

Commercial 3 tier (Large Group/Self-funded) 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 for use in the United States.

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

| Drug Tier | Includes | Helpful Tips |
|----------------|--|---|
| Tier 1 | \$ Lower-cost generic medications | Use Tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2 | \$\$ Mid-range cost preferred brand-name | Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs. |
| Tier 3 | \$\$\$ Higher-cost non-preferred | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your provider if they could work for you. |
| 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. |

Drug list information

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

PA **Prior Authorization** – You or your provider must get pre-approval for the medicine with Sanford Health Plan before you can get the prescription filled. NOTE: The Member is ultimately responsible for obtaining pre-approval from the Plan, but your provider may also request approval.

QL **Quantity Limit / Amount Allowed** – Medication may be limited to a certain quantity.

SP **Specialty Medication** – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. Specialty medications may also need special handling and/or administration, and may have limited or exclusive product availability and distribution.

ST **Step Therapy** – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.

ACA **Affordable Care Act** – As part of the Affordable Care Act, certain drugs are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.

O **Over-the-counter** – Medications, vitamins and/or supplements. Medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.

PV **High Deductible Health Plan Preventative Medication** – Medication not subject to Deductible and available at a Copay/Coinsurance under a High Deductible Health Plan.

MB **Medical Benefit** – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.

Commercial 3 Tier (Large Group/Self-funded) 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 | |
| ascomp-codeine | 1 | |
| bac | 1 | |
| BELBUCA | 3 | QL |
| buprenorphine transdermal | 1 | QL |
| butalbital-acetaminophen oral tablet 25-325 mg, 50-325 mg | 1 | |
| butalbital-apap-caff-cod | 1 | |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 | |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | |
| butalbital-asa-caff-codeine | 1 | |
| butalbital-aspirin-caffeine oral capsule | 1 | |
| butorphanol tartrate nasal | 1 | QL |
| BUTRANS | 3 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| codeine sulfate oral tablet | 1 | QL |
| 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 TABLET | 3 | |
| fentanyl | 1 | QL |
| fentanyl citrate buccal lozenge on a handle | 1 | |
| FENTANYL CITRATE BUCCAL TABLET | 3 | |
| 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 |

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 |
|--|-----------|------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| morphine sulfate solution 10 mg/5ml oral | 1 | QL |
| MS CONTIN ORAL TABLET EXTENDED RELEASE | 3 | QL |
| NUCYNTA | 3 | QL |
| OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL | 2 | QL |
| OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL | 2 | QL |
| OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL | 2 | QL |
| OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL | 2 | QL |
| oxycodone hcl oral capsule | 1 | QL |
| oxycodone hcl oral concentrate 100 mg/5ml | 1 | QL |

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

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| oxycodone hcl oral tablet | 1 | QL |
| oxycodone hcl solution 5 mg/5ml oral | 1 | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 2 | QL |
| oxymorphone hcl | 1 | QL |
| oxymorphone hcl er | 1 | QL |
| pentazocine-naloxone hcl | 1 | QL |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 3 | QL |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | QL |
| SUBSYS | 3 | |
| tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 1 | |
| tramadol hcl er oral tablet extended release 24 hour | 1 | |
| tramadol hcl oral tablet | 1 | QL |
| tramadol-acetaminophen | 1 | QL |
| Analgesics - Drugs for Pain and Inflammation | | |
| adult aspirin regimen | 1 | ACA; O |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 1 | |
| diclofenac sodium external solution 1.5 % | 1 | |
| diclofenac sodium external solution 2 % | 1 | QL |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| diclofenac sodium gel 1 % external (rx) | 1 | QL |
| diclofenac sodium oral | 1 | |
| diclofenac-misoprostol oral tablet delayed release | 1 | |
| diflunisal oral | 1 | |
| EC-NAPROSYN | 3 | |
| ec-naproxen | 1 | |
| etodolac er | 1 | |
| etodolac oral | 1 | |
| FELDENE | 3 | |
| 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 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| INDOCIN ORAL | 3 | |
| indomethacin er | 1 | |
| indomethacin oral capsule 25 mg, 50 mg | 1 | |
| ketoprofen oral capsule 25 mg, 50 mg | 1 | |
| ketorolac tromethamine injection solution 15 mg/ml | 1 | |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ketorolac tromethamine oral | 1 | QL |
| ketorolac tromethamine solution 30 mg/ml injection | 1 | |
| LODINE | 3 | |
| mefenamic acid oral | 1 | |
| meloxicam oral tablet | 1 | |
| mm aspirin oral tablet delayed release | 1 | ACA; O |
| nabumetone oral | 1 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 3 | |
| NAPROSYN ORAL TABLET 500 MG | 3 | |
| naproxen oral tablet | 1 | |
| naproxen oral tablet delayed release | 1 | |
| naproxen sodium er oral tablet extended release 24 hour 750 mg | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| oxaprozin | 1 | |
| piroxicam oral | 1 | |
| sulindac oral | 1 | |
| Anesthetics | | |
| ethyl chloride | 1 | |
| GEBAUERS PAIN EASE | 3 | |
| GEBAUERS SPRAY AND STRETCH | 3 | |
| glydo external prefilled syringe | 1 | |

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 |
|--|-----------|------------------|
| 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 | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| acamprosate calcium | 1 | |
| 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 |
| LUCEMYRA | 3 | QL |
| naloxone hcl nasal | 1 | QL |
| naltrexone hcl oral | 1 | |
| NARCAN | 3 | QL |
| nicotine polacrilex mini | 1 | ACA; O; PV; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| SUBOXONE SUBLINGUAL FILM | 3 | QL |
| varenicline tartrate oral tablet | 1 | ACA; PV; QL |
| varenicline tartrate oral tablet therapy pack | 1 | ACA; PV; QL |
| ZUBSOLV | 3 | QL |
| Antibacterials | | |
| ACTICLATE | 3 | |
| 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 | |

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 |
|---|-----------|------------------|
| AUGMENTIN ES-600 | 3 | |
| AUGMENTIN ORAL TABLET 500-125 MG | 3 | |
| avidoxy | 1 | |
| azithromycin oral packet | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| 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 | |
| cefpodoxime proxetil | 1 | |
| cefprozil | 1 | |
| cefuroxime axetil oral tablet | 1 | |
| CENTANY | 3 | |
| cephalexin | 1 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin er | 1 | |
| clarithromycin oral | 1 | |
| CLEOCIN | 3 | |
| clindamycin hcl oral | 1 | |
| clindamycin palmitate hcl | 1 | |
| clindamycin phosphate vaginal | 1 | |
| CLINDESSE | 3 | |
| demeclocycline hcl oral | 1 | |
| dicloxacillin sodium | 1 | |
| DIFICID | 3 | ST; QL |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg | 1 | |
| doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg | 1 | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral suspension reconstituted | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| E.E.S. 400 ORAL TABLET | 2 | |

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 |
|---|-----------|------------------|
| 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 | |
| fosfomycin tromethamine | 1 | |
| gentamicin sulfate external | 1 | |
| HIPREX | 3 | |
| HUMATIN | 3 | |
| hydrogen peroxide solution 30 % | 1 | |
| levofloxacin oral | 1 | |
| 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 tablet | 1 | |
| metronidazole vaginal | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| minocycline hcl oral capsule | 1 | |
| mondoxyne nl oral capsule 100 mg | 1 | |
| MONUROL | 3 | |
| moxifloxacin hcl oral | 1 | |
| mupirocin external | 1 | |
| neomycin sulfate oral | 1 | |
| nitrofurantoin macrocrystal oral | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 | |
| paromomycin sulfate oral | 1 | |
| penicillin v potassium | 1 | |
| SILVADENE | 3 | |
| silver sulfadiazine external | 1 | |
| ssd | 1 | |
| sulfadiazine oral | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral | 1 | |
| SULFAMYLON EXTERNAL PACKET | 3 | |
| sulfatrim pediatric | 1 | |
| SUPRAX ORAL CAPSULE | 3 | |

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

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML | 3 | |
| SUPRAX ORAL TABLET CHEWABLE | 3 | |
| tetracycline hcl oral | 1 | |
| tinidazole oral | 1 | |
| trimethoprim oral | 1 | |
| VANCOGIN | 3 | |
| vancomycin hcl oral | 1 | |
| VANDAZOLE | 3 | |
| VIBRAMYCIN ORAL CAPSULE | 3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | 3 | |
| XENLETA ORAL | 3 | |
| XEPI | 3 | |
| XIFAXAN ORAL TABLET 550 MG | 2 | |
| ZITHROMAX ORAL PACKET | 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 3 | |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZYVOX TABLET 600 MG ORAL | 3 | PA |
| Anticoagulants | | |
| ARIXTRA | 3 | PV |
| 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 |
| heparin sodium (porcine) injection solution prefilled syringe | 1 | PV |
| heparin sodium (porcine) pf | 1 | PV |
| jantoven | 1 | PV |
| LOVENOX INJECTION | 3 | PV |
| warfarin sodium oral | 1 | PV |
| XARELTO | 2 | PV |
| XARELTO STARTER PACK | 2 | PV |

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

Created on 1/15/2023

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| Anticonvulsants - Drugs for Seizures | | |
| 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 | 2 | PA; SP |
| DIASTAT ACUDIAL | 3 | QL |
| DIASTAT PEDIATRIC | 3 | QL |
| diazepam rectal | 1 | QL |
| DILANTIN INFATABS | 3 | |
| 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 | |
| EPIDIOLEX | 2 | PA; SP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| epitol | 1 | |
| EPRONTIA | 2 | |
| ethosuximide oral | 1 | |
| felbamate | 1 | |
| FELBATOL | 3 | |
| FINTEPLA | 3 | 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 | |
| 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 | |

