

ACA Compliant Individual/Small Group 6 Tier Formulary

Optum Rx[®]



**For the most current list of covered medications or if you have questions:
Call Pharmacy Management Team at (855) 305-5062**

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

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

SANFORD[®]
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

| Drug Tier | Includes | Helpful Tips |
|----------------|--|---|
| Tier 1 | \$ Lower-cost generic medications | Use Tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2 | \$\$ Mid-range cost preferred brand-name | Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs. |
| Tier 3 | \$\$\$ Higher-cost non-preferred | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |
| Tier 4 | \$ Generic/Preferred biosimilar specialty medications | Generic and biosimilar specialty medications typically require additional information from you or your provider to determine coverage. Lower cost options may be available. |
| Tier 5 | \$\$\$\$ Mid-range cost preferred brand-name specialty medication | Use tier 5 drugs, instead of tier 6, to help reduce your out-of-pocket costs. |
| Tier 6 | \$\$\$\$\$ Highest-cost specialty medications | Many tier 6 drugs have lower cost options in Tier 4 or 5. |
| Tier 14 | Medical Benefit medications | These are medications dispensed at the pharmacy that are subject to your medical deductible, coinsurance and maximum out-of-pocket. |

Reading your formulary

Drug list information

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

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

ACA Compliant Individual/Small Group Formulary

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

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | |
| butalbital-asa-caff-codeine | 1 | |
| butalbital-aspirin-caffeine oral capsule | 1 | |
| butorphanol tartrate nasal | 1 | QL |
| BUTRANS | 3 | BP; QL |
| codeine sulfate oral tablet | 1 | QL |
| CONZIP | 3 | FE |
| DILAUDID ORAL | 3 | BP; QL |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| ESGIC ORAL CAPSULE | 3 | FE; BP |
| ESGIC ORAL TABLET | 3 | BP |
| fentanyl | 1 | QL |
| fentanyl citrate buccal lozenge on a handle | 1 | |
| FENTANYL CITRATE BUCCAL TABLET | 3 | |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | |
| FIORICET ORAL CAPSULE | 3 | BP |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | 3 | BP |
| hydrocodone bitartrate er oral capsule extended release 12 hour | 1 | QL |

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

Coverage effective 1/1/2024

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

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

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| oxycodone hcl oral tablet | 1 | QL |
| oxycodone hcl solution 5 mg/5ml oral | 1 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML | 3 | FE; QL |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG | 3 | FE; QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 2 | QL |
| oxymorphone hcl | 1 | QL |
| oxymorphone hcl er | 1 | QL |
| pentazocine-naloxone hcl | 1 | QL |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 3 | BP; QL |
| PROLATE | 3 | FE; QL |
| QDOLO | 3 | FE; QL |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | BP; QL |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG | 3 | QL |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG | 3 | FE; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SEGLENTIS | 3 | FE |
| SUBSYS SUBLINGUAL LIQUID 800 MCG | 3 | |
| TENCON ORAL TABLET 50-325 MG | 3 | FE |
| TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | 3 | FE |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 1 | |
| tramadol hcl er | 1 | |
| TRAMADOL HCL ORAL SOLUTION | 3 | FE; QL |
| tramadol hcl oral tablet | 1 | QL |
| tramadol-acetaminophen | 1 | QL |
| XTAMPZA ER | 3 | FE; QL |
| ZEBUTAL ORAL CAPSULE 50-325-40 MG | 3 | FE; BP |
| Analgesics - Drugs for Pain and Inflammation | | |
| ANAPROX DS | 3 | BP |
| ARTHROTEC ORAL TABLET DELAYED RELEASE | 3 | BP |
| aspirin 81 oral tablet delayed release | 1 | O |
| aspirin adult low dose | 1 | O |
| aspirin adult low strength oral tablet delayed release | 1 | O |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| aspirin childrens | 1 | O |
| aspirin ec low dose | 1 | O |
| aspirin ec low strength | 1 | O |
| aspirin low dose oral tablet delayed release | 1 | O |
| aspirin low dose tablet chewable 81 mg oral | 1 | O |
| aspirin oral tablet 325 mg | 1 | O |
| aspirin oral tablet chewable | 1 | O |
| aspirin oral tablet delayed release 325 mg, 81 mg | 1 | O |
| aspirin regimen | 1 | O |
| CELEBREX | 3 | BP |
| celecoxib oral | 1 | |
| DAYPRO | 3 | BP |
| DICLOFENAC PATCH EXTERNAL | 3 | FE; QL |
| diclofenac potassium oral capsule | 1 | FE |
| diclofenac potassium oral tablet 25 mg | 1 | FE |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 1 | |
| diclofenac sodium external solution 1.5 % | 1 | |
| diclofenac sodium external solution 2 % | 1 | QL |
| diclofenac sodium gel 1 % external (rx) | 1 | QL |
| diclofenac sodium oral | 1 | |
| diclofenac-misoprostol oral tablet delayed release | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| diflunisal oral | 1 | |
| DUEXIS | 3 | FE; BP |
| EC-NAPROSYN | 3 | BP |
| ec-naproxen | 1 | |
| ELYXYB | 3 | FE |
| etodolac er | 1 | |
| etodolac oral | 1 | |
| FELDENE | 3 | BP |
| fenopufen calcium oral | 1 | FE |
| FLECTOR EXTERNAL | 3 | FE; QL |
| flurbiprofen oral | 1 | |
| genuine aspirin | 1 | O |
| goodsense aspirin adults | 1 | O |
| goodsense aspirin low dose | 1 | O |
| ibuprofen oral suspension 100 mg/5ml | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| ibuprofen-famotidine | 1 | FE |
| INDOCIN ORAL | 3 | FE |
| INDOCIN RECTAL | 3 | FE; BP |
| indomethacin er | 1 | |
| indomethacin oral capsule 25 mg, 50 mg | 1 | |
| indomethacin rectal suppository 50 mg | 1 | |
| ketoprofen er | 1 | FE |
| ketoprofen oral capsule 25 mg, 50 mg | 1 | |
| ketorolac tromethamine injection solution 15 mg/ml | 1 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|--|-----------|------------------|
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 | | naproxen dr oral tablet delayed release 500 mg | 1 | |
| ketorolac tromethamine oral | 1 | QL | naproxen oral suspension | 1 | FE |
| ketorolac tromethamine solution 30 mg/ml injection | 1 | | naproxen oral tablet | 1 | |
| LICART PATCH 24 HOUR 1.3 % EXTERNAL | 3 | FE | naproxen oral tablet delayed release | 1 | |
| LODINE | 3 | BP | naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg | 1 | FE |
| LOFENA | 3 | FE; BP | naproxen sodium er oral tablet extended release 24 hour 750 mg | 1 | |
| meclofenamate sodium oral | 1 | FE | naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| mefenamic acid oral | 1 | | naproxen-esomeprazole mg | 1 | FE |
| meloxicam oral capsule | 1 | FE | oxaprozin | 1 | |
| meloxicam oral tablet | 1 | | PENNSAID SOLUTION 2 % EXTERNAL | 3 | FE; BP; QL |
| mm aspirin oral tablet delayed release | 1 | O | piroxicam oral | 1 | |
| nabumetone oral | 1 | | RELAFEN DS TABLET 1000 MG ORAL | 3 | FE |
| NALFON ORAL CAPSULE 400 MG | 3 | FE; BP | SPRIX | 3 | FE |
| NALFON ORAL TABLET | 3 | FE; BP | sulindac oral | 1 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG | 3 | FE; BP | tolmetin sodium oral capsule | 1 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 3 | BP | tolmetin sodium oral tablet 600 mg | 1 | |
| NAPROSYN ORAL SUSPENSION | 3 | FE; BP | VIMOVO | 3 | FE; BP |
| NAPROSYN ORAL TABLET 500 MG | 3 | BP | ZIPSOR | 3 | FE; BP |
| | | | ZORVOLEX | 3 | FE |
| | | | Anesthetics | | |
| | | | ethyl chloride | 1 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| PLIAGLIS EXTERNAL CREAM | 3 | FE |
| SYNERA | 3 | FE |
| ZTLIDO | 3 | FE |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| acamprosate calcium | 1 | |
| APO-VARENICLINE | 2 | PV; QL |
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl | 1 | QL |
| bupropion hcl er (smoking det) | 1 | PV; QL |
| disulfiram oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| goodsense nicotine mouth/throat lozenge 4 mg | 1 | O; PV; QL |
| habitrol | 1 | O; PV; QL |
| KLOXXADO | 3 | FE; QL |
| LUCEMYRA | 3 | QL |
| naloxone hcl liquid 4 mg/0.1ml nasal (rx) | 1 | QL |
| naltrexone hcl oral | 1 | |
| NARCAN LIQUID 4 MG/0.1ML NASAL (RX) | 2 | QL |
| nicotine mini | 1 | O; PV; QL |
| nicotine polacrilex gum 2 mg mouth/throat | 1 | O; QL |
| nicotine polacrilex gum 2 mg mouth/throat | 1 | O; PV; QL |
| nicotine polacrilex gum 4 mg mouth/throat | 1 | O; QL |
| nicotine polacrilex gum 4 mg mouth/throat | 1 | O; PV; QL |
| nicotine polacrilex mini | 1 | O; PV; QL |
| nicotine polacrilex mouth/throat lozenge | 1 | O; PV; QL |
| nicotine step 1 | 1 | O; PV; QL |
| nicotine step 2 | 1 | O; PV; QL |
| nicotine step 3 | 1 | O; PV; QL |
| nicotine transdermal kit | 1 | O; PV; QL |
| nicotine transdermal patch 24 hour 21 mg/24hr | 1 | O; PV; QL |
| NICOTROL | 2 | PV; QL |
| NICOTROL NS | 2 | PV; QL |
| SUBOXONE SUBLINGUAL FILM | 3 | BP; QL |
| varenicline tartrate (starter) | 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.

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| varenicline tartrate oral tablet | 1 | PV; QL |
| ZIMHI | 3 | FE |
| ZUBSOLV | 3 | QL |
| Antibacterials | | |
| AEMCOLO | 3 | FE; QL |
| ALTABAX | 3 | FE |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 | |
| amoxicillin-potassium clavulanate er | 1 | |
| amoxicillin-potassium clavulanate oral | 1 | |
| ampicillin oral capsule 500 mg | 1 | |
| ARIKAYCE | 6 | SP; FE |
| AUGMENTIN ES-600 | 3 | BP |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 3 | |
| AUGMENTIN ORAL TABLET 500-125 MG | 3 | BP |
| avidoxy | 1 | |
| azithromycin oral packet | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 | |
| cefprozime proxetil | 1 | |
| cefprozil | 1 | |
| cefuroxime axetil oral tablet | 1 | |
| cephalexin oral capsule 250 mg, 500 mg | 1 | |
| cephalexin oral capsule 750 mg | 1 | FE |
| cephalexin oral suspension reconstituted | 1 | |
| cephalexin oral tablet | 1 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | BP |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin er | 1 | |
| clarithromycin oral | 1 | |
| CLEOCIN ORAL | 3 | BP |
| CLEOCIN VAGINAL CREAM | 3 | BP |
| CLEOCIN VAGINAL SUPPOSITORY | 3 | |

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

Coverage effective 1/1/2024

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

| 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 |
| FLAGYL ORAL CAPSULE | 3 | FE; 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 |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| mafenide acetate external | 1 | |
| methenamine hippurate | 1 | |
| metronidazole oral capsule | 1 | FE |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | FE |
| minocycline hcl er oral tablet extended release 24 hour | 1 | FE |
| minocycline hcl oral capsule | 1 | |
| minocycline hcl oral tablet | 1 | FE |
| MINOLIRA | 3 | FE |
| mondoxylene nl oral capsule 100 mg | 1 | |
| MONUROL | 3 | BP |
| moxifloxacin hcl oral | 1 | |
| mupirocin calcium | 1 | FE |
| mupirocin external | 1 | |
| neomycin sulfate oral | 1 | |
| nitrofurantoin macrocrystal oral | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| nitrofurantoin oral suspension 25 mg/5ml | 1 | FE |
| NUVESSA | 3 | FE |
| NUZYRA ORAL TABLET 150 MG | 3 | FE; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ofloxacin oral tablet 300 mg, 400 mg | 1 | |
| penicillin v potassium | 1 | |
| SEYSARA | 3 | FE |
| SILVADENE | 3 | BP |
| silver sulfadiazine external | 1 | |
| SIVEXTRO ORAL | 3 | PA; FE |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 3 | FE; BP |
| SOLOSEC | 3 | FE; QL |
| ssd | 1 | |
| sulfadiazine oral | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral | 1 | |
| SULFAMYLON EXTERNAL CREAM | 3 | FE |
| SULFAMYLON EXTERNAL PACKET | 3 | BP |
| sulfatrim pediatric | 1 | |
| SUPRAX ORAL CAPSULE | 3 | BP |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | 3 | BP |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | 3 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| SUPRAX ORAL TABLET CHEWABLE | 3 | |
| TARGADOX | 3 | FE; BP |
| tetracycline hcl oral | 1 | |
| tinidazole oral | 1 | |
| trimethoprim oral | 1 | |
| VANCOCIN | 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 200 MG | 3 | FE; QL |
| XIFAXAN ORAL TABLET 550 MG | 2 | |
| XIMINO | 3 | FE |
| ZITHROMAX ORAL PACKET | 3 | BP |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 3 | BP |
| ZITHROMAX ORAL TABLET 500 MG | 3 | BP |
| ZITHROMAX TABLET 250 MG ORAL | 3 | BP |
| ZITHROMAX TRI-PAK | 3 | BP |
| ZITHROMAX Z-PAK | 3 | BP |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | 3 | PA; BP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZYVOX TABLET 600 MG ORAL | 3 | PA; BP |
| Anticoagulants | | |
| ARIXTRA | 3 | PV; BP |
| dabigatran etexilate mesylate | 1 | PV; FE |
| ELIQUIS | 2 | PV |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | PV |
| 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 |
| fondaparinux sodium | 1 | PV |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | 2 | PV |

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

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | 3 | BP |
| DIACOMIT | 5 | PA; SP |
| DIASTAT ACUDIAL | 3 | BP; QL |
| DIASTAT PEDIATRIC | 3 | BP; QL |
| diazepam rectal | 1 | QL |
| DILANTIN INFATABS | 3 | BP |
| DILANTIN ORAL CAPSULE 100 MG | 3 | BP |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| DILANTIN ORAL SUSPENSION | 3 | BP |
| divalproex sodium er oral tablet extended release 24 hour | 1 | |
| divalproex sodium oral capsule delayed release sprinkle | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| ELEPSIA XR | 3 | FE |
| EPIDIOLEX | 5 | PA; SP |
| epitol | 1 | |
| EPRONTIA | 2 | |
| ethosuximide oral | 1 | |
| felbamate | 1 | |
| FELBATOL | 3 | BP |
| FINTEPLA | 6 | 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.

Coverage effective 1/1/2024

| 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 | |
| levetiracetam oral tablet | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------------|-----------|------------------|
| 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 | 6 | SP; BP |
| SPRITAM | 3 | FE |
| 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 | |
| SYMPAZAN | 3 | FE |
| TEGRETOL ORAL SUSPENSION | 3 | BP |
| TEGRETOL ORAL TABLET | 3 | BP |
| TEGRETOL-XR | 3 | BP |
| tiagabine hcl | 1 | |
| TOPAMAX | 3 | BP |
| TOPAMAX SPRINKLE | 3 | BP |
| topiramate er | 1 | |
| topiramate oral | 1 | |
| TRILEPTAL | 3 | BP |
| TROKENDI XR | 3 | BP |
| valproic acid oral capsule | 1 | |
| valproic acid solution 250 mg/5ml oral | 1 | |
| VALTOCO | 2 | AL; QL |
| vigabatrin | 4 | SP |
| vigadrone | 4 | SP |
| 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 |
| ZONISADE | 3 | FE |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| zonisamide oral | 1 | |
| ZTALMY | 5 | PA; SP; QL |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| ADLARITY | 3 | FE; QL |
| ARICEPT | 3 | BP |
| donepezil hcl | 1 | |
| EXELON TRANSDERMAL | 3 | BP |
| galantamine hydrobromide | 1 | |
| galantamine hydrobromide er | 1 | |
| memantine hcl er | 1 | |
| memantine hcl oral solution 2 mg/ml | 1 | |
| memantine hcl oral tablet | 1 | |
| NAMENDA ORAL TABLET | 3 | BP |
| NAMENDA TITRATION PAK | 3 | BP |
| NAMENDA XR | 3 | BP |
| NAMZARIC | 3 | |
| rivastigmine | 1 | |
| rivastigmine tartrate | 1 | |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| amoxapine | 1 | |
| ANAFRANIL | 3 | BP |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL | 3 | PV; FE |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL | 3 | PV; FE |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL | 3 | PV; FE |
| AUVELITY | 3 | FE; QL |
| bupropion hcl er (sr) | 1 | PV |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | PV |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG | 3 | PV; FE |
| bupropion hcl oral | 1 | PV |
| CELEXA ORAL TABLET | 3 | PV; BP; QL |
| chlordiazepoxide-amitriptyline | 1 | |
| CITALOPRAM HYDROBROMIDE ORAL CAPSULE | 3 | PV; FE; QL |
| citalopram hydrobromide oral solution | 1 | PV; QL |
| citalopram hydrobromide oral tablet | 1 | PV; QL |
| clomipramine hcl oral | 1 | |
| CYMBALTA | 3 | PV; BP |
| desipramine hcl oral | 1 | |
| DESVENLAFAXINE ER | 3 | ST; PV; FE |
| desvenlafaxine succinate er | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| doxepin hcl oral capsule | 1 | |
| doxepin hcl oral concentrate | 1 | |
| duloxetine hcl oral | 1 | PV |
| EFFEXOR XR | 3 | PV; BP |
| EMSAM | 3 | FE |
| escitalopram oxalate oral tablet | 1 | PV |
| escitalopram oxalate solution 5 mg/5ml oral | 1 | |
| escitalopram oxalate solution 5 mg/5ml oral | 1 | PV |
| FETZIMA | 3 | ST; PV; FE |
| FETZIMA TITRATION | 3 | ST; PV; FE |
| fluoxetine hcl (pmdd) oral tablet | 1 | FE |
| fluoxetine hcl oral capsule | 1 | PV |
| fluoxetine hcl oral capsule delayed release | 1 | PV |
| fluoxetine hcl oral solution | 1 | PV |
| fluoxetine hcl oral tablet 10 mg | 1 | PV; QL |
| fluoxetine hcl oral tablet 20 mg, 60 mg | 1 | PV; FE |
| fluvoxamine maleate | 1 | PV |
| fluvoxamine maleate er | 1 | PV |
| FORFIVO XL | 3 | PV; FE |
| imipramine hcl oral | 1 | |
| imipramine pamoate | 1 | |
| LEXAPRO ORAL TABLET | 3 | PV; BP |

