

ACA Compliant Individual/Small Group Formulary

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- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
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SANFORD[®]
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

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

Reading your formulary

Drug list information

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

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

ACA Compliant Individual/Small Group Formulary

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL
ALLZITAL	3	FE
APADAZ	3	FE; QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
BUPAP ORAL TABLET 50-300 MG	3	FE; BP
buprenorphine transdermal	1	QL
butalbital-acetaminophen capsule 50-300 mg oral	1	FE
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE
butalbital-acetaminophen oral tablet 50-300 mg	1	FE
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	

Drug Name	Drug Tier	Limits/ Required
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
CONZIP	3	FE
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL CAPSULE	3	FE; BP
ESGIC ORAL TABLET	3	BP
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	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP

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

Created on 12/1/2023

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL	METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL	methadose oral tablet soluble	1	
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	METHADOSE SUGAR-FREE	3	BP
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL	morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL	morphine sulfate er beads	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	morphine sulfate er oral tablet extended release	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	morphine sulfate oral solution 20 mg/5ml	1	QL
hydromorphone hcl oral	1	QL	morphine sulfate solution 10 mg/5ml oral	1	QL
HYSINGLA ER	3	BP; QL	morphine sulfate tablet 15 mg oral	1	QL
levorphanol tartrate oral	1	QL	morphine sulfate tablet 30 mg oral	1	QL
meperidine hcl oral solution	1	QL	MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
meperidine hcl oral tablet 50 mg	1	QL	NALOCET	3	FE; QL
methadone hcl intensol	1		NUCYNTA	3	QL
methadone hcl oral	1		NUCYNTA ER	3	FE; QL
			OXAYDO ORAL TABLET	3	FE; QL

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

Created on 12/1/2023

Drug Name	Drug Tier	Limits/ Required
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	3	FE; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
PROLATE	3	FE; QL
QDOLO	3	FE; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	FE; QL
SEGLENTIS	3	FE
SUBSYS SUBLINGUAL LIQUID 800 MCG	3	
TENCON ORAL TABLET 50-325 MG	3	FE
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
TRAMADOL HCL ORAL SOLUTION	3	FE; QL
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	FE; QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	FE; BP

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

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
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 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 chewable	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
aspirin regimen	1	ACA; O
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP
celecoxib oral	1	
DAYPRO	3	BP
DICLOFENAC PATCH EXTERNAL	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
diclofenac potassium oral capsule	1	FE
diclofenac potassium oral tablet 25 mg	1	FE
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
DUEXIS	3	FE; BP
EC-NAPROSYN	3	BP
ec-naproxen	1	
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
FELDENE	3	BP
fenoprofen calcium oral	1	FE
FLECTOR EXTERNAL	3	FE; QL
flurbiprofen oral	1	
ft aspirin	1	ACA; O
ft aspirin low dose	1	ACA; O
ft enteric coated aspirin	1	ACA; O
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O

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

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Drug Name	Drug Tier	Limits/ Required
goodsense aspirin low dose	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	FE
INDOCIN RECTAL	3	FE; BP
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	1	
ketoprofen er	1	FE
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
LODINE	3	BP
LOFENA	3	FE; BP
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	

Drug Name	Drug Tier	Limits/ Required
meloxicam oral capsule	1	FE
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE; BP
NALFON ORAL TABLET	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL SUSPENSION	3	FE; BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension	1	FE
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	FE
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

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
naproxen-esomeprazole mg	1	FE
oxaprozin	1	
PENNSAID SOLUTION 2 % EXTERNAL	3	FE; BP; QL
piroxicam oral	1	
RELAFEN DS TABLET 1000 MG ORAL	3	FE
SPRIX	3	FE
sulindac oral	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	
VIMOVO	3	FE; BP
ZIPSOR	3	FE; BP
ZORVOLEX	3	FE
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine ointment 5 % external	1	

Drug Name	Drug Tier	Limits/ Required
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
PLIAGLIS EXTERNAL CREAM	3	FE
ZTLIDO	3	FE
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
KLOXXADO	3	FE; QL
LUCEMYRA	3	QL
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	QL
naltrexone hcl oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	2	QL
nicotine mini	1	ACA; O; PV; QL
nicotine polacrilex mini	1	ACA; O; PV; QL

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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
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; PV; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	ACA; PV; QL
varenicline tartrate oral tablet	1	ACA; PV; QL
varenicline tartrate(continue)	1	ACA; PV; QL
ZIMHI	3	FE
ZUBSOLV	3	QL
Antibacterials		
AEMCOLO	3	FE; QL
ALTABAX	3	FE
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	4	SP; FE
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	

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Drug Name	Drug Tier	Limits/ Required
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	FE
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	BP
CLEOCIN VAGINAL CREAM	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	

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

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Drug Name	Drug Tier	Limits/ Required
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 200	3	BP
ERYPED 400	3	BP
ERY-TAB	3	BP
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	BP
FLAGYL ORAL CAPSULE	3	FE; BP
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP
MACRODANTIN	3	BP
mafenide acetate external	1	
methenamine hippurate	1	

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

Drug Name	Drug Tier	Limits/ Required
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XENLETA ORAL	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	
XIMINO	3	FE
ZITHROMAX ORAL PACKET	3	BP
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP
Anticoagulants		
ARIXTRA	3	PV; BP
dabigatran etexilate mesylate	1	PV; FE
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV

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

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Drug Name	Drug Tier	Limits/ Required
enoxaparin sodium injection solution 300 mg/3ml	1	PV
enoxaparin sodium injection solution prefilled syringe	1	PV
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
PRADAXA	3	PV; FE
SAVAYSA	3	PV; FE
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
Anticonvulsants - Drugs for Seizures		
APTIOM	3	FE

Drug Name	Drug Tier	Limits/ Required
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	4	PA; SP
DIASTAT ACUDIAL	3	BP; QL
DIASTAT PEDIATRIC	3	BP; QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	3	FE
EPIDIOLEX	4	PA; SP
epitol	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
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	BP
FINTEPLA	4	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	

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	
methsuximide	1	
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
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	

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Drug Name	Drug Tier	Limits/ Required
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	4	SP; BP
SPRITAM	3	FE
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	FE
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	4	SP
vigadrone	4	SP

Drug Name	Drug Tier	Limits/ Required
VIMPAT ORAL	3	BP
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 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
ZONISADE	3	FE
zonisamide oral	1	
ZTALMY	4	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	3	FE; QL
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	BP

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Drug Name	Drug Tier	Limits/ Required
NAMENDA TITRATION PAK	3	BP
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE
AUVELITY	3	FE; QL
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE
bupropion hcl oral	1	PV

Drug Name	Drug Tier	Limits/ Required
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; PV; FE
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
EMSAM	3	FE
escitalopram oxalate oral	1	PV
FETZIMA	3	ST; PV; FE
FETZIMA TITRATION	3	ST; PV; FE
fluoxetine hcl (pmdd) oral tablet	1	FE
fluoxetine hcl capsule 10 mg oral	1	

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Drug Name	Drug Tier	Limits/ Required
fluoxetine hcl capsule 10 mg oral	1	PV
fluoxetine hcl capsule 20 mg oral	1	
fluoxetine hcl capsule 20 mg oral	1	PV
fluoxetine hcl capsule 40 mg oral	1	
fluoxetine hcl capsule 40 mg oral	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral solution	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
FORFIVO XL	3	PV; FE
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
LYBALVI	3	ST; FE; QL
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral suspension	1	PV; FE; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL
PAXIL CR	3	PV; BP; QL
PAXIL ORAL SUSPENSION	3	PV; FE; BP; QL
PAXIL ORAL TABLET	3	PV; BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP
SERTRALINE HCL ORAL CAPSULE	3	PV; FE
sertraline hcl oral concentrate	1	PV
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranlycypromine sulfate	1	

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Drug Name	Drug Tier	Limits/ Required
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
VENLAFAXINE BESYLATE ER	3	PV; FE
venlafaxine hcl	1	PV
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	1	
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	1	PV
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	1	
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	1	PV
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	1	
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	1	PV
venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE

Drug Name	Drug Tier	Limits/ Required
VIIBRYD ORAL TABLET	3	ST; BP; QL
VIIBRYD STARTER PACK	3	ST; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	3	BP
ANTIVERT ORAL TABLET CHEWABLE	3	BP
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	PV
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	BP; QL
GIMOTI	3	FE
granisetron hcl oral	1	QL

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Drug Name	Drug Tier	Limits/ Required
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 24 mg	1	FE
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine maleate tablet 10 mg oral	1	
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	
prochlorperazine maleate tablet 5 mg oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV

Drug Name	Drug Tier	Limits/ Required
promethazine hcl oral	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
REGLAN ORAL	3	BP
SANCUSO	3	FE; QL
scopolamine	1	
SYNDROS	3	FE
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
Antifungals		
ANCOBON	3	BP
BREXAFEMME	3	FE; QL
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole- betamethasone	1	