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 |
|---------------------------------------|-----------|------------------|
| 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 | |
| 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 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| QUDEXY XR | 3 | |
| roweepra oral tablet 500 mg | 1 | |
| rufinamide | 1 | |
| SABRIL | 3 | SP |
| subvenite | 1 | |
| subvenite starter kit-blue | 1 | |
| subvenite starter kit-green | 1 | |
| subvenite starter kit-orange | 1 | |
| TEGRETOL ORAL SUSPENSION | 3 | |
| TEGRETOL ORAL TABLET | 3 | |
| TEGRETOL-XR | 3 | |
| tiagabine hcl | 1 | |
| TOPAMAX | 3 | |
| TOPAMAX SPRINKLE | 3 | |
| topiramate er oral capsule er 24 hour sprinkle | 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 | 1 | SP |
| vigadrone | 1 | SP |
| VIMPAT ORAL | 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 |
|---|-----------|------------------|
| 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 | |
| zonisamide oral | 1 | |
| ZTALMY | 2 | PA; SP; QL |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| 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 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| NAMZARIC | 3 | |
| RAZADYNE ER | 3 | |
| rivastigmine | 1 | |
| rivastigmine tartrate | 1 | |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| amoxapine | 1 | |
| ANAFRANIL | 3 | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg | 1 | PV |
| bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral | 1 | |
| bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral | 1 | PV |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | PV |
| bupropion hcl oral | 1 | PV |
| CELEXA ORAL TABLET | 3 | PV; QL |
| chlordiazepoxide- amitriptyline | 1 | |
| citalopram hydrobromide oral solution | 1 | PV; QL |
| citalopram hydrobromide oral tablet | 1 | PV; QL |
| clomipramine hcl oral | 1 | |
| CYMBALTA | 3 | PV |
| desipramine hcl oral | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| desvenlafaxine succinate er | 1 | PV |
| doxepin hcl oral capsule | 1 | |
| doxepin hcl oral concentrate | 1 | |
| duloxetine hcl oral | 1 | PV |
| EFFEXOR XR | 3 | PV |
| escitalopram oxalate oral | 1 | PV |
| 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 solution 20 mg/5ml oral | 1 | PV |
| fluvoxamine maleate | 1 | PV |
| fluvoxamine maleate er | 1 | PV |
| imipramine hcl oral | 1 | |
| imipramine pamoate | 1 | |
| LEXAPRO ORAL TABLET | 3 | PV |
| MARPLAN | 3 | |
| mirtazapine oral | 1 | PV |
| NARDIL | 3 | |
| nefazodone hcl | 1 | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | |
| nortriptyline hcl oral | 1 | |
| olanzapine-fluoxetine hcl | 1 | PV |
| PAMELOR ORAL CAPSULE | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| PARNATE | 3 | |
| paroxetine hcl er tablet extended release 24 hour 12.5 mg oral | 1 | QL |
| paroxetine hcl er tablet extended release 24 hour 12.5 mg oral | 1 | PV; QL |
| paroxetine hcl er tablet extended release 24 hour 25 mg oral | 1 | QL |
| paroxetine hcl er tablet extended release 24 hour 25 mg oral | 1 | PV; QL |
| paroxetine hcl er tablet extended release 24 hour 37.5 mg oral | 1 | QL |
| paroxetine hcl er tablet extended release 24 hour 37.5 mg oral | 1 | PV; QL |
| paroxetine hcl oral tablet | 1 | PV; QL |
| PAXIL CR | 3 | PV; QL |
| PAXIL ORAL TABLET | 3 | PV; QL |
| perphenazine-amitriptyline | 1 | |
| 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 concentrate | 1 | PV |
| sertraline hcl oral tablet | 1 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | PV |
| tranylcypromine sulfate | 1 | |
| trazodone hcl oral | 1 | |
| trimipramine maleate oral | 1 | |
| TRINTELLIX ORAL TABLET 10 MG | 2 | ST; QL |
| TRINTELLIX TABLET 20 MG ORAL | 2 | ST; QL |
| TRINTELLIX TABLET 5 MG ORAL | 2 | ST; QL |
| venlafaxine hcl | 1 | PV |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | PV |
| VIIBRYD ORAL TABLET | 3 | ST; 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 |
| ZOLOFT | 3 | PV |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| AKYNZEO ORAL | 3 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| 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 | |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron hcl solution 4 mg/5ml oral | 1 | |
| ondansetron odt | 1 | |
| perphenazine oral | 1 | PV |

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

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| prochlorperazine maleate oral | 1 | PV |
| prochlorperazine suppository 25 mg rectal | 1 | PV |
| REGLAN ORAL | 3 | |
| scopolamine | 1 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | 3 | |
| trimethobenzamide hcl oral | 1 | |
| Antifungals | | |
| ANCOBON | 3 | |
| ciclodan external solution | 1 | |
| ciclopirox external | 1 | |
| CICLOPIROX OLAMINE | 2 | |
| ciclopirox olamine external | 1 | |
| clotrimazole cream 1 % external (rx) | 1 | |
| CLOTRIMAZOLE POWDER | 2 | |
| clotrimazole solution 1 % external (rx) | 1 | |
| clotrimazole troche 10 mg mouth/throat | 1 | |
| clotrimazole-betamethasone | 1 | |
| CRESEMBA ORAL | 3 | |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG | 3 | |
| econazole nitrate external | 1 | |
| 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 |
| ketoconazole external cream | 1 | |
| 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 | |
| miconazole 3 vaginal suppository | 1 | |
| NOXAFIL 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 |
|---|-----------|------------------|
| 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 | |
| oxiconazole nitrate | 1 | |
| OXISTAT EXTERNAL CREAM | 3 | |
| posaconazole | 1 | |
| SPORANOX | 3 | QL |
| terbinafine hcl oral | 1 | |
| terconazole | 1 | QL |
| TOLNAFTATE | 2 | |
| VFEND | 3 | |
| VIVJOA | 3 | ST; QL |
| voriconazole oral | 1 | |
| 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 |
| MITIGARE | 3 | ST |
| probenecid oral | 1 | |
| ULORIC | 3 | ST |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| ZYLOPRIM | 3 | |
| Antimigraine Agents | | |
| AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS 140 MG/ML | 2 | ST; QL |
| AIMOVIG | 2 | ST; QL |
| CAFERGOT | 3 | |
| diclofenac potassium(migraine) packet 50 mg oral | 1 | |
| dihydroergotamine mesylate injection | 1 | QL |
| dihydroergotamine mesylate nasal | 1 | QL |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 2 | ST; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 2 | ST; QL |
| ERGOMAR | 2 | |
| ergotamine-caffeine | 1 | |
| FROVA | 3 | QL |
| frovatriptan succinate | 1 | QL |
| IMITREX NASAL | 3 | QL |
| IMITREX ORAL | 3 | QL |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| QULIPTA | 2 | ST; QL |
| RELPAX | 3 | QL |
| REYVOW | 3 | ST; QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan nasal | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge | 1 | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------------|-----------|------------------|
| UBRELVY TABLET 100 MG ORAL | 2 | PA; QL |
| UBRELVY TABLET 50 MG ORAL | 2 | PA; QL |
| zolmitriptan oral | 1 | QL |
| ZOMIG ORAL | 3 | QL |
| Antimyasthenic Agents | | |
| MESTINON ORAL SOLUTION | 3 | |
| 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 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| TRECATOR | 2 | |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate | 14 | PA; MB; SP |
| AFINITOR | 14 | PA; MB; SP |
| AFINITOR DISPERZ | 14 | PA; MB; SP |
| 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 | 1 | 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| BRUKINSA | 14 | PA; MB; SP; QL |
| CABOMETYX | 14 | PA; MB; SP |
| CALQUENCE | 14 | PA; MB; SP; QL |
| capecitabine | 14 | PA; MB; SP |
| CAPRELSA | 14 | PA; MB; SP |
| 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 |

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 |
|---|-----------|------------------|
| 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 |
| FOTIVDA | 14 | PA; MB; SP; QL |
| GAVRETO | 14 | PA; MB; SP; QL |
| GILOTRIF | 14 | PA; MB; SP |
| GLEEVEC | 14 | PA; MB; SP |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 14 | PA; MB; SP |
| HYCAMTIN ORAL | 14 | PA; MB; SP |
| HYDREA | 3 | |
| hydroxyurea oral | 1 | |
| IBRANCE | 14 | PA; MB; SP |
| ICLUSIG | 14 | PA; MB; SP |
| IDHIFA | 14 | PA; MB; SP; QL |
| imatinib mesylate | 14 | PA; MB; SP |
| IMBRUVICA | 3 | PA; SP; QL |
| INLYTA | 14 | PA; MB; SP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| INQOVI | 14 | PA; MB; SP; QL |
| INREBIC | 14 | PA; MB; SP; QL |
| IRESSA | 14 | PA; MB; SP |
| JAKAFI | 3 | PA; SP |
| KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG | 14 | PA; MB; SP |
| KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG | 14 | PA; MB; SP; QL |
| KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG | 14 | PA; MB; SP |
| KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG | 14 | PA; MB; SP; QL |
| KISQALI FEMARA | 14 | PA; MB; SP; QL |
| KISQALI ORAL TABLET THERAPY PACK 200 MG | 14 | PA; MB; SP; QL |
| KOSELUGO | 14 | PA; MB; SP |
| lapatinib ditosylate | 14 | PA; MB; SP |
| lenalidomide | 14 | PA; MB; SP |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | 14 | PA; MB; SP |
| letrozole tablet 2.5 mg oral | 1 | |
| letrozole tablet 2.5 mg oral | 1 | PV |
| leucovorin calcium oral | 1 | |
| LEUKERAN | 14 | PA; MB; SP |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|------------|-----------|------------------|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|-----------------------------|-----------|------------------|
| SCEMBLIX | 14 | PA; MB; SP; QL |
| SOLTAMOX | 3 | 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 |
| TABLOID | 14 | PA; MB; SP |
| TABRECTA | 14 | PA; MB; SP; QL |
| TAFINLAR | 14 | PA; MB; SP |
| TAGRISSE | 14 | PA; MB; SP; QL |
| TALZENNA | 14 | PA; MB; SP; QL |
| tamoxifen citrate oral | 1 | ACA; PV |
| TARCEVA | 14 | PA; MB; SP |
| TARGRETIN EXTERNAL | 3 | SP |
| TARGRETIN ORAL | 14 | PA; MB; SP |
| TASIGNA | 14 | PA; MB; SP |
| TAZVERIK | 14 | PA; MB; SP; QL |
| TEMODAR ORAL CAPSULE 250 MG | 14 | PA; MB; SP |

| Drug Name | Drug Tier | Limits/ Required |
|------------------------------|-----------|------------------|
| temozolomide | 14 | PA; MB; SP |
| TEPMETKO | 14 | PA; MB; SP; QL |
| THALOMID | 14 | PA; MB; SP |
| TIBSOVO | 14 | PA; MB; SP; QL |
| toremifene citrate | 1 | PV |
| tretinoin oral | 14 | PA; MB; SP |
| TRUSELTIQ (100MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| TRUSELTIQ (125MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| TRUSELTIQ (50MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| TRUSELTIQ (75MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| TUKYSA | 14 | PA; MB; SP; QL |
| TURALIO ORAL CAPSULE 200 MG | 14 | PA; MB; SP; QL |
| TYKERB | 14 | PA; MB; SP |
| VALCHLOR | 14 | PA; MB; SP |
| VENCLEXTA | 14 | PA; MB; SP |
| VENCLEXTA STARTING PACK | 14 | PA; MB; SP |
| VERZENIO | 14 | PA; MB; SP; QL |
| VIJOICE | 2 | PA; SP; QL |
| VIZIMPRO | 14 | PA; MB; SP; QL |

