

ACA Compliant Individual/Small Group Formulary



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

Call Pharmacy Management Team at (855) 305-5062

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

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

SANFORD
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

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

Reading your formulary

Drug list information

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

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

ACA Compliant Individual/Small Group Formulary

Table of Contents

Analgesics - Drugs for Pain.....	6	Electrolytes / Minerals / Metals / Vitamins	59
Analgesics - Drugs for Pain and Inflammation.....	9	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	61
Anesthetics.....	11	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	63
Anti-Addiction / Substance Abuse Treatment Agents.....	12	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment....	65
Antibacterials.....	12	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	66
Anticoagulants.....	15	Genitourinary Agents - Drugs for Prostate Conditions	67
Anticonvulsants - Drugs for Seizures.....	16	Hormonal Agents - Adrenal.....	67
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	18	Hormonal Agents - Men's Health	68
Antidepressants.....	18	Hormonal Agents - Pituitary	69
Antiemetics - Drugs for Nausea and Vomiting.....	21	Hormonal Agents - Prostaglandins	70
Antifungals.....	22	Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	70
Antigout Agents.....	23	Hormonal Agents - Sex Hormones and Birth Control.....	70
Anti-inflammatory Agents.....	23	Hormonal Agents - Thyroid.....	75
Antimigraine Agents.....	23	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	76
Antimyasthenic Agents.....	25	Inflammatory Bowel Disease Agents.....	79
Antimycobacterials.....	25	Metabolic Bone Disease Agents - Drugs for Osteoporosis	80
Antineoplastics - Drugs for Cancer.....	25	Metabolic Bone Disease Agents - Other....	81
Antiparasitics.....	30	Miscellaneous Therapeutic Agents	81
Antiparkinson Agents.....	30	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	82
Antiplatelets.....	32	Ophthalmic Agents - Drugs for Glaucoma	84
Antipsychotics - Drugs for Mood Disorders	32	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	85
Antivirals.....	33	Otic Agents - Drugs for Ear Conditions	86
Anxiolytics - Drugs for Anxiety	36	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	86
Bipolar Agents - Drugs for Mood Disorders	37	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	88
Blood Products and Modifiers - Drugs for Blood Disorders.....	37	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	92
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	37	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	93
Central Nervous System Agents - Drugs for Attention Deficit Disorder	45	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	93
Central Nervous System Agents - Drugs for Multiple Sclerosis	46	Sleep Disorder Agents	94
Central Nervous System Agents - Miscellaneous.....	47	Index of Drugs	95
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	48		
Dermatological Agents - Drugs for Skin Conditions	49		
Diabetes - Antidiabetic Agents	55		
Diabetes - Glucose Monitoring	57		
Diabetes - Glycemic Agents	57		
Diabetes - Insulins	57		

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain					
acetaminophen-codeine #2	1	QL	butalbital-acetaminophen oral tablet 50-325 mg	1	
acetaminophen-codeine #3	1	QL	butalbital-apap-caff-cod	1	
acetaminophen-codeine #4	1	QL	butalbital-apap-caffeine oral capsule	1	
acetaminophen-codeine oral tablet	1	QL	butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL	butalbital-asa-caff-codeine	1	
ACTIQ	3		butalbital-aspirin-caffeine oral capsule	1	
ALLZITAL	3	FE	butorphanol tartrate nasal	1	QL
APADAZ	3	FE; QL	BUTRANS	3	QL
ascomp-codeine	1		carisoprodol-aspirin-codeine	1	
bac	1		codeine sulfate oral tablet	1	QL
BELBUCA	3	QL	CONZIP	3	FE
BENZHYDROCODONE ACETAMINOPHEN	3	FE; QL	DILAUDID ORAL	3	QL
BUPAP ORAL TABLET 50-300 MG	3	FE	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
buprenorphine transdermal	1	QL	ESGIC	3	
butalbital-acetaminophen capsule 50-300 mg oral	1	FE	fentanyl	1	QL
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE	fentanyl citrate buccal lozenge on a handle	1	
butalbital-acetaminophen oral tablet 50-300 mg	1	FE	FENTANYL CITRATE BUCCAL TABLET	3	
			FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
			FIORICET ORAL CAPSULE	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3		LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL	meperidine hcl oral solution	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	1	QL	meperidine hcl oral tablet 50 mg	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	methadone hcl intensol	1	
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL	methadone hcl oral	1	
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL	methadose oral concentrate 10 mg/ml	1	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL	methadose oral tablet soluble	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	methadose sugar-free	1	
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
hydromorphone hcl oral	1	QL	morphine sulfate er beads	1	QL
HYSINGLA ER	3	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
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3	FE	morphine sulfate er oral tablet extended release	1	QL
levorphanol tartrate oral	1	QL	morphine sulfate oral solution 20 mg/5ml	1	QL
			morphine sulfate oral tablet	1	QL
			morphine sulfate solution 10 mg/5ml oral	1	QL
			MS CONTIN ORAL TABLET EXTENDED RELEASE	3	QL
			NALOCET	3	FE; QL
			NUCYNTA	3	QL

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

Created on 7/15/2022

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

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL	Analgesics - Drugs for Pain and Inflammation		
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG	3	FE; QL	adult aspirin regimen	1	ACA; O
SEGLENTIS	3	FE	ANAPROX DS	3	
SUBSYS	3		ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
TENCON ORAL TABLET 50-325 MG	3	FE	aspirin adult low dose	1	ACA; O
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1		aspirin adult low strength oral tablet delayed release	1	ACA; O
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE	aspirin childrens	1	ACA; O
tramadol hcl er oral tablet extended release 24 hour	1		aspirin ec low dose	1	ACA; O
TRAMADOL HCL ORAL SOLUTION	3	FE; QL	aspirin ec low strength	1	ACA; O
tramadol hcl oral tablet	1	QL	aspirin ec oral tablet delayed release 325 mg	1	ACA; O
tramadol-acetaminophen	1	QL	aspirin low dose oral tablet delayed release	1	ACA; O
ULTRACET	3	QL	aspirin low dose tablet chewable 81 mg oral	1	ACA; O
ULTRAM	3	QL	aspirin oral tablet 325 mg	1	ACA; O
VTOL LQ	3	FE	aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
XTAMPZA ER	3	FE; QL	CAMBIA	3	FE
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3		CATAFLAM	3	
			CELEBREX	3	
			celecoxib oral	1	
			DAYPRO	3	
			DICLOFENAC CAP 35MG	3	FE
			DICLOFENAC PATCH EXTERNAL	3	FE; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
diclofenac potassium	1		ibuprofen-famotidine	1	FE
diclofenac sodium er	1		INDOCIN ORAL	3	
diclofenac sodium external solution 1.5 %	1		INDOCIN RECTAL	3	FE
diclofenac sodium external solution 2 %	1	QL	indomethacin er	1	
diclofenac sodium gel 1 % external (rx)	1	QL	INDOMETHACIN ORAL CAPSULE 20 MG	3	FE
diclofenac sodium oral	1		indomethacin oral capsule 25 mg, 50 mg	1	
diclofenac-misoprostol oral tablet delayed release	1		ketoprofen er	1	FE
diflunisal oral	1		ketoprofen oral capsule 25 mg	1	
DUEXIS	3	FE	ketorolac tromethamine injection solution 15 mg/ml	1	
EC-NAPROSYN	3		ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ec-naproxen	1		KETOROLAC TROMETHAMINE NASAL	3	FE
ELYXYB	3	FE	ketorolac tromethamine oral	1	QL
etodolac er	1		ketorolac tromethamine solution 30 mg/ml injection	1	
etodolac oral	1		LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
FELDENE	3		LODINE	3	
fenoprofen calcium oral	1	FE	LOFENA	3	
fenortho oral capsule 200 mg	1	FE	meclofenamate sodium oral	1	FE
FLECTOR EXTERNAL	3	FE; QL	mefenamic acid oral	1	
flurbiprofen oral	1		meloxicam oral capsule	1	FE
genuine aspirin	1	ACA; O	meloxicam oral tablet	1	
goodsense aspirin adults	1	ACA; O			
goodsense aspirin low dose	1	ACA; O			
ibuprofen oral suspension 100 mg/5ml	1				
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
nabumetone oral	1		sulindac oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE	TIVORBEX ORAL CAPSULE 20 MG	3	FE
NALFON ORAL TABLET	3	FE	VIMOVO	3	FE
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3		ZIPSOR	3	FE
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	FE	ZORVOLEX	3	FE
NAPROSYN ORAL SUSPENSION	3		Anesthetics		
NAPROSYN ORAL TABLET 500 MG	3		ethyl chloride	1	
naproxen oral	1		GEBAUERS PAIN EASE	3	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1		GEBAUERS SPRAY AND STRETCH	3	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	FE	glydo external prefilled syringe	1	
naproxen sodium oral tablet 275 mg, 550 mg	1		lidocaine external patch 5 %	1	
naproxen-esomeprazole	1	FE	lidocaine hcl external solution	1	
oxaprozin	1		lidocaine hcl urethral/mucosal	1	
PENNSAID SOLUTION 2 % EXTERNAL	3	FE; QL	lidocaine ointment 5 % external	1	
piroxicam oral	1		lidocaine-prilocaine external cream	1	
RELAFEN	3		LIDOCAINE-TETRACAIN EXTERNAL CREAM 7-7 %	3	FE
RELAFEN DS	3	FE	LIDODERM	3	
SPRIX	3	FE	PLIAGLIS EXTERNAL CREAM	3	FE
			SYNERA	3	FE
			ZTLIDO	3	FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required			
Anti-Addiction / Substance Abuse Treatment Agents								
acamprosate calcium	1		NICOTROL	2	ACA; PV; QL			
APO-VARENICLINE	2	ACA; PV; QL	NICOTROL NS	2	ACA; PV; QL			
buprenorphine hcl sublingual	1	QL	SUBOXONE SUBLINGUAL FILM	3	QL			
buprenorphine hcl-naloxone hcl	1	QL	varenicline tartrate	1	ACA; PV; QL			
bupropion hcl er (smoking det)	1	ACA; PV; QL	ZIMHI	3	FE			
disulfiram oral	1		ZUBSOLV	3	QL			
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; QL	Antibacterials					
habitrol	1	ACA; O; QL	ACTICLATE	3				
KLOXXADO	3	FE; QL	AEMCOLO	3	FE; QL			
LUCEMYRA	3	QL	ALTABAX	3	FE			
naloxone hcl nasal	1	QL	amoxicillin oral capsule	1				
naltrexone hcl oral	1		amoxicillin oral suspension reconstituted	1				
NARCAN	3	QL	amoxicillin oral tablet	1				
nicotine polacrilex mini	1	ACA; O; QL	amoxicillin oral tablet chewable 125 mg, 250 mg	1				
nicotine polacrilex mouth/throat	1	ACA; O; QL	amoxicillin-potassium clavulanate er	1				
nicotine step 1	1	ACA; O; QL	amoxicillin-potassium clavulanate oral	1				
nicotine step 2	1	ACA; O; QL	ampicillin oral capsule 500 mg	1				
nicotine step 3	1	ACA; O; QL	ARIKAYCE	4	SP; FE			
nicotine transdermal kit	1	ACA; O; QL	AUGMENTIN ES-600	3				
			AUGMENTIN ORAL TABLET 500-125 MG	3				
			avidoxy	1				
			azithromycin oral packet	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
azithromycin oral suspension reconstituted	1		clindamycin phosphate vaginal	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1		CLINDESSE	3	
BACTRIM	3		coremino	1	FE
BACTRIM DS	3		demeclercycline hcl oral	1	
BAXDELA ORAL	3	PA	dicloxacillin sodium	1	
benzalkonium chloride external solution , 50 %	1		DIFICID	3	ST; QL
cefaclor	1		DORYX MPC	3	FE
cefaclor er	1		DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	
cefadroxil	1		DORYX ORAL TABLET DELAYED RELEASE 80 MG	3	FE
cefdinir	1		doxycycline hydiate oral capsule	1	
cefixime	1		doxycycline hydiate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
cefpodoxime proxetil	1		doxycycline hydiate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
cefprozil	1		DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	FE
cefuroxime axetil oral tablet	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
CENTANY	3		doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE
cephalexin	1		doxycycline monohydrate oral suspension reconstituted	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3				
CIPRO ORAL TABLET 250 MG, 500 MG	3				
ciprofloxacin hcl oral	1				
clarithromycin er	1				
clarithromycin oral	1				
CLEOCIN	3				
clindamycin hcl oral	1				
clindamycin palmitate hcl	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
doxycycline monohydrate oral tablet	1		mafénide acetate external	1	
E.E.S. 400 ORAL TABLET	2		methenamine hippurate	1	
E.E.S. GRANULES	3		metronidazole oral	1	
ERYPED 200	3		metronidazole vaginal	1	
ERYPED 400	3		MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	FE
ERY-TAB	3		minocycline hcl er oral tablet extended release 24 hour	1	FE
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2		minocycline hcl oral	1	
erythromycin base oral	1		MINOLIRA	3	FE
erythromycin ethylsuccinate oral	1		monodoxine nl oral capsule 100 mg	1	
erythromycin oral	1		MONUROL	3	
FIRVANQ	2		moxifloxacin hcl oral	1	
FLAGYL ORAL CAPSULE	3		mupirocin calcium	1	FE
fosfomycin tromethamine	1		mupirocin external	1	
gentamicin sulfate external	1		neomycin sulfate oral	1	
HIPREX	3		nitrofurantoin macrocrystal oral	1	
HUMATIN	3		nitrofurantoin monohydrate macrocrystals	1	
hydrogen peroxide solution 30 %	1		nitrofurantoin oral suspension	1	FE
levofloxacin oral tablet	1		NUVESSA	3	FE
levofloxacin solution 25 mg/ml oral	1		NUZYRA ORAL TABLET 150 MG	3	FE; QL
linezolid oral suspension reconstituted	1	PA	ofloxacin oral tablet 300 mg, 400 mg	1	
linezolid tablet 600 mg oral	1	PA	paromomycin sulfate oral	1	
MACROBID	3		penicillin v potassium	1	
MACRODANTIN	3				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SEYSARA	3	FE	VANCOCIN	3	
SILVADENE	3		vancomycin hcl oral	1	
silver sulfadiazine external	1		vandazole	1	
SIVEXTRO ORAL	3	PA; FE	VIBRAMYCIN	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	FE	XENLETA ORAL	3	
SOLOSEC	3	FE; QL	XEPI	3	
ssd	1		XIFAXAN ORAL TABLET 200 MG	3	FE; QL
sulfadiazine oral	1		XIFAXAN ORAL TABLET 550 MG	2	
sulfamethoxazole-trimethoprim oral tablet	1		XIMINO	3	FE
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1		ZITHROMAX ORAL PACKET	3	
SULFAMYLON EXTERNAL CREAM	3	FE	ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
SULFAMYLON EXTERNAL PACKET	3		ZITHROMAX ORAL TABLET 500 MG	3	
sulfatrim pediatric	1		ZITHROMAX TABLET 250 MG ORAL	3	
SUPRAX ORAL CAPSULE	3		ZITHROMAX TRI-PAK	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3		ZITHROMAX Z-PAK	3	
SUPRAX ORAL TABLET CHEWABLE	3		ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA
TARGADOX	3		ZYVOX TABLET 600 MG ORAL	3	PA
tetracycline hcl oral	1		Anticoagulants		
tinidazole oral	1		ARIXTRA	3	PV
trimethoprim oral	1		ELIQUIS	2	PV
			ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
			enoxaparin sodium injection	1	PV

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
fondaparinux sodium	1	PV	CELONTIN	2	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV	clobazam	1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV	DEPAKOTE	3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV	DEPAKOTE ER	3	
heparin sodium (porcine) injection solution prefilled syringe	1	PV	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
heparin sodium (porcine) pf	1	PV	DIACOMIT	4	PA; SP
jantoven	1	PV	DIASTAT ACUDIAL	3	QL
LOVENOX INJECTION	3	PV	DIASTAT PEDIATRIC	3	QL
PRADAXA	3	PV; FE	diazepam rectal	1	QL
SAVAYSA	3	PV; FE	DILANTIN INFATABS	3	
warfarin sodium oral	1	PV	DILANTIN ORAL CAPSULE 100 MG	3	
XARELTO	2	PV	DILANTIN ORAL CAPSULE 30 MG	2	
XARELTO STARTER PACK	2	PV	DILANTIN ORAL SUSPENSION	3	
Anticonvulsants - Drugs for Seizures			divalproex sodium er oral tablet extended release 24 hour	1	
APTIOM	3	FE	divalproex sodium oral capsule delayed release sprinkle	1	
BANZEL	3		divalproex sodium oral tablet delayed release	1	
BRIVIACT ORAL	3		ELEPSIA XR	3	FE
carbamazepine er	1		EPIDIOLEX	4	PA; SP
carbamazepine oral	1		epitol	1	
CARBATROL	3		EPRONTIA	2	
			ethosuximide oral	1	
			felbamate oral tablet	1	
			felbamate suspension 600 mg/5ml oral	1	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FELBATOL	3		lamotrigine starter kit-green	1	
FINTEPLA	4	PA; SP; QL	lamotrigine starter kit-orange	1	
FYCOMPA	3		levetiracetam er	1	
gabapentin oral capsule	1		levetiracetam oral tablet	1	
gabapentin oral solution 300 mg/6ml	1		levetiracetam solution 100 mg/ml oral	1	
gabapentin oral tablet	1		MYSOLINE	3	
gabapentin solution 250 mg/5ml oral	1		NAYZILAM	2	QL
GABITRIL	3		NEURONTIN	3	
KEPPRA ORAL	3		ONFI ORAL SUSPENSION	3	
KEPPRA XR	3		ONFI ORAL TABLET 10 MG, 20 MG	3	
lacosamide oral	1		oxcarbazepine	1	
LAMICTAL ODT	3		OXTELLAR XR	3	
LAMICTAL ORAL TABLET	3		phenobarbital oral elixir	1	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3		phenobarbital oral tablet	1	
LAMICTAL STARTER	3		PHENYTEK	3	
LAMICTAL XR ORAL KIT	2		phenytoin infatabs	1	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3		phenytoin oral suspension 125 mg/5ml	1	
lamotrigine er	1		phenytoin oral tablet chewable	1	
lamotrigine oral kit 25 & 50 & 100 mg	1		phenytoin sodium extended	1	
lamotrigine oral tablet	1		primidone oral	1	
lamotrigine oral tablet chewable	1		QUDEXY XR	3	
lamotrigine oral tablet dispersible	1		roweepra oral tablet 500 mg	1	
lamotrigine starter kit- blue	1		rufinamide	1	
			SABRIL	4	SP
			SPRITAM	3	FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
subvenite	1		XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG	2	QL
subvenite starter kit-blue	1		ZARONTIN	3	
subvenite starter kit-green	1		ZONEGRAN	3	
subvenite starter kit-orange	1		zonisamide oral	1	
SYMPAZAN	3	FE	Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
TEGRETOL ORAL SUSPENSION	3		ARICEPT	3	
TEGRETOL ORAL TABLET	3		donepezil hcl	1	
TEGRETOL-XR	3		EXELON TRANSDERMAL	3	
tiagabine hcl	1		galantamine hydrobromide	1	
TOPAMAX	3		galantamine hydrobromide er	1	
TOPAMAX SPRINKLE	3		memantine hcl er	1	
topiramate er	1		memantine hcl oral	1	
topiramate oral	1		NAMENDA ORAL TABLET	3	
TRILEPTAL	3		NAMENDA TITRATION PAK	3	
TROKENDI XR	3		NAMENDA XR	3	
valproic acid oral capsule	1		NAMZARIC	3	
valproic acid solution 250 mg/5ml oral	1		RAZADYNE ER	3	
VALTOCO	2	QL	rivastigmine	1	
vigabatrin	4	SP	rivastigmine tartrate	1	
vigadronate	4	SP	Antidepressants		
VIMPAT ORAL	3		amitriptyline hcl oral	1	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL	amoxapine	1	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ANAFRANIL	3		citalopram	1	PV; QL
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE	hydrobromide oral tablet		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE	citalopram	1	PV; QL
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE	hydrobromide solution 10 mg/5ml oral		
bupropion hcl er (sr)	1	PV	clomipramine hcl oral	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE	CYMBALTA	3	PV
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	1		desipramine hcl oral	1	
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	1	PV	DESVENLAFAKINE ER	3	ST; PV; FE
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	1		desvenlafaxine succinate er	1	PV
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	1	PV	doxepin hcl oral capsule	1	
bupropion hcl oral	1	PV	doxepin hcl oral concentrate	1	
CELEXA ORAL TABLET	3	PV; QL	DRIZALMA SPRINKLE	3	PV; FE
chlordiazepoxide- amitriptyline	1		duloxetine hcl oral	1	PV
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL	EFFEXOR XR	3	PV
			EMSAM	3	FE
			escitalopram oxalate oral tablet	1	PV
			escitalopram oxalate solution 5 mg/5ml oral	1	PV
			FETZIMA	3	ST; PV; FE
			FETZIMA TITRATION	3	ST; PV; FE
			fluoxetine hcl (pmdd) oral tablet	1	FE
			fluoxetine hcl oral capsule	1	PV
			fluoxetine hcl oral capsule delayed release	1	PV

