

# ACA Compliant Individual/Small Group Formulary



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

**Call Pharmacy Management Team at (855) 305-5062**

**Visit [sanfordhealthplan.com/members](https://sanfordhealthplan.com/members) and link to the OptumRx website to:**

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

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HEALTH PLAN

## What is a formulary?

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

## How do I use my formulary?

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

### About this formulary

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

## Reading your formulary

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

### Tier information

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Higher-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier 4</b>	\$\$\$\$ <b>Highest-cost</b> specialty medications	Specialty medications typically require additional information from you or your provider to determine coverage. Lower cost options may be available.

## 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.

<b>PA</b>	<b>Prior Authorization</b> – 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.
<b>PV</b>	<b>High Deductible Health Plan Preventive Medication</b> – Medication not subject to Deductible and available at a Copay/Coinsurance under a High Deductible Health Plan.
<b>QL</b>	<b>Quantity Limit / Amount Allowed</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. In addition, specialty medications may need special handling and/or administration, and may have limited or exclusive product availability and distribution.
<b>ST</b>	<b>Step Therapy</b> – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>FE</b>	<b>Formulary Exception</b> – This medication will only be available to the member if they meet Sanford Health Plan criteria for a formulary override.
<b>ACA</b>	<b>Affordable Care Act</b> – 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.
<b>O</b>	<b>Over-the-counter (OTC)</b> – 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.



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Drug Name	Drug Tier	Limits/ Required
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
ACTIQ	3	
ALLZITAL	3	PA; FE
APADAZ	3	FE; QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
BUPAP ORAL TABLET 50-300 MG	3	FE
buprenorphine transdermal	1	QL
butalbital-acetaminophen capsule 50-300 mg oral	1	FE
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	2	PA
butalbital-acetaminophen oral tablet 25-325 mg, 50-325 mg	1	

Drug Name	Drug Tier	Limits/ Required
butalbital-acetaminophen oral tablet 50-300 mg	1	FE
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	QL
carisoprodol-aspirin-codeine	1	
codeine sulfate oral tablet	1	QL
CONZIP	3	PA; FE
DILAUDID ORAL	3	QL
DURAGESIC-100	3	QL
DURAGESIC-12	3	QL
DURAGESIC-25	3	QL
DURAGESIC-50	3	QL
DURAGESIC-75	3	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC	3	
fentanyl	1	QL
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	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
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	2	QL
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3	FE

Drug Name	Drug Tier	Limits/ Required
levorphanol tartrate oral tablet 2 mg	1	QL
levorphanol tartrate oral tablet 3 mg	1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl intensol	1	
methadone hcl oral	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er beads	1	QL
morphine sulfate er oral capsule extended release 24 hour	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	QL
NALOCET	3	PA; FE; QL
NUCYNTA	3	QL
NUCYNTA ER	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OXAYDO ORAL TABLET	3	PA; FE; QL	PROLATE ORAL TABLET	3	PA; FE; QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	FE; QL	ROXICODONE ORAL TABLET	3	QL
oxycodone hcl oral capsule	1	QL	SUBSYS	3	
oxycodone hcl oral concentrate 100 mg/5ml	1	QL	TENCON ORAL TABLET 50-325 MG	3	PA; FE
oxycodone hcl oral solution	1	QL	tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
oxycodone hcl oral tablet	1	QL	tramadol hcl er oral tablet extended release 24 hour	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	PA; FE; QL	tramadol hcl oral tablet 100 mg	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	tramadol hcl oral tablet 50 mg	1	QL
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL	tramadol-acetaminophen	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL	ULTRACET	3	QL
oxymorphone hcl	1	QL	ULTRAM	3	QL
oxymorphone hcl er	1	QL	VTOL LQ	2	PA
pentazocine-naloxone hcl	1	QL	XTAMPZA ER	3	FE; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL	ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	
			ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	FE; QL
			<b>Analgesics - Drugs for Pain and Inflammation</b>		
			adult aspirin regimen	1	ACA; O

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Drug Name	Drug Tier	Limits/ Required
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin ec oral tablet delayed release 325 mg	1	ACA; O
aspirin low dose oral tablet chewable	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
CAMBIA	3	FE
CATAFLAM	3	
CELEBREX	3	
celecoxib oral	1	
DAYPRO	3	
DICLOFENAC	3	PA; FE
DICLOFENAC EPOLAMINE EXTERNAL	3	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external solution	1	
diclofenac sodium gel 1 % external (rx)	1	QL

