

ACA Compliant Individual/Small Group Formulary

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SANFORD
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

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

Reading your formulary

Drug list information

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

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	Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
ALLZITAL	3	FE	butalbital-asa-caff-codeine	1	
APADAZ	3	FE; QL	butalbital-aspirin-caffeine oral capsule	1	
ascomp-codeine	1		butorphanol tartrate nasal	1	QL
bac	1		BUTRANS	3	BP; QL
BELBUCA	3	QL	codeine sulfate oral tablet	1	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL	CONZIP	3	FE
BUPAP ORAL TABLET 50-300 MG	3	FE; BP	DILAUDID ORAL	3	BP; QL
buprenorphine transdermal	1	QL	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
butalbital-acetaminophen capsule 50-300 mg oral	1	FE	ESGIC ORAL CAPSULE	3	FE; BP
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE	ESGIC ORAL TABLET	3	BP
butalbital-acetaminophen oral tablet 50-300 mg	1	FE	fentanyl	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		fentanyl citrate buccal lozenge on a handle	1	
butalbital-apap-caff-cod	1		FENTANYL CITRATE BUCCAL TABLET	3	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE	FIORICET ORAL CAPSULE	3	BP
			FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL	morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	1	QL	morphine sulfate er beads	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	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL	morphine sulfate er oral tablet extended release	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	morphine sulfate solution 10 mg/5ml oral	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	morphine sulfate tablet 15 mg oral	1	QL
hydromorphone hcl oral	1	QL	morphine sulfate tablet 30 mg oral	1	QL
HYSINGLA ER	3	BP; QL	MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
levorphanol tartrate oral	1	QL	NALOCET	3	FE; QL
meperidine hcl oral solution	1	QL	NUCYNTA	3	QL
meperidine hcl oral tablet 50 mg	1	QL	NUCYNTA ER	3	FE; QL
methadone hcl intensol	1		OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	3	FE; QL
methadone hcl oral	1		oxycodone hcl oral capsule	1	QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
methadose oral tablet soluble	1		oxycodone hcl oral tablet	1	QL
METHADOSE SUGAR-FREE	3	BP			

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oxycodone hcl solution 5 mg/5ml oral	1	QL	SEGLENTIS	3	FE
OXYCODONE- ACETAMINOPHEN ORAL SOLUTION 10- 300 MG/5ML	3	FE; QL	TENCON ORAL TABLET 50-325 MG	3	FE
OXYCODONE- ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL	TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE
oxycodone- acetaminophen oral tablet 10-325 mg, 2.5- 325 mg, 5-325 mg, 7.5- 325 mg	1	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL	tramadol hcl er	1	
oxymorphone hcl	1	QL	TRAMADOL HCL ORAL SOLUTION	3	FE; QL
oxymorphone hcl er	1	QL	tramadol hcl oral tablet 100 mg, 50 mg	1	QL
pentazocine-naloxone hcl	1	QL	tramadol hcl oral tablet 25 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL	tramadol- acetaminophen	1	QL
PROLATE	3	FE; QL	XTAMPZA ER	3	FE; QL
QDOLO	3	FE; QL	Analgesics - Drugs for Pain and Inflammation		
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL	ANAPROX DS	3	BP
ROXYBOND ORAL TABLET ABUSE- DETERRENT 15 MG	3	QL	ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
ROXYBOND ORAL TABLET ABUSE- DETERRENT 30 MG, 5 MG	3	FE; QL	aspirin 81 oral tablet delayed release	1	ACA; O
			aspirin adult low dose	1	ACA; O
			aspirin adult low strength oral tablet delayed release	1	ACA; O
			aspirin childrens	1	ACA; O

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aspirin ec low dose	1	ACA; O	diclofenac sodium oral	1	
aspirin ec low strength	1	ACA; O	diclofenac-misoprostol oral tablet delayed release	1	
aspirin low dose oral tablet delayed release	1	ACA; O	diflunisal oral	1	
aspirin low dose tablet chewable 81 mg oral	1	ACA; O	DUEXIS	3	FE; BP
aspirin oral tablet 325 mg	1	ACA; O	EC-NAPROSYN	3	BP
aspirin oral tablet chewable	1	ACA; O	ec-naproxen	1	
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O	ELYXYB	3	FE
aspirin regimen	1	ACA; O	etodolac er	1	
CELEBREX CAPSULE 400 MG ORAL	3	BP	etodolac oral	1	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP	FELDENE	3	BP
celecoxib oral	1		fenoprofen calcium oral	1	FE
DAYPRO	3	BP	FLECTOR EXTERNAL	3	FE; QL
DICLOFENAC PATCH EXTERNAL	3	FE; QL	flurbiprofen oral	1	
diclofenac potassium oral capsule	1	FE	ft aspirin	1	ACA; O
diclofenac potassium oral tablet 25 mg	1	FE	ft aspirin low dose	1	ACA; O
diclofenac potassium oral tablet 50 mg	1		ft enteric coated aspirin	1	ACA; O
diclofenac sodium er	1		genuine aspirin	1	ACA; O
diclofenac sodium external solution 1.5 %	1		goodsense aspirin adults	1	ACA; O
diclofenac sodium external solution 2 %	1	QL	goodsense aspirin low dose	1	ACA; O
diclofenac sodium gel 1 % external (rx)	1	QL	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; BP
			INDOCIN RECTAL	3	FE; BP
			indomethacin er	1	
			indomethacin oral capsule 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
indomethacin oral suspension	1		NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP
indomethacin rectal suppository 50 mg	1		NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
ketoprofen er	1	FE	NAPROSYN ORAL SUSPENSION	3	FE; BP
ketoprofen oral capsule 25 mg, 50 mg	1		NAPROSYN ORAL TABLET 500 MG	3	BP
ketorolac tromethamine injection solution 15 mg/ml	1		naproxen dr oral tablet delayed release 500 mg	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1		naproxen oral suspension	1	FE
ketorolac tromethamine oral	1	QL	naproxen oral tablet	1	
ketorolac tromethamine solution 30 mg/ml injection	1		naproxen oral tablet delayed release	1	
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	FE
LODINE	3	BP	naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
LOFENA	3	FE; BP	naproxen sodium oral tablet 275 mg, 550 mg	1	
meclofenamate sodium oral	1	FE	naproxen-esomeprazole mg	1	FE
mefenamic acid oral	1		oxaprozin oral tablet	1	
meloxicam oral capsule	1	FE	PENNSAID SOLUTION 2 % EXTERNAL	3	FE; BP; QL
meloxicam oral tablet	1		piroxicam oral	1	
mm aspirin oral tablet delayed release	1	ACA; O	RELAFEN DS TABLET 1000 MG ORAL	3	FE
nabumetone oral	1		SPRIX	3	FE
NALFON ORAL CAPSULE 400 MG	3	FE; BP			
NALFON ORAL TABLET	3	FE; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sulindac oral	1		buprenorphine hcl-naloxone hcl	1	QL
VIMOVO	3	FE; BP	bupropion hcl er (smoking det)	1	ACA; PV; QL
ZIPSOR	3	FE; BP	disulfiram oral	1	
Anesthetics					
ethyl chloride	1		ft nicotine	1	ACA; O; PV; QL
GEBAUERS PAIN EASE	3		ft nicotine mini	1	ACA; O; PV; QL
GEBAUERS SPRAY AND STRETCH	3		goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; PV; QL
glydo external prefilled syringe	1		habitrol	1	ACA; O; PV; QL
lidocaine external patch 5 %	1		KLOXXADO	3	FE; QL
lidocaine hcl external solution	1		LUCEMYRA	3	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1		naloxone hcl nasal	1	QL
lidocaine ointment 5 % external	1		naltrexone hcl oral	1	
lidocaine-prilocaine external cream	1		NARCAN	2	QL
LIDOCAN	3	BP	nicotine mini	1	ACA; O; PV; QL
LIDOCAN III	3	BP	nicotine polacrilex mini	1	ACA; O; PV; QL
LIDODERM	3	BP	nicotine polacrilex mouth/throat	1	ACA; O; PV; QL
PLIAGLIS EXTERNAL CREAM	3	FE	nicotine step 1	1	ACA; O; PV; QL
ZTLIDO	3	FE	nicotine step 2	1	ACA; O; PV; QL
Anti-Addiction / Substance Abuse Treatment Agents					
acamprosate calcium	1		nicotine step 3	1	ACA; O; PV; QL
buprenorphine hcl sublingual	1	QL	nicotine transdermal kit	1	ACA; O; PV; QL
			nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NICOTROL	2	ACA; PV; QL	AUGMENTIN ES-600	3	BP
NICOTROL NS	2	ACA; PV; QL	AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
OPVEE	3	FE; QL	AUGMENTIN ORAL TABLET 500-125 MG	3	BP
SUBOXONE SUBLINGUAL FILM	3	BP; QL	avidoxy	1	
varenicline tartrate (starter)	1	ACA; PV; QL	azithromycin oral packet	1	
varenicline tartrate oral tablet	1	ACA; PV; QL	azithromycin oral suspension reconstituted	1	
varenicline tartrate(continue)	1	ACA; PV; QL	azithromycin oral tablet 500 mg, 600 mg	1	
ZIMHI	3	FE	azithromycin tablet 250 mg oral	1	
ZUBSOLV	3	QL	BACTRIM	3	BP
Antibacterials			BACTRIM DS	3	BP
AEMCOLO	3	FE; QL	BAXDELA ORAL	3	PA
ALTABAX	3	FE	benzalkonium chloride external solution , 50 %	1	
amoxicillin capsule 500 mg oral	1		cefaclor er	1	
amoxicillin oral capsule 250 mg	1		cefaclor oral capsule	1	
amoxicillin oral suspension reconstituted	1		cefaclor oral suspension reconstituted 250 mg/5ml	1	
amoxicillin oral tablet	1		cefadroxil	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1		cefdinir	1	
amoxicillin-potassium clavulanate er	1		cefixime	1	
amoxicillin-potassium clavulanate oral	1		cefpodoxime proxetil	1	
ampicillin oral capsule 500 mg	1		cefprozil	1	
ARIKAYCE	4	SP; FE	cefuroxime axetil oral tablet	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
cephalexin oral capsule 250 mg, 500 mg	1		doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
cephalexin oral capsule 750 mg	1	FE	doxycycline hyclate oral tablet 50 mg	1	FE
cephalexin oral suspension reconstituted	1		doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
cephalexin oral tablet	1		doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	1	FE
CIPRO ORAL SUSPENSION RECONSTITUTED	3		DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	FE
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP	doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1		doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE
clarithromycin er	1		doxycycline monohydrate oral suspension reconstituted	1	
clarithromycin oral	1		doxycycline monohydrate oral tablet	1	
CLEOCIN ORAL	3	BP	E.E.S. 400 ORAL TABLET	2	
CLEOCIN VAGINAL CREAM	3	BP	E.E.S. GRANULES	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3		ERYPED 200	3	BP
clindamycin hcl oral	1		ERYPED 400	3	BP
clindamycin palmitate hcl	1		ERY-TAB	3	BP
clindamycin phosphate vaginal	1		ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
CLINDESSE	3		erythromycin base oral	1	
demeclacycline hcl oral	1				
dicloxacillin sodium	1				
DIFICID	3	ST; QL			
DORYX MPC	3	FE			
doxycycline hyclate oral capsule	1				

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erythromycin ethylsuccinate oral	1		minocycline hcl er oral tablet extended release 24 hour	1	FE
erythromycin oral	1		minocycline hcl oral capsule	1	
FIRVANQ	3	BP	minocycline hcl oral tablet	1	FE
FLAGYL ORAL CAPSULE	3	FE; BP	MINOLIRA	3	FE
fosfomycin tromethamine	1		monodoxine nl oral capsule 100 mg	1	
gentamicin sulfate external	1		moxifloxacin hcl oral	1	
HIPREX	3	BP	mupirocin calcium	1	FE
hydrogen peroxide solution 30 %	1		mupirocin external	1	
levofloxacin oral	1		neomycin sulfate oral	1	
LIKMEZ	3	FE	nitrofurantoin macrocrystal oral	1	
linezolid oral suspension reconstituted	1	PA	nitrofurantoin monohydrate macrocrystals	1	
linezolid tablet 600 mg oral	1	PA	nitrofurantoin oral suspension 25 mg/5ml	1	FE
MACROBID	3	BP	NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	FE
MACRODANTIN	3	BP	NUVESSA	3	FE
mafénide acetate external	1		NUZYRA ORAL TABLET 150 MG	3	FE; QL
methenamine hippurate	1		ofloxacin oral tablet 300 mg, 400 mg	1	
metronidazole oral capsule	1	FE	penicillin v potassium	1	
metronidazole oral tablet	1		SEYSARA	3	FE
metronidazole vaginal	1		SILVADENE	3	BP
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	FE	silver sulfadiazine external	1	
			SIVEXTRO ORAL	3	PA; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	FE; BP	XIFAXAN ORAL TABLET 200 MG	3	FE; QL
SOLOSEC	3	FE; QL	XIFAXAN ORAL TABLET 550 MG	2	
ssd	1		XIMINO	3	FE
sulfadiazine oral	1		ZITHROMAX ORAL PACKET	3	BP
sulfamethoxazole-trimethoprim oral tablet	1		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1		ZITHROMAX ORAL TABLET 500 MG	3	BP
SULFAMYLYN EXTERNAL CREAM	3	FE	ZITHROMAX TABLET 250 MG ORAL	3	BP
SULFAMYLYN EXTERNAL PACKET	3	BP	ZITHROMAX TRI-PAK	3	BP
sulfatrim pediatric	1		ZITHROMAX Z-PAK	3	BP
TARGADOX	3	FE; BP	ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
tetracycline hcl oral capsule	1		ZYVOX TABLET 600 MG ORAL	3	PA; BP
TETRACYCLINE HCL ORAL TABLET	3	FE	Anticoagulants		
tinidazole oral	1		ARIIXTRA	3	PV; BP
trimethoprim oral	1		dabigatran etexilate mesylate	1	PV; FE
VANCOCIN	3	BP	ELIQUIS	2	PV
vancomycin hcl oral	1		ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
VANDAZOLE	3		enoxaparin sodium injection solution 300 mg/3ml	1	PV
VIBRAMYCIN ORAL CAPSULE	3	BP	enoxaparin sodium injection solution prefilled syringe	1	PV
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP	fondaparinux sodium	1	PV
XACIATO	3				
XEPI	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	Drug Name	Drug Tier	Limits/ Required
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV	clobazam	1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV	DEPAKOTE	3	BP
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
heparin sodium (porcine) injection solution prefilled syringe	1	PV	DIACOMIT	4	PA; SP
heparin sodium (porcine) pf	1	PV	diazepam rectal	1	QL
jantoven	1	PV	DILANTIN INFATABS	3	BP
LOVENOX INJECTION	3	PV; BP	DILANTIN ORAL CAPSULE 100 MG	3	BP
PRADAXA	3	PV; FE	DILANTIN ORAL CAPSULE 30 MG	2	
SAVAYSA	3	PV; FE	DILANTIN ORAL SUSPENSION	3	BP
warfarin sodium oral	1	PV	divalproex sodium er oral tablet extended release 24 hour	1	
XARELTO	2	PV	divalproex sodium oral capsule delayed release sprinkle	1	
XARELTO STARTER PACK	2	PV	divalproex sodium oral tablet delayed release	1	
Anticonvulsants - Drugs for Seizures			ELEPSIA XR	3	FE
APTIOM	3	FE	EPIDIOLEX	4	PA; SP
BANZEL	3	BP	epitol	1	
BRIVIACT ORAL	3		EPRONTIA	2	
carbamazepine er	1		ethosuximide oral	1	
carbamazepine oral	1		felbamate	1	
CARBATROL	3	BP	FELBATOL ORAL TABLET	3	BP
CELONTIN	3	BP	FINTEPLA	4	PA; SP; QL
			FYCOMPA	3	
			gabapentin oral capsule	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
gabapentin oral solution 300 mg/6ml	1		levetiracetam er	1	
gabapentin oral tablet 600 mg, 800 mg	1		levetiracetam oral tablet	1	
gabapentin solution 250 mg/5ml oral	1		levetiracetam solution 100 mg/ml oral	1	
KEPPRA ORAL	3	BP	methsuximide	1	
KEPPRA XR	3	BP	MY SOLINE	3	BP
lacosamide oral	1		NAYZILAM	2	AL; QL
LAMICTAL ODT	3	BP	NEURONTIN	3	BP
LAMICTAL ORAL TABLET	3	BP	ONFI ORAL SUSPENSION	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP	ONFI ORAL TABLET 10 MG, 20 MG	3	BP
LAMICTAL STARTER	3	BP	oxcarbazepine	1	
LAMICTAL XR ORAL KIT	2		OXTELLAR XR	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP	phenobarbital oral elixir	1	
lamotrigine er	1		phenobarbital oral tablet	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1		phenytek	1	
lamotrigine oral tablet	1		phenytoin infatabs	1	
lamotrigine oral tablet chewable	1		phenytoin oral suspension 125 mg/5ml	1	
lamotrigine oral tablet dispersible	1		phenytoin oral tablet chewable	1	
lamotrigine starter kit- blue	1		phenytoin sodium extended	1	
lamotrigine starter kit- green	1		primidone oral	1	
lamotrigine starter kit- orange	1		QUDEXY XR	3	BP
			roweepra oral tablet 500 mg	1	
			rufinamide	1	
			SABRIL	4	SP; BP
			SPRITAM	3	FE
			subvenite	1	
			subvenite starter kit- blue	1	