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

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

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 | |
| 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 | 1 | 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 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| APOKYN | | |
| SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | SP |
| apomorphine hcl subcutaneous | 1 | SP |
| AZILECT | 3 | |
| benztropine mesylate oral | 1 | |
| bromocriptine mesylate oral | 1 | |
| carbidopa oral | 1 | |
| carbidopa-levodopa | 1 | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 1 | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 1 | |
| COMTAN | 3 | |
| entacapone | 1 | |
| KYNMOBI | 2 | SP; QL |
| LODOSYN | 3 | |
| MIRAPEX ER | 3 | |
| NEUPRO | 3 | |
| ONGENTYS | 2 | QL |
| PARLODEL | 3 | |
| pramipexole dihydrochloride | 1 | |
| pramipexole dihydrochloride er | 1 | |
| rasagiline mesylate oral | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| ropinirole hcl | 1 | |
| ropinirole hcl er | 1 | |
| RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL | 3 | ST |
| RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL | 3 | ST |
| RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL | 3 | ST |
| RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL | 3 | ST |
| selegiline hcl oral | 1 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | |
| STALEVO 100 | 3 | |
| STALEVO 125 | 3 | |
| STALEVO 150 | 3 | |
| STALEVO 200 | 3 | |
| STALEVO 50 | 3 | |
| STALEVO 75 | 3 | |
| trihexyphenidyl hcl | 1 | |
| Antiplatelets | | |
| aspirin-dipyridamole er | 1 | PV |
| BRILINTA ORAL TABLET 60 MG | 2 | PV |
| BRILINTA TABLET 90 MG ORAL | 2 | PV |
| CABLIVI | 2 | PA; SP; QL |
| cilostazol | 1 | PV |
| clopidogrel bisulfate oral tablet 300 mg | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| clopidogrel bisulfate tablet 75 mg oral | 1 | |
| clopidogrel bisulfate tablet 75 mg oral | 1 | PV |
| dipyridamole oral | 1 | PV |
| EFFIENT | 3 | PV |
| PLAVIX ORAL TABLET 75 MG | 3 | PV |
| prasugrel hcl | 1 | PV |
| ZONTIVITY | 2 | PV |
| Antipsychotics - Drugs for Mood Disorders | | |
| 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 |
| 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 |
| fluphenazine hcl oral | 1 | PV |
| GEODON ORAL | 3 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| 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 | |
| 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 |
| RISPERDAL ORAL SOLUTION | 3 | PV |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | PV |
| risperidone | 1 | PV |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|-----------------------------------|-----------|------------------|
| 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 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 |
| DESCOVY | 2 | PV |
| DOVATO | 2 | PV |
| EDURANT | 2 | PV |
| efavirenz | 1 | PV |
| efavirenz-emtricitabine-tenofo df | 1 | PV |
| efavirenz-lamivudine-tenofovir | 1 | PV |
| emtricitabine | 1 | PV |
| emtricitabine-tenofovir df | 1 | PV |
| EMTRIVA ORAL CAPSULE | 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 | Drug Name | Drug Tier | Limits/ Required |
|--------------------------------------|-----------|------------------|---|-----------|------------------|
| EMTRIVA ORAL SOLUTION | 2 | PV | lamivudine oral tablet 100 mg | 1 | |
| entecavir | 1 | | lamivudine oral tablet 150 mg | 1 | PV; QL |
| EPCLUSA | 2 | PA; SP; QL | lamivudine oral tablet 300 mg | 1 | PV |
| EPIVIR HBV ORAL SOLUTION | 2 | | lamivudine-zidovudine | 1 | PV |
| EPIVIR HBV ORAL TABLET | 3 | | LEDIPASVIR-SOFOSBUVIR | 2 | PA; SP; QL |
| EPIVIR ORAL SOLUTION | 3 | PV | LEXIVA ORAL SUSPENSION | 2 | PV |
| EPIVIR ORAL TABLET 150 MG | 3 | PV; QL | LEXIVA ORAL TABLET | 3 | PV |
| EPIVIR ORAL TABLET 300 MG | 3 | PV | LIVTENCITY | 3 | SP; QL |
| EPZICOM | 3 | PV | lopinavir-ritonavir | 1 | PV |
| etravirine | 1 | PV | maraviroc | 1 | PV |
| EVOTAZ | 2 | PV | MAVYRET | 2 | PA; SP; QL |
| famciclovir oral | 1 | QL | nevirapine | 1 | PV |
| fosamprenavir calcium | 1 | PV | nevirapine er | 1 | PV |
| GENVOYA | 2 | PV | NORVIR ORAL PACKET | 2 | PV |
| HARVONI | 2 | PA; SP; QL | NORVIR ORAL SOLUTION | 2 | PV |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 3 | PV | NORVIR ORAL TABLET | 3 | PV |
| INTELENCE ORAL TABLET 25 MG | 2 | PV | ODEFSEY | 2 | PV |
| ISENTRESS | 2 | PV | oseltamivir phosphate oral | 1 | QL |
| ISENTRESS HD | 2 | PV | PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 2 | SP |
| JULUCA | 2 | PV | PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | SP |
| KALETRA ORAL SOLUTION | 3 | PV | | | |
| KALETRA ORAL TABLET | 3 | PV | | | |
| lamivudine oral solution | 1 | PV | | | |

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

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| PIFELTRO | 2 | PV |
| PREVYMIS ORAL | 3 | SP; QL |
| PREZCOBIX | 2 | PV |
| PREZISTA ORAL SUSPENSION | 2 | PV |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SOFOSBUVIR-VELPATASVIR | 2 | PA; SP; QL |
| stavudine oral capsule | 1 | PV |
| STRIBILD | 2 | PV |
| SUSTIVA ORAL CAPSULE | 3 | PV |
| SYMFI | 3 | PV |
| SYMFI LO | 3 | PV |
| SYMTUZA | 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 | |
| VIRACEPT ORAL TABLET | 2 | PV |
| VIRAZOLE | 3 | |
| VIREAD ORAL POWDER | 3 | PV |

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| 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 | 2 | PA; SP; QL |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL |
| ZIAGEN | 3 | PV |
| zidovudine | 1 | PV |
| ZOVIRAX EXTERNAL OINTMENT | 3 | |
| ZOVIRAX ORAL SUSPENSION | 3 | |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam er | 1 | |
| alprazolam intensol | 1 | |
| alprazolam oral tablet | 1 | |
| alprazolam xr | 1 | |
| ATIVAN ORAL | 3 | |
| bupirone hcl oral | 1 | |
| chlordiazepoxide hcl | 1 | |
| clonazepam oral | 1 | |
| clorazepate dipotassium | 1 | |
| diazepam intensol | 1 | |
| diazepam oral concentrate | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| diazepam oral tablet | 1 | |
| diazepam solution 5 mg/5ml oral | 1 | |
| 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 | |
| meprobamate | 1 | |
| midazolam hcl oral | 1 | |
| oxazepam | 1 | |
| TRANXENE-T ORAL TABLET 7.5 MG | 3 | |
| triazolam | 1 | |
| VALIUM | 3 | |
| VISTARIL | 3 | |
| XANAX | 3 | |
| XANAX XR | 3 | |
| Bipolar Agents - Drugs for Mood Disorders | | |
| EQUETRO | 3 | PV |
| lithium carbonate er | 1 | |
| lithium carbonate oral | 1 | |
| LITHOBID | 3 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 | |
| FULPHILA | 14 | MB; SP |
| LYSTEDA | 3 | QL |
| MULPLETA | 2 | PA; SP; QL |
| NEULASTA ONPRO | 14 | MB; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 14 | MB; SP |
| NYVEPRIA | 14 | MB; SP |
| PROMACTA | 2 | PA; SP; QL |
| PYRUKYND | 2 | PA; SP; QL |
| PYRUKYND TAPER PACK | 2 | PA; SP; QL |
| TAVALISSE | 2 | PA; SP; QL |
| tranexamic acid oral | 1 | QL |
| UDENYCA | 14 | MB; SP |
| ZIEXTENZO | 14 | MB; SP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| amiloride hcl oral | 1 | PV |
| amiloride-hydrochlorothiazide | 1 | PV |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | PV |
| amlodipine besylate-benazepril hcl | 1 | PV |
| amlodipine besylate-valsartan | 1 | PV |
| amlodipine-atorvastatin | 1 | PV; QL |
| amlodipine-olmesartan | 1 | PV |
| amlodipine-valsartan-hctz | 1 | PV |
| 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 tablet 10 mg oral | 1 | |
| bisoprolol fumarate tablet 10 mg oral | 1 | PV |
| bisoprolol fumarate tablet 5 mg oral | 1 | |
| bisoprolol fumarate tablet 5 mg oral | 1 | PV |
| bisoprolol-hydrochlorothiazide | 1 | PV |
| bumetanide oral | 1 | PV |
| BUMEX ORAL TABLET 0.5 MG | 3 | PV |
| BYSTOLIC | 3 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | 3 | PV; QL |
| CALAN SR | 3 | PV |
| CAMZYOS | 3 | PA; SP; QL |
| candesartan cilexetil | 1 | PV |
| candesartan cilexetil-hctz | 1 | PV |
| captopril oral | 1 | PV |
| CARDIZEM CD | 3 | PV |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | PV |
| CARDURA | 3 | PV; QL |
| cartia xt | 1 | PV |
| carvedilol | 1 | PV |
| 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 powder | 1 | PV; QL |
| cholestyramine packet 4 gm oral | 1 | QL |
| cholestyramine packet 4 gm oral | 1 | PV; QL |
| clonidine | 1 | PV |
| clonidine hcl oral | 1 | PV |
| colesevelam hcl oral tablet | 1 | PV |
| COLESTID | 3 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| COLESTID FLAVORED | 3 | PV |
| colestipol hcl | 1 | PV |
| COREG | 3 | PV |
| CORGARD | 3 | PV |
| CORLANOR | 3 | |
| COZAAR | 3 | PV |
| CRESTOR | 3 | PV; QL |
| DEMSER | 3 | PV |
| DIBENZYLINE CAPSULE 10 MG ORAL | 3 | PV |
| digitek | 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 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 tablet 120 mg oral | 1 | |
| diltiazem hcl tablet 120 mg oral | 1 | PV |
| diltiazem hcl tablet 30 mg oral | 1 | |
| diltiazem hcl tablet 30 mg oral | 1 | PV |
| diltiazem hcl tablet 60 mg oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| diltiazem hcl tablet 60 mg oral | 1 | PV |
| diltiazem hcl tablet 90 mg oral | 1 | |
| diltiazem hcl tablet 90 mg 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 |
| DYRENIUM | 3 | PV |
| EDECIN | 3 | PV |
| enalapril maleate oral tablet | 1 | PV |
| enalapril-hydrochlorothiazide | 1 | PV |
| ENTRESTO | 3 | |
| eplerenone | 1 | PV |
| ethacrynic acid oral | 1 | PV |
| EXFORGE | 3 | PV |
| EXFORGE HCT | 3 | PV |
| ezetimibe | 1 | PV; QL |
| ezetimibe-simvastatin | 1 | PV; QL |
| felodipine er | 1 | PV |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 1 | PV |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 1 | PV |