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Drug Name	Drug Tier	Limits/ Required
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP
econazole nitrate external	1	
ECOZA	3	FE
ERTACZO	3	FE
EXELDERM	3	FE
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
JUBLIA	3	FE
KERYDIN	3	FE; BP
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LOPROX EXTERNAL SUSPENSION	3	BP
LULICONAZOLE	3	FE

Drug Name	Drug Tier	Limits/ Required
LUZU	3	FE
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 1 %	3	FE
NAFTIN EXTERNAL GEL 2 %	3	FE; BP
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	3	FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
OXISTAT EXTERNAL LOTION	3	FE
posaconazole oral	1	
SPORANOX	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	FE
COLCHICINE ORAL CAPSULE	3	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
COLCRYS	3	BP
febuxostat	1	ST
MITIGARE	3	ST
probenecid oral	1	
ULORIC	3	ST; BP
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL

Drug Name	Drug Tier	Limits/ Required
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL
almotriptan malate	1	FE; QL
CAMBIA	3	FE; BP
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX NASAL	3	BP; QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL
naratriptan hcl	1	QL
NURTEC	3	FE; QL
ONZETRA XSAIL	3	FE
QULIPTA	2	ST; QL
RELPAX	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
sumatriptan-naproxen sodium	1	FE
TOSYMRA	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
TREXIMET ORAL TABLET 85-500 MG	3	FE; BP
TRUDHESA	3	FE; QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET	3	PA; FE; QL
ZEMBRACE SYMTOUCH	3	FE; QL
zolmitriptan nasal solution 5 mg	1	FE; QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	FE; QL
ZOMIG NASAL SOLUTION 5 MG	3	FE; BP; QL
ZOMIG ORAL	3	BP; QL
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	3	BP
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	

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Drug Name	Drug Tier	Limits/ Required
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	BP
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL	IBRANCE	14	PA; MB; SP
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL	ICLUSIG	14	PA; MB; SP
erlotinib hcl	14	PA; MB; SP	IDHIFA	14	PA; MB; SP; QL
etoposide oral	14	PA; MB; SP	imatinib mesylate	14	PA; MB; SP
EULEXIN	14	PA; MB; SP	IMBRUVICA ORAL CAPSULE	4	PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP	IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL
everolimus oral tablet soluble	14	PA; MB; SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; QL
exemestane	1	ACA; PV	INLYTA	14	PA; MB; SP
EXKIVITY	14	PA; MB; SP; QL	INQOVI	14	PA; MB; SP; QL
FARESTON	3	PV; BP	INREBIC	14	PA; MB; SP; QL
FEMARA	3	PV; BP	IRESSA	14	PA; MB; SP; BP
FOTIVDA	14	PA; MB; SP; QL	JAKAFI	4	PA; SP
GAVRETO	14	PA; MB; SP; QL	JAYPIRCA	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
GLEEVEC	14	PA; MB; SP; BP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP			
HYCAMTIN ORAL	14	PA; MB; SP			
HYDREA	3	BP			
hydroxyurea 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
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	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	4	PA; SP; QL
KRAZATI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP
lenalidomide	14	PA; MB; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
letrozole oral	1	PV
leucovorin calcium oral	1	
LEUKERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP
MEKINIST	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP
mercaptopurine oral	1	
MESNEX ORAL	4	SP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
ONUREG	14	PA; MB; SP; QL
ORGOVYX	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
ORSERDU	14	PA; MB; SP; QL
PANRETIN	4	SP
pazopanib hcl	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	
QINLOCK	14	PA; MB; SP; QL
RETEVMO	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
REZLIDHIA	14	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SIKLOS	3	FE
SOLTAMOX	3	ACA; PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP
STIVARGA	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR	14	PA; MB; SP
TAGRISSEO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA; PV
TARCEVA	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	4	SP; BP
TARGRETIN ORAL	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP
TAZVERIK	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL
THALOMID	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	PV
tretinoin oral	14	PA; MB; SP

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TUKYSA	14	PA; MB; SP; QL	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TYKERB	14	PA; MB; SP; BP	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
VALCHLOR	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VENCLEXTA	14	PA; MB; SP	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	XTANDI	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VIJOICE	4	PA; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	ZELBORAF	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP	ZYDELIG	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZYKADIA ORAL TABLET	14	PA; MB; SP
XALKORI	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XELODA ORAL TABLET 150 MG	14	PA; MB; SP; BP			
XELODA ORAL TABLET 500 MG	14	PA; MB; SP			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 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
Antiparasitics		
albendazole oral	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	3	BP
ARAKODA	3	FE
atovaquone oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	BP
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	4	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN	3	BP
DHIVY ORAL TABLET 25-100 MG	3	FE
entacapone	1	
GOCOVRI	4	SP; FE
INBRIJA	4	SP; FE
LODOSYN	3	BP
MIRAPEX ER	3	FE; BP
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE
PARLODEL	3	BP
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	FE
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST

Drug Name	Drug Tier	Limits/ Required
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
STALEVO 100	3	BP
STALEVO 125	3	BP
STALEVO 150	3	BP
STALEVO 200	3	BP
STALEVO 50	3	BP
STALEVO 75	3	BP
TASMAR ORAL TABLET 100 MG	3	FE; BP
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
Antiplatelets		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	4	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV

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Drug Name	Drug Tier	Limits/ Required
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
YOSPRALA	3	PV; FE
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
asenapine maleate	1	ST; PV; FE; QL
CAPLYTA	3	ST; PV; FE; QL
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

Drug Name	Drug Tier	Limits/ Required
clozapine tablet dispersible 150 mg oral	1	PV
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL	3	PV; BP
FANAPT	3	ST; PV; FE; QL
FANAPT TITRATION PACK	3	ST; PV; FE; QL
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA	3	PV; BP
LATUDA	3	ST; PV; BP; QL
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; QL
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral tablet dispersible	1	PV
olanzapine tablet 10 mg oral	1	
olanzapine tablet 10 mg oral	1	PV
olanzapine tablet 15 mg oral	1	
olanzapine tablet 15 mg oral	1	PV

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Drug Name	Drug Tier	Limits/ Required
olanzapine tablet 2.5 mg oral	1	
olanzapine tablet 2.5 mg oral	1	PV
olanzapine tablet 20 mg oral	1	
olanzapine tablet 20 mg oral	1	PV
olanzapine tablet 5 mg oral	1	
olanzapine tablet 5 mg oral	1	PV
olanzapine tablet 7.5 mg oral	1	
olanzapine tablet 7.5 mg 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
REXULTI	3	ST; PV; FE; QL
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone	1	PV
SAPHRIS	3	ST; PV; FE; BP; QL

Drug Name	Drug Tier	Limits/ Required
SECUADO	3	ST; PV; FE; QL
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV; BP
ZYPREXA ZYDIS	3	PV; BP
Antivirals		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external cream	1	FE
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	4	SP
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
COMBIVIR	3	PV; BP; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DENA VIR	3	FE; BP
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz oral tablet	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	4	PA; SP; QL
EPIVIR	3	PV; BP; QL
EPZICOM	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL

Drug Name	Drug Tier	Limits/ Required
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	4	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL
ISENTRESS ORAL PACKET	2	PV
ISENTRESS ORAL TABLET	2	PV; QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
JULUCA	2	PV; QL
KALETRA ORAL SOLUTION	3	PV; BP; QL
KALETRA ORAL TABLET	3	PV; BP; QL
lamivudine oral solution	1	PV; QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
lamivudine-zidovudine	1	PV; QL
LEDIPASVIR-SOFOSBUVIR	4	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	PV; QL
LEXIVA ORAL TABLET	3	PV; BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LIVTENCITY	4	SP; QL	PREZISTA ORAL		
lopinavir-ritonavir	1	PV; QL	TABLET 150 MG, 75 MG	2	PV; QL
maraviroc tablet 150 mg oral	1	QL	PREZISTA ORAL		
maraviroc tablet 150 mg oral	1	PV; QL	TABLET 600 MG, 800 MG	3	PV; BP; QL
maraviroc tablet 300 mg oral	1	QL	RELENZA DISKHALER		
maraviroc tablet 300 mg oral	1	PV; QL	INHALATION		
			AEROSOL POWDER	2	QL
			BREATH ACTIVATED		
			5 MG/ACT		
MAVYRET	4	PA; SP; QL	RETROVIR ORAL		
nevirapine	1	PV; QL	CAPSULE	3	PV; BP; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL	RETROVIR ORAL		
			SYRUP	3	PV; BP; QL
NORVIR ORAL PACKET	2	PV	REYATAZ ORAL		
NORVIR ORAL TABLET	3	PV; BP; QL	CAPSULE 200 MG, 300 MG	3	PV; BP; QL
ODEFSEY	2	PV; QL	REYATAZ ORAL		
oseltamivir phosphate oral	1	QL	PACKET	3	PV
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP	ribavirin inhalation	1	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP	ribavirin oral capsule	1	
penciclovir	1	FE	ribavirin oral tablet 200 mg	1	
PIFELTRO	2	PV; QL	rimantadine hcl	1	
PREVYMIS ORAL	4	SP; QL	ritonavir	1	PV; QL
PREZCOBIX	2	PV; QL	RUKOBIA	2	PV; QL
PREZISTA ORAL SUSPENSION	2	PV; QL	SELZENTRY ORAL SOLUTION	2	PV; QL
			SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
			SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV; QL
			SITAVIG	3	FE
			SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL

