

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

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**SANFORD**<sup>®</sup>  
HEALTH PLAN

# Understanding your formulary

## What is a formulary?

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

## How do I use my formulary?

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

## About this formulary

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

## Reading your formulary

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

### Tier information

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

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

## Reading your formulary

### Drug list information

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

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

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

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

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

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

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

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

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

**AL** **Age Limit** – Medication may be subject to a minimum or maximum age.

**BP** **Brand Penalty** – Medication may be subject to penalty because there is a generic alternative or biosimilar equivalent that is available. Penalties do not apply to your deductible or maximum out of pocket.

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

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Drug Name	Drug Tier	Limits/ Required
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
buprenorphine transdermal	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL TABLET	3	BP
fentanyl	1	QL

Drug Name	Drug Tier	Limits/ Required
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	3	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	3	BP; QL
levorphanol tartrate oral	1	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	BP
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution 20 mg/5ml	1	QL
morphine sulfate oral tablet	1	QL

Drug Name	Drug Tier	Limits/ Required
morphine sulfate solution 10 mg/5ml oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
NUCYNTA	3	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
SUBSYS SUBLINGUAL LIQUID 800 MCG	3	

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

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Drug Name	Drug Tier	Limits/ Required
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	ACA; O
aspirin adult low dose	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin low dose tablet chewable 81 mg oral	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet chewable	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
aspirin regimen	1	ACA; O
CELEBREX	3	BP

Drug Name	Drug Tier	Limits/ Required
celecoxib oral	1	
DAYPRO	3	BP
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
EC-NAPROSYN	3	BP
ec-naproxen	1	
etodolac er	1	
etodolac oral	1	
FELDENE	3	BP
flurbiprofen oral	1	
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O
goodsense aspirin low dose	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	

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

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Drug Name	Drug Tier	Limits/ Required
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LODINE	3	BP
mefenamic acid oral	1	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	

Drug Name	Drug Tier	Limits/ Required
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
sulindac oral	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	
<b>Anesthetics</b>		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	

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

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Drug Name	Drug Tier	Limits/ Required
APO-VARENICLINE	2	ACA; PV; QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; PV; QL
habitrol	1	ACA; O; PV; QL
LUCEMYRA	3	QL
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	QL
naltrexone hcl oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	2	QL
nicotine mini	1	ACA; O; PV; QL
nicotine polacrilex gum 2 mg mouth/throat	1	ACA; O; QL
nicotine polacrilex gum 2 mg mouth/throat	1	ACA; O; PV; QL
nicotine polacrilex gum 4 mg mouth/throat	1	ACA; O; QL
nicotine polacrilex gum 4 mg mouth/throat	1	ACA; O; PV; QL
nicotine polacrilex mini	1	ACA; O; PV; QL
nicotine polacrilex mouth/throat lozenge	1	ACA; O; PV; QL
nicotine step 1	1	ACA; O; PV; QL

Drug Name	Drug Tier	Limits/ Required
nicotine step 2	1	ACA; O; PV; QL
nicotine step 3	1	ACA; O; PV; QL
nicotine transdermal kit	1	ACA; O; PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; PV; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	ACA; PV; QL
varenicline tartrate oral tablet	1	ACA; PV; QL
ZUBSOLV	3	QL
<b>Antibacterials</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	

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

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

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

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Drug Name	Drug Tier	Limits/ Required
SUPRAX ORAL CAPSULE	3	BP
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	BP
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XENLETA ORAL	3	
XEPI	3	
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	BP
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP
<b>Anticoagulants</b>		
ARIXTRA	3	PV; BP
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium injection solution	1	PV
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 80 mg/0.8ml	1	PV
enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection	1	
enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection	1	PV
enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection	1	
enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection	1	PV

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Drug Name	Drug Tier	Limits/ Required
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
<b>Anticonvulsants - Drugs for Seizures</b>		
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam	1	
DEPAKOTE	3	BP

Drug Name	Drug Tier	Limits/ Required
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	2	PA; SP
DIASTAT ACUDIAL	3	BP; QL
DIASTAT PEDIATRIC	3	BP; QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	2	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	BP
FINTEPLA	3	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	

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

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Drug Name	Drug Tier	Limits/ Required
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	

Drug Name	Drug Tier	Limits/ Required
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK	3	BP
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	3	SP; BP
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	

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

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Drug Name	Drug Tier	Limits/ Required
subvenite starter kit-orange	1	
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	1	SP
vigadrone	1	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
zonisamide oral	1	

Drug Name	Drug Tier	Limits/ Required
ZTALMY	2	PA; SP; QL
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	BP
NAMENDA TITRATION PAK	3	BP
NAMENDA XR	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
bupropion hcl oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP
desipramine hcl oral	1	
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
escitalopram oxalate oral tablet	1	PV
escitalopram oxalate solution 5 mg/5ml oral	1	
escitalopram oxalate solution 5 mg/5ml oral	1	PV
fluoxetine hcl oral capsule	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral solution	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluvoxamine maleate	1	PV

Drug Name	Drug Tier	Limits/ Required
fluvoxamine maleate er	1	PV
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV; BP
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral tablet	1	PV; QL
PAXIL CR	3	PV; BP; QL
PAXIL ORAL TABLET	3	PV; BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
sertraline hcl oral concentrate	1	PV
sertraline hcl oral tablet	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
venlafaxine hcl	1	PV
venlafaxine hcl er oral capsule extended release 24 hour	1	PV
VIIBRYD ORAL TABLET	3	ST; BP; QL
VIIBRYD STARTER PACK	3	ST; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	3	BP
ANTIVERT ORAL TABLET CHEWABLE	3	BP
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	PV
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	BP; QL
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	