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 |
|------------------------------------|-----------|------------------|
| LYBALVI | 3 | ST; FE; QL |
| MARPLAN | 3 | |
| mirtazapine oral | 1 | PV |
| NARDIL | 3 | BP |
| nefazodone hcl | 1 | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | BP |
| nortriptyline hcl oral | 1 | |
| olanzapine-fluoxetine hcl | 1 | PV |
| PAMELOR ORAL CAPSULE | 3 | BP |
| PARNATE | 3 | BP |
| paroxetine hcl er | 1 | PV; QL |
| paroxetine hcl oral suspension | 1 | PV; FE; QL |
| paroxetine hcl oral tablet | 1 | PV; QL |
| paroxetine mesylate | 1 | FE; QL |
| PAXIL CR | 3 | PV; BP; QL |
| PAXIL ORAL SUSPENSION | 3 | PV; FE; BP; QL |
| PAXIL ORAL TABLET | 3 | PV; BP; QL |
| perphenazine-amitriptyline | 1 | |
| phenelzine sulfate oral | 1 | |
| PRISTIQ | 3 | PV; BP |
| protriptyline hcl | 1 | |
| PROZAC ORAL CAPSULE | 3 | PV; BP |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | PV; BP |
| REMERON SOLTAB | 3 | PV; BP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SERTRALINE HCL ORAL CAPSULE | 3 | PV; FE |
| sertraline hcl oral concentrate | 1 | PV |
| sertraline hcl oral tablet | 1 | PV |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | PV; BP |
| tranlycypromine sulfate | 1 | |
| trazodone hcl oral | 1 | |
| trimipramine maleate oral | 1 | |
| TRINTELLIX ORAL TABLET 10 MG | 2 | ST; QL |
| TRINTELLIX TABLET 20 MG ORAL | 2 | ST; QL |
| TRINTELLIX TABLET 5 MG ORAL | 2 | ST; QL |
| VENLAFAXINE BESYLATE ER | 3 | PV; FE |
| venlafaxine hcl | 1 | PV |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | PV |
| venlafaxine hcl er oral tablet extended release 24 hour | 1 | PV; FE |
| 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 |

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

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| metoclopramide hcl solution 10 mg/10ml oral | 1 | |
| ondansetron hcl oral tablet 24 mg | 1 | FE |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron hcl solution 4 mg/5ml oral | 1 | |
| ondansetron odt | 1 | |
| perphenazine oral | 1 | PV |
| prochlorperazine maleate 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 |
| SANCUSO | 3 | FE; QL |
| scopolamine | 1 | |
| SYNDROS | 3 | FE |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | 3 | BP |
| trimethobenzamide hcl oral | 1 | |
| VARUBI (180 MG DOSE) | 3 | FE; QL |
| Antifungals | | |
| ANCOBON | 3 | BP |
| BREXAFEMME | 3 | FE; QL |
| ciclodan external solution | 1 | |

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 |
|---|-----------|------------------|
| ciclopirox external | 1 | |
| CICLOPIROX OLAMINE | 2 | |
| ciclopirox olamine external | 1 | |
| clotrimazole cream 1 % external (rx) | 1 | |
| CLOTRIMAZOLE POWDER | 2 | |
| clotrimazole solution 1 % external (rx) | 1 | |
| clotrimazole troche 10 mg mouth/throat | 1 | |
| clotrimazole- betamethasone | 1 | |
| CRESEMBA ORAL 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 | |
| ECOZA | 3 | FE |
| ERTACZO | 3 | FE |
| EXELDERM | 3 | FE |
| fluconazole oral | 1 | |
| flucytosine oral | 1 | |
| griseofulvin microsize oral | 1 | |
| griseofulvin ultramicrosize | 1 | |
| GYNAZOLE-1 | 3 | |
| itraconazole oral capsule | 1 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|-------------------------------------|-----------|------------------|
| itraconazole solution 10 mg/ml oral | 1 | QL |
| JUBLIA | 3 | FE |
| KERYDIN | 3 | FE; BP |
| ketoconazole external cream | 1 | |
| ketoconazole external foam | 1 | |
| ketoconazole external shampoo 2 % | 1 | |
| ketoconazole oral | 1 | |
| ketodan external foam | 1 | |
| LOPROX EXTERNAL SUSPENSION | 3 | BP |
| LULICONAZOLE | 3 | FE |
| LUZU | 3 | FE |
| miconazole 3 vaginal suppository | 1 | |
| MICONAZOLE-ZINC OXIDE-PETROLAT | 3 | FE |
| naftifine hcl external cream | 1 | FE |
| naftifine hcl external gel 2 % | 1 | |
| NAFTIN EXTERNAL GEL 1 % | 3 | FE |
| NAFTIN EXTERNAL GEL 2 % | 3 | FE; BP |
| NOXAFIL ORAL PACKET | 3 | |
| NOXAFIL ORAL SUSPENSION | 3 | BP |
| NOXAFIL ORAL TABLET DELAYED RELEASE | 3 | BP |
| nyamyc | 1 | |
| nystatin external | 1 | |

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 |
|---|-----------|------------------|
| nystatin oral tablet | 1 | |
| nystatin suspension 100000 unit/ml mouth/throat | 1 | |
| nystatin-triamcinolone | 1 | |
| nystop | 1 | |
| ORAVIG | 3 | FE |
| oxiconazole nitrate | 1 | |
| OXISTAT EXTERNAL CREAM | 3 | BP |
| OXISTAT EXTERNAL LOTION | 3 | FE |
| posaconazole oral | 1 | |
| SPORANOX | 3 | BP; QL |
| SULCONAZOLE NITRATE | 3 | FE |
| tavaborole | 1 | FE |
| terbinafine hcl oral | 1 | |
| terconazole | 1 | QL |
| TOLNAFTATE | 2 | |
| TOLSURA | 3 | FE |
| VFEND | 3 | BP |
| VIVJOA | 3 | ST; QL |
| voriconazole oral | 1 | |
| VUSION | 3 | FE |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| ALLOPURINOL ORAL TABLET 200 MG | 3 | FE |
| COLCHICINE ORAL CAPSULE | 3 | ST |
| colchicine oral tablet | 1 | |
| colchicine-probenecid | 1 | |
| COLCRYS | 3 | BP |
| febuxostat | 1 | ST |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| MITIGARE | 3 | ST |
| probenecid oral | 1 | |
| ULORIC | 3 | ST; BP |
| ZYLOPRIM | 3 | BP |
| Antimigraine Agents | | |
| AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS | 2 | ST; QL |
| AIMOVIG | 2 | ST; QL |
| AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS | 3 | ST; FE; QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | ST; FE; QL |
| almotriptan malate | 1 | FE; QL |
| CAMBIA | 3 | FE; BP |
| diclofenac potassium(migraine) | 1 | |
| dihydroergotamine mesylate injection | 1 | QL |
| dihydroergotamine mesylate nasal | 1 | QL |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 2 | ST; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; QL |

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

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| sumatriptan succinate oral | 1 | QL |
| sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge | 1 | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 | QL |
| sumatriptan-naproxen sodium | 1 | FE |
| TOSYMRA | 3 | FE; QL |
| TREXIMET ORAL TABLET 85-500 MG | 3 | FE; BP |
| TRUDHESA | 3 | FE; QL |
| UBRELVY TABLET 100 MG ORAL | 2 | PA; QL |
| UBRELVY TABLET 50 MG ORAL | 2 | PA; QL |
| ZEMBRACE SYMTOUCH | 3 | FE; QL |
| zolmitriptan nasal solution 5 mg | 1 | FE; QL |
| zolmitriptan oral | 1 | QL |
| ZOMIG NASAL SOLUTION 2.5 MG | 3 | FE; QL |
| ZOMIG NASAL SOLUTION 5 MG | 3 | FE; BP; QL |
| ZOMIG ORAL | 3 | BP; QL |
| Antimyasthenic Agents | | |
| MESTINON ORAL SOLUTION | 3 | BP |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| MESTINON ORAL TABLET | 3 | BP |
| MESTINON ORAL TABLET EXTENDED RELEASE | 3 | BP |
| pyridostigmine bromide er | 1 | |
| pyridostigmine bromide oral solution | 1 | |
| pyridostigmine bromide oral tablet | 1 | |
| Antimycobacterials | | |
| cycloserine oral | 1 | |
| dapsone oral | 1 | |
| ethambutol hcl oral | 1 | |
| isoniazid oral | 1 | |
| MYAMBUTOL ORAL TABLET 400 MG | 3 | BP |
| MYCOBUTIN | 3 | BP; QL |
| PRETOMANID | 2 | |
| PRIFTIN | 2 | |
| pyrazinamide oral | 1 | |
| rifabutin | 1 | QL |
| rifampin oral | 1 | |
| SIRTURO | 3 | |
| TRECTOR | 2 | |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate | 14 | PA; MB; SP |
| AFINITOR | 14 | PA; MB; SP; BP |
| AFINITOR DISPERZ | 14 | PA; MB; SP; BP |
| ALECENSA | 14 | PA; MB; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ALUNBRIG ORAL TABLET | 14 | PA; MB; SP; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK | 14 | PA; MB; SP |
| anastrozole oral | 1 | 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 | 4 | SP |
| bexarotene oral | 14 | PA; MB; SP |
| bicalutamide | 14 | PA; MB; SP |
| BOSULIF | 14 | PA; MB; SP |
| BRAFTOVI ORAL CAPSULE 75 MG | 14 | PA; MB; SP; QL |
| BRUKINSA | 14 | PA; MB; SP; QL |
| CABOMETYX | 14 | PA; MB; SP |
| CALQUENCE ORAL TABLET | 14 | PA; MB; SP; QL |
| capecitabine | 14 | PA; MB; SP |
| CAPRELSA | 14 | PA; MB; SP |
| CASODEX | 14 | PA; MB; SP; BP |
| COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG | 14 | PA; MB; SP |

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 |
|--|-----------|------------------|--|-----------|------------------|
| COPIKTRA | 14 | PA; MB; SP; QL | GILOTRIF | 14 | PA; MB; SP |
| COTELLIC | 14 | PA; MB; SP | GLEEVEC | 14 | PA; MB; SP; BP |
| cyclophosphamide oral capsule | 14 | PA; MB | GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 14 | PA; MB; SP |
| DROXIA | 2 | | | | |
| EMCYT | 14 | PA; MB; SP | HYCAMTIN ORAL | 14 | PA; MB; SP |
| ERIVEDGE | 14 | PA; MB; SP | HYDREA | 3 | BP |
| ERLEADA ORAL TABLET 240 MG | 14 | PA; MB; QL | hydroxyurea oral | 1 | |
| ERLEADA ORAL TABLET 60 MG | 14 | PA; MB; SP; QL | | | |
| erlotinib hcl | 14 | PA; MB; SP | IBRANCE | 14 | PA; MB; SP |
| etoposide oral | 14 | PA; MB; SP | ICLUSIG | 14 | PA; MB; SP |
| EULEXIN | 14 | PA; MB; SP | IDHIFA | 14 | PA; MB; SP; QL |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 14 | PA; MB; SP | imatinib mesylate | 14 | PA; MB; SP |
| everolimus oral tablet soluble | 14 | PA; MB; SP | IMBRUVICA ORAL CAPSULE | 6 | PA; SP; QL |
| exemestane | 1 | PV | IMBRUVICA ORAL SUSPENSION | 6 | PA; SP; QL |
| EXKIVITY | 14 | PA; MB; SP; QL | IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 6 | PA; SP; QL |
| FARESTON | 3 | PV; BP | | | |
| FEMARA | 3 | PV; BP | INLYTA | 14 | PA; MB; SP |
| FOTIVDA | 14 | PA; MB; SP; QL | INQOVI | 14 | PA; MB; SP; QL |
| GAVRETO | 14 | PA; MB; SP; QL | INREBIC | 14 | PA; MB; SP; QL |
| gefitinib | 14 | PA; MB; SP | IRESSA | 14 | PA; MB; SP; BP |
| | | | JAKAFI | 6 | PA; SP |
| | | | JAYPIRCA | 14 | PA; MB; SP; QL |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|-----------------------------|-----------|------------------|
| KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | 14 | PA; MB; SP | leucovorin calcium oral | 1 | |
| KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | 14 | PA; MB; SP; QL | LEUKERAN | 14 | PA; MB; SP |
| KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | 14 | PA; MB; SP | LONSURF | 14 | PA; MB; SP |
| KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | 14 | PA; MB; SP; QL | LUMAKRAS ORAL TABLET 120 MG | 14 | PA; MB; SP; QL |
| KISQALI FEMARA | 14 | PA; MB; SP; QL | LUMAKRAS ORAL TABLET 320 MG | 14 | PA; MB; QL |
| KISQALI ORAL TABLET THERAPY PACK 200 MG | 14 | PA; MB; SP; QL | LYNPARZA ORAL TABLET | 14 | PA; MB; SP |
| KOSELUGO | 14 | PA; MB; SP | LYSODREN | 14 | PA; MB; SP |
| KRAZATI | 14 | PA; MB; SP; QL | LYTGOBI (12 MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| lapatinib ditosylate | 14 | PA; MB; SP | LYTGOBI (16 MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| lenalidomide | 14 | PA; MB; SP | LYTGOBI (20 MG DAILY DOSE) | 14 | PA; MB; SP; QL |
| 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 | MATULANE | 14 | PA; MB; SP |
| letrozole tablet 2.5 mg oral | 1 | | MEKINIST ORAL TABLET | 14 | PA; MB; SP |
| letrozole tablet 2.5 mg oral | 1 | PV | MEKTOVI | 14 | PA; MB; SP; QL |
| | | | melphalan | 14 | PA; MB; SP |
| | | | mercaptopurine oral | 1 | |
| | | | MESNEX ORAL | 5 | SP |
| | | | MYLERAN | 14 | PA; MB; SP |
| | | | NERLYNX | 14 | PA; MB; SP; QL |
| | | | NEXAVAR | 14 | PA; MB; SP; BP |
| | | | NILANDRON | 14 | PA; MB; SP; BP |

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| Drug Name | Drug Tier | Limits/ Required |
|------------|-----------|------------------|
| 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 | 5 | SP |
| PEMAZYRE | 14 | PA; MB; SP; QL |
| PIQRAY | 14 | PA; MB; SP; QL |
| POMALYST | 14 | PA; MB; SP |
| PURIXAN | 3 | |
| QINLOCK | 14 | PA; MB; SP; QL |
| RETEVMO | 14 | PA; MB; SP; QL |
| REVLIMID | 14 | PA; MB; SP |
| REZLIDHIA | 14 | PA; MB; SP; QL |
| ROZLYTREK | 14 | PA; MB; SP; QL |
| RUBRACA | 14 | PA; MB; SP; QL |
| RYDAPT | 14 | PA; MB; SP; QL |
| SCEMBLIX | 14 | PA; MB; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|------------------------|-----------|------------------|
| SIKLOS | 3 | FE |
| SOLTAMOX | 3 | PV |
| sorafenib tosylate | 14 | PA; MB; SP |
| SPRYCEL | 14 | PA; MB; SP |
| STIVARGA | 14 | PA; MB; SP |
| sunitinib malate | 14 | PA; MB; SP |
| SUTENT | 14 | PA; MB; SP; BP |
| TABLOID | 14 | PA; MB; SP |
| TABRECTA | 14 | PA; MB; SP; QL |
| TAFINLAR ORAL CAPSULE | 14 | PA; MB; SP |
| TAGRISSE | 14 | PA; MB; SP; QL |
| TALZENNA | 14 | PA; MB; SP; QL |
| tamoxifen citrate oral | 1 | PV |
| TARCEVA | 14 | PA; MB; SP; BP |
| TARGRETIN EXTERNAL | 6 | SP; BP |
| TARGRETIN ORAL | 14 | PA; MB; SP; BP |
| TASIGNA | 14 | PA; MB; SP |
| TAZVERIK | 14 | PA; MB; SP; QL |
| temozolomide | 14 | PA; MB; SP |
| TEPMETKO | 14 | PA; MB; SP; QL |

