELAYED RELEASE 30 MG ORAL	3	PV; FE; QL
dexlansoprazole oral capsule delayed release 60 mg	1	PV; 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; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV
famotidine tablet 20 mg oral (rx)	1	PV
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
misoprostol oral	1	PV
NEXIUM	3	PV; 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
pantoprazole sodium oral packet	1	PV; FE; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; QL
PRILOSEC ORAL PACKET	3	PV; FE
PROTONIX ORAL PACKET	3	PV; FE; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
ZEGERID ORAL CAPSULE	3	PV; QL
ZEGERID ORAL PACKET	3	PV; FE; QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	QL
amoxicill-clarithro-lansopraz	1	PV; QL
ANASPAZ	3	
BILAC	3	
BISACODYL	2	
bisacodyl ec	1	ACA; O
CHENODAL	4	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
DARTISLA ODT	3	FE
dicyclomine hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ENTEREG	3	
enulose	1	
GASTROCROM	3	
GATTEX	4	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA; PV
gavilyte-g	1	ACA; PV
generlac	1	
gentle laxative oral	1	ACA; O
gentlelax oral powder	1	ACA; O
GIALAX	3	FE
GLYCATE	3	FE
glycolax	1	ACA; 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
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	

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

Drug Name	Drug Tier	Limits/ Required
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOTOFEN	3	FE
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV
MYTESI	3	
na sulfate-k sulfate-mg sulf	1	PV
OMECLAMOX-PAK	3	PV; FE
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
OSMOPREP	3	
peg 3350-kcl-na bicarb-nacl	1	ACA; PV
peg-3350/electrolytes	1	ACA; 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	ACA; O
PYLERA	3	PV; FE
qc magnesium citrate	1	ACA; O
RELISTOR ORAL	3	FE

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

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Drug Name	Drug Tier	Limits/ Required
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
RELTONE	3	FE
RESTORA RX	3	
ROBINUL ORAL	3	
ROBINUL-FORTE	3	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; SP; FE
sodium bicarbonate oral powder	1	
SUPREP BOWEL PREP KIT	3	PV
SUTAB	3	PV
SYMPROIC	2	QL
TALICIA	3	PV; FE; QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	
URSO FORTE	3	
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

Drug Name	Drug Tier	Limits/ Required
XERMELO	4	PA; SP; QL
ZORBTIVE	4	PA; SP; FE
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	4	SP
BUPHENYL ORAL TABLET	4	SP
CERDELGA	4	PA; SP
CHOLBAM	4	PA; SP
CREON	2	
CYSTADANE	4	SP
CYSTAGON	4	SP
EVRYSDI	4	PA; SP; QL
GALAFOLD	4	PA; SP; QL
JAVYGTOR	4	PA; SP
KUVAN ORAL PACKET	4	PA; SP
KUVAN ORAL TABLET	4	PA; SP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	4	PA; SP
nitisinone	4	SP
NITYR	4	SP
OCALIVA	4	SP; FE; QL
ORFADIN	4	SP

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Drug Name	Drug Tier	Limits/ Required
PALYNZIQ	4	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	
PERTZYE	3	FE
PHEBURANE	4	PA; SP
PROCYSBI	4	SP; FE
RAVICTI	4	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	4	PA; SP
SUCRAID	4	PA; SP
VIOKACE	3	
VOXZOGO	4	PA; SP; QL
XURIDEN	4	SP
ZAVESCA	4	PA; SP

Drug Name	Drug Tier	Limits/ Required
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 5 MG	3	FE; QL
CUPRIMINE ORAL CAPSULE 250 MG	4	SP; FE
darifenacin hydrobromide er	1	
DEPEN TITRATABS	4	SP
DETROL	3	
DETROL LA	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	
ELMIRON	2	

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Drug Name	Drug Tier	Limits/ Required
fesoterodine fumarate er	1	ST
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	
GELNIQUE TRANSDERMAL GEL 10 %	3	FE
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE
penicillamine oral capsule	4	SP; FE
penicillamine oral tablet	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PHOSLYRA	3	
RENAGEL ORAL TABLET 800 MG	3	
RENVELA	3	