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

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Drug Name	Drug Tier	Limits/ Required
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine maleate oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV
promethazine hcl oral	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
REGLAN ORAL	3	BP
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	
<b>Antifungals</b>		
ANCOBON	3	BP
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	

Drug Name	Drug Tier	Limits/ Required
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP
econazole nitrate external	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LOPROX EXTERNAL SUSPENSION	3	BP
miconazole 3 vaginal suppository	1	

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

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Drug Name	Drug Tier	Limits/ Required
naftifine hcl external gel 2 %	1	
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
posaconazole oral	1	
SPORANOX	3	BP; QL
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
COLCHICINE ORAL CAPSULE	3	ST
colchicine oral tablet	1	
colchicine-probenecid	1	

Drug Name	Drug Tier	Limits/ Required
COLCRYS	3	BP
febuxostat	1	ST
MITIGARE	3	ST
probenecid oral	1	
ULORIC	3	ST; BP
ZYLOPRIM	3	BP
<b>Antimigraine Agents</b>		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
IMITREX NASAL	3	BP; QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL
naratriptan hcl	1	QL
QULIPTA	2	ST; QL
RELPAK	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL

Drug Name	Drug Tier	Limits/ Required
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
zolmitriptan oral	1	QL
ZOMIG ORAL	3	BP; QL
<b>Antimyasthenic Agents</b>		
MESTINON ORAL SOLUTION	3	BP
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
<b>Antimycobacterials</b>		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	BP
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	1	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EULEXIN	14	PA; MB; SP	IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP	IMBRUVICA ORAL SUSPENSION	3	PA; SP; QL
everolimus oral tablet soluble	14	PA; MB; SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; SP; QL
exemestane	1	ACA; PV		14	PA; MB; SP
EXKIVITY	14	PA; MB; SP; QL	INLYTA	14	PA; MB; SP; QL
FARESTON	3	PV; BP	INQOVI	14	PA; MB; SP; QL
FEMARA	3	PV; BP	INREBIC	14	PA; MB; SP; QL
FOTIVDA	14	PA; MB; SP; QL	IRESSA	14	PA; MB; SP; BP
GAVRETO	14	PA; MB; SP; QL	JAKAFI	3	PA; SP
gefitinib	14	PA; MB; SP	JAYPIRCA	14	PA; MB; SP; QL
GILOTRIF	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
HYCAMTIN ORAL	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
HYDREA	3	BP			
hydroxyurea oral	1				
IBRANCE	14	PA; MB; SP			
ICLUSIG	14	PA; MB; SP			
IDHIFA	14	PA; MB; SP; QL	KISQALI FEMARA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP			

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Drug Name	Drug Tier	Limits/ Required
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
KOSELUGO	14	PA; MB; SP
KRAZATI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP
lenalidomide	14	PA; MB; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	14	PA; MB; SP
letrozole tablet 2.5 mg oral	1	
letrozole tablet 2.5 mg oral	1	PV
leucovorin calcium oral	1	
LEUKERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP
MEKINIST ORAL TABLET	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP
mercaptopurine oral	1	
MESNEX ORAL	2	SP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	2	SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PEMAZYRE	14	PA; MB; SP; QL	TABRECTA	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL	TAFINLAR ORAL CAPSULE	14	PA; MB; SP
POMALYST	14	PA; MB; SP	TAGRISSEO	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; BP
REVLIMID	14	PA; MB; SP	TARGETIN EXTERNAL	3	SP; BP
REZLIDHIA	14	PA; MB; SP; QL	TARGETIN ORAL	14	PA; MB; SP; BP
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	temozolomide	14	PA; MB; SP
SCEMBLIX	14	PA; MB; SP; QL	TEPMETKO	14	PA; MB; SP; QL
SOLTAMOX	3	PV	THALOMID	14	PA; MB; SP
sorafenib tosylate	14	PA; MB; SP	TIBSOVO	14	PA; MB; SP; QL
SPRYCEL	14	PA; MB; SP	toremifene citrate	1	PV
STIVARGA	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP	TUKYSA	14	PA; MB; SP; QL
SUTENT	14	PA; MB; SP; BP	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TABLOID	14	PA; MB; SP	TYKERB	14	PA; MB; SP; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VALCHLOR	14	PA; MB; SP	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
VENCLEXTA	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VIJOICE	2	PA; SP; QL	XTANDI	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VONJO	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP	ZELBORAF	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
XALKORI	14	PA; MB; SP	ZYDELIG	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYKADIA ORAL TABLET	14	PA; MB; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	<b>Antiparasitics</b>		
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	albendazole oral	1	
			ALINIA ORAL SUSPENSION RECONSTITUTED	2	
			ALINIA ORAL TABLET	3	BP
			atovaquone oral	1	
			atovaquone-proguanil hcl	1	

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

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Drug Name	Drug Tier	Limits/ Required
BENZNIDAZOLE	3	QL
BILTRICIDE	3	BP
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	3	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	1	PA; SP

Drug Name	Drug Tier	Limits/ Required
QUALAQUIN	3	BP
quinine sulfate oral	1	
spinosad	1	
STROMEKTOL	3	BP; QL
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	SP; BP
apomorphine hcl subcutaneous	1	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
entacapone	1	
LODOSYN	3	BP
NEUPRO	3	
ONGENTYS	2	QL
PARLODEL	3	BP
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
STALEVO 100	3	BP
STALEVO 125	3	BP
STALEVO 150	3	BP
STALEVO 200	3	BP
STALEVO 50	3	BP
STALEVO 75	3	BP
trihexyphenidyl hcl	1	
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	PV