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
fluoxetine hcl oral tablet 10 mg	1	PV; QL	PAXIL ORAL SUSPENSION	3	PV; FE; QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE	PAXIL ORAL TABLET	3	PV; QL
fluoxetine hcl solution 20 mg/5ml oral	1	PV	perphenazine- amitriptyline	1	
fluvoxamine maleate	1	PV	PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	3	ST; PV; FE
fluvoxamine maleate er	1	PV	phenelzine sulfate oral	1	
FORFIVO XL	3	PV; FE	PRISTIQ	3	PV
imipramine hcl oral	1		protriptyline hcl	1	
imipramine pamoate	1		PROZAC ORAL CAPSULE	3	PV
LEXAPRO ORAL TABLET	3	PV	REMERON ORAL TABLET 15 MG, 30 MG	3	PV
LYBALVI	3	ST; FE; QL	REMERON SOLTAB	3	PV
MARPLAN	3		SERTRALINE HCL ORAL CAPSULE	3	PV; FE
mirtazapine oral	1	PV	sertraline hcl oral concentrate	1	PV
NARDIL	3		sertraline hcl oral tablet	1	PV
nefazodone hcl	1		SYMBYAX ORAL CAPSULE 3-25 MG, 6- 25 MG	3	PV
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3		tranylcypromine sulfate	1	
nortriptyline hcl oral	1		trazodone hcl oral	1	
olanzapine-fluoxetine hcl	1	PV	trimipramine maleate oral	1	
PAMELOR ORAL CAPSULE	3		TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
PARNATE	3		TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
paroxetine hcl er	1	PV; QL	TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
paroxetine hcl oral suspension	1	PV; FE; QL	venlafaxine hcl	1	PV
paroxetine hcl oral tablet	1	PV; QL			
paroxetine mesylate	1	QL			
PAXIL CR	3	PV; QL			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl er oral capsule extended release 24 hour	1	PV	EMEND ORAL CAPSULE 80 MG	3	QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	PV; FE	EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	PV	EMEND TRI-PACK	3	QL
VIIBRYD ORAL TABLET	3	ST; FE; QL	GIMOTI	3	FE
VIIBRYD STARTER PACK	3	ST; FE; QL	granisetron hcl oral	1	QL
vilazodone hcl	1	ST; QL	MARINOL ORAL CAPSULE 2.5 MG	3	
WELLBUTRIN SR	3	PV	meclizine hcl oral tablet 12.5 mg, 25 mg	1	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV	metoclopramide hcl oral solution 5 mg/5ml	1	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV	metoclopramide hcl oral tablet	1	
ZOLOFT	3	PV	metoclopramide hcl oral tablet dispersible	1	
Antiemetics - Drugs for Nausea and Vomiting			metoclopramide hcl solution 10 mg/10ml oral	1	
AKYNZEO ORAL	3	QL	ondansetron hcl oral tablet 24 mg	1	FE
ANTIVERT ORAL TABLET CHEWABLE	3		ondansetron hcl oral tablet 4 mg, 8 mg	1	
ANZEMET ORAL TABLET 50 MG	3	QL	ondansetron hcl solution 4 mg/5ml oral	1	
aprepitant	1	QL	ondansetron odt	1	
compro	1	PV	perphenazine oral	1	PV
dronabinol	1		prochlorperazine maleate oral	1	PV
			prochlorperazine suppository 25 mg rectal	1	PV
			REGLAN ORAL	3	
			SANCUSO	3	FE; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
scopolamine	1		EXTINA	3	
SYNDROS	3	FE	fluconazole oral	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3		flucytosine oral	1	
trimethobenzamide hcl oral	1		griseofulvin microsize oral	1	
VARUBI (180 MG DOSE)	3	FE; QL	griseofulvin ultramicrosize	1	
Antifungals			GYNIAZOLE-1	3	
ANCOBON	3		itraconazole oral capsule	1	QL
BREXAFEMME	3	FE; QL	itraconazole solution 10 mg/ml oral	1	QL
ciclodan external solution	1		JUBLIA	3	FE
ciclopirox external	1		KERYDIN	3	FE
CICLOPIROX OLAMINE	2		ketoconazole external cream	1	
ciclopirox olamine external	1		ketoconazole external foam	1	
clotrimazole cream 1 % external (rx)	1		ketoconazole external shampoo 2 %	1	
CLOTRIMAZOLE POWDER	2		ketoconazole oral	1	
clotrimazole solution 1 % external (rx)	1		ketodan external foam	1	
clotrimazole troche 10 mg mouth/throat	1		LOPROX EXTERNAL CREAM	3	
clotrimazole- betamethasone	1		LOPROX EXTERNAL SHAMPOO	3	
CRESEMBA ORAL	3		LOPROX EXTERNAL SUSPENSION	3	
DIFLUCAN	3		LULICONAZOLE	3	FE
econazole nitrate external	1		LUZU	3	FE
ECOZA	3	FE	MENTAX	3	FE
ERTACZO	3	FE	miconazole 3 vaginal suppository	1	
EXELDERM	3	FE	MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
naftifine hcl external cream	1		XOLEGEL	3	FE
NAFTIN EXTERNAL GEL 1 %	3	FE	Antigout Agents		
NAFTIN EXTERNAL GEL 2 %	3		allopurinol oral	1	
NOXAFIL ORAL	3		COLCHICINE ORAL CAPSULE	3	ST
nyamyc	1		colchicine oral tablet	1	
nystatin external	1		colchicine-probenecid	1	
nystatin oral tablet	1		COLCRYS	3	
nystatin suspension 100000 unit/ml mouth/throat	1		febuxostat	1	ST
nystatin-triamcinolone	1		GLOPERBA	3	FE
nystop	1		MITIGARE	3	ST
ORAVIG	3	FE	probenecid oral	1	
oxiconazole nitrate	1		ULORIC	3	ST
OXISTAT EXTERNAL CREAM	3		ZYLOPRIM	3	
OXISTAT EXTERNAL LOTION	3	FE	Anti-inflammatory Agents		
posaconazole	1		EMFLAZA	4	PA; SP; FE
SPORANOX	3	QL	Antimigraine Agents		
SPORANOX PULSEPAK	3	QL	AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS 140 MG/ML	2	ST; QL
SULCONAZOLE NITRATE	3	FE	AIMOVIG	2	ST; QL
tavaborole	1	FE	AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL
terbinafine hcl oral	1		AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL
terconazole	1	QL	almotriptan malate	1	FE; QL
TOLNAFTATE	2		AMERGE	3	QL
TOLSURA	3	FE	CAFERGOT	3	
VFEND	3				
voriconazole oral	1				
VUSION	3	FE			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
dihydroergotamine mesylate injection	1	QL	RELPAX	3	QL
dihydroergotamine mesylate nasal	1	QL	REYVOW	3	ST; QL
eletriptan hydrobromide	1	QL	rizatriptan benzoate	1	QL
EMGALITY	2	ST; QL	sumatriptan nasal	1	QL
EMGALITY (300 MG DOSE)	2	PA; QL	sumatriptan succinate oral	1	QL
ERGOMAR	2		sumatriptan succinate refill subcutaneous solution cartridge	1	QL
ergotamine-caffeine	1		subcutaneous solution cartridge		
FROVA	3	QL	sumatriptan succinate subcutaneous solution	1	QL
frovatriptan succinate	1	QL	6 mg/0.5ml		
IMITREX NASAL	3	QL	sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
IMITREX ORAL	3	QL	sumatriptan-naproxen sodium	1	FE
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL	TOSYMRA	3	FE; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL	TREXIMET ORAL TABLET 85-500 MG	3	FE
MAXALT ORAL TABLET 10 MG	3	QL	TRUDHESA	3	FE; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	QL	UBRELVY TABLET 100 MG ORAL	2	PA; QL
MIGERGOT	2		UBRELVY TABLET 50 MG ORAL	2	PA; QL
MIGRANAL	3	QL	ZEMBRACE SYMTOUCH	3	FE; QL
naratriptan hcl	1	QL	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	QL
NURTEC	3	FE; QL	zolmitriptan nasal solution 5 mg	1	QL
ONZETRA XSAIL	3	FE	zolmitriptan oral	1	QL
QULIPTA	3	ST; FE; QL	ZOMIG	3	QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Antimyasthenic Agents			AFINITOR	14	PA; MB; SP
MESTINON ORAL SOLUTION	3		AFINITOR DISPERZ	14	PA; MB; SP
MESTINON ORAL TABLET	3		ALECENSA	14	PA; MB; SP; QL
MESTINON ORAL TABLET EXTENDED RELEASE	3		ALKERAN ORAL	14	PA; MB; SP
pyridostigmine bromide er	1		ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
pyridostigmine bromide oral solution	1		ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
pyridostigmine bromide oral tablet	1		anastrozole oral	1	ACA; PV
Antimycobacterials			ARIMIDEX	3	PV
cycloserine oral	1		AROMASIN	3	PV
dapsone oral	1		AYVAKIT	14	PA; MB; SP; QL
ethambutol hcl oral	1		BALVERSA	14	PA; MB; SP; QL
isoniazid oral	1		BESREMI	14	PA; MB; SP; QL
MYAMBUTOL ORAL TABLET 400 MG	3		bexarotene external	4	SP
MYCOBUTIN	3	QL	bexarotene oral	14	PA; MB; SP
PASER	2		bicalutamide	14	PA; MB; SP
PRETOMANID	2		BOSULIF	14	PA; MB; SP
PRIFTIN	2		BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
pyrazinamide oral	1		BRUKINSA	14	PA; MB; SP; QL
rifabutin	1	QL	CABOMETYX	14	PA; MB; SP
rifampin oral	1		CALQUENCE	14	PA; MB; SP; QL
SIRTURO	3				
TRECATOR	2				
Antineoplastics - Drugs for Cancer					
abiraterone acetate	14	PA; MB; SP			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
capecitabine	14	PA; MB; SP	FEMARA	3	PV
CAPRELSA	14	PA; MB; SP	flutamide	14	PA; MB; SP
CASODEX	14	PA; MB; SP	FOTIVDA	14	PA; MB; SP; QL
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP	GAVRETO	14	PA; MB; SP; QL
COPIKTRA	14	PA; MB; SP; QL	GILOTrif	14	PA; MB; SP
COTELLIC	14	PA; MB; SP	GLEEVEC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP
DROXIA	2		HYCAMTIN ORAL	14	PA; MB; SP
EMCYT	14	PA; MB; SP	HYDREA	3	
ERIVEDGE	14	PA; MB; SP	hydroxyurea oral	1	
ERLEADA	14	PA; MB; SP; QL	IBRANCE	14	PA; MB; SP
erlotinib hcl	14	PA; MB; SP	ICLUSIG	14	PA; MB; SP
etoposide oral	14	PA; MB; SP	IDHIFA	14	PA; MB; SP; QL
EULEXIN	14	PA; MB; SP	imatinib mesylate tablet 100 mg oral	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP	imatinib mesylate tablet 400 mg oral	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP	IMBRUVICA	4	PA; SP; QL
exemestane	1	ACA; PV	INLYTA	14	PA; MB; SP
EXKIVITY	14	PA; MB; SP; QL	INQOVI	14	PA; MB; SP; QL
FARESTON	3	PV	INREBIC	14	PA; MB; SP; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
IRESSA	14	PA; MB; SP	LEUKERAN	14	PA; MB; SP
JAKAFI	4	PA; SP	LONSURF	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG	14	PA; MB; SP	LUMAKRAS	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG	14	PA; MB; SP; QL	LYNPARZA ORAL TABLET 100 MG	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG	14	PA; MB; SP	LYNPARZA TABLET 150 MG ORAL	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG	14	PA; MB; SP; QL	LYSODREN	14	PA; MB; SP
KISQALI FEMARA	14	PA; MB; SP; QL	MATULANE	14	PA; MB; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL	MEKINIST	14	PA; MB; SP
KOSELUGO	14	PA; MB; SP	MEKTOVI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP	melphalan	14	PA; MB; SP
lenalidomide	14	PA; MB; SP	mercaptopurine oral	1	
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	MESNEX ORAL	2	SP
letrozole oral	1	PV	MYLERAN	14	PA; MB; SP
leucovorin calcium oral	1		NERLYNX	14	PA; MB; SP; QL
			NEXAVAR	14	PA; MB; SP
			NILANDRON	14	PA; MB; SP
			nilutamide	14	PA; MB; SP
			NINLARO	14	PA; MB; SP
			NUBEQA	14	PA; MB; SP; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ODOMZO	14	PA; MB; SP	STIVARGA	14	PA; MB; SP
ONUREG	14	PA; MB; SP; QL	sunitinib malate	14	PA; MB; SP
ORGOVYX	14	PA; MB; SP; QL	SUTENT	14	PA; MB; SP
PANRETIN	2	SP	TABLOID	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL	TABRECTA	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL	TAFINLAR	14	PA; MB; SP
POMALYST	14	PA; MB; SP	TAGRISSO	14	PA; MB; SP; QL
PURIXAN	3		TALZENNA	14	PA; MB; SP; QL
QINLOCK	14	PA; MB; SP; QL	tamoxifen citrate oral	1	ACA; PV
RETEVMO	14	PA; MB; SP; QL	TARCEVA	14	PA; MB; SP
REVLIMID	14	PA; MB; SP	TARGETIN EXTERNAL	4	SP
REZUROCK	4	PA; SP; QL	TARGETIN ORAL	14	PA; MB; SP
ROZLYTREK	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
RUBRACA	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL	TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	14	PA; MB; SP
SCEMBLIX	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SIKLOS	3	FE	TEPMETKO	14	PA; MB; SP; QL
SOLTAMOX	3	ACA; PV	THALOMID	14	PA; MB; SP
sorafenib tosylate	14	PA; MB; SP			
SPRYCEL	14	PA; MB; SP			

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TIBSOVO	14	PA; MB; SP; QL	XELODA	14	PA; MB; SP
toremifene citrate	1	PV	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP
tretinoin oral	14	PA; MB; SP	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TRUSELTIQ (100MG DAILY DOSE)	14	PA; MB; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TRUSELTIQ (125MG DAILY DOSE)	14	PA; MB; SP; QL	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
TRUSELTIQ (50MG DAILY DOSE)	14	PA; MB; SP; QL	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
TRUSELTIQ (75MG DAILY DOSE)	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TUKYSA	14	PA; MB; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
TURALIO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
TYKERB	14	PA; MB; SP	YONSA	14	PA; MB; SP; QL
VALCHLOR	14	PA; MB; SP	ZEJULA	14	PA; MB; SP; QL
VENCLEXTA	14	PA; MB; SP	ZELBORAF	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	ZOLINZA	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL			
VIZIMPRO	14	PA; MB; SP; QL			
VONJO	14	PA; MB; SP; QL			
VOTRIENT	14	PA; MB; SP			
WELIREG	14	PA; MB; SP; QL			
XALKORI	14	PA; MB; SP			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ZYDELIG	14	PA; MB; SP	malathion external	1	
ZYKADIA ORAL TABLET	14	PA; MB; SP	mefloquine hcl	1	
ZYTIGA	14	PA; MB; SP	MEPRON	3	
Antiparasitics			NATROBA	3	
albendazole oral	1		NEBUPENT	3	
ALINIA ORAL SUSPENSION RECONSTITUTED	2		nitazoxanide oral	1	
ALINIA ORAL TABLET	3		OVIDE	3	
ARAKODA	3	FE	pentamidine isethionate inhalation	1	
atovaquone oral	1		permethrin external cream	1	
atovaquone-proguanil hcl	1		PLAQUENIL TABLET 200 MG ORAL	3	
BENZNIDAZOLE	3	QL	praziquantel oral	1	
BILTRICIDE	3		primaquine phosphate oral tablet 26.3 (15 base) mg	1	
chloroquine phosphate oral	1		pyrimethamine oral	4	PA; SP
COARTEM	3		QUALAQIN	3	
crotan	1		quinine sulfate oral	1	
DARAPRIM	4	PA; SP	spinosad	1	
EMVERM	3		STROMECTOL	3	QL
hydroxychloroquine sulfate oral	1		sulfurated lime	1	
IMPAVIDO	3		Antiparkinson Agents		
ivermectin lotion 0.5 % external (rx)	1		amantadine hcl oral capsule	1	
ivermectin oral	1	QL	amantadine hcl oral tablet	1	
KRINTAFEL	2	QL	amantadine hcl solution 50 mg/5ml oral	1	
LAMPIT	3	QL	APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	SP
lindane external shampoo	1				
MALARONE	3				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
apomorphine hcl subcutaneous	4	SP	OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE
AZILECT	3		PARLODEL	3	
benztropine mesylate oral	1		pramipexole dihydrochloride	1	
bromocriptine mesylate oral	1		pramipexole dihydrochloride er	1	
carbidopa oral	1		rasagiline mesylate oral	1	
carbidopa-levodopa	1		ropinirole hcl	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50- 200 mg	1		ropinirole hcl er	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		RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
COMTAN	3		RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
DHIVY ORAL TABLET 25-100 MG	3	FE	RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
entacapone	1		RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
GOCOVRI	4	SP; FE	selegiline hcl oral	1	
INBRIJA	4	SP; FE	SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
KYNMOBI	4	SP; QL	STALEVO 100	3	
LODOSYN	3		STALEVO 125	3	
MIRAPEX ER	3		STALEVO 150	3	
NEUPRO	3		STALEVO 200	3	
NOURIANZ	3	FE; QL	STALEVO 50	3	
ONGENTYS	2	QL	STALEVO 75	3	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	FE	TASMAR ORAL TABLET 100 MG	3	FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
tolcapone	1	FE	ADASUVE	3	PV
trihexyphenidyl hcl	1		aripiprazole oral solution	1	PV
XADAGO	3	FE; QL	aripiprazole oral tablet	1	PV; QL
ZELAPAR	3	FE	aripiprazole oral tablet dispersible	1	PV; QL
Antiplatelets					
aspirin-dipyridamole er	1	PV			
ASPIRIN-OMEПRAZOLE ORAL TABLET DELAYED RELEASE 81-40 MG	3	PV; FE	asenapine maleate	1	ST; PV; FE; QL
BRILINTA ORAL TABLET 60 MG	2	PV	CAPLYTA	3	ST; PV; FE; QL
BRILINTA TABLET 90 MG ORAL	2	PV	chlorpromazine hcl oral	1	PV
			clozapine oral tablet	1	PV
CABLIVI	4	PA; SP; QL	clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
cilostazol	1	PV	clozapine tablet dispersible 100 mg oral	1	PV
clopidogrel bisulfate oral	1	PV	clozapine tablet dispersible 150 mg oral	1	PV
dipyridamole oral	1	PV	clozapine tablet dispersible 200 mg oral	1	PV
DURLAZA	3	PV; FE	CLOZARIL	3	PV
EFFIENT	3	PV			
PLAVIX ORAL TABLET 75 MG	3	PV	FANAPT	3	ST; PV; FE; QL
prasugrel hcl	1	PV	FANAPT TITRATION PACK	3	ST; PV; FE; QL
YOSPRALA	3	PV; FE	fluphenazine hcl oral	1	PV
ZONTIVITY	2	PV	GEODON ORAL	3	PV
Antipsychotics - Drugs for Mood Disorders			haloperidol lactate concentrate 2 mg/ml oral	1	PV
ABILIFY MYCITE MAINTENANCE KIT	3	PV; FE; QL	haloperidol oral	1	PV
ABILIFY MYCITE STARTER KIT	3	PV; FE; QL	INVEGA	3	PV
ABILIFY ORAL TABLET	3	PV; QL	LATUDA	2	ST; PV; QL
			loxapine succinate oral	1	PV

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
molindone hcl	1	PV	abacavir sulfate-lamivudine	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL	acyclovir external cream	1	FE
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL	acyclovir external ointment	1	
olanzapine oral	1	PV	acyclovir oral	1	
paliperidone er	1	PV	adefovir dipivoxil	1	SP
pimozide	1		APTIVUS ORAL CAPSULE	2	PV
quetiapine fumarate	1	PV; QL	atazanavir sulfate	1	PV
quetiapine fumarate er	1	PV; QL	BARACLUDE	3	
REXULTI	3	ST; PV; FE; QL	BIKTARVY	2	PV
RISPERDAL ORAL SOLUTION	3	PV	CIMDUO	2	PV
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV	COMBIVIR	3	PV
risperidone	1	PV	COMPLERA	2	PV
SAPHRIS	3	ST; PV; FE; QL	DELSTRIGO	2	PV
SECUADO	3	ST; PV; FE; QL	DENAVIR	3	FE
SEROQUEL	3	PV; QL	DESCOVY	2	PV
SEROQUEL XR	3	PV; QL	DOVATO	2	PV
thioridazine hcl oral	1	PV	EDURANT	2	PV
thiothixene oral	1	PV	efavirenz	1	PV
trifluoperazine hcl oral	1	PV	efavirenz-emtricitab- tenofovir	1	PV
VERSACLOZ	3	PV	efavirenz-lamivudine- tenofovir	1	PV
VRAYLAR	2	ST; PV; QL	emtricitabine	1	PV
ziprasidone hcl	1	PV	emtricitabine-tenofovir df	1	PV
ZYPREXA ORAL	3	PV	EMTRIVA ORAL CAPSULE	3	PV
ZYPREXA ZYDIS	3	PV	EMTRIVA ORAL SOLUTION	2	PV
Antivirals			entecavir	1	
abacavir sulfate	1	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EPCLUSA	4	PA; SP; QL	KALETRA ORAL SOLUTION	3	PV
EPIVIR HBV ORAL SOLUTION	2		KALETRA ORAL TABLET	3	PV
EPIVIR HBV ORAL TABLET	3		lamivudine oral solution	1	PV
EPIVIR ORAL SOLUTION	3	PV	lamivudine oral tablet 100 mg	1	
EPIVIR ORAL TABLET 150 MG	3	PV; QL	lamivudine oral tablet 150 mg	1	PV; QL
EPIVIR ORAL TABLET 300 MG	3	PV	lamivudine oral tablet 300 mg	1	PV
EPZICOM	3	PV	lamivudine-zidovudine	1	PV
etravirine tablet 100 mg oral	1		LEDIPASVIR- SOFOBUVIR	4	PA; SP; QL
etravirine tablet 100 mg oral	1	PV	LEXIVA ORAL SUSPENSION	2	PV
etravirine tablet 200 mg oral	1		LEXIVA ORAL TABLET	3	PV
etravirine tablet 200 mg oral	1	PV	LIVTENCITY	4	SP; QL
EVOTAZ	2	PV	lopinavir-ritonavir	1	PV
famciclovir oral	1	QL	maraviroc	1	PV
fosamprenavir calcium	1	PV	MAVYRET	4	PA; SP; QL
GENVOYA	2	PV	nevirapine	1	PV
HARVONI	4	PA; SP; QL	nevirapine er	1	PV
HEPSERA	3	SP	NORVIR ORAL PACKET	2	PV
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV	NORVIR ORAL SOLUTION	2	PV
INTELENCE ORAL TABLET 25 MG	2	PV	NORVIR ORAL TABLET	3	PV
ISENTRESS	2	PV	ODEFSEY	2	PV
ISENTRESS HD	2	PV	oseltamivir phosphate oral	1	QL
JULUCA	2	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP	SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP	SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV
PIFELTRO	2	PV	SITAVIG	3	FE
PREVYMIS ORAL	4	SP; QL	SOFOSBUVIR- VELPATASVIR	4	PA; SP; QL
PREZCOBIX	2	PV	SOVALDI	4	SP; FE; QL
PREZISTA ORAL SUSPENSION	2	PV	stavudine oral capsule	1	PV
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	PV	STRIBILD	2	PV
RELENZA DISKHALER	2	QL	SUSTIVA	3	PV
RETROVIR ORAL CAPSULE	3	PV	SYMFY	3	PV
RETROVIR ORAL SYRUP	3	PV	SYMFY LO	3	PV
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV	SYMTUZA	2	PV
REYATAZ ORAL PACKET	3	PV	TAMIFLU ORAL CAPSULE	3	QL
ribavirin inhalation	1		TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
ribavirin oral capsule	1		tenofovir disoproxil fumarate	1	PV
ribavirin oral tablet 200 mg	1		TIVICAY	2	PV
rimantadine hcl	1		TIVICAY PD	2	PV
ritonavir	1	PV	TRIUMEQ	2	PV
RUKOBIA	2	PV	TRIUMEQ PD	2	PV
SELZENTRY ORAL SOLUTION	2	PV	TRIZIVIR	3	PV
			TRUVADA	3	PV
			TYBOST	3	PV
			valacyclovir hcl oral	1	
			VALCYTE	3	
			valganciclovir hcl	1	
			VALTREX	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VEMLIDY	3		alprazolam intensol	1	
VIEKIRA PAK	4	SP; FE; QL	alprazolam oral tablet	1	
VIRACEPT ORAL TABLET	2	PV	alprazolam oral tablet dispersible	1	FE
VIRAZOLE	3		alprazolam xr	1	
VIREAD ORAL POWDER	3	PV	ATIVAN ORAL	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV	buspirone hcl oral	1	
VIREAD ORAL TABLET 300 MG	3	PV	chlordiazepoxide hcl	1	
VOSEVI	4	PA; SP; QL	clonazepam oral	1	
XERESE	3	FE	clorazepate dipotassium	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL	diazepam intensol	1	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL	diazepam oral concentrate	1	
ZEPATIER	4	SP; FE; QL	diazepam oral tablet	1	
ZIAGEN	3	PV	diazepam solution 5 mg/5ml oral	1	
zidovudine	1	PV	DORAL	3	FE
ZOVIRAX EXTERNAL CREAM	3	FE	estazolam	1	
ZOVIRAX EXTERNAL OINTMENT	3		HALCION	3	
ZOVIRAX ORAL SUSPENSION	3		hydroxyzine hcl oral tablet	1	
Anxiolytics - Drugs for Anxiety			hydroxyzine hcl syrup 10 mg/5ml oral	1	
alprazolam er	1		hydroxyzine pamoate oral	1	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
oxazepam	1		PROMACTA	4	PA; SP; QL	
quazepam	1	FE	TAVALISSE	4	PA; SP; QL	
TRANXENE-T ORAL TABLET 7.5 MG	3		tranexamic acid oral	1	QL	
triazolam	1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions			
VALIUM	3		ACCUPRIL	3	PV	
VISTARIL	3		ACCURETIC	3	PV	
XANAX	3		acebutolol hcl oral	1	PV	
XANAX XR	3		ALDACTAZIDE	3	PV	
Bipolar Agents - Drugs for Mood Disorders			ALDACTONE	3	PV	
EQUETRO	3	PV	aliskiren fumarate	1	PV	
lithium carbonate er	1		ALTACE ORAL CAPSULE	3	PV	
lithium carbonate oral	1		ALTOPREV	3	PV; FE; QL	
LITHOBID	3		amiloride hcl oral	1	PV	
Blood Products and Modifiers - Drugs for Blood Disorders			amiloride- hydrochlorothiazide	1	PV	
AGRYLIN	3		amiodarone hcl oral	1		
AMICAR ORAL SOLUTION	3		amlodipine besylate oral	1	PV	
AMICAR ORAL TABLET	3		amlodipine besylate- benazepril hcl	1	PV	
aminocaproic acid oral solution	1		amlodipine besylate- valsartan	1	PV	
aminocaproic acid oral tablet	1		amlodipine-atorvastatin	1	PV; QL	
anagrelide hcl	1		amlodipine-olmesartan	1	PV	
DOPTELET ORAL TABLET 20 MG	4	PA; SP; FE; QL	ANTARA ORAL CAPSULE 30 MG, 90 MG	3	PV; FE	
LYSTEDA	3	QL	ATACAND	3	PV	
MULPLETA	4	PA; SP; QL	ATACAND HCT	3	PV	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
atenolol oral	1	PV	CALAN SR	3	PV
atenolol-chlorthalidone	1	PV	candesartan cilexetil	1	PV
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL	candesartan cilexetil- hctz	1	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL	captopril oral	1	PV
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV	CARDIZEM CD	3	PV
AVAPRO	3	PV	CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
AZOR	3	PV	CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	PV
benazepril hcl oral	1	PV	CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV
benazepril- hydrochlorothiazide	1	PV	CARDURA	3	PV; QL
BENICAR	3	PV	CAROSPIR	3	PV; FE
BENICAR HCT	3	PV	cartia xt	1	PV
BETAPACE AF	3	PV	carvedilol	1	PV
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV	carvedilol phosphate er	1	PV; FE
betaxolol hcl oral	1	PV	CATAPRES-TTS-1	3	PV
BIDIL	3	PV	CATAPRES-TTS-2	3	PV
bisoprolol fumarate oral	1	PV	CATAPRES-TTS-3	3	PV
bisoprolol- hydrochlorothiazide	1	PV	chlorthalidone oral tablet 25 mg, 50 mg	1	PV
bumetanide oral	1	PV	cholestyramine light	1	PV; QL
BUMEX ORAL TABLET 0.5 MG	3	PV	cholestyramine oral	1	PV; QL
BYSTOLIC	3	PV	clonidine	1	PV
CADUET ORAL TABLET 10-10 MG, 10- 20 MG, 10-40 MG, 10- 80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; QL	clonidine hcl oral	1	PV
			colesevelam hcl oral packet	1	PV; FE
			colesevelam hcl 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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
COLESTID	3	PV	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
COLESTID FLAVORED	3	PV	diltiazem hcl oral	1	PV
colestipol hcl	1	PV	dilt-xr	1	PV
CONJUPRI	3	PV; FE	DIOVAN	3	PV
CONSENSI	3	PV; FE	DIOVAN HCT	3	PV
COREG	3	PV	disopyramide phosphate oral	1	
COREG CR	3	PV; FE	DIURIL	2	PV
CORGARD	3	PV	dofetilide	1	
CORLANOR	3		doxazosin mesylate oral	1	PV; QL
COZAAR	3	PV	droxidopa	4	SP
CRESTOR	3	PV; QL	DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG	3	PV; FE
DEMSEER	3	PV	DYRENIUM	3	PV
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV	EDARBI	3	PV; FE
digitek	1	PV	EDARBYCLOR	3	PV; FE
digox	1	PV	EDECRIN	3	PV
digoxin oral solution	1	PV	enalapril maleate oral solution	1	PV; FE
digoxin oral tablet 62.5 mcg	1	PV	enalapril maleate oral tablet	1	PV
digoxin tablet 125 mcg oral	1		enalapril-hydrochlorothiazide	1	PV
digoxin tablet 125 mcg oral	1	PV	ENTRESTO	3	
digoxin tablet 250 mcg oral	1		EPANED ORAL SOLUTION	3	PV; FE
digoxin tablet 250 mcg oral	1	PV	eplerenone	1	PV
diltiazem hcl er beads	1	PV	ethacrynic acid oral	1	PV
diltiazem hcl er coated beads	1	PV	EXFORGE	3	PV
diltiazem hcl er oral capsule extended release 12 hour	1	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EXFORGE HCT	3	PV	fenofibric acid oral tablet	1	PV; FE
EZALLOR SPRINKLE	3	PV; FE; QL	FENOGLIDE	3	PV; FE
ezetimibe	1	PV; QL	FIBRICOR	3	PV; FE
EZETIMIBE- ROSUVASTATIN	3	PV; FE; QL	flecainide acetate	1	
ezetimibe-simvastatin	1	PV; QL	FLOLIPID	3	PV; FE
felodipine er	1	PV	fluvastatin sodium	1	ACA; PV; QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	PV	fluvastatin sodium er	1	ACA; PV; QL
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	PV; FE	fosinopril sodium	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV	fosinopril sodium-hctz	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE	furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE	furosemide oral tablet	1	PV
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV	gemfibrozil oral	1	PV
fenofibric acid capsule delayed release 135 mg oral	1		GONITRO	3	PV
fenofibric acid capsule delayed release 135 mg oral	1	PV	guanfacine hcl oral	1	PV
fenofibric acid capsule delayed release 45 mg oral	1		HEMANGEOL	4	SP; PV
fenofibric acid capsule delayed release 45 mg oral	1	PV	hydralazine hcl oral	1	PV
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL			hydrochlorothiazide oral	1	PV
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG			HYZAAR	3	PV
INSPRA	3	PV	icosapent ethyl	1	PV