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 |
|--|-----------|------------------|
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | PV |
| fenofibric acid oral capsule delayed release | 1 | PV |
| flecainide acetate | 1 | |
| fluvastatin sodium | 1 | ACA; PV; QL |
| 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 | 2 | SP; PV |
| hydralazine hcl oral | 1 | PV |
| hydrochlorothiazide oral | 1 | PV |
| HYZAAR | 3 | PV |
| icosapent ethyl capsule 1 gm oral | 1 | |
| icosapent ethyl capsule 1 gm oral | 1 | PV |
| icosapent ethyl oral capsule 0.5 gm | 1 | PV |
| indapamide oral | 1 | PV |
| INDERAL LA | 3 | PV |
| INSPRA | 3 | PV |
| irbesartan | 1 | PV |
| irbesartan-hydrochlorothiazide | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| ISORDIL TITRADOSE | 3 | PV |
| isosorb dinitrate-hydralazine | 1 | PV |
| isosorbide dinitrate oral | 1 | PV |
| isosorbide mononitrate | 1 | PV |
| isosorbide mononitrate er | 1 | PV |
| isradipine | 1 | PV |
| 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 |
| LIPITOR | 3 | PV; QL |
| lisinopril oral | 1 | PV |
| lisinopril-hydrochlorothiazide | 1 | PV |
| 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 |
| 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| MAXZIDE | 3 | PV |
| MAXZIDE-25 | 3 | PV |
| metolazone tablet 10 mg oral | 1 | |
| metolazone tablet 10 mg oral | 1 | PV |
| metolazone tablet 2.5 mg oral | 1 | |
| metolazone tablet 2.5 mg oral | 1 | PV |
| metolazone tablet 5 mg oral | 1 | |
| metolazone tablet 5 mg oral | 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 |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| niacin (antihyperlipidemic) | 1 | PV |
| niacin er (antihyperlipidemic) | 1 | PV |
| niacor | 1 | PV |
| nifedipine capsule 10 mg oral | 1 | PV |
| nifedipine er | 1 | PV |
| nifedipine er osmotic release | 1 | PV |
| nifedipine oral capsule 20 mg | 1 | PV |
| nimodipine oral | 1 | PV |
| NITRO-BID | 2 | PV |
| 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 |
| NORPACE | 3 | |
| NORPACE CR | 2 | |
| NORVASC | 3 | PV |
| olmesartan medoxomil oral tablet 20 mg, 40 mg | 1 | PV |
| olmesartan medoxomil tablet 5 mg oral | 1 | |
| olmesartan medoxomil tablet 5 mg oral | 1 | PV |
| olmesartan medoxomil-hctz | 1 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 | |
| propranolol hcl er | 1 | PV |
| propranolol hcl oral | 1 | PV |
| QUESTRAN | 3 | PV; QL |
| QUESTRAN LIGHT ORAL POWDER | 3 | PV; QL |
| quinapril hcl | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| 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 |
| sorine | 1 | PV |
| sotalol hcl (af) | 1 | PV |
| sotalol hcl oral | 1 | PV |
| SOTYLIZE | 3 | PV |
| spironolactone tablet 100 mg oral | 1 | |
| spironolactone tablet 100 mg oral | 1 | PV |
| spironolactone tablet 25 mg oral | 1 | |
| spironolactone tablet 25 mg oral | 1 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| spironolactone tablet 50 mg oral | 1 | |
| spironolactone tablet 50 mg oral | 1 | PV |
| spironolactone-hctz | 1 | PV |
| 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 |
| triamterene oral | 1 | PV |
| triamterene-hctz oral capsule 37.5-25 mg | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| triamterene-hctz tablet 37.5-25 mg oral | 1 | |
| triamterene-hctz tablet 37.5-25 mg oral | 1 | PV |
| triamterene-hctz tablet 75-50 mg oral | 1 | |
| triamterene-hctz tablet 75-50 mg oral | 1 | PV |
| TRIBENZOR | 3 | PV |
| TRICOR | 3 | PV |
| TRILIPIX | 3 | PV |
| valsartan tablet 160 mg oral | 1 | |
| valsartan tablet 160 mg oral | 1 | PV |
| valsartan tablet 320 mg oral | 1 | |
| valsartan tablet 320 mg oral | 1 | PV |
| valsartan tablet 40 mg oral | 1 | |
| valsartan tablet 40 mg oral | 1 | PV |
| valsartan tablet 80 mg oral | 1 | |
| valsartan tablet 80 mg oral | 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 1 | PV |
| verapamil hcl oral | 1 | PV |
| VERELAN | 3 | PV |
| VERELAN PM | 3 | PV |
| VERQUVO | 3 | QL |
| VYNDAMAX | 2 | PA; SP; QL |
| VYNDAQEL | 2 | PA; SP; QL |
| VYTORIN | 3 | PV; QL |
| 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 |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| ADDERALL | 3 | |
| ADDERALL XR | 3 | |
| ADZENYS XR-ODT | 3 | |
| amphetamine sulfate | 1 | |
| amphetamine-dextroamphetamine | 1 | |
| amphetamine-dextroamphetamine er | 1 | |
| APTENSIO XR | 3 | |
| atomoxetine hcl | 1 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| clonidine hcl er oral tablet extended release 12 hour | 1 | |
| CONCERTA | 3 | |
| DAYTRANA | 3 | |
| DESOXYN | 3 | |
| 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 | |
| EVEKEO | 3 | |
| 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 |
|--|-----------|------------------|
| methlyphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 1 | |
| methlyphenidate hcl er (xr) | 1 | |
| methlyphenidate hcl oral | 1 | |
| PROCENTRA | 3 | |
| QELBREE | 3 | ST; QL |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 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 | 3 | PA; SP; QL |
| AUBAGIO TABLET 14 MG ORAL | 2 | PA; SP; QL |
| AUBAGIO TABLET 7 MG ORAL | 2 | PA; SP; QL |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 2 | PA; SP; QL |
| BAFIERTAM | 2 | PA; SP; QL |
| COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | 2 | PA; SP; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 2 | PA; SP; QL |
| dalfampridine er | 1 | PA; SP; QL |
| dimethyl fumarate oral | 1 | PA; SP; QL |
| dimethyl fumarate starter pack | 1 | PA; SP; QL |
| EXTAVIA SUBCUTANEOUS KIT | 2 | PA; SP; QL |
| fingolimod hcl | 1 | PA; SP; QL |
| GILENYA CAPSULE 0.5 MG ORAL | 3 | PA; SP; QL |
| KESIMPTA | 2 | PA; SP; QL |
| MAVENCLAD | 2 | PA; SP; QL |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG | 2 | PA; SP; QL |
| MAYZENT STARTER PACK | 2 | PA; SP; QL |

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| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|---|-----------|------------------|
| MAYZENT TABLET 2 MG ORAL | 2 | PA; SP; QL | HORIZANT ORAL TABLET EXTENDED RELEASE | 3 | |
| PLEGRIDY | 2 | PA; SP; QL | IMCIVREE | 3 | PA; SP; QL |
| PLEGRIDY STARTER PACK | 2 | PA; SP; QL | LYRICA | 3 | QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; QL | NUEDEXTA | 3 | QL |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; QL | pregabalin oral | 1 | QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL | RADICAVA ORS | 2 | PA; SP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL | RADICAVA ORS STARTER KIT | 2 | PA; SP; QL |
| TECFIDERA | 3 | PA; SP; QL | RILUTEK | 3 | |
| VUMERITY | 2 | PA; SP; QL | riluzole | 1 | |
| ZEPOSIA | 3 | PA; SP; QL | SAVELLA | 2 | ST; QL |
| ZEPOSIA 7-DAY STARTER PACK | 3 | PA; SP; QL | SAVELLA TITRATION PACK | 2 | ST; QL |
| ZEPOSIA STARTER KIT | 3 | PA; SP; QL | TEGSEDI | 2 | PA; SP; QL |
| Central Nervous System Agents - Miscellaneous | | | tetrabenazine | 1 | PA; SP |
| caffeine citrate oral | 1 | | XENAZINE | 3 | 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 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| DENTAGEL | 3 | |
| EVOXAC | 3 | |
| FLUORIDEX | 3 | |
| 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 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| PREVIDENT 5000 ORTHO DEFENSE | 3 | |
| 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 ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 3 | |
| ACANYA | 3 | |
| accutane | 1 | |
| acitretin | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ACZONE EXTERNAL GEL 5 % | 3 | |
| adapalene external cream | 1 | |
| adapalene external gel | 1 | |
| adapalene-benzoyl peroxide external gel | 1 | |
| ADBRY | 2 | PA; SP; QL |
| ala-cort external cream | 1 | |
| alclometasone dipropionate | 1 | |
| ALTRENO | 3 | |
| ALUMINUM CHLORIDE ANHYDROUS | 2 | |
| ALUMINUM CHLORIDE HEXAHYDRATE POWDER | 2 | |
| amcinonide external lotion | 1 | |
| ammonium lactate cream 12 % external (rx) | 1 | |
| ammonium lactate lotion 12 % external (rx) | 1 | |
| amnesteem | 1 | |
| ATRALIN | 3 | |
| AVITA | 3 | |
| azelaic acid external | 1 | |
| B & C | 2 | |
| balsam peru-castor oil | 1 | |
| BENZAMYCIN | 3 | |
| benzoyl peroxide-erythromycin | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| betamethasone dipropionate aug | 1 | |
| betamethasone dipropionate external | 1 | |
| betamethasone valerate external | 1 | |
| BPCO | 2 | |
| CALAMINE | 2 | |
| calcipotriene external cream | 1 | |
| calcipotriene external ointment | 1 | |
| calcipotriene external solution | 1 | |
| CALCITRENE | 3 | |
| calcitriol external | 1 | |
| CARAC | 3 | |
| CIBINQO | 2 | PA; SP; QL |
| claravis | 1 | |
| CLEOCIN-T EXTERNAL LOTION | 3 | |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| CLINDAGEL | 3 | |
| clindamycin phospho-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 % | 1 | |
| clindamycin phosphate external gel | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|-------------------------------------|-----------|------------------|
| clindamycin phosphate external swab | 1 | |
| clindamycin-tretinoin | 1 | |
| clobetasol prop emollient base | 1 | |
| clobetasol propionate e | 1 | |
| clobetasol propionate external | 1 | |
| CLOBEX | 3 | |
| CLOBEX SPRAY | 3 | |
| clodan external shampoo | 1 | |
| coal tar external solution | 1 | |
| CONDYLOX EXTERNAL GEL | 3 | |
| CORDRAN EXTERNAL CREAM 0.05 % | 3 | |
| CORDRAN EXTERNAL LOTION | 3 | |
| CORDRAN EXTERNAL OINTMENT | 3 | |
| dapsone external gel 5 % | 1 | |
| DERMA-SMOOTHIE/FS BODY | 3 | |
| DERMA-SMOOTHIE/FS SCALP | 3 | |
| desonide external cream | 1 | |
| desonide external lotion | 1 | |
| desonide external ointment | 1 | |
| DESOWEN EXTERNAL CREAM | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| desoximetasone external cream 0.25 % | 1 | |
| desoximetasone external gel | 1 | |
| desoximetasone external liquid | 1 | |
| desoximetasone external ointment 0.25 % | 1 | |
| diclofenac sodium gel 3 % external | 1 | |
| DIFFERIN EXTERNAL CREAM | 3 | |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | |
| DIPROLENE EXTERNAL OINTMENT | 3 | |
| DOVONEX EXTERNAL CREAM | 3 | |
| doxepin hcl external | 1 | |
| DRYSOL | 2 | |
| DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS | 2 | PA; SP; QL |
| DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS | 2 | PA; SP; QL |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| EFUDEX EXTERNAL CREAM | 3 | |
| ELIDEL | 3 | |
| EPIDUO | 3 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------------|-----------|------------------|
| EPIDUO FORTE | 3 | |
| EPIFOAM | 2 | |
| ery | 1 | |
| ERYGEL | 3 | |
| erythromycin external gel | 1 | |
| erythromycin external solution | 1 | |
| EUCRISA OINTMENT 2 % EXTERNAL | 2 | ST; QL |
| FINACEA | 3 | |
| fluocinolone acetonide body | 1 | |
| fluocinolone acetonide external | 1 | |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide emulsified base | 1 | |
| fluocinonide external | 1 | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | 3 | |
| fluorouracil external cream 5 % | 1 | |
| fluorouracil external solution | 1 | |
| flurandrenolide external cream | 1 | |
| flurandrenolide external lotion | 1 | |
| fluticasone propionate external | 1 | |
| GORDOFILM | 3 | |
| halobetasol propionate external cream | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| halobetasol propionate external ointment | 1 | |
| hydrocortisone butyr lipo base | 1 | |
| hydrocortisone butyrate external lotion | 1 | |
| hydrocortisone butyrate external ointment | 1 | |
| hydrocortisone butyrate external solution | 1 | |
| hydrocortisone cream 1 % external (rx) | 1 | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 2.5 % | 1 | |
| hydrocortisone ointment 1 % external (rx) | 1 | |
| hydrocortisone valerate | 1 | |
| HYFTOR | 3 | PA; QL |
| imiquimod external cream 5 % | 1 | QL |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1 | |
| ivermectin external cream | 1 | |
| KERALYT EXTERNAL SHAMPOO | 3 | |
| KLARON | 3 | |
| lactic acid e | 1 | |
| lactic acid external lotion | 1 | |