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

Drug Name	Drug Tier	Limits/ Required
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	4	PA; SP; QL
XERESE	3	FE
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZEPATIER	4	SP; FE; QL
ZIAGEN	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL CREAM	3	FE; BP
ZOVIRAX EXTERNAL OINTMENT	3	BP
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	BP
bupirone hcl oral	1	
chlordiazepoxide hcl	1	

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Drug Name	Drug Tier	Limits/ Required
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
DORAL	3	FE; BP
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	3	FE
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE
triazolam	1	
VALIUM	3	BP
VISTARIL ORAL CAPSULE 25 MG	3	BP
XANAX	3	BP
XANAX XR	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
TAVALISSE	4	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG	3	PV
ACCURETIC ORAL TABLET 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	4	PA; SP; QL
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV; FE
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM LA	3	PV; FE; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
CAROSPIR	3	PV; FE
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV; FE
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral packet	1	PV; FE
colesevelam hcl oral tablet	1	PV
COLESTID	3	PV; BP
COLESTID FLAVORED	3	PV; BP
colestipol hcl	1	PV
CONJUPRI	3	PV; FE
COREG	3	PV; BP
COREG CR	3	PV; FE; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR	3	
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSER	3	PV; BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV

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Drug Name	Drug Tier	Limits/ Required
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1	PV; FE
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl er oral tablet extended release 24 hour	1	PV; FE
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
droxidopa	4	SP; FE
DYRENIUM	3	PV; BP
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE
EDECRIN	3	PV; BP
enalapril maleate oral solution	1	PV; FE
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	

Drug Name	Drug Tier	Limits/ Required
EPANED ORAL SOLUTION	3	PV; FE; BP
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
EZETIMIBE-ROSUVASTATIN	3	PV; FE; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 130 mg	1	PV; FE
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	PV; FE
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV
fenofibric acid oral tablet	1	PV; FE
FENOGLIDE	3	PV; FE; BP

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Drug Name	Drug Tier	Limits/ Required
FIBRICOR	3	PV; FE
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	ACA; PV; QL
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
FUROSCIX	3	PV; FE
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl tablet 1 mg oral	1	
guanfacine hcl tablet 1 mg oral	1	PV
guanfacine hcl tablet 2 mg oral	1	
guanfacine hcl tablet 2 mg oral	1	PV
HEMANGEOL	4	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INDERAL XL	3	PV; FE
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PV; FE

Drug Name	Drug Tier	Limits/ Required
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
INSPRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	SP; PV; FE
KAPSPARGO SPRINKLE	3	PV; FE
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LEVAMLODIPINE MALEATE	3	PV; FE
LIPITOR	3	PV; BP; QL
LIPOFEN	3	PV; FE; BP
lisinopril oral	1	PV

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Drug Name	Drug Tier	Limits/ Required
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; QL
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV; BP
matzim la	1	PV; FE
MAXZIDE	3	PV; BP
MAXZIDE-25	3	PV; BP
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
MICARDIS HCT	3	PV; FE; BP
midodrine hcl	1	

Drug Name	Drug Tier	Limits/ Required
MINIPRESS	3	PV; BP
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nicardipine hcl oral	1	PV; FE
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	1	PV
nisoldipine er	1	PV; FE
NITRO-BID	2	PV
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
	4	SP; FE; BP
NORTHERA		
NORVASC	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil- hctz	1	PV
olmesartan-amlodipine- hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV

Drug Name	Drug Tier	Limits/ Required
PRALUENT SOLUTION AUTO- INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO- INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
	1	ACA; PV; QL
pravastatin sodium	1	PV
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
QBRELIS	3	PV; FE
	3	PV; BP; QL
QUESTRAN		
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril- hydrochlorothiazide oral tablet 20-12.5 mg, 20- 25 mg	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	
	2	PA; PV; QL
REPATHA		

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Drug Name	Drug Tier	Limits/ Required
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; QL
rosuvastatin calcium tablet 20 mg oral	1	QL
rosuvastatin calcium tablet 20 mg oral	1	PV; QL
rosuvastatin calcium tablet 40 mg oral	1	QL
rosuvastatin calcium tablet 40 mg oral	1	PV; QL
ROSZET	3	PV; FE; QL
RYTHMOL SR	3	BP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
SOAANZ	3	PV; FE
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral tablet	1	PV
spironolactone-hctz	1	PV
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP
taztia xt	1	PV
TEKTURNA	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
telmisartan	1	PV
telmisartan-amlodipine	1	PV
telmisartan-hctz	1	PV; FE
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadylt er	1	PV
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
toremide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP
VALSARTAN ORAL SOLUTION	3	PV; FE
valsartan oral tablet	1	PV
valsartan- hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	4	PA; SP; QL
VYNDAQEL	4	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL PACKET	3	PV; FE; BP
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL

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

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Drug Name	Drug Tier	Limits/ Required
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
DYANAVEL XR	3	FE
EVEKEO	3	BP
EVEKEO ODT	3	FE
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	BP
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate	1	FE
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE

Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
MYDAYIS	3	FE; BP
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	3	FE; BP
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
STRATTERA	3	BP; QL
VYVANSE	2	
XELSTRYM	3	FE
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	

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

Drug Name	Drug Tier	Limits/ Required
EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
fingolimod hcl	4	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	4	PA; SP; BP; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP
glatiramer acetate	4	PA; SP; FE; QL
glatopa	4	PA; SP; FE; QL
KESIMPTA	4	PA; SP; QL
MAVENCLAD	4	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL
MAYZENT STARTER PACK	4	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL
PLEGRIDY	4	PA; SP; QL
PLEGRIDY STARTER PACK	4	PA; SP; QL
PONVORY	4	PA; SP; FE; QL
PONVORY STARTER PACK	4	PA; SP; FE; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
TASCENSO ODT	4	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; SP; BP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; SP; BP; QL
teriflunomide	4	PA; SP; QL
VUMERITY	4	PA; SP; QL
ZEPOSIA	4	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
Central Nervous System Agents - Miscellaneous		
AUSTEDO	4	SP; QL
AUSTEDO XR	4	SP; QL
AUSTEDO XR PATIENT TITRATION	4	SP; QL
caffeine citrate oral	1	
DAYBUE	4	PA; SP; QL
EXSERVAN	3	FE
GRALISE ORAL TABLET	3	FE
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
IMCIVREE	4	PA; SP; QL
INGREZZA	4	SP; QL
LYRICA	3	BP; QL
LYRICA CR	3	ST; FE; BP; QL
NUEDEXTA	3	QL
pregabalin er	1	ST; FE; QL
pregabalin oral	1	QL
RADICAVA ORS	4	PA; SP; QL
RADICAVA ORS STARTER KIT	4	PA; SP; QL
RELYVRIO	4	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL

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Drug Name	Drug Tier	Limits/ Required
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	4	PA; SP; QL
tetrabenazine	4	SP
TIGLUTIK	3	FE
XENAZINE	4	SP; BP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	

Drug Name	Drug Tier	Limits/ Required
JUST RIGHT 5000	3	
kourzeq	1	
lidocaine viscous hcl solution 2 % mouth/throat	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	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
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	FE
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE; BP
ACANYA	3	BP
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
ACZONE EXTERNAL GEL 7.5 %	3	FE; BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
ADAPALENE EXTERNAL PAD	3	FE
ADAPALENE EXTERNAL SOLUTION	3	FE
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	

Drug Name	Drug Tier	Limits/ Required
ADBRY	4	PA; SP; QL
AKLIEF	3	FE
ALA SCALP	3	FE
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external lotion	1	
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
AMZEEQ	3	FE
APEXICON E	3	FE
ARAZLO	3	FE
ATRALIN	3	AL; BP
AVITA EXTERNAL CREAM	3	AL
azelaic acid external	1	
AZELEX	3	FE
B & C	2	
balsam peru-castor oil	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
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
BRYHALI	3	FE
CALAMINE	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	3	FE
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	FE; QL
CALCITRENE	3	BP
calcitriol external	1	
CAPEX	3	FE
CARAC	2	
CIBINQO	4	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin	1	FE
clindacin etz external swab	1	
clindacin-p	1	