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
irbesartan	1	PV	losartan potassium-hctz	1	PV
irbesartan-hydrochlorothiazide	1	PV	LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV
ISORDIL TITRADOSE	3	PV	LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV
isosorb dinitrate-hydralazine	1	PV	LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV
isosorbide dinitrate oral	1	PV			
isosorbide mononitrate	1	PV	lovastatin oral	1	ACA; PV; QL
isosorbide mononitrate er	1	PV	LOVAZA	3	PV
isradipine	1	PV	matzim la	1	PV
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	SP; PV; FE	MAXZIDE	3	PV
KAPSPARGO SPRINKLE	3	PV; FE	MAXZIDE-25	3	PV
KATERZIA	3	PV	methyldopa oral	1	PV
labetalol hcl oral	1	PV	metolazone	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV	metoprolol succinate er	1	PV
LASIX	3	PV	metoprolol tartrate oral	1	PV
LESCOL XL	3	PV; QL	metoprolol-hydrochlorothiazide	1	PV
LEVAMLODIPINE MALEATE	3	PV; FE	metyrosine	1	PV
LIPITOR	3	PV; QL	mexiletine hcl oral	1	
LIPOFEN	3	PV; FE	MICARDIS	3	PV
lisinopril oral	1	PV	MICARDIS HCT	3	PV
lisinopril-hydrochlorothiazide	1	PV	midodrine hcl	1	
LIVALO	3	PV; FE; QL	MINIPRESS	3	PV
LOPID	3	PV	minoxidil oral	1	PV
LOPRESSOR ORAL	3	PV	moexipril hcl	1	PV
losartan potassium oral	1	PV	MULTAQ	2	
			nadolol oral tablet 20 mg, 40 mg, 80 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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
nebivolol hcl tablet 10 mg oral	1		NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE
nebivolol hcl tablet 10 mg oral	1	PV	NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE
nebivolol hcl tablet 2.5 mg oral	1		NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE
nebivolol hcl tablet 2.5 mg oral	1	PV	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE
nebivolol hcl tablet 20 mg oral	1		nitroglycerin sublingual	1	PV
nebivolol hcl tablet 20 mg oral	1	PV	nitroglycerin transdermal patch 24 hour	1	PV
nebivolol hcl tablet 5 mg oral	1		nitroglycerin translingual solution	1	PV
nebivolol hcl tablet 5 mg oral	1	PV	NITROLINGUAL	3	PV
NEXLETOL	2	PA; PV; QL	NITROMIST	3	PV
NEXLIZET	2	PA; PV; QL	NITROSTAT	3	PV
niacin (antihyperlipidemic)	1	PV	NORPACE	3	
niacin er (antihyperlipidemic)	1	PV	NORPACE CR	2	
niacor	1	PV	NORTHERA	4	SP
NIASPAN	3	PV	NORVASC	3	PV
nicardipine hcl oral	1	PV	olmesartan medoxomil oral	1	PV
nifedipine er	1	PV	olmesartan medoxomil-hctz	1	PV
nifedipine er osmotic release	1	PV	olmesartan-amlo-dipine-hctz	1	PV
nifedipine oral	1	PV	omega-3-acid ethyl esters capsule 1 gm oral	1	
nimodipine oral	1	PV			
nisoldipine er	1	PV			
NITRO-BID	2	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
omega-3-acid ethyl esters capsule 1 gm oral	1	PV	quinapril-hydrochlorothiazide	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3		quinidine gluconate er	1	
pentoxifylline er	1		quinidine sulfate oral	1	
perindopril erbumine	1	PV	ramipril	1	PV
phenoxybenzamine hcl oral	1	PV	RANEXA	3	PV
pindolol tablet 10 mg oral	1		ranolazine er	1	PV
pindolol tablet 10 mg oral	1	PV	RECTIV	3	
pindolol tablet 5 mg oral	1		REPATHA	2	PA; PV; QL
pindolol tablet 5 mg oral	1	PV	REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; PV; QL	REPATHA SURECLICK	2	PA; PV; QL
pravastatin sodium	1	ACA; PV; QL	rosuvastatin calcium	1	PV; QL
prazosin hcl oral	1	PV	ROSZET	3	PV; FE; QL
PRESTALIA	3	PV	RYTHMOL SR	3	
prevalite	1	PV; QL	simvastatin tablet 10 mg oral	1	ACA; QL
PROCARDIA XL	3	PV	simvastatin tablet 10 mg oral	1	ACA; PV; QL
propafenone hcl	1		simvastatin tablet 20 mg oral	1	ACA; QL
propafenone hcl er	1		simvastatin tablet 20 mg oral	1	ACA; PV; QL
propranolol hcl er	1	PV	simvastatin tablet 40 mg oral	1	ACA; QL
propranolol hcl oral	1	PV	simvastatin tablet 40 mg oral	1	ACA; PV; QL
QBRELIS	3	PV; FE	simvastatin tablet 5 mg oral	1	ACA; QL
QUESTRAN	3	PV; QL	simvastatin tablet 5 mg oral	1	ACA; PV; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; QL			
quinapril hcl	1	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
simvastatin tablet 80 mg oral	1	QL	torsemide oral	1	PV
simvastatin tablet 80 mg oral	1	PV; QL	trandolapril	1	PV
SOAANZ	3	PV; FE	trandolapril-verapamil hcl er	1	PV
sorine	1	PV	triamterene oral	1	PV
sotalol hcl (af)	1	PV	triamterene-hctz oral capsule 37.5-25 mg	1	PV
sotalol hcl oral	1	PV	triamterene-hctz oral tablet	1	PV
SOTYLIZE	3	PV	TRIBENZOR	3	PV
spironolactone oral	1	PV	TRICOR	3	PV
spironolactone-hctz	1	PV	TRILIPIX	3	PV
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV	valsartan oral tablet	1	PV
taztia xt	1	PV	valsartan- hydrochlorothiazide	1	PV
TEKTURNA	3	PV	VASCEPA ORAL CAPSULE 0.5 GM	2	PV
TEKTURNA HCT	3	PV	VASCEPA ORAL CAPSULE 1 GM	3	PV
telmisartan	1	PV	VASERETIC	3	PV
telmisartan-amlodipine	1	PV	VASOTEC	3	PV
telmisartan-hctz	1	PV	VECAMYL	3	PV
TENORETIC 100	3	PV	verapamil hcl er oral capsule extended release 24 hour	1	PV
TENORETIC 50	3	PV	verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
TENORMIN	3	PV	verapamil hcl oral	1	PV
tiadylt er	1	PV	VERELAN	3	PV
TIAZAC	3	PV	VERELAN PM	3	PV
TIKOSYN CAPSULE 125 MCG ORAL	3		VERQUVO	3	QL
TIKOSYN CAPSULE 250 MCG ORAL	3		VYNDAMAX	4	PA; SP; QL
TIKOSYN CAPSULE 500 MCG ORAL	3				
timolol maleate oral	1	PV			
TOPROL XL	3	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VYndaqel	4	PA; SP; QL	DAYTRANA	3	
Vytorin	3	PV; QL	DESOXYN	3	
Welchol Oral Packet	3	PV; FE	DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	3	
Welchol Oral Tablet	3	PV	dexamphetamine hcl er	1	
Zestoretic	3	PV	dextroamphetamine sulfate er	1	
Zestril	3	PV	dextroamphetamine sulfate oral	1	
Zetia	3	PV; QL	DYANAVEL XR	3	FE
Ziac	3	PV	EVEKEO	3	
Zocor Oral Tablet 10 MG, 20 MG, 40 MG	3	PV; QL	EVEKEO ODT	3	FE
Zypitamag Oral Tablet 2 MG, 4 MG	3	PV; FE; QL	FOCALIN	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			FOCALIN XR	3	
Adderall	3		guanfacine hcl er	1	
Adderall XR	3		INTUNIV	3	
Adhansia XR	3	FE	JORNAY PM	3	
Adzenys XR-ODT	3		KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	
amphetamine sulfate	1		methamphetamine hcl	1	
amphetamine- dextroamphetamine	1		METHYLIN ORAL SOLUTION	3	
amphetamine- dextroamphetamine er	1		methylphenidate hcl er	1	
Apertisio XR	3		methylphenidate hcl er (cd)	1	
atomoxetine hcl	1	QL	methylphenidate hcl er (la)	1	
Azstarys	3	FE; QL			
clonidine hcl er	1				
Concerta	3				
Cotempla XR-ODT	3	FE			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1		AUBAGIO TABLET 14 MG ORAL	4	PA; SP; QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE	AUBAGIO TABLET 7 MG ORAL	4	PA; SP; QL
methylphenidate hcl er (xr)	1		AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
methylphenidate hcl oral	1		AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
MYDAYIS	3	FE	BAFIERTAM	4	PA; SP; QL
PROCENTRA	3		BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL
QUELBREE	3	ST; QL	COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL
QUILLICHEW ER	3	FE	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3		dalfampridine er	4	PA; SP; QL
relexxii	1	FE	dimethyl fumarate oral	4	PA; SP; QL
RITALIN	3		dimethyl fumarate starter pack	4	PA; SP; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3		EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
STRATTERA	3	QL	GILENYA CAPSULE 0.5 MG ORAL	4	PA; SP; QL
VYVANSE	2		glatiramer acetate	1	PA; SP; FE; QL
ZENZEDI	3				
Central Nervous System Agents - Drugs for Multiple Sclerosis					
AMPYRA	4	PA; SP; QL			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
glatopa	1	PA; SP; FE; QL	VUMERITY	4	PA; SP; QL
KESIMPTA	4	PA; SP; QL	ZEPOSIA	4	PA; SP; QL
MAVENCLAD	4	PA; SP; QL	ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL
MAYZENT	4	PA; SP; QL	ZEPOSIA STARTER KIT	4	PA; SP; QL
MAYZENT STARTER PACK	4	PA; SP; QL	Central Nervous System Agents - Miscellaneous		
PLEGRIDY	4	PA; SP; QL	ADIPEX-P	3	QL
PLEGRIDY STARTER PACK	4	PA; SP; QL	AUSTEDO	4	SP; FE; QL
PONVORY	4	PA; SP; FE; QL	benzphetamine hcl	1	QL
PONVORY STARTER PACK	4	PA; SP; FE; QL	caffeine citrate oral	1	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL	CONTRAVE	3	PA; FE
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL	diethylpropion hcl er	1	QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	diethylpropion hcl oral	1	QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	EXSERVAN	3	FE
TECFIDERA	4	PA; SP; QL	GRALISE ORAL TABLET	3	FE
			HORIZANT ORAL TABLET EXTENDED RELEASE	3	
			IMCIVREE	4	PA; SP; QL
			INGREZZA	4	SP; FE; QL
			LOMAIRA	3	FE; QL
			LYRICA	3	QL
			LYRICA CR	3	ST; FE; QL
			NUDEXTA	3	QL
			phendimetrazine tartrate	1	QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
phendimetrazine tartrate er	1	QL	DENTAGEL	3	
phentermine hcl oral	1	QL	EVOXAC	3	
pregabalin er	1	ST; FE; QL	FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
pregabalin oral	1	QL	FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
QSYMIA	3	FE; QL	FLUORIMAX 5000	3	
RILUTEK	3		FLUORIMAX 5000 SENSITIVE	3	
riluzole	1		JUST RIGHT 5000	3	
SAVELLA	2	ST; QL	lidocaine viscous hcl solution 2 % mouth/throat	1	
SAVELLA TITRATION PACK	2	ST; QL	MI PASTE	2	
SAXENDA	3	PA; QL	MI PASTE PLUS	2	
TEGSEDI	4	PA; SP; QL	NAFRINSE DAILY ACIDULATED	2	
tetrabenazine	4	PA; SP	NAFRINSE DAILY/NEUTRAL	2	
TIGLUTIK	3	FE	NAFRINSE WEEKLY	2	
WEGOVY	3	PA; QL	oralone	1	
XENAZINE	4	PA; SP	PERIDEX	3	
XENICAL	3	PA; FE	periogard	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			pilocarpine hcl oral	1	
cavarest	1		PREVENT	3	
cevimeline hcl	1		PREVENT 5000 BOOSTER PLUS	3	
chlorhexidine gluconate solution 0.12 % mouth/throat	1		PREVENT 5000 DRY MOUTH DENTAL GEL	3	
CLINPRO 5000 PASTE 1.1 % DENTAL	3		PREVENT 5000 ENAMEL PROTECT DENTAL GEL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2				
DENTA 5000 PLUS	3				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 ORTHO DEFENSE	3		ACANYA	3	
PREVIDENT 5000 PLUS	3		accutane	1	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3		acitretin	1	
REMESENSE	3		ACZONE EXTERNAL GEL 5 %	3	
SALAGEN	3		ACZONE EXTERNAL GEL 7.5 %	3	FE
sf	1		adapalene external cream	1	
sf 5000 plus	1		adapalene external gel	1	
sodium fluoride 5000 enamel dental gel	1		ADAPALENE EXTERNAL PAD	3	FE
sodium fluoride 5000 plus	1		ADAPALENE EXTERNAL SOLUTION	3	FE
sodium fluoride 5000 ppm	1		adapalene-benzoyl peroxide external gel	1	
sodium fluoride 5000 sensitive dental gel	1		ADBRY	4	PA; SP; QL
sodium fluoride dental cream	1		AKLIEF	3	FE
sodium fluoride dental gel 1.1 %	1		ALA SCALP	3	FE
sodium fluoride mouth/throat	1		ala-cort external cream	1	
triamcinolone acetonide mouth/throat	1		alclometasone dipropionate	1	
Dermatological Agents - Drugs for Skin Conditions			ALTRENO	3	
ABSORICA LD	3	FE	ALUMINUM CHLORIDE ANHYDROUS	2	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3		ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE	amcinonide external cream	1	FE
			amcinonide external lotion	1	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
amcinonide external ointment	1	FE	calcipotriene external solution	1	
ammonium lactate cream 12 % external (rx)	1		calcipotriene-betameth diprop	1	FE; QL
ammonium lactate lotion 12 % external (rx)	1		CALCITRENE	3	
amnesteem	1		calcitriol external	1	
AMZEEQ	3	FE	CAPEX	3	FE
APEXICON E	3	FE	CARAC	2	
ARAZLO	3	FE	CIBINQO	4	PA; SP; QL
ATRALIN	3		claravis	1	
AVITA	3		CLEOCIN-T EXTERNAL LOTION	3	
azelaic acid external	1		clindacin etz external swab	1	
AZELEX	3		clindacin-p	1	
B & C	2		CLINDAGEL	3	
balsam peru-castor oil	1		clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
BENZAMYCIN	3		clindamycin phosphate external	1	
benzoyl peroxide- erythromycin	1		clindamycin-tretinoin	1	
betamethasone dipropionate aug	1		clobetasol prop emollient base	1	
betamethasone dipropionate external	1		clobetasol propionate e	1	
betamethasone valerate external	1		clobetasol propionate emulsion	1	
BPCO	2		clobetasol propionate external	1	
BRYHALI	3	FE	CLOBEX	3	
CALAMINE	2		CLOBEX SPRAY	3	
calcipotriene external cream	1		clocortolone pivalate	1	FE
CALCIPOTRIENE EXTERNAL FOAM	3	FE	clodan external shampoo	1	
calcipotriene external ointment	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLODERM	3	FE	desoximetasone external ointment 0.05 %	1	FE
coal tar external solution	1		desoximetasone external ointment 0.25 %	1	
CONDYLOX EXTERNAL GEL	3		desrx	1	FE
CORDRAN EXTERNAL CREAM 0.025 %	3	FE	diclofenac sodium gel 3 % external	1	
CORDRAN EXTERNAL CREAM 0.05 %	3		DIFFERIN EXTERNAL CREAM	3	
CORDRAN EXTERNAL LOTION	3		DIFFERIN EXTERNAL GEL 0.3 %	3	
CORDRAN EXTERNAL OINTMENT	3		DIFFERIN EXTERNAL LOTION	3	
CORDRAN EXTERNAL TAPE	3	FE	diflorasone diacetate external	1	
dapsone external	1		DIPROLENE EXTERNAL OINTMENT	3	
DERMA-SMOOTH/FS BODY	3		DOVONEX EXTERNAL CREAM	3	
DERMA-SMOOTH/FS SCALP	3		doxepin hcl external	1	
desonide external cream	1		doxycycline	1	FE
desonide external gel	1	FE	DRYSOL	2	
desonide external lotion	1		DUOBRII	3	FE
desonide external ointment	1		DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA; SP; QL
DESOWEN EXTERNAL CREAM	3		DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL
desoximetasone external cream 0.05 %	1	FE	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
desoximetasone external cream 0.25 %	1				
desoximetasone external gel	1				
desoximetasone external liquid	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EFUDEX EXTERNAL CREAM	3		flurandrenolide	1	
ELIDEL	3		fluticasone propionate external	1	
ENSTILAR	3	FE	GORDOFILM	2	
EPIDUO	3		halcinonide	1	FE
EPIDUO FORTE	3		halobetasol propionate external cream	1	
EPIFOAM	2		HALOBETASOL PROPIONATE EXTERNAL FOAM	3	FE
ery	1		halobetasol propionate external ointment	1	
ERYGEL	3		HALOG EXTERNAL CREAM	3	
erythromycin external gel	1		HALOG EXTERNAL OINTMENT	3	FE
erythromycin external solution	1		HALOG EXTERNAL SOLUTION	3	FE
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL	hydrocortisone butyr lipo base	1	
EVOCLIN	3		hydrocortisone butyrate external cream	1	FE
FABIOR	3	FE	hydrocortisone butyrate external lotion	1	
FINACEA	3		hydrocortisone butyrate external ointment	1	
fluocinolone acetonide body	1		hydrocortisone butyrate external solution	1	
fluocinolone acetonide external	1		hydrocortisone cream 1 % external (rx)	1	
fluocinolone acetonide scalp	1		hydrocortisone external cream 2.5 %	1	
fluocinonide emulsified base	1		hydrocortisone external lotion 2.5 %	1	
fluocinonide external	1		hydrocortisone external ointment 2.5 %	1	
FLUOROPLEX	2				
FLUOROURACIL EXTERNAL CREAM 0.5 %	3				
fluorouracil external cream 5 %	1				
fluorouracil external solution	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocortisone ointment 1 % external (rx)	1		METROLOTION	3	
hydrocortisone valerate	1		metronidazole external	1	
imiquimod external cream 3.75 %	1	FE; QL	mometasone furoate external	1	
imiquimod external cream 5 %	1	QL	myorisan	1	
imiquimod pump	1	FE; QL	NEO-SYNALAR EXTERNAL CREAM	3	
IMPEKLO	3	FE	neuac external gel	1	
IMPOYZ	3	FE	nolix external lotion	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		NORITATE	3	FE
isotretinoin oral capsule 25 mg, 35 mg	1	FE	OLUX	3	
ivermectin external cream	1		OLUX-E	3	
KENALOG EXTERNAL	3		ONEXTON GEL 1.2-3.75 % EXTERNAL	3	
KERALYT EXTERNAL SHAMPOO	3		OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
KLARON	3		ORACEA	3	FE
KLISYRI	3	FE; QL	PANDEL	3	FE
lactic acid e	1		pimecrolimus	1	
lactic acid external lotion	1		podofilox external	1	
LEXETTE	3	FE	prednicarbate external ointment	1	
LOCOID EXTERNAL LOTION	3		PROTOPIC	3	
LOCOID LIPOCREAM	3		PRUDOXIN	3	
LUXIQ	3		PSORCON	3	FE
methoxsalen rapid	1		PYROGALLIC ACID	2	
METROCREAM	3		QBREXZA	3	ST; QL
METROGEL EXTERNAL GEL	3		REGRANEX	2	QL
			RETIN-A	3	
			RETIN-A MICRO GEL 0.04 %, 0.1 %	3	
			RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	FE	TOPICORT EXTERNAL GEL	3	
rosadan external cream	1		TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE
rosadan external gel	1		TOPICORT EXTERNAL OINTMENT 0.25 %	3	
SANTYL	3		TOPICORT SPRAY	3	
selenium sulfide external lotion	1		tovet external foam	1	
SERNIVO	3	FE	tretinoin external	1	
SOOLANTRA	3		tretinoin microsphere	1	
SORILUX	3	FE	tretinoin microsphere pump	1	
sulfacetamide sodium (acne)	1		triamcinolone acetonide external aerosol solution	1	
SYNALAR	3		triamcinolone acetonide external cream	1	
TACLONEX	3	FE; QL	triamcinolone acetonide external lotion	1	
tacrolimus external ointment	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
tazarotene external cream	1		triamcinolone acetonide external ointment 0.05 %	1	FE
TAZAROTENE EXTERNAL FOAM	3	FE	triamcinolone in absorbase	1	FE
TAZORAC EXTERNAL CREAM 0.05 %	3	FE	TRIANEX	3	FE
TAZORAC EXTERNAL CREAM 0.1 %	3		triderm external cream	1	
TAZORAC EXTERNAL GEL	3	FE	TRIDESILON	3	
TEMOVATE EXTERNAL CREAM	3		tritocin	1	FE
TEXACORT	3	FE	ULTRAVATE EXTERNAL LOTION	3	FE
TOPICORT EXTERNAL CREAM 0.05 %	3	FE	urea cream 47 % external	1	
TOPICORT EXTERNAL CREAM 0.25 %	3				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VANOS	3		BYETTA 5 MCG PEN	2	PA; PV; QL
VECTICAL	3		CYCLOSET	3	PV
VELTIN	3	FE	DUETACT	3	PV
VENELEX	2		FARXIGA TABLET 10 MG ORAL	2	PV; QL
VERDESO	3	FE	FARXIGA TABLET 5 MG ORAL	2	PV; QL
VEREGEN	3	FE	glimepiride	1	PV
WINLEVI	3	FE	glipizide er	1	PV
WYNZORA	3	FE	glipizide ir	1	PV
XERAC AC	2		glipizide xl	1	PV
zenatane	1		glipizide-metformin hcl	1	PV
ZIANA	3		GLUCOTROL XL	3	PV
ZILXI	3	FE	GLUMETZA	3	PV; FE
ZONALON	3		glyburide micronized	1	PV
ZYCLARA	3	FE; QL	glyburide oral	1	PV
ZYCLARA PUMP	3	FE; QL	glyburide-metformin	1	PV
Diabetes - Antidiabetic Agents			GLYNASE	3	PV
acarbose oral	1	PV	GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
ACTOPLUS MET	3	PV	GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
ACTOS	3	PV; QL	INVOKAMET	3	PV; FE; QL
ADLYXIN	3	PA; PV; FE; QL	INVOKAMET XR	3	PV; FE; QL
ADLYXIN STARTER PACK	3	PA; PV; FE; QL	INVOKANA	3	PV; FE; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL	JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
ALOGLIPTIN- METFORMIN HCL	3	PV; FE; QL	JANUMET TABLET 50- 500 MG ORAL	2	PV; QL
ALOGLIPTIN- PIOGLITAZONE	3	PV; FE; QL			
AMARYL	3	PV			
BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL			
BYETTA 10 MCG PEN	2	PA; PV; QL			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL	metformin hcl ir	1	PV
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL	miglitol	1	PV
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL	nateglinide	1	PV
JANUVIA	2	PV; QL	NESINA	3	PV; FE; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL	ONGLYZA	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL	OSENI	3	PV; FE; QL
JENTADUETO	3	PV; FE; QL	OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
JENTADUETO XR	3	PV; FE; QL	pioglitazone hcl	1	PV; QL
KAZANO	3	PV; FE; QL	pioglitazone hcl- glimepiride	1	PV
KOMBIGLYZE XR	2	PV; QL	pioglitazone hcl- metformin hcl	1	PV
metformin hcl er	1	PV	PRECOSE	3	PV
metformin hcl er (mod)	1	PV; FE	QTERN	2	PV; QL
metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral	1	FE	repaglinide	1	PV
metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral	1	PV; FE	RIOMET	3	PV
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	1	FE	RYBELSUS	2	PA; PV; QL
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	1	PV; FE	SEGLUROMET	3	PV; FE; QL
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	1	FE	SOLIQUA	2	PV; QL
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	1	PV; FE	STEGLATRO	3	PV; FE; QL
			STEGLUJAN	3	PV; FE; QL
			SYMLINPEN 120	3	PA; PV
			SYMLINPEN 60	3	PA; PV
			SYNJARDY	2	PV; QL
			SYNJARDY XR	2	PV; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
TRADJENTA	3	PV; FE; QL	GVOKE PFS	2	QL	
TRIJARDY XR	2	PV; QL	PROGLYCEM	3		
TRULICITY	2	PA; PV; QL	ZEGALOGUE	3	FE; QL	
VICTOZA	2	PA; PV; QL	Diabetes - Insulins			
XIGDUO XR	2	PV; QL	ADMELOG INJECTION	3	PV; FE	
XULTOPHY	2	PV; QL	ADMELOG SOLOSTAR SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE	
Diabetes - Glucose Monitoring			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	
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL	APIDRA SOLOSTAR	3	PV; FE	
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL	APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE	
ONETOUCH ULTRA TEST STRIPS	2	PV; QL	BASAGLAR KWIKPEN	3	PV; FE	
ONETOUCH VERIO TEST STRIPS	2	PV; QL	FIASP FLEXTOUCH	2	PV	
Diabetes - Glycemic Agents			FIASP INJECTION	2	PV	
BAQSIMI ONE PACK	2	QL	FIASP PENFILL	2	PV	
BAQSIMI TWO PACK	2	QL	HUMALOG INJECTION	3	PV; FE	
diazoxide oral	1		HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE	
glucagon emergency kit 1 mg injection 1 mg	1	QL	HUMALOG MIX 50/50 KWIKPEN	3	PV; FE	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	QL	HUMALOG MIX 50/50 VIAL	3	PV; FE	
GLUCAGON EMERGENCY KIT	3	QL	HUMALOG MIX 75/25 KWIKPEN	3	PV; FE	
GVOKE HYPOPEN 1-PACK	2	QL				
GVOKE HYPOPEN 2-PACK	2	QL				
GVOKE KIT	2	QL				

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

Created on 7/15/2022

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

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOVOLOG U-100 FLEXPEN	2	PV	CALCIUM GLUCONATE MONOHYDRATE	2	
NOVOLOG MIX 70/30 FLEXPEN	2	PV	CALCIUM LACTATE PENTAHYDRATE	2	
NOVOLOG MIX 70/30 RELION	2	PV	CALCIUM PHOSPHATE DIBASIC	2	
NOVOLOG MIX 70/30 VIAL	2	PV	CALCIUM PHOSPHATE TRIBASIC	2	
NOVOLOG U-100 PENFILL	2	PV	CARBAGLU ORAL TABLET SOLUBLE	4	SP
NOVOLOG RELION INJECTION	2	PV	carglumic acid oral tablet soluble	4	SP
NOVOLOG U-100 VIAL INJECTION	2	PV	CARNITOR ORAL	3	
SEMGLEE (YFGN)	3	PV; FE	CARNITOR SF	3	
TOUJEO MAX SOLOSTAR	2	PV	CHEMET	2	
TOUJEO SOLOSTAR SOLUTION PEN- injector 300 UNIT/ML SUBCUTANEOUS	2	PV	CHOLINE BITARTRATE POWDER	2	
TRESIBA	2	PV	cyanocobalamin injection solution 1000 mcg/ml	1	
TRESIBA FLEXTOUCH	2	PV	deferasirox	4	SP
Electrolytes / Minerals / Metals / Vitamins			deferasirox granules	4	SP
ACCRUFER	3	FE; QL	deferiprone	4	SP; FE
ALANINE	2		DL-ALANINE	2	
CALCIFOL	2		DL-LEUCINE	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-METHIONINE POWDER (RX)	2	
CALCIUM GLUCONATE	2		DL-PHENYLALANINE	2	
CALCIUM GLUCONATE ANHYDROUS	2		EFFER-K ORAL TABLET		
			EFFERVESCENT 10 MEQ, 20 MEQ	3	