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

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| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------|-----------|------------------|
| LOCOID EXTERNAL LOTION | 3 | |
| 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 | |
| OLUX | 3 | |
| ONEXTON GEL 1.2-3.75 % EXTERNAL | 3 | |
| OPZELURA CREAM 1.5 % EXTERNAL | 2 | PA; QL |
| pimecrolimus | 1 | |
| podofilox external | 1 | |
| prednicarbate external ointment | 1 | |
| PROTOPIC | 3 | |
| PRUDOXIN | 3 | |
| PYROGALLIC ACID | 2 | |
| QBREXZA | 3 | ST; QL |
| REGRANEX | 2 | QL |
| RETIN-A | 3 | |
| rosadan external cream | 1 | |
| rosadan external gel | 1 | |
| SANTYL | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| selenium sulfide external lotion | 1 | |
| SOOLANTRA | 3 | |
| sulfacetamide sodium (acne) | 1 | |
| SYNALAR | 3 | |
| tacrolimus external ointment | 1 | |
| tazarotene external cream | 1 | |
| TAZORAC EXTERNAL CREAM 0.1 % | 3 | |
| TOPICORT EXTERNAL CREAM 0.25 % | 3 | |
| TOPICORT EXTERNAL GEL | 3 | |
| TOPICORT EXTERNAL OINTMENT 0.25 % | 3 | |
| TOPICORT SPRAY | 3 | |
| tretinoin external | 1 | |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triderm external cream | 1 | |
| TRIDESILON | 3 | |
| urea cream 47 % external | 1 | |
| VANOS | 3 | |
| VECTICAL | 3 | |
| VENELEX | 2 | |

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

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| XERAC AC | 3 | |
| zenatane | 1 | |
| ZIANA | 3 | |
| ZONALON | 3 | |
| 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 |
| 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 |
| glyburide micronized | 1 | PV |
| glyburide oral | 1 | PV |
| glyburide-metformin | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| GLYNASE | 3 | PV |
| GLYXAMBI ORAL TABLET 10-5 MG | 2 | PV; QL |
| GLYXAMBI TABLET 25-5 MG ORAL | 2 | PV; QL |
| JANUMET ORAL TABLET 50-1000 MG | 2 | PV; QL |
| JANUMET TABLET 50-500 MG ORAL | 2 | PV; QL |
| 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 |
| KOMBIGLYZE XR | 2 | PV; QL |
| metformin hcl er | 1 | PV |
| metformin hcl oral tablet | 1 | PV |
| metformin hcl solution 500 mg/5ml oral | 1 | |
| metformin hcl solution 500 mg/5ml oral | 1 | PV |
| miglitol | 1 | PV |
| MOUNJARO | 2 | PA; PV; QL |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| nateglinide | 1 | PV |
| ONGLYZA | 2 | PV; QL |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML | 2 | PA; PV; QL |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML | 2 | PA; QL |
| pioglitazone hcl tablet 15 mg oral | 1 | QL |
| pioglitazone hcl tablet 15 mg oral | 1 | PV; QL |
| pioglitazone hcl tablet 30 mg oral | 1 | QL |
| pioglitazone hcl tablet 30 mg oral | 1 | PV; QL |
| pioglitazone hcl tablet 45 mg oral | 1 | QL |
| pioglitazone hcl tablet 45 mg oral | 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 |
| SOLIQUA | 2 | PV; QL |
| SYMLINPEN 120 | 3 | PA; PV |
| SYMLINPEN 60 | 3 | PA; PV |
| SYNJARDY | 2 | PV; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| SYNJARDY XR | 2 | PV; 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 mg | 1 | QL |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG | 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 | |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| Diabetes - Insulins | | |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | 3 | PV |
| FIASP FLEXTOUCH | 2 | PV |
| FIASP INJECTION | 2 | PV |
| FIASP PENFILL | 2 | PV |
| HUMULIN R U-500 KWIKPEN | 2 | PV |
| HUMULIN R U-500 VIAL | 2 | PV |
| INSULIN DEGLUDEC | 2 | PV |
| INSULIN DEGLUDEC FLEXTOUCH | 2 | PV |
| LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | PV |
| LANTUS U-100 VIAL | 2 | PV |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| LEVEMIR U-100 FLEXTOUCH | 2 | PV |
| LEVEMIR U-100 VIAL | 2 | PV |
| NOVOLIN 70/30 FLEXPEN | 2 | PV |
| NOVOLIN 70/30 FLEXPEN RELION | 2 | PV |
| NOVOLIN 70/30 RELION | 2 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| NOVOLIN 70/30 VIAL | 2 | PV |
| NOVOLIN N FLEXPEN | 2 | PV |
| NOVOLIN N FLEXPEN RELION | 2 | PV |
| NOVOLIN N RELION | 2 | PV |
| NOVOLIN N VIAL | 2 | PV |
| NOVOLIN R FLEXPEN | 2 | PV |
| NOVOLIN R FLEXPEN RELION | 2 | PV |
| NOVOLIN R RELION | 2 | PV |
| NOVOLIN R VIAL | 2 | PV |
| NOVOLOG 70/30 FLEXPEN RELION | 2 | PV |
| NOVOLOG FLEXPEN RELION | 2 | PV |
| NOVOLOG U-100 FLEXPEN | 2 | PV |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | PV |
| NOVOLOG MIX 70/30 RELION | 2 | PV |
| NOVOLOG MIX 70/30 VIAL | 2 | PV |
| NOVOLOG U-100 PENFILL | 2 | PV |
| NOVOLOG RELION INJECTION | 2 | PV |
| NOVOLOG U-100 VIAL INJECTION | 2 | PV |
| TOUJEO MAX SOLOSTAR | 2 | PV |
| TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS | 2 | PV |