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| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|-------------------------------|-----------|----------------------|--|-----------|------------------|
| THALOMID | 14 | PA; MB; SP | XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 14 | PA; MB; SP |
| TIBSOVO toremifene citrate | 14 1 | PA; MB; SP; QL PV | XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 14 | PA; MB; SP |
| tretinoin oral | 14 | PA; MB; SP | XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 14 | PA; MB; SP |
| TUKYSA | 14 | PA; MB; SP; QL | XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 14 | PA; MB; SP |
| TURALIO ORAL CAPSULE 125 MG | 14 | PA; MB; SP; QL | XPOVIO (60 MG TWICE WEEKLY) | 14 | PA; MB; SP |
| TYKERB | 14 | PA; MB; SP; BP | XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 14 | PA; MB; SP |
| VALCHLOR | 14 | PA; MB; SP | XPOVIO (80 MG TWICE WEEKLY) | 14 | PA; MB; SP |
| VENCLEXTA | 14 | PA; MB; SP | XTANDI | 14 | PA; MB; SP |
| VENCLEXTA STARTING PACK | 14 | PA; MB; SP | YONSA | 14 | PA; MB; SP; QL |
| VERZENIO | 14 | PA; MB; SP; QL | ZEJULA ORAL TABLET | 14 | PA; MB; SP |
| VIJOICE | 5 | PA; SP; QL | ZELBORAF | 14 | PA; MB; SP |
| VIZIMPRO | 14 | PA; MB; SP; QL | ZOLINZA | 14 | PA; MB; SP |
| VONJO | 14 | PA; MB; SP; QL | ZYDELIG | 14 | PA; MB; SP |
| VOTRIENT | 14 | PA; MB; SP | ZYKADIA ORAL TABLET | 14 | PA; MB; SP |
| WELIREG | 14 | PA; MB; SP; QL | | | |
| XALKORI | 14 | PA; MB; SP | | | |
| XELODA | 14 | PA; MB; SP; BP | | | |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--------------------------------------|-----------|------------------|
| ZYTIGA | 14 | PA; MB; SP; BP |
| Antiparasitics | | |
| albendazole oral | 1 | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | 2 | |
| ALINIA ORAL TABLET | 3 | BP |
| ARAKODA | 3 | FE |
| atovaquone oral | 1 | |
| atovaquone-proguanil hcl | 1 | |
| BENZNIDAZOLE | 3 | QL |
| BILTRICIDE | 3 | BP |
| chloroquine phosphate oral | 1 | |
| COARTEM | 3 | |
| CROTAN | 2 | |
| DARAPRIM | 6 | PA; SP; BP |
| EMVERM | 3 | |
| hydroxychloroquine sulfate oral | 1 | |
| IMPAVIDO | 3 | |
| ivermectin oral | 1 | QL |
| KRINTAFEL | 2 | QL |
| LAMPIT | 3 | QL |
| MALARONE | 3 | BP |
| malathion external | 1 | |
| mefloquine hcl | 1 | |
| MEPRON | 3 | BP |
| NATROBA | 3 | BP |
| NEBUPENT | 3 | BP |
| nitazoxanide oral | 1 | |
| OVIDE | 3 | BP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| pentamidine isethionate inhalation | 1 | |
| permethrin external cream | 1 | |
| PLAQUENIL TABLET 200 MG ORAL | 3 | BP |
| praziquantel oral | 1 | |
| primaquine phosphate oral tablet 26.3 (15 base) mg | 1 | |
| pyrimethamine oral | 4 | PA; SP |
| QUALAQUIN | 3 | BP |
| quinine sulfate oral | 1 | |
| spinosad | 1 | |
| STROMECTOL | 3 | BP; QL |
| sulfurated lime | 1 | |
| Antiparkinson Agents | | |
| amantadine hcl oral capsule | 1 | |
| amantadine hcl oral tablet | 1 | |
| amantadine hcl solution 50 mg/5ml oral | 1 | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 6 | SP; BP |
| apomorphine hcl subcutaneous | 4 | SP |
| AZILECT | 3 | BP |
| benztropine mesylate oral | 1 | |
| bromocriptine mesylate oral | 1 | |
| carbidopa oral | 1 | |
| carbidopa-levodopa | 1 | |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 1 | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 1 | |
| COMTAN | 3 | BP |
| DHIVY ORAL TABLET 25-100 MG | 3 | FE |
| entacapone | 1 | |
| GOCOVRI | 6 | SP; FE |
| INBRIJA | 6 | SP; FE |
| LODOSYN | 3 | BP |
| MIRAPEX ER | 3 | FE; BP |
| NEUPRO | 3 | |
| NOURIANZ | 3 | FE; QL |
| ONGENTYS | 2 | QL |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG | 3 | FE |
| PARLODEL | 3 | BP |
| pramipexole dihydrochloride | 1 | |
| pramipexole dihydrochloride er | 1 | FE |
| rasagiline mesylate oral | 1 | |
| ropinirole hcl | 1 | |
| ropinirole hcl er | 1 | |
| RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL | 3 | ST |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL | 3 | ST |
| RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL | 3 | ST |
| RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL | 3 | ST |
| selegiline hcl oral | 1 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | BP |
| STALEVO 100 | 3 | BP |
| STALEVO 125 | 3 | BP |
| STALEVO 150 | 3 | BP |
| STALEVO 200 | 3 | BP |
| STALEVO 50 | 3 | BP |
| STALEVO 75 | 3 | BP |
| TASMAR ORAL TABLET 100 MG | 3 | FE; BP |
| tolcapone | 1 | FE |
| trihexyphenidyl hcl | 1 | |
| XADAGO | 3 | FE; QL |
| ZELAPAR | 3 | FE |
| Antiplatelets | | |
| aspirin-dipyridamole er | 1 | PV |
| BRILINTA ORAL TABLET 60 MG | 2 | PV |
| BRILINTA TABLET 90 MG ORAL | 2 | PV |
| CABLIVI | 5 | PA; SP; QL |
| cilostazol | 1 | PV |
| clopidogrel bisulfate oral | 1 | PV |
| dipyridamole oral | 1 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| EFFIENT | 3 | PV; BP |
| PLAVIX ORAL TABLET 75 MG | 3 | PV; BP |
| prasugrel hcl | 1 | PV |
| YOSPRALA | 3 | PV; FE |
| ZONTIVITY | 2 | PV |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK | 3 | PV; FE; QL |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK | 3 | PV; FE; QL |
| ABILIFY ORAL TABLET | 3 | PV; BP; QL |
| ADASUVE | 3 | PV |
| aripiprazole oral solution | 1 | PV |
| aripiprazole oral tablet | 1 | PV; QL |
| aripiprazole oral tablet dispersible | 1 | PV; QL |
| asenapine maleate | 1 | ST; PV; FE; QL |
| CAPLYTA | 3 | ST; PV; FE; QL |
| chlorpromazine hcl oral | 1 | PV |
| clozapine oral tablet | 1 | PV |
| clozapine oral tablet dispersible 12.5 mg, 25 mg | 1 | PV |
| clozapine tablet dispersible 100 mg oral | 1 | PV |
| clozapine tablet dispersible 150 mg oral | 1 | PV |

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

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|--------------------|
| quetiapine fumarate er tablet extended release 24 hour 200 mg oral | 1 | PV; QL |
| 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 |
| REXULTI | 3 | ST; PV; FE; QL |
| RISPERDAL ORAL SOLUTION | 3 | PV; BP |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | PV; BP |
| risperidone | 1 | PV |
| SAPHRIS | 3 | ST; PV; FE; BP; QL |
| SECUADO | 3 | ST; PV; FE; QL |

| Drug Name | Drug Tier | Limits/ Required |
|-----------------------------|-----------|------------------|
| SEROQUEL | 3 | PV; BP; QL |
| SEROQUEL XR | 3 | PV; BP; QL |
| thioridazine hcl oral | 1 | PV |
| thiothixene oral | 1 | PV |
| trifluoperazine hcl oral | 1 | PV |
| VERSACLOZ | 3 | PV |
| VRAYLAR | 2 | ST; PV; QL |
| ziprasidone hcl | 1 | PV |
| ZYPREXA ORAL | 3 | PV; BP |
| ZYPREXA ZYDIS | 3 | PV; BP |
| Antivirals | | |
| abacavir sulfate | 1 | PV; QL |
| abacavir sulfate-lamivudine | 1 | PV; QL |
| acyclovir external cream | 1 | FE |
| acyclovir external ointment | 1 | |
| acyclovir oral | 1 | |
| adefovir dipivoxil | 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| DELSTRIGO | 2 | PV; QL |
| DENAVIR | 3 | FE; BP |
| DESCOVY | 2 | PV; QL |
| DOVATO | 2 | PV; QL |
| EDURANT | 2 | PV; QL |
| efavirenz | 1 | PV; QL |
| efavirenz-emtricitab-tenofo df | 1 | PV; QL |
| efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg | 1 | PV |
| efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg | 1 | PV; QL |
| emtricitabine | 1 | PV; QL |
| emtricitabine-tenofovir df | 1 | PV; QL |
| EMTRIVA ORAL CAPSULE | 3 | PV; BP; QL |
| EMTRIVA ORAL SOLUTION | 2 | PV; QL |
| entecavir | 1 | |
| EPCLUSA | 5 | 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 |

| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------------|-----------|------------------|
| HARVONI | 5 | PA; SP; QL |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 3 | PV; BP; QL |
| INTELENCE ORAL TABLET 25 MG | 2 | PV; QL |
| ISENTRESS HD | 2 | PV; QL |
| ISENTRESS ORAL PACKET | 2 | PV |
| ISENTRESS ORAL TABLET | 2 | PV; QL |
| ISENTRESS ORAL TABLET CHEWABLE | 2 | PV; QL |
| JULUCA | 2 | PV; QL |
| KALETRA ORAL SOLUTION | 3 | PV; BP; QL |
| KALETRA ORAL TABLET | 3 | PV; BP; QL |
| lamivudine oral solution | 1 | PV; QL |
| lamivudine oral tablet 100 mg | 1 | |
| lamivudine oral tablet 150 mg, 300 mg | 1 | PV; QL |
| lamivudine-zidovudine | 1 | PV; QL |
| LEDIPASVIR-SOFOSBUVIR | 5 | PA; SP; QL |
| LEXIVA ORAL SUSPENSION | 2 | PV; QL |
| LEXIVA ORAL TABLET | 3 | PV; BP; QL |
| LIVTENCITY | 2 | QL |
| lopinavir-ritonavir | 1 | PV; QL |
| maraviroc | 1 | PV; QL |
| MAVYRET | 5 | PA; SP; QL |
| nevirapine | 1 | PV; QL |

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

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| nevirapine er | 1 | PV; QL |
| NORVIR ORAL PACKET | 2 | PV |
| NORVIR ORAL TABLET | 3 | PV; BP; QL |
| ODEFSEY | 2 | PV; QL |
| oseltamivir phosphate oral | 1 | QL |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | SP |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | SP |
| penciclovir | 1 | FE |
| PIFELTRO | 2 | PV; QL |
| PREVYMIS ORAL | 6 | SP; QL |
| PREZCOBIX | 2 | PV; QL |
| PREZISTA ORAL SUSPENSION | 2 | PV; QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | PV; QL |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 3 | PV; BP; QL |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 2 | QL |
| RETROVIR ORAL CAPSULE | 3 | PV; BP; QL |
| RETROVIR ORAL SYRUP | 3 | PV; BP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3 | PV; BP; QL |
| REYATAZ ORAL PACKET | 3 | PV |
| ribavirin inhalation | 1 | |
| ribavirin oral capsule | 1 | |
| ribavirin oral tablet 200 mg | 1 | |
| rimantadine hcl | 1 | |
| ritonavir | 1 | PV; QL |
| RUKOBIA | 2 | PV; QL |
| SELZENTRY ORAL SOLUTION | 2 | PV; QL |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | PV; BP; QL |
| SELZENTRY ORAL TABLET 25 MG, 75 MG | 2 | PV; QL |
| SITAVIG | 3 | FE |
| SOFOSBUVIR-VELPATASVIR | 5 | PA; SP; QL |
| SOVALDI | 6 | SP; FE; QL |
| STRIBILD | 2 | PV; QL |
| SUNLENCA ORAL | 2 | PV; QL |
| SYMFI | 3 | PV; BP; QL |
| SYMFI LO | 3 | PV; BP |
| SYMTUZA | 2 | PV; QL |
| TAMIFLU ORAL CAPSULE | 3 | BP; QL |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 3 | BP; QL |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| tenofovir disoproxil fumarate | 1 | PV; QL |
| TIVICAY | 2 | PV; QL |
| TIVICAY PD | 2 | PV; QL |
| TRIUMEQ | 2 | PV; QL |
| TRIUMEQ PD | 2 | PV; QL |
| TRIZIVIR | 3 | PV; QL |
| TRUVADA | 3 | PV; BP; QL |
| TYBOST | 3 | PV; QL |
| valacyclovir hcl oral | 1 | |
| VALCYTE | 3 | BP |
| valganciclovir hcl | 1 | |
| VALTREX | 3 | BP |
| VEMLIDY | 3 | |
| VIRACEPT ORAL TABLET | 2 | PV; QL |
| VIRAZOLE | 3 | BP |
| VIREAD ORAL POWDER | 3 | PV |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | PV; QL |
| VIREAD ORAL TABLET 300 MG | 3 | PV; BP; QL |
| VOSEVI | 5 | PA; SP; QL |
| XERESE | 3 | FE |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZEPATIER | 6 | SP; FE; QL |
| ZIAGEN | 3 | PV; BP; QL |
| zidovudine | 1 | PV; QL |
| ZOVIRAX EXTERNAL CREAM | 3 | FE; BP |
| ZOVIRAX EXTERNAL OINTMENT | 3 | BP |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam er | 1 | |
| alprazolam intensol | 1 | |
| alprazolam oral tablet | 1 | |
| alprazolam oral tablet dispersible | 1 | FE |
| alprazolam xr | 1 | |
| ATIVAN ORAL | 3 | BP |
| bupirone hcl oral | 1 | |
| chlordiazepoxide hcl | 1 | |
| clonazepam oral | 1 | |
| clorazepate dipotassium | 1 | |
| diazepam intensol | 1 | |
| diazepam oral concentrate | 1 | |
| diazepam oral tablet | 1 | |
| diazepam solution 5 mg/5ml oral | 1 | |
| DORAL | 3 | FE; BP |
| estazolam | 1 | |
| HALCION | 3 | BP |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine hcl syrup 10 mg/5ml oral | 1 | |

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 |
|---|-----------|------------------|
| hydroxyzine pamoate oral | 1 | |
| KLONOPIN | 3 | BP |
| lorazepam intensol | 1 | |
| lorazepam oral concentrate 2 mg/ml | 1 | |
| lorazepam oral tablet | 1 | |
| LOREEV XR | 3 | FE |
| meprobamate | 1 | |
| midazolam hcl oral | 1 | |
| oxazepam | 1 | |
| quazepam | 1 | FE |
| triazolam | 1 | |
| VALIUM | 3 | BP |
| VISTARIL | 3 | BP |
| XANAX | 3 | BP |
| XANAX XR | 3 | BP |
| Bipolar Agents - Drugs for Mood Disorders | | |
| EQUETRO | 3 | PV |
| lithium | 1 | |
| lithium carbonate er | 1 | |
| lithium carbonate oral | 1 | |
| LITHOBID | 3 | BP |
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| AGRYLIN | 3 | BP |
| aminocaproic acid oral solution | 1 | |
| aminocaproic acid oral tablet | 1 | |
| anagrelide hcl | 1 | |
| DOPTELET ORAL TABLET 20 MG | 6 | PA; SP; FE; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| FULPHILA | 14 | MB; SP |
| FYLNETRA | 14 | MB; SP |
| MULPLETA | 5 | PA; SP; QL |
| NEULASTA ONPRO | 14 | MB; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 14 | MB; SP |
| NYVEPRIA | 14 | MB; SP |
| PROMACTA | 5 | PA; SP; QL |
| PYRUKYND | 5 | PA; SP; QL |
| PYRUKYND TAPER PACK | 5 | PA; SP; QL |
| STIMUFEND | 14 | MB; SP |
| TAVALISSE | 5 | PA; SP; QL |
| tranexamic acid oral | 1 | QL |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 14 | MB |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 14 | MB; SP |
| ZIEXTENZO | 14 | MB; SP |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| ACCUPRIL | 3 | PV; BP |
| ACCURETIC ORAL TABLET 10-12.5 MG | 3 | PV |
| ACCURETIC ORAL TABLET 20-12.5 MG | 3 | PV; BP |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| acebutolol hcl oral | 1 | PV |
| ALDACTONE | 3 | PV; BP |
| aliskiren fumarate | 1 | PV |
| ALTACE ORAL CAPSULE | 3 | PV; BP |
| ALTOPREV | 3 | PV; FE; QL |
| amiloride hcl oral | 1 | PV |
| amiloride-hydrochlorothiazide | 1 | PV |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | PV |
| amlodipine besylate-benazepril hcl | 1 | PV |
| amlodipine besylate-valsartan | 1 | PV |
| amlodipine-atorvastatin | 1 | PV; QL |
| amlodipine-olmesartan | 1 | PV |
| amlodipine-valsartan-hctz | 1 | PV |
| ANTARA ORAL CAPSULE 90 MG | 3 | PV; FE |
| ASPRUZYO SPRINKLE | 3 | PV; FE; QL |
| ATACAND | 3 | PV; BP |
| ATACAND HCT | 3 | PV; FE; BP |
| atenolol oral | 1 | PV |
| atenolol-chlorthalidone | 1 | PV |
| ATORVALIQ | 3 | PV; FE; QL |
| atorvastatin calcium oral | 1 | PV; QL |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | 3 | PV; BP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| 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 | 6 | PA; SP; QL |
| candesartan cilexetil | 1 | PV |
| candesartan cilexetil-hctz | 1 | PV; FE |
| captopril oral | 1 | PV |
| captopril-hydrochlorothiazide | 1 | PV |
| CARDIZEM CD | 3 | PV; BP |
| CARDIZEM LA | 3 | PV; FE; BP |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | PV; BP |
| CARDURA | 3 | PV; BP; QL |
| CAROSPIR | 3 | PV; FE |
| cartia xt | 1 | PV |
| carvedilol phosphate er | 1 | PV; FE |
| 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 |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 | PV |
| cholestyramine light | 1 | PV; QL |
| cholestyramine oral | 1 | PV; QL |
| clonidine | 1 | PV |
| clonidine hcl oral | 1 | PV |
| colesevelam hcl oral packet | 1 | PV; FE |
| colesevelam hcl oral tablet | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| COLESTID | 3 | PV; BP |
| COLESTID FLAVORED | 3 | PV; BP |
| colestipol hcl | 1 | PV |
| CONJUPRI | 3 | PV; FE |
| COREG | 3 | PV; BP |
| COREG CR | 3 | PV; FE; BP |
| CORGARD ORAL TABLET 20 MG, 40 MG | 3 | PV; BP |
| CORLANOR | 3 | |
| COZAAR | 3 | PV; BP |
| CRESTOR | 3 | PV; BP; QL |
| DEMSER | 3 | PV; BP |
| DIBENZYLINE CAPSULE 10 MG ORAL | 3 | PV; BP |
| digoxin oral | 1 | PV |
| diltiazem hcl er beads | 1 | PV |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | PV |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg | 1 | PV; FE |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg | 1 | PV |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg | 1 | PV |
| diltiazem hcl er oral tablet extended release 24 hour | 1 | PV; FE |

