

Commercial 3 Tier (Large Group/Self-funded) Formulary

Optum Rx®



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- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

SANFORD®
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

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

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.

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

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

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

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

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

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

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

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.

Commercial 3 Tier (Large Group/Self-funded)

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
buprenorphine transdermal	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-cafeine oral capsule 50-300-40 mg	1	
butalbital-apap-cafeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-cafeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL TABLET	3	BP
fentanyl	1	QL
fentanyl citrate buccal lozenge on a handle	1	

Drug Name	Drug Tier	Limits/ Required
FENTANYL CITRATE BUCCAL TABLET	3	
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	3	BP; QL
levorphanol tartrate oral	1	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl 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
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution	1	QL
morphine sulfate tablet 15 mg oral	1	QL
morphine sulfate tablet 30 mg oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
NUCYNTA	3	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL

Drug Name	Drug Tier	Limits/ Required
oxycodone hcl solution 5 mg/5ml oral	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol hcl oral tablet 25 mg	1	
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP

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Drug Name	Drug Tier	Limits/ Required
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 adult low dose	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 capsule 100 mg oral	1	
celecoxib capsule 200 mg oral	1	
celecoxib oral capsule 400 mg, 50 mg	1	
DAYPRO	3	BP
diclofenac potassium oral tablet 50 mg	1	

Drug Name	Drug Tier	Limits/ Required
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	
EC-NAPROSYN	3	BP
etodolac er	1	
etodolac oral	1	
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
goodsense aspirin low dose	1	ACA; O
goodsense aspirin oral tablet	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	1	

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Drug Name	Drug Tier	Limits/ Required
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	
KIPROFEN	3	BP
LODINE	3	BP
mefenamic acid oral	1	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen oral tablet	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	

Drug Name	Drug Tier	Limits/ Required
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	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
TRIDACAINE II	3	BP
TRIDACAINE III	3	BP
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
disulfiram oral	1	

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Drug Name	Drug Tier	Limits/ Required
ft nicotine mini	1	ACA; O; QL
ft nicotine mouth/throat	1	ACA; O; QL
goodsense nicotine mouth/throat gum 2 mg	1	ACA; O; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; QL
habitrol	1	ACA; O; QL
lofexidine hcl	1	QL
LUCEMYRA	3	BP; QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine mini	1	ACA; O; QL
nicotine polacrilex mini	1	ACA; O; QL
nicotine polacrilex mouth/throat	1	ACA; O; QL
nicotine step 1	1	ACA; O; QL
nicotine step 2	1	ACA; O; QL
nicotine step 3	1	ACA; O; QL
nicotine transdermal kit	1	ACA; O; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL

Drug Name	Drug Tier	Limits/ Required
REXTOVY	2	QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	ACA; PV; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; PV; QL
varenicline tartrate(continue)	1	ACA; PV; QL
ZUBSOLV	3	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	

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Drug Name	Drug Tier	Limits/ Required
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	
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 suspension reconstituted	1	

Drug Name	Drug Tier	Limits/ Required
cephalexin oral tablet	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	BP
CLEOCIN VAGINAL CREAM	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

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Drug Name	Drug Tier	Limits/ Required
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 200	3	BP
ERYPED 400	3	BP
ERY-TAB	3	BP
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
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 tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl oral capsule 100 mg	1	
moxifloxacin hcl oral	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SILVADENE	3	BP
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	BP
vancomycin hcl oral	1	

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Drug Name	Drug Tier	Limits/ Required
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
XACIATO	3	
XIFAXAN ORAL TABLET 550 MG	2	
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
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium injection solution 300 mg/3ml	1	PV
enoxaparin sodium injection solution prefilled syringe	1	PV
fondaparinux sodium	1	PV

Drug Name	Drug Tier	Limits/ Required
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
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
Anticonvulsants - Drugs for Seizures		
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
carbamazepine suspension 100 mg/5ml oral	1	

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Drug Name	Drug Tier	Limits/ Required
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	2	PA; SP
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
DILANTIN-125	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	
EPIDIOLEX	2	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
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 solution 10 mg/ml	1	
lacosamide oral tablet	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	

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Drug Name	Drug Tier	Limits/ Required
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral solution 500 mg/5ml	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
LIBERVANT	3	AL; QL
methsuximide	1	
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	
oxcarbazepine er	1	
OXTELLAR XR	3	BP
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	

Drug Name	Drug Tier	Limits/ Required
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	3	SP; BP
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
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	1	SP
vigadrone	1	SP
VIGAFYDE	2	SP
vigpoder	1	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
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
zonisamide oral	1	
ZTALMY	2	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
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 TITRATION PAK	3	BP

Drug Name	Drug Tier	Limits/ Required
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
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide- amitriptyline	1	
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	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
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
escitalopram oxalate oral	1	PV
fluoxetine hcl oral capsule	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluoxetine hcl solution 20 mg/5ml oral	1	PV
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL