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	BP	chlordiazepoxide-amitriptyline	1	
NAMZARIC	3		CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL
rivastigmine	1		citalopram hydrobromide oral solution	1	PV; QL
rivastigmine tartrate	1		citalopram hydrobromide oral tablet	1	PV; QL
Antidepressants			clomipramine hcl oral	1	
amitriptyline hcl oral	1		CYMBALTA	3	PV; BP
amoxapine	1		desipramine hcl oral	1	
ANAFRANIL	3	BP	DESVENLAFAKINE ER	3	ST; PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE	desvenlafaxine succinate er	1	PV
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE	doxepin hcl oral capsule	1	
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE	doxepin hcl oral concentrate	1	
AUVELITY	3	FE; QL	duloxetine hcl oral	1	PV
bupropion hcl er (sr)	1	PV	EFFEXOR XR	3	PV; BP
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV	EMSAM	3	FE
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE	escitalopram oxalate oral	1	PV
bupropion hcl oral	1	PV	FETZIMA	3	ST; PV; FE
CELEXA ORAL TABLET	3	PV; BP; QL	FETZIMA TITRATION	3	ST; PV; FE
			fluoxetine hcl (pmdd) oral tablet	1	FE
			fluoxetine hcl oral capsule	1	PV

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

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
prochlorperazine suppository 25 mg rectal	1	PV	clotrimazole troche 10 mg mouth/throat	1	
promethazine hcl oral	1		clotrimazole- betamethasone	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1		CRESEMBA ORAL	3	
promethegan	1		DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
REGLAN ORAL	3	BP	DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP
SANCUSO	3	FE; QL	econazole nitrate external	1	
scopolamine	1		ECOZA	3	FE
SYNDROS	3	FE	ERTACZO	3	FE
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP	EXELDERM	3	FE
trimethobenzamide hcl oral	1		fluconazole oral	1	
VARUBI (180 MG DOSE)	3	FE; QL	flucytosine oral	1	
Antifungals			griseofulvin microsize oral	1	
ANCOBON	3	BP	griseofulvin ultramicrosize	1	
BREXAFEMME	3	FE; QL	GYNAZOLE-1	3	
ciclodan external solution	1		itraconazole oral capsule	1	QL
ciclopirox external	1		itraconazole solution 10 mg/ml oral	1	QL
CICLOPIROX OLAMINE	2		JUBLIA	3	FE
ciclopirox olamine external	1		ketoconazole external cream	1	
clotrimazole cream 1 % external (rx)	1		ketoconazole external foam	1	
COTRIMAZOLE POWDER	2		ketoconazole external shampoo 2 %	1	
clotrimazole solution 1 % external (rx)	1		ketoconazole oral	1	
			ketodan external foam	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
klayesta	1		posaconazole oral	1	
LULICONAZOLE	3	FE	SPORANOX	3	BP; QL
LUZU	3	FE	SULCONAZOLE NITRATE	3	FE
miconazole 3 vaginal suppository	1		tavaborole	1	FE
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE	terbinafine hcl oral	1	
naftifine hcl external cream	1	FE	terconazole	1	QL
naftifine hcl external gel 2 %	1		TOLNAFTATE	2	
NAFTIN EXTERNAL GEL 1 %	3	FE	TOLSURA	3	FE
NAFTIN EXTERNAL GEL 2 %	3	FE; BP	VFEND	3	BP
NOXAFL ORAL PACKET	3		VIVJOA	3	ST; QL
NOXAFL ORAL SUSPENSION	3	BP	voriconazole oral	1	
NOXAFL ORAL TABLET DELAYED RELEASE	3	BP	VUSION	3	FE
nyamyc	1		Antigout Agents		
nystatin external	1		allopurinol oral tablet 100 mg, 300 mg	1	
nystatin oral tablet	1		ALLOPURINOL ORAL TABLET 200 MG	3	FE
nystatin suspension 100000 unit/ml mouth/throat	1		colchicine oral capsule	1	ST
nystatin-triamcinolone	1		colchicine oral tablet	1	
nystop	1		colchicine-probenecid	1	
ORAVIG	3	FE	febuxostat	1	ST
oxiconazole nitrate	1		GLOPERBA	3	FE
OXISTAT EXTERNAL CREAM	3	BP	MITIGARE	3	ST; BP
OXISTAT EXTERNAL LOTION	3	FE	probenecid oral	1	
			ULORIC	3	ST; BP
			Antimigraine Agents		
			AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
			AIMOVIG	2	ST; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL	IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	BP; QL
almotriptan malate	1	FE; QL	MAXALT ORAL TABLET 10 MG	3	BP; QL
CAMBIA	3	FE; BP	MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
diclofenac potassium(migraine)	1		MIGERGOT	2	
dihydroergotamine mesylate injection	1	QL	MIGRAL	3	BP; QL
dihydroergotamine mesylate nasal	1	QL	naratriptan hcl	1	QL
eletriptan hydrobromide	1	QL	NURTEC	3	FE; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	2	ST; QL	ONZETRA XSAIL	3	FE
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL	QULIPTA	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL	RELPAX	3	BP; QL
ERGOMAR	2		REYVOW	3	ST; QL
ergotamine-caffeine	1		rizatriptan benzoate	1	QL
FROVA	3	BP; QL	sumatriptan nasal	1	QL
frovatriptan succinate	1	QL	sumatriptan succinate oral	1	QL
IMITREX ORAL	3	BP; QL	sumatriptan succinate refill subcutaneous solution cartridge	1	QL
			subcutaneous solution cartridge		
			sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL	pyridostigmine bromide oral solution	1		
sumatriptan-naproxen sodium	1	FE	pyridostigmine bromide oral tablet	1		
TOSYMRA	3	FE; QL	Antimycobacterials			
TREXIMET ORAL TABLET 85-500 MG	3	FE; BP	cycloserine oral	1		
TRUDHESA	3	FE; QL	dapsone oral	1		
UBRELVY TABLET 100 MG ORAL	2	PA; QL	ethambutol hcl oral	1		
UBRELVY TABLET 50 MG ORAL	2	PA; QL	isoniazid oral	1		
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; FE; QL	MYAMBUTOL ORAL TABLET 400 MG	3	BP	
ZEMBRACE SYMTOUCH	3	FE; QL	MYCOBUTIN	3	BP; QL	
zolmitriptan nasal solution 5 mg	1	FE; QL	PRETOMANID	2		
zolmitriptan oral	1	QL	PRIFTIN	2		
ZOMIG NASAL SOLUTION 2.5 MG	3	FE; QL	pyrazinamide oral	1		
ZOMIG NASAL SOLUTION 5 MG	3	FE; BP; QL	rifabutin	1	QL	
Antimyasthenic Agents			rifampin oral	1		
MESTINON ORAL SOLUTION	3	BP	SIRTURO	3		
MESTINON ORAL TABLET	3	BP	TRECATOR	2		
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP	Antineoplastics - Drugs for Cancer			
pyridostigmine bromide er	1		abiraterone acetate	14	PA; MB; SP	
			AFINITOR	14	PA; MB; SP; BP	
			AFINITOR DISPERZ	14	PA; MB; SP; BP	
			ALECensa	14	PA; MB; SP; QL	
			ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL	
			ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP	
			anastrozole oral	1	ACA; PV	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ARIMIDEX	3	PV; BP	COTELLIC	14	PA; MB; SP
AROMASIN	3	PV; BP	cyclophosphamide oral capsule	14	PA; MB
AYVAKIT	14	PA; MB; SP; QL	DROXIA	2	
BALVERSA	14	PA; MB; SP; QL	EMCYT	14	PA; MB; SP
BESREMI	14	PA; MB; SP; QL	ERIVEDGE	14	PA; MB; SP
bexarotene external	4	SP	ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
bexarotene oral	14	PA; MB; SP	ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
bicalutamide	14	PA; MB; SP	erlotinib hcl	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB	etoposide oral	14	PA; MB; SP
BOSULIF ORAL TABLET	14	PA; MB; SP	EULEXIN	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
BRUKINSA	14	PA; MB; SP; QL	everolimus oral tablet soluble	14	PA; MB; SP
CABOMETYX	14	PA; MB; SP	exemestane	1	ACA; PV
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL	EXKIVITY	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP	FARESTON	3	PV; BP
CAPRELSA	14	PA; MB; SP	FEMARA	3	PV; BP
CASODEX	14	PA; MB; SP; BP	FOTIVDA	14	PA; MB; SP; QL
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP	GAVRETO	14	PA; MB; SP; QL
COPIKTRA	14	PA; MB; SP; QL	gefitinib	14	PA; MB; SP
			GILOTrif	14	PA; MB; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GLEEVEC	14	PA; MB; SP; BP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
HYCAMTIN ORAL	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
HYDREA	3	BP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
hydroxyurea oral	1		KISQALI FEMARA	14	PA; MB; SP; QL
IBRANCE	14	PA; MB; SP	KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
ICLUSIG	14	PA; MB; SP	KOSELUGO	4	PA; SP; QL
IDHIFA	14	PA; MB; SP; QL	KRAZATI	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP	lapatinib ditosylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	4	PA; SP; QL	lenalidomide	14	PA; MB; SP
IMBRUVICA ORAL SUSPENSION	4	PA; 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
IMBRUVICA ORAL TABLET 140 MG, 280 MG	4	PA; SP; FE; QL	letrozole oral	1	PV
IMBRUVICA ORAL TABLET 420 MG	4	PA; SP; QL	leucovorin calcium oral	1	
INLYTA	14	PA; MB; SP			
INQOVI	14	PA; MB; SP; QL			
INREBIC	14	PA; MB; SP; QL			
IRESSA	14	PA; MB; SP; BP			
JAKAFI	4	PA; SP			
JAYPIRCA	14	PA; MB; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LEUKERAN	14	PA; MB; SP	nilutamide	14	PA; MB; SP
LONSURF	14	PA; MB; SP	NINLARO	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL	NUBEQA	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL	ODOMZO	14	PA; MB; SP
LYNPARZA ORAL TABLET	14	PA; MB; SP	OJJAARA	14	PA; MB; SP; QL
LYSODREN	14	PA; MB; SP	ONUREG	14	PA; MB; SP; QL
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL	ORGOVYX	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL	ORSERDU	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL	PANRETIN	4	SP
MATULANE	14	PA; MB; SP	pazopanib hcl	14	PA; MB; SP
MEKINIST ORAL TABLET	14	PA; MB; SP	PEMAZYRE	14	PA; MB; SP; QL
MEKTOVI	14	PA; MB; SP; QL	PIQRAY	14	PA; MB; SP; QL
melphalan	14	PA; MB; SP	POMALYST	14	PA; MB; SP
mercaptopurine oral	1		PURIXAN	3	
MESNEX ORAL	4	SP	QINLOCK	14	PA; MB; SP; QL
MYLERAN	14	PA; MB; SP	RETEVMO	14	PA; MB; SP; QL
NERLYNX	14	PA; MB; SP; QL	REVIMID	14	PA; MB; SP
NEXAVAR	14	PA; MB; SP; BP	REZLIDHIA	14	PA; MB; SP; QL
NILANDRON	14	PA; MB; SP; BP	ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RUBRACA	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SCEMBLIX	14	PA; MB; SP; QL	TEPMETKO	14	PA; MB; SP; QL
SIKLOS	3	FE	THALOMID	14	PA; MB; SP
SOLTAMOX	3	ACA; PV	TIBSOVO	14	PA; MB; SP; QL
sorafenib tosylate	14	PA; MB; SP	toremifene citrate	1	PV
SPRYCEL	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
STIVARGA	14	PA; MB; SP	TUKYSA	14	PA; MB; SP; QL
sunitinib malate	14	PA; MB; SP	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
SUTENT	14	PA; MB; SP; BP	TYKERB	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP	VALCHLOR	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL	VANFLYTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP	VENCLEXTA	14	PA; MB; SP
TAGRISSO	14	PA; MB; SP; QL	VENCLEXTA STARTING PACK	14	PA; MB; SP
TALZENNA	14	PA; MB; SP; QL	VERZENIO	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA; PV	VIJOICE	4	PA; SP; QL
TARCEVA	14	PA; MB; SP; BP	VIZIMPRO	14	PA; MB; SP; QL
TARGETIN EXTERNAL	4	SP; BP	VONJO	14	PA; MB; SP; QL
TARGETIN ORAL	14	PA; MB; SP; BP	VOTRIENT	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
WELIREG	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZELBORAF	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZOLINZA	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYDELIG	14	PA; MB; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	ZYKADIA ORAL TABLET	14	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	Antiparasitics		
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP	albendazole oral	1	
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP	ALINIA ORAL TABLET	3	BP
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP	ARAKODA	3	FE
XTANDI	14	PA; MB; SP	atovaquone oral	1	
YONSA	14	PA; MB; SP; QL	atovaquone-proguanil hcl	1	
			BENZNIDAZOLE	3	QL
			BILTRICIDE	3	BP
			chloroquine phosphate oral	1	
			COARTEM	3	
			CROTAN	2	
			DARAPRIM	4	PA; SP; BP
			EMVERM	3	
			hydroxychloroquine sulfate oral	1	
			IMPAVIDO	3	
			ivermectin oral	1	QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KRINTAFEL	2	QL	APOKYN		
LAMPIT	3	QL	SUBCUTANEOUS	4	SP; BP
MALARONE	3	BP	SOLUTION		
malathion external	1		CARTRIDGE		
mefloquine hcl	1		apomorphine hcl	4	SP
MEPRON	3	BP	subcutaneous		
NATROBA	3	BP	AZILECT	3	BP
NEBUPENT	3	BP	benztropine mesylate	1	
nitazoxanide oral	1		oral		
OVIDE	3	BP	bromocriptine mesylate	1	
pentamidine isethionate	1		oral		
inhalation			carbidopa oral	1	
permethrin external	1		carbidopa-levodopa	1	
cream			carbidopa-levodopa er		
PLAQUENIL TABLET	3	BP	oral tablet extended		
200 MG ORAL			release 25-100 mg, 50-		
praziquantel oral	1		200 mg		
primaquine phosphate			carbidopa-levodopa-		
oral tablet 26.3 (15	1		entacapone oral tablet		
base) mg			12.5-50-200 mg, 18.75-		
pyrimethamine oral	4	PA; SP	75-200 mg, 25-100-200	1	
QUALAQUIN	3	BP	mg, 31.25-125-200 mg,		
quinine sulfate oral	1		37.5-150-200 mg, 50-		
spinosad	1		200-200 mg		
STROMECTOL	3	BP; QL	COMTAN	3	BP
sulfurated lime	1		DHIVY ORAL TABLET	3	FE
Antiparkinson Agents			25-100 MG		
amantadine hcl oral			entacapone	1	
capsule	1		GOCOVRI	4	SP; FE
amantadine hcl oral			INBRIJA	4	SP; FE
tablet	1		LODOSYN	3	BP
amantadine hcl solution			MIRAPEX ER ORAL		
50 mg/5ml oral	1		TABLET EXTENDED		
			RELEASE 24 HOUR		
			0.375 MG, 0.75 MG,		
			2.25 MG, 3 MG, 3.75		
			MG, 4.5 MG		
			NEUPRO	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOURIANZ	3	FE; QL	TASMAR ORAL TABLET 100 MG	3	FE; BP
ONGENTYS	2	QL	tolcapone	1	FE
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE	trihexyphenidyl hcl	1	
PARLODEL	3	BP	XADAGO	3	FE; QL
pramipexole dihydrochloride	1		ZELAPAR	3	FE
pramipexole dihydrochloride er	1	FE	Antiplatelets		
rasagiline mesylate oral	1		aspirin-dipyridamole er	1	PV
ropinirole hcl	1		BRILINTA ORAL TABLET 60 MG	2	PV
ropinirole hcl er	1		BRILINTA TABLET 90 MG ORAL	2	PV
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST	CABLIVI	4	PA; SP; QL
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST	cilostazol	1	PV
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST	clopidogrel bisulfate oral	1	PV
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST	dipyridamole oral	1	PV
selegiline hcl oral	1		EFFIENT	3	PV; BP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP	PLAVIX ORAL TABLET 75 MG	3	PV; BP
STALEVO 100	3	BP	prasugrel hcl	1	PV
STALEVO 125	3	BP	YOSPRALA	3	PV; FE
STALEVO 150	3	BP	ZONTIVITY	2	PV
STALEVO 200	3	BP	Antipsychotics - Drugs for Mood Disorders		
STALEVO 50	3	BP	ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
STALEVO 75	3	BP	ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ABILIFY ORAL TABLET	3	PV; BP; QL	haloperidol oral	1	PV
ADASUVE	3	PV	INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP
aripiprazole oral solution	1	PV	LATUDA	3	ST; PV; BP; QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg	1	PV; QL	loxapine succinate oral	1	PV
aripiprazole oral tablet dispersible	1	PV; QL	lurasidone hcl	1	ST; PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL	molindone hcl	1	PV
asenapine maleate	1	ST; PV; FE; QL	NUPLAZID ORAL CAPSULE	2	ST; PV; QL
CAPLYTA	3	ST; PV; FE; QL	NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
chlorpromazine hcl oral	1	PV	olanzapine oral	1	PV
clozapine oral tablet	1	PV	paliperidone er	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV	pimozide	1	
clozapine tablet dispersible 100 mg oral	1	PV	quetiapine fumarate er	1	PV; QL
clozapine tablet dispersible 150 mg oral	1	PV	quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
clozapine tablet dispersible 200 mg oral	1	PV	quetiapine fumarate oral tablet 150 mg	1	PV
CLOZARIL	3	PV; BP	REXULTI	3	ST; PV; FE; QL
FANAPT	3	ST; PV; FE; QL	RISPERDAL ORAL SOLUTION	3	PV; BP
FANAPT TITRATION PACK	3	ST; PV; FE; QL	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
fluphenazine hcl oral	1	PV	risperidone oral solution	1	PV
GEODON ORAL	3	PV; BP	risperidone oral tablet 0.25 mg	1	PV
haloperidol lactate concentrate 2 mg/ml oral	1	PV	risperidone oral tablet dispersible	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
risperidone tablet 0.5 mg oral	1	PV	acyclovir external ointment	1	
risperidone tablet 1 mg oral	1	PV	acyclovir oral	1	
risperidone tablet 2 mg oral	1	PV	adefovir dipivoxil	1	
risperidone tablet 3 mg oral	1	PV	APTIVUS ORAL CAPSULE	2	PV; QL
risperidone tablet 4 mg oral	1	PV	atazanavir sulfate	1	PV; QL
RYKINDO	14	MB; PV; QL	BARACLUDE ORAL SOLUTION	3	
SAPHRIS	3	ST; PV; FE; BP; QL	BARACLUDE ORAL TABLET	3	BP
SECUADO	3	ST; PV; FE; QL	BIKTARVY	2	PV; QL
SEROQUEL	3	PV; BP; QL	CIMDUO	2	PV; QL
SEROQUEL XR	3	PV; BP; QL	COMPLERA	2	PV; QL
thioridazine hcl oral	1	PV	darunavir	1	PV; QL
thiothixene oral	1	PV	DELSTRIGO	2	PV; QL
trifluoperazine hcl oral	1	PV	DENAVIR	3	FE; BP
VERSACLOZ	3	PV	DESCOVY	2	PV; QL
VRAYLAR	2	ST; PV; QL	DOVATO	2	PV; QL
ziprasidone hcl	1	PV	EDURANT	2	PV; QL
ZYPREXA ORAL	3	PV; BP	efavirenz oral tablet	1	PV; QL
ZYPREXA ZYDIS	3	PV; BP	efavirenz-emtricitab- tenofo df	1	PV; QL
Antivirals			efavirenz-lamivudine- tenofovir oral tablet 400-300-300 mg	1	PV
abacavir sulfate	1	PV; QL	efavirenz-lamivudine- tenofovir oral tablet 600-300-300 mg	1	PV; QL
abacavir sulfate- lamivudine	1	PV; QL	emtricitabine	1	PV; QL
acyclovir external cream	1	FE	emtricitabine-tenofovir df	1	PV; QL
			EMTRIVA ORAL CAPSULE	3	PV; BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EMTRIVA ORAL SOLUTION	2	PV; QL	lamivudine oral tablet 100 mg	1	
entecavir	1		lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
EPCLUSA	4	PA; SP; QL	lamivudine-zidovudine	1	PV; QL
EPIVIR	3	PV; BP; QL	LEDIPASVIR- SOFOBUVIR	4	PA; SP; QL
etravirine	1	PV; QL	LIVTENCITY	2	QL
EVOTAZ	2	PV; QL	lopinavir-ritonavir	1	PV; QL
famciclovir oral	1	QL	maraviroc	1	PV; QL
fosamprenavir calcium	1	PV; QL	MAVYRET	4	PA; SP; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL	nevirapine	1	PV; QL
GENVOYA	2	PV; QL	nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
HARVONI	4	PA; SP; QL	NORVIR ORAL PACKET	2	PV
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL	NORVIR ORAL TABLET	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL	ODEFSEY	2	PV; QL
ISENTRESS HD	2	PV; QL	oseltamivir phosphate oral	1	QL
ISENTRESS ORAL PACKET	2	PV	PAXLOVID (150/100)	2	QL
ISENTRESS ORAL TABLET	2	PV; QL	PAXLOVID (300/100)	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP
JULUCA	2	PV; QL	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP
KALETRA ORAL SOLUTION	3	PV; BP; QL	penciclovir	1	FE
KALETRA ORAL TABLET	3	PV; BP; QL	PIFELTRO	2	PV; QL
lamivudine oral solution	1	PV; QL	PREVYMIS ORAL	4	SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PREZCOBIX	2	PV; QL	SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL
PREZISTA ORAL SUSPENSION	2	PV; QL	SOVALDI	4	SP; FE; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL	STRIBILD	2	PV; QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL	SUNLENCA ORAL	2	PV; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL	SYMFY	3	PV; BP; QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL	SYMFY LO	3	PV; BP
RETROVIR ORAL SYRUP	3	PV; BP; QL	SYMTUZA	2	PV; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL	TAMIFLU ORAL CAPSULE	3	BP; QL
REYATAZ ORAL PACKET	3	PV	TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
ribavirin inhalation	1		tenofovir disoproxil fumarate	1	PV; QL
ribavirin oral capsule	1		TIVICAY ORAL TABLET 50 MG	2	PV; QL
ribavirin oral tablet 200 mg	1		TIVICAY PD	2	PV; QL
rimantadine hcl	1		TRIUMEQ	2	PV; QL
ritonavir	1	PV; QL	TRIUMEQ PD	2	PV; QL
RUKOBIA	2	PV; QL	TRUVADA	3	PV; BP; QL
SELZENTRY ORAL SOLUTION	2	PV; QL	TYBOST	3	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL	valacyclovir hcl oral	1	
SITAVIG	3	FE	VALCYTE	3	BP
			valganciclovir hcl	1	
			VALTREX	3	BP
			VEMLIDY	3	
			VIRACEPT ORAL TABLET	2	PV; QL
			VIRAZOLE	3	BP