Drug Name	Drug Tier	Limits/ Required
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST
tropium chloride	1	
tropium chloride er	1	
VELPHORO	3	
VESICARE	3	
VESICARE LS	3	FE; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	

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Drug Name	Drug Tier	Limits/ Required
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
ENTADFI	3	FE; QL
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	3	FE
CORTEF	3	
DEXABLISS	3	FE
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
DXEVO 11-DAY	3	FE
EMFLAZA	4	PA; SP; FE
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	

Drug Name	Drug Tier	Limits/ Required
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED ORAL TABLET	3	FE
ORAPRED ODT	3	FE
PEDIAPRED	3	
prednisolone oral solution	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, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	FE
prednisone intensol	1	
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
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA

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Drug Name	Drug Tier	Limits/ Required
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	3	PA
danazol oral	1	
DEPO- TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
FORTESTA	3	PA
JATENZO	3	PA; FE; QL
KYZATREX	3	PA; FE; QL
METHITEST	2	
METHYLTESTOSTER ONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE
oxandrolone oral	1	
TESTIM	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA

Drug Name	Drug Tier	Limits/ Required
TLANDO	3	PA; FE; QL
VOGELXO PUMP	3	PA; FE
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA
XYOSTED	3	PA; FE
Hormonal Agents - Pituitary		
ACTHAR	4	PA; SP
cabergoline	1	QL
CORTROPHIN	4	PA; SP
DDAVP ORAL	3	
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE
HUMATROPE INJECTION CARTRIDGE	4	PA; SP
INCRELEX	4	PA; SP
ISTURISA	4	PA; SP; QL
MYCAPSSA	4	SP; FE; QL

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Drug Name	Drug Tier	Limits/ Required
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
octreotide acetate subcutaneous	4	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE
ORLISSA	2	PA; QL
RECORLEV	4	PA; SP; QL
SAIZEN	4	PA; SP; FE

Drug Name	Drug Tier	Limits/ Required
SAIZENPREP	4	PA; SP; FE
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP
SIGNIFOR	4	PA; SP
SKYTROFA	4	PA; SP; FE
SOMAVERT	4	SP; FE
SYNAREL	2	
ZOMACTON	4	PA; SP; FE
Hormonal Agents - Prostaglandins		
KORLYM	4	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV

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Drug Name	Drug Tier	Limits/ Required
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz	1	PV
amethia	1	ACA; PV
amethyst	1	ACA; PV
ANGELIQ	3	PV; FE
ANNOVERA	3	ACA; PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV
aurovela fe 1/20	1	ACA; PV
aviane	1	ACA; PV
AYGESTIN	3	
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	ACA; PV
balziva	1	ACA; PV
BEYAZ	3	ACA; PV

Drug Name	Drug Tier	Limits/ Required
BIJUVA	3	PV; FE
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal	1	ACA; PV
chateal eq	1	ACA; PV
CLIMARA	3	PV; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
cyred	1	ACA; PV
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV
deblitane	1	ACA; PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	PV
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	PV
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV

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Drug Name	Drug Tier	Limits/ Required
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA; PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA; PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV
desogestrel-ethinyl estradiol	1	ACA; PV
DIVIGEL	3	PV
dolishale	1	ACA; PV
dotti	1	PV; QL
drospiren-eth estrad-levomefol	1	ACA; PV
drospirenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
econtra ez	1	ACA; O; PV
econtra one-step	1	ACA; O; PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
ENDOMETRIN	3	
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV
ESTRACE VAGINAL	3	
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	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol	1	ACA; PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	ACA; PV
fayosim	1	ACA; PV
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	1	PV
gemmily	1	ACA; PV
GENERESS FE	3	PV
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
haloette	1	ACA; PV; QL
heather	1	ACA; PV
her style	1	ACA; O; PV
hydroxyprogesterone caproate intramuscular oil	4	SP
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR SOLUTION	4	SP
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV
isibloom	1	ACA; PV
jaimiess	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jinteli	1	PV
jolessa	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV

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

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Drug Name	Drug Tier	Limits/ Required
lyleq	1	ACA; PV
lyllana	1	PV; QL
lyza	1	ACA; PV
MAKENA INTRAMUSCULAR	4	SP
MAKENA SUBCUTANEOUS	3	SP; FE
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
MENOSTAR	3	PV; FE; QL
merzee	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	1	ACA; PV
microgestin 24 fe	1	ACA; PV
microgestin fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV
MINASTRIN 24 FE	3	ACA; PV
MINIVELLE	3	PV; QL
MIRCETTE	3	PV
mono-lynyah	1	ACA; PV
my choice	1	ACA; O; PV
my way	1	ACA; O; PV

Drug Name	Drug Tier	Limits/ Required
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	ACA; PV
necon 0.5/35 (28)	1	ACA; PV
new day	1	ACA; O; PV
NEXTSTELLIS	3	ACA; PV
nikki	1	ACA; PV
nora-be	1	ACA; PV
norethin ace-eth estrad-fe oral capsule	1	ACA; PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA; PV
norethin ace-eth estrad-fe oral tablet chewable	1	ACA; PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	ACA; PV
norethindrone oral	1	ACA; PV
norethindrone-eth estradiol	1	PV
norethindron-ethinyl estrad-fe	1	ACA; PV
norethin-eth estradiol-fe	1	ACA; PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV
norgestimate-ethinyl estradiol triphasic	1	ACA; PV
norlyroc	1	ACA; PV
nortrel 0.5/35 (28)	1	ACA; PV
nortrel 1/35 (21)	1	ACA; PV
nortrel 1/35 (28)	1	ACA; PV
nortrel 7/7/7	1	ACA; PV

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

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

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

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Drug Name	Drug Tier	Limits/ Required
TWIRLA	3	ACA; PV; QL
tyblume oral tablet chewable	1	ACA; PV
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV
VIVELLE-DOT	3	PV; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	ACA; PV
YAZ	3	PV
yuvaferm	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	3	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	

Drug Name	Drug Tier	Limits/ Required
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	
THYQUIDITY	3	FE
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ACTIMMUNE	4	PA; SP
ARAVA	3	QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP
ASTAGRAF XL	3	PV
AZASAN	3	PV

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

Drug Name	Drug Tier	Limits/ Required
azathioprine oral	1	PV
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
CELLCEPT	3	PV
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
COSENTYX (300 MG DOSE)	4	PA; SP; QL
COSENTYX 150 MG/ML	4	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; SP; QL
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
ENBREL MINI	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
ENSPRYNG	4	PA; SP; QL
ENVARUSUS XR	3	PV
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
FIRAZYR	4	PA; SP
gengraf oral capsule 100 mg, 25 mg	1	PV
gengraf oral solution	1	PV
HAEGARDA	4	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; QL	methotrexate oral	1	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
HUMIRA PEN-PEDIATRIC UC START	4	PA; SP; QL	methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL	methotrexate sodium injection solution reconstituted	1	
HUMIRA PEN-PSOR/UEVIT STARTER	4	PA; SP; QL	methotrexate sodium oral	1	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL	mycophenolate mofetil oral	1	PV
icatibant acetate	4	PA; SP	mycophenolate sodium	1	PV
IMURAN	3	PV	MYFORTIC	3	PV
KEVZARA	4	PA; SP; QL	NEORAL	3	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	OLUMIANT	4	PA; SP; QL
leflunomide oral	1	QL	ORENCIA CLICKJECT	4	PA; SP; QL
LUPKYNIS	4	PA; SP; PV; QL	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
			ORLADEYO	4	PA; SP; QL
			OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL
			OTEZLA TABLET 30 MG ORAL	4	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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 25 MG/0.5ML SUBCUTANEOUS	3	FE
PROGRAF ORAL	3	PV	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
RAPAMUNE	3	PV	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE	REZUROCK	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE	RIDAURA	4	SP
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE	RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE	sajazir	4	PA; SP
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE	SANDIMMUNE ORAL CAPSULE	3	PV
			SANDIMMUNE ORAL SOLUTION	2	PV
			SILIQ	4	PA; SP; QL
			SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL
			SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
			sirolimus oral	1	PV

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Drug Name	Drug Tier	Limits/ Required
SKYRIZI (150 MG DOSE)	4	PA; SP; QL
SKYRIZI PEN	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS	4	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
tacrolimus oral	1	PV
TAKHZYRO	4	PA; SP; QL
TALTZ	4	PA; SP; QL
TREMFYA	4	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
XATMEP	3	FE
XELJANZ	4	PA; SP; QL
XELJANZ XR	4	PA; SP; QL
ZORTRESS	3	PV
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	3	
APRISO	3	
ASACOL HD	3	