Drug Name	Drug Tier	Limits/ Required
PAXIL CR	3	PV; 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 concentrate	1	PV
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
venlafaxine hcl	1	PV
venlafaxine hcl er oral capsule extended release 24 hour	1	PV
VIIBRYD ORAL TABLET	3	ST; BP; QL

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Drug Name	Drug Tier	Limits/ Required
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
ZURZUVAE	3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	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
granisetron hcl oral	1	QL
MARINOL	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	

Drug Name	Drug Tier	Limits/ Required
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine	1	PV
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
REGLAN ORAL	3	BP
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	

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Drug Name	Drug Tier	Limits/ Required
Antifungals		
ANCOBON	3	BP
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	BP
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	BP
econazole nitrate external	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	

Drug Name	Drug Tier	Limits/ Required
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
klayesta	1	
miconazole 3 vaginal suppository	1	
naftifine hcl external gel 2 %	1	
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	
oxiconazole nitrate	1	
posaconazole oral	1	
SPORANOX	3	BP; QL
terbinafine hcl oral	1	

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Drug Name	Drug Tier	Limits/ Required
terconazole	1	QL
TOLNAFTATE	2	
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol tablet 200 mg oral	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
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

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

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Drug Name	Drug Tier	Limits/ Required
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL
zolmitriptan oral	1	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	

Drug Name	Drug Tier	Limits/ Required
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECATOR	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
AUGTYRO	14	PA; MB; SP; QL
AYVAKIT	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	1	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB
BOSULIF ORAL TABLET	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

Drug Name	Drug Tier	Limits/ Required
dasatinib	14	PA; MB; SP
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP
EULEXIN	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	ACA; PV
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
FRUZAQLA	14	PA; MB; SP; QL
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP

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Drug Name	Drug Tier	Limits/ Required
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP; QL
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
INLYTA	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL
INREBIC	14	PA; MB; SP; QL
IRESSA	14	PA; MB; SP; BP
JAKAFI	3	PA; SP
JAYPIRCA	14	PA; MB; SP; QL
KISQALI (200 MG DOSE)	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KOSELUGO	2	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

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Drug Name	Drug Tier	Limits/ Required
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
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 ORAL TABLET	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
mercaptopurine oral	1	
MESNEX ORAL	2	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

Drug Name	Drug Tier	Limits/ Required
OGSIVEO	14	PA; MB; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED	14	PA; MB; SP; QL
OJEMDA ORAL TABLET 100 MG	14	PA; MB; SP; QL
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	2	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 ORAL CAPSULE	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

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Drug Name	Drug Tier	Limits/ Required
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SOLTAMOX	3	PV
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP; BP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP
TAGRISSO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA; PV
TARCEVA ORAL TABLET 100 MG, 150 MG	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	3	SP; BP
TARGRETIN ORAL	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP
TAZVERIK	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL
THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
TIBSOVO	14	PA; MB; SP; QL
toremifene citrate	1	PV
torpenz	14	PA; MB; SP
tretinoin oral	14	PA; MB; SP
TRUQAP ORAL TABLET	14	PA; MB; SP; QL
TUKYSA	14	PA; MB; SP; QL
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TYKERB	14	PA; MB; SP; BP
VALCHLOR	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL
VENCLEXTA	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL
VIJOICE	2	PA; SP; QL
VIZIMPRO	14	PA; MB; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	1	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	

Drug Name	Drug Tier	Limits/ Required
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	SP; BP
apomorphine hcl subcutaneous	1	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone	1	
LODOSYN	3	BP
NEUPRO	3	
ONGENTYS	2	QL
PARLODEL	3	BP
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST

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
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
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	2	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ORAL TABLET	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet 15 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
aripiprazole tablet 10 mg oral	1	PV; QL
aripiprazole tablet 2 mg oral	1	PV; QL
aripiprazole tablet 20 mg oral	1	PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL
chlorpromazine hcl oral	1	PV
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
clozapine tablet dispersible 100 mg oral	1	PV
clozapine tablet dispersible 150 mg oral	1	PV
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL	3	PV; BP
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
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	1	PV
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate er	1	PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone oral solution	1	PV
risperidone oral tablet 0.25 mg	1	PV
risperidone oral tablet dispersible	1	PV
risperidone tablet 0.5 mg oral	1	PV
risperidone tablet 1 mg oral	1	PV
risperidone tablet 2 mg oral	1	PV

Drug Name	Drug Tier	Limits/ Required
risperidone tablet 3 mg oral	1	PV
risperidone tablet 4 mg oral	1	PV
RYKINDO	14	MB; PV; QL
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR ORAL CAPSULE	2	ST; PV; QL
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 ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL

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
CIMDUO	2	PV; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz	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	2	PA; SP; QL
EPIVIR	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
GENVOYA	2	PV; QL
HARVONI	2	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	2	PA; SP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir	1	PV; QL
maraviroc	1	PV; QL
MAVYRET	2	PA; SP; QL
nevirapine	1	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
NORVIR ORAL PACKET	2	PV
NORVIR ORAL TABLET	3	PV; BP; QL
ODEFSEY	2	PV; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
PIFELTRO	2	PV; QL
PREVYMIS ORAL	3	SP; QL
PREZCOBIX	2	PV; QL
PREZISTA ORAL SUSPENSION	2	PV; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
RETROVIR ORAL SYRUP	3	PV; BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
REYATAZ ORAL PACKET	3	PV
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV; QL
RUKOBIA	2	PV; QL
SELZENTRY ORAL SOLUTION	2	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
SOFOSBUVIR-VELPATASVIR	2	PA; SP; 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

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
TIVICAY ORAL TABLET 50 MG	2	PV; QL
TIVICAY PD	2	PV; QL
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
oxazepam	1	
triazolam	1	
VALIUM	3	BP
VISTARIL ORAL CAPSULE 25 MG	3	BP
XANAX	3	BP
XANAX XR	3	BP
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	PV
lithium carbonate er	1	
lithium carbonate oral	1	
lithium solution 8 meq/5ml 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	
FABHALTA	3	PA; SP; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
MULPLETA	2	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP

Drug Name	Drug Tier	Limits/ Required
NYVEPRIA	14	MB; SP
PROMACTA	2	PA; SP; QL
PYRUKYND	2	PA; SP; QL
PYRUKYND TAPER PACK	2	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	2	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
VOYDEYA	3	PA; SP; QL
XOLREMDI	3	PA; SP; QL
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV

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
ALTACE ORAL CAPSULE	3	PV; BP
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV
amlodipine-valsartan-hctz	1	PV
ATACAND	3	PV; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; 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

Drug Name	Drug Tier	Limits/ Required
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	3	PA; SP; QL
candesartan cilexetil	1	PV
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
cartia xt	1	PV
carvedilol	1	PV
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP
chlorthalidone oral tablet 25 mg, 50 mg	1	PV

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
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral tablet	1	PV
COLESTID ORAL GRANULES	3	PV; BP
COLESTID ORAL TABLET	3	PV; BP
colestipol hcl	1	PV
COREG	3	PV; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	BP
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSEER	3	PV; BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV

Drug Name	Drug Tier	Limits/ Required
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl 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
DYRENIUM	3	PV; BP
EDECRIN	3	PV; BP
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV
flecainide acetate	1	
fluvastatin sodium	1	ACA; PV; QL
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl oral	1	PV
HEMANGEOL	2	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
INSPRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV

Drug Name	Drug Tier	Limits/ Required
isosorbide mononitrate er	1	PV
isradipine	1	PV
ivabradine hcl	1	
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
LIPITOR	3	PV; BP; QL
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LODOCO	3	QL
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV; BP
METHYLDOPA ORAL	2	PV

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Drug Name	Drug Tier	Limits/ Required
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
midodrine hcl	1	
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	1	PV
NITRO-BID	2	PV
nitroglycerin rectal	1	
nitroglycerin sublingual	1	PV

Drug Name	Drug Tier	Limits/ Required
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	
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	PV; BP
NORVASC TABLET 10 MG ORAL	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
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
QUESTRAN	3	PV; BP; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	BP
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium oral	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
TEKTURNA	3	PV; BP
telmisartan	1	PV
telmisartan-amlodipine	1	PV
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
torsemide 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

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
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er capsule extended release 24 hour 100 mg oral	1	PV
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PV
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	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	2	PA; SP; QL
VYNDAQEL	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
VYTORIN	3	PV; BP; QL
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
Central Nervous System Agents		
SKYCLARYS	2	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	BP
ADDERALL XR	3	BP
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	BP
DESOXYN	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
lisdexamfetamine dimesylate	1	
METADATE CD	3	BP
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate 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 (xr)	1	

Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl oral	1	
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
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	
ZENZEDI	3	BP
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	3	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	3	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
BAFIERTAM	2	PA; SP; QL	MAYZENT TABLET 2 MG ORAL	2	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; SP; QL	PLEGRIDY INTRAMUSCULAR	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	2	PA; SP; QL	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	2	PA; SP; QL	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
fingolimod hcl	1	PA; SP; QL	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	3	PA; SP; BP; QL	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
KESIMPTA	2	PA; SP; QL			
MAVENCLAD	2	PA; SP; QL			
MAYZENT ORAL TABLET 0.25 MG, 1 MG	2	PA; SP; QL			
MAYZENT STARTER PACK	2	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required
TASCENSO ODT	3	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; SP; BP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	3	PA; SP; BP; QL
teriflunomide	1	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	SP; QL
AUSTEDO XR	2	SP; QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	SP; QL
caffeine citrate oral	1	
DAYBUE	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
IMCIVREE	3	PA; SP; QL
INGREZZA	2	SP; QL
LYRICA	3	BP; QL
pregabalin oral	1	QL
RADICAVA ORS	2	PA; SP; QL
RADICAVA ORS STARTER KIT	2	PA; SP; QL
RELYVRIO	2	PA; SP; QL
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	2	PA; SP; QL
tetrabenazine	1	SP
WAINUA	2	PA; SP; QL
XENAZINE	3	SP; BP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
CAPHOSOL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	