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
XANAX XR	3	BP	STIMUFEND	14	MB; SP
Bipolar Agents - Drugs for Mood Disorders				4	PA; SP; QL
EQUETRO	3	PV	tranexamic acid oral	1	QL
lithium	1		UDENYCA ONBODY	14	MB; SP
lithium carbonate er	1		UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
lithium carbonate oral	1		UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
LITHOBID	3	BP	ZIEXTENZO	14	MB; SP
Blood Products and Modifiers - Drugs for Blood Disorders			Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
AGRYLIN	3	BP	ACCUPRIL	3	PV; BP
aminocaproic acid oral solution	1		ACCURETIC ORAL TABLET 10-12.5 MG	3	PV
aminocaproic acid oral tablet	1		ACCURETIC ORAL TABLET 20-12.5 MG	3	PV; BP
anagrelide hcl	1		acebutolol hcl oral	1	PV
DOPTELET ORAL TABLET 20 MG	4	PA; SP; FE; QL	ALDACTONE	3	PV; BP
FULPHILA	14	MB; SP	aliskiren fumarate	1	PV
FYLNETRA	14	MB; SP	ALTACE ORAL CAPSULE	3	PV; BP
MULPLETA	4	PA; SP; QL	ALTOPREV	3	PV; FE; QL
NEULASTA ONPRO	14	MB; SP	amiloride hcl oral	1	PV
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP	amiloride-hydrochlorothiazide	1	PV
NYVEPRIA	14	MB; SP	amiodarone hcl oral	1	
PROMACTA	4	PA; SP; QL	amlodipine besylate oral	1	PV
PYRUKYND	4	PA; SP; QL			
PYRUKYND TAPER PACK	4	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
amlodipine besylate- benazepril hcl	1	PV	BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
amlodipine besylate- valsartan	1	PV	betaxolol hcl oral	1	PV
amlodipine-atorvastatin	1	PV; QL	BIDIL	3	PV; BP
amlodipine-olmesartan	1	PV	bisoprolol fumarate oral	1	PV
amlodipine-valsartan- hctz	1	PV	bisoprolol- hydrochlorothiazide	1	PV
ASPRUZYD SPRINKLE	3	PV; FE; QL	bumetanide oral	1	PV
ATACAND	3	PV; BP	BUMEX ORAL TABLET 0.5 MG	3	PV; BP
ATACAND HCT	3	PV; FE; BP	BYSTOLIC	3	PV; BP
atenolol oral	1	PV	CADUET ORAL TABLET 10-10 MG, 10- 20 MG, 10-40 MG, 10- 80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
atenolol-chlorthalidone	1	PV	ATORVALIQ	3	PV; FE; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL	CAMZYOS	4	PA; SP; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL	candesartan cilexetil	1	PV
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP	candesartan cilexetil- hctz	1	PV; FE
AVAPRO	3	PV; BP	captopril oral	1	PV
AZOR	3	PV; BP	captopril- hydrochlorothiazide	1	PV
benazepril hcl oral	1	PV	CARDIZEM CD	3	PV; BP
benazepril- hydrochlorothiazide	1	PV	CARDIZEM LA	3	PV; FE; BP
BENICAR	3	PV; BP	CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
BENICAR HCT	3	PV; BP	CARDURA	3	PV; BP; QL
BETAPACE AF	3	PV; BP	CAROSPIR	3	PV; FE; BP
			cartia xt	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	Drug Name	Drug Tier	Limits/ Required
carvedilol	1	PV	diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
carvedilol phosphate er	1	PV; FE	diltiazem hcl er oral capsule extended release 12 hour 120 mg	1	PV; FE
CATAPRES-TTS-1	3	PV; BP	diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
CATAPRES-TTS-2	3	PV; BP	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
CATAPRES-TTS-3	3	PV; BP	diltiazem hcl er oral tablet extended release 24 hour	1	PV; FE
chlorthalidone oral tablet 25 mg, 50 mg	1	PV	diltiazem hcl oral	1	PV
cholestyramine light	1	PV; QL	dilt-xr	1	PV
cholestyramine oral	1	PV; QL	DIOVAN	3	PV; BP
clonidine	1	PV	DIOVAN HCT	3	PV; BP
clonidine hcl oral	1	PV	disopyramide phosphate oral	1	
colesevelam hcl oral packet	1	PV; FE	DIURIL	2	PV
colesevelam hcl oral tablet	1	PV	dofetilide	1	
COLESTID	3	PV; BP	doxazosin mesylate oral	1	PV; QL
COLESTID FLAVORED	3	PV; BP	droxidopa	4	SP; FE
colestipol hcl	1	PV	DYRENIUM	3	PV; BP
CONJUPRI	3	PV; FE	EDARBI	3	PV; FE
COREG	3	PV; BP	EDARBYCLOR	3	PV; FE
COREG CR	3	PV; FE; BP	EDECRIN	3	PV; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP	enalapril maleate oral solution	1	PV; FE
CORLANOR	3		enalapril maleate oral tablet	1	PV
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			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
enalapril-hydrochlorothiazide	1	PV	FENOGLIDE	3	PV; FE; BP
ENTRESTO	3		FIBRICOR	3	PV; FE
EPANED ORAL SOLUTION	3	PV; FE; BP	flecainide acetate	1	
eplerenone	1	PV	FLOLIPID	3	PV; FE
ethacrynic acid oral	1	PV		1	ACA; PV; QL
EXFORGE	3	PV; BP	fluvastatin sodium	1	ACA; PV; QL
EXFORGE HCT	3	PV; BP	fluvastatin sodium er	1	ACA; PV; QL
EZALLOR SPRINKLE	3	PV; FE; QL	fosinopril sodium	1	PV
ezetimibe	1	PV; QL	fosinopril sodium-hctz	1	PV
EZETIMIBE-ROSVASTATIN	3	PV; FE; QL	FUROSCIX	3	PV; FE
ezetimibe-simvastatin	1	PV; QL	furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
felodipine er	1	PV	furosemide oral tablet	1	PV
fenofibrate micronized oral capsule 130 mg	1	PV; FE	gemfibrozil oral	1	PV
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV	guanfacine hcl oral	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV	HEMANGEOL	4	SP; PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE	hydralazine hcl oral	1	PV
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE	hydrochlorothiazide oral	1	PV
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV	HYZAAR	3	PV; BP
fenofibric acid oral capsule delayed release	1	PV	icosapent ethyl	1	PV
fenofibric acid oral tablet	1	PV; FE	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
			INPEFA ORAL TABLET 200 MG	3	FE; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV	nitroglycerin sublingual	1	PV
nebivolol hcl	1	PV	nitroglycerin transdermal patch 24 hour	1	PV
NEXLETOL	2	PA; PV; QL	nitroglycerin translingual solution	1	PV
NEXLIZET	2	PA; PV; QL	NITROLINGUAL	3	PV; BP
niacin (antihyperlipidemic)	1	PV	NITROSTAT	3	PV; BP
niacin er (antihyperlipidemic)	1	PV	NORLIQVA	3	PV; AL
niacor	1	PV	NORPACE	3	BP
nicardipine hcl oral	1	PV; FE	NORPACE CR	2	
nifedipine capsule 10 mg oral	1	PV	NORTHERA	4	SP; FE; BP
nifedipine er	1	PV	NORVASC	3	PV; BP
nifedipine er osmotic release	1	PV	olmesartan medoxomil oral	1	PV
nifedipine oral capsule 20 mg	1	PV	olmesartan medoxomil-hctz	1	PV
nimodipine oral	1	PV	olmesartan-amlodipine-hctz	1	PV
nisoldipine er	1	PV; FE	omega-3-acid ethyl esters	1	PV
NITRO-BID	2	PV	PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE	pentoxifylline er	1	
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE	perindopril erbumine	1	PV
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE	phenoxybenzamine hcl oral	1	PV
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE	pindolol	1	PV
			pitavastatin calcium	1	PV; QL
			PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PRALUENT SOLUTION AUTO- INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL	ROSZET	3	PV; FE; QL
pravastatin sodium	1	ACA; PV; QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
prazosin hcl oral	1	PV	simvastatin oral tablet 80 mg	1	PV; QL
PRESTALIA	3	PV	SOAANZ	3	PV; FE
prevalite	1	PV; QL	sotalol hcl (af)	1	PV
PROCARDIA XL	3	PV; BP	sotalol hcl oral	1	PV
propafenone hcl	1		SOTYLIZE	3	PV
propafenone hcl er	1		spironolactone oral	1	PV
propranolol hcl er	1	PV	spironolactone-hctz	1	PV
propranolol hcl oral	1	PV	SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP
QBRELIS	3	PV; FE	taztia xt	1	PV
QUESTRAN	3	PV; BP; QL	TEKTURNA	3	PV; BP
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL	telmisartan	1	PV
quinapril hcl	1	PV	telmisartan-amlodipine	1	PV
quinapril- hydrochlorothiazide	1	PV	telmisartan-hctz	1	PV; FE
quinidine gluconate er	1		TENORETIC 100	3	PV; BP
quinidine sulfate oral	1		TENORETIC 50	3	PV; BP
ramipril	1	PV	TENORMIN	3	PV; BP
ranolazine er	1	PV	tiadylt er	1	PV
RECTIV	3		TIAZAC	3	PV; BP
REPATHA	2	PA; PV; QL	TIKOSYN CAPSULE 125 MCG ORAL	3	BP
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL	TIKOSYN CAPSULE 250 MCG ORAL	3	BP
REPATHA SURECLICK	2	PA; PV; QL	TIKOSYN CAPSULE 500 MCG ORAL	3	BP
rosuvastatin calcium	1	PV; QL	timolol maleate oral	1	PV
			TOPROL XL	3	PV; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
torsemide oral	1	PV	VYNDAQEL	4	PA; SP; QL
trandolapril	1	PV	VYTORIN	3	PV; BP; QL
trandolapril-verapamil hcl er	1	PV	WELCHOL ORAL PACKET	3	PV; FE; BP
triamterene oral	1	PV	WELCHOL ORAL TABLET	3	PV; BP
triamterene-hctz oral capsule 37.5-25 mg	1	PV	ZESTORETIC	3	PV; BP
triamterene-hctz oral tablet	1	PV	ZESTRIL	3	PV; BP
TRIBENZOR	3	PV; BP	ZETIA	3	PV; BP; QL
TRICOR	3	PV; BP	ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
TRILIPIX	3	PV; BP	ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
VALSARTAN ORAL SOLUTION	3	PV; FE	Central Nervous System Agents		
valsartan oral tablet	1	PV	SKYCLARYS	4	PA; SP; QL
valsartan- hydrochlorothiazide	1	PV	Central Nervous System Agents - Drugs for Attention Deficit Disorder		
VASCEPA	3	PV; BP	ADDERALL	2	
VASERETIC	3	PV; BP	ADDERALL XR	3	
VASOTEC	3	PV; BP	ADZENYS XR-ODT	3	
VECAMYL	3	PV	amphetamine sulfate	1	
verapamil hcl er oral capsule extended release 24 hour	1	PV	amphetamine- dextroamphetamine	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV	amphetamine- dextroamphetamine er	1	
verapamil hcl oral	1	PV	amphet-dextroamphet 3-bead er	1	FE
VERELAN	3	PV; BP	APTENSIO XR	3	BP
VERELAN PM	3	PV; BP			
VERQUVO	3	QL			
VYNDAMAX	4	PA; SP; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
atomoxetine hcl	1	QL	methylphenidate hcl er (cd)	1	
AZSTARYS	3	FE; QL	methylphenidate hcl er (la)	1	
clonidine hcl er oral tablet extended release 12 hour	1		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
CONCERTA	3		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
COTEMPLA XR-ODT	3	FE	methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
DAYTRANA	3	FE; BP	methylphenidate hcl er (xr)	1	
DESOXYN	3	BP	methylphenidate hcl oral	1	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP	MYDAYIS	3	FE; BP
dexmethylphenidate hcl	1		PROCENTRA	3	BP
dexmethylphenidate hcl er	1		QELBREE	3	ST; QL
dextroamphetamine sulfate er	1		QUILLICHEW ER	3	FE
dextroamphetamine sulfate oral	1		QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
DYANAVEL XR	3	FE	RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
EVEKEO	3	BP	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	3	FE
EVEKEO ODT	3	FE	RITALIN	3	BP
FOCALIN	3	BP			
FOCALIN XR	3	BP			
guanfacine hcl er	1				
INTUNIV	3	BP			
JORNAY PM	3				
lisdexamfetamine dimesylate	1				
methamphetamine hcl	1				
METHYLIN ORAL SOLUTION	3	BP			
methylphenidate	1	FE			
methylphenidate hcl er	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP	COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL
STRATTERA	3	BP; QL	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL
VYVANSE	2		dalfampridine er	4	PA; SP; QL
XELSTRYM	3	FE	dimethyl fumarate oral	4	PA; SP; QL
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP	dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3		EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis			fingolimod hcl	4	PA; SP; QL
AMPYRA	4	PA; SP; BP; QL	GILENYA CAPSULE 0.5 MG ORAL	4	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	4	PA; SP; BP; QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP
AUBAGIO TABLET 7 MG ORAL	4	PA; SP; BP; QL	glatiramer acetate	4	PA; SP; FE; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL	glatopa	4	PA; SP; FE; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL	KESIMPTA	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL	MAVENCLAD	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL	MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MAYZENT STARTER PACK	4	PA; SP; QL	teriflunomide	4	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL	VUMERTY	4	PA; SP; QL
PLEGRIDY	4	PA; SP; QL	ZEPOSIA	4	PA; SP; QL
PLEGRIDY STARTER PACK	4	PA; SP; QL	ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL
PONVORY	4	PA; SP; FE; QL	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	4	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	Central Nervous System Agents - Miscellaneous		
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	AUSTEDO	4	SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	AUSTEDO XR	4	SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	AUSTEDO XR PATIENT TITRATION	4	SP; QL
TASCENO ODT	4	PA; SP; QL	caffeine citrate oral	1	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; SP; BP; QL	DAYBUE	4	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; SP; BP; QL	EXSERVAN	3	FE
			gabapentin (once-daily)	1	FE
			GRALISE ORAL TABLET 300 MG, 600 MG	3	FE; BP
			GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	3	FE
			HORIZANT ORAL TABLET EXTENDED RELEASE	3	
			IMCIVREE	4	PA; SP; QL
			INGREZZA	4	SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LYRICA	3	BP; QL	DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
LYRICA CR	3	ST; FE; BP; QL	DENTA 5000 PLUS	3	
NUEDEXTA	3	QL	DENTAGEL	3	
pregabalin er	1	ST; FE; QL	EVOXAC	3	BP
pregabalin oral	1	QL	FLUORIDEX	3	
RADICAVA ORS	4	PA; SP; QL	FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
RADICAVA ORS STARTER KIT	4	PA; SP; QL	FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
RELYVRIOS	4	PA; SP; QL	FLUORIMAX 5000	3	
RILUTEK	3	BP	FLUORIMAX 5000 SENSITIVE	3	
riluzole	1		JUST RIGHT 5000 DENTAL PASTE	3	
SAVELLA	2	ST; QL	kourzeq	1	
SAVELLA TITRATION PACK	2	ST; QL	lidocaine viscous hcl	1	
TEGLUTIK	3	FE	MI PASTE	2	
TEGSEDI	4	PA; SP; QL	MI PASTE PLUS	2	
tetrabenazine	4	SP	oralone	1	
XENAZINE	4	SP; BP	PERIDEX	3	BP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			periogard	1	
AQUORAL MOUTH/THROAT SOLUTION	3		pilocarpine hcl oral	1	
cevimeline hcl	1		PREVIDENT	3	
chlorhexidine gluconate solution 0.12 % mouth/throat	1		PREVIDENT 5000 BOOSTER PLUS	3	
CLINPRO 5000 PASTE 1.1 % DENTAL	3		PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
			PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 ORTHO DEFENSE	3		ACZONE EXTERNAL GEL 5 %	3	BP
PREVIDENT 5000 PLUS	3		ACZONE EXTERNAL GEL 7.5 %	3	FE; BP
PREVIDENT 5000 SENSITIVE DENTAL GEL	3		adapalene external cream	1	
REMESENSE	3		adapalene external gel	1	
SALAGEN	3	BP	ADAPALENE EXTERNAL PAD	3	FE
sf	1		ADAPALENE EXTERNAL SOLUTION	3	FE
sf 5000 plus	1		adapalene-benzoyl peroxide external gel	1	
sodium fluoride 5000 plus	1		ADBRY	4	PA; SP; QL
sodium fluoride 5000 ppm dental cream	1		AKLIEF	3	FE
sodium fluoride 5000 ppm dental paste	1		ALA SCALP	3	FE
sodium fluoride dental cream	1		ala-cort external cream 1 %	1	
sodium fluoride dental gel 1.1 %	1		alclometasone dipropionate	1	
triamcinolone acetonide mouth/throat	1		ALTRENO	3	AL
Dermatological Agents - Drugs for Skin Conditions			ALUMINUM CHLORIDE ANHYDROUS	2	
ABSORICA LD	3	FE	ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP	amcinonide external ointment	1	FE
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE; BP	ammonium lactate cream 12 % external (rx)	1	
ACANYA	3	BP	ammonium lactate lotion 12 % external (rx)	1	
accutane	1				
acitretin	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
amnesteem	1		claravis	1	
AMZEEQ	3	FE	CLEOCIN-T EXTERNAL LOTION	3	BP
APEXICON E	3	FE	clindacin	1	FE
ARAZLO	3	FE	clindacin etz external swab	1	
ATRALIN	3	AL; BP	clindacin-p	1	
azelaic acid external	1		CLINDAGEL	3	BP
AZELEX	3	FE	clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
B & C	2		clindamycin phosphate external foam	1	FE
balsam peru-castor oil	1		clindamycin phosphate external gel	1	
BENZAMYCIN	3	BP	clindamycin phosphate external lotion	1	
benzoyl peroxide- erythromycin	1		clindamycin phosphate external solution	1	
betamethasone dipropionate aug	1		clindamycin phosphate external swab	1	
betamethasone dipropionate external	1		clindamycin-tretinoin	1	
betamethasone valerate external	1		clobetasol prop emollient base	1	
BPCO	2		clobetasol propionate e	1	
BRYHALI	3	FE	clobetasol propionate emulsion	1	FE
CALAMINE	2		clobetasol propionate external	1	
calcipotriene external cream	1		CLOBEX	3	BP
calcipotriene external ointment	1		CLOBEX SPRAY	3	BP
calcipotriene external solution	1		clocortolone pivalate	1	FE
calcipotriene-betameth diprop	1	FE; QL	clodan external shampoo	1	
CALCITRENE	3	BP	CLODERM	3	FE; BP
calcitriol external	1				
CAPEX	3	FE			
CARAC	2				
CIBINQO	4	PA; SP; QL			