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| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------|-----------|------------------|
| diltiazem hcl oral | 1 | PV |
| dilt-xr | 1 | PV |
| DIOVAN | 3 | PV; BP |
| DIOVAN HCT | 3 | PV; BP |
| disopyramide phosphate oral | 1 | |
| DIURIL | 2 | PV |
| dofetilide | 1 | |
| doxazosin mesylate oral | 1 | PV; QL |
| droxidopa | 4 | SP; FE |
| DYRENIUM | 3 | PV; BP |
| EDARBI | 3 | PV; FE |
| EDARBYCLOR | 3 | PV; FE |
| EDECIN | 3 | PV; BP |
| enalapril maleate oral solution | 1 | PV; FE |
| enalapril maleate oral tablet | 1 | PV |
| enalapril-hydrochlorothiazide | 1 | PV |
| ENTRESTO | 3 | |
| EPANED ORAL SOLUTION | 3 | PV; FE; BP |
| 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| EZALLOR SPRINKLE | 3 | PV; FE; QL |
| ezetimibe | 1 | PV; QL |
| EZETIMIBE-ROSUVASTATIN | 3 | PV; FE; QL |
| ezetimibe-simvastatin | 1 | PV; QL |
| felodipine er | 1 | PV |
| fenofibrate micronized oral capsule 130 mg | 1 | PV; FE |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 1 | PV |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG | 3 | PV; FE |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 1 | PV |
| fenofibrate oral capsule 150 mg, 50 mg | 1 | PV; FE |
| fenofibrate oral tablet 120 mg, 40 mg | 1 | PV; FE |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | PV |
| fenofibric acid oral capsule delayed release | 1 | PV |
| fenofibric acid oral tablet | 1 | PV; FE |
| FENOGLIDE | 3 | PV; FE; BP |
| FIBRICOR | 3 | PV; FE |
| flecainide acetate | 1 | |
| FLOLIPID | 3 | PV; FE |
| fluvastatin sodium | 1 | PV; QL |
| fluvastatin sodium er | 1 | PV; QL |
| fosinopril sodium | 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 |
|--|-----------|------------------|
| fosinopril sodium-hctz | 1 | PV |
| FUROSCIX | 3 | PV; FE |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 | PV |
| furosemide oral tablet | 1 | PV |
| gemfibrozil oral | 1 | PV |
| guanfacine hcl oral | 1 | PV |
| HEMANGEOL | 5 | SP; PV |
| hydralazine hcl oral | 1 | PV |
| hydrochlorothiazide oral | 1 | PV |
| HYZAAR | 3 | PV; BP |
| icosapent ethyl | 1 | PV |
| indapamide oral | 1 | PV |
| INDERAL LA | 3 | PV; BP |
| INDERAL XL | 3 | PV; FE |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | 3 | PV; FE |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | PV; FE |
| INSPRA | 3 | PV; BP |
| irbesartan | 1 | PV |
| irbesartan-hydrochlorothiazide | 1 | PV |
| ISORDIL TITRADOSE | 3 | PV; BP |
| isosorb dinitrate-hydralazine | 1 | PV |
| isosorbide dinitrate oral | 1 | PV |
| isosorbide mononitrate | 1 | PV |
| isosorbide mononitrate er | 1 | PV |
| isradipine | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 6 | SP; PV; FE |
| KAPSPARGO SPRINKLE | 3 | PV; FE |
| KATERZIA | 3 | PV; AL |
| labetalol hcl oral | 1 | PV |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG | 3 | PV; BP |
| LASIX | 3 | PV; BP |
| LESCOL XL | 3 | PV; BP; QL |
| LEVAMLODIPINE MALEATE | 3 | PV; FE |
| LIPITOR | 3 | PV; BP; QL |
| LIPOFEN | 3 | PV; FE; BP |
| lisinopril oral | 1 | PV |
| lisinopril-hydrochlorothiazide | 1 | PV |
| LIVALO | 3 | PV; FE; QL |
| LOPID | 3 | PV; BP |
| LOPRESSOR ORAL | 3 | PV; BP |
| losartan potassium oral | 1 | PV |
| losartan potassium-hctz | 1 | PV |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 3 | PV; BP |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | PV; BP |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | 3 | PV; BP |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| lovastatin oral | 1 | PV; QL |
| LOVAZA | 3 | PV; BP |
| matzim la | 1 | PV; FE |
| MAXZIDE | 3 | PV; BP |
| MAXZIDE-25 | 3 | PV; BP |
| metolazone | 1 | PV |
| metoprolol succinate er 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 |
| MICARDIS HCT | 3 | PV; FE; 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 |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| niacin (antihyperlipidemic) | 1 | PV |
| niacin er (antihyperlipidemic) | 1 | PV |
| niacor | 1 | PV |
| nicardipine hcl capsule 20 mg oral | 1 | FE |
| nicardipine hcl capsule 20 mg oral | 1 | PV; FE |
| nicardipine hcl capsule 30 mg oral | 1 | FE |
| nicardipine hcl capsule 30 mg oral | 1 | PV; FE |
| nifedipine capsule 10 mg oral | 1 | PV |
| nifedipine er | 1 | PV |
| nifedipine er osmotic release | 1 | PV |
| nifedipine oral capsule 20 mg | 1 | PV |
| nimodipine oral | 1 | PV |
| nisoldipine er | 1 | PV; FE |
| NITRO-BID | 2 | PV |
| NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL | 3 | PV; FE |
| NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL | 3 | PV; FE |
| NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL | 3 | PV; FE |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | 3 | PV; FE |
| nitroglycerin sublingual | 1 | PV |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| nitroglycerin transdermal patch 24 hour | 1 | PV |
| nitroglycerin translingual solution | 1 | PV |
| NITROLINGUAL | 3 | PV; BP |
| NITROSTAT | 3 | PV; BP |
| NORLIQVA | 3 | PV; AL |
| NORPACE | 3 | BP |
| NORPACE CR | 2 | |
| NORTHERA | 6 | SP; FE; BP |
| NORVASC | 3 | PV; BP |
| olmesartan medoxomil oral | 1 | PV |
| olmesartan medoxomil-hctz | 1 | PV |
| olmesartan-amlodipine-hctz | 1 | PV |
| omega-3-acid ethyl esters | 1 | PV |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | 3 | BP |
| pentoxifylline er | 1 | |
| perindopril erbumine | 1 | PV |
| phenoxybenzamine hcl oral | 1 | PV |
| pindolol | 1 | PV |
| 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 | PV; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| prazosin hcl oral | 1 | PV |
| PRESTALIA | 3 | PV |
| prevalite | 1 | PV; QL |
| PROCARDIA XL | 3 | PV; BP |
| propafenone hcl | 1 | |
| propafenone hcl er | 1 | |
| propranolol hcl er | 1 | PV |
| propranolol hcl oral | 1 | PV |
| QBRELIS | 3 | PV; FE |
| 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 | |
| REPATHA | 2 | PA; PV; QL |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; PV; QL |
| REPATHA SURECLICK | 2 | PA; PV; QL |
| rosuvastatin calcium | 1 | PV; QL |
| ROSZET | 3 | PV; FE; QL |
| RYTHMOL SR | 3 | BP |
| simvastatin oral tablet | 1 | PV; QL |
| SOANZ | 3 | PV; FE |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| sotalol hcl (af) | 1 | PV |
| sotalol hcl oral | 1 | PV |
| SOTYLIZE | 3 | PV |
| spironolactone oral | 1 | PV |
| spironolactone-hctz | 1 | PV |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | 3 | PV; FE; BP |
| taztia xt | 1 | PV |
| TEKURNA | 3 | PV; BP |
| TEKURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG | 3 | PV |
| telmisartan | 1 | PV |
| telmisartan-amlodipine | 1 | PV |
| telmisartan-hctz | 1 | PV; FE |
| TENORETIC 100 | 3 | PV; BP |
| TENORETIC 50 | 3 | PV; BP |
| TENORMIN | 3 | PV; BP |
| tiadylt er | 1 | PV |
| TIAZAC | 3 | PV; BP |
| TIKOSYN CAPSULE 125 MCG ORAL | 3 | BP |
| TIKOSYN CAPSULE 250 MCG ORAL | 3 | BP |
| TIKOSYN CAPSULE 500 MCG ORAL | 3 | BP |
| timolol maleate oral | 1 | PV |
| TOPROL XL | 3 | PV; BP |
| torseamide tablet 10 mg oral | 1 | |
| torseamide tablet 10 mg oral | 1 | PV |
| torseamide tablet 100 mg oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 SOLUTION | 3 | PV; FE |
| valsartan oral tablet | 1 | PV |
| valsartan-hydrochlorothiazide | 1 | PV |
| VASCEPA | 3 | PV; BP |
| VASERETIC | 3 | PV; BP |
| VASOTEC | 3 | PV; BP |
| VECAMYL | 3 | PV |
| verapamil hcl er oral capsule extended release 24 hour | 1 | PV |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 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.

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| verapamil hcl oral | 1 | PV |
| VERELAN | 3 | PV; BP |
| VERELAN PM | 3 | PV; BP |
| VERQUVO | 3 | QL |
| VYNDAMAX | 5 | PA; SP; QL |
| VYNDAQEL | 5 | PA; SP; QL |
| VYTORIN | 3 | PV; BP; QL |
| WELCHOL ORAL PACKET | 3 | PV; FE; BP |
| WELCHOL ORAL TABLET | 3 | PV; BP |
| ZESTORETIC | 3 | PV; BP |
| ZESTRIL | 3 | PV; BP |
| ZETIA | 3 | PV; BP; QL |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | PV; BP; QL |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | 3 | PV; FE; QL |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| ADDERALL | 3 | BP |
| ADDERALL XR | 3 | BP |
| ADZENYS XR-ODT | 3 | |
| amphetamine sulfate | 1 | |
| amphetamine- dextroamphetamine | 1 | |
| amphetamine- dextroamphetamine er | 1 | |
| APTENSIO XR | 3 | BP |
| atomoxetine hcl | 1 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| AZSTARYS | 3 | FE; QL |
| clonidine hcl er oral tablet extended release 12 hour | 1 | |
| CONCERTA | 3 | BP |
| COTEMPLA XR-ODT | 3 | FE |
| DAYTRANA | 3 | FE; BP |
| DESOXYN | 3 | BP |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG | 3 | BP |
| dexmethylphenidate hcl | 1 | |
| dexmethylphenidate hcl er | 1 | |
| dextroamphetamine sulfate er | 1 | |
| dextroamphetamine sulfate oral | 1 | |
| DYANAVEL XR | 3 | FE |
| EVEKEO | 3 | BP |
| EVEKEO ODT | 3 | FE |
| FOCALIN | 3 | BP |
| FOCALIN XR | 3 | BP |
| guanfacine hcl er | 1 | |
| INTUNIV | 3 | BP |
| JORNAY PM | 3 | |
| KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL | 3 | BP |
| lisdexamfetamine dimesylate | 1 | |
| methamphetamine hcl | 1 | |
| METHYLIN ORAL SOLUTION | 3 | BP |
| methylphenidate | 1 | FE |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| methylphenidate hcl er | 1 | |
| methylphenidate hcl er (cd) | 1 | |
| methylphenidate hcl er (la) | 1 | |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 1 | |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG | 3 | FE |
| methylphenidate hcl er (osm) oral tablet extended release 72 mg | 1 | FE |
| methylphenidate hcl er (xr) | 1 | |
| methylphenidate hcl oral | 1 | |
| MYDAYIS | 3 | FE |
| PROCENTRA | 3 | BP |
| QELBREE | 3 | ST; QL |
| QUILLICHEW ER | 3 | FE |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 3 | |
| RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG | 3 | FE |
| RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG | 3 | FE; BP |
| RITALIN | 3 | BP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| XELSTRYM | 3 | FE |
| ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG | 3 | BP |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG | 3 | |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AMPYRA | 6 | PA; SP; BP; QL |
| AUBAGIO TABLET 14 MG ORAL | 6 | PA; SP; BP; QL |
| AUBAGIO TABLET 7 MG ORAL | 6 | PA; SP; BP; QL |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 5 | PA; SP; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 5 | PA; SP; QL |
| BAFIERTAM | 5 | PA; SP; QL |
| BETASERON SUBCUTANEOUS KIT | 6 | PA; SP; FE; QL |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | 5 | PA; SP; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 5 | PA; SP; QL |
| dalfampridine er | 4 | PA; SP; QL |
| dimethyl fumarate oral | 4 | PA; SP; QL |
| dimethyl fumarate starter pack | 4 | PA; SP; QL |
| EXTAVIA SUBCUTANEOUS KIT | 5 | PA; SP; QL |
| fingolimod hcl | 4 | PA; SP; QL |
| GILENYA CAPSULE 0.5 MG ORAL | 6 | PA; SP; BP; QL |
| GILENYA ORAL CAPSULE 0.25 MG | 5 | PA; SP |
| glatiramer acetate | 4 | PA; SP; FE; QL |
| glatopa | 4 | PA; SP; FE; QL |
| KESIMPTA | 5 | PA; SP; QL |
| MAVENCLAD | 5 | PA; SP; QL |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG | 5 | PA; SP; QL |
| MAYZENT STARTER PACK | 5 | PA; SP; QL |
| MAYZENT TABLET 2 MG ORAL | 5 | PA; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| PLEGRIDY | 5 | PA; SP; QL |
| PLEGRIDY STARTER PACK | 5 | PA; SP; QL |
| PONVORY | 6 | PA; SP; FE; QL |
| PONVORY STARTER PACK | 6 | PA; SP; FE; QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; SP; QL |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; SP; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| TASCENSO ODT | 6 | PA; SP; QL |
| TECFIDERA | 6 | PA; SP; BP; QL |
| teriflunomide | 4 | PA; SP; QL |
| VUMERITY | 5 | PA; SP; QL |
| ZEPOSIA | 6 | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK | 6 | 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.

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 6 | PA; SP; QL |
| Central Nervous System Agents - Miscellaneous | | |
| AUSTEDO | 6 | SP; FE; QL |
| caffeine citrate oral | 1 | |
| EXSERVAN | 3 | FE |
| GRALISE ORAL TABLET | 3 | FE |
| HORIZANT ORAL TABLET EXTENDED RELEASE | 3 | |
| IMCIVREE | 6 | PA; SP; QL |
| INGREZZA | 6 | SP; FE; QL |
| LYRICA | 3 | BP; QL |
| LYRICA CR | 3 | ST; FE; BP; QL |
| NUDEXTA | 3 | QL |
| pregabalin er | 1 | ST; FE; QL |
| pregabalin oral | 1 | QL |
| RADICAVA ORS | 5 | PA; SP; QL |
| RADICAVA ORS STARTER KIT | 5 | PA; SP; QL |
| RELYVRIO | 5 | PA; SP; QL |
| RILUTEK | 3 | BP |
| riluzole | 1 | |
| SAVELLA | 2 | ST; QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SAVELLA TITRATION PACK | 2 | ST; QL |
| TEGSEDI | 5 | PA; SP; QL |
| tetrabenazine | 4 | PA; SP |
| TIGLUTIK | 3 | FE |
| XENAZINE | 6 | PA; SP; BP |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| AQUORAL MOUTH/THROAT SOLUTION | 3 | |
| cevimeline hcl | 1 | |
| chlorhexidine gluconate solution 0.12 % mouth/throat | 1 | |
| CLINPRO 5000 PASTE 1.1 % DENTAL | 3 | |
| DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT | 2 | |
| DENTA 5000 PLUS | 3 | |
| DENTAGEL | 3 | |
| EVOXAC | 3 | BP |
| FLUORIDEX | 3 | |
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE | 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | 3 | |
| FLUORIMAX 5000 | 3 | |
| FLUORIMAX 5000 SENSITIVE | 3 | |