Drug Name	Drug Tier	Limits/ Required
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	1	FE; QL
budesonide oral	1	
CANASA	3	
COLAZAL	3	
CORTENEMA	3	
CORTIFOAM EXTERNAL	2	
DELZICOL	3	
DIPENTUM	3	FE
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
ORTIKOS	3	FE; QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	
PROCTOCORT EXTERNAL	3	
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	

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Drug Name	Drug Tier	Limits/ Required
procto-pak external	1	
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	FE; QL
UCERIS RECTAL	3	
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	FE; QL
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV
BINOSTO	3	PV; FE
calcitonin (salmon)	1	PV
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	PA; SP; PV; FE; QL
FOSAMAX ORAL TABLET 70 MG	3	PV
FOSAMAX PLUS D	3	PV; FE
ibandronate sodium oral	1	PV

Drug Name	Drug Tier	Limits/ Required
MIACALCIN INJECTION	3	PV
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
TERIPARATIDE (RECOMBINANT)	4	PA; SP; PV; FE; QL
TYMLOS	4	PA; SP; PV; QL
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
NATPARA	4	PA; SP; PV
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	
SENSIPAR	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	

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Drug Name	Drug Tier	Limits/ Required
AEROCHAMBER W/FLOWSIGNAL	2	
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BROMELAIN	2	
BYLVAY	4	PA; SP; QL
BYLVAY (PELLETS)	4	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O

Drug Name	Drug Tier	Limits/ Required
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FIRDAPSE	4	PA; SP; FE; QL
FLEXICHAMBER	2	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
K-Y ME & YOU EXTRA LUBRICATED	3	ACA; O
K-Y ME & YOU INTENSE	3	ACA; O
LIVMARLI	4	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL

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Drug Name	Drug Tier	Limits/ Required
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	4	PA; SP; QL
PALFORZIA	4	SP
PHEXXI	3	ACA
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	4	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	ACA; O
vcf vaginal contraceptive vaginal gel	1	ACA; O
VISTOGARD	4	SP

Drug Name	Drug Tier	Limits/ Required
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	4	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	FE
ALOCRIAL	3	FE
ALOMIDE	3	FE
ALREX	3	ST; FE
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bepotastine besilate	1	FE
BEPREVE	3	FE
BESIVANCE	3	FE
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
BROMSITE	3	FE
CILOXAN OPHTHALMIC OINTMENT	3	FE
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	

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Drug Name	Drug Tier	Limits/ Required
difluprednate	1	ST
DUREZOL	3	ST
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
EYSUVIS	3	FE
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentak ophthalmic ointment	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	FE
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	ST
LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPHTHALMIC SUSPENSION	3	ST; FE
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension	1	ST; FE

Drug Name	Drug Tier	Limits/ Required
MAXIDEX	2	
MAXITROL	3	
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	
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PATADAY OPHTHALMIC SOLUTION 0.7 %	3	FE
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	

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Drug Name	Drug Tier	Limits/ Required
PROLENSA	3	FE
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBEX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
TYRVAYA	3	QL
UPNEEQ	3	QL
VIGAMOX	3	
ZERVIAE	3	FE
ZIRGAN	3	
ZYMAXID	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
apraclonidine hcl	1	
AZOPT	3	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
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	
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	
KEVEYIS	4	SP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	

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Drug Name	Drug Tier	Limits/ Required
ROCKLATAN	2	ST
SIMBRINZA	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	3	FE
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	FE
TRAVATAN Z	3	FE
travoprost (bak free)	1	
TRUSOPT	3	
VUITY	3	
VYZULTA	3	ST; FE
XALATAN	3	
XELPROS	2	
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	3	ST; FE
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	

Drug Name	Drug Tier	Limits/ Required
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
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	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	
CYSTADROPS	4	SP
CYSTARAN	4	SP
homatropaire	1	
ISOPTO ATROPINE	2	
LACRISERT	3	FE
LASTACAFT	3	FE
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	4	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	