Drug Name	Drug Tier	Limits/ Required
CLINDAGEL	3	BP
clindamycin phosph-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	FE
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
clobetasol propionate external	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clocortolone pivalate	1	FE
clodan external shampoo	1	
CLODERM	3	FE; BP
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.05 %	3	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CORDRAN EXTERNAL LOTION	3	BP	DIFFERIN EXTERNAL CREAM	3	BP
CORDRAN EXTERNAL TAPE	3	FE	DIFFERIN EXTERNAL GEL 0.3 %	3	BP
dapsone external gel 5 %	1		DIFFERIN EXTERNAL LOTION	3	
dapsone external gel 7.5 %	1	FE	diflorasone diacetate external	1	FE
DERMA-SMOOTHIE/FS BODY	3	BP	DIPROLENE EXTERNAL OINTMENT	3	BP
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % EXTERNAL	3	BP	doxepin hcl external	1	
desonide external cream	1		doxycycline	1	FE
desonide external gel	1	FE	DRYSOL	2	
desonide external lotion	1		DUOBRII	3	FE
desonide external ointment	1		DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA; SP; QL
DESOWEN EXTERNAL CREAM	3	BP	DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL
desoximetasone external cream 0.05 %	1	FE	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; SP; QL
desoximetasone external cream 0.25 %	1		EFUDEX EXTERNAL CREAM	3	BP
desoximetasone external gel	1		ELIDEL	3	BP
desoximetasone external liquid	1		ENSTILAR	3	FE
desoximetasone external ointment 0.05 %	1	FE	EPIDUO	3	BP
desoximetasone external ointment 0.25 %	1		EPIDUO FORTE	3	BP
diclofenac sodium gel 3 % external	1		EPIFOAM	2	

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Drug Name	Drug Tier	Limits/ Required
EPSOLAY CREAM 5 % EXTERNAL	3	FE
ery	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FABIOR	3	FE
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	BP
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	

Drug Name	Drug Tier	Limits/ Required
GORDOFILM	2	
halcinonide	1	FE
halobetasol propionate external cream	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	FE
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	3	FE; BP
HALOG EXTERNAL OINTMENT	3	FE
HALOG EXTERNAL SOLUTION	3	FE
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external cream	1	FE
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	

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Drug Name	Drug Tier	Limits/ Required
HYFTOR	3	PA; QL
imiquimod external cream 3.75 %	1	FE; QL
imiquimod external cream 5 %	1	QL
imiquimod pump	1	FE; QL
IMPOYZ	3	FE
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	FE
ivermectin external cream	1	
KENALOG EXTERNAL	3	FE; BP
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
KLISYRI	3	FE; QL
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	FE
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	

Drug Name	Drug Tier	Limits/ Required
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
NORITATE	3	FE
OLUX-E	3	FE; BP
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
ORACEA	3	FE; BP
PANDEL	3	FE
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	AL; FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	3	AL; FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	AL; FE
SANTYL	3	
selenium sulfide external lotion	1	
SERNIVO	3	FE
SOOLANTRA	3	BP
SORILUX	3	FE
sulfacetamide sodium (acne)	1	

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Drug Name	Drug Tier	Limits/ Required
sulfacetamide-sulfur in urea external emulsion	1	
SYNALAR	3	BP
TACLONEX	3	FE; BP; QL
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	3	FE
tazarotene external gel	1	FE
TAZORAC EXTERNAL CREAM 0.05 %	3	FE
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TAZORAC EXTERNAL GEL	3	FE; BP
TEXACORT	3	FE
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tovet external foam	1	FE
tretinoin external	1	AL

Drug Name	Drug Tier	Limits/ Required
tretinoin microsphere	1	AL; FE
tretinoin microsphere pump	1	AL; FE
triamcinolone acetonide external aerosol solution	1	FE
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	1	FE
triamcinolone in absorbase	1	FE
triderm external cream 0.5 %	1	
TWYNEO	3	FE
ULTRAVATE EXTERNAL LOTION	3	FE
urea cream 47 % external	1	
VANOS	3	BP
VECTICAL	3	BP
VELTIN	3	FE; BP
VENELEX	2	
VERDESO	3	FE
VEREGEN	3	FE
VTAMA	3	FE; QL
WINLEVI	3	FE
WYNZORA	3	FE
XERAC AC	2	
zenatane	1	

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

Drug Name	Drug Tier	Limits/ Required
ZIANA	3	BP
ZILXI	3	FE
ZONALON	3	BP
ZORYVE	3	ST; QL
ZYCLARA	3	FE; BP; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
ACTOS	3	PV; BP; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL
ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
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; BP

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

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
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
KAZANO	3	PV; FE; QL
KOMBIGLYZE XR	3	PV; BP; QL
metformin hcl er	1	PV
metformin hcl er (mod)	1	PV; FE
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
metformin hcl ir	1	PV
miglitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
NESINA	3	PV; FE; QL
ONGLYZA	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SEGLUROMET	3	PV; FE; QL
SOLIQUA	2	PV; QL
STEGLATRO	3	PV; FE; QL
STEGLUJAN	3	PV; FE; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required
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		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
ENLITE GLUCOSE SENSOR	3	FE
EVERSENSE SENSOR/HOLDER	3	FE
EVERSENSE SMART TRANSMITTER	3	FE
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL

Drug Name	Drug Tier	Limits/ Required
GUARDIAN CONNECT TRANSMITTER	3	FE
GUARDIAN LINK 3 TRANSMITTER	3	FE
GUARDIAN SENSOR (3)	3	FE
GUARDIAN SENSOR 3	3	FE
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	BP; 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	BP
ZEGALOGUE	3	FE; QL
Diabetes - Insulins		
ADMELOG INJECTION	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV	HUMALOG TEMPO PEN	3	PV; FE
APIDRA SOLOSTAR	3	PV; FE	HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE	HUMULIN 70/30 KWIKPEN	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE	HUMULIN 70/30 VIAL	3	PV; FE
BASAGLAR TEMPO PEN	3	PV; FE	HUMULIN N KWIKPEN	3	PV; FE
FIASP FLEXTOUCH	2	PV	HUMULIN N VIAL	3	PV; FE
FIASP INJECTION	2	PV	HUMULIN R U-500 KWIKPEN	2	PV
FIASP PENFILL	2	PV	HUMULIN R U-500 VIAL	2	PV
FIASP PUMPCART	2	PV	HUMULIN R VIAL	3	PV; FE
HUMALOG INJECTION	3	PV; FE	INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE	INSULIN ASPART FLEXPEN	3	PV; FE
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE	INSULIN ASPART INJECTION	3	PV; FE
HUMALOG MIX 50/50 VIAL	3	PV; FE	INSULIN ASPART PENFILL	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE	INSULIN ASPART PROT & ASPART	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE	INSULIN DEGLUDEC	2	PV
			INSULIN DEGLUDEC FLEXTOUCH	2	PV
			INSULIN GLARGINE	3	PV; FE
			INSULIN GLARGINE SOLOSTAR	3	PV; FE
			INSULIN GLARGINE-YFGN	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE	NOVOLIN R FLEXPEN RELION	2	PV
INSULIN LISPRO INJECTION	3	PV; FE	NOVOLIN R RELION	2	PV
INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE	NOVOLIN R VIAL	2	PV
INSULIN LISPRO PROT & LISPRO	3	PV; FE	NOVOLOG 70/30 FLEXPEN RELION	2	PV
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV	NOVOLOG FLEXPEN RELION	2	PV
LANTUS U-100 VIAL	2	PV	NOVOLOG U-100 FLEXPEN	2	PV
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV	NOVOLOG MIX 70/30 FLEXPEN	2	PV
LEVEMIR U-100 VIAL	2	PV	NOVOLOG MIX 70/30 RELION	2	PV
LYUMJEV KWIKPEN	3	PV; FE	NOVOLOG MIX 70/30 VIAL	2	PV
LYUMJEV TEMPO PEN	3	PV; FE	NOVOLOG U-100 PENFILL	2	PV
LYUMJEV VIAL	3	PV; FE	NOVOLOG RELION INJECTION	2	PV
NOVOLIN 70/30 FLEXPEN	2	PV	NOVOLOG U-100 VIAL INJECTION	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV	REZVOGLAR KWIKPEN	3	PV; FE
NOVOLIN 70/30 RELION	2	PV	SEMGLEE (YFGN)	3	PV; FE
NOVOLIN 70/30 VIAL	2	PV	TOUJEO MAX SOLOSTAR	2	PV
NOVOLIN N FLEXPEN	2	PV	TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV
NOVOLIN N FLEXPEN RELION	2	PV	TRESIBA	2	PV
NOVOLIN N RELION	2	PV	TRESIBA FLEXTOUCH	2	PV
NOVOLIN N VIAL	2	PV	Electrolytes / Minerals / Metals / Vitamins		
NOVOLIN R FLEXPEN	2	PV	ACCRUFER	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
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	4	SP; BP
carglumic acid oral tablet soluble	4	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	
CUVRIOR	4	SP; FE; QL
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	SP
deferasirox granules	4	SP
deferiprone	4	SP; FE

Drug Name	Drug Tier	Limits/ Required
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	4	SP; BP
FERRIPROX ORAL SOLUTION	4	SP
FERRIPROX ORAL TABLET	4	SP; FE; BP
FERRIPROX TWICE-A-DAY	4	SP; FE
folate	1	ACA; O
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	4	SP; BP
JADENU SPRINKLE	4	SP; BP
JYNARQUE	4	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	

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
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	BP
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

Drug Name	Drug Tier	Limits/ Required
METHIONINE	2	
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	ACA; O; PV
ONE VITE WOMENS	2	ACA; O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
phosphorous	1	
phytonadione oral	1	QL
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	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV
prenatal oral tablet 27-0.8 mg	1	ACA; O; PV
SAMSCA	4	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	