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

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| sodium fluoride dental cream | 1 | |
| sodium fluoride dental gel 1.1 % | 1 | |
| triamcinolone acetonide mouth/throat | 1 | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| ABSORICA LD | 3 | FE |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 3 | BP |
| ABSORICA ORAL CAPSULE 25 MG, 35 MG | 3 | FE; BP |
| ACANYA | 3 | BP |
| accutane | 1 | |
| acitretin | 1 | |
| ACZONE EXTERNAL GEL 5 % | 3 | BP |
| ACZONE EXTERNAL GEL 7.5 % | 3 | FE; BP |
| adapalene external cream | 1 | |
| adapalene external gel 0.3 % | 1 | |
| ADAPALENE EXTERNAL PAD | 3 | FE |
| ADAPALENE EXTERNAL SOLUTION | 3 | FE |
| adapalene gel 0.1 % external (rx) | 1 | |
| adapalene-benzoyl peroxide external gel | 1 | |
| ADBRY | 5 | 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 |
|--|-----------|------------------|
| AKLIEF | 3 | FE |
| ALA SCALP | 3 | FE |
| ala-cort external cream 1 % | 1 | |
| alclometasone dipropionate | 1 | |
| ALTRENO | 3 | AL |
| ALUMINUM CHLORIDE ANHYDROUS | 2 | |
| ALUMINUM CHLORIDE HEXAHYDRATE POWDER | 2 | |
| amcinonide external lotion | 1 | |
| amcinonide external ointment | 1 | FE |
| ammonium lactate cream 12 % external (rx) | 1 | |
| ammonium lactate lotion 12 % external (rx) | 1 | |
| amnesteam | 1 | |
| AMZEEQ | 3 | FE |
| APEXICON E | 3 | FE |
| ARAZLO | 3 | FE |
| ATRALIN | 3 | AL; BP |
| AVITA EXTERNAL CREAM | 3 | AL |
| azelaic acid external | 1 | |
| AZELEX | 3 | FE |
| B & C | 2 | |
| balsam peru-castor oil | 1 | |
| BENZAMYCIN | 3 | BP |
| benzoyl peroxide-erythromycin | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| betamethasone dipropionate aug | 1 | |
| betamethasone dipropionate external | 1 | |
| betamethasone valerate external | 1 | |
| BPCO | 2 | |
| BRYHALI | 3 | FE |
| CALAMINE | 2 | |
| calcipotriene external cream | 1 | |
| CALCIPOTRIENE EXTERNAL FOAM | 3 | FE |
| calcipotriene external ointment | 1 | |
| calcipotriene external solution | 1 | |
| calcipotriene-betameth diprop | 1 | FE; QL |
| CALCITRENE | 3 | BP |
| calcitriol external | 1 | |
| CAPEX | 3 | FE |
| CARAC | 2 | |
| CIBINQO | 5 | PA; SP; QL |
| claravis | 1 | |
| CLEOCIN-T EXTERNAL LOTION | 3 | BP |
| clindacin | 1 | FE |
| 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 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| clindamycin phosphate external foam | 1 | FE |
| clindamycin phosphate external gel | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clindamycin-tretinoin | 1 | |
| clobetasol prop emollient base | 1 | |
| clobetasol propionate e | 1 | |
| clobetasol propionate emulsion | 1 | FE |
| clobetasol propionate external | 1 | |
| CLOBEX | 3 | BP |
| CLOBEX SPRAY | 3 | BP |
| clocortolone pivalate | 1 | FE |
| clodan external shampoo | 1 | |
| CLODERM | 3 | FE; BP |
| coal tar external solution | 1 | |
| CONDYLOX EXTERNAL GEL | 3 | |
| CORDRAN EXTERNAL CREAM 0.05 % | 3 | |
| CORDRAN EXTERNAL LOTION | 3 | BP |
| CORDRAN EXTERNAL TAPE | 3 | FE |
| dapsone external gel 5 % | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| dapsone external gel 7.5 % | 1 | FE |
| DERMA-SMOOTHIE/FS BODY | 3 | BP |
| DERMA-SMOOTHIE/FS SCALP | 3 | BP |
| desonide external cream | 1 | |
| desonide external gel | 1 | FE |
| desonide external lotion | 1 | |
| desonide external ointment | 1 | |
| DESOWEN EXTERNAL CREAM | 3 | BP |
| desoximetasone external cream 0.05 % | 1 | FE |
| desoximetasone external cream 0.25 % | 1 | |
| desoximetasone external gel | 1 | |
| desoximetasone external liquid | 1 | |
| desoximetasone external ointment 0.05 % | 1 | FE |
| desoximetasone external ointment 0.25 % | 1 | |
| diclofenac sodium gel 3 % external | 1 | |
| DIFFERIN EXTERNAL CREAM | 3 | BP |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | BP |
| DIFFERIN EXTERNAL LOTION | 3 | |
| diflorasone diacetate external | 1 | FE |

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 |
|---|-----------|------------------|
| DIPROLENE EXTERNAL OINTMENT | 3 | BP |
| doxepin hcl external | 1 | |
| doxycycline | 1 | FE |
| DRYSOL | 2 | |
| DUOBRII | 3 | FE |
| DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS | 5 | PA; SP; QL |
| DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS | 5 | PA; SP; QL |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| EFUDEX EXTERNAL CREAM | 3 | BP |
| ELIDEL | 3 | BP |
| ENSTILAR | 3 | FE |
| EPIDUO | 3 | BP |
| EPIDUO FORTE | 3 | BP |
| EPIFOAM | 2 | |
| EPSOLAY CREAM 5 % EXTERNAL | 3 | FE |
| ery | 1 | |
| ERYGEL | 3 | BP |
| erythromycin external gel | 1 | |
| erythromycin external solution | 1 | |
| EUCRISA OINTMENT 2 % EXTERNAL | 2 | ST; QL |
| FABIOR | 3 | FE |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| FINACEA EXTERNAL FOAM | 3 | |
| FINACEA EXTERNAL GEL | 3 | BP |
| fluocinolone acetonide body | 1 | |
| fluocinolone acetonide external | 1 | |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide emulsified base | 1 | |
| fluocinonide external | 1 | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | 3 | |
| fluorouracil external cream 5 % | 1 | |
| fluorouracil external solution | 1 | |
| flurandrenolide external cream | 1 | |
| flurandrenolide external lotion | 1 | |
| fluticasone propionate external | 1 | |
| GORDOFILM | 2 | |
| halcinonide | 1 | FE |
| halobetasol propionate external cream | 1 | |
| HALOBETASOL PROPIONATE EXTERNAL FOAM | 3 | FE |
| halobetasol propionate external ointment | 1 | |
| HALOG EXTERNAL CREAM | 3 | FE; BP |

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 |
|--|-----------|------------------|
| HALOG EXTERNAL OINTMENT | 3 | FE |
| HALOG EXTERNAL SOLUTION | 3 | FE |
| hydrocortisone butyr lipo base | 1 | |
| hydrocortisone butyrate external cream | 1 | FE |
| hydrocortisone butyrate external lotion | 1 | |
| hydrocortisone butyrate external ointment | 1 | |
| hydrocortisone butyrate external solution | 1 | |
| hydrocortisone cream 1 % external (rx) | 1 | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 2.5 % | 1 | |
| hydrocortisone ointment 1 % external (rx) | 1 | |
| hydrocortisone valerate | 1 | |
| HYFTOR | 3 | PA; QL |
| imiquimod external cream 3.75 % | 1 | FE; QL |
| imiquimod external cream 5 % | 1 | QL |
| imiquimod pump | 1 | FE; QL |
| IMPOYZ | 3 | FE |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1 | |
| isotretinoin oral capsule 25 mg, 35 mg | 1 | FE |

| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------|-----------|------------------|
| ivermectin external cream | 1 | |
| KENALOG EXTERNAL | 3 | FE; BP |
| KERALYT EXTERNAL SHAMPOO | 3 | |
| KLARON | 3 | BP |
| KLISYRI | 3 | FE; QL |
| lactic acid e | 1 | |
| lactic acid external lotion | 1 | |
| LEXETTE | 3 | FE |
| LOCOID EXTERNAL LOTION | 3 | BP |
| LOCOID LIPOCREAM | 3 | BP |
| methoxsalen rapid | 1 | |
| METROCREAM | 3 | BP |
| METROGEL EXTERNAL GEL | 3 | BP |
| METROLOTION | 3 | BP |
| metronidazole external | 1 | |
| mometasone furoate external | 1 | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| neuac external gel | 1 | |
| NORITATE | 3 | FE |
| OLUX-E | 3 | FE; BP |
| ONEXTON GEL 1.2-3.75 % EXTERNAL | 3 | |
| OPZELURA CREAM 1.5 % EXTERNAL | 2 | PA; QL |
| ORACEA | 3 | FE; BP |
| PANDEL | 3 | FE |
| pimecrolimus | 1 | |
| podofilox external | 1 | |
| PRUDOXIN | 3 | BP |

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| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| PYROGALLIC ACID | 2 | |
| QBREXZA | 3 | ST; QL |
| REGRANEX | 2 | QL |
| RETIN-A | 3 | AL; BP |
| RETIN-A MICRO GEL 0.04 %, 0.1 % | 3 | AL; FE; BP |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 % | 3 | AL; FE; BP |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % | 3 | AL; FE |
| SANTYL | 3 | |
| selenium sulfide external lotion | 1 | |
| SERNIVO | 3 | FE |
| SOOLANTRA | 3 | BP |
| SORILUX | 3 | FE |
| sulfacetamide sodium (acne) | 1 | |
| SYNALAR | 3 | BP |
| TACLONEX | 3 | FE; BP; QL |
| tacrolimus external ointment | 1 | |
| tazarotene external cream | 1 | |
| TAZAROTENE EXTERNAL FOAM | 3 | FE |
| tazarotene external gel | 1 | FE |
| TAZORAC EXTERNAL CREAM 0.05 % | 3 | FE |
| TAZORAC EXTERNAL CREAM 0.1 % | 3 | BP |
| TAZORAC EXTERNAL GEL | 3 | FE; BP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| TEXACORT | 3 | FE |
| TOLAK | 3 | |
| TOPICORT EXTERNAL CREAM 0.05 % | 3 | FE; BP |
| TOPICORT EXTERNAL CREAM 0.25 % | 3 | BP |
| TOPICORT EXTERNAL GEL | 3 | BP |
| TOPICORT EXTERNAL OINTMENT 0.05 % | 3 | FE; BP |
| TOPICORT EXTERNAL OINTMENT 0.25 % | 3 | BP |
| TOPICORT SPRAY | 3 | BP |
| tovet external foam | 1 | FE |
| tretinoin external | 1 | AL |
| tretinoin microsphere | 1 | AL; FE |
| tretinoin microsphere pump | 1 | AL; FE |
| triamcinolone acetonide external aerosol solution | 1 | FE |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triamcinolone acetonide external ointment 0.05 % | 1 | FE |
| triamcinolone in absorbase | 1 | FE |
| TRIANEX | 3 | FE |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---------------------------------------|-----------|------------------|
| triderm external cream 0.5 % | 1 | |
| TRIDESILON | 3 | BP |
| TWYNEO | 3 | FE |
| ULTRAVATE EXTERNAL LOTION | 3 | FE |
| VANOS | 3 | BP |
| VECTICAL | 3 | BP |
| VELTIN | 3 | FE; BP |
| VENELEX | 2 | |
| VERDESO | 3 | FE |
| VEREGEN | 3 | FE |
| VTAMA | 3 | FE; QL |
| WINLEVI | 3 | FE |
| WYNZORA | 3 | FE |
| XERAC AC | 2 | |
| zenatane | 1 | |
| ZIANA | 3 | BP |
| ZILXI | 3 | FE |
| ZONALON | 3 | BP |
| ZORYVE | 3 | ST; QL |
| ZYCLARA | 3 | FE; BP; QL |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 % | 3 | FE; QL |
| ZYCLARA PUMP EXTERNAL CREAM 3.75 % | 3 | FE; BP; QL |
| Diabetes - Antidiabetic Agents | | |
| acarbose oral | 1 | PV |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 3 | PV; BP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ACTOS | 3 | PV; BP; QL |
| ALOGLIPTIN BENZOATE | 3 | PV; FE; QL |
| ALOGLIPTIN-METFORMIN HCL | 3 | PV; FE; QL |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | PV; FE; QL |
| BYDUREON BCISE AUTOINJECTOR | 2 | PA; PV; QL |
| BYETTA 10 MCG PEN | 2 | PA; PV; QL |
| BYETTA 5 MCG PEN | 2 | PA; PV; QL |
| CYCLOSET | 3 | PV |
| DUETACT | 3 | PV; BP |
| FARXIGA TABLET 10 MG ORAL | 2 | PV; QL |
| FARXIGA TABLET 5 MG ORAL | 2 | PV; QL |
| 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 |

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

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| JARDIANCE TABLET 25 MG ORAL | 2 | PV; QL |
| JENTADUETO | 3 | PV; FE; QL |
| JENTADUETO XR | 3 | PV; FE; QL |
| KAZANO | 3 | PV; FE; QL |
| KOMBIGLYZE XR | 3 | PV; BP; QL |
| metformin hcl er | 1 | PV |
| metformin hcl er (mod) | 1 | PV; FE |
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg | 1 | PV; FE |
| metformin hcl 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 |
| NESINA | 3 | PV; FE; QL |
| ONGLYZA | 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.

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|--------------------------------------|-----------|------------------|
| TRULICITY | 2 | PA; PV; QL |
| VICTOZA | 2 | PA; PV; QL |
| XIGDUO XR | 2 | PV; QL |
| XULTOPHY | 2 | PV; QL |
| Diabetes - Glucose Monitoring | | |
| DEXCOM G6 RECEIVER | 2 | ST; QL |
| DEXCOM G6 SENSOR | 2 | ST; QL |
| DEXCOM G6 TRANSMITTER | 2 | ST; QL |
| DEXCOM G7 RECEIVER | 2 | ST; QL |
| DEXCOM G7 SENSOR | 2 | ST; QL |
| ENLITE GLUCOSE SENSOR | 3 | FE |
| EVERSENSE SENSOR/HOLDER | 3 | FE |
| EVERSENSE SMART TRANSMITTER | 3 | FE |
| FREESTYLE LIBRE 14 DAY READER | 2 | ST; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | ST; QL |
| FREESTYLE LIBRE 2 READER | 2 | ST; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | ST; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | ST; QL |
| FREESTYLE LIBRE READER | 2 | ST; QL |
| GUARDIAN CONNECT TRANSMITTER | 3 | FE |
| GUARDIAN LINK 3 TRANSMITTER | 3 | FE |