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

Created on 7/15/2022

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

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
potassium chloride crys er	1		tolvaptan	4	SP
potassium chloride er	1		trientine hcl	4	SP
potassium chloride oral packet	1		UROCIT-K 10	3	
potassium chloride oral solution 40 meq/15ml (20%)	1		UROCIT-K 15	3	
potassium chloride solution 20 meq/15ml (10%) oral	1		UROCIT-K 5	3	
potassium citrate er	1		VALINE	2	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
prenatal oral tablet 27-0.8 mg	1	ACA; O	VELTASSA PACKET 8.4 GM ORAL	3	
SAMSCA	4	SP	weekly-d	1	
sod citrate-citric acid solution 500-334 mg/5ml oral	1		yl folic acid	1	ACA; O
SODIUM ASCORBATE POWDER	2		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA	ACIPHEX	3	PV; QL
sodium fluoride oral tablet chewable	1	ACA	CARAFATE	3	PV
sodium polystyrene sulfonate oral powder	1		cimetidine hcl oral solution 300 mg/5ml	1	PV
sps	1		cimetidine oral	1	PV
sterile water for irrigation solution irrigation	1		CYTOTEC	3	PV
SYPRINE	4	SP	DEXILANT	3	PV; FE; QL
TAURINE POWDER	2		DEXLANSOPRAZOLE	3	PV; FE; QL
THREONINE	2		esomeprazole magnesium capsule delayed release 20 mg oral (rx)	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG	3	PV; FE; QL	misoprostol tablet 200 mcg oral	1	PV
famotidine oral suspension reconstituted	1	PV	NEXIUM	3	PV; QL
famotidine tablet 20 mg oral (rx)	1		nizatidine oral capsule	1	PV
famotidine tablet 20 mg oral (rx)	1	PV	omeprazole oral capsule delayed release	1	PV; QL
famotidine tablet 40 mg oral	1		OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
famotidine tablet 40 mg oral	1	PV	omeprazole-sodium bicarbonate	1	PV; QL
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL	pantoprazole sodium oral packet	1	PV; FE; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL	pantoprazole sodium tablet delayed release 20 mg oral	1	QL
lansoprazole oral tablet delayed release dispersible 30 mg	1	PV; FE; QL	pantoprazole sodium tablet delayed release 20 mg oral	1	PV; QL
lansoprazole tablet delayed release dispersible 15 mg oral (otc)	1	FE; QL	pantoprazole sodium tablet delayed release 40 mg oral	1	QL
lansoprazole tablet delayed release dispersible 15 mg oral (rx)	1	PV; FE; QL	pantoprazole sodium tablet delayed release 40 mg oral	1	PV; QL
misoprostol tablet 100 mcg oral	1		PEPCID ORAL TABLET	3	PV
misoprostol tablet 100 mcg oral	1	PV	PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; QL
misoprostol tablet 200 mcg oral	1		PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; QL
			PRILOSEC ORAL PACKET	3	PV; FE
			PROTONIX ORAL PACKET	3	PV; FE; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; QL	CLENPIQ	2	PV
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL	constulose	1	
rabeprazole sodium oral tablet delayed release	1	PV; QL	cromolyn sodium oral	1	
sucralfate oral suspension	1	PV	CUVPOSA	3	
sucralfate tablet 1 gm oral	1		DARTISLA ODT	3	FE
sucralfate tablet 1 gm oral	1	PV	dicyclomine hcl oral	1	
ZEGERID	3	PV; QL	diphenoxylate-atropine oral liquid	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
alosetron hcl	1		ED-SPAZ	3	
alvimopan	1		ENTEREG	3	
AMITIZA	2	QL	enulose	1	
amoxicill-clarithro-lansopraz	1	PV; QL	GASTROCROM	3	
ANASPAZ	3		GATTEX	4	PA; SP
BISACODYL	2		gavilax oral powder	1	ACA; O
bisacodyl ec	1	ACA; O	gavilyte-c	1	ACA; PV
cascara sagrada oral fluid extract	1		gavilyte-g	1	ACA; PV
CHENODAL	4	PA; SP	gavilyte-n with flavor pack	1	ACA; PV
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1		generlac	1	
citroma	1	ACA; O	gentle laxative oral	1	ACA; O
clearlax oral powder	1	ACA; O	gentrelax oral powder	1	ACA; O
			GIALAX	3	FE
			GLYCATE	3	FE
			glycolax	1	ACA; O
			glycopyrrolate oral solution	1	
			glycopyrrolate oral tablet 1 mg, 2 mg	1	
			GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV	mm clearlax	1	ACA; O
hyoscyamine sulfate oral elixir	1		MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
hyoscyamine sulfate sl	1		MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
hyoscyamine sulfate tablet 0.125 mg oral	1		MOTOFEN	3	FE
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1		MOVANTIK	2	QL
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1		MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV
KRISTALOSE	3	FE	MYTESI	3	
lactulose encephalopathy	1		OMECLAMOX-PAK	3	PV; FE
lactulose oral packet	1	FE	OSCIMIN ORAL TABLET	3	
lactulose oral solution 20 gm/30ml	1		OSCIMIN SUBLINGUAL	3	
lactulose solution 10 gm/15ml oral	1		OSMOPREP	3	
LIBRAX	3		peg 3350-kcl-na bicarb- nacl	1	ACA; PV
LINZESS	2	QL	peg-3350/electrolytes	1	ACA; PV
LOMOTIL ORAL TABLET	3		peg- 3350/electrolytes/ascor bat	1	PV
loperamide hcl oral capsule	1		peg-kcl-nacl-nasulf-na asc-c	1	PV
LOTRONEX	3		peg-prep	1	PV
LUBIPROSTONE	3	ST; FE; QL	PLENUV SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O	polyethylene glycol 3350 oral powder	1	ACA; O
methscopolamine bromide oral	1		PYLERA	3	PV; FE
mineral oil heavy oral	1		qc magnesium citrate	1	ACA; O
			RELISTOR ORAL	3	FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE	ZORBTIVE	4	PA; SP; FE
RELTONE	3	FE	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
RESTORA RX	3		betaine	4	SP
ROBINUL ORAL	3		BUPHENYL ORAL POWDER 3 GM/TSP	4	SP
ROBINUL-FORTE	3		BUPHENYL ORAL TABLET	4	SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; SP; FE	CERDELGA	4	PA; SP
sodium bicarbonate oral powder	1		CHOLBAM	4	PA; SP
SUPREP BOWEL PREP KIT	3	PV	CREON	2	
SUTAB	3	PV	CYSTADANE	4	SP
SYMPROIC	2	QL	CYSTAGON	4	SP
TALICIA	3	PV; FE; QL	EVRYSDI	4	PA; SP; QL
TRULANCE TABLET 3 MG ORAL	3	ST; FE; QL	GALAFOLD	4	PA; SP; QL
URSO 250	3		KUVAN ORAL PACKET	4	PA; SP
URSO FORTE	3		KUVAN ORAL TABLET	4	PA; SP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE	L-GLUTAMIC ACID HCL	2	
ursodiol oral capsule 300 mg	1		miglustat	4	PA; SP
ursodiol oral tablet	1		MYALEPT	4	PA; SP
VIBERZI	3		nitisinone	4	SP
XERMELO	4	PA; SP; QL	NITYR	4	SP
ZELNORM	3	FE; QL	OCALIVA	4	SP; FE; QL
			ORFADIN	4	SP
			PALYNZIQ	4	PA; SP; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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		ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
PERTZYE	3	FE			
PROCYSBI	4	SP; FE			
RAVICTI	4	PA; SP			
sapropterin dihydrochloride oral packet	4	PA; SP			
sapropterin dihydrochloride oral tablet	4	PA; SP			
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP			
sodium phenylbutyrate oral tablet	4	SP			
STRENSIQ	4	PA; SP			
SUCRAID	4	PA; SP			
VIOKACE	3				
VOXZOGO	4	PA; SP; QL	CUPRIMINE ORAL CAPSULE 250 MG	4	SP; FE
XURIDEN	4	SP	darifenacin hydrobromide er	1	
ZAVESCA	4	PA; SP	DEPEN TITRATABS	4	SP
			DETROL	3	
			DETROL LA	3	
			DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	
			ELMIRON	2	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
flavoxate hcl	1		THIOLA	4	SP
FOSRENOL ORAL PACKET	3		THIOLA EC	4	SP
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3		tiopronin oral	4	SP
GELNIQUE TRANSDERMAL GEL 10 %	3	FE	tolterodine tartrate	1	
GEMTESA	3	ST; FE; QL	tolterodine tartrate er	1	
INTRAROSA	3	QL	TOVIAZ	2	ST
lanthanum carbonate	1		trospium chloride	1	
LITHOSTAT	3		trospium chloride er	1	
MYRBETRIQ	2	ST	VELPHORO	3	
oxybutynin chloride er	1		VESICARE	3	
oxybutynin chloride oral	1		VESICARE LS	3	FE; QL
OXYTROL	3	FE	Genitourinary Agents - Drugs for Prostate Conditions		
penicillamine oral capsule	4	SP; FE	alfuzosin hcl er	1	
penicillamine oral tablet	4	SP	AVODART	3	
phenazo oral tablet 200 mg	1		CARDURA XL	3	FE; QL
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		dutasteride oral	1	
PHOSLYRA	3		dutasteride-tamsulosin hcl	1	
RENAGEL ORAL TABLET 800 MG	3		finasteride oral tablet 5 mg	1	
RENVELA	3		FLOMAX	3	
sevelamer carbonate	1		JALYN	3	
sevelamer hcl	1		PROSCAR	3	
solifenacin succinate	1		RAPAFLO	3	
tadalafil oral tablet 5 mg	1	FE; QL	silodosin	1	
			tamsulosin hcl	1	
			terazosin hcl oral	1	PV
			UROXATRAL	3	
Hormonal Agents - Adrenal					
			ALKINDI SPRINKLE	3	FE
			CORTEF	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
DEXABLISS	3	FE	TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE
dexamethasone intensol	1		ZCORT 7-DAY	3	FE
dexamethasone oral	1		Hormonal Agents - Men's Health		
DXEVO 11-DAY	3	FE	ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
fludrocortisone acetate oral	1		ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
HEMADY	3	FE	ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	3	PA
HIDEX 6-DAY	3	FE	danazol oral	1	
hydrocortisone oral	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
MEDROL	3		FORTESTA	3	PA
methylprednisolone oral	1		JATENZO	3	PA; FE; QL
MILLIPRED ORAL TABLET	3	FE	METHITEST	2	
ORAPRED ODT	3	FE	METHYLTESTOSTERONE	2	
PEDIAPRED	3		methyltestosterone oral	1	
prednisolone oral solution	1		NATESTO	3	PA; FE
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE	oxandrolone oral	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	1		TESTIM	3	PA
prednisolone sodium phosphate oral tablet dispersible	1	FE	testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
prednisolone sodium phosphate solution 25 mg/5ml oral	1				
prednisone intensol	1				
prednisone oral	1				
RAYOS	3	FE			
TAPERDEX 12-DAY	3	FE			
TAPERDEX 6-DAY	3	FE			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
testosterone enanthate intramuscular solution	1	PA	HUMATROPE INJECTION CARTRIDGE	4	PA; SP
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	INCRELEX	4	PA; SP
testosterone transdermal solution	1	PA	ISTURISA	4	PA; SP; QL
VOGELXO PUMP	3	PA; FE	MYCAPSSA	4	SP; FE; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA	NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP; FE
XYOSTED	3	PA; FE	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP
Hormonal Agents - Pituitary			NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP
ACTHAR	4	PA; SP	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP
cabergoline	1	QL	octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
CORTROPHIN	4	PA; SP	octreotide acetate subcutaneous	4	SP
DDAVP ORAL	3		OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
desmopressin ace spray refrig	1				
desmopressin acetate oral	1				
desmopressin acetate spray	1				
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE			
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE	Hormonal Agents - Sex Hormones and Birth Control		
ORILISSA	2	PA; QL	ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV
RECORLEV	4	PA; SP; QL	afirmelle	1	ACA; PV
SAIZEN	4	PA; SP; FE	aftera	1	ACA; O
SAIZENPREP	4	PA; SP; FE	ALORA	3	PV; FE; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP	altavera	1	ACA; PV
SIGNIFOR	4	PA; SP	alyacen 1/35	1	ACA; PV
SKYTROFA	4	PA; SP; FE	alyacen 7/7/7	1	ACA; PV
SOMAVERT	4	SP; FE	amabelz	1	PV
STIMATE	4	SP	amethia	1	ACA; PV
SYNAREL	2		amethyst	1	ACA; PV
ZOMACTON	4	PA; SP; FE	ANGELIQ	3	PV; FE
Hormonal Agents - Prostaglandins			ANNOVERA	3	PV
KORLYM	4	PA; SP	apri	1	ACA; PV
Hormonal Agents - Selective Estrogen Receptor Modifying Agents			aranelle	1	ACA; PV
EVISTA	3	PV	ashlyna	1	ACA; PV
OSPHENA	3	PV	aubra	1	ACA; PV
raloxifene hcl	1	ACA; PV	aubra eq	1	ACA; PV
			aurovela 1.5/30	1	ACA; PV
			aurovela 1/20	1	ACA; PV
			aurovela 24 fe	1	ACA; PV
			aurovela fe 1.5/30	1	ACA; PV
			aurovela fe 1/20	1	ACA; PV
			aviane	1	ACA; PV
			AYGESTIN	3	
			ayuna	1	ACA; PV
			azurette	1	ACA; PV
			BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; FE

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
balziva	1	ACA; PV	DEPO-ESTRADIOL	2	PV
BEYAZ	3	PV	DEPO-PROVERA		
BIJUVA	3	PV; FE	INTRAMUSCULAR SUSPENSION 150	3	PV
blisovi 24 fe	1	ACA; PV	MG/ML		
blisovi fe 1.5/30	1	ACA; PV	DEPO-PROVERA		
blisovi fe 1/20	1	ACA; PV	INTRAMUSCULAR SUSPENSION	3	PV
briellyn	1	ACA; PV	PREFILLED SYRINGE		
camila	1	ACA; PV	DEPO-SUBQ		
camrese	1	ACA; PV	PROVERA 104		
camrese lo	1	ACA; PV	SUBCUTANEOUS	3	PV
caziant	1	ACA; PV	SUSPENSION		
charlotte 24 fe	1	ACA; PV	PREFILLED SYRINGE		
chateal	1	ACA; PV	desogestrel-ethinyl estradiol	1	ACA; PV
chateal eq	1	ACA; PV	DIVIGEL	3	PV
CLIMARA	3	PV; QL	dolishale	1	ACA; PV
CLIMARA PRO	3	PV; FE; QL	dotti	1	PV; QL
COMBIPATCH	2	PV; QL	drospiren-eth estrad- levomefol	1	ACA; PV
CRINONE VAGINAL GEL 4 %	2		drospirenone-ethinyl estradiol	1	ACA; PV
cryselle-28	1	ACA; PV	DUAVEE	3	PV
cyred	1	ACA; PV	econtra ez	1	ACA; O
cyred eq	1	ACA; PV	econtra one-step	1	ACA; O
dasetta 1/35	1	ACA; PV	ELESTRIN	3	PV
dasetta 7/7/7	1	ACA; PV	elinest	1	ACA; PV
daysee	1	ACA; PV	ELLA	2	ACA; PV
deblitane	1	ACA; PV	eluryng	1	PV; QL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	PV	emoquette	1	ACA; PV
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	PV	ENDOMETRIN	3	
delyla	1	ACA; PV	enpresse-28	1	ACA; PV
			enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
			errin	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
estarrylla	1	ACA; PV	iclevia	1	ACA; PV
ESTRACE ORAL	3	PV	IMVEXXY MAINTENANCE PACK	3	
ESTRACE VAGINAL	3		IMVEXXY STARTER PACK	3	
estradiol oral	1	PV	incassia	1	ACA; PV
estradiol transdermal	1	PV; QL	introvale	1	ACA; PV
estradiol vaginal	1		isibloom	1	ACA; PV
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	PV	jaimiess	1	ACA; PV
estradiol-norethindrone acet	1	PV	jasmiel	1	ACA; PV
ESTRING	2	QL	jencycla	1	ACA; PV
ESTROGEL	3	PV	jinteli	1	PV
ethynodiol diac-eth estradiol	1	ACA; PV	jolessa	1	ACA; PV
etonogestrel-ethinyl estradiol	1	PV; QL	juleber	1	ACA; PV
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV	junel 1.5/30	1	ACA; PV
falmina	1	ACA; PV	junel 1/20	1	ACA; PV
fayosim	1	ACA; PV	junel fe 1.5/30	1	ACA; PV
FEMRING	2	QL	junel fe 1/20	1	ACA; PV
femynor	1	ACA; PV	junel fe 24	1	ACA; PV
fyavolv	1	PV	kaitlib fe	1	ACA; PV
gemmily	1	ACA; PV	kalliga	1	ACA; PV
GENERESS FE	3	PV	kariva	1	ACA; PV
hailey 1.5/30	1	ACA; PV	kelnor 1/35	1	ACA; PV
hailey 24 fe	1	ACA; PV	kelnor 1/50	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV	kurvelo	1	ACA; PV
hailey fe 1/20	1	ACA; PV	larin 1.5/30	1	ACA; PV
heather	1	ACA; PV	larin 1/20	1	ACA; PV
hydroxyprogesterone caproate intramuscular	4	SP	larin 24 fe	1	ACA; PV
			larin fe 1.5/30	1	ACA; PV
			larin fe 1/20	1	ACA; PV
			larissia	1	ACA; PV
			layolis fe	1	ACA; PV
			leena	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
lessina	1	ACA; PV	medroxyprogesterone acetate intramuscular	1	ACA; PV
levonest	1	ACA; PV	medroxyprogesterone acetate oral	1	
levonorgest-eth est & eth est	1	ACA; PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
levonorgest-eth estrad 91-day	1	ACA; PV	megestrol acetate oral tablet	1	
levonorgestrel oral tablet 1.5 mg	1	ACA; O	megestrol acetate suspension 625 mg/5ml oral	1	
levonorgestrel-ethinyl estrad	1	ACA; PV	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV	MENOSTAR	3	PV; FE; QL
levora 0.15/30 (28)	1	ACA; PV	merzee	1	ACA; PV
lillow	1	ACA; PV	microgestin 1.5/30	1	ACA; PV
LO LOESTRIN FE	3	PV; FE	microgestin 1/20	1	ACA; PV
LOESTRIN 1.5/30 (21)	3	PV	microgestin 24 fe	1	ACA; PV
LOESTRIN 1/20 (21)	3	PV	microgestin fe 1.5/30	1	ACA; PV
LOESTRIN FE 1.5/30	3	PV	microgestin fe 1/20	1	ACA; PV
LOESTRIN FE 1/20	3	PV	mili	1	ACA; PV
lojaimiess	1	ACA; PV	mimvey	1	PV
loryna	1	ACA; PV	MINASTRIN 24 FE	3	PV
LOSEASONIQUE	3	PV	MINIVELLE	3	PV; QL
low-ogestrel	1	ACA; PV	MIRCETTE	3	PV
lo-zumandimine	1	ACA; PV	mono-linyah	1	ACA; PV
lutera	1	ACA; PV	my choice	1	ACA; O
lyleq	1	ACA; PV	my way	1	ACA; O
lyllana	1	PV; QL	MYFEMBREE	2	PA; PV; QL
lyza	1	ACA; PV	NATAZIA	2	ACA; PV
MAKENA INTRAMUSCULAR	4	SP	necon 0.5/35 (28)	1	ACA; PV
MAKENA SUBCUTANEOUS	3	SP; FE			
marlissa	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
new day	1	ACA; O	opcicon one-step	1	ACA; O
NEXTSTELLIS	3	PV; FE	option 2	1	ACA; O
nikki	1	ACA; PV		2	PA; PV; QL
nora-be	1	ACA; PV	ORIAHNN		
norethin ace-eth estrad-fe oral capsule	1	ACA; PV	philith	1	ACA; PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA; PV	pimtreia	1	ACA; PV
norethin ace-eth estrad-fe oral tablet chewable	1	ACA; PV	pirmella 1/35	1	ACA; PV
norethindrone acetate oral	1		pirmella 7/7/7	1	ACA; PV
norethindrone acet-ethinyl est oral tablet	1	ACA; PV	portia-28	1	ACA; PV
norethindrone oral	1	ACA; PV	PREFEST	3	PV
norethindrone-eth estradiol	1	PV	PREMARIN ORAL	2	PV
norethin-eth estradiol-fe	1	ACA; PV	PREMARIN VAGINAL	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV	PREMPHASE	2	PV
norgestimate-ethinyl estradiol triphasic	1	ACA; PV	PREMPRO	2	PV
norlyda	1	ACA; PV	previfem	1	ACA; PV
norlyroc	1	ACA; PV	progesterone intramuscular	1	
nortrel 0.5/35 (28)	1	ACA; PV	progesterone oral	1	
nortrel 1/35 (21)	1	ACA; PV	PROMETRIUM	3	
nortrel 1/35 (28)	1	ACA; PV	PROVERA	3	
nortrel 7/7/7	1	ACA; PV	QUARTETTE	3	PV
NUVARING	3	PV; QL	react	1	ACA; O
nylia 1/35	1	ACA; PV	reclipsen	1	ACA; PV
nylia 7/7/7	1	ACA; PV	rivelsa	1	ACA; PV
nymyo	1	ACA; PV	SAFYRAL	3	PV
ocella	1	ACA; PV	SEASONIQUE	3	PV
			setlakin	1	ACA; PV
			sharobel	1	ACA; PV
			simliya	1	ACA; PV
			simpesse	1	ACA; PV
			SLYND	3	PV; FE
			sprintec 28	1	ACA; PV
			sronyx	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
syeda	1	ACA; PV	viorele	1	ACA; PV	
take action	1	ACA; O	VIVELLE-DOT	3	PV; QL	
tarina 24 fe	1	ACA; PV	volnea	1	ACA; PV	
tarina fe 1/20	1	ACA; PV	vyfemla	1	ACA; PV	
tarina fe 1/20 eq	1	ACA; PV	vylibra	1	ACA; PV	
taysofy	1	ACA; PV	wera	1	ACA; PV	
TAYTULLA	3	PV	wymzya fe	1	ACA; PV	
tilia fe	1	ACA; PV	xulane	1	ACA; PV; QL	
tri femynor	1	ACA; PV	YASMIN 28	3	PV	
tri-estarylla	1	ACA; PV	YAZ	3	PV	
tri-legest fe	1	ACA; PV	yuvafem	1		
tri-linyah	1	ACA; PV	zafemy	1	ACA; PV; QL	
tri-lo-estarylla	1	ACA; PV	zovia 1/35 (28)	1	ACA; PV	
tri-lo-marzia	1	ACA; PV	zumandimine	1	ACA; PV	
tri-lo-mili	1	ACA; PV	Hormonal Agents - Thyroid			
tri-lo-sprintec	1	ACA; PV	ARMOUR THYROID	2		
tri-mili	1	ACA; PV	CYTOMEL	3		
tri-nymyo	1	ACA; PV	euthyrox	1		
tri-sprintec	1	ACA; PV	levo-t	1		
trivora (28)	1	ACA; PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3		
tri-vylibra	1	ACA; PV	levothyroxine sodium oral tablet	1		
tri-vylibra lo	1	ACA; PV	levoxyl	1		
tulana	1	ACA; PV	liothyronine sodium oral	1		
TWIRLA	3	PV; FE; QL	methimazole oral	1		
tyblume oral tablet chewable	1	ACA; PV	np thyroid	1		
tydemy	1	ACA; PV	propylthiouracil oral	1		
VAGIFEM VAGINAL TABLET 10 MCG	3		SYNTHROID	3		
velivet	1	ACA; PV	THYQUIDITY	3	FE	
vestura	1	ACA; PV				
vienva	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TIROSINT CAPSULE 75 MCG ORAL	3		CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 88 MCG	3		CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
TIROSINT-SOL	3		COSENTYX (300 MG DOSE)	4	PA; SP; QL
unithroid	1		COSENTYX 150 MG/ML	4	PA; SP; QL
Immunological Agents - Drugs for Immune System Stimulation or Suppression			COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL
ACTEMRA ACTPEN	4	PA; SP; QL	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL	cyclosporine modified	1	PV
ACTIMMUNE	4	PA; SP	cyclosporine oral capsule	1	PV
ARAVA	3	QL	ENBREL MINI	4	PA; SP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL
ASTAGRAF XL	3	PV	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
AZASAN	3	PV	ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
azathioprine oral	1	PV			
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL			
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL			
CELLCEPT	3	PV			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL	HUMIRA PEN- CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL
ENSPRYNG	4	PA; SP; QL	HUMIRA PEN- PEDIATRIC UC START	4	PA; SP; QL
ENVARSUS XR	3	PV	HUMIRA PEN- PS/UV/ADOL HS START	4	PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		
FIRAZYR	4	PA; SP	HUMIRA PEN- PSOR/UVEIT STARTER	4	PA; SP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL
gengraf oral solution	1	PV	icatibant acetate	4	PA; SP
HAEGARDA	4	PA; SP	IMURAN	3	PV
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL	KEVZARA	4	PA; SP; QL
HUMIRA PEN PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; QL	leflunomide oral	1	QL
HUMIRA PEN- CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; QL	LUPKYNIS	4	PA; SP; PV; QL
			methotrexate oral	1	
			methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1		PROGRAF ORAL	3	PV
methotrexate sodium injection solution reconstituted	1		RAPAMUNE	3	PV
methotrexate sodium oral	1		RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE
mycophenolate mofetil oral	1	PV	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE
mycophenolate sodium	1	PV	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE
MYFORTIC	3	PV	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE
NEORAL	3	PV	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE
OLUMIANT ORAL TABLET 1 MG, 2 MG	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE
ORENCIA CLICKJECT	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	FE
ORLADEYO	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
OTEZLA TABLET 30 MG ORAL	4	PA; SP; QL	RIDAURA	4	SP