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Drug Name	Drug Tier	Limits/ Required
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE	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 DENTAL PASTE	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	1	
lidocaine viscous hcl	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	

Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf gel 1.1%	1	
sf 5000 plus	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat	1	

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Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ACANYA	3	BP
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	

Drug Name	Drug Tier	Limits/ Required
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteam	1	
ATRALIN	3	AL; BP
azelaic acid external	1	
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	BP
calcitriol external	1	
CARAC	3	
CIBINQO	2	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP

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Drug Name	Drug Tier	Limits/ Required
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol propionate e	1	
clobetasol propionate external	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clodan external shampoo	1	
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	BP
dapsone external gel 5 %	1	
DERMA-SMOOTH/FS BODY	3	BP
DERMA-SMOOTH/FS SCALP	3	BP
desonide external cream	1	

Drug Name	Drug Tier	Limits/ Required
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
DRYSOL	2	
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	2	PA; SP; QL
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
ery pad 2%	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FILSUVEZ	3	PA; SP
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	

Drug Name	Drug Tier	Limits/ Required
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP

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Drug Name	Drug Tier	Limits/ Required
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	BP
LITFULO	3	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
SANTYL	3	
selenium sulfide external lotion	1	

Drug Name	Drug Tier	Limits/ Required
sodium sulfacetamide wash liquid 10 % external	1	
SOOLANTRA	3	BP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur external suspension 9-4.25 %	1	
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
SYNALAR EXTERNAL CREAM	3	BP
SYNALAR EXTERNAL OINTMENT	3	BP
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tretinoin external	1	AL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	

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Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
urea external cream 20 %	1	
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZIANA	3	BP
ZONALON	3	BP
ZORYVE	3	ST; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
ACTOS	3	PV; BP; 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
FARXIGA TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
metformin hcl er	1	PV
metformin hcl ir	1	PV
miglitol	1	PV
MOUNJARO SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; PV; QL
nateglinide	1	PV
ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl- glimepiride	1	PV
pioglitazone hcl- metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS 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
SOLQUA	2	PV; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRIJARDY XR	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR	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
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH ULTRA TEST STRIPS	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYOPEN 1- PACK	2	QL
GVOKE HYOPEN 2- PACK	2	QL

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Drug Name	Drug Tier	Limits/ Required
GVOKE KIT	2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL
PROGLYCEM	3	BP
Diabetes - Insulins		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
FIASP FLEXTOUCH	2	PV
FIASP INJECTION	2	PV
FIASP PENFILL	2	PV
FIASP PUMPCART	2	PV
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV
INSULIN DEGLUDEC	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV
LANTUS SOLOSTAR SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
LANTUS U-100 VIAL	2	PV
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PV
LEVEMIR U-100 VIAL	2	PV

Drug Name	Drug Tier	Limits/ Required
NOVOLIN 70/30 FLEXPEN	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV
NOVOLIN 70/30 RELION	2	PV
NOVOLIN 70/30 VIAL	2	PV
NOVOLIN N FLEXPEN	2	PV
NOVOLIN N FLEXPEN RELION	2	PV
NOVOLIN N RELION	2	PV
NOVOLIN N VIAL	2	PV
NOVOLIN R FLEXPEN	2	PV
NOVOLIN R FLEXPEN RELION	2	PV
NOVOLIN R RELION	2	PV
NOVOLIN R VIAL	2	PV
NOVOLOG 70/30 FLEXPEN RELION	2	PV
NOVOLOG FLEXPEN RELION	2	PV
NOVOLOG U-100 FLEXPEN	2	PV
NOVOLOG MIX 70/30 FLEXPEN	2	PV
NOVOLOG MIX 70/30 RELION	2	PV
NOVOLOG MIX 70/30 VIAL	2	PV
NOVOLOG U-100 PENFILL	2	PV
NOVOLOG RELION INJECTION	2	PV
NOVOLOG U-100 VIAL INJECTION	2	PV

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Drug Name	Drug Tier	Limits/ Required
TOUJEO MAX SOLOSTAR	2	PV
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV
TRESIBA	2	PV
TRESIBA FLEXTOUCH	2	PV
Electrolytes / Minerals / Metals / Vitamins		
ALANINE	2	
CALCIFOL	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
CALCIUM GLUCONATE	2	
CALCIUM GLUCONATE ANHYDROUS	2	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CARBAGLU ORAL TABLET SOLUBLE	3	SP; BP
carglumic acid oral tablet soluble	1	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	

Drug Name	Drug Tier	Limits/ Required
CHOLINE BITARTRATE POWDER	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	1	SP
deferasirox granules	1	SP
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	3	SP; BP
FERRIPROX ORAL SOLUTION	3	SP
folate	1	ACA; O
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
ft folic acid oral tablet 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	3	SP; BP
JADENU SPRINKLE	3	SP; BP
JYNARQUE	3	PA; SP; QL
KIONEX ORAL SUSPENSION	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
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	