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
EPIDUO	3	BP	fluticasone propionate external	1	
EPIDUO FORTE	3	BP	GORDOFILM	2	
EPIFOAM	2		halcinonide	1	FE
EPSOLAY CREAM 5 % EXTERNAL	3	FE	halobetasol propionate	1	
ery	1		HALOG EXTERNAL CREAM	3	FE; BP
ERYGEL	3	BP	HALOG EXTERNAL OINTMENT	3	FE
erythromycin external gel	1		HALOG EXTERNAL SOLUTION	3	FE
erythromycin external solution	1		hydrocortisone butyrate external cream	1	FE
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL	hydrocortisone butyrate external lotion	1	
FABIOR	3	FE	hydrocortisone butyrate external ointment	1	
FINACEA EXTERNAL FOAM	3		hydrocortisone butyrate external solution	1	
fluocinolone acetonide body	1		hydrocortisone cream 1 % external (rx)	1	
fluocinolone acetonide external	1		hydrocortisone external cream 2.5 %	1	
fluocinolone acetonide scalp	1		hydrocortisone external lotion 2.5 %	1	
fluocinonide emulsified base	1		hydrocortisone external ointment 2.5 %	1	
fluocinonide external	1		hydrocortisone ointment 1 % external (rx)	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3		hydrocortisone valerate	1	
fluorouracil external cream 5 %	1		HYFTOR	3	PA; QL
fluorouracil external solution	1		imiquimod external cream 3.75 %	1	FE; QL
flurandrenolide external cream	1		imiquimod external cream 5 %	1	QL
flurandrenolide external lotion	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
imiquimod pump	1	FE; QL	ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
IMPOYZ	3	FE	OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		ORACEA	3	FE; BP
isotretinoin oral capsule 25 mg, 35 mg	1	FE	PANDEL	3	FE
ivermectin external cream	1		pimecrolimus	1	
KENALOG EXTERNAL	3	FE; BP	podofilox external	1	
KERALYT EXTERNAL SHAMPOO	3		PRUDOXIN	3	BP
KLARON	3	BP	PYROGALLIC ACID	2	
KLISYRI	3	FE; QL	QBREXZA	3	ST; QL
lactic acid e	1		REGRANEX	2	QL
lactic acid external lotion	1		RETIN-A	3	AL; BP
LEXETTE	3	BP	RETIN-A MICRO GEL 0.04 %, 0.1 %	3	AL; FE; BP
LITFULO	4	PA; SP; QL	RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	3	AL; FE; BP
LOCOID EXTERNAL LOTION	3	BP	RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	AL; FE
LOCOID LIPOCREAM	3	BP	SANTYL	3	
methoxsalen rapid	1		selenium sulfide external lotion	1	
METROCREAM	3	BP	SERNIVO	3	FE
METROGEL EXTERNAL GEL	3	BP	SOOLANTRA	3	BP
METROLOTION	3	BP	SORILUX	3	FE
metronidazole external	1		sulfacetamide sodium (acne)	1	
mometasone furoate external	1		sulfacetamide sodium-sulfur liquid 10-2 % external	1	
NEO-SYNALAR EXTERNAL CREAM	3		sulfacetamide sodium-sulfur liquid 10-5 % external	1	
neuac external gel	1				
NORITATE	3	FE			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium-sulfur liquid 9-4 % external	1		TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
SYNALAR EXTERNAL CREAM	3	BP	TOPICORT SPRAY	3	BP
SYNALAR EXTERNAL OINTMENT	3	BP	tovet external foam	1	FE
TACLONEX EXTERNAL SUSPENSION	3	FE; BP; QL	tretinoin external	1	AL
tacrolimus external ointment	1		tretinoin microsphere	1	AL; FE
tazarotene external cream	1		tretinoin microsphere pump	1	AL; FE
TAZAROTENE EXTERNAL FOAM	3	FE	triamcinolone acetonide external aerosol solution	1	FE
tazarotene external gel	1	FE	triamcinolone acetonide external cream	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	FE	triamcinolone acetonide external lotion	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
TAZORAC EXTERNAL GEL	3	FE; BP	triamcinolone acetonide external ointment 0.05 %	1	FE
TEXACORT	3	FE	triamcinolone in absorbase	1	FE
TOLAK	3		triderm external cream 0.5 %	1	
TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP	TWYNEO	3	FE
TOPICORT EXTERNAL CREAM 0.25 %	3	BP	ULTRAVATE EXTERNAL LOTION	3	FE
TOPICORT EXTERNAL GEL	3	BP	VANOS	3	BP
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP	VECTICAL	3	BP
			VELTIN	3	FE; BP
			VENELEX	2	
			VERDESO	3	FE
			VEREGEN	3	FE
			VTAMA	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
WINLEVI	3	FE	BEXAGLIFLOZIN	3	PV; FE; QL
WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	FE	BRENZAVVY	3	PV; FE; QL
XERAC AC	2		BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
zenatane	1		BYETTA 10 MCG PEN	2	PA; PV; QL
ZIANA	3	BP	BYETTA 5 MCG PEN	2	PA; PV; QL
ZILXI	3	FE	CYCLOSET	3	PV
ZONALON	3	BP	DAPAGLIFLOZIN PRO-METFORMIN ER	3	PV; FE; QL
ZORYVE EXTERNAL CREAM	3	ST; QL	DAPAGLIFLOZIN PROPANEDIOL	3	PV; FE; QL
ZYCLARA	3	FE; BP; QL	DUETACT	3	PV; BP
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL	FARXIGA TABLET 10 MG ORAL	2	PV; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL	FARXIGA TABLET 5 MG ORAL	2	PV; QL
Diabetes - Antidiabetic Agents			glimepiride	1	PV
acarbose oral	1	PV	glipizide er	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP	glipizide oral tablet 10 mg, 5 mg	1	PV
ACTOS	3	PV; BP; QL	glipizide oral tablet 2.5 mg	1	PV; FE
ALOGLIPTIN BENZOATE	3	PV; FE; QL	glipizide xl	1	PV
ALOGLIPTIN- METFORMIN HCL	3	PV; FE; QL	glipizide-metformin hcl	1	PV
ALOGLIPTIN- PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL	GLUCOTROL XL	3	PV; BP
			GLUMETZA	3	PV; FE; BP
			glyburide micronized	1	PV
			glyburide oral	1	PV
			glyburide-metformin	1	PV
			GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL	metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
INVOKAMET	3	PV; FE; QL	metformin hcl ir	1	PV
INVOKAMET XR	3	PV; FE; QL	miglitol	1	PV
INVOKANA	3	PV; FE; QL	MOUNJARO	2	PA; PV; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL	nateglinide	1	PV
JANUMET TABLET 50- 500 MG ORAL	2	PV; QL	ONGLYZA	3	PV; BP; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL	OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL	pioglitazone hcl	1	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL	pioglitazone hcl- glimepiride	1	PV
JANUVIA	2	PV; QL	pioglitazone hcl- metformin hcl	1	PV
JARDIANCE TABLET 10 MG ORAL	2	PV; QL	QTERN	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL	repaglinide	1	PV
JENTADUETO	3	PV; FE; QL	RIOMET	3	PV; BP
JENTADUETO XR	3	PV; FE; QL	RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
KOMBIGLYZE XR	3	PV; BP; QL	RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
metformin hcl er	1	PV	saxagliptin hcl	1	PV; QL
metformin hcl er (mod)	1	PV; FE	saxagliptin-metformin er	1	PV; QL
			SEGLUROMET	3	PV; FE; QL
			SOLIQUA	2	PV; QL
			STEGLATRO	3	PV; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
STEGLUJAN	3	PV; FE; QL	FREESTYLE LIBRE 2 READER	2	ST; QL
SYMLINPEN 120	3	PA; PV	FREESTYLE LIBRE 2 SENSOR	2	ST; QL
SYMLINPEN 60	3	PA; PV	FREESTYLE LIBRE 3 READER	2	ST; QL
SYNJARDY	2	PV; QL	FREESTYLE LIBRE 3 SENSOR	2	ST; QL
SYNJARDY XR	2	PV; QL	FREESTYLE LIBRE READER	2	ST; QL
TRADJENTA	3	PV; FE; QL	GUARDIAN CONNECT TRANSMITTER	3	FE
TRIJARDY XR	2	PV; QL	GUARDIAN LINK 3 TRANSMITTER	3	FE
TRULICITY	2	PA; PV; QL	GUARDIAN SENSOR (3)	3	FE
VICTOZA	2	PA; PV; QL	GUARDIAN SENSOR 3	3	FE
XIGDUO XR	2	PV; QL	ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
XULTOPHY	2	PV; QL	ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glucose Monitoring			Diabetes - Glycemic Agents		
DEXCOM G6 RECEIVER	2	ST; QL	BAQSIMI ONE PACK	2	QL
DEXCOM G6 SENSOR	2	ST; QL	BAQSIMI TWO PACK	2	QL
DEXCOM G6 TRANSMITTER	2	ST; QL	diazoxide oral	1	
DEXCOM G7 RECEIVER	2	ST; QL	glucagon emergency kit	1	QL
DEXCOM G7 SENSOR	2	ST; QL	GLUCAGON EMERGENCY KIT	3	QL
ENLITE GLUCOSE SENSOR	3	FE	GVOKE HYPOPEN 1- PACK	2	QL
EVERSENSE SENSOR/HOLDER	3	FE	GVOKE HYPOPEN 2- PACK	2	QL
EVERSENSE SMART TRANSMITTER	3	FE	GVOKE KIT	2	QL
FREESTYLE LIBRE 14 DAY READER	2	ST; QL			
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL	HUMALOG MIX 50/50 KWIKPEN	3	PV; FE
PROGLYCEM	3	BP	HUMALOG MIX 50/50 VIAL	3	PV; FE
ZEGALOGUE	3	FE; QL	HUMALOG MIX 75/25 KWIKPEN	3	PV; FE
Diabetes - Insulins			HUMALOG MIX 75/25 VIAL	3	PV; FE
ADMELOG INJECTION	3	PV; FE	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE
ADMELOG SOLOSTAR SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE	HUMALOG TEMPO PEN	3	PV; FE
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV	HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE
APIDRA SOLOSTAR	3	PV; FE	HUMULIN 70/30 KWIKPEN	3	PV; FE
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE	HUMULIN 70/30 VIAL	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE	HUMULIN N KWIKPEN	3	PV; FE
BASAGLAR TEMPO PEN	3	PV; FE	HUMULIN N VIAL	3	PV; FE
FIASP FLEXTOUCH	2	PV	HUMULIN R U-500 KWIKPEN	2	PV
FIASP INJECTION	2	PV	HUMULIN R U-500 VIAL	2	PV
FIASP PENFILL	2	PV	HUMULIN R VIAL	3	PV; FE
FIASP PUMPCART	2	PV	INSULIN ASPR PROT & ASP FLEXPEN	3	PV; FE
HUMALOG INJECTION	3	PV; FE	INSULIN ASPR FLEXPEN	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE	INSULIN ASPR INJECTION	3	PV; FE
			INSULIN ASPR PENFILL	3	PV; FE
			INSULIN ASPR PROT & ASPR	3	PV; FE
			INSULIN DEGLUDEC	2	PV