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL	tacrolimus oral	1	PV
sajazir	4	PA; SP	TAKHZYRO	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV	TALTZ	4	PA; SP; QL
SANDIMMUNE ORAL SOLUTION	2	PV	TREMFYA	4	PA; SP; QL
SILIQ	4	PA; SP; QL	TREXALL	2	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	XATMEP	3	FE
sirolimus oral	1	PV	XELJANZ	4	PA; SP; QL
SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS	4	PA; SP; QL	XELJANZ XR	4	PA; SP; QL
SKYRIZI PEN	4	PA; SP; QL	ZORTRESS	3	PV
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	Inflammatory Bowel Disease Agents		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL	ANUSOL-HC EXTERNAL	3	
			APRISO	3	
			ASACOL HD	3	
			AZULFIDINE	3	
			AZULFIDINE EN-TABS	3	
			balsalazide disodium	1	
			budesonide er oral tablet extended release 24 hour	1	QL
			budesonide oral	1	QL
			CANASA	3	
			COLAZAL	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CORTENEMA	3		UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	QL
CORTIFOAM EXTERNAL	2		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
DELZICOL	3		ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV
DIPENTUM	3	FE	alendronate sodium oral solution	1	PV
hydrocortisone (perianal)	1		alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
hydrocortisone rectal enema	1		ATELVIA	3	PV
LIALDA	3		BINOSTO	3	PV; FE
mesalamine er oral capsule 0.375 gm	1		BONIVA ORAL TABLET 150 MG	3	PV
mesalamine oral	1		calcitonin (salmon)	1	PV
mesalamine rectal	1		FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML	4	PA; SP; PV; FE; QL
mesalamine-cleanser	1		FOSAMAX ORAL TABLET 70 MG	3	PV
ORTIKOS	3	FE; QL	FOSAMAX PLUS D	3	PV; FE
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2		ibandronate sodium oral	1	PV
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3		MIACALCIN INJECTION	3	PV
PROCTOCORT EXTERNAL	3		RAYALDEE	3	
PROCTOFOAM HC EXTERNAL	2		risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
procto-med hc external	1		risedronate sodium oral tablet delayed release	1	PV
procto-pak external	1				
proctosol hc external	1				
protozone-hc external	1				
ROWASA RECTAL	3				
SFROWASA	3				
sulfasalazine oral	1				
TARPEYO	3	FE; QL			
UCERIS RECTAL	3				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TERIPARATIDE (RECOMBINANT)	4	PA; SP; PV; FE; QL	BREATHE EASE MEDIUM	2	
TYMLOS	4	PA; SP; PV; QL	BREATHE EASE SMALL	2	
Metabolic Bone Disease Agents - Other			BROMELAIN	2	
calcitriol oral	1		BYLVAY	4	PA; SP; QL
cinacalcet hcl	1		BYLVAY (PELLETS)	4	PA; SP; QL
doxercalciferol oral	1		CETYLCIDE-G	2	
NATPARA	4	PA; SP; PV	CHARCOAL ACTIVATED	2	
paricalcitol oral	1		CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
ROCALTROL	3		COMPACT SPACE CHAMBER	2	
SENSIPAR	3		COMPACT SPACE CHAMBER/LG MASK	2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3		COMPACT SPACE CHAMBER/MED MASK	2	
Miscellaneous Therapeutic Agents			COMPACT SPACE CHAMBER/SM MASK	2	
AEROCHAMBER MINI CHAMBER	2		DOJOLVI	3	PA
AEROCHAMBER MV	2		EASIVENT	2	
AEROCHAMBER PLUS FLO-VU	2		ENDARI	3	
AEROCHAMBER PLUS FLOW VU	2		ergoloid mesylates oral	1	
AEROCHAMBER W/FLOWSIGNAL	2		FC2 FEMALE CONDOM	2	ACA; O
ASPARTAME	2		FIRDAPSE	4	PA; SP; FE; QL
ASPARTAME (NUTRASWEET)	2		FLEXICHAMBER	2	
BREATHE EASE LARGE	2		formaldehyde solution 37 % external (rx)	1	
			glutaraldehyde external	1	
			GRASTEK	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KERENDIA TABLET 10 MG ORAL	3	PA; QL	sodium saccharin powder	1	
KERENDIA TABLET 20 MG ORAL	3	PA; QL	TAVNEOS	4	PA; SP; QL
LIVMARLI	4	PA; SP; QL	TODAY SPONGE	2	ACA; O
methergine oral	1		VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
methylergonovine maleate oral	1		vcf vaginal contraceptive vaginal gel	1	ACA; O
MICROCHAMBER DEVICE	2		VISTOGARD	4	SP
ODACTRA	3	QL	VORTEX VALVED HOLDING CHAMBER	2	
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL	ZOKINVY	4	PA; SP
OMNIPOD DASH PODS (GEN 4)	14	MB; QL	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
OPTICHAMBER DIAMOND	2		ACULAR	3	
OPTICHAMBER DIAMOND-LG MASK	2		ACULAR LS	3	
OPTICHAMBER DIAMOND-MD MASK	2		ACUVAIL	3	FE
OPTICHAMBER DIAMOND-SM MASK	2		ALOCRIL	3	FE
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2		ALOMIDE	3	FE
OXBRYTA	4	PA; SP; QL	ALREX	3	ST; FE
PALFORZIA	4	SP	AZASITE	2	
PHEXXI	3	FE	azelastine hcl ophthalmic	1	
POCKET SPACER	2		bacitracin ophthalmic	1	
RADIOGARDASE	3		bepotastine besilate	1	FE
RAGWITEK	3		BEPREVE	3	FE
SACCHARIN	2		BESIVANCE	3	FE
			BETADINE OPHTHALMIC PREP	3	
			BLEPH-10	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
bromfenac sodium (once-daily)	1		ketorolac tromethamine ophthalmic	1	
BROMSITE	3	FE	levofloxacin ophthalmic	1	
CILOXAN OPHTHALMIC OINTMENT	3	FE	LOTEMAX OPHTHALMIC GEL	3	ST
ciprofloxacin hcl ophthalmic	1		LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE
cromolyn sodium ophthalmic	1		LOTEMAX OPHTHALMIC SUSPENSION	3	ST; FE
dexamethasone sodium phosphate ophthalmic	1		LOTEMAX SM	2	
diclofenac sodium ophthalmic	1		loteprednol etabonate ophthalmic gel	1	ST
difluprednate	1	ST	loteprednol etabonate ophthalmic suspension	1	ST; FE
DUREZOL	3	ST	MAXIDEX	2	
epinastine hcl	1		MITOSOL	3	
erythromycin ointment 5 mg/gm ophthalmic	1		moxifloxacin hcl (2x day)	1	FE
EYSUVIS	3	FE	moxifloxacin hcl ophthalmic solution	1	
FLAREX	2		NATACYN	3	
fluorometholone ophthalmic	1		NEVANAC	3	FE
flurbiprofen sodium	1		OCUFLOX	3	
FML	2		ofloxacin ophthalmic	1	
FML FORTE	3	ST	olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
FML LIQUIFILM	3		olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
gatifloxacin ophthalmic	1		PATADAY OPHTHALMIC SOLUTION 0.7 %	3	FE
gentak ophthalmic ointment	1		POVIDONE-IODINE OPHTHALMIC	3	
gentamicin sulfate ophthalmic solution	1		PRED FORTE	3	
ILEVRO	3	FE			
INVELTYS	2				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PRED MILD	3	ST	bimatoprost ophthalmic	1	
prednisolone acetate ophthalmic	1		brimonidine tartrate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1		brimonidine tartrate- timolol	1	
PROLENSA	3	FE	brinzolamide	1	
sulfacetamide sodium ophthalmic	1		carteolol hcl	1	
tobramycin ophthalmic	1		COMBIGAN	3	
TOBREX OPHTHALMIC OINTMENT	2		COSOPT	3	
trifluridine ophthalmic	1		COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
TYRVAYA	3	QL	dorzolamide hcl solution 2 % ophthalmic	1	
UPNEEQ	3	QL	dorzolamide hcl-timolol mal	1	
VIGAMOX	3		dorzolamide hcl-timolol mal pf	1	
ZERVIATE	3	FE	IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ZIRGAN	3		ISTALOL	3	
ZYMAXID	3		KEVEYIS	4	SP
Ophthalmic Agents - Drugs for Glaucoma			latanoprost ophthalmic	1	
acetazolamide er	1		levobunolol hcl ophthalmic solution 0.5 %	1	
acetazolamide oral	1		LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2		methazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3		PHOSPHOLINE IODIDE	2	
apraclonidine hcl	1		pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
AZOPT	3		RHOPRESSA	2	
betaxolol hcl ophthalmic	1				
BETIMOL	3				
BETOPTIC-S	3	FE			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ROCKLATAN	2	ST	atropine sulfate ophthalmic ointment	1	
SIMBRINZA	3		atropine sulfate ophthalmic solution 1 %	1	
timolol maleate (once-daily)	1		bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
timolol maleate ocudose	1		bacitra-neomycin-polymyxin-hc	1	
timolol maleate ophthalmic gel forming solution	1	FE	BLEPHAMIDE S.O.P.	2	
timolol maleate ophthalmic solution	1		CEQUA	3	QL
timolol maleate pf	1		CYCLOGYL	3	
TIMOPTIC	3		cyclopentolate hcl ophthalmic	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	FE	cyclosporine ophthalmic	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3		CYSTADROPS	4	SP
TIMOPTIC-XE	3	FE	CYSTARAN	4	SP
TRAVATAN Z	3	FE	homatropaire	1	
travoprost (bak free)	1		ISOPTO ATROPINE	2	
TRUSOPT	3		LACRISERT	3	
VUITY	3		LASTACAFT	3	FE
VYZULTA	3	ST; FE	MAXITROL	3	
XALATAN	3		neomycin-bacitracin zn-polymyx	1	
XELPROS	2		neomycin-polymyxin-dexameth ophthalmic ointment	1	
ZIOPTAN	3	ST; FE	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
ak-poly-bac	1				
altafrin ophthalmic solution 10 %, 2.5 %	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1		CIPRODEX	3	
neo-polycin	1		ciprofloxacin hcl otic	1	
neo-polycin hc	1		ciprofloxacin-dexamethasone	1	
OXERVATE	4	PA; SP; QL	CIPROFLOXACIN-FLUOCINOLONE PF	3	FE
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1		CORTISPORIN-TC	3	
polycin	1		DERMOTIC	3	
polymyxin b-trimethoprim	1		flac	1	
POLYTRIM	3		fluocinolone acetonide otic	1	
PRED-G	2		hydrocortisone-acetic acid	1	
PRED-G S.O.P.	2		neomycin-polymyxin-hc otic	1	
RESTASIS	3	QL	ofloxacin otic	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL	OTOVEL	3	FE
sulfacetamide-prednisolone ophthalmic solution	1		PRAMOTIC	3	
TOBRADEX	3		Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
TOBRADEX ST	2		azelastine hcl nasal	1	
tobramycin-dexamethasone	1		azelastine-fluticasone	1	FE
VERKAZIA	3		BECONASE AQ	3	FE
XIIDRA	3	QL	benzonatate	1	
ZYLET	3		carbinoxamine maleate oral solution	1	
Otic Agents - Drugs for Ear Conditions			carbinoxamine maleate oral tablet 4 mg	1	
acetic acid otic	1		carbinoxamine maleate oral tablet 6 mg	1	FE
CETRAXAL	3	FE	cetirizine hcl oral solution	1	
CIPRO HC	3	FE	CLARINEX ORAL TABLET	3	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLARINEX-D 12 HOUR	3	FE	hydrocodone polystyrene and chlorpheniramine maleate oral suspension extended release	1	QL
clemastine fumarate oral syrup	1	FE	hydromet oral solution	1	QL
clemastine fumarate oral tablet 2.68 mg	1		HYPERSAL	3	
cyproheptadine hcl oral	1		ipratropium bromide nasal	1	
desloratadine oral tablet	1		KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE
desloratadine oral tablet dispersible	1	FE	levocetirizine dihydrochloride oral solution	1	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1		levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
DYMISTA	3	FE	maxi-tuss ac	1	QL
FASENRA PEN	4	PA; SP; QL	mometasone furoate nasal	1	QL
flunisolide nasal solution 25 mcg/act (0.025%)	1		NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
GILPHEX TR	3	FE	olopatadine hcl nasal	1	
guaiatussin ac	1	QL	OMNARIS	3	FE
guaifenesin ac	1	QL	PATANASE	3	
HYCODAN ORAL SOLUTION	3	QL	promethazine hcl oral	1	
HYCODAN ORAL TABLET	3	QL	promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
hydrocodone bitartrate and homatropine mbr oral tablet	1	QL	promethazine vc	1	
hydrocodone bitartrate and homatropine mbr solution 5-1.5 mg/5ml oral	1	QL			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
promethazine vc/codeine	1	QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; QL
promethazine-codeine	1	QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; QL
promethazine-dm oral syrup	1		ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; QL
promethazine- phenyleph-codeine	1	QL	ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL
promethazine- phenylephrine	1		ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
promethegan	1		ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
pseudoeph-bromphen- dm syrup 30-2-10 mg/5ml oral (rx)	1		AIRDUO DIGIHALER	3	PV; FE; QL
QNASL	3	FE	AIRDUO RESPICLICK 113/14	3	PV; FE; QL
QNASL CHILDRENS	3	FE	AIRDUO RESPICLICK 232/14	3	PV; FE; QL
RYCLORA ORAL SOLUTION	3	FE	AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PV; FE; QL
ryvent	1	FE			
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1				
TUXARIN ER	3	FE; QL			
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	FE; QL			
XHANCE	3	FE; QL			
ZETONNA	3	FE			
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions					
ACCOLATE	3	PV			
acetylcysteine inhalation	1				

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL	ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV	ASMANEX (120 METERED DOSES)	2	PV; QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV	ASMANEX (30 METERED DOSES)	2	PV; QL
albuterol sulfate oral	1	PV	ASMANEX (60 METERED DOSES)	2	PV; QL
ALVESCO	3	PV; FE; QL	ASMANEX HFA	2	PV; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH INHALATION	2	PV; QL	ATROVENT HFA	2	PV; QL
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
ARMONAIR DIGIHALER	3	PV; FE; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH INHALATION	2	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/INH INHALATION	2	PV; QL
			BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
			BROVANA	3	PV; QL

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
budesonide inhalation	1	PV; QL	fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	1	PV
BUDESONIDE-FORMOTEROL FUMARATE	3	PV; FE; QL	fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	1	PV; QL
COMBIVENT RESPIMAT	2	PV; QL	fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	PV
cromolyn sodium inhalation	1	PV	fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	PV; QL
DALIRESP	2	PV	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
DUAKLIR PRESSAIR	3	PV; FE; QL	formoterol fumarate inhalation	1	PV; QL
DULERA	3	PV; FE; QL	INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH INHALATION	2	PV; QL
ELIXOPHYLLIN	3	PV	ipratropium bromide inhalation	1	PV
epinephrine injection solution auto-injector	1	QL	ipratropium-albuterol	1	PV
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	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 JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL			
ESBRIET	4	PA; SP; QL			
FLOVENT DISKUS	2	PV; QL			
FLOVENT HFA	2	PV; QL			
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	PV			
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	PV; QL			

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; FE; QL	PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	2	PV; QL
LONHALA MAGNAIR REFILL KIT	3	ST; PV; QL	PULMICORT SUSPENSION	3	PV; QL
LONHALA MAGNAIR STARTER KIT	3	ST; PV; QL	QVAR REDIHALER	2	PV; QL
montelukast sodium oral packet	1	PV	SEREVENT DISKUS	2	PV; QL
montelukast sodium oral tablet chewable	1	PV	SINGULAIR	3	PV
montelukast sodium tablet 10 mg oral	1		SPIRIVA HANDIHALER	2	PV; QL
montelukast sodium tablet 10 mg oral	1	PV	SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
OFEV	4	PA; SP; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
PERFOROMIST	3	PV; QL	STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
pirfenidone	4	PA; SP; QL	STRIVERDI RESPIMAT	3	PV; QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL	SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	2	PV; QL
PROAIR HFA	3	PV; QL	SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	2	PV; QL
PROAIR RESPICLICK	3	PV; QL	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL
PROVENTIL HFA	3	PV; QL			
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	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.

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
terbutaline sulfate oral	1	PV	XOPENEX CONCENTRATE	3	PV	
THEO-24	3	PV	XOPENEX HFA	3	PV; FE; QL	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	PV	YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL	
theophylline er oral tablet extended release 24 hour	1	PV	zafirlukast	1	PV	
theophylline solution 80 mg/15ml oral	1	PV	zileuton er	1	PV	
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION	2	PV; QL	ZYFLO	3	PV; FE	
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH INHALATION	2	PV; QL	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL	BETHKIS	4	SP; QL	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL	BRONCHITOL	2	QL	
wixela inhlu inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV	CAYSTON	4	SP	
XOPENEX NEB	3	PV	KALYDECO	4	PA; SP; QL	
			KITABIS PAK	4	SP; QL	
			ORKAMBI	4	PA; SP; QL	
			PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP	
			SYMDEKO	4	PA; SP; QL	
			TOBI NEBULIZER	4	SP; QL	
			TOBI PODHALER	4	SP; QL	
			tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL	
			tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL	TYVASO REFILL	4	PA; SP
TRIKAFTA	4	PA; SP; QL	TYVASO STARTER	4	PA; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			UPTRAVI ORAL	4	PA; SP; QL
ADCIRCA	4	PA; SP; QL	VENTAVIS	4	PA; SP; QL
ADEMPAS	4	PA; SP; QL	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
alyq	4	PA; SP; QL	AMRIX	3	FE
ambrisentan	4	PA; SP; QL	BACLOFEN ORAL SOLUTION	3	FE
bosentan	4	PA; SP; QL	baclofen oral tablet	1	
LETAIRIS	4	PA; SP; QL	carisoprodol oral	1	
OPSUMIT	4	PA; SP; QL	chlorzoxazone oral tablet 250 mg, 500 mg	1	
ORENITRAM	4	PA; SP	chlorzoxazone oral tablet 375 mg, 750 mg	1	FE
REVATIO ORAL	3	PA; SP; QL	CYCLO/GABA 10/300	3	FE
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL	cyclobenzaprine hcl er	1	FE
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
tadalafil (pah)	4	PA; SP; QL	cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
TRACLEER	4	PA; SP; QL	DANTRIUM ORAL CAPSULE 25 MG	3	
TYVASO	4	PA; SP	dantrolene sodium oral	1	
			FEXMID	3	FE
			FLEQSVY	3	FE
			LORZONE	3	FE
			metaxalone oral tablet 400 mg	1	FE
			metaxalone oral tablet 800 mg	1	
			methocarbamol oral	1	

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

Created on 7/15/2022

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NORGESIC FORTE	3	FE	ROZEREM	3	
orphenadrine citrate er	1		SILENOR	3	QL
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1		SUNOSI	3	FE; QL
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE	temazepam	1	
OZOBAX	3	FE	WAKIX	4	PA; SP; QL
SOMA	3		XYREM	4	PA; SP; QL
tizanidine hcl oral	1		XYWAV	4	PA; SP; QL
VANADOM	3		zaleplon	1	QL
ZANAFLEX	3		zolpidem tartrate er	1	QL
Sleep Disorder Agents			zolpidem tartrate oral	1	QL
AMBIEN	3	QL	zolpidem tartrate sublingual	1	FE; QL
AMBIEN CR	3	QL	ZOLPIMIST	3	FE; QL
armodafinil	1	QL			
BELSOMRA	3	ST; FE; QL			
DAYVIGO	3	ST; QL			
doxepin hcl oral tablet	1	QL			
EDLUAR	3	FE; QL			
eszopiclone	1	QL			
flurazepam hcl	1				
HETLIOZ	4	PA; SP; QL			
HETLIOZ LQ	4	PA; SP; QL			
LUNESTA	3	QL			
modafinil	1	QL			
NUVIGIL	3	QL			
PROVIGIL	3	QL			
ramelteon	1				
RESTORIL	3				

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

Created on 7/15/2022

Index of Drugs

abacavir sulfate	33	ADAPALENE	49	ALA SCALP	49
abacavir sulfate-		adapalene-benzoyl		ala-cort.....	49
lamivudine.....	33	peroxide.....	49	ALANINE	59
ABILIFY	32	ADASUVE	32	albendazole.....	30
ABILIFY MYCITE		ADBRY	49	albuterol sulfate.....	89
MAINTENANCE KIT	32	ADCIRCA.....	93	albuterol sulfate hfa.....	89
ABILIFY MYCITE		ADDERALL	45	ALBUTEROL SULFATE	
STARTER KIT	32	ADDERALL XR	45	HFA.....	89
abiraterone acetate.....	25	adefovir dipivoxil.....	33	alclometasone	
ABSORICA.....	49	ADEMPAS	93	dipropionate	49
ABSORICA LD	49	ADHANSIA XR	45	ALDACTAZIDE	37
acamprosate calcium.....	12	ADIPEX-P	47	ALDACTONE	37
ACANYA.....	49	ADLYXIN	55	ALECENSA	25
acarbose.....	55	ADLYXIN STARTER		alendronate sodium.....	80
ACCOLATE.....	88	PACK.....	55	alfuzosin hcl er.....	67
ACCRUFER.....	59	ADMELOG	57	ALINIA	30
ACCUPRIL.....	37	ADMELOG SOLOSTAR ..	57	aliskiren fumarate.....	37
ACCURETIC	37	adult aspirin regimen	9	ALKERAN	25
accutane	49	ADVAIR DISKUS	88	ALKINDI SPRINKLE	67
acebutolol hcl.....	37	ADVAIR HFA.....	88	allopurinol.....	23
acetaminophen-codeine....	6	ADZENYS XR-ODT	45	ALLZITAL	6
acetaminophen-codeine		AEMCOLO	12	almotriptan malate	23
#2	6	AEROCHAMBER MINI		ALOCRIL	82
acetaminophen-codeine		CHAMBER	81	ALOGLIPTIN	
#3	6	AEROCHAMBER MV	81	BENZOATE	55
acetaminophen-codeine		AEROCHAMBER PLUS		ALOGLIPTIN-	
#4	6	FLO-VU	81	METFORMIN HCL	55
acetazolamide	84	AEROCHAMBER PLUS		ALOGLIPTIN-	
acetazolamide er	84	FLOW VU	81	PIOGLITAZONE	55
acetic acid	86	AEROCHAMBER		ALOMIDE	82
acetylcysteine	88	W/FLOWSIGNAL	81	ALORA	70
ACIPHEX.....	61	AFINITOR	25	alosetron hcl	63
acitretin	49	AFINITOR DISPERZ	25	ALPHAGAN P	84
ACTEMRA	76	afirmelle	70	alprazolam	36
ACTEMRA ACTPEN	76	AFREZZA	57	alprazolam er	36
ACTHAR	69	aftera	70	alprazolam intensol	36
ACTICLATE	12	AGRYLIN	37	alprazolam xr	36
ACTIMMUNE	76	AIMOVIG	23	ALREX	82
ACTIQ	6	AIRDUO DIGIHALER	88	ALTABAX	12
ACTIVELLA	70	AIRDUO RESPICLICK		ALTACE	37
ACTONEL	80	113/14	88	altafrin	85
ACTOPLUS MET	55	AIRDUO RESPICLICK		altavera	70
ACTOS	55	232/14	88	ALTOPREV	37
ACULAR	82	AIRDUO RESPICLICK		ALTRENO	49
ACULAR LS	82	55/14	88	ALUMINUM CHLORIDE	
ACUVAIL	82	AJOVY	23	ANHYDROUS	49
acyclovir	33	AKLIEF	49	ALUMINUM CHLORIDE	
ACZONE	49	ak-poly-bac	85	HEXAhydrate	49
adapalene	49	AKYNZEO	21	ALUNBRIG	25

ALVESCO	89	anagrelide hcl.....	37	ashlyna.....	70
alvimopan.....	63	ANAPROX DS.....	9	ASMANEX (120	
alyacen 1/35.....	70	ANASPAZ.....	63	METERED DOSES).....	89
alyacen 7/7/7.....	70	anastrozole.....	25	ASMANEX (30	
alyq.....	93	ANCOBON.....	22	METERED DOSES).....	89
amabelz.....	70	ANDRODERM.....	68	ASMANEX (60	
amantadine hcl.....	30	ANDROGEL.....	68	METERED DOSES).....	89
AMARYL.....	55	ANDROGEL PUMP.....	68	ASMANEX HFA.....	89
AMBIEN.....	94	ANGELIQ.....	70	ASPARTAME.....	81
AMBIEN CR.....	94	ANNOVERA.....	70	ASPARTAME	
ambisentan.....	93	ANORO ELLIPTA.....	89	(NUTRASWEET).....	81
amcinonide.....	49, 50	ANTARA.....	37	aspirin.....	9
AMERGE.....	23	ANTIVERT.....	21	aspirin adult low dose.....	9
amethia.....	70	ANUSOL-HC.....	79	aspirin adult low strength.....	9
amethyst.....	70	ANZEMET.....	21	aspirin childrens.....	9
AMICAR.....	37	APADAZ.....	6	aspirin ec.....	9
amiloride hcl.....	37	APEXICON E.....	50	aspirin ec low dose.....	9
amiloride-		APIDRA SOLOSTAR.....	57	aspirin ec low strength.....	9
hydrochlorothiazide.....	37	APIDRA VIAL.....	57	aspirin low dose.....	9
aminocaproic acid.....	37	APLENZIN.....	19	aspirin-dipyridamole er....	32
amiodarone hcl.....	37	APOKYN.....	30	ASPIRIN-	
AMITIZA.....	63	apomorphine hcl.....	31	OMEPRAZOLE.....	32
amitriptyline hcl.....	18	APO-VARENICLINE.....	12	ASTAGRAF XL.....	76
amlodipine besylate.....	37	apraclonidine hcl.....	84	ATACAND.....	37
amlodipine besylate-		aprepitant.....	21	ATACAND HCT.....	37
benazepril hcl.....	37	api.....	70	atazanavir sulfate.....	33
amlodipine besylate-		APRISO.....	79	ATELVIA.....	80
valsartan.....	37	APTENSIO XR.....	45	atenolol.....	38
amlodipine-atorvastatin....	37	APTIOM.....	16	atenolol-chlorthalidone....	38
amlodipine-olmesartan....	37	APTIVUS.....	33	ATIVAN.....	36
ammonium lactate.....	50	ARAKODA.....	30	atomoxetine hcl.....	45
amnesteem.....	50	aranelle.....	70	atorvastatin calcium.....	38
amoxapine.....	18	ARAVA.....	76	atovaquone.....	30
amoxicill-clarithro-		ARAZLO.....	50	atovaquone-proguanil hcl	30
lansopraz.....	63	ARCALYST.....	76	ATRALIN.....	50
amoxicillin.....	12	arformoterol tartrate.....	89	atropine sulfate.....	85
amoxicillin-potassium		ARICEPT.....	18	ATROVENT HFA.....	89
clavulanate.....	12	ARIKAYCE.....	12	AUBAGIO.....	46
amoxicillin-potassium		ARIMIDEX.....	25	aubra.....	70
clavulanate er.....	12	ariPIPRAZOLE.....	32	aubra eq.....	70
amphetamine sulfate.....	45	ARIIXTRA.....	15	AUGMENTIN.....	12
amphetamine-		armodafnil.....	94	AUGMENTIN ES-600.....	12
dextroamphetamine.....	45	ARMONAIR DIGIHALER.	89	aurovela 1.5/30.....	70
amphetamine-		ARMOUR THYROID.....	75	aurovela 1/20.....	70
dextroamphetamine er....	45	ARNUITY ELLIPTA.....	89	aurovela 24 fe.....	70
ampicillin.....	12	AROMASIN.....	25	aurovela fe 1.5/30.....	70
AMPYRA.....	46	ARTHROTEC.....	9	aurovela fe 1/20.....	70
AMRIX.....	93	ASACOL HD.....	79	AURYXIA.....	66
AMZEEQ.....	50	ascomp-codeine.....	6	AUSTEDO.....	47
ANAFRANIL.....	19	asenapine maleate.....	32	AUVI-Q.....	89

AVALIDE	38	BELSOMRA	94	bisoprolol fumarate	38
AVAPRO	38	benazepril hcl	38	bisoprolol-	
aviane	70	benazepril-		hydrochlorothiazide	38
avidoxy	12	hydrochlorothiazide	38	BLEPH-10	82
AVITA	50	BENICAR	38	BLEPHAMIDE S.O.P.	85
AVODART	67	BENICAR HCT	38	blisovi 24 fe	71
AVONEX PEN	46	BENLYSTA	76	blisovi fe 1.5/30	71
AVONEX PREFILLED	46	benzalkonium chloride	13	BLONIVA	80
AYGESTIN	70	BENZAMYCIN	50	bosentan	93
ayuna	70	BENZHYDROCODONE-		BOSULIF	25
AYVAKIT	25	ACETAMINOPHEN	6	BPCO	50
AZASAN	76	BENZNIDAZOLE	30	BRAFTOVI	25
AZASITE	82	benzonatate	86	BREATHE EASE	
azathioprine	76	benzoyl peroxide-		LARGE	81
azelaic acid	50	erythromycin	50	BREATHE EASE	
azelastine hcl	82, 86	benzphetamine hcl	47	MEDIUM	81
azelastine-fluticasone	86	benztropine mesylate	31	BREATHE EASE SMALL	81
AZELEX	50	bepotastine besilate	82	BREO ELLIPTA	89
AZILECT	31	BEPREVE	82	BREXAFEMME	22
azithromycin	12, 13	BESIVANCE	82	BREZTRI	
AZOPT	84	BESREMI	25	AEROSPHERE	89
AZOR	38	BETADINE		briellyn	71
AZSTARYS	45	OPHTHALMIC PREP	82	BRILINTA	32
AZULFIDINE	79	betaine	65	brimonidine tartrate	84
AZULFIDINE EN-TABS	79	betamethasone		brimonidine tartrate-	
azurette	70	dipropionate	50	timolol	84
B & C	50	betamethasone		brinzolamide	84
bac	6	dipropionate aug	50	BRIVIACT	16
bacitracin	82	betamethasone valerate	50	BROMELAIN	81
bacitracin-polymyxin b	85	BETAPACE	38	bromfenac sodium	
bacitra-neomycin-		BETAPACE AF	38	(once-daily)	83
polymyxin-hc	85	BETASERON	46	bromocryptine mesylate	31
BACLOFEN	93	betaxolol hcl	38, 84	BROMSITE	83
baclofen	93	bethanechol chloride	66	BRONCHITOL	92
BACTRIM	13	BETHKIS	92	BROVANA	89
BACTRIM DS	13	BETIMOL	84	BRUKINSA	25
BAFIERTAM	46	BETOPTIC-S	84	BRYHALI	50
BALCOLTRA	70	BEVESPI		budesonide	79, 90
balsalazide disodium	79	AEROSPHERE	89	budesonide er	79
balsam peru-castor oil	50	bexarotene	25	BUDESONIDE-	
BALVERSA	25	BEYAZ	71	FORMOTEROL	
balziva	71	bicalutamide	25	FUMARATE	90
BANZEL	16	BIDIL	38	bumetanide	38
BAQSIMI ONE PACK	57	BIJUVA	71	BUMEX	38
BAQSIMI TWO PACK	57	BIKTARVY	33	BUPAP	6
BARACLUDE	33	BILTRICIDE	30	BUPHENYL	65
BASAGLAR KWIKPEN	57	bimatoprost	84	buprenorphine	6
BAXDELA	13	BINOSTO	80	buprenorphine hcl	12
BECONASE AQ	86	BISACODYL	63	bisacodyl ec	63
BELBUCA	6				

buprenorphine hcl-		CALCIUM GLUCONATE	carvedilol phosphate er....
naloxone hcl.....	12	ANHYDROUS.....	38
bupropion hcl.....	19	CALCIUM GLUCONATE	cascara sagrada.....
bupropion hcl er		MONOHYDRATE.....	63
(smoking det).....	12	CALCIUM LACTATE	CASODEX.....
bupropion hcl er (sr).....	19	PENTAHYDRATE.....	26
BUPROPION HCL ER		CALCIUM PHOSPHATE	CATAFLAM.....
(XL).....	19	DIBASIC.....	9
bupropion hcl er (xl).....	19	CALCIUM PHOSPHATE	CATAPRES-TTS-1.....
buspirone hcl.....	36	TRIBASIC.....	38
butalbital-acetaminophen...6	6	CALQUENCE.....	CATAPRES-TTS-2.....
BUTALBITAL-		CAMBIA.....	CATAPRES-TTS-3.....
ACETAMINOPHEN.....	6	camila.....	38
butalbital-apap-caff-cod....6	6	camrese.....	cavarest.....
butalbital-apap-caffeine....6	6	camrese lo.....	48
butalbital-asa-caff-		CANASA.....	CAYSTON.....
codeine.....	6	candesartan cilexetil.....	92
butalbital-aspirin-caffeine...6	6	candesartan cilexetil-hctz	caziant.....
butorphanol tartrate.....	6	capecitabine.....	71
BUTRANS.....	6	CAPEX.....	cefaclor.....
BYDUREON BCISE		CAPLYTA.....	13
AUTOINJECTOR.....	55	CAPRELSA.....	cefadroxil.....
BYETTA 10 MCG PEN....	55	captopril.....	cefdinir.....
BYETTA 5 MCG PEN....	55	CARAC.....	cefixime.....
BYLVAY.....	81	CARAFATE.....	cefpodoxime proxetil.....
BYLVAY (PELLETS).....	81	CARBAGLU.....	cefprozil.....
BYSTOLIC.....	38	carbamazepine.....	cefuroxime axetil.....
cabergoline.....	69	carbamazepine er.....	CELEBREX.....
CABLIVI.....	32	CARBATROL.....	celecoxib.....
CABOMETYX.....	25	carbidopa.....	CELEXA.....
CADUET.....	38	carbidopa-levodopa.....	CELLCEPT.....
CAFERGOT.....	23	carbidopa-levodopa er....	CELONTIN.....
caffeine citrate.....	47	carbidopa-levodopa-	CENTANY.....
CALAMINE.....	50	entacapone.....	cephalexin.....
CALAN SR.....	38	carbinoxamine maleate....	CEQUA.....
CALCIFOL.....	59	CARDIZEM.....	CERDELGA.....
calcipotriene.....	50	CARDIZEM CD.....	cetirizine hcl.....
CALCIPOTRIENE.....	50	CARDIZEM LA.....	CETRAXAL.....
calcipotriene-betameth		CARDURA.....	CETYLCIDE-G.....
diprop.....	50	CARDURA XL.....	cevimeline hcl.....
calcitonin (salmon).....	80	carglumic acid.....	CHARCOAL
CALCITRENE.....	50	carisoprodol.....	ACTIVATED.....
calcitriol.....	50, 81	carisoprodol-aspirin-	charlotte 24 fe.....
calcium acetate.....	66	codeine.....	chateal.....
calcium acetate (phos		CARNITOR.....	chateal eq.....
binder).....	66	CARNITOR SF.....	CHEMET.....
CALCIUM CHLORIDE		CAROSPIR.....	CHENODAL.....
DIHYDRATE.....	59	carteolol hcl.....	chlordiazepoxide hcl.....
CALCIUM GLUCONATE .59		cartia xt.....	chlordiazepoxide-
		carvedilol.....	amitriptyline.....
			chlordiazepoxide-
			clidinium.....
			chlorhexidine gluconate...
			chloroquine phosphate....
			chlorpromazine hcl.....
			chlorthalidone.....
			chlorzoxazone.....
			CHOLBAM.....
			cholestyramine.....