Drug Name	Drug Tier	Limits/ Required
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	ACA; O
METHIONINE	2	
NEOKE ALCAR	3	
NEONATAL PRENATAL	2	ACA; O
ONE VITE WOMENS	2	ACA; O
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O
ORAL CITRATE	2	
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O
prenatal oral tablet 27-0.8 mg	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
prenatal vitamins oral tablet 27-0.8 mg	1	ACA; O
SAMSCA	3	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	
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	2	
sterile water for irrigation solution irrigation	1	
SYPRINE	3	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	1	SP
trientine hcl oral capsule 250 mg	1	SP
trientine hcl oral capsule 500 mg	1	

Drug Name	Drug Tier	Limits/ Required
tri-vite/fluoride oral solution 0.5 mg/ml	1	ACA
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
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 hcl oral solution 300 mg/5ml	1	PV
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV

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
famotidine tablet 20 mg oral (rx)	1	PV
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
misoprostol oral	1	PV
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
ZEGERID ORAL CAPSULE	3	PV; BP; QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
BISACODYL	2	
bisacodyl ec	1	ACA; O
bisacodyl oral	1	ACA; O
CHENODAL	2	PA; SP
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose	1	
ft clearlax	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
ft laxative	1	ACA; O
ft magnesium citrate	1	ACA; O
GASTROCROM	3	BP
GATTEX	2	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA; PV
gavilyte-g	1	ACA; PV
gavilyte-n with flavor pack	1	ACA; PV
generlac	1	
gentle laxative oral tablet delayed release	1	ACA; O
gentlelax oral powder	1	ACA; O
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	

Drug Name	Drug Tier	Limits/ Required
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	

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

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Drug Name	Drug Tier	Limits/ Required
peg 3350-kcl-na bicarb-nacl	1	ACA; PV
peg-3350/electrolytes	1	ACA; PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na ascorbic acid	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	ACA; O
RESTORA RX	3	
REZDIFFRA	3	PA; SP; QL
ROBINUL ORAL	3	BP
ROBINUL-FORTE	3	BP
SUPREP BOWEL PREP KIT	3	PV; BP
SUREBIOTIC PROBIOTIC SUPPORT	3	
SUTAB	3	PV
SYMPROIC	2	QL
true laxative	1	ACA; O
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO FORTE	3	BP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOWST	3	PA; QL
XERMELO	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	1	SP
BUPHENYL ORAL POWDER 3 GM/TSP	3	SP; BP
BUPHENYL ORAL TABLET	3	SP; BP
CERDELGA	2	PA; SP
CHOLBAM	2	PA; SP
CREON	2	
CYSTADANE	3	SP; BP
CYSTAGON	2	SP
EVRYSDI	2	PA; SP; QL
GALAFOLD	2	PA; SP; QL
JAVYGTOR	3	PA; SP; BP
KUVAN ORAL PACKET	3	PA; SP; BP
KUVAN ORAL TABLET	3	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	1	PA; SP
MYALEPT	2	PA; SP
nitisinone	1	SP
NITYR	2	SP
OLPRUVA (2 GM DOSE)	2	SP; QL
OLPRUVA (3 GM DOSE)	2	SP; QL

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Drug Name	Drug Tier	Limits/ Required
OLPRUVA (4 GM DOSE)	2	SP; QL
OLPRUVA (5 GM DOSE)	2	SP; QL
OLPRUVA (6 GM DOSE)	2	SP; QL
OLPRUVA (6.67 GM DOSE)	2	SP; QL
OPFOLDA	3	PA; SP; QL
ORFADIN ORAL CAPSULE	3	SP; BP
ORFADIN ORAL SUSPENSION	2	SP
PALYNZIQ	2	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
PHEBURANE	2	PA; SP
RAVICTI	2	PA; SP
sapropterin dihydrochloride oral packet	1	PA; SP
sapropterin dihydrochloride oral tablet	1	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	SP
sodium phenylbutyrate oral tablet	1	SP
STRENSIQ	2	PA; SP

Drug Name	Drug Tier	Limits/ Required
SUCRAID	2	PA; SP
VIOKACE	3	ST
VOXZOGO	3	PA; SP; QL
XURIDEN	3	SP
yargesa	1	PA; SP
ZAVESCA	3	PA; SP; BP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
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	
CUPRIMINE ORAL CAPSULE 250 MG	3	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	3	SP; BP

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Drug Name	Drug Tier	Limits/ Required
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
mirabegron er	1	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; BP
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	ST; BP
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
penicillamine oral	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP

Drug Name	Drug Tier	Limits/ Required
RIVFLOZA	3	PA; SP; QL
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
THIOLA	3	SP; BP
THIOLA EC	3	SP; BP
tiopronin oral	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VELPHORO	3	QL
VESICARE	3	BP
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	BP
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
CORTEF	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
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	
fludrocortisone acetate oral	1	
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	
PEDIAPRED	3	BP
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone solution 15 mg/5ml oral	1	
prednisone oral	1	