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TOUJEO MAX SOLOSTAR	2	PV	CHEMET	2	
TOUJEO SOLOSTAR SOLUTION PEN- INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CHOLINE BITARTRATE POWDER	2	
TRESIBA	2	PV	CUVRIOR	4	SP; FE; QL
TRESIBA FLEXTOUCH	2	PV	cyanocobalamin injection solution 1000 mcg/ml	1	
Electrolytes / Minerals / Metals / Vitamins			deferasirox	4	SP
ACCRUFER	3	FE; QL	deferasirox granules	4	SP
ALANINE	2		deferiprone	4	SP; FE
CALCIFOL	2		DL-ALANINE	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-LEUCINE	2	
CALCIUM GLUCONATE	2		DL-METHIONINE POWDER (RX)	2	
CALCIUM GLUCONATE ANHYDROUS	2		DL-PHENYLALANINE	2	
CALCIUM GLUCONATE MONOHYDRATE	2		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
CALCIUM LACTATE PENTAHYDRATE	2		effer-k tablet effervescent 25 meq oral	1	
CALCIUM PHOSPHATE DIBASIC	2		EXJADE	4	SP; BP
CALCIUM PHOSPHATE TRIBASIC	2		FERRIPROX ORAL SOLUTION	4	SP
CARBAGLU ORAL TABLET SOLUBLE	4	SP; BP	FERRIPROX ORAL TABLET	4	SP; FE; BP
carglumic acid oral tablet soluble	4	SP	FERRIPROX TWICE- A-DAY	4	SP; FE
CARNITOR ORAL	3	BP	folate	1	ACA; O
CARNITOR SF	3	BP	folic acid oral tablet 1 mg	1	
			folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
GALZIN	3		L-METHIONINE POWDER (RX)	2	
iodine strong oral	1		LOKELMA	3	QL
JADENU	4	SP; BP	L-PHENYLALANINE	2	
JADENU SPRINKLE	4	SP; BP	L-PROLINE	2	
JYNARQUE	4	PA; SP; QL	L-TYROSINE	2	
klor-con 10	1		L-VALINE POWDER	2	
klor-con m10	1		MAGNESIUM CARBONATE HEAVY	2	
klor-con m15	1		MAGNESIUM CARBONATE POWDER	2	
klor-con m20	1		MASONATAL	2	ACA; O; PV
klor-con oral packet 20 meq	1		METHIONINE	2	
klor-con oral tablet extended release	1		NEOKE ALCAR	2	
k-prime	1		NEONATAL PRENATAL	2	ACA; O; PV
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP	ONE VITE WOMENS	2	ACA; O; PV
L-ALANINE	2		ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
L-ARGININE	2		phosphorous	1	
L-CYSTINE	2		phytonadione oral	1	QL
levocarnitine oral tablet	1		POKONZA	3	FE
levocarnitine sf	1		potassium chloride crys er	1	
levocarnitine solution 1 gm/10ml oral	1		potassium chloride er	1	
L-GLUTAMIC ACID	2		potassium chloride oral packet	1	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2		potassium chloride oral solution 40 meq/15ml (20%)	1	
L-HISTIDINE POWDER (RX)	2		potassium chloride solution 10 % oral	1	
L-ISOLEUCINE POWDER (RX)	2				
L-LEUCINE	2				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
potassium chloride solution 20 meq/15ml (10%) oral	1		THREONINE	2		
potassium citrate er	1		tolvaptan	4	SP	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV	trientine hcl oral capsule 250 mg	4	SP	
prenatal oral tablet 27-0.8 mg	1	ACA; O; PV	trientine hcl oral capsule 500 mg	1		
SAMSCA	4	SP; BP	UROCIT-K 10	3	BP	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1		UROCIT-K 15	3	BP	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1		UROCIT-K 5	3	BP	
SODIUM ASCORBATE POWDER	2		VALINE	2		
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1		VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3		
sodium bicarbonate solution 8.4 % intravenous	1		VELTASSA PACKET 8.4 GM ORAL	3		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA	weekly-d	1		
sodium fluoride oral tablet chewable	1	ACA	wes-phos 250 neutral	1		
sodium polystyrene sulfonate oral powder	1		yl folic acid	1	ACA; O	
SPS	2		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			
sterile water for irrigation solution irrigation	1		ACIPHEX	3	PV; BP; QL	
SYPRINE	4	SP; BP	CARAFATE	3	PV; BP	
TAURINE POWDER	2		cimetidine oral	1	PV	
			CYTOTEC	3	PV; BP	
			DEXILANT	3	PV; FE; BP; QL	
			dexlansoprazole	1	PV; FE; QL	
			esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL	omeprazole oral capsule delayed release	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL	OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
famotidine oral suspension reconstituted	1	PV	omeprazole-sodium bicarbonate oral capsule	1	PV; QL
famotidine oral tablet 40 mg	1	PV	omeprazole-sodium bicarbonate oral packet	1	PV; FE; QL
famotidine tablet 20 mg oral (rx)	1	PV	pantoprazole sodium oral packet	1	PV; FE; QL
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	pantoprazole sodium oral tablet delayed release	1	PV; QL
KONVOMEP	3	PV; FE; QL	PEPCID ORAL TABLET	3	PV; BP
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL	PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL	PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL	PRILOSEC ORAL PACKET	3	PV; FE
misoprostol oral	1	PV	PROTONIX ORAL PACKET	3	PV; FE; BP; QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL	PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL	rabeprazole sodium oral tablet delayed release	1	PV; QL
nizatidine oral capsule	1	PV	sucralfate oral tablet	1	PV

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
sucralfate suspension 1 gm/10ml oral	1	PV	diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ZEGERID ORAL CAPSULE	3	PV; BP; QL	ENTEREG	3	BP
ZEGERID ORAL PACKET	3	PV; FE; BP; QL	enulose	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			ft clearlax	1	ACA; O
alosetron hcl	1		ft laxative	1	ACA; O
alvimopan	1		ft magnesium citrate	1	ACA; O
ANASPAZ	3		GASTROCROM	3	BP
bis subcit-metronid-tetracyc	1	PV; FE	GATTEX	4	PA; SP
BISACODYL	2		gavilax oral powder	1	ACA; O
bisacodyl ec	1	ACA; O	gavilyte-c	1	ACA; PV
bisacodyl oral	1	ACA; O	gavilyte-g	1	ACA; PV
bismuth/metronidaz/tetracyclin	1	PV; FE	generlac	1	
CHENODAL	4	PA; SP	gentle laxative oral	1	ACA; O
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE	gentlelax oral powder	1	ACA; O
citroma	1	ACA; O	GIALAX	3	FE
clearlax oral powder	1	ACA; O	GLYCATE	3	FE
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV	glycolax	1	ACA; O
constulose	1		glycopyrrolate oral solution	1	
cromolyn sodium oral	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
CUVPOSA	3	BP	GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
dicyclomine hcl oral	1		GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
diphenoxylate-atropine oral liquid	1		HELIDAC THERAPY	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hyoscyamine sulfate sl tablet sublingual 0.125 mg sublingual	1		mm clearlax	1	ACA; O
hyoscyamine sulfate tablet 0.125 mg oral	1		MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1		MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1		MOTOFEN	3	FE
IBSRELA	3	ST; FE; QL	MOVANTIK	2	QL
KRISTALOSE	3	FE	MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
lactulose encephalopathy	1		MYTESI	3	
lactulose oral packet	1	FE	na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV
lactulose oral solution 20 gm/30ml	1		OMECLAMOX-PAK	3	PV; FE
lactulose solution 10 gm/15ml oral	1		OSCIMIN ORAL TABLET	3	
LIBRAX	3	FE; BP	OSCIMIN SUBLINGUAL	3	
LINZESS	2	QL	peg 3350-kcl-na bicarb-nacl	1	ACA; PV
LOMOTIL ORAL TABLET	3	BP	peg-3350/electrolytes	1	ACA; PV
loperamide hcl oral capsule	1		peg-3350/electrolytes/ascorbate	1	PV
LOTRONEX	3	BP	peg-kcl-nacl-nasulf-na asc-c	1	PV
lubiprostone capsule 24 mcg oral	1	QL	PLENUVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
lubiprostone capsule 8 mcg oral	1	QL	polyethylene glycol 3350 oral powder	1	ACA; O
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O	PYLEREA	3	PV; FE; BP
methscopolamine bromide oral	1		qc magnesium citrate	1	ACA; O
mineral oil heavy oral	1		RELISTOR ORAL	3	FE