Drug Name	Drug Tier	Limits/ Required
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	2	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
ZONTIVITY	2	PV
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
chlorpromazine hcl oral	1	PV
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
clozapine tablet dispersible 100 mg oral	1	PV
clozapine tablet dispersible 150 mg oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL	3	PV; BP
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA	3	PV; BP
LATUDA	3	ST; PV; BP; QL
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; QL
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral	1	PV
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate er tablet extended release 24 hour 150 mg oral	1	QL
quetiapine fumarate er tablet extended release 24 hour 150 mg oral	1	PV; QL
quetiapine fumarate er tablet extended release 24 hour 200 mg oral	1	QL
quetiapine fumarate er tablet extended release 24 hour 200 mg oral	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
quetiapine fumarate er tablet extended release 24 hour 300 mg oral	1	QL
quetiapine fumarate er tablet extended release 24 hour 300 mg oral	1	PV; QL
quetiapine fumarate er tablet extended release 24 hour 400 mg oral	1	QL
quetiapine fumarate er tablet extended release 24 hour 400 mg oral	1	PV; QL
quetiapine fumarate er tablet extended release 24 hour 50 mg oral	1	QL
quetiapine fumarate er tablet extended release 24 hour 50 mg oral	1	PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone	1	PV
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV

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

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Drug Name	Drug Tier	Limits/ Required
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV; BP
ZYPREXA ZYDIS	3	PV; BP
<b>Antivirals</b>		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL
COMBIVIR	3	PV; BP; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	2	PA; SP; QL
EPIVIR	3	PV; BP; QL
EPZICOM	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ISENTRESS ORAL PACKET	2	PV	oseltamivir phosphate oral	1	QL
ISENTRESS ORAL TABLET	2	PV; QL	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
JULUCA	2	PV; QL	PIFELTRO	2	PV; QL
KALETRA ORAL SOLUTION	3	PV; BP; QL	PREVYMIS ORAL	3	SP; QL
KALETRA ORAL TABLET	3	PV; BP; QL	PREZCOBIX	2	PV; QL
lamivudine oral solution	1	PV; QL	PREZISTA ORAL SUSPENSION	2	PV; QL
lamivudine oral tablet 100 mg	1		PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL	PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
lamivudine-zidovudine	1	PV; QL	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA; SP; QL	RETROVIR ORAL CAPSULE	3	PV; BP; QL
LEXIVA ORAL SUSPENSION	2	PV; QL	RETROVIR ORAL SYRUP	3	PV; BP; QL
LEXIVA ORAL TABLET	3	PV; BP; QL	REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
LIVTENCITY	2	QL	REYATAZ ORAL PACKET	3	PV
lopinavir-ritonavir	1	PV; QL	ribavirin inhalation	1	
maraviroc	1	PV; QL	ribavirin oral capsule	1	
MAVYRET	2	PA; SP; QL			
nevirapine	1	PV; QL			
nevirapine er	1	PV; QL			
NORVIR ORAL PACKET	2	PV			
NORVIR ORAL TABLET	3	PV; BP; QL			
ODEFSEY	2	PV; QL			

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Drug Name	Drug Tier	Limits/ Required
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV; QL
RUKOBIA	2	PV; QL
SELZENTRY ORAL SOLUTION	2	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV; QL
SOFOSBUVIR-VELPATASVIR	2	PA; SP; QL
STRIBILD	2	PV; QL
SUNLENCA ORAL	2	PV; QL
SYMFI	3	PV; BP; QL
SYMFI LO	3	PV; BP
SYMITUZA	2	PV; QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	PV; QL
TIVICAY	2	PV; QL
TIVICAY PD	2	PV; QL
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRIZIVIR	3	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL

Drug Name	Drug Tier	Limits/ Required
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZIAGEN	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL OINTMENT	3	BP
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam xr	1	

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

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Drug Name	Drug Tier	Limits/ Required
ATIVAN ORAL	3	BP
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
triazolam	1	
VALIUM	3	BP
VISTARIL	3	BP
XANAX	3	BP
XANAX XR	3	BP

Drug Name	Drug Tier	Limits/ Required
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	PV
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	BP
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
	2	PA; SP; QL
MULPLETA	2	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
	2	PA; SP; QL
PROMACTA	2	PA; SP; QL
	2	PA; SP; QL
PYRUKYND	2	PA; SP; QL
PYRUKYND TAPER PACK	2	PA; SP; QL
STIMUFEND	14	MB; SP
	2	PA; SP; QL
TAVALISSE	2	PA; SP; QL

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

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

Drug Name	Drug Tier	Limits/ Required
amlodipine-valsartan-hctz	1	PV
ATACAND	3	PV; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV; BP
BENICAR HCT	3	PV; BP
BETAPACE AF	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
CADUET ORAL TABLET 10-10 MG, 10- 20 MG, 10-40 MG, 10- 80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	3	PA; SP; QL
candesartan cilexetil	1	PV
captopril oral	1	PV
captopril- hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
cartia xt	1	PV
carvedilol tablet 12.5 mg oral	1	
carvedilol tablet 12.5 mg oral	1	PV
carvedilol tablet 25 mg oral	1	
carvedilol tablet 25 mg oral	1	PV
carvedilol tablet 3.125 mg oral	1	
carvedilol tablet 3.125 mg oral	1	PV
carvedilol tablet 6.25 mg oral	1	
carvedilol tablet 6.25 mg oral	1	PV
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral tablet	1	PV
COLESTID	3	PV; BP
COLESTID FLAVORED	3	PV; BP
colestipol hcl	1	PV
COREG	3	PV; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR	3	
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSER	3	PV; BP
DIBENZYLIN CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
DYRENIUM	3	PV; BP
EDECRIN	3	PV; BP
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
eplerenone tablet 25 mg oral	1	
eplerenone tablet 25 mg oral	1	PV
eplerenone tablet 50 mg oral	1	
eplerenone tablet 50 mg oral	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV

Drug Name	Drug Tier	Limits/ Required
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV
flecainide acetate	1	
fluvastatin sodium	1	ACA; PV; QL
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl oral	1	PV
HEMANGEOL	2	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INSPRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
isosorb dinitrate-hydralazine	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LIPITOR	3	PV; BP; QL
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LOPID	3	PV; BP
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	ACA; PV; QL

Drug Name	Drug Tier	Limits/ Required
LOVAZA	3	PV; BP
MAXZIDE	3	PV; BP
MAXZIDE-25	3	PV; BP
metolazone	1	PV
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	1	PV
metoprolol succinate er tablet extended release 24 hour 25 mg oral	1	
metoprolol succinate er tablet extended release 24 hour 25 mg oral	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
midodrine hcl	1	
MINIPRESS	3	PV; BP
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
niacor	1	PV
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	1	PV
NITRO-BID	2	PV
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORVASC	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV

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

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

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Drug Name	Drug Tier	Limits/ Required
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
RYTHMOL SR	3	BP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
taztia xt	1	PV
TEKTURNA	3	PV; BP
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	PV
telmisartan	1	PV
telmisartan-amlodipine	1	PV
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadyt er	1	PV
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
torseamide tablet 10 mg oral	1	
torseamide tablet 10 mg oral	1	PV
torseamide tablet 100 mg oral	1	
torseamide tablet 100 mg oral	1	PV
torseamide tablet 20 mg oral	1	
torseamide tablet 20 mg oral	1	PV
torseamide tablet 5 mg oral	1	
torseamide tablet 5 mg oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP

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

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Drug Name	Drug Tier	Limits/ Required
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	2	PA; SP; QL
VYNDAQEL	2	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	3	BP
ADDERALL XR	3	BP
ADZENYS XR-ODT	3	
amphetamine sulfate	1	

Drug Name	Drug Tier	Limits/ Required
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	BP
DESOXYN	3	BP
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	BP
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	

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

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Drug Name	Drug Tier	Limits/ Required
METHYLIN ORAL SOLUTION	3	BP
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
STRATTERA	3	BP; QL
VYVANSE	3	BP
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	

Drug Name	Drug Tier	Limits/ Required
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	3	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	3	PA; SP; BP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
dimethyl fumarate starter pack	1	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	2	PA; SP; QL
fingolimod hcl	1	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required
GILENYA CAPSULE 0.5 MG ORAL	3	PA; SP; BP; QL
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP
KESIMPTA	2	PA; SP; QL
MAVENCLAD	2	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	2	PA; SP; QL
MAYZENT STARTER PACK	2	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	2	PA; SP; QL
PLEGRIDY	2	PA; SP; QL
PLEGRIDY STARTER PACK	2	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
TASCENSO ODT	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
TECFIDERA	3	PA; SP; BP; QL
teriflunomide	1	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
caffeine citrate oral	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
IMCIVREE	3	PA; SP; QL
LYRICA	3	BP; QL
NUEDEXTA	3	QL
pregabalin oral	1	QL
RADICAVA ORS	2	PA; SP; QL
RADICAVA ORS STARTER KIT	2	PA; SP; QL
RELYVRIO	2	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL

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

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

Drug Name	Drug Tier	Limits/ Required
JUST RIGHT 5000	3	
kourzeq	1	
lidocaine viscous hcl solution 2 % mouth/throat	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	1	

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

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Drug Name	Drug Tier	Limits/ Required
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ACANYA	3	BP
acutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	

Drug Name	Drug Tier	Limits/ Required
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external lotion	1	
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnestem	1	
ATRALIN	3	AL; BP
AVITA EXTERNAL CREAM	3	AL
azelaic acid external	1	
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	BP

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

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

Drug Name	Drug Tier	Limits/ Required
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	BP
dapsone external gel 5 %	1	
DERMA-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/FS SCALP	3	BP
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIPROLENE EXTERNAL OINTMENT	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
doxepin hcl external	1	
DRYSOL	2	
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	2	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
ery	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	BP
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	

Drug Name	Drug Tier	Limits/ Required
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	

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

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Drug Name	Drug Tier	Limits/ Required
hydrocortisone external ointment 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
lactic acid e	1	
lactic acid external lotion	1	
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	

Drug Name	Drug Tier	Limits/ Required
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
SANTYL	3	
selenium sulfide external lotion	1	
SOOLANTRA	3	BP
sulfacetamide sodium (acne)	1	
SYNALAR	3	BP
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tretinoin external	1	AL
triamcinolone acetonide external cream	1	