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

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| TRESIBA | 2 | PV |
| TRESIBA FLEXTOUCH | 2 | PV |
| Electrolytes / Minerals / Metals / Vitamins | | |
| adc/f (0.5mg/ml) | 1 | ACA; PV |
| ALANINE | 2 | |
| CALCIFOL | 2 | |
| CALCIUM CHLORIDE DIHYDRATE POWDER | 2 | |
| CALCIUM GLUCONATE | 2 | |
| CALCIUM GLUCONATE ANHYDROUS | 2 | |
| CALCIUM GLUCONATE MONOHYDRATE | 2 | |
| CALCIUM LACTATE PENTAHYDRATE | 2 | |
| CALCIUM PHOSPHATE DIBASIC | 2 | |
| CALCIUM PHOSPHATE TRIBASIC | 2 | |
| CARBAGLU ORAL TABLET SOLUBLE | 3 | SP |
| carglumic acid oral tablet soluble | 1 | SP |
| CARNITOR ORAL | 3 | |
| CARNITOR SF | 3 | |
| CHEMET | 2 | |
| CHOLINE BITARTRATE POWDER | 2 | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| deferasirox | 1 | SP |
| deferasirox granules | 1 | SP |
| DL-ALANINE | 2 | |
| DL-LEUCINE | 2 | |
| DL-METHIONINE POWDER (RX) | 2 | |
| DL-PHENYLALANINE | 2 | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| effer-k tablet effervescent 25 meq oral | 1 | |
| EXJADE | 3 | SP |
| FERRIPROX ORAL SOLUTION | 3 | SP |
| fluoritab oral solution | 1 | ACA |
| folate | 1 | ACA; O |
| folic acid oral tablet 400 mcg, 800 mcg | 1 | ACA; O |
| GALZIN | 3 | |
| iodine strong oral | 1 | |
| JADENU | 3 | SP |
| JADENU SPRINKLE | 3 | SP |
| JYNARQUE | 3 | PA; SP; QL |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral packet 20 meq | 1 | |
| klor-con oral tablet extended release | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| k-prime | 1 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ | 3 | |
| L-ALANINE | 2 | |
| L-ARGININE | 2 | |
| L-CYSTINE | 2 | |
| levocarnitine oral solution | 1 | |
| levocarnitine oral tablet | 1 | |
| levocarnitine sf | 1 | |
| L-GLUTAMIC ACID | 2 | |
| L-HISTIDINE MONOHYDROCHLORIDE POWDER | 2 | |
| L-HISTIDINE POWDER (RX) | 2 | |
| L-ISOLEUCINE POWDER (RX) | 2 | |
| L-LEUCINE | 2 | |
| L-METHIONINE POWDER (RX) | 2 | |
| LOKELMA | 3 | QL |
| L-PHENYLALANINE | 2 | |
| L-PROLINE | 2 | |
| L-TYROSINE | 2 | |
| L-VALINE POWDER | 2 | |
| MAGNESIUM CARBONATE HEAVY | 2 | |
| MAGNESIUM CARBONATE POWDER | 2 | |
| MASONATAL | 2 | ACA; O; PV |
| MEPHYTON | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| METHIONINE POWDER (RX) | 2 | |
| nafrinse | 1 | ACA |
| nafrinse drops | 1 | ACA |
| NEOKE ALCAR | 3 | |
| 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 cryster | 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 | |
| potassium citrate-citric acid solution 1100-334 mg/5ml oral | 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 | 3 | SP |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| sod citrate-citric acid solution 500-334 mg/5ml oral | 1 | |
| SODIUM ASCORBATE POWDER | 2 | |
| 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 | 3 | SP |
| TAURINE POWDER | 2 | |
| THREONINE | 2 | |
| tolvaptan | 1 | SP |
| tricitrates solution 550-500-334 mg/5ml oral | 1 | |
| trientine hcl | 1 | SP |
| tri-vite/fluoride oral solution 0.5 mg/ml | 1 | ACA; PV |
| 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 | |
| yl folic acid | 1 | ACA; O |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| CYTOTEC | 3 | PV |
| dexlansoprazole oral capsule delayed release 60 mg | 1 | PV; QL |
| esomeprazole magnesium capsule delayed release 20 mg oral (rx) | 1 | QL |
| esomeprazole magnesium capsule delayed release 20 mg oral (rx) | 1 | PV; QL |
| esomeprazole magnesium capsule delayed release 40 mg oral | 1 | QL |
| esomeprazole magnesium capsule delayed release 40 mg oral | 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| lansoprazole capsule delayed release 15 mg oral (rx) | 1 | PV; QL |
| lansoprazole oral capsule delayed release 30 mg | 1 | PV; QL |
| misoprostol oral | 1 | PV |
| NEXIUM | 3 | PV; QL |
| nizatidine oral capsule | 1 | PV |
| omeprazole capsule delayed release 20 mg oral (rx) | 1 | QL |
| omeprazole capsule delayed release 20 mg oral (rx) | 1 | PV; QL |
| omeprazole capsule delayed release 40 mg oral | 1 | QL |
| omeprazole capsule delayed release 40 mg oral | 1 | PV; QL |
| omeprazole oral capsule delayed release 10 mg | 1 | PV; QL |
| OMEPRAZOLE+SYRS PENDING SF ALKA | 3 | PV |
| omeprazole-sodium bicarbonate oral capsule | 1 | PV; QL |
| pantoprazole sodium oral tablet delayed release 20 mg | 1 | PV; QL |
| pantoprazole sodium tablet delayed release 40 mg oral | 1 | QL |
| pantoprazole sodium tablet delayed release 40 mg oral | 1 | PV; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| PEPCID ORAL TABLET | 3 | PV |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | 3 | PV; QL |
| PROTONIX ORAL TABLET DELAYED RELEASE | 3 | PV; QL |
| 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 |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| alosetron hcl | 1 | |
| alvimopan | 1 | |
| AMITIZA | 2 | QL |
| amoxicill-clarithro-lansopraz | 1 | PV; QL |
| ANASPAZ | 3 | |
| BILAC | 3 | |
| BISACODYL | 2 | |
| bisacodyl ec | 1 | ACA; O |
| CHENODAL | 2 | PA; SP |
| citroma | 1 | ACA; O |
| clearlax oral powder | 1 | ACA; O |
| CLENPIQ | 2 | PV |
| constulose | 1 | |
| cromolyn sodium oral | 1 | |
| CUVPOSA | 3 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| dicyclomine hcl oral | 1 | |
| diphenoxylate-atropine oral liquid | 1 | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 | |
| ENTEREG | 3 | |
| enulose | 1 | |
| GASTROCROM | 3 | |
| GATTEX | 2 | 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 |
| glycolax | 1 | ACA; O |
| glycopyrrolate oral solution | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | PV |
| hyoscyamine sulfate elixir 0.125 mg/5ml oral | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate tablet 0.125 mg oral | 1 | |
| hyoscyamine sulfate tablet dispersible 0.125 mg oral | 1 | |
| hyoscyamine sulfate tablet sublingual 0.125 mg sublingual | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| lactulose encephalopathy | 1 | |
| lactulose oral solution 20 gm/30ml | 1 | |
| lactulose solution 10 gm/15ml oral | 1 | |
| LINZESS | 2 | QL |
| LOMOTIL ORAL TABLET | 3 | |
| loperamide hcl oral capsule | 1 | |
| LOTRONEX | 3 | |
| LUBIPROSTONE CAPSULE 24 MCG ORAL | 2 | QL |
| LUBIPROSTONE CAPSULE 8 MCG ORAL | 2 | 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 |
| MOTEGRITY TABLET 2 MG ORAL | 3 | ST; QL |
| MOVANTIK | 2 | QL |
| MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL | 2 | PV |
| MYTESI | 3 | |
| na sulfate-k sulfate-mg sulf | 1 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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-naascorbic acid | 1 | PV |
| PLENVU SOLUTION RECONSTITUTED 140 GM ORAL | 2 | PV |
| polyethylene glycol 3350 oral powder | 1 | ACA; O |
| qc magnesium citrate | 1 | ACA; O |
| RESTORA RX | 3 | |
| ROBINUL ORAL | 3 | |
| ROBINUL-FORTE | 3 | |
| sodium bicarbonate oral powder | 1 | |
| SUPREP BOWEL PREP KIT | 3 | PV |
| SUTAB | 3 | PV |
| SYMPROIC | 2 | QL |
| TRULANCE TABLET 3 MG ORAL | 3 | ST; QL |
| URSO 250 | 3 | |
| URSO FORTE | 3 | |
| ursodiol oral capsule 300 mg | 1 | |
| ursodiol oral tablet | 1 | |
| VIBERZI | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| XERMELO | 3 | PA; SP; QL |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| betaine | 1 | SP |
| BUPHENYL ORAL POWDER 3 GM/TSP | 3 | SP |
| BUPHENYL ORAL TABLET | 3 | SP |
| CERDELGA | 2 | PA; SP |
| CHOLBAM | 2 | PA; SP |
| CREON | 2 | |
| CYSTADANE | 3 | SP |
| CYSTAGON | 2 | SP |
| EVRYSDI | 2 | PA; SP; QL |
| GALAFOLD | 2 | PA; SP; QL |
| JAVYGTOR | 3 | PA; SP |
| KUVAN ORAL PACKET | 3 | PA; SP |
| KUVAN ORAL TABLET | 3 | PA; SP |
| L-GLUTAMIC ACID HCL | 2 | |
| miglustat | 1 | PA; SP |
| MYALEPT | 2 | PA; SP |
| nitisinone | 1 | SP |
| NITYR | 2 | SP |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | 3 | SP |
| ORFADIN ORAL CAPSULE 20 MG | 2 | SP |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ORFADIN ORAL SUSPENSION | 2 | SP |
| PALYNZIQ | 2 | 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 | |
| PHEBURANE | 2 | PA; SP |
| RAVICTI | 2 | PA; SP |
| sapropterin dihydrochloride oral packet | 1 | PA; SP |
| sapropterin dihydrochloride oral tablet | 1 | PA; SP |
| sodium phenylbutyrate oral powder 3 gm/tsp | 1 | SP |
| sodium phenylbutyrate oral tablet | 1 | SP |
| STRENSIQ | 2 | PA; SP |
| SUCRAID | 2 | PA; SP |
| VIOKACE | 3 | |
| VOXZOGO | 3 | PA; SP; QL |
| XURIDEN | 3 | SP |
| ZAVESCA | 3 | 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 | |
| darifenacin hydrobromide er | 1 | |
| DEPEN TITRATABS | 3 | SP |
| DETROL | 3 | |
| DETROL LA | 3 | |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | 3 | |
| ELMIRON | 2 | |
| fesoterodine fumarate er | 1 | ST |
| flavoxate hcl | 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 |
|---|-----------|------------------|
| FOSRENOL ORAL PACKET | 3 | |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | 3 | |
| INTRAROSA | 3 | QL |
| lanthanum carbonate | 1 | |
| LITHOSTAT | 3 | |
| MYRBETRIQ | 2 | ST |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral | 1 | |
| penicillamine oral tablet | 1 | 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 | |
| sevelamer carbonate | 1 | |
| sevelamer hcl | 1 | |
| solifenacin succinate | 1 | |
| THIOLA | 3 | SP |
| THIOLA EC | 2 | SP |
| tiopronin oral | 1 | SP |
| tolterodine tartrate | 1 | |
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | ST |
| tropium chloride | 1 | |
| tropium chloride er | 1 | |
| VELPHORO | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| VESICARE | 3 | |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| AVODART | 3 | |
| 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 | |
| Hormonal Agents - Adrenal | | |
| CORTEF | 3 | |
| dexamethasone intensol | 1 | |
| dexamethasone oral | 1 | |
| fludrocortisone acetate oral | 1 | |
| hydrocortisone oral | 1 | |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |
| methylprednisolone oral | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| PEDIAPRED | 3 | |
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 | |
| prednisone intensol | 1 | |
| prednisone oral | 1 | |
| Hormonal Agents - Men's Health | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 2 | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 3 | PA |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) | 3 | PA |
| danazol oral | 1 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 3 | PA |
| FORTESTA | 3 | PA |
| METHITEST | 2 | |
| METHYLTESTOSTERONE | 2 | |
| methyltestosterone oral | 1 | |
| oxandrolone oral | 1 | |
| TESTIM | 3 | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 | PA |
| testosterone enanthate intramuscular solution | 1 | PA |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 | PA |
| testosterone transdermal solution | 1 | PA |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) | 3 | PA |
| Hormonal Agents - Pituitary | | |
| ACTHAR | 3 | PA; SP |
| cabergoline | 1 | QL |
| CORTROPHIN | 3 | PA; SP |
| DDAVP ORAL | 3 | |
| desmopressin ace spray refrig | 1 | |
| desmopressin acetate oral | 1 | |
| desmopressin acetate spray | 1 | |
| HUMATROPE INJECTION CARTRIDGE | 2 | PA; SP |
| INCRELEX | 2 | PA; SP |
| ISTURISA | 2 | PA; SP; QL |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; SP |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | PA; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | PA; SP |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 1 | SP |
| octreotide acetate subcutaneous | 1 | SP |
| ORILISSA | 2 | PA; QL |
| RECORLEV | 3 | PA; SP; QL |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | SP |
| SIGNIFOR | 2 | PA; SP |
| SYNAREL | 2 | |
| Hormonal Agents - Prostaglandins | | |
| KORLYM | 2 | PA; SP |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| EVISTA | 3 | PV |
| OSPHENA | 3 | PV |
| raloxifene hcl | 1 | ACA; PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| 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 |
| ANNOVERA | 3 | 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 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| balziva | 1 | ACA; PV |
| BEYAZ | 3 | PV |
| 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 |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | PV |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | 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 |

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| 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 oil 20 mg/ml, 40 mg/ml | 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 |
| femynor | 1 | ACA; PV |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| hailey fe 1.5/30 | 1 | ACA; PV |
| hailey fe 1/20 | 1 | ACA; PV |
| haloette | 1 | ACA; QL |
| heather | 1 | ACA; PV |
| hydroxyprogesterone caproate intramuscular oil | 1 | 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 |
| kelnor 1/50 | 1 | ACA; PV |
| kurvelo | 1 | ACA; PV |
| larin 1.5/30 | 1 | ACA; PV |
| larin 1/20 | 1 | ACA; PV |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 | PV |
| LOESTRIN 1.5/30 (21) | 3 | PV |
| LOESTRIN 1/20 (21) | 3 | PV |
| LOESTRIN FE 1.5/30 | 3 | PV |
| LOESTRIN FE 1/20 | 3 | PV |
| lojaimiess | 1 | ACA; PV |
| loryna | 1 | ACA; PV |
| LOSEASONIQUE | 3 | PV |
| low-ogestrel | 1 | ACA; PV |
| lo-zumandimine | 1 | ACA; PV |
| lutra | 1 | ACA; PV |
| lyleq | 1 | ACA; PV |
| lyllana | 1 | PV; QL |
| lyza | 1 | ACA; PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| MAKENA INTRAMUSCULAR | 3 | SP |
| marlissa | 1 | ACA; PV |
| medroxyprogesterone acetate oral | 1 | |
| medroxyprogesterone acetate suspension 150 mg/ml intramuscular | 1 | ACA |
| medroxyprogesterone acetate suspension 150 mg/ml intramuscular | 1 | ACA; PV |
| medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular | 1 | ACA |
| medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular | 1 | ACA; PV |
| megestrol acetate oral | 1 | |
| 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 | 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 |