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
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; 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
Hormonal Agents - Pituitary		
ACTHAR	3	PA; SP
ACTHAR GEL	3	PA; SP
cabergoline	1	QL
CORTROPHIN	3	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	3	PA; SP; QL
HUMATROPE INJECTION CARTRIDGE	2	PA; SP
INCRELEX	2	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	2	PA; SP; QL
NGENLA	3	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP

Drug Name	Drug Tier	Limits/ Required
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	SP
octreotide acetate subcutaneous	1	SP
ORILISSA	2	PA; QL
RECORLEV	3	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	SP; BP
SIGNIFOR	2	PA; SP
SKYTROFA	3	PA; SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	3	PA; SP; BP
mifepristone oral tablet 300 mg	1	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
aftera	1	ACA; O
AFTERPILL	3	ACA; O
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amethyst	1	ACA; PV
ANNOVERA	3	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
aviane	1	ACA; PV
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	ACA; PV
BEYAZ	3	PV; BP
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

Drug Name	Drug Tier	Limits/ Required
CLIMARA	3	PV; BP; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
curae	1	ACA; O
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV
deblitane	1	ACA; PV
DELESTROGEN	3	PV; BP
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA
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

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Drug Name	Drug Tier	Limits/ Required
drospiren-eth estrad-levomefol	1	ACA; PV
drospirenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
econtra one-step	1	ACA; O
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
emzahh	1	ACA; PV
ENDOMETRIN	3	
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

Drug Name	Drug Tier	Limits/ Required
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV; BP
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
gallifrey	1	
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
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

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Drug Name	Drug Tier	Limits/ Required
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
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

Drug Name	Drug Tier	Limits/ Required
levonorgestrel-ethinyl estrad	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
LO LOESTRIN FE	3	PV
LOESTRIN 1.5/30 (21)	3	PV; BP
LOESTRIN 1/20 (21)	3	PV; BP
LOESTRIN FE 1.5/30	3	PV; BP
LOESTRIN FE 1/20	3	PV; BP
lojaimiess	1	ACA; PV
loryna	1	ACA; PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
luteria	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	
merzee	1	ACA; PV
mibelas 24 fe	1	ACA; PV

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

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Drug Name	Drug Tier	Limits/ Required
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
MINIVELLE	3	PV; BP; QL
mono-lynyah	1	ACA; PV
my choice	1	ACA; O
my way	1	ACA; O
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	ACA; PV
necon 0.5/35 (28)	1	ACA; PV
new day	1	ACA; O
NEXTSTELLIS	3	PV
nikki	1	ACA; PV
nora-be	1	ACA; PV
norelgestromin-eth estradiol	1	ACA; PV; QL
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

Drug Name	Drug Tier	Limits/ Required
norethindrone-eth estradiol	1	PV
norethindron-ethinyl estrad-fe	1	ACA; PV
norethin-eth estradiol-fe	1	ACA; PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV
norgestimate-ethinyl estradiol triphasic	1	ACA; PV
norlyroc	1	ACA; PV
nortrel 0.5/35 (28)	1	ACA; PV
nortrel 1/35 (21)	1	ACA; PV
nortrel 1/35 (28)	1	ACA; PV
nortrel 7/7/7	1	ACA; PV
NUVARING	3	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
option 2	1	ACA; O
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
portia-28	1	ACA; PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV

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Drug Name	Drug Tier	Limits/ Required
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	ACA; O
reclipsen	1	ACA; PV
rivelsa	1	ACA; PV
SAFYRAL	3	PV; BP
setlakin	1	ACA; PV
sharobel	1	ACA; PV
simliya	1	ACA; PV
simpesse	1	ACA; PV
SLYND TABLET 4 MG ORAL	3	PV
sprintec 28	1	ACA; PV
sronyx	1	ACA; PV
syeda	1	ACA; PV
take action	1	ACA; O
tarina 24 fe	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV
taysofy	1	ACA; PV
TAYTULLA	3	PV; BP
tilia fe	1	ACA; PV
tri-estarylla	1	ACA; PV
tri-legest fe	1	ACA; PV
tri-linyah	1	ACA; PV
tri-lo-estarylla	1	ACA; PV
tri-lo-marzia	1	ACA; PV
tri-lo-mili	1	ACA; PV
tri-lo-sprintec	1	ACA; PV
tri-mili	1	ACA; PV
tri-nymyo	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
tri-sprintec	1	ACA; PV
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
turqoz	1	ACA; PV
TWIRLA	3	PV; QL
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	PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	

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Drug Name	Drug Tier	Limits/ Required
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
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	2	BP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	