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

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Drug Name	Drug Tier	Limits/ Required
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
TRIDESILON	3	BP
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZIANA	3	BP
ZONALON	3	BP
ZORYVE	3	ST; QL
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
ACTOS	3	PV; BP; QL
BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
BYETTA 10 MCG PEN	2	PA; PV; QL
BYETTA 5 MCG PEN	2	PA; PV; QL
CYCLOSET	3	PV
DUETACT	3	PV; BP
FARXIGA TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
glimepiride tablet 1 mg oral	1	
glimepiride tablet 1 mg oral	1	PV
glimepiride tablet 2 mg oral	1	
glimepiride tablet 2 mg oral	1	PV
glimepiride tablet 4 mg oral	1	
glimepiride tablet 4 mg oral	1	PV
glipizide er	1	PV
glipizide ir	1	PV
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOTROL XL	3	PV; BP
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYNASE	3	PV; BP
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
JANUMET TABLET 50-500 MG ORAL	2	PV; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL
KOMBIGLYZE XR	3	PV; BP; QL
metformin hcl er	1	PV
metformin hcl oral solution	1	PV
metformin hcl oral tablet 500 mg, 625 mg	1	PV
metformin hcl tablet 1000 mg oral	1	
metformin hcl tablet 1000 mg oral	1	PV
metformin hcl tablet 850 mg oral	1	
metformin hcl tablet 850 mg oral	1	PV
miglitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
ONGLYZA	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SOLIQUA	2	PV; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	PA; PV; QL
VICTOZA	2	PA; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
<b>Diabetes - Glucose Monitoring</b>		
DEXCOM G6 RECEIVER	2	ST; QL

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

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Drug Name	Drug Tier	Limits/ Required
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
ONETOUCH ULTRA STRIP IN VITRO	2	QL
ONETOUCH ULTRA STRIP IN VITRO	2	PV; QL
ONETOUCH VERIO STRIP IN VITRO	2	QL
ONETOUCH VERIO STRIP IN VITRO	2	PV; QL
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	BP; QL

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

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV	NOVOLOG RELION INJECTION	2	PV
LEVEMIR U-100 VIAL	2	PV	NOVOLOG U-100 VIAL INJECTION	2	PV
NOVOLIN 70/30 FLEXPEN	2	PV	TOUJEO MAX SOLOSTAR	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV	TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV
NOVOLIN 70/30 RELION	2	PV	TRESIBA	2	PV
NOVOLIN 70/30 VIAL	2	PV	TRESIBA FLEXTOUCH	2	PV
NOVOLIN N FLEXPEN	2	PV	<b>Electrolytes / Minerals / Metals / Vitamins</b>		
NOVOLIN N FLEXPEN RELION	2	PV	adc/f (0.5mg/ml)	1	ACA; PV
NOVOLIN N RELION	2	PV	ALANINE	2	
NOVOLIN N VIAL	2	PV	CALCIFOL	2	
NOVOLIN R FLEXPEN	2	PV	CALCIUM CHLORIDE DIHYDRATE POWDER	2	
NOVOLIN R FLEXPEN RELION	2	PV	CALCIUM GLUCONATE	2	
NOVOLIN R RELION	2	PV	CALCIUM GLUCONATE ANHYDROUS	2	
NOVOLIN R VIAL	2	PV	CALCIUM GLUCONATE MONOHYDRATE	2	
NOVOLOG 70/30 FLEXPEN RELION	2	PV	CALCIUM LACTATE PENTAHYDRATE	2	
NOVOLOG FLEXPEN RELION	2	PV	CALCIUM PHOSPHATE DIBASIC	2	
NOVOLOG U-100 FLEXPEN	2	PV	CALCIUM PHOSPHATE TRIBASIC	2	
NOVOLOG MIX 70/30 FLEXPEN	2	PV	CARBAGLU ORAL TABLET SOLUBLE	3	SP; BP
NOVOLOG MIX 70/30 RELION	2	PV			
NOVOLOG MIX 70/30 VIAL	2	PV			
NOVOLOG U-100 PENFILL	2	PV			

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

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Drug Name	Drug Tier	Limits/ Required
carglumic acid oral tablet soluble	1	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	1	SP
deferasirox granules	1	SP
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	3	SP; BP
FERRIPROX ORAL SOLUTION	3	SP
folate	1	ACA; O
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	3	SP; BP
JADENU SPRINKLE	3	SP; BP

Drug Name	Drug Tier	Limits/ Required
JYNARQUE	3	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	

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

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Drug Name	Drug Tier	Limits/ Required
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	ACA; O; PV
METHIONINE	2	
NEOKE ALCAR	3	
NEONATAL PRENATAL	2	ACA; O; PV
ONE VITE WOMENS	2	ACA; O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV

Drug Name	Drug Tier	Limits/ Required
prenatal oral tablet 27-0.8 mg	1	ACA; O; PV
SAMSCA	3	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
sterile water for irrigation solution irrigation	1	
SYPRINE	3	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	1	SP
trientine hcl	1	SP
tri-vite/fluoride oral solution 0.5 mg/ml	1	ACA; PV
UROKIT-K 10	3	BP
UROKIT-K 15	3	BP
UROKIT-K 5	3	BP

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

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Drug Name	Drug Tier	Limits/ Required
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
wes-phos 250 neutral	1	
yl folic acid	1	ACA; O
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	3	PV; BP; QL
CARAFATE	3	PV; BP
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 40 mg	1	PV
famotidine tablet 20 mg oral (rx)	1	PV
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
misoprostol oral	1	PV
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
ZEGERID ORAL CAPSULE	3	PV; BP; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alose tron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
BISACODYL	2	
bisacodyl ec	1	ACA; O
bisacodyl oral	1	ACA; O
CHENODAL	2	PA; SP
citroma	1	ACA; O
clear lax oral powder	1	ACA; O
CLENPIQ	2	PV
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ENTEREG	3	BP
enulose	1	
ft clear lax	1	ACA; O
ft laxative	1	ACA; O
ft magnesium citrate	1	ACA; O
GASTROCROM	3	BP
GATTEX	2	PA; SP
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
gavilyte-g	1	ACA; PV
generlac	1	
gentle laxative oral	1	ACA; O
gentle lax oral powder	1	ACA; O
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy	1	
lactulose solution 10 gm/15ml oral	1	
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL

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

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Drug Name	Drug Tier	Limits/ Required
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	
na sulfate-k sulfate-mg sulf	1	PV
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	
peg 3350-kcl-na bicarb-nacl	1	ACA; PV
peg-3350/electrolytes	1	ACA; PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	ACA; O

Drug Name	Drug Tier	Limits/ Required
qc magnesium citrate	1	ACA; O
RESTORA RX	3	
ROBINUL ORAL	3	BP
ROBINUL-FORTE	3	BP
SUPREP BOWEL PREP KIT	3	PV; BP
SUTAB	3	PV
SYMPROIC	2	QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	BP
URSO FORTE	3	BP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
XERMELO	3	PA; SP; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
betaine	1	SP
BUPHENYL ORAL POWDER 3 GM/TSP	3	SP; BP
BUPHENYL ORAL TABLET	3	SP; BP
CERDELGA	2	PA; SP
CHOLBAM	2	PA; SP
CREON	2	
CYSTADANE	3	SP; BP
CYSTAGON	2	SP
EVRYSDI	2	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required
GALAFOLD	2	PA; SP; QL
JAVYGTOR	3	PA; SP; BP
KUVAN ORAL PACKET	3	PA; SP; BP
KUVAN ORAL TABLET	3	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	1	PA; SP
MYALEPT	2	PA; SP
nitisinone	1	SP
NITYR	2	SP
ORFADIN ORAL CAPSULE	3	SP; BP
ORFADIN ORAL SUSPENSION	2	SP
PALYNZIQ	2	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	
PHEBURANE	2	PA; SP
RAVICTI	2	PA; SP
sapropterin dihydrochloride oral packet	1	PA; SP
sapropterin dihydrochloride oral tablet	1	PA; SP

Drug Name	Drug Tier	Limits/ Required
sodium phenylbutyrate oral powder 3 gm/tsp	1	SP
sodium phenylbutyrate oral tablet	1	SP
STRENSIQ	2	PA; SP
SUCRAID	2	PA; SP
VIOKACE	3	
VOXZOGO	3	PA; SP; QL
XURIDEN	3	SP
ZAVESCA	3	PA; SP; BP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CUPRIMINE ORAL CAPSULE 250 MG	3	SP; BP

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

Drug Name	Drug Tier	Limits/ Required
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
THIOLA	3	SP; BP
THIOLA EC	2	SP
tiopronin oral	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	3	BP
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP

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Drug Name	Drug Tier	Limits/ Required
<b>Hormonal Agents - Adrenal</b>		
CORTEF	3	BP
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
PEDIAPRED	3	BP
prednisolone oral solution	1	
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	

Drug Name	Drug Tier	Limits/ Required
prednisone oral	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
FORTESTA	3	PA; BP
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution	1	PA

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Drug Name	Drug Tier	Limits/ Required
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	3	PA; SP
cabergoline	1	QL
CORTROPHIN	3	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	3	PA; SP; QL
HUMATROPE INJECTION CARTRIDGE	2	PA; SP
INCRELEX	2	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	2	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; SP

Drug Name	Drug Tier	Limits/ Required
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	SP
octreotide acetate subcutaneous	1	SP
ORLISSA	2	PA; QL
RECORLEV	3	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	SP; BP
SIGNIFOR	2	PA; SP
SYNAREL	2	
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	2	PA; SP
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVEVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV

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Drug Name	Drug Tier	Limits/ Required
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz	1	PV
amethia	1	ACA; PV
amethyst	1	ACA; PV
ANNOVERA	3	PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV
aurovela fe 1/20	1	ACA; PV
aviane	1	ACA; PV
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	PV; BP
balziva	1	ACA; PV
BEYAZ	3	PV; BP
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal eq	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
CLIMARA	3	PV; BP; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
curae	1	ACA; O; PV
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV
deblitane	1	ACA; PV
DELESTROGEN	3	PV; BP
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV
DIVIGEL	3	PV; BP
dolishale	1	ACA; PV
dotti	1	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
drosipren-eth estrad-levomefol	1	ACA; PV
drosiprenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
econtra one-step	1	ACA; O; PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
ENDOMETRIN	3	
enilloring	1	ACA; QL
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol tablet 0.5 mg oral	1	
estradiol tablet 0.5 mg oral	1	PV
estradiol tablet 1 mg oral	1	
estradiol tablet 1 mg oral	1	PV
estradiol tablet 2 mg oral	1	
estradiol tablet 2 mg oral	1	PV
estradiol transdermal gel	1	PV

Drug Name	Drug Tier	Limits/ Required
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol	1	ACA; PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	ACA; PV
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	1	PV
gemmily	1	ACA; PV
GENERESS FE	3	PV; BP
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV
	1	ACA; PV; QL
haloette	1	ACA; PV; QL
heather	1	ACA; PV
	1	ACA; O; PV
her style	1	ACA; O; PV
iclevia	1	ACA; PV