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OLPRUVA (2 GM DOSE)	4	SP; QL	PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE
OLPRUVA (3 GM DOSE)	4	SP; QL	PHEBURANE	4	PA; SP
OLPRUVA (4 GM DOSE)	4	SP; QL	PROSYSBI	4	SP; FE
OLPRUVA (5 GM DOSE)	4	SP; QL	RAVICTI	4	PA; SP
OLPRUVA (6 GM DOSE)	4	SP; QL	sapropterin dihydrochloride oral packet	4	PA; SP
OLPRUVA (6.67 GM DOSE)	4	SP; QL	sapropterin dihydrochloride oral tablet	4	PA; SP
ORFADIN ORAL CAPSULE	4	SP; BP	sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
ORFADIN ORAL SUSPENSION	4	SP	sodium phenylbutyrate oral tablet	4	SP
PALYNZIQ	4	PA; SP; QL	STRENSIQ	4	PA; SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST	SUCRAID	4	PA; SP
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE	VIOKACE	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE	VOXZOGO	4	PA; SP; QL
			XURIDEN	4	SP
			yargesa	4	PA; SP
			ZAVESCA	4	PA; SP; BP
			ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			GEMTESA	3	ST; FE; QL
AURYXIA	3		INTRAROSA	3	QL
bethanechol chloride oral	1		lanthanum carbonate	1	
calcium acetate (phos binder) oral capsule	1		LITHOSTAT	3	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1		MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
calcium acetate oral tablet 667 mg	1		MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
CIALIS ORAL TABLET 5 MG	3	FE; BP; QL	MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
CUPRIMINE ORAL CAPSULE 250 MG	4	SP; BP	oxybutynin chloride er	1	
darifenacin hydrobromide er	1		oxybutynin chloride oral solution	1	
DEPEN TITRATABS	4	SP; BP	oxybutynin chloride oral tablet	1	
DETROL	3	BP	OXYTROL	3	FE
DETROL LA	3	BP	penicillamine oral	4	SP
ELMIRON	2		phenazo oral tablet 200 mg	1	
ENTADFI	3	FE; QL	phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
fesoterodine fumarate er	1	ST; FE	RENVELA	3	BP
flavoxate hcl	1		sevelamer carbonate	1	
FOSRENOL ORAL PACKET	3		sevelamer hcl	1	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP	solifenacain succinate	1	
GELNIQUE TRANSDERMAL GEL 10 %	3	FE	tadalafil oral tablet 5 mg	1	FE; QL
			THIOLA	4	SP; BP
			THIOLA EC	4	SP
			tiopronin oral tablet	4	SP
			tolterodine tartrate	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
tolterodine tartrate er	1		DEXABLISS	3	FE
TOVIAZ	3	ST; FE; BP	dexamethasone intensol	1	
trospium chloride	1		dexamethasone oral elixir	1	
trospium chloride er	1		dexamethasone oral solution	1	
uretron d/s oral tablet 81.6 mg	1		dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
VELPHORO	3	QL	dexamethasone oral tablet therapy pack	1	
VESICARE	3	BP	dexamethasone tablet 4 mg oral	1	
VESICARE LS	3	FE; QL	EMFLAZA	4	PA; SP; FE
Genitourinary Agents - Drugs for Prostate Conditions			fludrocortisone acetate oral	1	
alfuzosin hcl er	1		HEMADY	3	FE
AVODART	3	BP	HIDEX 6-DAY	3	FE
CARDURA XL	3	FE; QL	hydrocortisone oral	1	
dutasteride oral	1		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
dutasteride-tamsulosin hcl	1		MEDROL ORAL TABLET 2 MG	3	
finasteride oral tablet 5 mg	1		MEDROL ORAL TABLET THERAPY PACK	3	BP
FLOMAX	3	BP	methylprednisolone oral	1	
JALYN	3	BP	ORAPRED ODT	3	FE; BP
PROSCAR	3	BP	PEDIAPRED	3	BP
RAPAFLO	3	BP	prednisolone oral solution	1	
silodosin	1		prednisolone oral tablet	1	
tamsulosin hcl	1				
terazosin hcl oral	1	PV			
UROXATRAL	3	BP			
Hormonal Agents - Adrenal					
ALKINDI SPRINKLE	3	FE			
CORTEF	3	BP			
deflazacort	1	PA; SP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE	METHITEST	2	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1		METHYLTESTOSTERONE	2	
prednisolone sodium phosphate oral tablet dispersible	1	FE	methyltestosterone oral	1	
prednisone intensol	1	FE	NATESTO	3	PA; FE
prednisone oral	1		TESTIM	3	PA; BP
RAYOS	3	FE	testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
TAPERDEX 12-DAY	3	FE	testosterone enanthate intramuscular solution	1	PA
TAPERDEX 6-DAY	3	FE	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
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE	testosterone transdermal solution	1	PA
Hormonal Agents - Men's Health			TLANDO	3	PA; FE; QL
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA	VOGELXO PUMP	3	PA; FE; BP
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP	VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
danazol oral	1		XYOSTED	3	PA; FE
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP	Hormonal Agents - Pituitary		
FORTESTA	3	PA; BP	ACTHAR	4	PA; SP
JATENZO	3	PA; FE; QL	cabergoline	1	QL
KYZATREX	3	PA; FE; QL	CORTROPHIN	4	PA; SP
			DDAVP ORAL	3	BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
desmopressin ace spray refrig	1		NUTROPIN AQ		
desmopressin acetate oral	1		NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
desmopressin acetate spray	1		octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
EGRIFTA SV	4	PA; SP; QL	octreotide acetate subcutaneous	4	SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE
HUMATROPE INJECTION CARTRIDGE	4	PA; SP	ORILISSA	2	PA; QL
INCRELEX	4	PA; SP	RECORLEV	4	PA; SP; QL
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; QL	SAIZEN	4	PA; SP; FE
MYCAPSSA	4	SP; FE; QL	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP; BP
NGENLA	4	PA; SP	SIGNIFOR	4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE	SKYTROFA	4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP	SOGROYA	4	SP; FE
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP	SOMAVERT	4	SP; FE
			SYNAREL	2	
			ZOMACTON	4	PA; SP; FE

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Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Prostaglandins		
KORLYM	4	PA; SP; BP
mifepristone oral tablet 300 mg	4	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz oral tablet 0.5-0.1 mg	1	PV
amethia	1	ACA; PV
amethyst	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
ANGELIQ	3	PV; FE
ANNOVERA	3	ACA; PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV
aurovela fe 1/20	1	ACA; PV
aviane	1	ACA; PV
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	ACA; PV; BP
balziva	1	ACA; PV
BEYAZ	3	ACA; PV; BP
BIJUVA ORAL CAPSULE 1-100 MG	3	PV; FE
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal eq	1	ACA; PV
CLIMARA	3	PV; BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLIMARA PRO	3	PV; FE; QL	drosipren-eth estrad-levomefol	1	ACA; PV
COMBIPATCH	2	PV; QL	drosipренone-ethinyl estradiol	1	ACA; PV
CRINONE VAGINAL GEL 4 %	2		DUAVEE	3	PV
cryselle-28	1	ACA; PV		1	ACA; O; PV
curae	1	ACA; O; PV	econtra one-step	3	PV
cyred eq	1	ACA; PV	ELESTRIN	1	ACA; PV
dasetta 1/35	1	ACA; PV	elinest	2	ACA; PV
dasetta 7/7/7	1	ACA; PV	ELLA		ACA; PV;
daysee	1	ACA; PV	eluryng	1	QL
deblitane	1	ACA; PV	ENDOMETRIN	3	
DElestrogen	3	PV; BP		1	ACA; PV; QL
delyla	1	ACA; PV	enilloring	1	ACA; PV
DEPO-ESTRADIOL	2	PV	enpresse-28	1	ACA; PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA; PV; BP	enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA; PV; BP	errin	1	ACA; PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV	estarylla	1	ACA; PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV	ESTRACE ORAL	3	PV; BP
DIVIGEL	3	PV; BP	ESTRACE VAGINAL	3	BP
dolishale	1	ACA; PV	estradiol oral	1	PV
dotti	1	PV; QL	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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL	jintel	1	PV
ESTROGEL	3	PV	jolessa	1	ACA; PV
ethynodiol diac-eth estradiol	1	ACA; PV	joyeaux	1	ACA; PV
etonogestrel-ethinyl estradiol	1	ACA; PV; QL	juleber	1	ACA; PV
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV	junel 1.5/30	1	ACA; PV
falmina	1	ACA; PV	junel 1/20	1	ACA; PV
FEMRING	2	QL	junel fe 1.5/30	1	ACA; PV
finzala	1	ACA; PV	junel fe 1/20	1	ACA; PV
fyavolv	1	PV	junel fe 24	1	ACA; PV
gummily	1	ACA; PV	kaitlib fe	1	ACA; PV
hailey 1.5/30	1	ACA; PV	kalliga	1	ACA; PV
hailey 24 fe	1	ACA; PV	kariva	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV	kelnor 1/35	1	ACA; PV
hailey fe 1/20	1	ACA; PV	kelnor 1/50	1	ACA; PV
haloette	1	ACA; PV; QL	kurvelo	1	ACA; PV
heather	1	ACA; PV	larin 1.5/30	1	ACA; PV
her style	1	ACA; O; PV	larin 1/20	1	ACA; PV
iclevia	1	ACA; PV	larin 24 fe	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3		larin fe 1.5/30	1	ACA; PV
IMVEXXY STARTER PACK	3		larin fe 1/20	1	ACA; PV
incassia	1	ACA; PV	layolis fe	1	ACA; PV
introvale	1	ACA; PV	leena	1	ACA; PV
isibloom	1	ACA; PV	lessina	1	ACA; PV
jaimiess	1	ACA; PV	levonest	1	ACA; PV
jasmiel	1	ACA; PV	levonorgest-eth est & eth est	1	ACA; PV
jencycla	1	ACA; PV	levonorgest-eth estrad 91-day	1	ACA; PV
			levonorgest-eth estradiol-iron	1	ACA; PV
			levonorgestrel oral tablet 1.5 mg	1	ACA; O; PV
			levonorgestrel-ethinyl estrad	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
levora 0.15/30 (28)	1	ACA; PV		3	PV; FE; QL
LO LOESTRIN FE	3	ACA; PV	MENOSTAR		
LOESTRIN 1.5/30 (21)	3	ACA; PV; BP	merzee	1	ACA; PV
LOESTRIN 1/20 (21)	3	ACA; PV; BP	mibelas 24 fe	1	ACA; PV
LOESTRIN FE 1.5/30	3	ACA; PV; BP	microgestin 1.5/30	1	ACA; PV
LOESTRIN FE 1/20	3	ACA; PV; BP	microgestin 1/20	1	ACA; PV
lojaimiess	1	ACA; PV	microgestin 24 fe	1	ACA; PV
loryna	1	ACA; PV	microgestin fe 1.5/30	1	ACA; PV
low-ogestrel	1	ACA; PV	microgestin fe 1/20	1	ACA; PV
lo-zumandimine	1	ACA; PV	mini	1	ACA; PV
lutera	1	ACA; PV	mimvey	1	PV
lyeq	1	ACA; PV	MINIVELLE	3	PV; BP; QL
lyllana	1	PV; QL	mono-linyah	1	ACA; PV
lyza	1	ACA; PV	my choice	1	ACA; O; PV
marlissa	1	ACA; PV	my way	1	ACA; O; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV	MYFEMBREE	2	PA; PV; QL
medroxyprogesterone acetate oral	1		NATAZIA	2	ACA; PV
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1		necon 0.5/35 (28)	1	ACA; PV
megestrol acetate oral tablet	1		new day	1	ACA; O; PV
megestrol acetate suspension 400 mg/10ml oral	1		NEXTSTELLIS	3	ACA; PV
			nikki	1	ACA; PV
			nora-be	1	ACA; PV
			norelgestromin-eth estradiol	1	ACA; PV; QL
			norethrin ace-eth estrad- fe oral capsule	1	ACA; PV