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
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
sps	1	
sterile water for irrigation solution irrigation	1	
SYPRINE	4	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	1	
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
UROCIT-K 5	3	BP
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	

Drug Name	Drug Tier	Limits/ Required
weekly-d	1	
wes-phos 250 neutral	1	
yl folic acid	1	ACA; O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
DEXILANT	3	PV; FE; BP; QL
dexlansoprazole	1	PV; FE; QL
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; AL; QL
famotidine oral tablet 40 mg	1	PV
famotidine suspension reconstituted 40 mg/5ml 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
famotidine suspension reconstituted 40 mg/5ml oral	1	PV	omeprazole-sodium bicarbonate oral packet	1	PV; FE; QL
famotidine tablet 20 mg oral (rx)	1	PV	pantoprazole sodium oral packet	1	PV; FE; QL
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	pantoprazole sodium oral tablet delayed release	1	PV; QL
KONVOMEPEP	3	PV; FE; QL	PEPCID ORAL TABLET	3	PV; BP
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL	PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL	PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	PRILOSEC ORAL PACKET	3	PV; FE
misoprostol oral	1	PV	PROTONIX ORAL PACKET	3	PV; FE; BP; QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL	PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL	rabeprazole sodium oral tablet delayed release	1	PV; QL
nizatidine oral capsule	1	PV	sucralfate oral tablet	1	PV
omeprazole oral capsule delayed release	1	PV; QL	sucralfate suspension 1 gm/10ml oral	1	PV
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV	ZEGERID ORAL CAPSULE	3	PV; BP; QL
omeprazole-sodium bicarbonate oral capsule	1	PV; QL	ZEGERID ORAL PACKET	3	PV; FE; BP; QL

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

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Drug Name	Drug Tier	Limits/ Required
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
bis subcit-metronid-tetracyc	1	PV; FE
BISACODYL	2	
bisacodyl ec	1	ACA; O
bisacodyl oral	1	ACA; O
bismuth/metronidaz/tetracyclin	1	PV; FE
CHENODAL	4	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
DARTISLA ODT	3	FE
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ENTEREG	3	BP
enulose	1	
ft clearlax	1	ACA; O
ft laxative	1	ACA; O

Drug Name	Drug Tier	Limits/ Required
ft magnesium citrate	1	ACA; O
GASTROCROM	3	BP
GATTEX	4	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA; PV
gavilyte-g	1	ACA; PV
generlac	1	
gentle laxative oral	1	ACA; O
gentlelax oral powder	1	ACA; O
GIALAX	3	FE
GLYCATE	3	FE
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
IBSRELA	3	ST; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KRISTALOSE	3	FE	OMECLAMOX-PAK	3	PV; FE
lactulose encephalopathy	1		OSCIMIN ORAL TABLET	3	
lactulose oral packet	1	FE	OSCIMIN SUBLINGUAL	3	
lactulose solution 10 gm/15ml oral	1		peg 3350-kcl-na bicarb-nacl	1	ACA; PV
LIBRAX	3	FE; BP	peg-3350/electrolytes	1	ACA; PV
LINZESS	2	QL	peg-3350/electrolytes/ascorbic acid	1	PV
LOMOTIL ORAL TABLET	3	BP	peg-kcl-nacl-nasulf-naascorbic acid	1	PV
loperamide hcl oral capsule	1		PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
LOTRONEX	3	BP	polyethylene glycol 3350 oral powder	1	ACA; O
lubiprostone capsule 24 mcg oral	1	QL		3	PV; FE; BP
lubiprostone capsule 8 mcg oral	1	QL	PYLERA		
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O	qc magnesium citrate	1	ACA; O
methscopolamine bromide oral	1		RELISTOR ORAL	3	FE
mineral oil heavy oral	1		RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
mm clearlax	1	ACA; O	RELTONE	3	FE
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL	RESTORA RX	3	
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL	ROBINUL ORAL	3	BP
MOTOFEN	3	FE	ROBINUL-FORTE	3	BP
MOVANTIK	2	QL	SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; SP; FE
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP			
MYTESI	3				
na sulfate-k sulfate-mg sulf	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
SUPREP BOWEL PREP KIT	3	PV; BP
SUTAB	3	PV
SYMPROIC	2	QL
TALICIA	3	PV; FE; QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	BP
URSO FORTE	3	BP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOWST	3	PA; QL
XERMELO	4	PA; SP; QL
ZORBTIVE	4	PA; SP; FE
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	4	SP; BP
BUPHENYL ORAL TABLET	4	SP; BP
CERDELGA	4	PA; SP
CHOLBAM	4	PA; SP
CREON	2	
CYSTADANE	4	SP; BP

Drug Name	Drug Tier	Limits/ Required
CYSTAGON	4	SP
EVRYSDI	4	PA; SP; QL
GALAFOLD	4	PA; SP; QL
JAVYGTOR	4	PA; SP; BP
KUVAN ORAL PACKET	4	PA; SP; BP
KUVAN ORAL TABLET	4	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	4	PA; SP
nitisinone	4	SP
NITYR	4	SP
OCALIVA	4	SP; FE; QL
OLPRUVA (2 GM DOSE)	4	SP; QL
OLPRUVA (3 GM DOSE)	4	SP; QL
OLPRUVA (4 GM DOSE)	4	SP; QL
OLPRUVA (5 GM DOSE)	4	SP; QL
OLPRUVA (6 GM DOSE)	4	SP; QL
OLPRUVA (6.67 GM DOSE)	4	SP; QL
ORFADIN ORAL CAPSULE	4	SP; BP
ORFADIN ORAL SUSPENSION	4	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
PALYNZIQ	4	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE
PHEBURANE	4	PA; SP
PROCYSBI	4	SP; FE
RAVICTI	4	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	4	PA; SP
SUCRAID	4	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
fesoterodine fumarate er	1	ST; FE
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
GELNIQUE TRANSDERMAL GEL 10 %	3	FE
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE

Drug Name	Drug Tier	Limits/ Required
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	4	SP; BP
THIOLA EC	4	SP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST; FE; BP
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
VESICARE LS	3	FE; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	BP
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	

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Drug Name	Drug Tier	Limits/ Required
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	3	FE
CORTEF	3	BP
DEXABLISS	3	FE
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
EMFLAZA	4	PA; SP; FE
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE

Drug Name	Drug Tier	Limits/ Required
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
ORAPRED ODT	3	FE; BP
PEDIAPRED	3	BP
prednisolone oral solution	1	
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	FE
prednisone intensol	1	FE
prednisone oral	1	
RAYOS	3	FE
TAPERDEX 12-DAY	3	FE
TAPERDEX 6-DAY	3	FE
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE

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Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
FORTESTA	3	PA; BP
JATENZO	3	PA; FE; QL
KYZATREX	3	PA; FE; QL
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE
TESTIM	3	PA; BP
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
TLANDO	3	PA; FE; QL
VOGELXO PUMP	3	PA; FE; BP
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
XYOSTED	3	PA; FE
Hormonal Agents - Pituitary		
ACTHAR	4	PA; SP
cabergoline	1	QL
CORTROPHIN	4	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	4	PA; SP; QL
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE

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Drug Name	Drug Tier	Limits/ Required
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE
HUMATROPE INJECTION CARTRIDGE	4	PA; SP
INCRELEX	4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; QL
MYCAPSSA	4	SP; FE; QL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
octreotide acetate subcutaneous	4	SP

Drug Name	Drug Tier	Limits/ Required
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE
ORILISSA	2	PA; QL
RECORLEV	4	PA; SP; QL
SAIZEN	4	PA; SP; FE
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP; BP
SIGNIFOR	4	PA; SP
SKYTROFA	4	PA; SP; FE
SOMAVERT	4	SP; FE
SYNAREL	2	
ZOMACTON	4	PA; SP; FE
Hormonal Agents - Prostaglandins		
KORLYM	4	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz	1	PV
amethia	1	ACA; PV
amethyst	1	ACA; PV
ANGELIQ	3	PV; FE
ANNOVERA	3	ACA; PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra 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

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

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Drug Name	Drug Tier	Limits/ Required
DELESTROGEN	3	PV; BP
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA; PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA; PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV
DIVIGEL	3	PV; BP
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 one-step	1	ACA; O; PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
ENDOMETRIN	3	

Drug Name	Drug Tier	Limits/ Required
enilloring	1	ACA; PV; QL
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol oral	1	PV
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
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
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	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
gemmily	1	ACA; PV
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV
haloette	1	ACA; PV; QL
heather	1	ACA; PV
her style	1	ACA; O; PV
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
joyeaux	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV

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

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Drug Name	Drug Tier	Limits/ Required
loryna	1	ACA; 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
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
megestrol acetate suspension 400 mg/10ml oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
MENOSTAR	3	PV; FE; QL
merzee	1	ACA; PV
mibelas 24 fe	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