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

Drug Name	Drug Tier	Limits/ Required
ofloxacin otic	1	
OTOVEL	3	FE
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
azelastine-fluticasone	1	FE
BECONASE AQ	3	FE
benzonatate	1	
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 mg/ml	1	
CLARINEX ORAL TABLET	3	FE
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
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
DYMISTA	3	FE
FASENRA PEN	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
GILPHEX TR ORAL TABLET 10-388 MG	3	FE
guaiaatussin ac	1	QL
guaifenesin ac	1	QL
guaifenesin-codeine oral solution	1	QL
HYCODAN ORAL SOLUTION	3	QL
HYCODAN ORAL TABLET	3	QL
hydrocod poli-chlorphe poli er	1	QL
hydrocodone bit-homatrop mbr oral tablet	1	QL
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	QL
hydromet oral solution	1	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	

Drug Name	Drug Tier	Limits/ Required
maxi-tuss ac	1	QL
mometasone furoate nasal	1	QL
nebusal inhalation nebulization solution 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
olopatadine hcl nasal	1	
OMNARIS	3	FE
PATANASE	3	
promethazine hcl oral	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc	1	
promethazine vc/codeine	1	QL
promethazine-codeine	1	QL
promethazine-dm oral syrup	1	
promethazine-phenyleph-codeine	1	QL
promethazine-phenylephrine	1	
promethegan	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
pseudoeph-bromphen- dm syrup 30-2-10 mg/5ml oral (rx)	1		ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; QL
pulmosal	1		ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL
QNASL	3	FE	ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
QNASL CHILDRENS	3	FE	ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
RYALTRIS	3	FE; QL	AIRDUO DIGIHALER	3	PV; FE; QL
RYCLORA ORAL SOLUTION	3	FE	AIRDUO RESPICLICK 113/14	3	PV; FE; QL
ryvent	1	FE	AIRDUO RESPICLICK 232/14	3	PV; FE; QL
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1		AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PV; FE; QL
TUXARIN ER	3	FE; QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Pro ventil; PV; QL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	FE; QL	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL
XHANCE	3	FE; QL			
ZETONNA	3	FE			
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions					
ACCOLATE	3	PV			
acetylcysteine inhalation	1				
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; QL			
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL
albuterol sulfate oral	1	PV	ALVESCO	3	PV; FE; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
arformoterol tartrate	1	PV; QL	ASMANEX HFA	2	PV; QL
ARMONAIR DIGIHALER	3	PV; FE; QL	ATROVENT HFA	2	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL
			BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	PV; QL
BROVANA	3	PV; QL	FLOVENT HFA	2	PV; QL
budesonide inhalation	1	PV; QL	FLUTICASONE FUROATE- VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200- 25 MCG/ACT	3	PV; FE; QL
BUDESONIDE- FORMOTEROL FUMARATE	3	PV; FE; QL	FLUTICASONE PROPIONATE HFA	3	PV; FE; QL
COMBIVENT RESPIMAT	2	PV; QL	fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	PV
cromolyn sodium inhalation	1	PV	fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	PV; QL
DALIRESP	3	PV	fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	1	PV
DUAKLIR PRESSAIR	3	PV; FE; QL	fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	1	PV; QL
DULERA	3	PV; FE; QL	fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	PV
elixophyllin	1	PV			
epinephrine injection solution auto-injector	1	QL			
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	QL			
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO- INJECTOR	3	QL			
ESBRIET	4	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	PV; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
formoterol fumarate inhalation	1	PV; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
ipratropium bromide inhalation	1	PV
ipratropium-albuterol	1	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
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
LONHALA MAGNAIR REFILL KIT	3	ST; PV; QL
LONHALA MAGNAIR STARTER KIT	3	ST; PV; QL
montelukast sodium oral	1	PV
OFEV	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
PERFOROMIST	3	PV; QL
pirfenidone oral capsule	4	PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg	4	PA; SP; QL
pirfenidone oral tablet 534 mg	1	PA; QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL
PROAIR RESPICLICK	3	PV; QL
PROVENTIL HFA	3	PV; QL
PULMICORT FLEXHALER	2	PV; QL
PULMICORT SUSPENSION	3	PV; QL
QVAR REDIHALER	2	PV; QL
roflumilast	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
SINGULAIR	3	PV
SPIRIVA HANDIHALER	2	PV; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
STRIVERDI RESPIMAT	3	PV; QL	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	2	PV; QL	VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	2	PV; QL	wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL	XOPENEX NEB	3	PV
terbutaline sulfate oral	1	PV	XOPENEX CONCENTRATE	3	PV
THEO-24	3	PV	XOPENEX HFA	3	PV; QL
theophylline elixir 80 mg/15ml oral	1	PV	YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	PV	zafirlukast	1	PV
theophylline er oral tablet extended release 24 hour	1	PV	zileuton er	1	PV; FE
theophylline oral solution	1	PV	ZYFLO	3	PV; FE
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
			BETHKIS	4	SP; QL
			BRONCHITOL	2	QL
			CAYSTON	4	SP