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA; PV	ORIAHNN	2	PA; PV; QL
norethin ace-eth estrad-fe oral tablet chewable	1	ACA; PV	philith	1	ACA; PV
norethindrone acetate oral	1		pimtre้า	1	ACA; PV
norethindrone acet-ethinyl est oral tablet	1	ACA; PV	PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	ACA; O; PV
norethindrone oral	1	ACA; PV	portia-28	1	ACA; PV
norethindrone-eth estradiol	1	PV	PREMARIN ORAL	2	PV
norethindron-ethinyl estrad-fe	1	ACA; PV	PREMARIN VAGINAL	2	
norethin-eth estradiol-fe	1	ACA; PV	PREMPHASE	2	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV	PREMPRO	2	PV
norgestimate-ethinyl estradiol triphasic	1	ACA; PV	progesterone intramuscular	1	
norlyroc	1	ACA; PV	progesterone oral	1	
nortrel 0.5/35 (28)	1	ACA; PV	PROMETRIUM	3	BP
nortrel 1/35 (21)	1	ACA; PV	PROVERA	3	BP
nortrel 1/35 (28)	1	ACA; PV	react	1	ACA; O; PV
nortrel 7/7/7	1	ACA; PV	reclipsen	1	ACA; PV
NUVARING	3	ACA; PV; BP; QL	rivelsa	1	ACA; PV
nylia 1/35	1	ACA; PV	SAFYRAL	3	ACA; PV; BP
nylia 7/7/7	1	ACA; PV	setlakin	1	ACA; PV
nymyo	1	ACA; PV	sharobel	1	ACA; PV
ocella	1	ACA; PV	simliya	1	ACA; PV
opcicon one-step	1	ACA; O; PV	simpesse	1	ACA; PV
option 2	1	ACA; O; PV	SLYND TABLET 4 MG ORAL	3	ACA; PV
			sprintec 28	1	ACA; PV
			sronyx	1	ACA; PV
			syeda	1	ACA; PV
			take action	1	ACA; O; PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required	
tarina 24 fe	1	ACA; PV	wera	1	ACA; PV	
tarina fe 1/20 eq	1	ACA; PV	wymzya fe	1	ACA; PV	
taysofy	1	ACA; PV	xulane	1	ACA; PV; QL	
TAYTULLA	3	ACA; PV; BP	YASMIN 28	3	ACA; PV; BP	
tilia fe	1	ACA; PV	YAZ	3	PV; BP	
tri-estarylla	1	ACA; PV	yuvafem	1		
tri-legest fe	1	ACA; PV	zafemy	1	ACA; PV; QL	
tri-linyah	1	ACA; PV	zovia 1/35 (28)	1	ACA; PV	
tri-lo-estarylla	1	ACA; PV	zumandimine	1	ACA; PV	
tri-lo-marzia	1	ACA; PV	Hormonal Agents - Thyroid			
tri-lo-mili	1	ACA; PV	ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	FE	
tri-lo-sprintec	1	ACA; PV	ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3		
tri-mili	1	ACA; PV	ADTHYZA ORAL TABLET 97.5 MG	2		
tri-nymyo	1	ACA; PV	ARMOUR THYROID	2		
tri-sprintec	1	ACA; PV	CYTOMEL	3	BP	
trivora (28)	1	ACA; PV	ERMEZA	3	FE	
tri-vylibra	1	ACA; PV	euthyrox	1		
tri-vylibra lo	1	ACA; PV	levo-t	1		
turqoz	1	ACA; PV	LEVOOTHYROXINE SODIUM ORAL CAPSULE	3		
TWIRLA	3	ACA; PV; QL	levothyroxine sodium oral tablet	1		
tydemy	1	ACA; PV	levoxyl	1		
VAGIFEM VAGINAL TABLET 10 MCG	3	BP	liothyronine sodium oral	1		
velivet	1	ACA; PV				
vestura	1	ACA; PV				
vienna	1	ACA; PV				
viorele	1	ACA; PV				
VIVELLE-DOT	3	PV; BP; QL				
volnea	1	ACA; PV				
vyfemla	1	ACA; PV				
vylibra	1	ACA; PV				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methimazole oral	1		ADALIMUMAB-AACF (2 PEN)	4	PA; SP; FE
NIVA THYROID	2		ADALIMUMAB-ADAZ	4	PA; SP; QL
np thyroid	1		ADALIMUMAB-ADBM (2 PEN)	4	PA; SP; FE
propylthiouracil oral	1		ADALIMUMAB-ADBM (2 SYRINGE)	4	PA; SP; FE; QL
SYNTHROID	3	BP	ADALIMUMAB- ADBM(CD/UC/HS STRT)	4	PA; SP; FE
THYQUIDITY	3	FE	ADALIMUMAB- ADBM(PS/UV STARTER)	4	PA; SP; FE
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1		ADALIMUMAB-FKJP	4	PA; SP; QL
TIROSINT CAPSULE 75 MCG ORAL	3		AMJEVITA	4	PA; SP; FE; QL
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		AMJEVITA-PED 10KG TO <15KG	4	PA; SP; FE; QL
TIROSINT-SOL	3		AMJEVITA-PED 15KG TO <30KG	4	PA; SP; FE; QL
unithroid	1		ARAVA	3	BP; QL
Immunological Agents - Drugs for Immune System Stimulation or Suppression			ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP
ABRILADA (1 PEN)	4	SP; FE	ASTAGRAF XL	3	PV
ABRILADA (2 PEN)	4	SP; FE	AZASAN	3	PV; BP
ABRILADA (2 SYRINGE)	4	SP; FE	azathioprine oral	1	PV
ACTEMRA ACTPEN	4	PA; SP; QL	BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL	BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ACTIMMUNE	4	PA; SP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CELLCEPT	3	PV; BP	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL
COSENTYX (300 MG DOSE)	4	PA; SP; QL	ENSPRYNG	4	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; SP; QL	ENVARSUS XR	3	PV
COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	4	PA; SP; QL	FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; BP
COSENTYX UNOREADY	4	PA; SP; QL	gengraf oral capsule 100 mg, 25 mg	1	PV
cyclosporine modified	1	PV	gengraf oral solution	1	PV
cyclosporine oral capsule	1	PV	HADLIMA	4	PA; SP; QL
CYLTEZO (2 PEN)	4	PA; SP; FE; QL	HADLIMA PUSHTOUCH	4	PA; SP; QL
CYLTEZO (2 SYRINGE)	4	PA; SP; FE; QL	HAEGARDA	4	PA; SP
CYLTEZO-CD/UC/HS STARTER	4	PA; SP; FE; QL	HULIO (2 PEN)	4	PA; SP; FE
CYLTEZO- PSORIASIS/UV STARTER	4	PA; SP; FE; QL	HULIO (2 SYRINGE)	4	PA; SP; FE
ENBREL MINI	4	PA; SP; QL	HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP; QL	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP; BP; QL
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; BP	HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; BP; QL
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; BP; QL	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; BP; QL
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; BP; QL	HUMIRA-PED<40KG CROHNS STARTER	4	PA; SP; BP; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	4	PA; SP; BP	HUMIRA-PED>/=40KG CROHNS START	4	PA; SP; BP; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	4	PA; SP; BP; QL	HUMIRA-PED>/=40KG UC STARTER	4	PA; SP; BP; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	4	PA; SP; BP	HUMIRA-PSORIASIS/UVEIT STARTER	4	PA; SP; BP; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	4	PA; SP; BP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL
			HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	4	PA; SP; FE; QL	IDACIO-PSORIASIS STARTER	4	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	4	PA; SP; FE; QL	IMURAN	3	PV; BP
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE	JOENJA	4	PA; SP; QL
HYRIMOZ- CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL	KEVZARA	4	PA; SP; QL
HYRIMOZ-PED<40KG CROHN STARTER	4	PA; SP; FE; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
HYRIMOZ-PED>/=40KG CROHN START	4	PA; SP; FE; QL	leflunomide oral	1	QL
HYRIMOZ-PLAQUE PSORIASIS START	4	PA; SP; FE; QL	LUPKYNIS	4	PA; SP; PV; QL
icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
IDACIO (2 PEN)	4	PA; SP; FE; QL	methotrexate sodium injection solution reconstituted	1	
IDACIO (2 SYRINGE)	4	PA; SP; FE; QL	methotrexate sodium oral	1	
IDACIO-CROHNS/UC STARTER	4	PA; SP; FE; QL	mycophenolate mofetil oral	1	PV
			mycophenolate sodium	1	PV
			mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV
			MYFORTIC	3	PV; BP
			NEORAL	3	PV; BP
			OLUMIANT	4	PA; SP; QL

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sajazir subcutaneous solution prefilled syringe	4	PA; SP; FE	TREMFYA	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV; BP	TREXALL	2	
SANDIMMUNE ORAL SOLUTION	2	PV	VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
SILIQ	4	PA; SP; QL	XATMEP	3	FE
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	XELJANZ	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	XELJANZ XR	4	PA; SP; QL
sirolimus oral	1	PV	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE; QL
SKYRIZI PEN	4	PA; SP; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; FE
SKYRIZI SUBCUTANEOUS	4	PA; SP; QL	YUFLYMA (2 PEN)	4	PA; SP; FE; QL
SOTYKTU	4	PA; SP; QL	YUFLYMA (2 SYRINGE)	4	PA; SP; FE; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL	YUFLYMA-CD/UC/HS STARTER	4	PA; SP; FE
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	YUSIMRY	4	PA; SP; FE; QL
tacrolimus oral	1	PV	ZORTRESS	3	PV; BP
TAKHZYRO	4	PA; SP; QL	Inflammatory Bowel Disease Agents		
TALTZ	4	PA; SP; QL	ANUSOL-HC EXTERNAL	3	BP
			APRISO	3	BP
			AZULFIDINE	3	BP
			AZULFIDINE EN-TABS	3	BP
			balsalazide disodium	1	

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

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; PV; FE; QL	AEROCHAMBER PLUS FLO-VU INTERM	2	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	4	PA; SP; PV; FE; QL	AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
TYMLOS	4	PA; SP; PV; QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
Metabolic Bone Disease Agents - Other			AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
calcitriol oral	1		AEROCHAMBER PLUS FLOW VU	2	
cinacalcet hcl	1		AEROCHAMBER W/FLOWSIGNAL	2	
doxercalciferol oral	1		ASPARTAME (FOR COMPOUNDING)	2	
paricalcitol oral	1		ASPARTAME (NUTRASWEET)	2	
RAYALDEE	3		BREATHE EASE LARGE	2	
ROCALTROL	3	BP	BREATHE EASE MEDIUM	2	
SENSIPAR	3	BP	BREATHE EASE SMALL	2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP	BREATHERITE VALVED MDI CHAMBER	2	
Miscellaneous Therapeutic Agents			BROMELAIN	2	
AEROCHAMBER HOLDING CHAMBER	2		BYLVAY	4	PA; SP; QL
AEROCHAMBER MINI CHAMBER	2		BYLVAY (PELLETS)	4	PA; SP; QL
AEROCHAMBER MV	2		CETYLCIDE-G	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2		CHARCOAL ACTIVATED	2	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2		methylergonovine maleate oral	1	
COMPACT SPACE CHAMBER	2		MICROCHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK	2		ODACTRA	3	AL; QL
COMPACT SPACE CHAMBER/MED MASK	2		OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
COMPACT SPACE CHAMBER/SM MASK	2		OMNIPOD 5 G6 PODS (GEN 5)	14	MB; QL
CONDOMS	3	ACA; O	OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
DOJOLVI	3	PA	OMNIPOD DASH PODS (GEN 4)	14	MB; QL
DUREX EXTRA SENSITIVE THIN	3	ACA; O	OMNIPOD GO KIT 10 UNIT/24HR, 15		
EASIVENT	2		UNIT/24HR, 25	14	MB; QL
ENCARE VAGINAL SUPPOSITORY	3	ACA; O	UNIT/24HR, 35		
ENDARI	3		UNIT/24HR		
ergoloid mesylates oral	1		OPTICHAMBER DIAMOND	2	
FC2 FEMALE CONDOM	3	ACA; O	OPTICHAMBER DIAMOND-LG MASK	2	
FIRDAPSE	4	PA; SP; FE; QL	OPTICHAMBER DIAMOND-MD MASK	2	
FLEXICHAMBER	2		OPTICHAMBER DIAMOND-SM MASK	2	
formaldehyde solution 37 % external (rx)	1		OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
glutaraldehyde external	1		ORALAIR TABLET SUBLINGUAL 300 IR	2	
GRASTEK	3		SUBLINGUAL		
KERENDIA TABLET 10 MG ORAL	3	PA; QL			
KERENDIA TABLET 20 MG ORAL	3	PA; QL	OXBRYTA	4	PA; SP; QL
LIVMARLI	4	PA; SP; QL	PALFORZIA	4	SP; AL
methergine oral	1		PHEXXI	3	ACA
			POCKET SPACER	2	
			RADIOGARDASE	3	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RAGWITEK	3		BESIVANCE	3	FE
SACCHARIN	2		BETADINE OPHTHALMIC PREP	3	
sodium saccharin powder	1		bromfenac sodium (once-daily)	1	
TAVNEOS	4	PA; SP; QL	bromfenac sodium ophthalmic solution 0.07 %	1	
TODAY SPONGE	2	ACA; O	bromfenac sodium ophthalmic solution 0.075 %	1	FE
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O	BROMSITE	3	FE; BP
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O	CILOXAN OPHTHALMIC OINTMENT	3	FE
VEOZAH TABLET 45 MG ORAL	3	ST; QL	ciprofloxacin hcl ophthalmic	1	
VISTOGARD	4	SP	cromolyn sodium ophthalmic	1	
VORTEX VALVED HOLDING CHAMBER	2		dexamethasone sodium phosphate ophthalmic	1	
ZOKINVY	4	PA; SP	diclofenac sodium ophthalmic	1	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			difluprednate	1	ST
ACULAR	3	BP	DUREZOL	3	ST; BP
ACULAR LS	3	BP	epinastine hcl	1	
ACUVAIL	3	FE	erythromycin ointment 5 mg/gm ophthalmic	1	
ALOCRIL	3	FE	EYSUVIS	3	FE
ALOMIDE	3	FE	FLAREX	2	
ALREX	3	ST; BP	fluorometholone ophthalmic	1	
AZASITE	2		flurbiprofen sodium	1	
azelastine hcl ophthalmic	1		FML FORTE	3	ST
bacitracin ophthalmic	1		FML LIQUIFILM	3	BP
bepotastine besilate	1	FE	gatifloxacin ophthalmic	1	
BEPREVE	3	FE; BP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
gentamicin sulfate ophthalmic solution	1		NATACYN	3	
ILEVRO	3	FE	neomycin-polymyxin-dexameth ophthalmic ointment	1	
INVELTYS	2		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
ketorolac tromethamine ophthalmic	1		neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
levofloxacin ophthalmic solution 1.5 %	1		NEVANAC	3	FE
LOTEMAX OPHTHALMIC GEL	3	ST; BP	OCUFLOX	3	BP
LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE	ofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	3	ST; FE; BP	olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
LOTEMAX SM	2		PATADAY OPHTHALMIC SOLUTION 0.7 %	3	FE
loteprednol etabonate ophthalmic gel	1	ST	POVIDONE-IODINE OPHTHALMIC	3	
loteprednol etabonate ophthalmic suspension 0.2 %	1	ST	PRED FORTE	3	BP
loteprednol etabonate ophthalmic suspension 0.5 %	1	ST; FE	PRED MILD	3	ST
MAXIDEX	2		prednisolone acetate ophthalmic	1	
MAXITROL OPHTHALMIC OINTMENT	3	BP	prednisolone sodium phosphate ophthalmic	1	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP	PROLENSA	3	FE; BP
MITOSOL	3		sulfacetamide sodium ophthalmic	1	
moxifloxacin hcl (2x day)	1	FE	TOBRADEX OPHTHALMIC OINTMENT	3	
moxifloxacin hcl ophthalmic solution	1		TOBRADEX ST	2	
			tobramycin ophthalmic	1	
			tobramycin-dexamethasone	1	