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 |
|---------------------------------------|-----------|------------------|
| GUARDIAN SENSOR (3) | 3 | FE |
| GUARDIAN SENSOR 3 | 3 | FE |
| 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 |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | 2 | QL |
| BAQSIMI TWO PACK | 2 | QL |
| diazoxide oral | 1 | |
| glucagon emergency kit 1 mg injection | 1 | QL |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION | 3 | BP; QL |
| GLUCAGON EMERGENCY KIT | 3 | QL |
| GVOKE HYPOPEN 1-PACK | 2 | QL |
| GVOKE HYPOPEN 2-PACK | 2 | QL |
| GVOKE KIT | 2 | QL |
| GVOKE PFS | 2 | QL |
| PROGLYCEM | 3 | BP |
| ZEGALOGUE | 3 | FE; QL |
| Diabetes - Insulins | | |
| ADMELOG INJECTION | 3 | PV; FE |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 3 | PV; FE |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | 3 | PV |
| APIDRA SOLOSTAR | 3 | PV; FE |
| APIDRA SOLUTION 100 UNIT/ML INJECTION | 3 | PV; FE |
| BASAGLAR KWIKPEN | 3 | PV; FE |
| BASAGLAR TEMPO PEN | 3 | PV; FE |
| FIASP FLEXTOUCH | 2 | PV |
| FIASP INJECTION | 2 | PV |
| FIASP PENFILL | 2 | PV |
| FIASP PUMPCART | 2 | PV |
| HUMALOG INJECTION | 3 | PV; FE |
| HUMALOG U-100 AND U-200 KWIKPEN | 3 | PV; FE |
| HUMALOG MIX 50/50 KWIKPEN | 3 | PV; FE |
| HUMALOG MIX 50/50 VIAL | 3 | PV; FE |
| HUMALOG MIX 75/25 KWIKPEN | 3 | PV; FE |
| HUMALOG MIX 75/25 VIAL | 3 | PV; FE |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PV; FE |
| HUMALOG TEMPO PEN | 3 | PV; FE |
| HUMALOG U-100 JUNIOR KWIKPEN | 3 | PV; FE |
| HUMULIN 70/30 KWIKPEN | 3 | PV; FE |
| HUMULIN 70/30 VIAL | 3 | PV; FE |
| HUMULIN N KWIKPEN | 3 | PV; FE |
| HUMULIN N VIAL | 3 | PV; FE |
| HUMULIN R U-500 KWIKPEN | 2 | PV |
| HUMULIN R U-500 VIAL | 2 | PV |
| HUMULIN R VIAL | 3 | PV; FE |
| INSULIN ASP PROT & ASP FLEXPEN | 3 | PV; FE |
| INSULIN ASPART FLEXPEN | 3 | PV; FE |
| INSULIN ASPART INJECTION | 3 | PV; FE |
| INSULIN ASPART PENFILL | 3 | PV; FE |
| INSULIN ASPART PROT & ASPART | 3 | PV; FE |
| INSULIN DEGLUDEC | 2 | PV |
| INSULIN DEGLUDEC FLEXTOUCH | 2 | PV |
| INSULIN GLARGINE | 3 | PV; FE |
| INSULIN GLARGINE SOLOSTAR | 3 | PV; FE |
| INSULIN GLARGINE-YFGN | 3 | PV; FE |
| INSULIN LISPRO (1 UNIT DIAL) | 3 | PV; FE |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| INSULIN LISPRO INJECTION | 3 | PV; FE |
| INSULIN LISPRO JUNIOR KWIKPEN | 3 | PV; FE |
| INSULIN LISPRO PROT & LISPRO | 3 | PV; FE |
| LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | PV |
| LANTUS U-100 VIAL | 2 | PV |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PV |
| LEVEMIR U-100 VIAL | 2 | PV |
| LYUMJEV KWIKPEN | 3 | PV; FE |
| LYUMJEV TEMPO PEN | 3 | PV; FE |
| LYUMJEV VIAL | 3 | PV; FE |
| NOVOLIN 70/30 FLEXPEN | 2 | PV |
| NOVOLIN 70/30 FLEXPEN RELION | 2 | PV |
| NOVOLIN 70/30 RELION | 2 | PV |
| NOVOLIN 70/30 VIAL | 2 | PV |
| NOVOLIN N FLEXPEN | 2 | PV |
| NOVOLIN N FLEXPEN RELION | 2 | PV |
| NOVOLIN N RELION | 2 | PV |
| NOVOLIN N VIAL | 2 | PV |
| NOVOLIN R FLEXPEN | 2 | PV |
| NOVOLIN R FLEXPEN RELION | 2 | PV |
| NOVOLIN R RELION | 2 | PV |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|---|-----------|------------------|
| NOVOLIN R VIAL | 2 | PV | CALCIUM GLUCONATE | 2 | |
| NOVOLOG 70/30 FLEXPEN RELION | 2 | PV | CALCIUM GLUCONATE ANHYDROUS | 2 | |
| NOVOLOG FLEXPEN RELION | 2 | PV | CALCIUM GLUCONATE MONOHYDRATE | 2 | |
| NOVOLOG U-100 FLEXPEN | 2 | PV | CALCIUM LACTATE PENTAHYDRATE | 2 | |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | PV | CALCIUM PHOSPHATE DIBASIC | 2 | |
| NOVOLOG MIX 70/30 RELION | 2 | PV | CALCIUM PHOSPHATE TRIBASIC | 2 | |
| NOVOLOG MIX 70/30 VIAL | 2 | PV | CARBAGLU ORAL TABLET SOLUBLE | 6 | SP; BP |
| NOVOLOG U-100 PENFILL | 2 | PV | carglumic acid oral tablet soluble | 4 | SP |
| NOVOLOG RELION INJECTION | 2 | PV | CARNITOR ORAL | 3 | BP |
| NOVOLOG U-100 VIAL INJECTION | 2 | PV | CARNITOR SF | 3 | BP |
| REZVOGLAR KWIKPEN | 3 | PV; FE | CHEMET | 2 | |
| SEMGLEE (YFGN) | 3 | PV; FE | CHOLINE BITARTRATE POWDER | 2 | |
| TOUJEO MAX SOLOSTAR | 2 | PV | CUVRIOR | 6 | SP; FE; QL |
| TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS | 2 | PV | cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| TRESIBA | 2 | PV | deferasirox | 4 | SP |
| TRESIBA FLEXTOUCH | 2 | PV | deferasirox granules | 4 | SP |
| Electrolytes / Minerals / Metals / Vitamins | | | deferiprone | 4 | SP; FE |
| ACCRUFER | 3 | FE; QL | DL-ALANINE | 2 | |
| ALANINE | 2 | | DL-LEUCINE | 2 | |
| CALCIFOL | 2 | | DL-METHIONINE POWDER (RX) | 2 | |
| CALCIUM CHLORIDE DIHYDRATE POWDER | 2 | | DL-PHENYLALANINE | 2 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| effer-k tablet effervescent 25 meq oral | 1 | |
| EXJADE | 6 | SP; BP |
| FERRIPROX ORAL SOLUTION | 6 | SP |
| FERRIPROX ORAL TABLET | 6 | SP; FE; BP |
| FERRIPROX TWICE-A-DAY | 6 | SP; FE |
| folate | 1 | O |
| folic acid oral tablet 1 mg | 1 | |
| folic acid oral tablet 400 mcg, 800 mcg | 1 | O |
| GALZIN | 3 | |
| iodine strong oral | 1 | |
| JADENU | 6 | SP; BP |
| JADENU SPRINKLE | 6 | SP; BP |
| JYNARQUE | 6 | 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--------------------------------------|-----------|------------------|
| L-ALANINE | 2 | |
| L-ARGININE | 2 | |
| L-CYSTINE | 2 | |
| levocarnitine oral solution | 1 | |
| levocarnitine oral tablet | 1 | |
| levocarnitine sf | 1 | |
| L-GLUTAMIC ACID | 2 | |
| L-HISTIDINE MONOHYDROCHLORIDE POWDER | 2 | |
| L-HISTIDINE POWDER (RX) | 2 | |
| L-ISOLEUCINE POWDER (RX) | 2 | |
| L-LEUCINE | 2 | |
| L-METHIONINE POWDER (RX) | 2 | |
| LOKELMA | 3 | QL |
| L-PHENYLALANINE | 2 | |
| L-PROLINE | 2 | |
| L-TYROSINE | 2 | |
| L-VALINE POWDER | 2 | |
| MAGNESIUM CARBONATE HEAVY | 2 | |
| MAGNESIUM CARBONATE POWDER | 2 | |
| MASONATAL | 2 | O; PV |
| METHIONINE | 2 | |
| NEOKE ALCAR | 2 | |
| NEONATAL PRENATAL | 2 | O; PV |
| ONE VITE WOMENS | 2 | O; PV |
| ONE-A-DAY WOMENS PRENATAL 1 | 2 | O; PV |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| phosphorous | 1 | |
| phytonadione oral | 1 | QL |
| potassium chloride cryster | 1 | |
| potassium chloride er | 1 | |
| potassium chloride oral packet | 1 | |
| potassium chloride oral solution 40 meq/15ml (20%) | 1 | |
| potassium chloride solution 10 % oral | 1 | |
| potassium chloride solution 20 meq/15ml (10%) oral | 1 | |
| potassium citrate er | 1 | |
| prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg | 1 | O; PV |
| prenatal oral tablet 27-0.8 mg | 1 | O; PV |
| SAMSCA | 6 | 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| sodium fluoride oral tablet chewable | 1 | ACA |
| sodium polystyrene sulfonate oral powder | 1 | |
| sterile water for irrigation solution irrigation | 1 | |
| SYPRINE | 6 | SP; BP |
| TAURINE POWDER | 2 | |
| THREONINE | 2 | |
| tolvaptan | 4 | SP |
| trientine hcl | 4 | SP |
| UROCIT-K 10 | 3 | BP |
| UROCIT-K 15 | 3 | BP |
| UROCIT-K 5 | 3 | BP |
| VALINE | 2 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM | 3 | |
| VELTASSA PACKET 8.4 GM ORAL | 3 | |
| weekly-d | 1 | |
| wes-phos 250 neutral | 1 | |
| yl folic acid | 1 | O |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| ACIPHEX | 3 | PV; BP; QL |
| CARAFATE | 3 | PV; BP |
| cimetidine oral | 1 | PV |
| CYTOTEC | 3 | PV; BP |
| DEXILANT | 3 | PV; FE; BP; QL |
| dexlansoprazole | 1 | PV; FE; QL |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| goodsense lansoprazole oral tablet delayed release dispersible | 1 | FE; QL |
| KONVOMEPEP | 3 | PV; FE; QL |
| lansoprazole capsule delayed release 15 mg oral (rx) | 1 | PV; QL |
| lansoprazole oral capsule delayed release 30 mg | 1 | PV; QL |
| lansoprazole oral tablet delayed release dispersible | 1 | PV; FE; 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 |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| omeprazole-sodium bicarbonate oral packet | 1 | PV; FE; QL |
| pantoprazole sodium oral packet | 1 | PV; FE; 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 |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE | 3 | PV; FE; BP; QL |
| PRILOSEC ORAL PACKET | 3 | PV; FE |
| PROTONIX ORAL PACKET | 3 | PV; FE; BP; QL |
| PROTONIX ORAL TABLET DELAYED RELEASE | 3 | PV; BP; QL |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | 3 | PV; FE; QL |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| rabeprazole sodium oral tablet delayed release | 1 | PV; QL |
| sucralfate oral tablet | 1 | PV |
| sucralfate suspension 1 gm/10ml oral | 1 | PV |
| ZEGERID ORAL CAPSULE | 3 | PV; BP; QL |
| ZEGERID ORAL PACKET | 3 | PV; FE; BP; QL |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| alosetron hcl | 1 | |
| alvimopan | 1 | |
| AMITIZA | 3 | BP; QL |
| ANASPAZ | 3 | |
| bisubcit-metronid-tetracyc | 1 | PV; FE |
| BISACODYL | 2 | |
| bisacodyl ec | 1 | O |
| bisacodyl oral | 1 | O |
| bismuth/metronidaz/tetracyclin | 1 | PV; FE |
| CHENODAL | 5 | PA; SP |
| chlordiazepoxide-clidinium capsule 5-2.5 mg oral | 1 | FE |
| citroma | 1 | O |
| clearlax oral powder | 1 | O |
| CLENPIQ | 2 | PV |
| constulose | 1 | |
| cromolyn sodium oral | 1 | |
| CUVPOSA | 3 | BP |
| DARTISLA ODT | 3 | FE |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| dicyclomine hcl oral | 1 | |
| diphenoxylate-atropine oral liquid | 1 | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 | |
| ENTEREG | 3 | BP |
| enulose | 1 | |
| ft clearlax | 1 | O |
| ft laxative | 1 | O |
| ft magnesium citrate | 1 | O |
| GASTROCROM | 3 | BP |
| GATTEX | 5 | PA; SP |
| gavilax oral powder | 1 | O |
| gavilyte-c | 1 | PV |
| gavilyte-g | 1 | PV |
| generlac | 1 | |
| gentle laxative oral | 1 | O |
| gentlelax oral powder | 1 | O |
| GIALAX | 3 | FE |
| GLYCATE | 3 | FE |
| glycolax | 1 | O |
| glycopyrrolate oral solution | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 3 | FE |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | PV; BP |
| HELIDAC THERAPY | 3 | PV; FE |
| hyoscyamine sulfate elixir 0.125 mg/5ml oral | 1 | |
| hyoscyamine sulfate sl | 1 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| hyoscyamine sulfate tablet 0.125 mg oral | 1 | |
| hyoscyamine sulfate tablet dispersible 0.125 mg oral | 1 | |
| hyoscyamine sulfate tablet sublingual 0.125 mg sublingual | 1 | |
| IBSRELA | 3 | ST; FE; QL |
| KRISTALOSE | 3 | FE |
| lactulose encephalopathy | 1 | |
| lactulose oral packet | 1 | FE |
| lactulose solution 10 gm/15ml oral | 1 | |
| LIBRAX | 3 | FE; BP |
| LINZESS | 2 | QL |
| LOMOTIL ORAL TABLET | 3 | BP |
| loperamide hcl oral capsule | 1 | |
| LOTRONEX | 3 | BP |
| lubiprostone capsule 24 mcg oral | 1 | QL |
| lubiprostone capsule 8 mcg oral | 1 | QL |
| magnesium citrate oral solution 1.745 gm/30ml | 1 | O |
| methscopolamine bromide oral | 1 | |
| mineral oil heavy oral | 1 | |
| mm clearlax | 1 | O |
| MOTEGRITY ORAL TABLET 1 MG | 3 | ST; QL |
| MOTEGRITY TABLET 2 MG ORAL | 3 | ST; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| MOTOFEN | 3 | FE |
| MOVANTIK | 2 | QL |
| MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL | 2 | PV; BP |
| MYTESI | 3 | |
| na sulfate-k sulfate-mg sulf | 1 | PV |
| OMECLAMOX-PAK | 3 | PV; FE |
| OSCIMIN ORAL TABLET | 3 | |
| OSCIMIN SUBLINGUAL | 3 | |
| peg 3350-kcl-na bicarb-nacl | 1 | PV |
| peg-3350/electrolytes | 1 | 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 | O |
| PYLERA | 3 | PV; FE; BP |
| qc magnesium citrate | 1 | O |
| RELISTOR ORAL | 3 | FE |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | FE |
| RELSTONE | 3 | FE |
| RESTORA RX | 3 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ROBINUL ORAL | 3 | BP |
| ROBINUL-FORTE | 3 | BP |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 6 | PA; SP; FE |
| SUPREP BOWEL PREP KIT | 3 | PV; BP |
| SUTAB | 3 | PV |
| SYMPROIC | 2 | QL |
| TALICIA | 3 | PV; FE; QL |
| TRULANCE TABLET 3 MG ORAL | 3 | ST; QL |
| URSO 250 | 3 | BP |
| URSO FORTE | 3 | BP |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | 3 | FE |
| ursodiol oral capsule 300 mg | 1 | |
| ursodiol oral tablet | 1 | |
| VIBERZI | 3 | |
| XERMELO | 6 | PA; SP; QL |
| ZORBTIVE | 6 | PA; SP; FE |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| betaine | 4 | SP |
| BUPHENYL ORAL POWDER 3 GM/TSP | 6 | SP; BP |
| BUPHENYL ORAL TABLET | 6 | SP; BP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| CERDELGA | 5 | PA; SP |
| CHOLBAM | 5 | PA; SP |
| CREON | 2 | |
| CYSTADANE | 6 | SP; BP |
| CYSTAGON | 5 | SP |
| EVRYSDI | 5 | PA; SP; QL |
| GALAFOLD | 5 | PA; SP; QL |
| JAVYGTOR | 6 | PA; SP; BP |
| KUVAN ORAL PACKET | 6 | PA; SP; BP |
| KUVAN ORAL TABLET | 6 | PA; SP; BP |
| L-GLUTAMIC ACID HCL | 2 | |
| miglustat | 4 | PA; SP |
| MYALEPT | 5 | PA; SP |
| nitisinone | 4 | SP |
| NITYR | 5 | SP |
| OCALIVA | 6 | SP; FE; QL |
| ORFADIN ORAL CAPSULE | 6 | SP; BP |
| ORFADIN ORAL SUSPENSION | 5 | SP |
| PALYNZIQ | 5 | 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 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| PERTZYE | 3 | FE |
| PHEBURANE | 5 | PA; SP |
| PROCYSBI | 6 | SP; FE |
| RAVICTI | 5 | PA; SP |
| sapropterin dihydrochloride oral packet | 4 | PA; SP |
| sapropterin dihydrochloride oral tablet | 4 | PA; SP |
| sodium phenylbutyrate oral powder 3 gm/tsp | 4 | SP |
| sodium phenylbutyrate oral tablet | 4 | SP |
| STRENSIQ | 5 | PA; SP |
| SUCRAID | 5 | PA; SP |
| VIOKACE | 3 | |
| VOXZOGO | 6 | PA; SP; QL |
| XURIDEN | 6 | SP |
| ZAVESCA | 6 | 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 | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| AURYXIA | 3 | |
| bethanechol chloride oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| calcium acetate (phos binder) oral capsule | 1 | |
| calcium acetate (phos binder) tablet 667 mg oral (rx) | 1 | |
| calcium acetate oral tablet 667 mg | 1 | |
| CIALIS ORAL TABLET 5 MG | 3 | FE; BP; QL |
| CUPRIMINE ORAL CAPSULE 250 MG | 6 | SP; BP |
| darifenacin hydrobromide er | 1 | |
| DEPEN TITRATABS | 6 | SP; BP |
| DETROL | 3 | BP |
| DETROL LA | 3 | BP |
| ELMIRON | 2 | |
| ENTADFI | 3 | FE; QL |
| fesoterodine fumarate er | 1 | ST; FE |
| flavoxate hcl | 1 | |
| FOSRENOL ORAL PACKET | 3 | |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | 3 | BP |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | FE |
| GEMTESA | 3 | ST; FE; QL |
| INTRAROSA | 3 | QL |
| lanthanum carbonate | 1 | |
| LITHOSTAT | 3 | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 2 | ST |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG | 2 | ST |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL | 2 | ST |
| oxybutynin chloride er | 1 | |
| OXYBUTYNIN CHLORIDE ORAL SOLUTION | 3 | FE |
| oxybutynin chloride oral syrup | 1 | |
| oxybutynin chloride oral tablet | 1 | |
| OXYTROL | 3 | FE |
| penicillamine oral | 4 | SP |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| RENVELA | 3 | BP |
| sevelamer carbonate | 1 | |
| sevelamer hcl | 1 | |
| solifenacin succinate | 1 | |
| tadalafil oral tablet 5 mg | 1 | FE; QL |
| THIOLA | 6 | SP; BP |
| THIOLA EC | 5 | SP |
| tiopronin oral | 4 | SP |
| tolterodine tartrate | 1 | |
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | ST; FE; BP |
| tropium chloride | 1 | |
| tropium chloride er | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| uretron d/s oral tablet 81.6 mg | 1 | |
| VELPHORO | 3 | QL |
| VESICARE | 3 | BP |
| VESICARE LS | 3 | FE; QL |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| AVODART | 3 | BP |
| CARDURA XL | 3 | FE; QL |
| dutasteride oral | 1 | |
| dutasteride-tamsulosin hcl | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| FLOMAX | 3 | BP |
| JALYN | 3 | BP |
| PROSCAR | 3 | BP |
| RAPAFLO | 3 | BP |
| silodosin | 1 | |
| tamsulosin hcl | 1 | |
| terazosin hcl oral | 1 | PV |
| UROXATRAL | 3 | BP |
| Hormonal Agents - Adrenal | | |
| ALKINDI SPRINKLE | 3 | FE |
| CORTEF | 3 | BP |
| DEXABLISS | 3 | FE |
| dexamethasone intensol | 1 | |
| dexamethasone oral elixir | 1 | |
| dexamethasone oral solution | 1 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg | 1 | |
| dexamethasone oral tablet therapy pack | 1 | |
| dexamethasone tablet 4 mg oral | 1 | |
| EMFLAZA | 6 | PA; SP; FE |
| fludrocortisone acetate oral | 1 | |
| HEMADY | 3 | FE |
| HIDEX 6-DAY | 3 | FE |
| hydrocortisone oral | 1 | |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | BP |
| MEDROL ORAL TABLET 2 MG | 3 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | BP |
| methylprednisolone oral | 1 | |
| ORAPRED ODT | 3 | FE; BP |
| PEDIAPRED | 3 | BP |
| prednisolone oral solution | 1 | |
| prednisolone oral tablet | 1 | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml | 1 | FE |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| prednisolone sodium phosphate oral tablet dispersible | 1 | FE |
| prednisone intensol | 1 | FE |
| prednisone oral | 1 | |
| RAYOS | 3 | FE |
| TAPERDEX 12-DAY | 3 | FE |
| TAPERDEX 6-DAY | 3 | FE |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) | 3 | FE |
| Hormonal Agents - Men's Health | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 2 | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 3 | PA; BP |
| danazol oral | 1 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 3 | PA; BP |
| FORTESTA | 3 | PA; BP |
| JATENZO | 3 | PA; FE; QL |
| KYZATREX | 3 | PA; FE; QL |
| METHITEST | 2 | |
| METHYLTESTOSTERONE | 2 | |
| methyltestosterone oral | 1 | |
| NATESTO | 3 | PA; FE |
| TESTIM | 3 | PA; BP |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| 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 |
| TLANDO | 3 | PA; FE; QL |
| VOGELXO PUMP | 3 | PA; FE; BP |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) | 3 | PA; BP |
| XYOSTED | 3 | PA; FE |
| Hormonal Agents - Pituitary | | |
| ACTHAR | 6 | PA; SP |
| cabergoline | 1 | QL |
| CORTROPHIN | 6 | PA; SP |
| DDAVP ORAL | 3 | BP |
| desmopressin ace spray refrig | 1 | |
| desmopressin acetate oral | 1 | |
| desmopressin acetate spray | 1 | |
| EGRIFTA SV | 6 | PA; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE | 6 | PA; SP; FE |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 6 | PA; SP; FE |
| HUMATROPE INJECTION CARTRIDGE | 5 | PA; SP |
| INCRELEX | 5 | PA; SP |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 5 | PA; SP; QL |
| MYCAPSSA | 6 | SP; FE; QL |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 6 | PA; SP; FE |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 5 | PA; SP |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 5 | PA; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 5 | PA; SP |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 4 | SP |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| octreotide acetate subcutaneous | 4 | SP |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE | 6 | PA; SP; FE |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | 6 | PA; SP; FE |
| ORILISSA | 2 | PA; QL |
| RECORLEV | 6 | PA; SP; QL |
| SAIZEN | 6 | PA; SP; FE |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 6 | SP; BP |
| SIGNIFOR | 5 | PA; SP |
| SKYTROFA | 6 | PA; SP; FE |
| SOMAVERT | 6 | SP; FE |
| SYNAREL | 2 | |
| ZOMACTON | 6 | PA; SP; FE |
| Hormonal Agents - Prostaglandins | | |
| KORLYM | 5 | PA; SP |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| EVISTA | 3 | PV; BP |
| OSPHENA | 3 | PV |
| raloxifene hcl | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| Hormonal Agents - Sex Hormones and Birth Control | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | PV; BP |
| afirmelle | 1 | PV |
| aftera | 1 | O; PV |
| AFTERPILL | 3 | O; PV |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 3 | PV; FE; QL |
| altavera | 1 | PV |
| alyacen 1/35 | 1 | PV |
| alyacen 7/7/7 | 1 | PV |
| amabelz | 1 | PV |
| amethia | 1 | PV |
| amethyst | 1 | PV |
| ANGELIQ | 3 | PV; FE |
| ANNOVERA | 3 | PV; QL |
| apri | 1 | PV |
| aranelle | 1 | PV |
| ashlyna | 1 | PV |
| aubra eq | 1 | PV |
| aurovela 1.5/30 | 1 | PV |
| aurovela 1/20 | 1 | PV |
| aurovela 24 fe | 1 | PV |
| aurovela fe 1.5/30 | 1 | PV |
| aurovela fe 1/20 | 1 | PV |
| aviane | 1 | PV |
| ayuna | 1 | PV |
| azurette | 1 | PV |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL | 3 | PV; BP |
| balziva | 1 | PV |
| BEYAZ | 3 | PV; BP |
| BIJUVA | 3 | PV; FE |
| blisovi 24 fe | 1 | PV |
| blisovi fe 1.5/30 | 1 | PV |
| blisovi fe 1/20 | 1 | PV |
| briellyn | 1 | PV |
| camila | 1 | PV |
| camrese | 1 | PV |
| camrese lo | 1 | PV |
| charlotte 24 fe | 1 | PV |
| chateal eq | 1 | PV |
| CLIMARA | 3 | PV; BP; QL |
| CLIMARA PRO | 3 | PV; FE; QL |
| COMBIPATCH | 2 | PV; QL |
| CRINONE VAGINAL GEL 4 % | 2 | |
| cryselle-28 | 1 | PV |
| curae | 1 | O; PV |
| cyred eq | 1 | PV |
| dasetta 1/35 | 1 | PV |
| dasetta 7/7/7 | 1 | PV |
| daysee | 1 | PV |
| deblitane | 1 | PV |
| DELESTROGEN | 3 | PV; BP |
| delyla | 1 | PV |
| DEPO-ESTRADIOL | 2 | PV |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | PV; BP |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | PV; BP |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | PV |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | 1 | PV |
| DIVIGEL | 3 | PV; BP |
| dolishale | 1 | PV |
| dotti | 1 | PV; QL |
| drospiren-eth estrad-levomefol | 1 | PV |
| drospirenone-ethinyl estradiol | 1 | PV |
| DUAVEE | 3 | PV |
| econtra one-step | 1 | O; PV |
| ELESTRIN | 3 | PV |
| elinest | 1 | PV |
| ELLA | 2 | PV |
| eluryng | 1 | PV; QL |
| ENDOMETRIN | 3 | |
| enilloring | 1 | QL |
| enpresse-28 | 1 | PV |
| enskyce oral tablet 0.15-30 mg-mcg | 1 | PV |
| errin | 1 | PV |
| estarylla | 1 | PV |
| ESTRACE ORAL | 3 | PV; BP |
| ESTRACE VAGINAL | 3 | BP |
| estradiol tablet 0.5 mg oral | 1 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| 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 |
| 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 | PV |
| etonogestrel-ethinyl estradiol | 1 | PV; QL |
| EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL | 3 | PV |
| falmina | 1 | PV |
| FEMRING | 2 | QL |
| finzala | 1 | PV |
| fyavolv | 1 | PV |
| gemmily | 1 | PV |
| GENERESS FE | 3 | PV; BP |