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| 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 | 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| NUVARING | 3 | 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 | PV |
| react | 1 | ACA; O; PV |
| reclipsen | 1 | ACA; PV |
| rivilsa | 1 | ACA; PV |

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| Drug Name | Drug Tier | Limits/ Required |
|-------------------|-----------|------------------|
| SAFYRAL | 3 | PV |
| SEASONIQUE | 3 | PV |
| setlakin | 1 | ACA; PV |
| sharobel | 1 | ACA; PV |
| simliya | 1 | ACA; PV |
| simpesse | 1 | ACA; PV |
| SLYND | 3 | 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 | 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 |
| TWIRLA | 3 | PV; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 | 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 | |
| levothyroxine sodium oral tablet | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| np thyroid | 1 | |
| propylthiouracil oral | 1 | |
| SYNTHROID | 2 | |
| 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 | 3 | PA; SP; QL |
| ACTEMRA SUBCUTANEOUS | 3 | PA; SP; QL |
| ACTIMMUNE | 2 | PA; SP |
| ARAVA | 3 | QL |
| ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS | 2 | PA; SP |
| ASTAGRAF XL | 3 | PV |
| AZASAN | 3 | PV |
| azathioprine oral | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS | 2 | PA; SP; QL |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| CELLCEPT | 3 | PV |
| CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA; SP; QL |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA; SP; QL |
| COSENTYX (300 MG DOSE) | 3 | PA; SP; QL |
| COSENTYX 150 MG/ML | 3 | PA; SP; QL |
| COSENTYX SENSOREADY (300 MG) | 3 | PA; SP; QL |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 3 | PA; SP; QL |
| cyclosporine modified capsule 100 mg oral | 1 | |
| cyclosporine modified capsule 100 mg oral | 1 | PV |
| cyclosporine modified capsule 25 mg oral | 1 | |
| cyclosporine modified capsule 25 mg oral | 1 | PV |
| cyclosporine modified capsule 50 mg 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 | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|--|-----------|------------------|
| cyclosporine modified capsule 50 mg oral | 1 | PV | HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 2 | PA; SP; QL |
| cyclosporine modified oral solution | 1 | PV | HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | 2 | PA; SP; QL |
| cyclosporine oral capsule | 1 | PV | HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 2 | PA; SP; QL |
| ENBREL MINI | 3 | PA; SP; QL | HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | 2 | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 3 | PA; SP; QL | HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 2 | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP; QL | HUMIRA PEN-PEDIATRIC UC START | 2 | PA; SP; QL |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP; QL | HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 2 | PA; SP; QL |
| ENSPRYNG | 2 | PA; SP; QL | HUMIRA PEN-PSOR/UEVIT STARTER | 2 | PA; SP; QL |
| ENVARUSUS XR | 3 | PV | | | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 1 mg | 1 | PV | | | |
| everolimus tablet 0.75 mg oral | 1 | | | | |
| everolimus tablet 0.75 mg oral | 1 | PV | | | |
| FIRAZYR | 3 | PA; SP | | | |
| gengraf oral capsule 100 mg, 25 mg | 1 | PV | | | |
| gengraf oral solution | 1 | PV | | | |
| HAEGARDA | 2 | PA; SP | | | |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|-------------------|
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 2 | PA; SP; QL |
| icatibant acetate | 1 | PA; SP |
| IMURAN | 3 | PV |
| KEVZARA | 3 | PA; SP; QL |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP; QL |
| leflunomide oral | 1 | QL |
| LUPKYNIS | 3 | PA; SP; PV; QL |
| methotrexate oral | 1 | |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml | 1 | |
| methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml | 1 | |
| methotrexate sodium injection solution reconstituted | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 1 | PV |
| mycophenolate mofetil oral suspension reconstituted | 1 | PV |
| mycophenolate mofetil tablet 500 mg oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| mycophenolate mofetil tablet 500 mg oral | 1 | PV |
| mycophenolate sodium | 1 | PV |
| MYFORTIC | 3 | PV |
| NEORAL | 3 | PV |
| OLUMIANT | 3 | PA; SP; QL |
| ORENCIA CLICKJECT | 3 | PA; SP; QL |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP; QL |
| ORLADEYO | 3 | PA; SP; QL |
| OTEZLA ORAL TABLET THERAPY PACK | 2 | PA; SP; QL |
| OTEZLA TABLET 30 MG ORAL | 2 | PA; SP; QL |
| PROGRAF ORAL | 3 | PV |
| RAPAMUNE | 3 | PV |
| REZUROCK | 3 | PA; SP; QL |
| RIDAURA | 2 | SP |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG | 2 | PA; SP; QL |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL | 2 | PA; SP; QL |
| sajazir | 1 | PA; SP |
| SANDIMMUNE ORAL CAPSULE | 3 | PV |
| SANDIMMUNE ORAL SOLUTION | 2 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| SILIQ | 3 | PA; SP; QL |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; QL |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| sirolimus oral | 1 | PV |
| SKYRIZI (150 MG DOSE) | 2 | PA; SP; QL |
| SKYRIZI PEN | 2 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 2 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 2 | PA; SP; QL |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| tacrolimus oral | 1 | PV |
| TAKHZYRO | 2 | PA; SP; QL |
| TALTZ | 3 | PA; SP; QL |
| TREMFYA | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| TREXALL | 2 | |
| VARIZIG INTRAMUSCULAR SOLUTION | 2 | |
| XELJANZ | 2 | PA; SP; QL |
| XELJANZ XR | 2 | PA; SP; QL |
| ZORTRESS | 3 | PV |
| Inflammatory Bowel Disease Agents | | |
| ANUSOL-HC EXTERNAL | 3 | |
| APRISO | 3 | |
| ASACOL HD | 3 | |
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| balsalazide disodium | 1 | |
| budesonide oral | 1 | |
| CANASA | 3 | |
| COLAZAL | 3 | |
| CORTENEMA | 3 | |
| CORTIFOAM EXTERNAL | 2 | |
| DELZICOL | 3 | |
| hydrocortisone (perianal) | 1 | |
| hydrocortisone rectal enema | 1 | |
| LIALDA | 3 | |
| mesalamine er | 1 | |
| mesalamine oral | 1 | |
| mesalamine rectal | 1 | |
| mesalamine-cleanser | 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 |
|---|-----------|------------------|
| 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 | |
| procto-pak external | 1 | |
| proctosol hc external | 1 | |
| proctozone-hc external | 1 | |
| ROWASA RECTAL | 3 | |
| SFROWASA | 3 | |
| sulfasalazine oral | 1 | |
| UCERIS RECTAL | 3 | |
| 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 |
| calcitonin (salmon) | 1 | PV |
| FOSAMAX ORAL TABLET 70 MG | 3 | PV |
| 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 |
| TYMLOS | 2 | PA; SP; PV; QL |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral | 1 | |
| cinacalcet hcl | 1 | |
| doxercalciferol oral | 1 | |
| NATPARA | 2 | 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 | |
| AEROCHAMBER W/FLOWSIGNAL | 2 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| ASPARTAME (FOR COMPOUNDING) | 2 | |
| ASPARTAME (NUTRASWEET) | 2 | |
| BREATHE EASE LARGE | 2 | |
| BREATHE EASE MEDIUM | 2 | |
| BREATHE EASE SMALL | 2 | |
| BROMELAIN | 2 | |
| BYLVAY | 3 | PA; SP; QL |
| BYLVAY (PELLETS) | 3 | 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 |
| ENDARI | 3 | |
| ergoloid mesylates oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| FC2 FEMALE CONDOM | 3 | ACA; O |
| 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 | 3 | 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 |
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND-LG MASK | 2 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 ORAL TABLET 500 MG | 3 | PA; SP; QL |
| OXBRYTA ORAL TABLET SOLUBLE | 3 | PA; SP; QL |
| PALFORZIA | 3 | SP |
| PHEXXI | 3 | |
| POCKET SPACER | 2 | |
| RADIOGARDASE | 3 | |
| RAGWITEK | 3 | |
| SACCHARIN | 2 | |
| sodium saccharin powder | 1 | |
| TAVNEOS | 3 | 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 | 2 | SP |
| VORTEX VALVED HOLDING CHAMBER | 2 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZOKINVY | 2 | PA; SP |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| AZASITE | 2 | |
| azelastine hcl ophthalmic | 1 | |
| bacitracin ophthalmic | 1 | |
| BETADINE OPHTHALMIC PREP | 3 | |
| bromfenac sodium (once-daily) | 1 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| cromolyn sodium ophthalmic | 1 | |
| dexamethasone sodium phosphate ophthalmic | 1 | |
| diclofenac sodium ophthalmic | 1 | |
| difluprednate | 1 | ST |
| DUREZOL | 3 | ST |
| epinastine hcl | 1 | |
| erythromycin ointment 5 mg/gm ophthalmic | 1 | |
| FLAREX | 2 | |
| fluorometholone ophthalmic | 1 | |
| flurbiprofen sodium | 1 | |
| FML | 2 | |
| FML FORTE | 3 | ST |
| FML LIQUIFILM | 3 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| gatifloxacin ophthalmic | 1 | |
| gentak ophthalmic ointment | 1 | |
| gentamicin sulfate ophthalmic solution | 1 | |
| INVELTYS | 2 | |
| ketorolac tromethamine ophthalmic | 1 | |
| levofloxacin ophthalmic | 1 | |
| LOTEMAX OPTHALMIC GEL | 3 | ST |
| LOTEMAX SM | 2 | |
| loteprednol etabonate ophthalmic gel | 1 | ST |
| MAXIDEX | 2 | |
| MAXITROL | 3 | |
| MITOSOL | 3 | |
| moxifloxacin hcl ophthalmic solution | 1 | |
| NATACYN | 3 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 | |
| OCUFLOX | 3 | |
| ofloxacin ophthalmic | 1 | |
| olopatadine hcl solution 0.1 % ophthalmic (rx) | 1 | |
| olopatadine hcl solution 0.2 % ophthalmic (rx) | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| POVIDONE-IODINE OPTHALMIC | 3 | |
| PRED FORTE | 3 | |
| PRED MILD | 3 | ST |
| prednisolone acetate ophthalmic | 1 | |
| prednisolone sodium phosphate ophthalmic | 1 | |
| sulfacetamide sodium ophthalmic | 1 | |
| TOBRADEX | 3 | |
| TOBRADEX ST | 2 | |
| tobramycin ophthalmic | 1 | |
| tobramycin-dexamethasone | 1 | |
| TOBREX OPTHALMIC OINTMENT | 2 | |
| trifluridine ophthalmic | 1 | |
| TYRVAYA | 3 | QL |
| UPNEEQ | 3 | QL |
| VIGAMOX | 3 | |
| ZIRGAN | 3 | |
| ZYMAXID | 3 | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| acetazolamide er | 1 | |
| acetazolamide oral | 1 | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 % | 2 | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.15 % | 3 | |
| apraclonidine hcl | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| AZOPT | 3 | |
| betaxolol hcl ophthalmic | 1 | |
| BETIMOL | 3 | |
| bimatoprost ophthalmic | 1 | |
| brimonidine tartrate ophthalmic | 1 | |
| brimonidine tartrate-timolol | 1 | |
| brinzolamide | 1 | |
| carteolol hcl | 1 | |
| COMBIGAN | 3 | |
| COSOPT | 3 | |
| COSOPT PF OPTHALMIC SOLUTION 2-0.5 % | 3 | |
| dorzolamide hcl solution 2 % ophthalmic | 1 | |
| dorzolamide hcl-timolol mal | 1 | |
| dorzolamide hcl-timolol mal pf | 1 | |
| IOPIDINE OPTHALMIC SOLUTION 1 % | 3 | |
| ISTALOL | 3 | |
| KEVEYIS | 2 | SP |
| latanoprost ophthalmic | 1 | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 | |
| LUMIGAN SOLUTION 0.01 % OPTHALMIC | 2 | ST |
| methazolamide oral | 1 | |
| PHOSPHOLINE IODIDE | 2 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 | |
| RHOPRESSA | 2 | |
| ROCKLATAN | 2 | ST |
| SIMBRINZA | 3 | |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ocudose | 1 | |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 1 | |
| TIMOPTIC | 3 | |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 % | 3 | |
| travoprost (bak free) | 1 | |
| TRUSOPT | 3 | |
| VUITY | 3 | |
| XALATAN | 3 | |
| XELPROS | 2 | |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| ak-poly-bac | 1 | |
| 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 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| bacitra-neomycin-polymyxin-hc | 1 | |
| BLEPHAMIDE S.O.P. | 2 | |
| CEQUA | 3 | QL |
| CYCLOGYL | 3 | |
| cyclopentolate hcl ophthalmic | 1 | |
| cyclosporine ophthalmic | 1 | |
| CYSTADROPS | 2 | SP |
| CYSTARAN | 2 | SP |
| homatropaire | 1 | |
| ISOPTO ATROPINE | 2 | |
| neomycin-bacitracin zn-polymyx | 1 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 | |
| neo-polycin | 1 | |
| neo-polycin hc | 1 | |
| OXERVATE | 3 | PA; SP; QL |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 | |
| polycin | 1 | |
| polymyxin b-trimethoprim | 1 | |
| POLYTRIM | 3 | |
| PRED-G S.O.P. | 2 | |
| RESTASIS | 3 | QL |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| sulfacetamide-prednisolone ophthalmic solution | 1 | |
| VERKAZIA | 3 | |
| XIIDRA | 3 | QL |
| ZYLET | 3 | |
| Otic Agents - Drugs for Ear Conditions | | |
| acetic acid otic | 1 | |
| CIPRODEX | 3 | |
| ciprofloxacin hcl otic | 1 | |
| ciprofloxacin-dexamethasone | 1 | |
| CORTISPORIN-TC | 3 | |
| DERMOTIC | 3 | |
| flac | 1 | |
| fluocinolone acetonide otic | 1 | |
| hydrocortisone-acetic acid | 1 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| PRAMOTIC | 3 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | 1 | |
| benzonatate | 1 | |
| carbinoxamine maleate oral solution | 1 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| cetirizine hcl oral solution 1 mg/ml | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| clemastine fumarate oral tablet 2.68 mg | 1 | |
| cyproheptadine hcl oral | 1 | |
| diphenhydramine hcl elixir 12.5 mg/5ml oral (rx) | 1 | |
| FASENRA PEN | 3 | PA; SP; QL |
| flunisolide nasal solution 25 mcg/act (0.025%) | 1 | |
| fluticasone propionate suspension 50 mcg/act nasal (rx) | 1 | QL |
| guaifenesin ac | 1 | QL |
| guaifenesin ac | 1 | QL |
| guaifenesin-codeine oral solution | 1 | QL |
| HYCODAN ORAL SOLUTION | 3 | QL |
| HYCODAN ORAL TABLET | 3 | QL |
| hydrocodone 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 | |
| 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 | 3 | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; SP; QL |
| olopatadine hcl nasal | 1 | |
| 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 |
|--|-----------|------------------|
| pseudoeph-bromphen- dm syrup 30-2-10 mg/5ml oral (rx) | 1 | |
| pulmosal | 1 | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 | |
| 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 |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION | 2 | PV; QL |
| ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION | 2 | PV; QL |
| ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION | 2 | PV; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|--|
| ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION | 2 | PV; QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | Generic Proair/Pro ventil; PV; QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | 3 | Ventolin brand alternative ; PV; QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 | PV |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation | 1 | PV |
| albuterol sulfate oral | 1 | PV |
| ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION | 2 | PV; QL |
| arformoterol tartrate nebulization solution 15 mcg/2ml inhalation | 1 | QL |
| arformoterol tartrate nebulization solution 15 mcg/2ml inhalation | 1 | PV; QL |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION | 2 | PV; QL |