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

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Drug Name	Drug Tier	Limits/ Required
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV
isibloom	1	ACA; PV
jaimiess	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jinteli	1	PV
jolessa	1	ACA; PV
joyeaux	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV
kelnor 1/50	1	ACA; PV
kurvelo	1	ACA; PV
larin 1.5/30	1	ACA; PV
larin 1/20	1	ACA; PV
larin 24 fe	1	ACA; PV
larin fe 1.5/30	1	ACA; PV
larin fe 1/20	1	ACA; PV
layolis fe	1	ACA; PV
leena	1	ACA; PV
lessina	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
levonest	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV
levonorgest-eth estradiol-iron	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O; PV
levonorgestrel-ethinyl estrad	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
LO LOESTRIN FE	3	PV
LOESTRIN 1.5/30 (21)	3	PV; BP
LOESTRIN 1/20 (21)	3	PV; BP
LOESTRIN FE 1.5/30	3	PV; BP
LOESTRIN FE 1/20	3	PV; BP
lojaimiess	1	ACA; PV
loryna	1	ACA; PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
lutra	1	ACA; PV
lyleq	1	ACA; PV
lyllana	1	PV; QL
lyza	1	ACA; PV
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular suspension	1	ACA; PV
medroxyprogesterone acetate oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular	1	ACA
medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular	1	ACA; PV
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
megestrol acetate suspension 400 mg/10ml oral	1	
merzee	1	ACA; PV
mibelas 24 fe	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	1	ACA; PV
microgestin 24 fe	1	ACA; PV
microgestin fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV
MINASTRIN 24 FE	3	PV; BP
MINIVELLE	3	PV; BP; QL
mono-lynyah	1	ACA; PV
my choice	1	ACA; O; PV
my way	1	ACA; O; PV
MYFEMBREE	2	PA; PV; QL

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

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

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

Drug Name	Drug Tier	Limits/ Required
SLYND	3	PV
sprintec 28	1	ACA; PV
sronyx	1	ACA; PV
syeda	1	ACA; PV
take action	1	ACA; O; PV
tarina 24 fe	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV
taysofy	1	ACA; PV
TAYTULLA	3	PV; BP
tilia fe	1	ACA; PV
tri-estarylla	1	ACA; PV
tri-legest fe	1	ACA; PV
tri-linyah	1	ACA; PV
tri-lo-estarylla	1	ACA; PV
tri-lo-marzia	1	ACA; PV
tri-lo-mili	1	ACA; PV
tri-lo-sprintec	1	ACA; PV
tri-mili	1	ACA; PV
tri-nymyo	1	ACA; PV
tri-sprintec	1	ACA; PV
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
TWIRLA	3	PV; QL
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV

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

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Drug Name	Drug Tier	Limits/ Required
VIVELLE-DOT	3	PV; BP; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	PV; BP
YAZ	3	PV; BP
yuvafem	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	

Drug Name	Drug Tier	Limits/ Required
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	BP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL
ACTIMMUNE	2	PA; SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-FKJP	2	PA; SP; QL
ARAVA	3	BP; QL

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

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Drug Name	Drug Tier	Limits/ Required
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	2	PA; SP
ASTAGRAF XL	3	PV
AZASAN	3	PV; BP
azathioprine oral	1	PV
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	2	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
CELLCEPT	3	PV; BP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL
COSENTYX (300 MG DOSE)	3	PA; SP; QL
COSENTYX 150 MG/ML	3	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; SP; QL
COSENTYX UNOREADY	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
ENBREL MINI	3	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
ENSPRYNG	2	PA; SP; QL
ENVARSUS XR	3	PV
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; BP
gengraf oral capsule 100 mg, 25 mg	1	PV
gengraf oral solution	1	PV
HADLIMA	2	PA; SP; QL
HADLIMA PUSHTOUCH	2	PA; SP; QL
HAEGARDA	2	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	3	PA; SP; BP; QL	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; SP; BP; QL
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SP; BP; QL	icatibant acetate subcutaneous solution prefilled syringe	1	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	3	PA; SP; BP; QL	IMURAN	3	PV; BP
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA; SP; BP; QL	KEVZARA	3	PA; SP; QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; BP; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START	3	PA; SP; BP; QL	leflunomide oral	1	QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; BP; QL	LUPKYNIS	3	PA; SP; PV; QL
HUMIRA PEN-PSOR/UEVIT STARTER	3	PA; SP; BP; QL	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
			methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
			methotrexate sodium injection solution reconstituted	1	
			methotrexate sodium oral	1	
			mycophenolate mofetil oral capsule	1	PV
			mycophenolate mofetil oral suspension reconstituted	1	PV

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

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

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

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

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Drug Name	Drug Tier	Limits/ Required
TREMFYA	2	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
ZORTRESS	3	PV; BP
<b>Inflammatory Bowel Disease Agents</b>		
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	3	BP
COLAZAL	3	BP
CORTENEMA	3	BP
CORTIFOAM EXTERNAL	2	
DELZICOL	3	BP
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	

Drug Name	Drug Tier	Limits/ Required
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
UCERIS RECTAL	3	BP
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV; BP
calcitonin (salmon)	1	PV
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
risedronate sodium oral tablet delayed release	1	PV
TYMLOS	2	PA; SP; PV; QL
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ASPARTAME (FOR COMPOUNDING)	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	

Drug Name	Drug Tier	Limits/ Required
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	3	PA; SP; QL
BYLVAY (PELLETS)	3	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FLEXICHAMBER	2	

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

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Drug Name	Drug Tier	Limits/ Required
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
K-Y ME & YOU EXTRA LUBRICATED	3	ACA; O
K-Y ME & YOU INTENSE	3	ACA; O
LIVMARLI	3	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	