Drug Name	Drug Tier	Limits/ Required
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL
ACTIMMUNE	2	PA; SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-FKJP (2 PEN)	2	PA; SP; QL
ADALIMUMAB-FKJP (2 SYRINGE)	2	PA; SP; QL
ARAVA	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	2	PA; SP
ASTAGRAF XL	3	PV
AZASAN	3	PV; BP
azathioprine oral	1	PV
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	2	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
BIMZELX	3	PA; SP; QL
CELLCEPT	3	PV; BP
CIMZIA (2 SYRINGE)	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL	ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
COSENTYX (300 MG DOSE)	3	PA; SP; QL	ENVARUSUS XR	3	PV
COSENTYX 150 MG/ML SUBCUTANEOUS	3	PA; SP; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL	FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; BP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; SP; QL	gengraf oral capsule 100 mg, 25 mg	1	PV
COSENTYX UNOREADY	3	PA; SP; QL	gengraf oral solution	1	PV
cyclosporine modified	1	PV		2	PA; SP; QL
cyclosporine oral capsule	1	PV	HADLIMA	2	PA; SP; QL
ENBREL MINI	3	PA; SP; QL	HADLIMA PUSHTOUCH	2	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; SP; QL	HAEGARDA	2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SP; BP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	3	PA; SP; BP; QL
ENSPRYNG	2	PA; SP; QL	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; SP; BP; QL

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Drug Name	Drug Tier	Limits/ Required
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA; SP; BP; QL
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; BP; QL
icatibant acetate subcutaneous solution prefilled syringe	1	PA; SP
IMURAN	3	PV; BP
JOENJA	2	PA; SP; QL
KEVZARA	3	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
leflunomide oral	1	QL
LUPKYNIS	3	PA; SP; PV; QL
methotrexate 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	

Drug Name	Drug Tier	Limits/ Required
mycophenolate mofetil oral capsule	1	PV
mycophenolate mofetil oral tablet	1	PV
mycophenolate sodium	1	PV
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
MYFORTIC	3	PV; BP
MYHIBBIN	2	PV
NEORAL	3	PV; BP
OLUMIANT	3	PA; SP; QL
OMVOH SUBCUTANEOUS	3	PA; SP; QL
ORENCIA CLICKJECT	3	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA ORAL TABLET	2	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP; QL
PROGRAF ORAL CAPSULE	3	PV; BP
PROGRAF ORAL PACKET	3	PV; AL
RAPAMUNE	3	PV; BP
REZUROCK	3	PA; SP; QL
RIDAURA	2	SP

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Drug Name	Drug Tier	Limits/ Required
RINVOQ LQ	2	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	2	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	2	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV; BP
SILIQ	3	PA; SP; QL
SIMLANDI (1 PEN)	2	PA; SP; QL
SIMLANDI (2 PEN)	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
sirolimus oral	1	PV
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	3	PA; SP; QL
SPEVIGO SUBCUTANEOUS	3	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus oral	1	PV
TAKHZYRO	2	PA; SP; QL
TALTZ	3	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QL
TREXALL	2	
VELSIPITY	3	PA; SP; QL
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; 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 oral	1	
budesonide rectal	1	
CANASA	3	BP

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Drug Name	Drug Tier	Limits/ Required
COLAZAL	3	BP
CORTENEMA	3	BP
CORTIFOAM EXTERNAL	2	
DELZICOL	3	BP
EOHILIA	3	QL
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	BP
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	
UCERIS RECTAL	3	BP

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
calcitonin (salmon)	1	PV
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
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
TYMLOS	2	PA; SP; PV; QL
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

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Drug Name	Drug Tier	Limits/ Required
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (RX)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	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	3	PA; SP; QL
BYLVAY (PELLETS)	3	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
DUREX TROPICAL	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	BP
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FLEXICHAMBER	2	

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Drug Name	Drug Tier	Limits/ Required
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
IWILFIN	14	PA; MB; SP; QL
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
l-glutamine oral packet	1	
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	14	MB; QL
OMNIPOD 5 DEXG7G6 PODS 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	

Drug Name	Drug Tier	Limits/ Required
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	3	PA; SP; QL
PALFORZIA	3	SP; AL
PHEXXI	3	
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
SOHONOS	3	PA; SP; QL
TAVNEOS	3	PA; SP; QL
TODAY SPONGE	2	ACA; O
TRUE COVER	3	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	2	SP

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Drug Name	Drug Tier	Limits/ Required
VORTEX VALVED HOLDING CHAMBER	2	
ZILBRYSQ	3	PA; SP; QL
ZOKINVY	2	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	BP
ACULAR LS	3	BP
ALREX	3	ST; BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BETADINE OPTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
FLAREX	2	
fluorometholone ophthalmic	1	

Drug Name	Drug Tier	Limits/ Required
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPTHALMIC GEL	3	ST; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension 0.2 %	1	ST
MAXIDEX	2	
MAXITROL OPTHALMIC OINTMENT	3	BP
MAXITROL OPTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	

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Drug Name	Drug Tier	Limits/ Required
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVEY SOLUTION 0.25 % OPTHALMIC	3	PA
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	

Drug Name	Drug Tier	Limits/ Required
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	1	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	3	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	