| Drug Name | Drug Tier | Limits/ Required |
|--------------------------|-----------|------------------|
| hailey 1.5/30 | 1 | PV |
| hailey 24 fe | 1 | PV |
| hailey fe 1.5/30 | 1 | PV |
| hailey fe 1/20 | 1 | PV |
| haloette | 1 | PV; QL |
| heather | 1 | PV |
| her style | 1 | O; PV |
| iclevia | 1 | PV |
| IMVEXXY MAINTENANCE PACK | 3 | |
| IMVEXXY STARTER PACK | 3 | |
| incassia | 1 | PV |
| introvale | 1 | PV |
| isibloom | 1 | PV |
| jaimiess | 1 | PV |
| jasmiel | 1 | PV |
| jencycla | 1 | PV |
| jinteli | 1 | PV |
| jolessa | 1 | PV |
| joyeaux | 1 | PV |
| juleber | 1 | PV |
| junel 1.5/30 | 1 | PV |
| junel 1/20 | 1 | PV |
| junel fe 1.5/30 | 1 | PV |
| junel fe 1/20 | 1 | PV |
| junel fe 24 | 1 | PV |
| kaitlib fe | 1 | PV |
| kalliga | 1 | PV |
| kariva | 1 | PV |
| kelnor 1/35 | 1 | PV |
| kelnor 1/50 | 1 | PV |
| kurvelo | 1 | PV |
| larin 1.5/30 | 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 |
|---|-----------|------------------|
| larin 1/20 | 1 | PV |
| larin 24 fe | 1 | PV |
| larin fe 1.5/30 | 1 | PV |
| larin fe 1/20 | 1 | PV |
| layolis fe | 1 | PV |
| leena | 1 | PV |
| lessina | 1 | PV |
| levonest | 1 | PV |
| levonorgest-eth est & eth est | 1 | PV |
| levonorgest-eth estrad 91-day | 1 | PV |
| levonorgest-eth estradiol-iron | 1 | PV |
| levonorgestrel oral tablet 1.5 mg | 1 | O; PV |
| levonorgestrel-ethinyl estrad | 1 | PV |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | 1 | PV |
| levora 0.15/30 (28) | 1 | 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 | PV |
| loryna | 1 | PV |
| low-ogestrel | 1 | PV |
| lo-zumandimine | 1 | PV |
| lutera | 1 | PV |
| lyleq | 1 | PV |
| lyllana | 1 | PV; QL |
| lyza | 1 | PV |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| marlissa | 1 | PV |
| medroxyprogesterone acetate intramuscular suspension | 1 | PV |
| medroxyprogesterone acetate oral | 1 | |
| medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular | 1 | |
| medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular | 1 | 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 | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | 3 | PV; FE |
| MENOSTAR | 3 | PV; FE; QL |
| merzee | 1 | PV |
| mibelas 24 fe | 1 | PV |
| microgestin 1.5/30 | 1 | PV |
| microgestin 1/20 | 1 | PV |
| microgestin 24 fe | 1 | PV |
| microgestin fe 1.5/30 | 1 | PV |
| microgestin fe 1/20 | 1 | PV |
| mili | 1 | PV |
| mimvey | 1 | PV |
| MINASTRIN 24 FE | 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.

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| nortrel 1/35 (21) | 1 | PV |
| nortrel 1/35 (28) | 1 | PV |
| nortrel 7/7/7 | 1 | PV |
| NUVARING | 3 | PV; BP; QL |
| nylia 1/35 | 1 | PV |
| nylia 7/7/7 | 1 | PV |
| nymyo | 1 | PV |
| ocella | 1 | PV |
| opcicon one-step | 1 | O; PV |
| option 2 | 1 | O; PV |
| ORIAHNN | 2 | PA; PV; QL |
| philith | 1 | PV |
| pimtrea | 1 | PV |
| PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC) | 3 | O; PV |
| portia-28 | 1 | 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 | O; PV |
| reclipsen | 1 | PV |
| rivelsa | 1 | PV |
| SAFYRAL | 3 | PV; BP |
| setlakin | 1 | PV |
| sharobel | 1 | PV |
| simliya | 1 | PV |

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

Coverage effective 1/1/2024

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

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

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SYNTHROID | 3 | BP |
| THYQUIDITY | 3 | FE |
| thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 1 | |
| TIROSINT CAPSULE 75 MCG ORAL | 3 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG | 3 | |
| TIROSINT-SOL | 3 | |
| unithroid | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | 6 | PA; SP; QL |
| ACTEMRA SUBCUTANEOUS | 6 | PA; SP; QL |
| ACTIMMUNE | 5 | PA; SP |
| ADALIMUMAB-ADAZ | 5 | PA; SP; QL |
| ADALIMUMAB-FKJP | 5 | PA; SP; QL |
| AMJEVITA | 6 | PA; SP; FE; QL |
| ARAVA | 3 | BP; QL |
| ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS | 5 | PA; SP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| ASTAGRAF XL | 3 | PV |
| AZASAN | 3 | PV; BP |
| azathioprine oral | 1 | PV |
| BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS | 5 | PA; SP; QL |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| CELLCEPT | 3 | PV; BP |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT | 5 | PA; SP; QL |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 5 | PA; SP; QL |
| COSENTYX (300 MG DOSE) | 6 | PA; SP; QL |
| COSENTYX 150 MG/ML | 6 | PA; SP; QL |
| COSENTYX SENSOREADY (300 MG) | 6 | PA; SP; QL |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 6 | PA; SP; QL |
| COSENTYX UNOREADY | 6 | PA; SP; QL |
| cyclosporine modified | 1 | PV |
| cyclosporine oral capsule | 1 | PV |
| CYLTEZO | 6 | PA; SP; FE; QL |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|--|-----------|------------------|
| CYLTEZO-CD/UC/HS STARTER | 6 | PA; SP; FE; QL | HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 6 | PA; SP; BP; QL |
| CYLTEZO-PSORIASIS STARTER | 6 | PA; SP; FE; QL | HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | 6 | PA; SP; BP; QL |
| ENBREL MINI | 6 | PA; SP; QL | HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 6 | PA; SP; BP; QL |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 6 | PA; SP; QL | HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | 6 | PA; SP; BP; QL |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 6 | PA; SP; QL | HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML | 6 | PA; SP; BP; QL |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 6 | PA; SP; QL | HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 6 | PA; SP; BP; QL |
| ENSPRYNG | 5 | PA; SP; QL | HUMIRA PEN-PEDIATRIC UC START | 6 | PA; SP; BP; QL |
| ENVARUSUS XR | 3 | PV | HUMIRA PEN-PSOR/UEVIT STARTER | 6 | PA; SP; BP; QL |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 | PV | | | |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 6 | PA; SP; BP | | | |
| gengraf oral capsule 100 mg, 25 mg | 1 | PV | | | |
| gengraf oral solution | 1 | PV | | | |
| HADLIMA | 5 | PA; SP; QL | | | |
| HADLIMA PUSHTOUCH | 5 | PA; SP; QL | | | |
| HAEGARDA | 5 | PA; SP | | | |
| HULIO | 6 | PA; SP; FE | | | |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|-------------------|--|-----------|------------------|
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 6 | PA; SP; BP; QL | methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | 1 | |
| | 6 | PA; SP; FE; QL | methotrexate sodium injection solution reconstituted | 1 | |
| HYRIMOZ | 6 | PA; SP; FE; QL | methotrexate sodium oral | 1 | |
| HYRIMOZ- CROHNS/UC STARTER PACK | 6 | PA; SP; FE; QL | mycophenolate mofetil oral capsule | 1 | PV |
| HYRIMOZ-PED CROHNS STARTER | 6 | PA; SP; FE; QL | mycophenolate mofetil oral suspension reconstituted | 1 | PV |
| HYRIMOZ-PLAQUE PSORIASIS START | 6 | PA; SP; FE; QL | mycophenolate mofetil tablet 500 mg oral | 1 | |
| icatibant acetate subcutaneous solution prefilled syringe | 4 | PA; SP | mycophenolate mofetil tablet 500 mg oral | 1 | PV |
| | 6 | PA; SP; FE; QL | mycophenolate sodium | 1 | PV |
| IDACIO | 6 | PA; SP; FE; QL | MYFORTIC | 3 | PV; BP |
| IDACIO FOR CROHNS DISEASE/UC | 6 | PA; SP; FE; QL | NEORAL | 3 | PV; BP |
| IDACIO FOR PLAQUE PSORIASIS | 6 | PA; SP; FE; QL | | 6 | PA; SP; QL |
| IMURAN | 3 | PV; BP | OLUMIANT | 6 | PA; SP; QL |
| | 6 | PA; SP; QL | ORENCIA CLICKJECT | 6 | PA; SP; QL |
| KEVZARA | 6 | PA; SP; QL | ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 6 | PA; SP; QL |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 6 | PA; SP; QL | | 6 | PA; SP; QL |
| leflunomide oral | 1 | QL | ORLADEYO | 6 | PA; SP; QL |
| | 6 | PA; SP; PV; QL | OTEZLA ORAL TABLET | 5 | PA; SP; QL |
| LUPKYNIS | 6 | PA; SP; PV; QL | OTEZLA ORAL TABLET THERAPY PACK | 5 | PA; SP; QL |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml | 1 | | | | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|---|-----------|------------------|
| OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | FE | RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS | 3 | FE |
| PROGRAF ORAL CAPSULE | 3 | PV; BP | RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS | 3 | FE |
| PROGRAF ORAL PACKET | 3 | PV; AL | RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS | 3 | FE |
| RAPAMUNE | 3 | PV; BP | REZUROCK | 6 | PA; SP; QL |
| RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS | 3 | FE | RIDAURA | 5 | SP |
| RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS | 3 | FE | RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG | 5 | PA; SP; QL |
| RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS | 3 | FE | RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL | 5 | PA; SP; QL |
| RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS | 3 | FE | sajazir subcutaneous solution prefilled syringe | 4 | PA; SP |
| RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS | 3 | FE | SANDIMMUNE ORAL CAPSULE | 3 | PV; BP |
| RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS | 3 | FE | SANDIMMUNE ORAL SOLUTION | 2 | PV |
| | | | SILIQ | 6 | PA; SP; QL |
| | | | SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 5 | PA; SP; QL |
| | | | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| | | | sirolimus oral | 1 | PV |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| SKYRIZI PEN | 5 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS | 5 | PA; SP; QL |
| SOTYKTU | 6 | PA; SP; QL |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | PA; SP; QL |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| tacrolimus oral | 1 | PV |
| TAKHZYRO | 5 | PA; SP; QL |
| TALTZ | 6 | PA; SP; QL |
| TREMFYA | 5 | PA; SP; QL |
| TREXALL | 2 | |
| VARIZIG INTRAMUSCULAR SOLUTION | 2 | |
| XATMEP | 3 | FE |
| XELJANZ | 5 | PA; SP; QL |
| XELJANZ XR | 5 | PA; SP; QL |
| YUFLYMA 1-PEN KIT | 6 | PA; SP; FE; QL |
| YUFLYMA 2-PEN KIT | 6 | PA; SP; FE; QL |
| YUFLYMA 2-SYRINGE KIT | 6 | PA; SP; FE; QL |
| YUSIMRY | 6 | PA; SP; FE; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZORTRESS | 3 | PV; BP |
| Inflammatory Bowel Disease Agents | | |
| ANUSOL-HC EXTERNAL | 3 | BP |
| APRISO | 3 | BP |
| AZULFIDINE | 3 | BP |
| AZULFIDINE EN-TABS | 3 | BP |
| balsalazide disodium | 1 | |
| budesonide er oral tablet extended release 24 hour | 1 | FE; QL |
| budesonide oral | 1 | |
| budesonide rectal | 1 | |
| CANASA | 3 | BP |
| COLAZAL | 3 | BP |
| CORTENEMA | 3 | BP |
| CORTIFOAM EXTERNAL | 2 | |
| DELZICOL | 3 | BP |
| DIPENTUM | 3 | FE |
| hydrocortisone (perianal) | 1 | |
| hydrocortisone rectal enema | 1 | |
| LIALDA | 3 | BP |
| mesalamine er | 1 | |
| mesalamine oral | 1 | |
| mesalamine rectal | 1 | |
| mesalamine-cleanser | 1 | |
| ORTIKOS | 3 | FE; QL |
| PENTASA | 2 | |
| PROCTOCORT EXTERNAL | 3 | BP |
| PROCTOFOAM HC EXTERNAL | 2 | |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|--------------------|
| procto-med hc external | 1 | |
| proctosol hc external | 1 | |
| proctozone-hc external | 1 | |
| ROWASA RECTAL | 3 | BP |
| SFROWASA | 3 | |
| sulfasalazine oral | 1 | |
| TARPEYO | 3 | FE; QL |
| UCERIS RECTAL | 3 | BP |
| UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL | 3 | FE; BP; QL |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | PV; BP |
| alendronate sodium oral solution | 1 | PV |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 | PV |
| ATELVIA | 3 | PV; BP |
| BINOSTO | 3 | PV; FE |
| calcitonin (salmon) | 1 | PV |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | 6 | PA; SP; PV; FE; QL |
| FOSAMAX ORAL TABLET 70 MG | 3 | PV; BP |
| FOSAMAX PLUS D | 3 | PV; FE |
| ibandronate sodium oral | 1 | PV |
| MIACALCIN INJECTION | 3 | PV; BP |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|--------------------|
| risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | 1 | PV |
| risedronate sodium oral tablet delayed release | 1 | PV |
| TERIPARATIDE (RECOMBINANT) | 6 | PA; SP; PV; FE; QL |
| TYMLOS | 5 | PA; SP; PV; QL |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral | 1 | |
| cinacalcet hcl | 1 | |
| doxercalciferol oral | 1 | |
| paricalcitol oral | 1 | |
| RAYALDEE | 3 | |
| ROCALTROL | 3 | BP |
| SENSIPAR | 3 | BP |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | BP |
| Miscellaneous Therapeutic Agents | | |
| AEROCHAMBER MINI CHAMBER | 2 | |
| AEROCHAMBER MV | 2 | |
| AEROCHAMBER PLUS FLO-VU | 2 | |
| AEROCHAMBER PLUS FLOW VU | 2 | |
| AEROCHAMBER W/FLOWSIGNAL | 2 | |
| ASPARTAME (FOR COMPOUNDING) | 2 | |
| ASPARTAME (NUTRASWEET) | 2 | |