Drug Name	Drug Tier	Limits/ Required
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
DUEXIS	3	PA; FE
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac er	1	
etodolac oral	1	
FELDENE	3	
fenoprofen calcium oral	1	FE
fenortho oral capsule 200 mg	1	FE
FLECTOR EXTERNAL	3	QL
flurbiprofen oral	1	
gnp aspirin low dose	1	ACA; O
goodsense aspirin low dose	1	ACA; O
ibuprofen	1	
ibuprofen oral suspension	1	
INDOCIN ORAL	3	
INDOCIN RECTAL	3	PA; FE
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	PA; FE
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er	1	FE
ketoprofen oral	1	
ketorolac tromethamine injection solution 15 mg/ml	1	

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Drug Name	Drug Tier	Limits/ Required
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
KETOROLAC TROMETHAMINE NASAL	3	PA; FE
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LICART EXTERNAL	3	PA; FE
LODINE	3	
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	
meloxicam oral capsule	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET	3	
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE
NALFON ORAL TABLET	3	FE
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA; FE
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET 500 MG	3	
naproxen oral	1	

Drug Name	Drug Tier	Limits/ Required
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA; FE
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole	1	FE
oxaprozin	1	
PENNSAID EXTERNAL	3	PA; FE; QL
piroxicam oral	1	
qc aspirin low dose oral tablet delayed release	1	ACA; O
QMIIZ ODT	3	PA; FE
RELAFEN	3	
RELAFEN DS	3	PA; FE
salsalate tablet 500 mg oral	1	
salsalate tablet 750 mg oral	1	
SPRIX	3	PA; FE
sulindac oral	1	
TIVORBEX ORAL CAPSULE 20 MG	3	PA; FE
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	
VIMOVO	3	FE
VIVLODEX	3	PA

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Drug Name	Drug Tier	Limits/ Required
VOLTAREN EXTERNAL	3	QL
ZIPSOR	3	PA; FE
ZORVOLEX	3	PA; FE
<b>Anesthetics</b>		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %	3	PA; FE
LIDODERM	3	
PLIAGLIS EXTERNAL CREAM	3	PA; FE
SYNERA	3	PA; FE
ZTLIDO	3	PA; FE
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
BUNAVAIL	3	QL

Drug Name	Drug Tier	Limits/ Required
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
CHANTIX	2	ACA; PV; QL
CHANTIX CONTINUING MONTH PAK	2	ACA; PV; QL
CHANTIX STARTING MONTH PAK	2	ACA; PV; QL
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; QL
habitrol	1	ACA; O; QL
LUCEMYRA	3	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine polacrilex mouth/throat	1	ACA; O; QL
nicotine step 1	1	ACA; O; QL
nicotine step 2	1	ACA; O; QL
nicotine step 3	1	ACA; O; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
SUBOXONE SUBLINGUAL FILM	3	QL
ZUBSOLV	3	QL

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Drug Name	Drug Tier	Limits/ Required
<b>Antibacterials</b>		
ACTICLATE	3	
AEMCOLO	3	FE; QL
ALTABAX	3	FE
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	4	SP; FE
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BACTRIM	3	

Drug Name	Drug Tier	Limits/ Required
BACTRIM DS	3	
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
CENTANY	3	
cephalexin	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
coremino	1	FE
demeclocycline hcl oral	1	
dicloxacillin sodium	1	

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Drug Name	Drug Tier	Limits/ Required
DIFICID ORAL TABLET	3	
DORYX MPC	3	PA; FE
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	3	PA; FE
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA; FE
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	

Drug Name	Drug Tier	Limits/ Required
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	2	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET 500 MG	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
hydrogen peroxide solution 30 %	1	
KEFLEX ORAL CAPSULE 750 MG	3	
levofloxacin oral	1	
linezolid oral	1	PA
MACROBID	3	
MACRODANTIN	3	
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	FE