cholestyramine light.....	38	clindamycin phosphate-	
CHOLINE BITARTRATE.	59	benzoyl peroxide.....	50
CIALIS.....	66	clindamycin-tretinoin.....	50
CIBINQO.....	50	CLINDESSE.....	13
cyclodan.....	22	CLINPRO 5000.....	48
ciclopirox.....	22	clobazam.....	16
CICLOPIROX OLAMINE.	22	clobetasol prop emollient	
ciclopirox olamine.....	22	base.....	50
cilostazol.....	32	clobetasol propionate.....	50
CILOXAN.....	83	clobetasol propionate e....	50
CIMDUO.....	33	clobetasol propionate	
cimetidine.....	61	emulsion.....	50
cimetidine hcl.....	61	CLOBEX.....	50
CIMZIA PREFILLED KIT.	76	CLOBEX SPRAY.....	50
CIMZIA STARTER KIT....	76	clocortolone pivalate.....	50
cinacalcet hcl.....	81	clodan.....	50
CIPRO.....	13	CLODERM.....	51
CIPRO HC.....	86	clomipramine hcl.....	19
CIPRODEX.....	86	clonazepam.....	36
ciprofloxacin hcl... 13, 83, 86		clonidine.....	38
ciprofloxacin-		clonidine hcl.....	38
dexamethasone.....	86	clonidine hcl er.....	45
CIPROFLOXACIN-		clopидогrel bisulfate.....	32
FLUOCINOLONE PF.....	86	clorazepate dipotassium..	36
CITALOPRAM		clotrimazole	22
HYDROBROMIDE.....	19	CLOTRIMAZOLE.....	22
citalopram hydrobromide.	19	clotrimazole-	
citroma.....	63	betamethasone	22
claravis.....	50	clozapine.....	32
CLARINEX.....	86	CLOZARIL.....	32
CLARINEX-D 12 HOUR..	87	coal tar.....	51
clarithromycin.....	13	COARTEM.....	30
clarithromycin er.....	13	codeine sulfate.....	6
clearlax.....	63	COLAZAL.....	79
clemastine fumarate.....	87	COLCHICINE.....	23
CLENPIQ.....	63	colchicine.....	23
CLEOCIN.....	13	colchicine-probenecid.....	23
CLEOCIN-T.....	50	COLCRYS.....	23
CLEVER CHOICE		colesevelam hcl.....	38
HOLDING CHAMBER....	81	COLESTID.....	39
CLIMARA.....	71	COLESTID FLAVORED..	39
CLIMARA PRO.....	71	colestipol hcl.....	39
clindacin etz.....	50	COMBIGAN.....	84
clindacin-p.....	50	COMBIPATCH.....	71
CLINDAGEL.....	50	COMBIVENT	
clindamycin hcl.....	13	RESPIMAT.....	90
clindamycin palmitate hcl.	13	COMBIVIR.....	33
clindamycin phosphate		COMETRIQ.....	26
..... 13, 50		COMPACT SPACE	
		CHAMBER.....	81

CUVPOSA.....	63	DENAVIR.....	33	dextroamphetamine
cyanocobalamin.....	59	DENTA 5000 PLUS.....	48	sulfate.....
CYCLO/GABA 10/300.....	93	DENTAGEL.....	48	45 dextroamphetamine
cyclobenzaprine hcl.....	93	DEPAKOTE.....	16	sulfate er.....
cyclobenzaprine hcl er.....	93	DEPAKOTE ER.....	16	45 DHIVY.....
CYCLOGYL.....	85	DEPAKOTE		31 DIACOMIT.....
cyclopentolate hcl.....	85	SPRINKLES.....	16	16 DIASTAT ACUDIAL.....
cyclophosphamide.....	26	DEPEN TITRATABS.....	66	16 DIASTAT PEDIATRIC.....
cycloserine.....	25	DEPO-ESTRADIOL.....	71	diazepam.....
CYCLOSET.....	55	DEPO-PROVERA.....	71	16, 36 diazepam intensol.....
cyclosporine.....	76, 85	DEPO-SUBQ PROVERA		36 diazoxide.....
cyclosporine modified.....	76	104.....	71	57 DIBENZYLINE.....
CYMBALTA.....	19	DEPO-		39 DICLOFENAC CAP
cyproheptadine hcl.....	87	TESTOSTERONE.....	68	35MG.....
cyred.....	71	DERMA-SMOOTH/FS		9 DICLOFENAC PATCH
cyred eq.....	71	BODY.....	51	1.3%.....
CYSTADANE.....	65	DERMA-SMOOTH/FS		9 diclofenac potassium.....
CYSTADROPS.....	85	SCALP.....	51	10 diclofenac sodium 10, 51, 83
CYSTAGON.....	65	DERMOTIC.....	86	diclofenac sodium er.....
CYSTARAN.....	85	DESCOVY.....	33	10 diclofenac-misoprostol.....
CYTOMEL.....	75	desipramine hcl.....	19	13 dicloxacillin sodium.....
CYTOTEC.....	61	desloratadine.....	87	63 dicyclomine hcl.....
dalfampridine er.....	46	desmopressin ace spray		47 diethylpropion hcl.....
DALIRESP.....	90	refrig.....	69	47 diethylpropion hcl er.....
danazol.....	68	desmopressin acetate.....	69	51 DIFFERIN.....
DANTRIUM.....	93	desmopressin acetate		13 DIFICID.....
dantrolene sodium.....	93	spray.....	69	51 diflorasone diacetate.....
dapsone.....	25, 51	desogestrel-ethynodiol		22 DIFLUCAN.....
DARAPRIM.....	30	estradiol.....	71	10 diflunisal.....
darifenacin		desonide.....	51	83 difluprednate.....
hydrobromide er.....	66	DESOWEN.....	51	39 digitek.....
DARTISLA ODT.....	63	desoximetasone.....	51	39 digox.....
dasetta 1/35.....	71	DESOXYN.....	45	39 digoxin.....
dasetta 7/7/7.....	71	desrx.....	51	39 dihydroergotamine
DAYPRO.....	9	DESVENLAFAZINE ER.....	19	mesylate.....
daysee.....	71	desvenlafaxine succinate		24 DILANTIN.....
DAYTRANA.....	45	er.....	19	16 DILANTIN INFATABS.....
DAYVIGO.....	94	DETROL.....	66	16 DILAUDID.....
DDAVP.....	69	DETROL LA.....	66	6 diltiazem hcl.....
DEBACTEROL.....	48	DEXABLISS.....	68	39 diltiazem hcl er.....
deblitane.....	71	dexamethasone.....	68	39 diltiazem hcl er beads.....
deferasirox.....	59	dexamethasone intensol.....	68	39 diltiazem hcl er coated
deferasirox granules.....	59	dexamethasone sodium		beads.....
deferiprone.....	59	phosphate.....	83	39 dilt-xr.....
DELESTROGEN.....	71	DEXEDRINE.....	45	39 dimethyl fumarate.....
DELSTRIGO.....	33	DEXILANT.....	61	46 dimethyl fumarate starter
delyla.....	71	DEXLANSOPRAZOLE.....	61	pack.....
DELZICOL.....	80	dexmethylphenidate hcl.....	45	46 DIOVAN.....
demeclacycline hcl.....	13	dexmethylphenidate hcl		39 DIOVAN HCT.....
DEMSEER.....	39	er.....	45	39 DIPENTUM.....

diphenhydramine hcl.....	87	DUAVEE	71	ELIXOPHYLLIN.....	90
diphenoxylate-atropine....	63	DUETACT	55	ELLA.....	71
DIPROLENE.....	51	DUEXIS.....	10	ELMIRON.....	66
dipyridamole.....	32	DULERA.....	90	eluryng.....	71
disopyramide phosphate..	39	duloxetine hcl.....	19	ELYXYB.....	10
disulfiram.....	12	DUOBRII.....	51	EMCYT.....	26
DITROPAN XL.....	66	DUPIXENT	51	EMEND.....	21
DIURIL.....	39	DUREZOL.....	83	EMEND TRI-PACK.....	21
divalproex sodium.....	16	DURLAZA.....	32	EMFLAZA.....	23
divalproex sodium er.....	16	dutasteride.....	67	EMGALITY.....	24
DIVIGEL.....	71	dutasteride-tamsulosin		EMGALITY (300 MG	
DL-ALANINE.....	59	hcl.....	67	DOSE).....	24
DL-LEUCINE.....	59	DUTOPROL	39	emoquette.....	71
DL-METHIONINE.....	59	DXEVO 11-DAY.....	68	EMSAM.....	19
DL-PHENYLALANINE.....	59	DYANAVEL XR.....	45	emtricitabine.....	33
dofetilide.....	39	DYMISTA.....	87	emtricitabine-tenofovir df.	33
DOJOLVI.....	81	DYRENIUM.....	39	EMTRIVA.....	33
dolishale.....	71	E.E.S. 400.....	14	EMVERM.....	30
donepezil hcl.....	18	E.E.S. GRANULES.....	14	enalapril maleate.....	39
DOPTELET.....	37	EASIVENT	81	enalapril-	
DORAL.....	36	EC-NAPROSYN.....	10	hydrochlorothiazide	39
DORYX.....	13	ec-naproxen.....	10	ENBREL.....	76
DORYX MPC.....	13	econazole nitrate.....	22	ENBREL MINI.....	76
dorzolamide hcl.....	84	econtra ez.....	71	ENBREL SURECLICK.....	77
dorzolamide hcl-timolol		econtra one-step.....	71	ENDARI.....	81
mal.....	84	ECOZA.....	22	endocet.....	6
dorzolamide hcl-timolol		EDARBI	39	ENDOMETRIN.....	71
mal pf.....	84	EDARBYCLOR	39	enoxaparin sodium.....	15
dotti.....	71	EDECрин	39	enpresse-28.....	71
DOVATO.....	33	EDLUAR	94	enskyce.....	71
DOVONEX.....	51	ED-SPAZ	63	ENSPRYNG.....	77
doxazosin mesylate.....	39	EDURANT	33	ENSTILAR.....	52
doxepin hcl.....	19, 51, 94	efavirenz.....	33	entacapone.....	31
doxercalciferol.....	81	efavirenz-emtricitab-		entecavir.....	33
doxycycline.....	51	tenofovir.....	33	ENTEREG.....	63
doxycycline hyolate.....	13	efavirenz-lamivudine-		ENTRESTO.....	39
DOXYCYCLINE		tenofovir.....	33	enulose.....	63
HYCLATE.....	13	EFFER-K.....	59	ENVARSUS XR.....	77
doxycycline		effer-k.....	60	EPANED.....	39
monohydrate.....	13, 14	EFFEXOR XR.....	19	EPCLUSA.....	34
DRIZALMA SPRINKLE....	19	EFFIENT	32	EPIDIOLEX.....	16
dronabinol.....	21	EFUDEX	52	EPIDUO	52
drospirene-eth estrad-		ELEPSIA XR.....	16	EPIDUO FORTE.....	52
levomefol.....	71	ELESTRIN	71	EPIFOAM.....	52
drospirenone-ethinyl		eletriptan hydrobromide	24	epinastine hcl.....	83
estradiol.....	71	ELIDEL	52	epinephrine.....	90
DROXIA.....	26	elinest.....	71	EPIPEN 2-PAK.....	90
droxidopa.....	39	ELIQUIS	15	EPIPEN JR 2-PAK.....	90
DRYSOL.....	51	ELIQUIS DVT/PE		epitol.....	16
DUAKLIR PRESSAIR.....	90	STARTER PACK.....	15	EPIVIR.....	34

EPIVIR HBV	34	etogestrel-ethinyl	
eplerenone.....	39	estradiol.....	72
EPRONTIA.....	16	etoposide.....	26
EPZICOM.....	34	etravirine.....	34
EQUETRO.....	37	EUCRISA.....	52
ergoloid mesylates.....	81	EULEXIN.....	26
ERGOMAR.....	24	euthyrox.....	75
ergotamine-caffeine.....	24	EVAMIST.....	72
ERIVEDGE.....	26	EVEKEO.....	45
ERLEADA.....	26	EVEKEO ODT.....	45
erlotinib hcl.....	26	everolimus.....	26, 77
errin.....	71	EVISTA.....	70
ERTACZO.....	22	EVOCLIN.....	52
ery.....	52	EVOTAZ.....	34
ERYGEL.....	52	EVOXAC.....	48
ERYPED 200.....	14	EVRYSDI.....	65
ERYPED 400.....	14	EXELDERM.....	22
ERY-TAB.....	14	EXELON.....	18
ERYTHROCIN STEARATE.....	14	exemestane.....	26
erythromycin.....	14, 52, 83	EXFORGE.....	39
erythromycin base.....	14	EXFORGE HCT.....	40
erythromycin ethylsuccinate.....	14	EXJADE.....	60
ESBRIET.....	90	EXKIVITY.....	26
escitalopram oxalate.....	19	EXSERVAN.....	47
ESGIC.....	6	EXTAVIA.....	46
esomeprazole.....		EXTINA.....	22
magnesium.....	61	EYSUVIS.....	83
ESOMEPRAZOLE STRONTIUM.....	62	EZALLOR SPRINKLE.....	40
estarrylla.....	72	ezetimibe.....	40
estazolam.....	36	EZETIMIBE-ROSUVASTATIN.....	40
ESTRACE.....	72	ezetimibe-simvastatin.....	40
estradiol.....	72	FABIOR.....	52
estradiol valerate.....	72	falmina.....	72
estradiol-norethindrone acet.....	72	famciclovir.....	34
ESTRING.....	72	famotidine.....	62
ESTROGEL.....	72	FANAPT.....	32
eszopiclone.....	94	FANAPT TITRATION.....	
ethacrynic acid.....	39	PACK.....	32
ethambutol hcl.....	25	FARESTON.....	26
ethosuximide.....	16	FARXIGA.....	55
ethyl chloride.....	11	FASENRA PEN.....	87
ethynodiol diac-eth estradiol.....	72	fayosim.....	72
etodolac.....	10	FC2 FEMALE CONDOM.....	81
etodolac er.....	10	febuxostat.....	23
		felbamate.....	16
		FELBATOL.....	17
		FELDENE.....	10
		felodipine er.....	40
		FEMARA.....	26
		FEMRING.....	72
		femynor.....	72
		fenofibrate.....	40
		fenofibrate micronized....	40
		FENOFIBRATE MICRONIZED.....	40
		fenofibric acid.....	40
		FENOGLIDE.....	40
		fenoprofen calcium.....	10
		fenortho.....	10
		fentanyl.....	6
		fentanyl citrate.....	6
		FENTANYL CITRATE.....	6
		FENTORA.....	6
		FERRIPROX.....	60
		FERRIPROX TWICE-A-DAY.....	60
		FETZIMA.....	19
		FETZIMA TITRATION.....	19
		FEXMID.....	93
		FIASP.....	57
		FIASP FLEXTOUCH.....	57
		FIASP PENFILL.....	57
		FIBRICOR.....	40
		FINACEA.....	52
		finasteride.....	67
		FINTEPLA.....	17
		FIORICET.....	6
		FIORICET/CODEINE.....	7
		FIRAZYR.....	77
		FIRDAPSE.....	81
		FIRVANQ.....	14
		flac.....	86
		FLAGYL.....	14
		FLAREX.....	83
		flavoxate hcl.....	67
		flecainide acetate.....	40
		FLECTOR.....	10
		FLEQSUVY.....	93
		FLEXICHAMBER.....	81
		FLOLIPID.....	40
		FLOMAX.....	67
		FLOVENT DISKUS.....	90
		FLOVENT HFA.....	90
		fluconazole.....	22
		flucytosine.....	22
		fludrocortisone acetate....	68
		flunisolide.....	87

fluocinolone acetonide	FORTEO	80	genuine aspirin	10
..... 52, 86	FORTESTA	68	GENVOYA	34
fluocinolone acetonide	FOSAMAX	80	GEODON	32
body	FOSAMAX PLUS D	80	GIALAX	63
fluocinolone acetonide	fosamprenavir calcium	34	GILENYA	46
scalp	fosfomycin tromethamine	14	GILOTrif	26
fluocinonide	fosinopril sodium	40	GILPHEX TR	87
fluocinonide emulsified	fosinopril sodium-hctz	40	GIMOTI	21
base	FOSRENOL	67	glatiramer acetate	46
FLUORIDEX	FOTIVDA	26	glatopa	47
FLUORIDEX	FRAGMIN	16	GLEEVEC	26
ENHANCED	FROVA	24	GLEOSTINE	26
WHITENING	frovatriptan succinate	24	glimepiride	55
FLUORIDEX	furosemide	40	glipizide er	55
SENSITIVITY RELIEF	fyavolv	72	glipizide ir	55
FLUORIMAX 5000	FYCOMPA	17	glipizide xl	55
FLUORIMAX 5000	gabapentin	17	glipizide-metformin hcl	55
SENSITIVE	GABITRIL	17	GLOPERBA	23
fluoritab	GALAFOLD	65	glucagon emergency kit ...	57
fluorometholone	galantamine		GLUCAGON	
FLUOROPLEX	hydrobromide	18	EMERGENCY KIT	57
FLUOUROURACIL	galantamine		GLUCOTROL XL	55
fluorouracil	hydrobromide er	18	GLUMETZA	55
fluoxetine hcl	GALZIN	60	glutaraldehyde	81
fluoxetine hcl (pmdd)	GASTROCROM	63	glyburide	55
fluphenazine hcl	gatifloxacin	83	glyburide micronized	55
flurandrenolide	GATTEX	63	glyburide-metformin	55
flurazepam hcl	gavilax	63	GLYCATE	63
flurbiprofen	gavilyte-c	63	glycolax	63
flurbiprofen sodium	gavilyte-g	63	glycopyrrrolate	63
flutamide	gavilyte-n with flavor		GLYCOPYRRROLATE	63
fluticasone propionate	pack	63	glydo	11
fluticasone-salmeterol	GAVRETO	26	GLYNASE	55
FLUTICASONE-SALMETEROL	GEBAUERS PAIN EASE	11	GLYXAMBI	55
fluvastatin sodium	GEBAUERS SPRAY		GOCOVRI	31
fluvastatin sodium er	AND STRETCH	11	GOLYTELY	64
fluvoxamine maleate	GELNIQUE	67	GONITRO	40
fluvoxamine maleate er	gemfibrozil	40	goodsense aspirin adults ..	10
FML	gemmily	72	goodsense aspirin low	
FML	GEMTESA	67	dose	10
FML FORTE	GENERESS FE	72	goodsense nicotine	12
FML LIQUIFILM	generlac	63	GORDOFILM	52
FOCALIN	gengraf	77	GRALISE	47
FOCALIN XR	GENOTROPIN	69	granisetron hcl	21
folate	GENOTROPIN		GRASTEK	81
folic acid	MINIQUICK	69	griseofulvin microsize	22
fondaparinux sodium	gentak	83	griseofulvin	
FORFIVO XL	gentamicin sulfate	14, 83	ultramicrosize	22
formaldehyde	gentle laxative	63	guaiatussin ac	87
formoterol fumarate	gentlelax	63	guaifenesin ac	87

guanfacine hcl	40	HUMATROPE	69	hydroxyprogesterone
guanfacine hcl er	45	HUMIRA	77	caproate
GVOKE HYPOPEN 1-		HUMIRA PEDIATRIC		72
PACK	57	CROHNS START	77	hydroxyurea
GVOKE HYPOPEN 2-		HUMIRA PEN	77	36
PACK	57	HUMIRA PEN-		hydroxyzine hcl
GVOKE KIT	57	CD/UC/HS STARTER	77	36
GVOKE PFS	57	HUMIRA PEN-		hydroxyzine pamoate
GYNAZOLE-1	22	PEDIATRIC UC START	77	64
habitrol	12	HUMIRA PEN-		hyoscyamine sulfate
HAEGARDA	77	PS/UV/ADOL HS START	77	64
hailey 1.5/30	72	HUMIRA PEN-		HYPERSAL
hailey 24 fe	72	PSOR/UVEIT STARTER	77	87
hailey fe 1.5/30	72	HUMULIN 70/30		HYSINGLA ER
hailey fe 1/20	72	KWIKPEN	58	7
halcinonide	52	HUMULIN 70/30 VIAL	58	HYZAAR
HALCION	36	HUMULIN N KWIKPEN	58	40
halobetasol propionate	52	HUMULIN N VIAL	58	ibandronate sodium
HALOBETASOL		HUMULIN R U-500		80
PROPIONATE	52	KWIKPEN	58	IBRANCE
HALOG	52	HUMULIN R U-500 VIAL	58	26
haloperidol	32	HUMULIN R VIAL	58	ibuprofen
haloperidol lactate	32	HYCAMTIN	26	10
HARVONI	34	HYCODAN	87	ibuprofen-famotidine
heather	72	hydralazine hcl	40	77
HEMADY	68	HYDREA	26	icatibant acetate
HEMANGEOL	40	hydrochlorothiazide	40	iclevia
heparin sodium (porcine)	16	hydrocodone bitartrate er	7	22
heparin sodium (porcine)		hydrocodone bit-		ICLUSIG
pf	16	homatrop mbr	87	26
HEPSERA	34	hydrocodone polst-		icosapent ethyl
HETLIOZ	94	chlorphen polst er susp	87	40
HETLIOZ LQ	94	hydrocodone-		IDHIFA
HIDEX 6-DAY	68	acetaminophen	7	ILEVRO
HIPREX	14	hydrocodone-ibuprofen	7	83
homatropaire	85	hydrocortisone		imatinib mesylate
HORIZANT	47			26
HUMALOG	57, 58	hydrocortisone (perianal)	80	IMBRUVICA
HUMALOG KWIKPEN	57	hydrocortisone butyr lipo		26
HUMALOG MIX 50/50		base	52	IMCIVREE
KWIKPEN	57	hydrocortisone butyrate	52	47
HUMALOG MIX 50/50		hydrocortisone valerate	53	imipramine hcl
VIAL	57	hydrocortisone-acetic		20
HUMALOG MIX 75/25		acid	86	imipramine pamoate
KWIKPEN	57	hydrogen peroxide	14	53
HUMALOG MIX 75/25		hydromet	87	imiquimod
VIAL	58	hydromorphone hcl	7	53
HUMALOG U-100		hydromorphone hcl er	7	imiquimod pump
JUNIOR KWIKPEN	58	hydroxychloroquine		24
HUMATIN	14	sulfate	30	IMITREX
				STATDOSE
				REFILL
				IMITREX STATDOSE
				SYSTEM
				24
				IMPAVIDO
				30
				IMPEKLO
				53
				IMPOYZ
				53
				IMURAN
				77
				IMVEXXY
				MAINTENANCE PACK
				72
				IMVEXXY STARTER
				PACK
				72
				INBRIJA
				31
				incassia
				72
				INCRELEX
				69
				INCRUSE ELLIPTA
				90
				indapamide
				40
				INDERAL LA
				40
				INDERAL XL
				40
				INDOCIN
				10
				INDOMETHACIN
				10
				indomethacin
				10