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 |
|---|-----------|------------------|
| BREATHE EASE LARGE | 2 | |
| BREATHE EASE MEDIUM | 2 | |
| BREATHE EASE SMALL | 2 | |
| BREATHERITE VALVED MDI CHAMBER | 2 | |
| BROMELAIN | 2 | |
| BYLVAY | 6 | PA; SP; QL |
| BYLVAY (PELLETS) | 6 | 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 | O |
| DOJOLVI | 3 | PA |
| DUREX EXTRA SENSITIVE THIN | 3 | O |
| EASIVENT | 2 | |
| ENCARE VAGINAL SUPPOSITORY | 3 | O |
| ENDARI | 3 | |
| ergoloid mesylates oral | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| FC2 FEMALE CONDOM | 3 | O |
| FIRDAPSE | 6 | PA; SP; FE; QL |
| FLEXICHAMBER | 2 | |
| formaldehyde solution 37 % external (rx) | 1 | |
| glutaraldehyde external | 1 | |
| GRASTEK | 3 | |
| KERENDIA TABLET 10 MG ORAL | 3 | PA; QL |
| KERENDIA TABLET 20 MG ORAL | 3 | PA; QL |
| K-Y ME & YOU EXTRA LUBRICATED | 3 | O |
| K-Y ME & YOU INTENSE | 3 | O |
| LIVMARLI | 6 | 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 |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND-LG MASK | 2 | |
| OPTICHAMBER DIAMOND-MD MASK | 2 | |
| OPTICHAMBER DIAMOND-SM MASK | 2 | |
| OPTIONS GYNOL II CONTRACEPTIVE | 3 | O |
| ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL | 2 | |
| OXBRYTA | 6 | PA; SP; QL |
| PALFORZIA | 6 | SP; AL |
| PHEXXI | 3 | |
| POCKET SPACER | 2 | |
| RADIOGARDASE | 3 | |
| RAGWITEK | 3 | |
| SACCHARIN | 2 | |
| sodium saccharin powder | 1 | |
| TAVNEOS | 6 | PA; SP; QL |
| TODAY SPONGE | 2 | O |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 2 | O |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM | 3 | O |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL | 3 | O |
| VISTOGARD | 5 | SP |
| VORTEX VALVED HOLDING CHAMBER | 2 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| ZOKINVY | 5 | PA; SP |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ACULAR | 3 | BP |
| ACULAR LS | 3 | BP |
| ACUVAIL | 3 | FE |
| ALOCRIAL | 3 | FE |
| ALOMIDE | 3 | FE |
| ALREX | 3 | ST; FE |
| AZASITE | 2 | |
| azelastine hcl ophthalmic | 1 | |
| bacitracin ophthalmic | 1 | |
| bepotastine besilate | 1 | FE |
| BEPREVE | 3 | FE; BP |
| BESIVANCE | 3 | FE |
| BETADINE OPHTHALMIC PREP | 3 | |
| bromfenac sodium (once-daily) | 1 | |
| BROMSITE | 3 | FE |
| CILOXAN OPHTHALMIC OINTMENT | 3 | FE |
| ciprofloxacin hcl ophthalmic | 1 | |
| cromolyn sodium ophthalmic | 1 | |
| dexamethasone sodium phosphate ophthalmic | 1 | |
| diclofenac sodium ophthalmic | 1 | |
| difluprednate | 1 | ST |
| DUREZOL | 3 | ST; BP |

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

Coverage effective 1/1/2024

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

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

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

Coverage effective 1/1/2024

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

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| COMBIGAN | 3 | BP |
| COSOPT | 3 | BP |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | 3 | BP |
| dichlorphenamide | 4 | SP |
| dorzolamide hcl solution 2 % ophthalmic | 1 | |
| dorzolamide hcl-timolol mal | 1 | |
| dorzolamide hcl-timolol mal pf | 1 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |
| ISTALOL | 3 | BP |
| KEVEYIS | 6 | SP; BP |
| latanoprost ophthalmic | 1 | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 | |
| LUMIGAN SOLUTION 0.01 % OPHTHALMIC | 2 | ST |
| methazolamide oral | 1 | |
| PHOSPHOLINE IODIDE | 2 | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 | |
| RHOPRESSA | 2 | |
| ROCKLATAN | 2 | ST |
| SIMBRINZA | 3 | |
| tafluprost (pf) | 1 | ST |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ocudose | 1 | |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| timolol maleate ophthalmic gel forming solution | 1 | FE |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 1 | |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 % | 3 | FE; BP |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 % | 3 | BP |
| TRAVATAN Z | 3 | FE; BP |
| travoprost (bak free) | 1 | |
| VUITY | 3 | |
| VYZULTA | 3 | ST; FE |
| XALATAN | 3 | BP |
| XELPROS | 2 | |
| ZIOPTAN OPTHALMIC SOLUTION 0.0015 % | 3 | ST; FE; BP |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| altafrin ophthalmic solution 10 %, 2.5 % | 1 | |
| atropine sulfate ophthalmic ointment | 1 | |
| atropine sulfate ophthalmic solution 1 % | 1 | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 | |
| bacitra-neomycin-polymyxin-hc | 1 | |
| CEQUA | 3 | QL |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 % | 3 | |
| CYCLOGYL OPTHALMIC SOLUTION 1 % | 3 | BP |
| cyclopentolate hcl ophthalmic solution 1 % | 1 | |
| cyclosporine ophthalmic | 1 | |
| CYSTARAN | 5 | SP |
| ISOPTO ATROPINE | 2 | |
| LACRISERT | 3 | FE |
| LASTACAFT | 3 | FE |
| neomycin-bacitracin zn-polymyx | 1 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 | |
| neo-polycin | 1 | |
| neo-polycin hc | 1 | |
| OXERVATE | 6 | 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 |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| sulfacetamide-prednisolone ophthalmic solution | 1 | |
| TYRVAYA | 3 | QL |
| VERKAZIA | 3 | |
| XIIDRA | 3 | QL |
| ZYLET | 3 | |
| Otic Agents - Drugs for Ear Conditions | | |
| acetic acid otic | 1 | |
| CETRAXAL | 3 | FE; BP |
| CIPRO HC | 3 | FE |
| ciprofloxacin hcl otic | 1 | |
| ciprofloxacin-dexamethasone | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE PF | 3 | FE |
| CORTISPORIN-TC | 3 | |
| DERMOTIC | 3 | BP |
| flac | 1 | |
| fluocinolone acetonide otic | 1 | |
| hydrocortisone-acetic acid | 1 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| OTOVEL | 3 | FE |
| PRAMOTIC | 3 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | 1 | |
| azelastine-fluticasone | 1 | FE |
| BECONASE AQ | 3 | FE |

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| benzonatate | 1 | |
| carbinoxamine maleate oral solution | 1 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| carbinoxamine maleate oral tablet 6 mg | 1 | FE |
| cetirizine hcl oral solution 1 mg/ml | 1 | |
| CLARINEX ORAL TABLET | 3 | FE; BP |
| CLARINEX-D 12 HOUR | 3 | FE |
| clemastine fumarate oral syrup | 1 | FE |
| clemastine fumarate oral tablet 2.68 mg | 1 | |
| cyproheptadine hcl oral | 1 | |
| desloratadine | 1 | FE |
| diphenhydramine hcl elixir 12.5 mg/5ml oral (rx) | 1 | |
| DYMISTA | 3 | FE; BP |
| flunisolide nasal solution 25 mcg/act (0.025%) | 1 | |
| fluticasone propionate suspension 50 mcg/act nasal (rx) | 1 | QL |
| GILPHEX TR ORAL TABLET 10-388 MG | 3 | FE |
| guaifenesin ac | 1 | AL; QL |
| guaifenesin-codeine oral solution | 1 | AL; QL |
| HYCODAN ORAL SOLUTION | 3 | AL; BP; QL |
| HYCODAN ORAL TABLET | 3 | AL; BP; QL |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| hydrocod poli-chlorphe poli er | 1 | AL; QL |
| hydrocodone bit-homatrop mbr oral tablet | 1 | AL; QL |
| hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral | 1 | AL; QL |
| hydromet oral solution | 1 | AL; QL |
| HYPERSAL | 3 | |
| ipratropium bromide nasal | 1 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | 3 | FE |
| levocetirizine dihydrochloride oral solution | 1 | FE |
| levocetirizine dihydrochloride tablet 5 mg oral (rx) | 1 | |
| maxi-tuss ac | 1 | AL; QL |
| mometasone furoate nasal | 1 | QL |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | 3 | |
| olopatadine hcl nasal | 1 | FE |
| OMNARIS | 3 | FE |
| PATANASE | 3 | FE; BP |
| promethazine vc | 1 | |
| promethazine vc/codeine | 1 | AL; QL |
| promethazine-codeine | 1 | AL; QL |
| promethazine-dm oral syrup | 1 | |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx) | 1 | |
| PULMOSAL | 3 | |
| QNASL | 3 | FE |
| QNASL CHILDRENS | 3 | FE |
| RYALTRIS | 3 | FE; QL |
| RYCLORA ORAL SOLUTION | 3 | FE |
| ryvent | 1 | FE |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 | |
| TUXARIN ER | 3 | AL; FE; QL |
| XHANCE | 3 | FE; QL |
| ZETONNA | 3 | FE |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ACCOLATE | 3 | PV; BP |
| acetylcysteine inhalation | 1 | |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION | 2 | PV; BP; QL |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION | 2 | PV; BP; QL |

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

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|-------------------------------------|--|-----------|------------------|
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION | 2 | PV; BP; 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 |
| ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION | 2 | PV; QL | albuterol sulfate oral | 1 | PV |
| ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION | 2 | PV; QL | ALVESCO | 3 | PV; FE; QL |
| ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION | 2 | PV; QL | ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION | 2 | PV; QL |
| AIRDUO DIGIHALER | 3 | PV; FE; QL | arformoterol tartrate | 1 | PV; QL |
| AIRDUO RESPICLICK 113/14 | 3 | PV; FE; QL | ARMONAIR DIGIHALER | 3 | PV; FE; QL |
| AIRDUO RESPICLICK 232/14 | 3 | PV; FE; QL | ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION | 2 | PV; QL |
| AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION | 3 | PV; FE; QL | ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION | 2 | PV; QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | Generic Proair/Proventil; PV; QL | ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | PV; QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | 3 | Ventolin brand alternative ; PV; QL | ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 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.

Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|--|-----------|------------------|
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 2 | PV; QL | budesonide-formoterol fumarate | 1 | PV; QL |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 2 | PV; QL | COMBIVENT RESPIMAT | 2 | PV; QL |
| ASMANEX HFA | 2 | PV; QL | cromolyn sodium inhalation | 1 | PV |
| ATROVENT HFA | 2 | PV; QL | DALIRESP | 3 | PV; BP |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR | 3 | FE; QL | DUAKLIR PRESSAIR | 3 | PV; FE; QL |
| BEVESPI AEROSPHERE | 3 | PV; QL | DULERA | 3 | PV; FE; QL |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION | 2 | PV; QL | elixophyllin | 1 | PV |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION | 2 | PV; QL | epinephrine injection solution auto-injector | 1 | QL |
| breyna | 1 | PV; QL | EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | BP; QL |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION | 2 | PV; QL | EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | BP; QL |
| BROVANA | 3 | PV; BP; QL | ESBRIET | 6 | PA; SP; BP; QL |
| budesonide inhalation | 1 | PV; QL | FASENRA PEN | 5 | PA; SP; QL |
| | | | FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT | 2 | PV; QL |
| | | | FLOVENT HFA | 2 | PV; QL |

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Coverage effective 1/1/2024

| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|--|-----------|------------------|
| FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | 3 | PV; FE; QL | levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 1 | PV |
| FLUTICASONE PROPIONATE HFA | 3 | PV; FE; QL | LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | 3 | PV; QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL | 3 | PV; FE; QL | montelukast sodium oral | 1 | PV |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 | PV; QL | NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | 5 | PA; SP; QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 2 | PV; QL | NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; SP; QL |
| formoterol fumarate inhalation | 1 | PV; QL | OFEV | 5 | PA; SP; QL |
| INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION | 2 | PV; QL | PERFOROMIST | 3 | PV; BP; QL |
| ipratropium bromide inhalation | 1 | PV | pirfenidone | 4 | PA; SP; QL |
| ipratropium-albuterol | 1 | PV | PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | 3 | PV; FE; QL |
| | | | PROAIR RESPICLICK | 3 | PV; QL |
| | | | PROVENTIL HFA | 3 | PV; BP; QL |
| | | | PULMICORT FLEXHALER | 2 | PV; QL |
| | | | PULMICORT SUSPENSION | 3 | PV; BP; QL |
| | | | QVAR REDIHALER | 2 | PV; QL |

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| Drug Name | Drug Tier | Limits/ Required | Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|---|-----------|------------------|
| roflumilast | 1 | PV | THEO-24 | 3 | PV |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | PV; QL | theophylline elixir 80 mg/15ml oral | 1 | PV |
| SINGULAIR | 3 | PV; BP | theophylline er | 1 | PV |
| SPIRIVA HANDIHALER | 3 | PV; BP; QL | theophylline oral solution | 1 | PV |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION | 2 | PV; QL | tiotropium bromide monohydrate | 1 | PV; QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT | 2 | PV; QL | TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION | 2 | PV; QL |
| STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION | 2 | PV; QL | TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION | 2 | PV; QL |
| STRIVERDI RESPIMAT | 3 | PV; QL | TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | 3 | PV; QL |
| SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION | 3 | PV; BP; QL | VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | 3 | PV; QL |
| SYMBICORT AEROSOL 80-4.5 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 |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML | 2 | QL | XOPENEX HFA | 3 | PV; QL |
| terbutaline sulfate oral | 1 | PV | YUPELRI SOLUTION 175 MCG/3ML INHALATION | 3 | ST; PV; QL |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 5 | PA; SP; QL | zafirlukast | 1 | PV |
| | | | zileuton er | 1 | PV; FE |

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| Drug Name | Drug Tier | Limits/ Required |
|---|-----------|------------------|
| ZYFLO | 3 | PV; FE |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| BETHKIS | 6 | SP; BP; QL |
| BRONCHITOL | 2 | QL |
| CAYSTON | 5 | SP |
| KALYDECO | 5 | PA; SP; QL |
| KITABIS PAK | 5 | SP; QL |
| ORKAMBI | 5 | PA; SP; QL |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | SP |
| SYMDEKO | 5 | PA; SP; QL |
| TOBI NEBULIZER | 6 | SP; BP; QL |
| TOBI PODHALER | 5 | SP; QL |
| tobramycin inhalation nebulization solution 300 mg/4ml | 4 | SP; QL |
| tobramycin nebulization solution 300 mg/5ml inhalation | 4 | SP; QL |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | 5 | SP; QL |
| TRIKAFTA | 5 | PA; SP; QL |

| Drug Name | Drug Tier | Limits/ Required |
|--|-----------|------------------|
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADCIRCA | 6 | PA; SP; BP; QL |
| ADEMPAS | 5 | PA; SP; QL |
| alyq | 4 | PA; SP; QL |
| ambrisentan | 4 | PA; SP; QL |
| bosentan | 4 | PA; SP; QL |
| LETAIRIS | 6 | PA; SP; BP; QL |
| OPSUMIT | 5 | PA; SP; QL |
| ORENITRAM | 5 | PA; SP |
| ORENITRAM MONTH 1 | 5 | PA; SP |
| ORENITRAM MONTH 2 | 5 | PA; SP |
| ORENITRAM MONTH 3 | 5 | PA; SP |
| REVATIO ORAL | 6 | PA; SP; BP; QL |
| sildenafil citrate oral suspension reconstituted | 4 | PA; SP; QL |
| sildenafil citrate oral tablet 20 mg | 4 | PA; SP; QL |
| tadalafil (pah) | 4 | PA; SP; QL |
| TADLIQ | 6 | PA; SP; QL |
| TRACLEER 62.5 MG, 125 MG | 6 | PA; SP; BP; QL |

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

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

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 |
|----------------------------------|-----------|-------------------|
| HETLIOZ | 6 | PA; SP; BP; QL |
| HETLIOZ LQ | 6 | PA; SP; QL |
| LUNESTA | 3 | BP; QL |
| modafinil | 1 | QL |
| NUVIGIL | 3 | BP; QL |
| PROVIGIL | 3 | BP; QL |
| QUVIVIQ | 3 | ST; FE; QL |
| ramelteon | 1 | |
| RESTORIL | 3 | BP |
| ROZEREM | 3 | BP |
| SILENOR | 3 | BP; QL |
| SODIUM OXYBATE | 5 | PA; SP; QL |
| SUNOSI TABLET 150 MG ORAL | 2 | ST; QL |
| SUNOSI TABLET 75 MG ORAL | 2 | ST; QL |
| tasimelteon | 4 | PA; SP; QL |
| temazepam | 1 | |
| WAKIX | 5 | PA; SP; QL |
| XYREM | 5 | PA; SP; QL |
| XYWAV | 5 | PA; SP; QL |
| zaleplon | 1 | QL |
| zolpidem tartrate er | 1 | QL |
| zolpidem tartrate oral tablet | 1 | QL |
| zolpidem tartrate sublingual | 1 | FE; QL |

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Sanford Health Plan:

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

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

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

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

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

Help in Other Languages

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

Arabic -

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

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

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

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

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

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

Karen - ဟံသုန်ဟံသး- နမုာ်ကတိၤ ကညိ ကျိာ်အယိ, နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နိတမံၤဘျုးသ့န့ၢ်လီၤ. 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).

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

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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).