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TOBREX OPHTHALMIC OINTMENT	2		dorzolamide hcl solution 2 % ophthalmic	1	
trifluridine ophthalmic	1		dorzolamide hcl-timolol mal	1	
UPNEEQ	3	QL	dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
VIGAMOX	3	BP	IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA	ISTALOL	3	BP
ZERVIATE	3	FE	KEVEYIS	4	SP; BP
ZIRGAN	3		latanoprost ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma			levobunolol hcl ophthalmic solution 0.5 %	1	
acetazolamide er	1		LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST
acetazolamide oral	1		methazolamide oral	1	
ALPHAGAN P	3	BP	PHOSPHOLINE IODIDE	2	
apraclonidine hcl	1		pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
AZOPT	3	BP	RHOPRESSA	2	
betaxolol hcl ophthalmic	1		ROCKLATAN	2	ST
BETIMOL	3		SIMBRINZA	3	
BETOPTIC-S	3	FE	tafluprost (pf)	1	ST
bimatoprost ophthalmic	1		timolol maleate (once- daily)	1	
brimonidine tartrate ophthalmic	1		timolol maleate ocudose	1	
brimonidine tartrate- timolol	1		timolol maleate ophthalmic gel forming solution	1	FE
brinzolamide	1		timolol maleate ophthalmic solution	1	
carteolol hcl	1				
COMBIGAN	3	BP			
COSOPT	3	BP			
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	BP			
dichlorphenamide	4	SP			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
timolol maleate pf	1		CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	BP
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	FE; BP	cyclopentolate hcl ophthalmic solution 1 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	BP	cyclosporine ophthalmic	1	
TRAVATAN Z	3	FE; BP	CYSTADROPS	4	SP
travoprost (bak free)	1		CYSTARAN	4	SP
VURITY	3		LACRISERT	3	FE
VYZULTA	3	ST; FE	LASTACAFT	3	FE
XALATAN	3	BP	MIEBO	3	FE
XELPROS	2		neomycin-bacitracin zn- polymyx	1	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP	neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000-. .025	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			neo-polycin	1	
altafrin ophthalmic solution 10 %, 2.5 %	1		neo-polycin hc	1	
atropine sulfate ophthalmic ointment	1		OXERVATE	4	PA; SP; QL
atropine sulfate ophthalmic solution 1 %	1		phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1		polycin	1	
bacitra-neomycin- polymyxin-hc	1		polymyxin b- trimethoprim	1	
CEQUA	3	QL	RESTASIS	3	BP; QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3		RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
			sulfacetamide- prednisolone ophthalmic solution	1	
			TYRVAYA	3	QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VERKAZIA	3		carbinoxamine maleate oral tablet 4 mg	1	
XIIDRA	3	QL	carbinoxamine maleate oral tablet 6 mg	1	FE
ZYLET	3		cetirizine hcl oral solution	1	
Otic Agents - Drugs for Ear Conditions					
acetic acid otic	1		CLARINEX ORAL TABLET	3	FE; BP
CETRAXAL	3	FE; BP	CLARINEX-D 12 HOUR	3	FE
CIPRO HC	3	FE	clemastine fumarate oral syrup	1	FE
ciprofloxacin hcl otic	1		clemastine fumarate oral tablet 2.68 mg	1	
ciprofloxacin- dexamethasone	1		cyproheptadine hcl oral	1	
CIPROFLOXACIN- FLUOCINOLONE PF	3	FE	desloratadine	1	FE
CORTISPORIN-TC	3		diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
DERMOTIC	3	BP	DYMISTA	3	FE; BP
flac	1		flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluocinolone acetonide otic	1		fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
hydrocortisone-acetic acid	1		guaifenesin ac	1	AL; QL
neomycin-polymyxin-hc otic	1		guaifenesin-codeine oral solution	1	AL; QL
ofloxacin otic	1		HYCODAN ORAL SOLUTION	3	AL; BP; QL
OTOVEL	3	FE	HYCODAN ORAL TABLET	3	AL; BP; QL
PRAMOTIC	3		hydrocod poli-chlorphe poli er	1	AL; QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold					
azelastine hcl nasal	1		hydrocodone bit- homatrop mbr	1	AL; QL
azelastine-fluticasone	1	FE			
benzonatate	1				
carbinoxamine maleate oral solution	1				

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydromet oral solution	1	AL; QL	QNASL	3	FE
HYPERSAL	3		QNASL CHILDRENS	3	FE
ipratropium bromide nasal	1		RYALTRIS	3	FE; QL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE	RYCLORA ORAL SOLUTION	3	FE
levocetirizine dihydrochloride oral solution	1	FE	ryvent	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1		sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
maxi-tuss ac	1	AL; QL	sodium chloride nebulization solution 7 % inhalation	1	
mometasone furoate nasal	1	QL	TUXARIN ER	3	AL; FE; QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2		XHANCE	3	FE; QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3		ZETONNA	3	FE
olopatadine hcl nasal	1	FE	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
OMNARIS	3	FE	ACCOLATE	3	PV; BP
promethazine vc	1		acetylcysteine inhalation	1	
promethazine vc/codeine	1	AL; QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; QL
promethazine-codeine oral solution	1	AL; QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL
promethazine-dm oral syrup	1				
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1				
PULMOSAL	2				

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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 nebulization solution (5 mg/ml) 0.5% inhalation	1	PV
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	albuterol sulfate oral	1	PV
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ALVESCO	3	PV; FE; QL
AIRDUO DIGIHALER	3	PV; FE; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL	arformoterol tartrate	1	PV; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL	ARMONAIR DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 55/14	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
AIRSUPRA	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Pro ventil; PV; QL	ARNUITY ELLIPTA INHALATION 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			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	breyna	1	PV; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
ASMANEX HFA	2	PV; QL	BROVANA	3	PV; BP; QL
ATROVENT HFA	2	PV; QL	budesonide inhalation	1	PV; QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL	budesonide-formoterol fumarate	1	PV; QL
BEVESPI AEROSPHERE	3	PV; QL	COMBIVENT RESPIMAT	2	PV; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	cromolyn sodium inhalation	1	PV
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	DALIRESP	3	PV; BP
			DUAKLIR PRESSAIR	3	PV; FE; QL
			DULERA	3	PV; FE; QL
			elixophyllin	1	PV
			epinephrine injection solution auto-injector	1	QL
			EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			ESBRIET	4	PA; SP; BP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FASENRA PEN SOLUTION AUTO- INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA; SP; QL	INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL
FLUTICASONE FUROATE- VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200- 25 MCG/ACT	3	PV; FE; QL	ipratropium bromide inhalation	1	PV
FLUTICASONE PROPIONATE DISKUS	2	PV	ipratropium-albuterol	1	PV
FLUTICASONE PROPIONATE HFA	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- SALMETEROL INHALATION AEROSOL	3	PV; FE; QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	montelukast sodium oral	1	PV
FLUTICASONE- SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232- 14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL	NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL
formoterol fumarate inhalation	1	PV; QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
			OFEV	4	PA; SP; QL
			PERFOROMIST	3	PV; BP; QL
			pirfenidone	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL	SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROAIR RESPICLICK	3	PV; QL	SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROVENTIL HFA	3	PV; BP; QL	terbutaline sulfate oral	1	PV
PULMICORT FLEXHALER	2	PV; QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL
PULMICORT SUSPENSION	3	PV; BP; QL	THEO-24	3	PV
QVAR REDIHALER	2	PV; QL	theophylline elixir 80 mg/15ml oral	1	PV
roflumilast	1	PV	theophylline er	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	theophylline oral solution	1	PV
SINGULAIR	3	PV; BP	tiotropium bromide monohydrate	1	PV; QL
SPIRIVA HANDIHALER	3	PV; BP; QL	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL	TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL			
STRIVERDI RESPIMAT	3	PV; QL			

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL	TOBI NEBULIZER	4	SP; BP; QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL	TOBI PODHALER	4	SP; QL
XOPENEX HFA	3	PV; QL	tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL	tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
zafirlukast	1	PV	TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL
zileuton er	1	PV; FE	TRIKAFTA	4	PA; SP; QL
ZYFLO	3	PV; FE	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			ADCIRCA	4	PA; SP; BP; QL
BETHKIS	4	SP; BP; QL	ADEMPAS	4	PA; SP; QL
BRONCHITOL	2	QL	alyq	4	PA; SP; QL
CAYSTON	4	SP	ambrisentan	4	PA; SP; QL
KALYDECO	4	PA; SP; QL	bosentan	4	PA; SP; QL
KITABIS PAK	4	SP; QL	LETAIRIS	4	PA; SP; BP; QL
ORKAMBI	4	PA; SP; QL	LIQREV	4	PA; SP; FE; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP	OPSUMIT	4	PA; SP; QL
SYMDEKO	4	PA; SP; QL	ORENITRAM	4	PA; SP
			ORENITRAM MONTH 1	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ORENITRAM MONTH 2	4	PA; SP	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
ORENITRAM MONTH 3	4	PA; SP	AMRIX	3	FE; BP
REVATIO ORAL	4	PA; SP; BP; QL	BACLOFEN ORAL SOLUTION 5 MG/5ML	3	FE
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL	baclofen oral suspension	1	
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL	baclofen oral tablet	1	
tadalafil (pah)	4	PA; SP; QL	carisoprodol oral	1	
TADLIQ	4	PA; SP; QL	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE
TRACLEER 62.5 MG, 125 MG	4	PA; SP; BP; QL	chlorzoxazone oral tablet 500 mg	1	
TRACLEER 32 MG	4	PA; SP; QL	cyclobenzaprine hcl er	1	FE
TYVASO	4	PA; SP	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL	cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
TYVASO DPI TITRATION KIT	4	PA; SP; QL	DANTRIUM ORAL CAPSULE 25 MG	3	BP
TYVASO REFILL	4	PA; SP	dantrolene sodium oral	1	
TYVASO STARTER	4	PA; SP	FEXMID	3	FE; BP
UPTRAVI ORAL	4	PA; SP; QL	FLEQSVY	3	FE; BP
UPTRAVI TITRATION	4	PA; SP; QL	LORZONE	3	FE; BP
VENTAVIS	4	PA; SP; QL	LYVISPAH	3	FE
			metaxalone oral tablet 400 mg	1	FE
			metaxalone oral tablet 800 mg	1	
			methocarbamol oral tablet 500 mg, 750 mg	1	
			NORGESIC	3	FE
			NORGESIC FORTE	3	FE

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
orphenadrine citrate er	1		ROZEREM	3	BP
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE	SILENOR	3	BP; QL
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA; SP; QL
SOMA	3	BP	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA; SP; FE; QL
tizanidine hcl oral	1		SUNOSI TABLET 150 MG ORAL	2	ST; QL
ZANAFLEX	3	BP	SUNOSI TABLET 75 MG ORAL	2	ST; QL
Sleep Disorder Agents			tasimelteon	4	PA; SP; QL
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AMBIEN CR	3	BP; QL	WAKIX	4	PA; SP; QL
armodafinil	1	QL	XYREM	4	PA; SP; QL
BELSOMRA	2	ST; QL	XYWAV	4	PA; SP; QL
DAYVIGO	3	FE; QL	zaleplon	1	QL
doxepin hcl oral tablet	1	QL	zolpidem tartrate er	1	QL
EDLUAR	3	FE; QL	ZOLPIDEM TARTRATE ORAL CAPSULE	3	FE; QL
eszopiclone	1	QL	zolpidem tartrate oral tablet	1	QL
flurazepam hcl	1		zolpidem tartrate sublingual	1	FE; QL
HETLIOZ	4	PA; SP; BP; QL			
HETLIOZ LQ	4	PA; SP; QL			
LUMRYZ	4	PA; SP; FE; QL			
LUNESTA	3	BP; QL			
modafinil oral	1	QL			
NUVIGIL	3	BP; QL			
PROVIGIL	3	BP; QL			
QUVIVIQ	3	ST; FE; QL			
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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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		100	poli er
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		80	homatrop mbr
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		59	hydrocortisone valerate
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ORKAMBI	98	paroxetine hcl er	20	extended	17
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REMESENSE	50	roflumilast	97	SENSIPAR	86
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				SUPREP BOWEL PREP
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SYNTHROID	79	telmisartan	44	timolol maleate ocudose	90
SYPRINE	63	telmisartan-amlodipine	44	timolol maleate pf	91
TABLOID	29	telmisartan-hctz	44	TIMOPTIC OCUDOSE	91
TABRECTA	29	temazepam	100	tinidazole	15
TACLONEX	55	temozolomide	29	tiopronin	69
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tadalafil	69	tenofovir disoproxil fumarate	36	monohydrate	97
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TADLIQ	99	TENORETIC 50	44	TIROSINT-SOL	79
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TAPERDEX 7-DAY	71	testosterone cypionate	71	TOLAK	55
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TARGADOX	15	tetrabenazine	49	TOLNAFTATE	23
TARGRETIN	29	tetracycline hcl	15	TOLSURA	23
tarina 24 fe	78	TETRACYCLINE HCL	15	tolterodine tartrate	69
tarina fe 1/20 eq	78	TEXACORT	55	tolterodine tartrate er	70
TARPEYO	85	TEZSPIRE	97	tolvaptan	63
TASCENO ODT	48	THALOMID	29	TOPAMAX	18
TASIGNA	29	THEO-24	97	TOPAMAX SPRINKLE	18
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TASMAR	32	theophylline er	97	TOPICORT SPRAY	55
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tramadol hcl (er biphasic)	8	tri-lo-sprintec	78	UROCIT-K 10	63
tramadol hcl er	8	trimethobenzamide hcl	22	UROCIT-K 15	63
TRAMADOL HCL IR	8	trimethoprim	15	UROCIT-K 5	63
tramadol hcl ir	8	tri-mili	78	UROXATRAL	70
tramadol-acetaminophen	8	trimipramine maleate	20	URSO 250	67
trandolapril	45	TRINTELLIX	20	URSO FORTE	67
trandolapril-verapamil hcl er	45	tri-nymyo	78	URSODIOL	67
tranexamic acid	38	tri-sprintec	78	ursodiol	67
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trazodone hcl	20	tri-vylibra lo	78	valganciclovir hcl	36
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TRELEGY ELLIPTA	97	trospium chloride	70	VALIUM	37
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TREXIMET	25	TURALIO	29	VANCOCIN	15
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triamcinolone in absorbase	55	TUXARIN ER	93	VANDAZOLE	15
triamterene	45	TWIRLA	78	VANFLYTA	29
triamterene-hctz	45	TWYNEO	55	VANOS	55
triazolam	37	TYBOST	36	varenicline tartrate	12
TRIBENZOR	45	tydemy	78	varenicline tartrate (starter)	12
TRICOR	45	TYKERB	29	varenicline	
triderm	55	TYMLOS	86	tartrate(continue)	12
trientine hcl	63	TYRVAYA	91	VARIZIG	84
tri-estarrylla	78	TYVASO	99	VARUBI (180 MG DOSE)	22
trifluoperazine hcl	34	TYVASO DPI		VASCEPA	45
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VERELAN PM	45	VUSION	23	XOFLUZA (80 MG	
VERKAZIA	92	vyfemla	78	DOSE)	37
VERQUVO	45	vylibra	78	XOPENEX HFA	98
VERSACLOZ	34	VYNDAMAX	45	XPOVIO (100 MG ONCE	
VERZENIO	29	VYNDAQEL	45	WEEKLY)	30
VESICARE	70	VYTORIN	45	XPOVIO (40 MG ONCE	
VESICARE LS	70	VYVANSE	47	WEEKLY)	30
vestura	78	VYZULTA	91	XPOVIO (40 MG TWICE	
VFEND	23	WAKIX	100	WEEKLY)	30
VIBERZI	67	warfarin sodium	16	XPOVIO (60 MG ONCE	
VIBRAMYCIN	15	weekly-d	63	WEEKLY)	30
VICTOZA	58	WELCHOL	45	XPOVIO (60 MG TWICE	
vienna	78	WELIREG	30	WEEKLY)	30
vigabatrin	18	WELLBUTRIN SR	21	XPOVIO (80 MG ONCE	
vigadron	18	WELLBUTRIN XL	21	WEEKLY)	30
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VIVJOA	23	XATMEP	84	YOSPRALA	32
VIZIMPRO	29	XCOPRI	18	YUFLYMA (1 PEN)	84
VOGELXO	71	XDEMVY	90	YUFLYMA (2 PEN)	84
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ZOLINZA.....	30		

Non-discrimination notice



Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

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 752-5863 (رقم هاتف الصم والبكم: 711).

Amharic - ማስታወሻ: ፭፻፯፻፷፻ ቀን አማርኛ ከሆነ የተጠገኘው እርዳታ ዳረሰው ማስታወሻ: ፭፻፯፻፷፻ ቀን አማርኛ ከሆነ የተጠገኘው እርዳታ ዳረሰው፡ በዚ ለያዝዘምት ተዘጋጀት ወደ ማከተለው ቁጥር ደጋጌ (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) - XIYYEFFANNAA: 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 - ဖုန်းလုပ်သား:- နမ့်ကတိုင် ကည်း ကျိုးအယိုး၊ နမေနဲ့ ကျိုးအတ်မစေးလာ တလေ့ဘူးလားစုံ၊ နိတ်မဲ့ဘုံသူနှင့်လို့။ ကို
(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 - ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຂ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແສ່ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.
ໂທ (800) 752-5863 (TTY: 711).

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

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

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

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

Thai – เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี 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).