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Drug Name	Drug Tier	Limits/ Required
KALYDECO	4	PA; SP; QL
KITABIS PAK	4	SP; QL
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	4	PA; SP; QL
ORKAMBI ORAL PACKET 75-94 MG	2	PA; QL
ORKAMBI ORAL TABLET	4	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP
SYMDEKO	4	PA; SP; QL
TOBI NEBULIZER	4	SP; QL
TOBI PODHALER	4	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL
TRIKAFTA	4	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	4	PA; SP; QL
ADEMPAS	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	4	PA; SP; QL
OPSUMIT	4	PA; SP; QL
ORENITRAM	4	PA; SP
REVATIO ORAL	3	PA; SP; QL
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
tadalafil (pah)	4	PA; SP; QL
TADLIQ	4	PA; SP; QL
TRACLEER	4	PA; SP; QL
TYVASO	4	PA; SP
TYVASO DPI MAINTENANCE KIT	4	PA; SP; QL
TYVASO DPI TITRATION KIT	4	PA; SP; QL
TYVASO REFILL	4	PA; SP
TYVASO STARTER	4	PA; SP
UPTRAVI ORAL	4	PA; SP; QL
VENTAVIS	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	3	FE
BACLOFEN ORAL SOLUTION	3	FE
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er	1	FE
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium oral	1	
FEXMID	3	FE
FLEQSUVY	3	FE
LORZONE	3	FE
LYVISPAH	3	FE
metaxalone oral tablet 400 mg	1	FE
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
NORGESIC	3	FE
NORGESIC FORTE	3	FE
orphenadrine citrate er	1	

Drug Name	Drug Tier	Limits/ Required
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE
OZOBAX	3	FE
SOMA	3	
tizanidine hcl oral	1	
VANADOM	3	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	3	QL
AMBIEN CR	3	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	4	PA; SP; QL
HETLIOZ LQ	4	PA; SP; QL
LUNESTA	3	QL
modafinil	1	QL
NUVIGIL	3	QL
PROVIGIL	3	QL
QUVIVIQ	3	ST; FE; QL
ramelteon	1	
RESTORIL	3	
ROZEREM	3	

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Drug Name	Drug Tier	Limits/ Required
SILENOR	3	QL
SODIUM OXYBATE	4	PA; SP; QL
SUNOSI	3	FE; QL
tasimelteon	4	PA; SP; QL
temazepam	1	
WAKIX	4	PA; SP; QL
XYREM	4	PA; SP; QL
XYWAV	4	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	1	FE; QL
ZOLPIMIST	3	FE; QL