indomethacin er.....	10	ISORDIL TITRADOSE.....	41	kariva.....	72
INGREZZA.....	47	isosorb dinitrate-		KATERZIA.....	41
INLYTA.....	26	hydralazine	41	KAZANO.....	56
INNOPRAN XL.....	40	isosorbide dinitrate.....	41	kelnor 1/35.....	72
INQOVI.....	26	isosorbide mononitrate....	41	kelnor 1/50.....	72
INREBIC.....	26	isosorbide mononitrate		KENALOG.....	53
INSPRA.....	40	er.....	41	KEPPRA.....	17
INSULIN ASP PROT &		isotretinoin.....	53	KEPPRA XR.....	17
ASP FLEXPEN.....	58	isradipine.....	41	KERALYT.....	53
INSULIN ASPART.....	58	ISTALOL.....	84	KERENDIA.....	82
INSULIN ASPART		ISTURISA.....	69	KERYDIN.....	22
FLEXPEN.....	58	itraconazole.....	22	KESIMPTA.....	47
INSULIN ASPART		ivermectin.....	30, 53	ketoconazole.....	22
PENFILL.....	58	JADENU.....	60	ketodan.....	22
INSULIN ASPART		JADENU SPRINKLE.....	60	ketoprofen.....	10
PROT & ASPART.....	58	jaimiess.....	72	ketoprofen er.....	10
INSULIN GLARGINE.....	58	JAKAFI.....	27	ketorolac tromethamine	
INSULIN GLARGINE		JALYN.....	67	10, 83
SOLOSTAR.....	58	jantoven.....	16	KETOROLAC	
INSULIN GLARGINE-		JANUMET.....	55	TROMETHAMINE.....	10
YFGN.....	58	JANUMET XR.....	56	KEVEYIS.....	84
INSULIN LISPRO.....	58	JANUVIA.....	56	KEVZARA.....	77
INSULIN LISPRO (1		JARDIANC.....	56	KINERET.....	77
UNIT DIAL).....	58	jasmiel.....	72	KISQALI.....	27
INSULIN LISPRO		JATENZO.....	68	KISQALI FEMARA.....	27
JUNIOR KWIKPEN.....	58	jencycla.....	72	KITABIS PAK.....	92
INSULIN LISPRO PROT		JENTADUETO.....	56	KLARON.....	53
& LISPRO.....	58	JENTADUETO XR.....	56	KLISYRI.....	53
INTELENCE.....	34	jinteli.....	72	KLONOPIN.....	36
INTRAROSA.....	67	jolessa.....	72	klor-con.....	60
introvale.....	72	JORNAY PM.....	45	klor-con 10.....	60
INTUNIV.....	45	JUBLIA.....	22	klor-con m10.....	60
INVEGA.....	32	juleber.....	72	klor-con m15.....	60
INVELTYS.....	83	JULUCA.....	34	klor-con m20.....	60
INVOKAMET.....	55	junel 1.5/30.....	72	KLOXXADO.....	12
INVOKAMET XR.....	55	junel 1/20.....	72	KOMBIGLYZE XR.....	56
INVOKANA.....	55	junel fe 1.5/30.....	72	KORLYM.....	70
iodine strong.....	60	junel fe 1/20.....	72	KOSELUGO.....	27
IOPIDINE.....	84	junel fe 24.....	72	k-prime.....	60
ipratropium bromide...87, 90		JUST RIGHT 5000.....	48	KRINTAFEL.....	30
ipratropium-albuterol.....	90	JUXTAPIID.....	41	KRISTALOSE.....	64
irbesartan.....	41	JYNARQUE.....	60	K-TAB.....	60
irbesartan-		kaitlib fe.....	72	kurvelo.....	72
hydrochlorothiazide.....	41	KALETRA.....	34	KUVAN.....	65
IRESSA.....	27	kalliga.....	72	KYNMOBI.....	31
ISENTRESS.....	34	KALYDECO.....	92	labetalol hcl.....	41
ISENTRESS HD.....	34	KAPSPARGO		lacosamide.....	17
isibloom.....	72	SPRINKLE.....	41	LACRISERT.....	85
isoniazid.....	25	KAPVAY.....	45	lactic acid.....	53
ISOPTO ATROPINE.....	85	KARBINAL ER.....	87	lactic acid e.....	53

lactulose.....	64	LEUKERAN.....	27	lidocaine-prilocaine	11
lactulose		levalbuterol hcl.....	90	LIDOCAINE-	
encephalopathy	64	LEVALBUTEROL HFA....	91	TETRACAIN.....	11
L-ALANINE.....	60	LEVAMLODIPINE		LIDODERM.....	11
LAMICTAL.....	17	MALEATE.....	41	lillow.....	73
LAMICTAL ODT.....	17	LEVEMIR U-100		lindane.....	30
LAMICTAL STARTER....	17	FLEXTOUCH.....	58	linezolid.....	14
LAMICTAL XR.....	17	LEVEMIR U-100 VIAL....	58	LINZESS.....	64
lamivudine.....	34	levetiracetam.....	17	liothyronine sodium.....	75
lamivudine-zidovudine	34	levetiracetam er.....	17	LIPITOR.....	41
lamotrigine.....	17	levobunolol hcl.....	84	LIPOFEN.....	41
lamotrigine er.....	17	levocarnitine.....	60	lisinopril.....	41
lamotrigine starter kit- blue	17	levocarnitine sf.....	60	lisinopril- hydrochlorothiazide	41
lamotrigine starter kit-green	17	levocetirizine dihydrochloride	87	L-ISOLEUCINE.....	60
lamotrigine starter kit-orange	17	levofloxacin.....	14, 83	lithium carbonate.....	37
LAMPIT.....	30	levonest.....	73	lithium carbonate er.....	37
LANOXIN.....	41	levonorgest-eth est & eth est.....	73	LITHOBID.....	37
lansoprazole.....	62	91-day.....	73	LITHOSTAT.....	67
lanthanum carbonate	67	levonorgestrel.....	73	LIVALO.....	41
LANTUS SOLOSTAR.....	58	levonorgestrel-ethinyl estrad.....	73	LIVMARLI.....	82
LANTUS U-100 VIAL.....	58	estrad.....	73	LIVTENCITY	34
lapatinib ditosylate	27	levonorg-eth estrad triphasic.....	73	L-LEUCINE.....	60
L-ARGININE.....	60	levora 0.15/30 (28).....	73	L-METHIONINE.....	60
larin 1.5/30.....	72	levorphanol tartrate	7	LO LOESTRIN FE.....	73
larin 1/20.....	72	levo-t.....	75	LOCOID.....	53
larin 24 fe.....	72	LEVOTHYROXINE SODIUM	75	LOCOID LIPOCREAM.....	53
larin fe 1.5/30.....	72	levoxyl.....	75	LODINE.....	10
larin fe 1/20.....	72	LEXAPRO.....	20	LODOSYN.....	31
larissia.....	72	LEXETTE.....	53	LOESTRIN 1.5/30 (21)....	73
LASIX.....	41	LEXIVA.....	34	LOESTRIN 1/20 (21).....	73
LASTACAFT.....	85	L-GLUTAMIC ACID	60	LOESTRIN FE 1.5/30.....	73
latanoprost.....	84	L-GLUTAMIC ACID HCL	65	LOESTRIN FE 1/20.....	73
LATUDA.....	32	L-HISTIDINE	60	LOFENA.....	10
layolis fe.....	72	L-HISTIDINE		lojaimiess.....	73
LAZANDA.....	7	MONOHYDROCHLORID E.....	60	LOKELMA.....	60
L-CYSTINE.....	60	LIALDA.....	80	LOMAIRA.....	47
LEDIPASVIR-SOFOSBUVIR.....	34	LIBRAX.....	64	LOMOTIL.....	64
leena.....	72	LICART.....	10	LONHALA MAGNAIR REFILL KIT.....	91
leflunomide.....	77	lidocaine	11	LONHALA MAGNAIR STARTER KIT.....	91
lenalidomide.....	27	lidocaine hcl	11	LONSURF.....	27
LENVIMA.....	27	lidocaine hcl urethral/mucosal	11	loperamide hcl	64
LESCOL XL.....	41	lidocaine hcl viscous hcl.....	48	LOPID.....	41
lessina.....	73	lopinavir-ritonavir	34	LOPRESSOR.....	41
LETAIRIS.....	93	LOPROX.....	22	lorazepam	36
letrozole.....	27	lorazepam intensol	36	lorazepam	36
leucovorin calcium.....	27				

LOREEV XR	36	MAGNESIUM	
LORTAB	7	CARBONATE HEAVY	60
Ioryna	73	magnesium citrate	64
LORZONE	93	MAKENA	73
losartan potassium	41	MALARONE	30
losartan potassium-hctz	41	malathion	30
LOSEASONIQUE	73	maraviroc	34
LOTEMAX	83	MARINOL	21
LOTEMAX SM	83	marlissa	73
LOTENSIN	41	MARPLAN	20
LOTENSIN HCT	41	MASONATAL	60
loteprednol etabonate	83	MATULANE	27
LOTREL	41	matzim la	41
LOTRONEX	64	MAVENCLAD	47
lovastatin	41	MAVYRET	34
LOVAZA	41	MAXALT	24
LOVENOX	16	MAXALT-MLT	24
low-ogestrel	73	MAXIDEX	83
loxapine succinate	32	MAXITROL	85
lo-zumandimine	73	maxi-tuss ac	87
L-PHENYLALANINE	60	MAXZIDE	41
L-PROLINE	60	MAXZIDE-25	41
L-TYROSINE	60	MAYZENT	47
LUBIPROSTONE	64	MAYZENT STARTER	
LUCEMYRA	12	PACK	47
LULICONAZOLE	22	meclizine hcl	21
LUMAKRAS	27	meclofenamate sodium	10
LUMIGAN	84	MEDROL	68
LUNESTA	94	medroxyprogesterone	
LUPKYNIS	77	acetate	73
lutera	73	mefenamic acid	10
LUXIQ	53	mefloquine hcl	30
LUZU	22	megestrol acetate	73
L-VALINE	60	MEKINIST	27
LYBALVI	20	MEKTOVI	27
lyleq	73	meloxicam	10
lyllana	73	melphalan	27
LYNPARZA	27	memantine hcl	18
LYRICA	47	memantine hcl er	18
LYRICA CR	47	MENEST	73
LYSODREN	27	MENOSTAR	73
LYSTEDA	37	MENTAX	22
LYUMJEV KWIKPEN	58	meperidine hcl	7
LYUMJEV VIAL	58	MEPHYTON	60
lyza	73	meprobamate	36
MACROBID	14	MEPRON	30
MACRODANTIN	14	mercaptopurine	27
mafenide acetate	14	merzee	73
MAGNESIUM		mesalamine	80
CARBONATE	60	mesalamine er oral	
		capsule 0.375 gm	80
		mesalamine-cleanser	80
		MESNEX	27
		MESTINON	25
		metaxalone	93
		metformin hcl er	56
		metformin hcl er (mod)	56
		metformin hcl er (osm)	56
		metformin hcl ir	56
		methadone hcl	7
		methadone hcl intensol	7
		methadose	7
		methadose sugar-free	7
		methamphetamine hcl	45
		methazolamide	84
		methenamine hippurate	14
		methergine	82
		methimazole	75
		METHIONINE	60
		METHITEST	68
		methocarbamol	93
		methotrexate	77
		methotrexate sodium	78
		methotrexate sodium (pf)	77
		methoxsalen rapid	53
		methscopolamine	
		bromide	64
		methyldopa	41
		methylergonovine	
		maleate	82
		METHYLIN	45
		methylphenidate hcl	46
		methylphenidate hcl er	45
		methylphenidate hcl er (cd)	45
		methylphenidate hcl er (la)	45
		methylphenidate hcl er (osm)	46
		methylphenidate hcl er (xr)	46
		methylprednisolone	68
		METHYLTESTOSTERO	
		NE	68
		methyltestosterone	68
		metoclopramide hcl	21
		metolazone	41
		metoprolol succinate er	41
		metoprolol tartrate	41

metoprolol-		mometasone furoate	..53, 87	NALOCET	7
hydrochlorothiazide	41	monodoxine nl 14	naloxone hcl.....	12
METROCREAM	53	mono-linyah	73	naltrexone hcl.....	12
METROGEL	53	montelukast sodium	91	NAMENDA	18
METROLOTION	53	MONUROL	14	NAMENDA TITRATION	
metronidazole	14, 53	morphine sulfate	7	PAK	18
metyrosine	41	morphine sulfate		NAMENDA XR	18
mexiletine hcl	41	(concentrate)	7	NAMZARIC	18
MI PASTE	48	morphine sulfate er	7	NAPRELAN	11
MI PASTE PLUS	48	morphine sulfate er		NAPROSYN	11
MIACALCIN	80	beads	7	naproxen	11
MICARDIS	41	MOTEGRITY	64	naproxen sodium	11
MICARDIS HCT	41	MOTOFEN	64	naproxen sodium er	11
miconazole 3	22	MOVANTIK	64	NAPROXEN SODIUM	
MICONAZOLE-ZINC		MOVIPREP	64	ER	11
OXIDE-PETROLAT	22	moxifloxacin hcl	14, 83	naproxen-esomeprazole ..	11
MICROCHAMBER	82	moxifloxacin hcl (2x day) ..	83	naratriptan hcl	24
microgestin 1.5/30	73	MS CONTIN	7	NARCAN	12
microgestin 1/20	73	MULPLETA	37	NARDIL	20
microgestin 24 fe	73	MULTAQ	41	NATACYN	83
microgestin fe 1.5/30	73	mupirocin	14	NATAZIA	73
microgestin fe 1/20	73	mupirocin calcium	14	nateglinide	56
midazolam hcl	36	my choice	73	NATESTO	68
midodrine hcl	41	my way	73	NATPARA	81
MIGERGOT	24	MYALEPT	65	NATROBA	30
miglitol	56	MYAMBUTOL	25	NAYZILAM	17
miglustat	65	MYCAPSSA	69	nebivolol hcl	42
MIGRANAL	24	MYCOBUTIN	25	NEBUPENT	30
milli	73	mycophenolate mofetil	78	necon 0.5/35 (28) ..	73
MILLIPRED	68	mycophenolate sodium	78	nefazodone hcl	20
mimvey	73	MYDAYIS	46	NEOKE ALCAR	60
MINASTRIN 24 FE	73	MYFEMBREE	73	neomycin sulfate	14
mineral oil heavy	64	MYFORTIC	78	neomycin-bacitracin zn-	
MINIPRESS	41	MYLERAN	27	polymyx	85
MINIVELLE	73	myorisan	53	neomycin-polymyxin-	
minocycline hcl	14	MYRBETRIQ	67	dexameth	85
MINOCYCLINE HCL ER ..	14	mysoline	17	neomycin-polymyxin-	
minocycline hcl er	14	MYTESI	64	gramicidin	85
MINOLIRA	14	nabumetone	11	neomycin-polymyxin-hc ..	86
minoxidil	41	nadolol	41	neo-polycin	86
MIRAPEX ER	31	nafrinse	60	neo-polycin hc	86
MIRCETTE	73	NAFRINSE DAILY		NEORAL	78
mirtazapine	20	ACIDULATED	48	NEO-SYNALAR	53
misoprostol	62	NAFRINSE		NERLYNX	27
MITIGARE	23	DAILY/NEUTRAL	48	NESINA	56
MITOSOL	83	nafrinse drops	60	neuac	53
mm clearlax	64	NAFRINSE WEEKLY	48	NEUPRO	31
modafinil	94	naftifine hcl	23	NEURONTIN	17
moexipril hcl	41	NAFTIN	23	NEVANAC	83
molindone hcl	33	NALFON	11	nevirapine	34

nevirapine er.....	34	NORDITROPIN	NOVOLOG FLEXPEN.....	59
new day.....	74	FLEXPRO.....	NOVOLOG FLEXPEN	
NEXAVAR.....	27	norethin ace-eth estrad-	RELION.....	58
NEXIUM.....	62	fe.....	NOVOLOG MIX 70/30	
NEXLETOL.....	42	norethindrone.....	FLEXPEN.....	59
NEXLIZET	42	norethindrone acetate	NOVOLOG MIX 70/30	
NEXTSTELLIS.....	74	norethindrone acet-	RELION.....	59
niacin		ethinyl est.....	NOVOLOG MIX 70/30	
(antihyperlipidemic).....	42	norethindrone-eth	VIAL.....	59
niacin er		estradiol.....	NOVOLOG PENFILL.....	59
(antihyperlipidemic).....	42	norethin-eth estradiol-fe	NOVOLOG RELION.....	59
niacor.....	42	NORGESIC FORTE.....	NOVOLOG U-100 VIAL....	59
NIASPAN.....	42	norgestimate-eth	NOXAFILE.....	23
nicardipine hcl.....	42	estradiol.....	np thyroid.....	75
nicotine.....	12	norgestimate-ethinyl	NUBEQA.....	27
nicotine polacrilex.....	12	estradiol triphasic.....	NUCALA.....	87
nicotine polacrilex mini.....	12	NORITATE.....	NUCYNTA.....	7
nicotine step 1.....	12	norlyda.....	NUCYNTA ER.....	8
nicotine step 2.....	12	norlyroc.....	NUEDEXTA.....	47
nicotine step 3.....	12	NORPACE.....	NUPLAZID.....	33
NICOTROL.....	12	NORPACE CR.....	NURTEC.....	24
NICOTROL NS.....	12	NORPRAMIN.....	NUTROPIN AQ NUSPIN	
nifedipine.....	42	NORTHERA.....	10.....	69
nifedipine er.....	42	nortrel 0.5/35 (28).....	NUTROPIN AQ NUSPIN	
nifedipine er osmotic		nortrel 1/35 (21).....	20.....	69
release.....	42	nortrel 1/35 (28).....	NUTROPIN AQ NUSPIN	
nikki.....	74	nortrel 7/7/7	5.....	69
NILANDRON.....	27	nortriptyline hcl.....	NUVARING.....	74
nilutamide.....	27	NORVASC.....	NUVESSA.....	14
nimodipine.....	42	NORVIR.....	NUVIGIL.....	94
NINLARO.....	27	NOURIANZ.....	NUZYRA.....	14
nisoldipine er.....	42	NOVOLIN 70/30	nyamyc.....	23
nitazoxanide.....	30	FLEXPEN.....	nylia 1/35.....	74
nitisinone.....	65	NOVOLIN 70/30	nylia 7/7/7	74
NITRO-BID.....	42	FLEXPEN RELION.....	nymyo.....	74
NITRO-DUR.....	42	NOVOLIN 70/30	nystatin.....	23
nitrofurantoin.....	14	RELION.....	nystatin-triamcinolone.....	23
nitrofurantoin		NOVOLIN 70/30 VIAL.....	nystop.....	23
macrocrystal.....	14	NOVOLIN N FLEXPEN....	OCALIVA.....	65
nitrofurantoin		NOVOLIN N FLEXPEN	ocella.....	74
monohydrate		RELION.....	octreotide acetate.....	69
macrocrystals.....	14	NOVOLIN N RELION.....	OCUFLOX.....	83
nitroglycerin.....	42	NOVOLIN N VIAL.....	ODACTRA.....	82
NITROLINGUAL.....	42	NOVOLIN R FLEXPEN....	ODEFSEY.....	34
NITROMIST.....	42	NOVOLIN R FLEXPEN	ODOMZO.....	28
NITROSTAT.....	42	RELION.....	OFEV	91
NITYR.....	65	NOVOLIN R RELION.....	ofloxacin.....	14, 83, 86
nizatidine.....	62	NOVOLIN R VIAL.....	olanzapine.....	33
nolix.....	53	NOVOLOG 70/30	olanzapine-fluoxetine hcl.	20
nora-be.....	74	FLEXPEN RELION.....	olmesartan medoxomil....	42

olmesartan medoxomil-hctz	42	OPTICHAMBER DIAMOND-SM MASK	82	oxycodone-acetaminophen	8
olmesartan-amlodipine-hctz	42	option 2	74	OXYCONTIN	8
olopatadine hcl	83, 87	OPZELURA	53	oxymorphone hcl	8
OLUMIANT	78	ORACEA	53	oxymorphone hcl er	8
OLUX	53	ORALAIR	82	OXYTROL	67
OLUX-E	53	oralone	48	OZEMPIC	56
OMECLAMOX-PAK	64	ORAPRED ODT	68	OZOBAX	94
omega-3-acid ethyl esters	42, 43	ORAVIG	23	PACERONE	43
omeprazole	62	ORENCIA	78	PALFORZIA	82
OMEPRAZOLE+SYRSP END SF ALKA	62	ORENCIA CLICKJECT	78	paliperidone er	33
omeprazole-sodium bicarbonate	62	ORENITRAM	93	PALYNZIQ	65
OMNARIS	87	ORFADIN	65	PAMELOR	20
OMNIPOD 5 G6 INTRO (GEN 5)	57	ORGOVYX	28	PANCREAZE	66
OMNIPOD 5 G6 POD (GEN 5)	82	ORIAHNN	74	PANDEL	53
OMNIPOD DASH INTRO (GEN 4)	57	ORILISSA	70	PANRETIN	28
OMNIPOD DASH PODS (GEN 4)	82	ORKAMBI	92	pantoprazole sodium	62
OMNITROPE	69, 70	ORLADEYO	78	paricalcitol	81
ondansetron hcl	21	orphenadrine citrate er	94	PARLODEL	31
ondansetron odt	21	orphenadrine-aspirin- caffeine	94	PARNATE	20
ONE VITE WOMENS	60	ORPHENGESIC FORTE	94	paromomycin sulfate	14
ONE-A-DAY WOMENS PRENATAL 1	60	ORTIKOS	80	paroxetine hcl	20
ONETOUCH ULTRA TEST STRIPS	57	OSCIMIN	64	paroxetine hcl er	20
ONETOUCH VERIO KIT W/DEVICE	57	oseltamivir phosphate	34	paroxetine mesylate	20
ONEXTON	53	OSENI	56	PASER	25
ONFI	17	OSMOLEX ER	31	PATADAY	83
ONGENTYS	31	OSMOPREP	64	PATANASE	87
ONGLYZA	56	OSPHENA	70	PAXIL	20
ONUREG	28	OTEZLA	78	PAXIL CR	20
ONZETRA XSAIL	24	OTOVEL	86	PEDIAPRED	68
opcicon one-step	74	OTREXUP	78	peg 3350-kcl-na bicarb-nacl	64
OPSUMIT	93	OVIDE	30	peg-3350/electrolytes	64
OPTICHAMBER DIAMOND	82	oxandrolone	68	peg-	
OPTICHAMBER DIAMOND-LG MASK	82	oxaprozin	11	3350/electrolytes/ascorb at	64
OPTICHAMBER DIAMOND-MD MASK	82	oxazepam	37	PEGASYS	35
		OXBRYTA	82	peg-kcl-nacl-nasulf-na	
		oxcarbazepine	17	asc-c	64
		OXERVATE	86	peg-prep	64
		oxiconazole nitrate	23	PEMAZYRE	28
		OXISTAT	23	penicillamine	67
		OXTELLAR XR	17	penicillin v potassium	14
		oxybutynin chloride	67	PENNSAID	11
		oxybutynin chloride er	67	pentamidine isethionate	30
		oxycodone hcl	8	PENTASA	80
		OXYCODONE HCL ER	8	pentazocine-naloxone hcl	8
		OXYCODONE- ACETAMINOPHEN	8	pentoxifylline er	43
				PEPCID	62

PERCOCET	8	PLEGRIDY	47	PREMPHASE	74
PERFOROMIST	91	PLEGRIDY STARTER		PREMPRO	74
PERIDEX	48	PACK	47	prenatal	61
perindopril erbumine	43	PLENVU	64	prenatal multi +dha	61
periogard	48	PLIAGLIS	11	PRESTALIA	43
permethrin	30	POCKET SPACER	82	PRETOMANID	25
perphenazine	21	podofilox	53	PREVACID	62
perphenazine-		polycin	86	PREVACID SOLUTAB	62
amitriptyline	20	Polyethylene glycol 3350	64	prevalite	43
PERTZYE	66	polymyxin b-trimethoprim	86	PREVIDENT	48
PEXEVA	20	POLYTRIM	86	PREVIDENT 5000	
phenazo	67	POMALYST	28	BOOSTER PLUS	48
phenazopyridine hcl	67	PONVORY	47	PREVIDENT 5000 DRY	
phendimetrazine tartrate	47	PONVORY STARTER		MOUTH	48
phendimetrazine tartrate		PACK	47	PREVIDENT 5000	
er	48	portia-28	74	ENAMEL PROTECT	48
phenelzine sulfate	20	posaconazole	23	PREVIDENT 5000	
phenobarbital	17	potassium chloride	61	ORTHO DEFENSE	49
phenoxybenzamine hcl	43	potassium chloride crys		PREVIDENT 5000 PLUS	49
phentermine hcl	48	er	61	PREVIDENT 5000	
phenylephrine hcl	86	potassium chloride er	61	SENSITIVE	49
PHENYTEK	17	potassium citrate er	61	previfem	74
phenytoin	17	POVIDONE-IODINE	83	PREVYMIS	35
phenytoin infatabs	17	PRADAXA	16	PREZCOBIX	35
phenytoin sodium		PRALUENT	43	PREZISTA	35
extended	17	pramipexole		PRIFTIN	25
PHEXXI	82	dihydrochloride	31	PRILOSEC	62
philith	74	pramipexole		primaquine phosphate	30
PHOSLYRA	67	dihydrochloride er	31	primidone	17
PHOSPHOLINE IODIDE	84	PRAMOTIC	86	PRISTIQ	20
phosphorous	60	prasugrel hcl	32	PROAIR DIGIHALER	91
phytonadione	60	pravastatin sodium	43	PROAIR HFA	91
PIFELTRO	35	praziquantel	30	PROAIR RESPCLICK	91
pilocarpine hcl	48, 84	prazosin hcl	43	probenecid	23
pimecrolimus	53	PRECOSE	56	PROCARDIA XL	43
pimozide	33	PRED FORTE	83	PROCENTRA	46
pimtrea	74	PRED MILD	84	prochlorperazine	21
pindolol	43	PRED-G	86	prochlorperazine maleate	21
pioglitazone hcl	56	PRED-G S.O.P.	86	PROCTOCORT	80
pioglitazone hcl-		prednicarbate	53	PROCTOFOAM HC	80
glimepiride	56	prednisolone	68	proto-med hc	80
pioglitazone hcl-		prednisolone acetate	84	proto-pak	80
metformin hcl	56	prednisolone sodium		proctosol hc	80
PIQRAY	28	phosphate	68, 84	protozone-hc	80
pirfenidone	91	prednisone	68	PROCYSB	66
permella 1/35	74	prednisone intensol	68	progesterone	74
permella 7/7/7	74	PREFEST	74	PROGLYCEM	57
piroxicam	11	pregabalin	48	PROGRAF	78
PLAQUENIL	30	pregabalin er	48	PROLATE	8
PLAVIX	32	PREMARIN	74		

PROLENSA.....	84	QNASL CHILDRENS	88	REGRANEX.....	53
PROMACTA.....	37	QSYMIA.....	48	RELAFEN.....	11
promethazine hcl.....	87	QTERN.....	56	RELAFEN DS.....	11
promethazine vc.....	87	QUALAQUIN.....	30	RELENZA DISKHALER...	35
promethazine vc/codeine.	88	QUARTETTE.....	74	relexxii.....	46
promethazine-codeine	88	quazepam.....	37	RELISTOR.....	64, 65
promethazine-dm.....	88	QUDEXY XR.....	17	RELPAX.....	24
promethazine-		QUESTRAN.....	43	RELTONE.....	65
phenyleph-codeine.....	88	QUESTRAN LIGHT.....	43	REMERON.....	20
promethazine-		quetiapine fumarate	33	REMERON SOLTAB.....	20
phenylephrine.....	88	quetiapine fumarate er....	33	REMESENSE.....	49
promethegan.....	88	QUILLICHEW ER.....	46	RENAGEL.....	67
PROMETRIUM.....	74	QUILLIVANT XR.....	46	RENVELA.....	67
propafenone hcl.....	43	quinapril hcl.....	43	repaglinide	56
propafenone hcl er.....	43	quinapril-		REPATHA.....	43
propranolol hcl.....	43	hydrochlorothiazide	43	REPATHA	
propranolol hcl er.....	43	quinidine gluconate er....	43	PUSHTRONEX	
propylthiouracil.....	75	quinidine sulfate.....	43	SYSTEM.....	43
PROSCAR.....	67	quinine sulfate.....	30	REPATHA SURECLICK..	43
PROTONIX.....	62, 63	QULIPTA.....	24	RESTASIS.....	86
PROTOPIC.....	53	QVAR REDIHALER.....	91	RESTASIS MULTIDOSE.	86
protriptyline hcl.....	20	RABEPRAZOLE		RESTORA RX.....	65
PROVENTIL HFA.....	91	SODIUM.....	63	RESTORIL.....	94
PROVERA.....	74	rabeprazole sodium.....	63	RETEVMO.....	28
PROVIGIL.....	94	RADIOGARDASE.....	82	RETIN-A.....	53
PROZAC.....	20	RAGWITEK.....	82	RETIN-A MICRO GEL	
PRUDOXIN.....	53	raloxifene hcl.....	70	0.04 %, 0.1 %.....	53
pseudoephedrine-		ramelteon.....	94	RETIN-A MICRO PUMP	
bromphen-dm.....	88	ramipril.....	43	53, 54
PSORCON.....	53	RANEXA.....	43	RETROVIR.....	35
PULMICORT		ranolazine er.....	43	REVATIO.....	93
FLEXHALER.....	91	RAPAFLO.....	67	REVLIMID.....	28
PULMICORT		RAPAMUNE.....	78	REXULTI.....	33
SUSPENSION.....	91	rasagiline mesylate	31	REYATAZ.....	35
PULMOZYME.....	92	RASUVO.....	78	REYVOW.....	24
PURIXAN.....	28	RAVICTI.....	66	REZUROCK.....	28
PYLERA.....	64	RAYALDEE.....	80	RHOPRESSA.....	84
pyrazinamide.....	25	RAYOS.....	68	ribavirin.....	35
pyridostigmine bromide	25	RAZADYNE ER.....	18	RIDAURA.....	78
pyridostigmine bromide		react.....	74	rifabutin.....	25
er.....	25	REBIF.....	47	rifampin.....	25
pyrimethamine.....	30	REBIF REBIDOSE.....	47	RILUTEK.....	48
PYROGALLIC ACID.....	53	REBIF REBIDOSE		riluzole.....	48
QBRELIS.....	43	TITRATION PACK.....	47	rimantadine hcl.....	35
QBREXZA.....	53	REBIF TITRATION		RINVOQ.....	79
qc magnesium citrate.....	64	PACK.....	47	RIOMET.....	56
QDOLO.....	8	reclipsen.....	74	risedronate sodium.....	80
QELBREE.....	46	RECORLEV.....	70	RISPERDAL.....	33
QINLOCK.....	28	RECTIV.....	43	risperidone.....	33
QNDSL.....	88	REGLAN	21	RITALIN	46