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| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|--|-----------|------------------|
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION | 2 | PV; QL | BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION | 2 | PV; QL |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | PV; QL | BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION | 2 | PV; QL |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 2 | PV; QL | BROVANA | 3 | PV; QL |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 2 | PV; QL | budesonide inhalation | 1 | PV; QL |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 2 | PV; QL | COMBIVENT RESPIMAT | 2 | PV; QL |
| ASMANEX HFA | 2 | PV; QL | cromolyn sodium inhalation | 1 | PV |
| ATROVENT HFA | 2 | PV; QL | DALIRESP | 3 | PV |
| BEVESPI AEROSPHERE | 3 | PV; QL | elixophyllin | 1 | PV |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION | 2 | PV; QL | 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 ORAL CAPSULE | 2 | PA; SP; QL |
| | | | ESBRIET ORAL TABLET | 3 | PA; SP; QL |
| | | | FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT | 2 | PV; QL |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| FLOVENT HFA | 2 | PV; QL |
| fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation | 1 | PV |
| fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation | 1 | PV; QL |
| fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation | 1 | PV |
| fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation | 1 | PV; QL |
| fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation | 1 | PV |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 | 2 | PA; SP; QL |
| PERFOROMIST | 3 | PV; QL |
| pirfenidone oral tablet 267 mg, 801 mg | 1 | PA; SP; QL |
| pirfenidone oral tablet 534 mg | 1 | PA; 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 |

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Created on 1/15/2023

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|--|-----------|------------------|
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | PV; QL | theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 1 | PV |
| SINGULAIR | 3 | PV | theophylline er oral tablet extended release 24 hour | 1 | PV |
| SPIRIVA HANDIHALER | 2 | PV; QL | theophylline oral solution | 1 | PV |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION | 2 | PV; QL | TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION | 2 | PV; QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT | 2 | PV; QL | TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION | 2 | PV; QL |
| STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION | 2 | PV; QL | TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | 3 | PV; QL |
| STRIVERDI RESPIMAT | 3 | PV; QL | VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | 3 | PV; QL |
| SYMBICORT AEROSOL 160-4.5 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 |
| SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION | 2 | PV; QL | XOPENEX NEB | 3 | PV |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML | 2 | QL | XOPENEX CONCENTRATE | 3 | PV |
| terbutaline sulfate oral | 1 | PV | XOPENEX HFA | 3 | PV; QL |
| THEO-24 | 3 | PV | | | |
| theophylline elixir 80 mg/15ml oral | 1 | PV | | | |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| YUPELRI SOLUTION 175 MCG/3ML INHALATION | 3 | ST; PV; QL |
| zafirlukast | 1 | PV |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| BETHKIS | 3 | SP; QL |
| BRONCHITOL | 2 | QL |
| CAYSTON | 2 | SP |
| KALYDECO | 2 | PA; SP; QL |
| KITABIS PAK | 2 | SP; QL |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | 2 | PA; SP; QL |
| ORKAMBI ORAL PACKET 75-94 MG | 2 | PA; QL |
| ORKAMBI ORAL TABLET | 2 | PA; SP; QL |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 2 | SP |
| SYMDEKO | 2 | PA; SP; QL |
| TOBI NEBULIZER | 3 | SP; QL |
| TOBI PODHALER | 2 | SP; QL |
| tobramycin inhalation nebulization solution 300 mg/4ml | 1 | SP; QL |
| tobramycin nebulization solution 300 mg/5ml inhalation | 1 | SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | 2 | SP; QL |
| TRIKAFTA | 2 | PA; SP; QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADCIRCA | 3 | PA; SP; QL |
| ADEMPAS | 2 | PA; SP; QL |
| alyq | 1 | PA; SP; QL |
| ambrisentan | 1 | PA; SP; QL |
| bosentan | 1 | PA; SP; QL |
| LETAIRIS | 3 | PA; SP; QL |
| OPSUMIT | 2 | PA; SP; QL |
| ORENITRAM | 2 | 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) | 1 | PA; SP; QL |
| TADLIQ | 3 | PA; SP; QL |
| TRACLEER 62.5 MG, 125 MG | 3 | PA; SP; QL |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| TRACLEER 32 MG | 2 | PA; SP; QL |
| TYVASO | 2 | PA; SP |
| TYVASO DPI MAINTENANCE KIT | 2 | PA; SP; QL |
| TYVASO DPI TITRATION KIT | 2 | PA; SP; QL |
| TYVASO REFILL | 2 | PA; SP |
| TYVASO STARTER | 2 | PA; SP |
| UPTRAVI ORAL | 2 | PA; SP; QL |
| VENTAVIS | 2 | PA; SP; QL |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| baclofen oral tablet | 1 | |
| carisoprodol oral | 1 | |
| chlorzoxazone oral tablet 500 mg | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 | |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| dantrolene sodium oral | 1 | |
| metaxalone oral tablet 800 mg | 1 | |
| methocarbamol oral | 1 | |
| orphenadrine citrate er | 1 | |
| SOMA | 3 | |
| tizanidine hcl oral | 1 | |
| VANADOM | 3 | |
| ZANAFLEX | 3 | |

| Drug Name | Drug Tier | Limits/ Required |
|------------------------------|-----------|------------------|
| Sleep Disorder Agents | | |
| AMBIEN | 3 | QL |
| AMBIEN CR | 3 | QL |
| armodafinil | 1 | QL |
| BELSOMRA | 2 | ST; QL |
| doxepin hcl oral tablet | 1 | QL |
| eszopiclone | 1 | QL |
| flurazepam hcl | 1 | |
| HETLIOZ | 3 | PA; SP; QL |
| HETLIOZ LQ | 3 | PA; SP; QL |
| LUNESTA | 3 | QL |
| modafinil | 1 | QL |
| NUVIGIL | 3 | QL |
| PROVIGIL | 3 | QL |
| ramelteon | 1 | |
| RESTORIL | 3 | |
| ROZEREM | 3 | |
| SILENOR | 3 | QL |
| SODIUM OXYBATE | 3 | PA; SP; QL |
| temazepam | 1 | |
| WAKIX | 2 | PA; SP; QL |
| XYREM | 3 | PA; SP; QL |
| XYWAV | 3 | PA; SP; QL |
| zaleplon | 1 | QL |
| zolpidem tartrate er | 1 | QL |
| zolpidem tartrate oral | 1 | QL |

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200 Independence Avenue, SW

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Washington, D.C. 20201

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

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

Help in Other Languages

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

Arabic -

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

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

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

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

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

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

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

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

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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).