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tropium chloride.....	68	ursodiol.....	66	VEREGEN.....	56
tropium chloride er.....	68	VAGIFEM.....	77	VERELAN.....	45
TRUDHESA.....	26	valacyclovir hcl.....	37	VERELAN PM.....	45
TRULANCE.....	66	VALCHLOR.....	30	VERKAZIA.....	88
TRULICITY.....	58	VALCYTE.....	37	VERQUVO.....	45
TRUSELTIQ (100MG		valganciclovir hcl.....	37	VERSACLOZ.....	34
DAILY DOSE).....	30	VALINE.....	62	VERZENIO.....	30
TRUSELTIQ (125MG		VALIUM.....	38	VESICARE.....	68
DAILY DOSE).....	30	valproic acid.....	19	VESICARE LS.....	68
TRUSELTIQ (50MG		VALSARTAN.....	45	vestura.....	77
DAILY DOSE).....	30	valsartan.....	45	VFEND.....	24
TRUSELTIQ (75MG		valsartan-		VIBERZI.....	66
DAILY DOSE).....	30	hydrochlorothiazide.....	45	VIBRAMYCIN.....	16
TRUSOPT.....	87	VALTOCO.....	19	VICTOZA.....	58
TRUVADA.....	37	VALTRESX.....	37	VIEKIRA PAK.....	37
TUDORZA PRESSAIR....	94	VANADOM.....	96	vienva.....	77
TUKYSA.....	30	VANCOCIN.....	16	vigabatrin.....	19
TUXARIN ER.....	90	vancomycin hcl.....	16	vigadrone.....	19
TUZISTRA XR.....	90	VANDAZOLE.....	16	VIGAMOX.....	86
TWIRLA.....	77	VANOS.....	56	VIIBRYD.....	22
TWYNEO.....	55	varenicline tartrate.....	13	VIIBRYD STARTER	
tyblume.....	77	VARIZIG.....	81	PACK.....	22
TYBOST.....	37	VARUBI (180 MG		VIJOICE.....	30
tydemy.....	77	DOSE).....	23	vilazodone hcl.....	22
TYKERB.....	30	VASCEPA.....	45	VIMOVO.....	12
TYMLOS.....	82	VASERETIC.....	45	VIMPAT.....	19
TYRVAYA.....	86	VASOTEC.....	45	VIOKACE.....	67
TYVASO.....	95	VCF VAGINAL		viorele.....	77
TYVASO DPI		CONTRACEPTIVE.....	84	VIRACEPT.....	37
MAINTENANCE KIT.....	95	vcf vaginal contraceptive.....	84	VIRAZOLE.....	37
TYVASO DPI		VECAMEYL.....	45	VIREAD.....	37
TITRATION KIT.....	95	VECTICAL.....	56	VISTARIL.....	38
TYVASO REFILL.....	95	velivet.....	77	VISTOGARD.....	84
TYVASO STARTER.....	95	VELPHORO.....	68	VIVELLE-DOT.....	77
UBRELVY.....	26	VELTASSA.....	62	VIVJOA.....	24
UCERIS.....	82	VELTIN.....	56	VIZIMPRO.....	30
UDENYCA.....	39	VEMLIDY.....	37	VOGELXO.....	70
ULORIC.....	24	VENCLEXTA.....	30	VOGELXO PUMP.....	70
ULTRAVATE.....	55	VENCLEXTA		volnea.....	77
unithroid.....	77	STARTING PACK.....	30	VONJO.....	30
UPNEEQ.....	86	VENELEX.....	56	VOQUEZNA DUAL PAK..	66
UPTRAVI.....	95	VENLAFAXINE		VOQUEZNA TRIPLE	
urea.....	56	BESYLATE ER.....	22	PAK.....	66
UROCIT-K 10.....	62	venlafaxine hcl.....	22	voriconazole.....	24
UROCIT-K 15.....	62	venlafaxine hcl er.....	22	VORTEX VALVED	
UROCIT-K 5.....	62	VENTAVIS.....	95	HOLDING CHAMBER.....	84