RITALIN LA.....	46	SCEMBLIX.....	28	SLYND.....	74
ritonavir.....	35	scopolamine.....	22	SOAANZ.....	44
rivastigmine.....	18	SEASONIQUE.....	74	sod citrate-citric acid.....	61
rivastigmine tartrate.....	18	SECUADO.....	33	SODIUM ASCORBATE...	61
rivelsa.....	74	SEGLENТИS.....	9	sodium bicarbonate.....	65
rizatriptan benzoate.....	24	SEGLUROMET.....	56	sodium chloride.....	88
ROBINUL.....	65	selegiline hcl.....	31	sodium fluoride.....	49, 61
ROBINUL-FORTE.....	65	selenium sulfide.....	54	sodium fluoride 5000	
ROCALTROL.....	81	SELZENTRY.....	35	enamel.....	49
ROCKLATAN.....	85	SEMGLEE (YFGN).....	59	sodium fluoride 5000	
ropinirole hcl.....	31	SENSIPAR.....	81	plus.....	49
ropinirole hcl er.....	31	SEREVENT DISKUS.....	91	sodium fluoride 5000	
rosadan.....	54	SERNIVO.....	54	ppm.....	49
rosuvastatin calcium.....	43	SEROQUEL.....	33	sodium fluoride 5000	
ROSZET.....	43	SEROQUEL XR.....	33	sensitive.....	49
ROWASA.....	80	SEROSTIM.....	65	sodium phenylbutyrate....	66
roweepra.....	17	SERTRALINE HCL.....	20	sodium polystyrene	
ROXICODONE.....	8	sertraline hcl.....	20	sulfonate.....	61
ROXYBOND.....	9	setlakin.....	74	sodium saccharin.....	82
ROZEREM.....	94	sevelamer carbonate.....	67	SOFOSBUVIR-	
ROZLYTREK.....	28	sevelamer hcl.....	67	VELPATASVIR.....	35
RUBRACA.....	28	SEYSARA.....	15	solifenacin succinate.....	67
rufinamide.....	17	sf.....	49	SOLIQUA.....	56
RUKOBIA.....	35	sf 5000 plus.....	49	SOLODYN.....	15
RYBELSUS.....	56	SFROWASA.....	80	SOLOSEC.....	15
RYCLORA.....	88	sharobel.....	74	SOLTAMOX.....	28
RYDAPT.....	28	SIGNIFOR.....	70	SOMA.....	94
RYTARY.....	31	SIKLOS.....	28	SOMAVERT.....	70
RYTHMOL SR.....	43	sildenafil citrate.....	93	SOOLANTRA.....	54
ryvent.....	88	SILENOR.....	94	sorafenib tosylate.....	28
SABRIL.....	17	SILIQ.....	79	SORILUX.....	54
SACCHARIN.....	82	silodosin.....	67	sorine.....	44
SAFYRAL.....	74	SILVADENE.....	15	sotalol hcl.....	44
SAIZEN.....	70	silver sulfadiazine.....	15	sotalol hcl (af).....	44
SAIZENPREP.....	70	SIMBRINZA.....	85	SOTYLIZE.....	44
sajazir.....	79	simliya.....	74	SOVALDI.....	35
SALAGEN.....	49	simpesesse.....	74	spinosad.....	30
SAMSCA.....	61	SIMPONI.....	79	SPIRIVA HANDIHALER..	91
SANCUSO.....	21	simvastatin.....	43, 44	SPIRIVA RESPIMAT.....	91
SANDIMMUNE.....	79	SINEMET.....	31	spironolactone.....	44
SANDOSTATIN.....	70	SINGULAIR.....	91	spironolactone-hctz.....	44
SANTYL.....	54	sirolimus.....	79	SPORANOX.....	23
SAPHRIS.....	33	SIRTURO.....	25	SPORANOX PULSEPAK	23
sapropterin		SITAVIG.....	35	sprintec 28.....	74
dihydrochloride.....	66	SIVEXTRO.....	15	SPRITAM.....	17
SAVAYSA.....	16	SKYRIZI.....	79	SPRIX.....	11
SAVELLA.....	48	SKYRIZI (150 MG		SPRYCEL.....	28
SAVELLA TITRATION		DOSE).....	79	sps.....	61
PACK.....	48	SKYRIZI PEN.....	79	sronyx.....	74
SAXENDA.....	48	SKYTROFA.....	70	ssd.....	15

STALEVO 100	31	sumatriptan-naproxen	TARGADOX.....	15
STALEVO 125.....	31	sodium.....	TARGETIN.....	28
STALEVO 150.....	31	sunitinib malate.....	tarina 24 fe.....	75
STALEVO 200.....	31	SUNOSI.....	tarina fe 1/20.....	75
STALEVO 50.....	31	SUPRAX.....	tarina fe 1/20 eq.....	75
STALEVO 75.....	31	SUPREP BOWEL PREP	TARPEYO.....	80
stavudine.....	35	KIT.....	TASIGNA.....	28
STEGLATRO.....	56	SUSTIVA.....	TASMAR.....	31
STEGLUJAN.....	56	SUTAB.....	TAURINE.....	61
STELARA.....	79	SUTENT.....	tavaborole.....	23
sterile water for irrigation.	61	syeda.....	TAVALISSE.....	37
STIMATE.....	70	SYMBICORT.....	TAVNEOS.....	82
STIOLTO RESPIMAT ..	91	SYMBYAX.....	taysofy.....	75
STIVARGA.....	28	SYMDEKO.....	TAYTULLA.....	75
STRATTERA.....	46	SYMF1.....	tazarotene.....	54
STRENSIQ.....	66	SYMF1 LO.....	TAZAROTENE.....	54
STRIBILD.....	35	SYMJEPI.....	TAZORAC.....	54
STRIVERDI RESPIMAT ..	91	SYMLINPEN 120.....	taztia xt.....	44
STROMECTOL.....	30	SYMLINPEN 60.....	TAZVERIK.....	28
SUBOXONE.....	12	SYMPAZAN.....	TECFIDERA.....	47
SUBSYS.....	9	SYMPROIC.....	TEGRETOL.....	18
subvenite.....	18	SYMTUZA.....	TEGRETOL-XR.....	18
subvenite starter kit-blue..	18	SYNALAR.....	TEGSEDI.....	48
subvenite starter kit-		SYNAREL.....	TEKTURNA.....	44
green.....	18	SYNDROS.....	TEKTURNA HCT	44
subvenite starter kit-		SYNERA.....	telmisartan.....	44
orange.....	18	SYNJARDY.....	telmisartan-amlodipine ..	44
SUCRAID.....	66	SYNJARDY XR.....	telmisartan-hctz	44
sucralfate.....	63	SYNTHROID.....	temazepam.....	94
SULAR.....	44	SYPRINE.....	TEMODAR.....	28
SULCONAZOLE		TABLOID.....	TEMOVATE.....	54
NITRATE.....	23	TABRECTA.....	temozolomide.....	28
sulfacetamide sodium.....	84	TACLONEX.....	TENCON	9
sulfacetamide sodium (acne).....	54	tacrolimus.....	tenofovir disoproxil	
sulfacetamide-		tadalafil.....	fumarate.....	35
prednisolone.....	86	tadalafil (pah).....	TENORETIC 100.....	44
sulfadiazine.....	15	TAFINLAR.....	TENORETIC 50.....	44
sulfamethoxazole-		TAGRISSO.....	TENORMIN.....	44
trimethoprim.....	15	take action.....	TEPMETKO.....	28
SULFAMYLYON.....	15	TAKHZYRO.....	terazosin hcl.....	67
sulfasalazine.....	80	TALICIA.....	terbinafine hcl.....	23
sulfatrim pediatric.....	15	TALTZ.....	terbutaline sulfate.....	92
sulfurated lime.....	30	TALZENNA.....	terconazole.....	23
sulindac.....	11	TAMIFLU.....	TERIPARATIDE	
sumatriptan.....	24	tamoxifen citrate.....	(RECOMBINANT).....	81
sumatriptan succinate ..	24	tamsulosin hcl.....	TESTIM.....	68
sumatriptan succinate refill subcutaneous		TAPERDEX 12-DAY	testosterone	69
solution cartridge	24	TAPERDEX 6-DAY	testosterone cypionate	68
		TAPERDEX 7-DAY	testosterone enanthate	69
		TARCEVA.....	tetrabenazine	48

tetracycline hcl.....	15	tolvaptan.....	61	triamterene.....	44
TEXACORT.....	54	TOPAMAX.....	18	triamterene-hctz.....	44
THALOMID.....	28	TOPAMAX SPRINKLE....	18	TRIANEX.....	54
THEO-24.....	92	TOPICORT.....	54	triazolam.....	37
theophylline.....	92	TOPICORT SPRAY.....	54	TRIBENZOR.....	44
theophylline er.....	92	topiramate.....	18	TRICOR.....	44
THIOLA.....	67	topiramate er.....	18	triderm.....	54
THIOLA EC.....	67	TOPROL XL.....	44	TRIDESILON.....	54
thioridazine hcl.....	33	toremifene citrate.....	29	trientine hcl.....	61
thiothixene.....	33	torsemide.....	44	tri-estarrylla.....	75
THREONINE.....	61	TOSYMRA.....	24	trifluoperazine hcl.....	33
THYQUIDITY.....	75	TOUJEO MAX		trifluridine.....	84
tiadylt er.....	44	SOLOSTAR.....	59	trihexyphenidyl hcl.....	32
tiagabine hcl.....	18	TOUJEO SOLOSTAR.....	59	TRIJARDY XR.....	57
TIAZAC.....	44	tovet.....	54	TRIKAFTA.....	93
TIBSOVO.....	29	TOVIAZ.....	67	tri-legest fe.....	75
TIGLUTIK.....	48	TRACLEER.....	93	TRILEPTAL.....	18
TIKOSYN.....	44	TRADJENTA.....	57	tri-linyah.....	75
tilia fe.....	75	TRAMADOL HCL ER.....	9	TRILIPPIX.....	44
timolol maleate.....	44, 85	tramadol hcl er.....	9	tri-lo-estarrylla.....	75
timolol maleate (once-daily).....	85	tramadol hcl er (biphasic) ..	9	tri-lo-marzia.....	75
timolol maleate ocudose..	85	TRAMADOL HCL IR.....	9	tri-lo-mili.....	75
timolol maleate pf.....	85	tramadol-acetaminophen ..	9	tri-lo-sprintec.....	75
TIMOPTIC.....	85	trandolapril.....	44	trimethobenzamide hcl ..	22
TIMOPTIC OCUDOSE....	85	trandolapril-verapamil hcl		trimethoprim.....	15
TIMOPTIC-XE.....	85	er.....	44	tri-mili.....	75
tinidazole.....	15	tranexamic acid.....	37	trimipramine maleate.....	20
tiopronin.....	67	TRANSDERM-SCOP.....	22	TRINTELLIX.....	20
TIROSINT.....	76	TRANXENE-T.....	37	tri-nymyo.....	75
TIROSINT-SOL.....	76	tranylcypromine sulfate ..	20	tri-sprintec.....	75
TIVICAY.....	35	TRAVATAN Z.....	85	tritocin.....	54
TIVICAY PD.....	35	travoprost (bak free) ..	85	TRIUMEQ.....	35
TIVORBEX.....	11	trazodone hcl.....	20	TRIUMEQ PD.....	35
tizanidine hcl.....	94	TRECATOR.....	25	trivora (28).....	75
TOBI NEBULIZER.....	92	TRELEGY ELLIPTA.....	92	tri-vylibra.....	75
TOBI PODHALER.....	92	TREMFYA.....	79	tri-vylibra lo.....	75
TOBRADEX.....	86	TRESIBA.....	59	TRIZIVIR.....	35
TOBRADEX ST.....	86	TRESIBA FLEXTOUCH ..	59	TROKENDI XR.....	18
tobramycin.....	84, 92	tretinoin.....	29, 54	trospium chloride.....	67
TOBRAMYCIN.....	93	tretinoin microsphere ..	54	trospium chloride er.....	67
tobramycin-dexamethasone.....	86	tretinoin microsphere ..		TRUDHESA.....	24
TOBREX.....	84	pump.....	54	TRULANCE.....	65
TODAY SPONGE.....	82	TREXALL.....	79	TRULICITY.....	57
tolcapone.....	32	TREXIMET.....	24	TRUSELTIQ (100MG DAILY DOSE).....	29
TOLNAFTATE.....	23	tri femynor.....	75	TRUSELTIQ (125MG DAILY DOSE).....	29
TOLSURA.....	23	triamcinolone acetonide ..		TRUSELTIQ (50MG DAILY DOSE).....	29
tolterodine tartrate.....	67	49, 54		
tolterodine tartrate er.....	67	triamcinolone in absorbase ..	54		

TRUSELTIQ (75MG DAILY DOSE).....	29	VALTREX.....	35	vigabatrin.....	18
TRUSOPT.....	85	VANADOM.....	94	vigadronе.....	18
TRUVADA.....	35	VANCOCIN.....	15	VIGAMOX.....	84
TUDORZA PRESSAIR....	92	vancomycin hcl.....	15	VIIBRYD.....	21
TUKYSA.....	29	vandazole.....	15	VIIBRYD STARTER	
tulana.....	75	VANOS.....	55	PACK.....	21
TURALIO.....	29	varenicline tartrate.....	12	vilazodone hcl.....	21
TUXARIN ER.....	88	VARIZIG.....	79	VIMOVO.....	11
TUZISTRA XR.....	88	VARUBI (180 MG DOSE).....	22	VIMPAT.....	18
TWIRLA.....	75	VASCEPA.....	44	VIOKACE.....	66
tyblume.....	75	VASERETIC.....	44	viorele.....	75
TYBOST.....	35	VASOTEC.....	44	VIRACEPT.....	36
tydemy.....	75	VCF VAGINAL CONTRACEPTIVE.....	82	VIRAZOLE.....	36
TYKERB.....	29	vcf vaginal contraceptive.	82	VIREAD.....	36
TYMLOS.....	81	VECAMYL.....	44	VISTARIL.....	37
TYRVAYA.....	84	VECTICAL.....	55	VISTOGARD.....	82
TYVASO.....	93	velivet.....	75	VIVELLE-DOT.....	75
TYVASO REFILL.....	93	VELPHORO.....	67	VIZIMPRO.....	29
TYVASO STARTER.....	93	VELTASSA.....	61	VOGELXO.....	69
UBRELVY.....	24	VELTIN.....	55	VOGELXO PUMP.....	69
UCERIS.....	80	VEMLIDY.....	36	volnea.....	75
ULORIC.....	23	VENCLEXTA.....	29	VONJO.....	29
ULTRACET.....	9	VENCLEXTA STARTING PACK.....	29	voriconazole.....	23
ULTRAM.....	9	VENELEX.....	55	VORTEX VALVED HOLDING CHAMBER....	82
ULTRAVATE.....	54	venlafaxine hcl.....	20	VOSEVI.....	36
unithroid.....	76	venlafaxine hcl er.....	21	VOTRIENT.....	29
UPNEEQ.....	84	VENTAVIS.....	93	VOXZOGO.....	66
UPTRAVI.....	93	VENTOLIN HFA.....	92	VRAYLAR.....	33
urea.....	54	verapamil hcl.....	44	VTOL LQ.....	9
UROCIT-K 10.....	61	verapamil hcl er.....	44	VUITY.....	85
UROCIT-K 15.....	61	VERDESO.....	55	VUMERTY.....	47
UROCIT-K 5.....	61	VEREGEN.....	55	VUSION.....	23
UROXATRAL.....	67	VERELAN.....	44	vyfemla.....	75
URSO 250.....	65	VERELAN PM.....	44	vylibra.....	75
URSO FORTE.....	65	VERKAZIA.....	86	VYNDAMAX.....	44
URSODIOL.....	65	VERQUVO.....	44	VYNDAQEL.....	45
ursodiol.....	65	VERSACLOZ.....	33	VYTORIN.....	45
VAGIFEM.....	75	VERZENIO.....	29	VYVANSE.....	46
valacyclovir hcl.....	35	VESICARE.....	67	VYZULTA.....	85
VALCHLOR.....	29	VESICARE LS.....	67	WAKIX.....	94
VALCYTE.....	35	vestura.....	75	warfarin sodium.....	16
valganciclovir hcl.....	35	VFEND.....	23	weekly-d.....	61
VALINE.....	61	VIBERZI.....	65	WEGOVY.....	48
VALIUM.....	37	VIBRAMYCIN.....	15	WELCHOL.....	45
valproic acid.....	18	VICTOZA.....	57	WELIREG.....	29
valsartan.....	44	VIEKIRA PAK.....	36	WELLBUTRIN SR.....	21
valsartan- hydrochlorothiazide.....	44	vienna.....	75	WELLBUTRIN XL.....	21
VALTOCO.....	18			wera.....	75
				WINLEVI.....	55

wixela inhub.....	92	XPOVIO (80 MG TWICE WEEKLY).....	29	zidovudine.....	36
wymzya fe.....	75	XTAMPZA ER.....	9	zileuton er.....	92
WYNZORA.....	55	XTANDI.....	29	ZILXI.....	55
XADAGO.....	32	xulane.....	75	ZIMHI.....	12
XALATAN.....	85	XULTOPHY.....	57	ZIOPTAN.....	85
XALKORI.....	29	XURIDEN.....	66	ziprasidone hcl.....	33
XANAX.....	37	XYOSTED.....	69	ZIPSOR.....	11
XANAX XR.....	37	XYREM.....	94	ZIRGAN.....	84
XARELTO.....	16	XYWAV.....	94	ZITHROMAX.....	15
XARELTO STARTER PACK.....	16	YASMIN 28.....	75	ZITHROMAX TRI-PAK....	15
XATMEP.....	79	YAZ.....	75	ZITHROMAX Z-PAK.....	15
XCOPRI.....	18	yl folic acid.....	61	ZOCOR.....	45
XELJANZ.....	79	YONSA.....	29	ZOKINVY.....	82
XELJANZ XR.....	79	YOSPRALA.....	32	ZOLINZA.....	29
XELODA.....	29	YUPELRI.....	92	ZOLMITRIPTAN.....	24
XELPROS.....	85	yuvafem.....	75	zolmitriptan.....	24
XENAZINE.....	48	zafemey.....	75	ZOLOFT.....	21
XENICAL.....	48	zaflukast.....	92	zolpidem tartrate.....	94
XENLETA.....	15	zaleplon.....	94	zolpidem tartrate er.....	94
XEPI.....	15	ZANAFLEX.....	94	ZOLPIMIST.....	94
XERAC AC.....	55	ZARONTIN.....	18	ZOMACTON.....	70
XERESE.....	36	ZAVESCA.....	66	ZOMIG.....	24
XERMELO.....	65	ZCORT 7-DAY.....	68	ZONALON.....	55
XHANCE.....	88	ZEBUTAL.....	9	ZONEGRAN.....	18
XIFAXAN.....	15	ZEGALOGUE.....	57	zonisamide.....	18
XIGDUO XR.....	57	ZEGERID.....	63	ZONTIVITY.....	32
XiIDRA.....	86	ZEJULA.....	29	ZORBTIVE.....	65
XIMINO.....	15	ZELAPAR.....	32	ZORTRESS.....	79
XOFLUZA (40 MG DOSE).....	36	ZELBORA.....	29	ZORVOLEX.....	11
XOFLUZA (80 MG DOSE).....	36	ZELNORM.....	65	zovia 1/35 (28).....	75
XOLEGEL.....	23	ZEMBRACE.....		ZOVIRAX.....	36
XOPENEX CONCENTRATE.....	92	SYMTOUCH.....	24	ZTLIDO.....	11
XOPENEX HFA.....	92	ZEMPLAR.....	81	ZUBSOLV.....	12
XOPENEX NEB.....	92	zenatane.....	55	zumandimine.....	75
XPOVIO (100 MG ONCE WEEKLY).....	29	ZENPEP.....	66	ZYCLARA.....	55
XPOVIO (40 MG ONCE WEEKLY).....	29	ZENZEDI.....	46	ZYCLARA PUMP.....	55
XPOVIO (40 MG TWICE WEEKLY).....	29	ZEPATIER.....	36	ZYDELIG.....	30
XPOVIO (60 MG ONCE WEEKLY).....	29	ZEPOSIA.....	47	ZYFLO.....	92
XPOVIO (80 MG ONCE WEEKLY).....	29	ZEPOSIA 7-DAY STARTER PACK.....	47	ZYKADIA.....	30
XPOVIO (80 MG TWICE WEEKLY).....	29	ZEPOSIA STARTER KIT.....	47	ZYLET.....	86
XPOVIO (40 MG TWICE WEEKLY).....	29	ZERVIA.....	84	ZYLOPRIM.....	23
XPOVIO (60 MG TWICE WEEKLY).....	29	ZESTORETIC.....	45	ZYMAXID.....	84
XPOVIO (80 MG ONCE WEEKLY).....	29	ZESTRIL.....	45	ZYPITAMAG.....	45
XPOVIO (60 MG TWICE WEEKLY).....	29	ZETIA.....	45	ZYPREXA.....	33
XPOVIO (80 MG TWICE WEEKLY).....	29	ZETONNA.....	88	ZYPREXA ZYDIS.....	33
XPOVIO (80 MG ONCE WEEKLY).....	29	ZIAC.....	45	ZYTIGA.....	30
XPOVIO (80 MG TWICE WEEKLY).....	29	ZIAGEN.....	36	ZYVOX.....	15
XPOVIO (80 MG ONCE WEEKLY).....	29	ZIANA.....	55		

Non-discrimination notice

Sanford Health Plan does not discriminate against any future, current, or past Member on the basis of race; ethnicity; color; national origin; disability; sex; gender; sexual orientation; gender identity; religion; spiritual beliefs; medical condition, including a current or past history of mental health and substance use disorders; sources of payment for care; or age, in its coverage, treatment, or benefit decisions.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, or other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sanford Health Plan at (800) 752-5863 | TTY: 711.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator at 300 Cherapa Place #201, Sioux Falls, SD 57103, call (800) 325-9402 | TTY: 711, fax (605) 328-6812, or e-mail compliancehotline@sanfordhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the US 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: US Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TTY/TDD (800) 537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Free help in other languages

For help in any language other than English, please call **1-800-752-5863 | TTY: 711**.

If you have any questions, for example, about your benefits, a document, or how Sanford Health Plan pays for your care, please call us.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Sanford Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-927-2969.

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Sanford Health Plan, koj muaj cai kom lawv muab cov ntshiaib lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-844-923-3519.

Cushite: Isin yookan namni biraan isin deeggartan Sanford Health Plan irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuuf fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-927-2968 tiin bilbilaa.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Sanford Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-927-2973.

Chinese (Mandarin): 如果您, 或您正在幫助的人, 有關於 Sanford Health Plan 方面的問

題, 您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話, 請致電 1-844-923-3524。

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Sanford Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-923-3517 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Sanford Health Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-927-2967.

Laotian: ຖ້າ ກົມ, ຫາ ອີ ນິກ ທີ່ ນິກ ລວງ ເພື່ອ ພະຍານ ປະເທດ, ມີ ອາຫານ ພັກ ບ Sanford Health Plan, ທີ່ ນິກ ນິກ ດັບ ລະດີ ກົມ ປະເທດ ພະຍານ ພະຍານ ມີ ນິກ ວິວສານ ທີ່ ເປັນ ນິກ ສາຂະໜາດ ທີ່ ນິກ ມີ ອີ ອີ ລ. ການໂຄ້ວ ວິວສານ ປະເທດ, ໃຫ້ ຂອບເຫດ 1-800-752-5863.

Arabic:

نإ ناك لكي دل وأى دل سخشن مدعاشت فالشأ صوصخب Sanford Health Plan ، كي دل قحلا
يلى بلوصحلا اى لع قدعاصلما ات امولعلماو فيورضلما كتلبل نم نود قي فلك. ثدحتللأ عم مجرتم لصنا ب 1-844-923-3511.

Amharic: አርስቶ: ወይም እርስዎ የሚያዘው ተለሰባ: እና Sanford Health Plan
የለ የሚገኘው ክፍያ በቋንቋው እርዲታና መረጃ የሚያድት መብት አለችሁ:: ካለበትርጉም ጋር ለመነገር 1-800-752-5863
ደንዱለ::

Korean: 만약 귀하 또는 귀하가 돋고 있는 어떤 사람이 Sanford Health Plan에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-923-3523로 오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Sanford Health Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 1-844-923-3516.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Sanford Health Plan, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-800-752-5863.

Bantu: Nimba wewe canke umuntu uriko urafasha afise ibibazo vyerekeye Sanford Health Plan, utegerezwa kugira uburenganzira bwo kuronka ubufasha n'amakuru arambuye mu rurimi gwawe ataco utanze canke kurihira. Hamagara 1-800-752-5863 uhamaqara umusobanuzi.

Swahili: Kama wewe, au mtu unaye mpa usaidizi ana maswali kuhusu Sanford Health Plan, Una haki ya kupata habari hii na msaada kwa lugha yako bila qarama. Kuzunqumza na mkalimani, piqa nambari hii: 1-844-927-2970.

Japanese: ご本人様、またはお客様の身の回りの方でも、Sanford Health Planについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-923-3521までお電話ください。

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Sanford Health Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-752-5863.

Nepali: यदि तपाईं आफ्ना लादि आफै आवेनिको काम चिह्निए, वा कसैलाई मद्दत चिह्निए हुनुहुन्छ, Sanford Health Plan बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा दन : शुल्क सहायता वा जानकारी पाउने अदिकार छ । चिह्नोभाषे (इन्टरप्रेटर) सँग कुरा चिन्नूपरे 1-844-927-2961 मा फोन चिन्नूहोस ।

Norwegian: Hvis du, eller noen du hjelper, har spørsmål om Sanford Health Plan, har du rett til å få hjelp og informasjon på ditt språk uten kostnad. For å snakke med en tolk, ring 1-800-752-5863.

Help understanding your health insurance is free.

If you would like something in another format (for example, a larger font size or a file for use with assistive technology, like a screen reader), please call us at: (800) 752-5863 (toll-free) | TTY: 711

North Dakota Medicaid Expansion: Please call (855) 305-5060 (toll-free) | TTY: 711