Drug Name	Drug Tier	Limits/ Required
MINASTRIN 24 FE	3	ACA; PV; BP
MINIVELLE	3	PV; BP; QL
mono-lynyah	1	ACA; PV
my choice	1	ACA; O; PV
my way	1	ACA; O; PV
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	ACA; PV
necon 0.5/35 (28)	1	ACA; PV
new day	1	ACA; O; PV
NEXTSTELLIS	3	ACA; PV
nikki	1	ACA; PV
nora-be	1	ACA; PV
norethin ace-eth estrad-fe oral capsule	1	ACA; PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA; PV
norethin ace-eth estrad-fe oral tablet chewable	1	ACA; PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	ACA; PV
norethindrone oral	1	ACA; PV
norethindrone-eth estradiol	1	PV
norethindron-ethinyl estrad-fe	1	ACA; PV
norethin-eth estradiol-fe	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
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
NUVARING	3	ACA; PV; BP; 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
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	ACA; O; PV
portia-28	1	ACA; PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV
progesterone intramuscular	1	
progesterone oral	1	

Drug Name	Drug Tier	Limits/ Required
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	ACA; O; PV
reclipsen	1	ACA; PV
rivelsa	1	ACA; PV
SAFYRAL	3	ACA; PV; BP
setlakin	1	ACA; PV
sharobel	1	ACA; PV
simliya	1	ACA; PV
simpesse	1	ACA; PV
SLYND	3	ACA; PV
sprintec 28	1	ACA; PV
sronyx	1	ACA; PV
syeda	1	ACA; PV
take action	1	ACA; O; PV
tarina 24 fe	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV
taysofy	1	ACA; PV
TAYTULLA	3	ACA; PV; BP
tilia fe	1	ACA; PV
tri-estarylla	1	ACA; PV
tri-legest fe	1	ACA; PV
tri-lynyah	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

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Drug Name	Drug Tier	Limits/ Required
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
TWIRLA	3	ACA; PV; QL
tyblume oral tablet chewable	1	ACA; PV
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	ACA; PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
ERMEZA	3	FE
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	BP
THYQUIDITY	3	FE
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	

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Drug Name	Drug Tier	Limits/ Required
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ACTIMMUNE	4	PA; SP
ADALIMUMAB-ADAZ	4	PA; SP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; SP; FE
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; FE; QL
ADALIMUMAB-FKJP	4	PA; SP; QL
AMJEVITA	4	PA; SP; FE; QL
ARAVA	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CYLTEZO	4	PA; SP; FE; QL	HULIO	4	PA; SP; FE
CYLTEZO-CD/UC/HS STARTER	4	PA; SP; FE; QL	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; BP; QL
CYLTEZO-PSORIASIS STARTER	4	PA; SP; FE; QL	HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP; QL
ENBREL MINI	4	PA; SP; QL	HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; BP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL	HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; BP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; BP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	HUMIRA PEN-PEDIATRIC UC START	4	PA; SP; BP; QL
ENSPRYNG	4	PA; SP; QL	HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; BP; QL
ENVARUSUS XR	3	PV	HUMIRA PEN-PSOR/UEIT STARTER	4	PA; SP; BP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV			
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; BP			
gengraf oral capsule 100 mg, 25 mg	1	PV			
gengraf oral solution	1	PV			
HADLIMA	4	PA; SP; QL			
HADLIMA PUSH TOUCH	4	PA; SP; QL			
HAEGARDA	4	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	4	PA; SP; BP; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	4	PA; SP; FE; QL
HYRIMOZ- CROHNS/UC STARTER PACK	4	PA; SP; FE; QL
HYRIMOZ-PED CROHNS STARTER	4	PA; SP; FE; QL
HYRIMOZ-PLAQUE PSORIASIS START	4	PA; SP; FE; QL
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
IDACIO	4	PA; SP; FE; QL

Drug Name	Drug Tier	Limits/ Required
IDACIO FOR CROHNS DISEASE/UC	4	PA; SP; FE; QL
IDACIO FOR PLAQUE PSORIASIS	4	PA; SP; FE; QL
IMURAN	3	PV; BP
JOENJA	4	PA; SP; QL
KEVZARA	4	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	4	PA; SP; PV; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	PV
mycophenolate sodium	1	PV
MYFORTIC	3	PV; BP
NEORAL	3	PV; BP
OLUMIANT	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ORENCIA CLICKJECT	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE
ORLADEYO	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	FE	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
PROGRAF ORAL CAPSULE	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
PROGRAF ORAL PACKET	3	PV; AL	REZUROCK	4	PA; SP; QL
RAPAMUNE	3	PV; BP	RIDAURA	4	SP
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE	RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
sajazir subcutaneous solution prefilled syringe	4	PA; SP
SANDIMMUNE ORAL CAPSULE	3	PV; BP
SANDIMMUNE ORAL SOLUTION	2	PV
SILIQ	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
sirolimus oral	1	PV
SKYRIZI PEN	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS	4	PA; SP; QL
SOTYKTU	4	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
tacrolimus oral	1	PV
TAKHZYRO	4	PA; SP; QL
TALTZ	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
TREMFYA	4	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
XATMEP	3	FE
XELJANZ	4	PA; SP; QL
XELJANZ XR	4	PA; SP; QL
YUFLYMA 1-PEN KIT	4	PA; SP; FE; QL
YUFLYMA 2-PEN KIT	4	PA; SP; FE; QL
YUFLYMA 2-SYRINGE KIT	4	PA; SP; FE; QL
YUSIMRY	4	PA; SP; FE; QL
ZORTRESS	3	PV; BP
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	1	FE; QL
budesonide oral	1	
budesonide rectal	1	
CANASA	3	BP
COLAZAL	3	BP
CORTENEMA	3	BP

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

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

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Drug Name	Drug Tier	Limits/ Required
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	

Drug Name	Drug Tier	Limits/ Required
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	4	PA; SP; QL
BYLVAY (PELLETS)	4	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FIRDAPSE	4	PA; SP; FE; QL
FLEXICHAMBER	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
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
K-Y ME & YOU EXTRA LUBRICATED	3	ACA; O
K-Y ME & YOU INTENSE	3	ACA; O
LIVMARLI	4	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; 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
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	

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	4	PA; SP; QL
PALFORZIA	4	SP; AL
PHEXXI	3	ACA
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	4	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
vcf vaginal contraceptive vaginal gel	1	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	4	SP
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	4	PA; SP

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

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

Drug Name	Drug Tier	Limits/ Required
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
EYSUVIS	3	FE
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	FE
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP
LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPHTHALMIC SUSPENSION	3	ST; FE; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension	1	ST; FE
MAXIDEX	2	
MAXITROL OPHTHALMIC OINTMENT	3	BP

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

Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin- dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
ZERVIATE	3	FE
ZIRGAN	3	
ZYMAXID	3	BP
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
BETOPTIC-S	3	FE
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate- timolol	1	
brinzolamide	1	

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Drug Name	Drug Tier	Limits/ Required
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	4	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
tafluprost (pf)	1	ST

Drug Name	Drug Tier	Limits/ Required
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	3	FE; BP
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	BP
TRAVATAN Z	3	FE; BP
travoprost (bak free)	1	
VUITY	3	
VYZULTA	3	ST; FE
XALATAN	3	BP
XELPROS	2	
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	

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Drug Name	Drug Tier	Limits/ Required
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	4	SP
CYSTARAN	4	SP
homatropaire	1	
ISOPTO ATROPINE	2	
LACRISERT	3	FE
LASTACAFT	3	FE
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	4	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	

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

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Drug Name	Drug Tier	Limits/ Required
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
azelastine-fluticasone	1	FE
BECONASE AQ	3	FE
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	FE
cetirizine hcl oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET	3	FE; BP
CLARINEX-D 12 HOUR	3	FE
clemastine fumarate oral syrup	1	FE
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	FE
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
DYMISTA	3	FE; BP
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL

Drug Name	Drug Tier	Limits/ Required
GILPHEX TR ORAL TABLET 10-388 MG	3	FE
guaifenesin ac	1	AL; QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr oral tablet	1	AL; QL
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE
levocetirizine dihydrochloride oral solution	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate nasal	1	QL
nebusal inhalation nebulization solution 3 %	1	

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Drug Name	Drug Tier	Limits/ Required
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
olopatadine hcl nasal	1	FE
OMNARIS	3	FE
PATANASE	3	FE; BP
promethazine vc	1	
promethazine vc/codeine	1	AL; QL
promethazine-codeine	1	AL; QL
promethazine-dm oral syrup	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
pulmosal	1	
QNASL	3	FE
QNASL CHILDRENS	3	FE
RYALTRIS	3	FE; QL
RYCLORA ORAL SOLUTION	3	FE
ryvent	1	FE
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
TUXARIN ER	3	AL; FE; QL
XHANCE	3	FE; QL
ZETONNA	3	FE

Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	3	PV; BP
acetylcysteine inhalation	1	
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
AIRDUO DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AIRDUO RESPICLICK 232/14	3	PV; FE; QL	ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PV; FE; QL	ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate oral	1	PV	ASMANEX HFA	2	PV; QL
ALVESCO	3	PV; FE; QL	ATROVENT HFA	2	PV; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
arformoterol tartrate	1	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
ARMONAIR DIGIHALER	3	PV; FE; QL			
ARNUIITY 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
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL	ESBRIET	4	PA; SP; BP; QL
breyana	1	PV; QL	FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA; SP; QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	PV; QL
BROVANA	3	PV; BP; QL	FLOVENT HFA	2	PV; QL
budesonide inhalation	1	PV; QL	FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL
budesonide-formoterol fumarate	1	PV; QL	FLUTICASONE PROPIONATE HFA	3	PV; FE; QL
COMBIVENT RESPIMAT	2	PV; QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL
cromolyn sodium inhalation	1	PV			
DALIRESP	3	PV; BP			
DUAKLIR PRESSAIR	3	PV; FE; QL			
DULERA	3	PV; FE; QL			
elixophyllin	1	PV			
epinephrine injection solution auto-injector	1	QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	OFEV	4	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	PERFOROMIST	3	PV; BP; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	pirfenidone	4	PA; SP; QL
ipratropium bromide inhalation	1	PV	PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL
ipratropium-albuterol	1	PV	PROAIR RESPICLICK	3	PV; QL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV	PROVENTIL HFA	3	PV; BP; QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL	PULMICORT FLEXHALER	2	PV; QL
montelukast sodium oral	1	PV	PULMICORT SUSPENSION	3	PV; BP; QL
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL	QVAR REDIHALER	2	PV; QL
			roflumilast	1	PV
			SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
			SINGULAIR	3	PV; BP
			SPIRIVA HANDIHALER	3	PV; BP; QL
			SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
STRIVERDI RESPIMAT	3	PV; QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL
terbutaline sulfate oral	1	PV
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
THEO-24	3	PV
theophylline elixir 80 mg/15ml oral	1	PV
theophylline er	1	PV
theophylline oral solution	1	PV
tiotropium bromide monohydrate	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
XOPENEX HFA	3	PV; QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
zafirlukast	1	PV
zileuton er	1	PV; FE
ZYFLO	3	PV; FE
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	4	SP; BP; QL

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Drug Name	Drug Tier	Limits/ Required
BRONCHITOL	2	QL
CAYSTON	4	SP
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; SP; QL
KALYDECO ORAL TABLET	4	PA; SP; QL
KITABIS PAK	4	SP; QL
ORKAMBI	4	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP
SYMDEKO	4	PA; SP; QL
TOBI NEBULIZER	4	SP; BP; QL
TOBI PODHALER	4	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL
TRIKAFTA	4	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	4	PA; SP; BP; QL

Drug Name	Drug Tier	Limits/ Required
ADEMPAS	4	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	4	PA; SP; BP; QL
LIQREV	4	PA; SP; FE; QL
OPSUMIT	4	PA; SP; QL
ORENITRAM	4	PA; SP
ORENITRAM MONTH 1	4	PA; SP
ORENITRAM MONTH 2	4	PA; SP
ORENITRAM MONTH 3	4	PA; SP
REVATIO ORAL	4	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah)	4	PA; SP; QL
TADLIQ	4	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	4	PA; SP; BP; QL
TRACLEER 32 MG	4	PA; SP; QL
TYVASO	4	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL
TYVASO DPI TITRATION KIT	4	PA; SP; QL
TYVASO REFILL	4	PA; SP
TYVASO STARTER	4	PA; SP
UPTRAVI ORAL	4	PA; SP; QL
VENTAVIS	4	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	3	FE; BP
BACLOFEN ORAL SOLUTION 5 MG/5ML	3	FE
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er	1	FE
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
DANTRIUM ORAL CAPSULE 25 MG	3	BP

Drug Name	Drug Tier	Limits/ Required
dantrolene sodium oral	1	
FEXMID	3	FE; BP
FLEQSUVY	3	FE; BP
LORZONE	3	FE; BP
LYVISPAH	3	FE
metaxalone oral tablet 400 mg	1	FE
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
NORGESIC	3	FE
NORGESIC FORTE	3	FE
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE
OZOBAX	3	FE
SOMA	3	BP
tizanidine hcl oral	1	
VANADOM	3	BP
ZANAFLEX	3	BP
Sleep Disorder Agents		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
DAYVIGO	3	FE; QL
doxepin hcl oral tablet	1	QL
EDLUAR	3	FE; QL
eszopiclone	1	QL

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Drug Name	Drug Tier	Limits/ Required
flurazepam hcl	1	
HETLIOZ	4	PA; SP; BP; QL
HETLIOZ LQ	4	PA; SP; QL
LUMRYZ	4	PA; SP; FE; QL
LUNESTA	3	BP; QL
modafinil	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
QUVIVIQ	3	ST; FE; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL
SODIUM OXYBATE	4	PA; SP; QL
SUNOSI TABLET 150 MG ORAL	2	ST; QL
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	4	PA; SP; QL
temazepam	1	
WAKIX	4	PA; SP; QL
XYREM	4	PA; SP; QL
XYWAV	4	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL

Drug Name	Drug Tier	Limits/ Required
ZOLPIDEM TARTRATE ORAL CAPSULE	3	FE; QL
zolpidem tartrate oral tablet	1	QL
zolpidem tartrate sublingual	1	FE; QL

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PROCTOCORT.....	85	PYROGALLIC ACID.....	55	RAYOS.....	71
PROCTOFOAM HC.....	85	PYRUKYND.....	38	react.....	78
procto-med hc.....	85	PYRUKYND TAPER PACK.....	38	REBIF.....	49
proctosol hc.....	85	QBRELIS.....	44	REBIF REBIDOSE.....	48
proctozone-hc.....	85	QBREXZA.....	55	REBIF REBIDOSE TITRATION PACK.....	49
PROCYSBI.....	69	qc magnesium citrate.....	67	REBIF TITRATION PACK.....	49
		QDOLO.....	8	reclipsen.....	78
		QELBREE.....	47	RECORLEV.....	73