VOSEVI.....	37	XIIDRA.....	88	ZELBORAF.....	31
VOTRIENT.....	30	XIMINO.....	16	ZEMBRACE	
VOXZOGO.....	67	XOFLUZA (40 MG		SYMTOUCH.....	26
VRAYLAR.....	34	DOSE).....	37	ZEMPLAR.....	82
VTAMA.....	56	XOFLUZA (80 MG		zenatane.....	56
VUITY.....	87	DOSE).....	37	ZENPEP.....	67
VUMERITY.....	48	XOPENEX		ZENZEDI.....	47
VUSION.....	24	CONCENTRATE.....	94	ZEPATIER.....	37
vyfemla.....	77	XOPENEX HFA.....	94	ZEPOSIA.....	48
vylibra.....	77	XOPENEX NEB.....	94	ZEPOSIA 7-DAY	
VYNDAMAX.....	45	XPOVIO (100 MG ONCE		STARTER PACK.....	48
VYNDAQEL.....	45	WEEKLY).....	30	ZEPOSIA STARTER KIT	48
VYTORIN.....	45	XPOVIO (40 MG ONCE		ZERVIAE.....	86
VYVANSE.....	47	WEEKLY).....	31	ZESTORETIC.....	46
VYZULTA.....	87	XPOVIO (40 MG TWICE		ZESTRIL.....	46
WAKIX.....	97	WEEKLY).....	31	ZETIA.....	46
warfarin sodium.....	17	XPOVIO (60 MG ONCE		ZETONNA.....	90
weekly-d.....	62	WEEKLY).....	31	ZIAC.....	46
WELCHOL.....	45, 46	XPOVIO (60 MG TWICE		ZIAGEN.....	37
WELIREG.....	30	WEEKLY).....	31	ZIANA.....	56
WELLBUTRIN SR.....	22	XPOVIO (80 MG ONCE		zidovudine.....	37
WELLBUTRIN XL.....	22	WEEKLY).....	31	ZIEXTENZO.....	39
wera.....	77	XPOVIO (80 MG TWICE		zileuton er.....	94
WINLEVI.....	56	WEEKLY).....	31	ZILXI.....	56
wixela inhub.....	94	XTAMPZA ER.....	10	ZIMHI.....	13
wymzya fe.....	77	XTANDI.....	31	ZIOPTAN.....	87
WYNZORA.....	56	xulane.....	77	ziprasidone hcl.....	34
XADAGO.....	33	XULTOPHY.....	58	ZIPSOR.....	12
XALATAN.....	87	XURIDEN.....	67	ZIRGAN.....	86
XALKORI.....	30	XYOSTED.....	70	ZITHROMAX.....	16, 17
XANAX.....	38	XYREM.....	97	ZITHROMAX TRI-PAK....	17
XANAX XR.....	38	XYWAV.....	97	ZITHROMAX Z-PAK.....	17
XARELTO.....	17	YASMIN 28.....	77	ZOCOR.....	46
XARELTO STARTER		YAZ.....	77	ZOKINVY.....	84
PACK.....	17	yl folic acid.....	62	ZOLINZA.....	31
XATMEP.....	81	YONSA.....	31	ZOLMITRIPTAN.....	26
XCOPRI.....	19	YOSPRALA.....	33	zolmitriptan.....	26
XELJANZ.....	81	YUPELRI.....	94	ZOLOFT.....	22
XELJANZ XR.....	81	yuvafem.....	77	zolpidem tartrate.....	97
XELODA.....	30	zafemy.....	77	zolpidem tartrate er.....	97
XELPROS.....	87	zafirlukast.....	94	ZOLPIMIST.....	97
XENAZINE.....	49	zaleplon.....	97	ZOMACTON.....	71
XENLETA.....	16	ZANAFLEX.....	96	ZOMIG.....	26
XEPI.....	16	ZARONTIN.....	19	ZONALON.....	56
XERAC AC.....	56	ZAVESCA.....	67	ZONEGRAN.....	19
XERESE.....	37	ZEBUTAL.....	10	ZONISADE.....	19
XERMELO.....	66	ZEGALOGUE.....	58	zonisamide.....	19
XHANCE.....	90	ZEGERID.....	64	ZONTIVITY.....	33
XIFAXAN.....	16	ZEJULA.....	31	ZORBTIVE.....	66
XIGDUO XR.....	58	ZELAPAR.....	33	ZORTRESS.....	81

ZORVOLEX.....	12
ZORYVE.....	56
zovia 1/35 (28).....	77
ZOVIRAX.....	37
ZTALMY.....	19
ZTLIDO.....	12
ZUBSOLV.....	13
zumandimine.....	77
ZYCLARA.....	56
ZYCLARA PUMP.....	56
ZYDELIG.....	31
ZYFLO.....	94
ZYKADIA.....	31
ZYLET.....	88
ZYLOPRIM.....	24
ZYMAXID.....	86
ZYPITAMAG.....	46
ZYPREXA.....	34
ZYPREXA ZYDIS.....	34
ZYTIGA.....	31
ZYVOX.....	17

Non-discrimination notice



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

Sanford Health Plan:

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

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

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

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

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

Help in Other Languages

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

Arabic -

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

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን ለማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት 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. ကိ: (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. ໂທສ (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).