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Drug Name	Drug Tier	Limits/ Required
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
methazolamide oral	1	
ORMALVI	3	SP; BP
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	BP
travoprost (bak free)	1	
VUITY	3	
XALATAN	3	BP
XELPROS	2	
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	

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 OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	2	SP
CYSTARAN	2	SP
MIEBO	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	3	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b-trimethoprim	1	
RESTASIS	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide- prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	2	QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin- dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
benzonatate	1	
carbinoxamine maleate oral solution	1	

Drug Name	Drug Tier	Limits/ Required
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet 2.68 mg	1	
cycloheptadine hcl oral	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit- homatrop mbr	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2		ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3		ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL
promethazine vc	1		ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL
promethazine-codeine oral solution	1	AL; QL	ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
promethazine-dm oral syrup	1		ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
promethazine- phenylephrine	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Pro ventil; PV; QL
pseudoeph-bromphen- dm syrup 30-2-10 mg/5ml oral (rx)	1		ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL
PULMOSAL	2		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
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1				
sodium chloride nebulization solution 7 % inhalation	1				
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			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	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
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL	ATROVENT HFA	2	PV; QL
arformoterol tartrate	1	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	breyana	1	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
			BROVANA	3	PV; BP; QL
			budesonide inhalation	1	PV; QL
			budesonide-formoterol fumarate	1	PV; QL
			COMBIVENT RESPIMAT	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
cromolyn sodium inhalation	1	PV	INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
DALIRESP	3	PV; BP	ipratropium bromide inhalation	1	PV
elixophyllin	1	PV	ipratropium-albuterol	1	PV
epinephrine injection solution auto-injector	1	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
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL	montelukast sodium oral	1	PV
ESBRIET	3	PA; SP; BP; QL	NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; SP; QL
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	2	PA; SP; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QL
FLUTICASONE PROPIONATE DISKUS	2	PV	OFEV	2	PA; SP; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	PERFOROMIST	3	PV; BP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	pirfenidone	1	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	PROAIR RESPICLICK	3	PV; QL
			PROVENTIL HFA	3	PV; BP; QL
			PULMICORT FLEXHALER	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
PULMICORT SUSPENSION	3	PV; BP; QL
QVAR REDHALER	2	PV; QL
roflumilast	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
SINGULAIR	3	PV; BP
SPIRIVA HANDHALER	3	PV; BP; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
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
terbutaline sulfate oral	1	PV
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
THEO-24	3	PV
theophylline elixir 80 mg/15ml oral	1	PV
theophylline er	1	PV
theophylline solution 80 mg/15ml oral	1	PV
tiotropium bromide monohydrate	1	PV; QL
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

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Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	3	SP; BP; QL
BRONCHITOL	2	QL
CAYSTON	2	SP
KALYDECO	2	PA; SP; QL
KITABIS PAK	2	SP; QL
ORKAMBI	2	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	SP
SYMDEKO	2	PA; SP; QL
TOBI NEBULIZER	3	SP; BP; QL
TOBI PODHALER	2	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	1	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	2	SP; QL
TRIKAFTA	2	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	PA; SP; BP; QL
ADEMPAS	2	PA; SP; QL
alyq	1	PA; SP; QL
ambrisentan	1	PA; SP; QL
bosentan	1	PA; SP; QL
LETAIRIS	3	PA; SP; BP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	2	PA; SP
ORENITRAM MONTH 1	2	PA; SP
ORENITRAM MONTH 2	2	PA; SP
ORENITRAM MONTH 3	2	PA; SP
REVATIO ORAL TABLET	3	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
tadalafil (pah)	1	PA; SP; QL
TADLIQ	3	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
TRACLEER 62.5 MG, 125 MG	3	PA; SP; BP; QL
TRACLEER 32 MG	2	PA; SP; QL
TYVASO	2	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	2	PA; SP; QL
TYVASO REFILL KIT	2	PA; SP
TYVASO STARTER KIT	2	PA; SP
UPTRAVI ORAL	2	PA; SP; QL
UPTRAVI TITRATION	2	PA; SP; QL
VENTAVIS	2	PA; SP; QL
WINREVAIR	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Limits/ Required
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	3	BP
TANLOR	3	BP
tizanidine hcl oral	1	
ZANAFLEX	3	BP
Sleep Disorder Agents		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	3	PA; SP; BP; QL
HETLIOZ LQ	3	PA; SP; QL
LUNESTA	3	BP; QL
modafinil oral	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL

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Drug Name	Drug Tier	Limits/ Required
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	2	PA; SP; QL
SUNOSI TABLET 150 MG ORAL	2	ST; QL
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	1	PA; SP; QL
temazepam	1	
WAKIX	2	PA; SP; QL
XYREM	2	PA; SP; QL
XYWAV	2	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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 - 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
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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)

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Help in Other Languages

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

Arabic -

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

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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).

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

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

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

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

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

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

Thai - เรียน: ถ้า คุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โท
(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).