Drug Name	Drug Tier	Limits/ Required
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	3	PA; SP; QL
PALFORZIA	3	SP; AL
PHEXXI	3	
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	3	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
VISTOGARD	2	SP
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	2	PA; SP

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

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

Drug Name	Drug Tier	Limits/ Required
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
MAXIDEX	2	
MAXITROL OPHTHALMIC OINTMENT	3	BP
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	

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

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Drug Name	Drug Tier	Limits/ Required
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBEX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
ZIRGAN	3	
ZYMAXID	3	BP
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	

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

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

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Drug Name	Drug Tier	Limits/ Required
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol maleate (once-daily)	1	
timolol maleate oculosol	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	BP
travoprost (bak free)	1	
VUITY	3	
XALATAN	3	BP
XELPROS	2	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	

Drug Name	Drug Tier	Limits/ Required
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	2	SP
CYSTARAN	2	SP
ISOPTO ATROPINE	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	3	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	BP
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	

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Drug Name	Drug Tier	Limits/ Required
XIIDRA	3	QL
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin ac	1	AL; QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr oral tablet	1	AL; QL
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	

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Drug Name	Drug Tier	Limits/ Required
promethazine vc	1	
promethazine vc/codeine	1	AL; QL
promethazine-codeine	1	AL; QL
promethazine-dm oral syrup	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
PULMOSAL	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ACCOLATE	3	PV; BP
acetylcysteine inhalation	1	
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV
albuterol sulfate oral	1	PV
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
arformoterol tartrate	1	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	breyana	1	PV; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	BROVANA	3	PV; BP; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	budesonide inhalation	1	PV; QL
ASMANEX HFA	2	PV; QL	budesonide-formoterol fumarate	1	PV; QL
ATROVENT HFA	2	PV; QL	COMBIVENT RESPIMAT	2	PV; QL
BEVESPI AEROSPHERE	3	PV; QL	cromolyn sodium inhalation	1	PV
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	DALIRESP	3	PV; BP
			elixophyllin	1	PV
			epinephrine injection solution auto-injector	1	QL
			EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			ESBRIET	3	PA; SP; BP; QL
			FASENRA PEN	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	PV; QL
FLOVENT HFA	2	PV; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
formoterol fumarate inhalation	1	PV; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
ipratropium bromide inhalation	1	PV
ipratropium-albuterol	1	PV
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV

Drug Name	Drug Tier	Limits/ Required
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
montelukast sodium oral	1	PV
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QL
OFEV	2	PA; SP; QL
PERFOROMIST	3	PV; BP; QL
pirfenidone	1	PA; SP; QL
PROAIR RESPICLICK	3	PV; QL
PROVENTIL HFA	3	PV; BP; QL
PULMICORT FLEXHALER	2	PV; QL
PULMICORT SUSPENSION	3	PV; BP; QL
QVAR REDHALER	2	PV; QL
roflumilast	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
SINGULAIR	3	PV; BP
SPIRIVA HANDHALER	3	PV; BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
STRIVERDI RESPIMAT	3	PV; QL	VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL	wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL	XOPENEX HFA	3	PV; QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL	YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
terbutaline sulfate oral	1	PV	zafirlukast	1	PV
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL	<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
THEO-24	3	PV	BETHKIS	3	SP; BP; QL
theophylline elixir 80 mg/15ml oral	1	PV	BRONCHITOL	2	QL
theophylline er	1	PV	CAYSTON	2	SP
theophylline oral solution	1	PV			
tiotropium bromide monohydrate	1	PV; QL			

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Drug Name	Drug Tier	Limits/ Required
KALYDECO	2	PA; SP; QL
KITABIS PAK	2	SP; QL
ORKAMBI	2	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	SP
SYMDEKO	2	PA; SP; QL
TOBI NEBULIZER	3	SP; BP; QL
TOBI PODHALER	2	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	1	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	2	SP; QL
TRIKAFTA	2	PA; SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	3	PA; SP; BP; QL
ADEMPAS	2	PA; SP; QL
alyq	1	PA; SP; QL
ambrisentan	1	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
bosentan	1	PA; SP; QL
LETAIRIS	3	PA; SP; BP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	2	PA; SP
ORENITRAM MONTH 1	2	PA; SP
ORENITRAM MONTH 2	2	PA; SP
ORENITRAM MONTH 3	2	PA; SP
REVATIO ORAL	3	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
tadalafil (pah)	1	PA; SP; QL
TADLIQ	3	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; BP; QL
TRACLEER 32 MG	2	PA; SP; QL
TYVASO	2	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP; QL
TYVASO DPI TITRATION KIT	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
TYVASO REFILL	2	PA; SP
TYVASO STARTER	2	PA; SP
UPTRAVI ORAL	2	PA; SP; QL
VENTAVIS	2	PA; SP; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	3	BP
tizanidine hcl oral	1	
VANADOM	3	BP
ZANAFLEX	3	BP
<b>Sleep Disorder Agents</b>		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL

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

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
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Telephone number: (877) 473-0911 (TTY: 711)

Fax: (605) 312-9886

Email: [shpcompliance@sanfordhealth.org](mailto:shpcompliance@sanfordhealth.org)

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U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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# Help in Other Languages

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## Arabic -

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**Karen** - ၵာ်သုၣ်တၢ်သး- နမ့ၢ်ကတိၤ ကညိ ကျိၣ်အသိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤတၢ်လၢ တလၢၣ်ဘျၣ်လၢၣ်စ့ၤ နိတမံၤဘျၣ်သ့န့ၢ်လီၤ. ကိ: (800) 752-5863 (TTY: 711).

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

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

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

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

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

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

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

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