RECTIV.....	44	risperidone.....	34	SAVELLA TITRATION	
REGLAN.....	22	RITALIN.....	47	PACK.....	50
REGRANEX.....	55	RITALIN LA.....	47	saxagliptin hcl.....	58
RELAFEN DS.....	11	ritonavir.....	36	saxagliptin-metformin er..	58
RELENZA DISKHALER...36		rivastigmine.....	19	SCEMBLIX.....	29
RELEXXII.....	47	rivastigmine tartrate.....	19	scopolamine.....	22
RELISTOR.....	67	rivelsa.....	78	SECUADO.....	34
RELPAK.....	25	rizatriptan benzoate.....	25	SEGLENTIS.....	8
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RELYVRIO.....	49	ROBINUL-FORTE.....	67	selegiline hcl.....	32
REMERON.....	20	ROCALTROL.....	86	selenium sulfide.....	55
REMERON SOLTAB.....	20	ROCKLATAN.....	90	SELZENTRY.....	36
REMESENSE.....	50	roflumilast.....	96	SEMGLEE (YFGN).....	61
REVELA.....	70	ropinirole hcl.....	32	SENSIPAR.....	86
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PUSHTRONEX		ROWASA.....	85	SEROQUEL XR.....	34
SYSTEM.....	45	roweepra.....	18	SEROSTIM.....	67
REPATHA SURECLICK..	45	ROXICODONE.....	8	SERTRALINE HCL.....	20
RESTASIS.....	91	ROXYBOND.....	8	sertraline hcl.....	20
RESTASIS MULTIDOSE.	91	ROZEREM.....	100	setlakin.....	78
RESTORA RX.....	67	ROZLYTREK.....	29	sevelamer carbonate.....	70
RESTORIL.....	100	RUBRACA.....	29	sevelamer hcl.....	70
RETEVMO.....	29	rufinamide.....	18	SEYSARA.....	15
RETIN-A.....	55	RUKOBIA.....	36	sf.....	50
RETIN-A MICRO GEL		RYALTRIS.....	93	sf 5000 plus.....	50
0.04 %, 0.1 %.....	55	RYBELSUS.....	58	SFROWASA.....	85
RETIN-A MICRO PUMP..	55	RYCLORA.....	93	sharobel.....	78
RETROVIR.....	36	RYDAPT.....	29	SIGNIFOR.....	73
REVATIO.....	98	RYTARY.....	32	SIKLOS.....	29
REVLIMID.....	29	RYTHMOL SR.....	45	sildenafil citrate.....	98
REXULTI.....	34	ryvent.....	93	SILENOR.....	100
REYATAZ.....	36	SABRIL.....	18	SILIQ.....	84
REYVOW.....	25	SACCHARIN.....	87	silodosin.....	71
REZLIDHIA.....	29	SAFYRAL.....	78	SILVADENE.....	15
REZUROCK.....	83	SAIZEN.....	73	silver sulfadiazine.....	15
REZVOGLAR KWIKPEN.	61	sajazir.....	84	SIMBRINZA.....	90
RHOPRESSA.....	90	SALAGEN.....	50	simliya.....	78
ribavirin.....	36	SAMSCA.....	63	simpesse.....	78
RIDAURA.....	83	SANCUSO.....	22	SIMPONI.....	84
rifabutin.....	26	SANDIMMUNE.....	84	simvastatin.....	45
rifampin.....	26	SANDOSTATIN.....	73	SINEMET.....	32
RILUTEK.....	49	SANTYL.....	55	SINGULAIR.....	96
riluzole.....	49	SAPHRIS.....	34	sirolimus.....	84
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RIOMET.....	58	SAVAYSA.....	16	SIVEXTRO.....	15
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SKYTROFA.....	73	STALEVO 200.....	32	sodium.....	25
SLYND.....	78	STALEVO 50.....	32	sunitinib malate.....	29
SOAANZ.....	45	STALEVO 75.....	32	SUNLENCA.....	37
sod citrate-citric acid.....	63	STEGLATRO.....	58	SUNOSI.....	100
SODIUM ASCORBATE... ..	64	STEGLUJAN.....	58	SUPREP BOWEL PREP	
sodium bicarbonate.....	64	STELARA.....	84	KIT.....	68
sodium chloride.....	93	sterile water for irrigation..	64	SUTAB.....	68
sodium fluoride.....	51, 64	STIMUFEND.....	38	SUTENT.....	29
sodium fluoride 5000		STIOLTO RESPIMAT.....	97	syeda.....	78
plus.....	50	STIVARGA.....	29	SYMBICORT.....	97
sodium fluoride 5000		STRATTERA.....	47	SYMBYAX.....	20
ppm.....	50	STRENSIQ.....	69	SYMDEKO.....	98
SODIUM OXYBATE.....	100	STRIBILD.....	37	SYMFI.....	37
sodium phenylbutyrate.....	69	STRIVERDI RESPIMAT..	97	SYMFI LO.....	37
sodium polystyrene		STROMECTOL.....	31	SYMJEPI.....	97
sulfonate.....	64	SUBOXONE.....	12	SYMLINPEN 120.....	58
sodium saccharin.....	87	SUBSYS.....	8	SYMLINPEN 60.....	58
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SOLQUA.....	58	green.....	18	SYNALAR.....	56
SOLODYN.....	15	subvenite starter kit-		SYNAREL.....	73
SOLOSEC.....	15	orange.....	18	SYNDROS.....	22
SOLTAMOX.....	29	SUCRAID.....	69	SYNJARDY.....	58
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SOMAVERT.....	73	SULAR.....	45	SYNTHROID.....	79
SOOLANTRA.....	55	SULCONAZOLE		SYPRINE.....	64
sorafenib tosylate.....	29	NITRATE.....	24	TABLOID.....	29
SORILUX.....	55	sulfacetamide sodium.....	89	TABRECTA.....	29
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SOTYKTU.....	84	sulfacetamide-		tadalafil.....	70
SOTYLIZE.....	45	prednisolone.....	91	tadalafil (pah).....	98
SOVALDI.....	37	sulfacetamide-sulfur in		TADLIQ.....	98
spinosad.....	31	urea.....	56	TAFINLAR.....	29
SPIRIVA HANDIHALER..	96	sulfadiazine.....	15	tafluprost (pf).....	90
SPIRIVA RESPIMAT..	96, 97	sulfamethoxazole-		TAGRISSE.....	29
spironolactone.....	45	trimethoprim.....	15	take action.....	78
spironolactone-hctz.....	45	SULFAMYLLON.....	15	TAKHZYRO.....	84
SPORANOX.....	23	sulfasalazine.....	85	TALICIA.....	68
sprintec 28.....	78	sulfatrim pediatric.....	15	TALTZ.....	84
SPRITAM.....	18	sulfurated lime.....	31	TALZENNA.....	29
SPRIX.....	11	sulindac.....	11	TAMIFLU.....	37
SPRYCEL.....	29	sumatriptan.....	25	tamoxifen citrate.....	29
sps.....	64	sumatriptan succinate.....	25	tamsulosin hcl.....	71
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tarina 24 fe.....	78	THALOMID.....	29	tolterodine tartrate er.....	70
tarina fe 1/20 eq.....	78	THEO-24.....	97	tolvaptan.....	64
TARPEYO.....	85	theophylline.....	97	TOPAMAX.....	18
TASCENSO ODT.....	49	theophylline er.....	97	TOPAMAX SPRINKLE....	18
TASIGNA.....	29	THIOLA.....	70	TOPICORT.....	56
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TASMAR.....	32	thioridazine hcl.....	34	topiramate.....	18
TAURINE.....	64	thiothixene.....	34	topiramate er.....	18
tavaborole.....	24	THREONINE.....	64	TOPROL XL.....	45
TAVALISSE.....	39	THYQUIDITY.....	79	toremifene citrate.....	29
TAVNEOS.....	87	thyroid.....	79	torse mide.....	45
taysofy.....	78	tiadylt er.....	45	TOSYMRA.....	25
TAYTULLA.....	78	tiagabine hcl.....	18	TOUJEO MAX	
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TEGRETOL.....	18	timolol maleate (once-		TRAMADOL HCL (ER	
TEGRETOL-XR.....	18	daily).....	90	BIPHASIC).....	8
TEGSEDI.....	50	timolol maleate ocudose..	90	tramadol hcl (er biphasic)..	8
TEKTURNA.....	45	timolol maleate pf.....	90	tramadol hcl er.....	8
telmisartan.....	45	TIMOPTIC OCUDOSE....	90	TRAMADOL HCL IR.....	8
telmisartan-amlodipine....	45	tinidazole.....	15	tramadol hcl ir.....	8
telmisartan-hctz.....	45	tiopronin.....	70	tramadol-acetaminophen...	8
temazepam.....	100	tiotropium bromide		trandolapril.....	45
temozolomide.....	29	monohydrate.....	97	trandolapril-verapamil hcl	
TENCON.....	8	TIROSINT.....	79, 80	er.....	45
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TENORETIC 50.....	45	tizanidine hcl.....	99	TRAVATAN Z.....	90
TENORMIN.....	45	TLANDO.....	72	travoprost (bak free).....	90
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terazosin hcl.....	71	TOBI PODHALER.....	98	TRECATOR.....	26
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TURALIO..... 30	vancomycin hcl..... 15	
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VICTOZA.....	59	WELLBUTRIN SR.....	21	XPOVIO (80 MG ONCE	
vienna.....	79	WELLBUTRIN XL.....	21	WEEKLY).....	30
vigabatrin.....	18	wera.....	79	XPOVIO (80 MG TWICE	
vigadrone.....	18	wes-phos 250 neutral.....	64	WEEKLY).....	30
VIGAMOX.....	89	WINLEVI.....	56	XTAMPZA ER.....	8
VIIBRYD.....	21	wixela inhub.....	97	XTANDI.....	30
VIIBRYD STARTER		wymzya fe.....	79	xulane.....	79
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VIJOICE.....	30	XACIATO.....	15	XURIDEN.....	69
vilazodone hcl.....	21	XADAGO.....	32	XYOSTED.....	72
VIMOVO.....	11	XALATAN.....	90	XYREM.....	100
VIMPAT.....	18	XALKORI.....	30	XYWAV.....	100
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VIRACEPT.....	37	XARELTO.....	16	YAZ.....	79
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VOXZOGO.....	69	XIGDUO XR.....	59	ZEBUTAL.....	8
VRAYLAR.....	34	XIIDRA.....	91	ZEGALOGUE.....	59
VTAMA.....	56	XIMINO.....	15	ZEGERID.....	65
VUITY.....	90	XOFLUZA (40 MG		ZEJULA.....	30
VUMERITY.....	49	DOSE).....	37	ZELAPAR.....	32
VUSION.....	24	XOFLUZA (80 MG		ZELBORAF.....	30
vyfemla.....	79	DOSE).....	37	ZEMBRACE	
vylibra.....	79	XOPENEX HFA.....	97	SYMTOUCH.....	25
VYNDAMAX.....	46	XPOVIO (100 MG ONCE		ZEMPLAR.....	86
VYNDAQEL.....	46	WEEKLY).....	30	zenatane.....	56
VYTORIN.....	46	XPOVIO (40 MG ONCE		ZENPEP.....	69
VYVANSE.....	47	WEEKLY).....	30	ZENZEDI.....	47
VYZULTA.....	90	XPOVIO (40 MG TWICE		ZEPATIER.....	37
WAKIX.....	100	WEEKLY).....	30	ZEPOSIA.....	49
warfarin sodium.....	16	XPOVIO (60 MG ONCE		ZEPOSIA 7-DAY	
weekly-d.....	64	WEEKLY).....	30	STARTER PACK.....	49
WELCHOL.....	46	XPOVIO (60 MG TWICE		ZEPOSIA STARTER KIT.....	49
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Sanford Health Plan:

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

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

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

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

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

Help in Other Languages

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

Arabic -

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

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

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

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

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

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

Karen - ၵာ်သ့ၵ်း- နမ့ၵ်းကတိၵ်း ကညိၵ်း ကျိၵ်းအသိၵ်း, နမ့ၵ်း ကျိၵ်းအတၢ်မၤစၢၤလၢ တလၢၵ်းဘျိၵ်းလၢၵ်းစ့ၵ်း နိတမံၤဘျိၵ်းသ့ၵ်းလိၵ်း. ကိး (800) 752-5863 (TTY: 711).

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

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (800) 752-5863 (TTY: 711).

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

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

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

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

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

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