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Drug Name	Drug Tier	Limits/ Required
minocycline hcl er oral tablet extended release 24 hour	1	FE
minocycline hcl oral	1	
MINOLIRA	3	PA; FE
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	1	FE
MONUROL	3	
morgidox oral capsule 100 mg	1	
moxifloxacin hcl oral	1	
mupirocin calcium	1	FE
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension	1	
NUVESSA	3	PA; FE
NUZYRA ORAL TABLET 150 MG	3	FE; QL
ofloxacin oral tablet 300 mg, 400 mg	1	
paromomycin sulfate oral	1	
penicillin v potassium	1	
PRIMSOL	3	FE
SEYSARA	3	FE
SILVADENE	3	
silver sulfadiazine external	1	

Drug Name	Drug Tier	Limits/ Required
SIVEXTRO ORAL	3	PA; FE
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	FE
SOLOSEC	3	FE; QL
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SULFAMYLON EXTERNAL CREAM	3	PA; FE
SULFAMYLON EXTERNAL PACKET	3	
sulfatrim pediatric	1	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TARGADOX	3	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
VANCOCIN HCL ORAL CAPSULE 125 MG	3	
vancomycin hcl oral	1	
vandazole	1	

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Drug Name	Drug Tier	Limits/ Required
VIBRAMYCIN	3	
XENLETA ORAL	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	
XIMINO	3	FE
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL	3	PA
<b>Anticoagulants</b>		
ARIXTRA	3	PV
BEVYXXA	3	PV; QL
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium	1	PV
fondaparinux sodium	1	PV

Drug Name	Drug Tier	Limits/ Required
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	PV
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1	PV
jantoven	1	PV
LOVENOX	3	PV
PRADAXA	3	PV; FE
SAVAYSA	3	PV; FE
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	FE
BANZEL	3	
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
CELONTIN	2	
clobazam	1	

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

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Drug Name	Drug Tier	Limits/ Required
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT	4	PA; SP
DIASTAT ACUDIAL	3	QL
DIASTAT PEDIATRIC	3	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	4	PA; SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
FINTEPLA	4	PA; SP; QL
FYCOMPA	3	
gabapentin oral	1	
GABITRIL	3	

Drug Name	Drug Tier	Limits/ Required
KEPPRA ORAL	3	
KEPPRA XR	3	
LAMICTAL ODT	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
MYSOLINE	3	
NAYZILAM	2	QL
NEURONTIN	3	
ONFI ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Limits/ Required
ONFI ORAL TABLET 10 MG, 20 MG	3	
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK	3	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	4	SP
SPRITAM	3	PA; FE
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	FE
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
tiagabine hcl	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	

Drug Name	Drug Tier	Limits/ Required
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution	1	
VALTOCO	2	QL
vigabatrin	4	SP
vigadrone	4	SP
VIMPAT ORAL	2	
XCOPRI	2	QL
ZARONTIN	3	
ZONEGRAN	3	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	3	
donepezil hcl	1	
EXELON TRANSDERMAL	3	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral	1	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	

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Drug Name	Drug Tier	Limits/ Required
NAMENDA XR TITRATION PACK	3	
NAMZARIC	3	
RAZADYNE ER	3	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	
APLENZIN	3	FE
BRISDELLE	3	QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	FE
bupropion hcl oral	1	
CELEXA ORAL TABLET	3	PV; QL
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; FE
desvenlafaxine succinate er	1	

Drug Name	Drug Tier	Limits/ Required
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	FE
duloxetine hcl oral	1	
EFFEXOR XR	3	
EMSAM	3	FE
escitalopram oxalate	1	PV
FETZIMA	3	ST; FE
FETZIMA TITRATION	3	ST; FE
fluoxetine hcl (pmdd) oral tablet	1	
fluoxetine hcl oral	1	PV
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
FORFIVO XL	3	FE
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	PV
maprotiline hcl	1	
MARPLAN	3	
mirtazapine oral	1	
NARDIL	3	
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	
PARNATE	3	

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Drug Name	Drug Tier	Limits/ Required
paroxetine hcl er	1	PV; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	QL
PAXIL CR	3	PV; QL
PAXIL ORAL SUSPENSION	3	PV; FE; QL
PAXIL ORAL TABLET	3	PV; QL
perphenazine-amitriptyline	1	
PEXEVA	3	PA; PV; FE
phenelzine sulfate oral	1	
PRISTIQ	3	
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	PV
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	PV
tranlycypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	2	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	

Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	FE
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
VIIBRYD ORAL TABLET	3	ST; FE; QL
VIIBRYD STARTER PACK	3	ST; FE; QL
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	PV
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	QL
ANZEMET ORAL	3	QL
aprepitant	1	QL
compro	1	PV
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	QL
GIMOTI	3	PA; FE
granisetron hcl oral	1	QL
MARINOL	3	
meclizine hcl oral tablet	1	
meclizine hcl tablet chewable 25 mg oral (rx)	1	

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Drug Name	Drug Tier	Limits/ Required
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
ondansetron hcl oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine	1	PV
prochlorperazine maleate oral	1	PV
REGLAN ORAL	3	
SANCUSO	3	PA; FE; QL
scopolamine	1	
SYNDROS	3	FE
TIGAN ORAL	3	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
ZOFRAN ORAL TABLET 4 MG	3	
ZUPLENZ	3	PA; FE
<b>Antifungals</b>		
ANCOBON	3	
BIO-STATIN ORAL CAPSULE	2	
ciclodan external solution	1	

Drug Name	Drug Tier	Limits/ Required
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
clotrimazole mouth/throat troche	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN	3	
econazole nitrate external	1	
ECOZA	3	PA; FE
ERTACZO	3	PA; FE
EXELDERM	3	PA; FE
EXTINA	3	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral	1	QL
JUBLIA	3	FE
KERYDIN	3	FE
ketoconazole external cream	1	

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Drug Name	Drug Tier	Limits/ Required
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LOPROX EXTERNAL CREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
LOPROX EXTERNAL SUSPENSION	3	
LULICONAZOLE	3	PA; FE
LUZU	3	PA; FE
MENTAX	3	PA; FE
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	PA; FE
naftifine hcl	1	
NAFTIN EXTERNAL GEL	3	
NOXAFIL ORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral tablet	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	3	PA; FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	
OXISTAT EXTERNAL LOTION	3	PA; FE

Drug Name	Drug Tier	Limits/ Required
posaconazole	1	
SPORANOX	3	QL
SPORANOX PULSEPAK	3	QL
SULCONAZOLE NITRATE	3	PA; FE
tavaborole	1	
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	PA; FE
VFEND	3	
voriconazole oral	1	
VUSION	3	PA; FE
XOLEGEL	3	PA; FE
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	3	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
COLCRYS	3	
febuxostat	1	ST
GLOPERBA	3	FE
MITIGARE	3	ST
probenecid oral	1	
ULORIC	3	ST
ZYLOPRIM	3	
<b>Anti-inflammatory Agents</b>		
EMFLAZA	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	ST; QL
AJOVY	3	ST; FE; QL
almotriptan malate	1	QL
AMERGE	3	QL
CAFERGOT	3	
D.H.E. 45	3	QL
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	ST; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	QL
frovatriptan succinate	1	QL
IMITREX	3	QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	QL
MAXALT ORAL TABLET 10 MG	3	QL

Drug Name	Drug Tier	Limits/ Required
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	QL
MIGERGOT	2	
MIGRANAL	3	QL
naratriptan hcl	1	QL
NURTEC	3	FE; QL
ONZETRA XSAIL	3	
RELPAK	3	QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	QL
sumatriptan-naproxen sodium	1	FE
TOSYMRA	3	FE; QL
TREXIMET ORAL TABLET 85-500 MG	3	FE
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	3	PA; FE; QL

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Drug Name	Drug Tier	Limits/ Required
ZOLMITRIPTAN NASAL	3	QL
zolmitriptan oral	1	QL
ZOMIG	3	QL
ZOMIG ZMT	3	QL
<b>Antimyasthenic Agents</b>		
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
<b>Antimycobacterials</b>		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	QL
PASER	2	
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	

Drug Name	Drug Tier	Limits/ Required
TRECTOR	2	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV
AROMASIN	3	PV
DROXIA	2	
exemestane	1	ACA; PV
FARESTON	3	PV
FEMARA	3	PV
HYDREA	3	
hydroxyurea oral	1	
letrozole oral	1	PV
leucovorin calcium oral	1	
mercaptopurine oral	1	
MESNEX ORAL	2	
PANRETIN	2	
PURIXAN	3	
SIKLOS	3	FE
SOLTAMOX	3	ACA; PV
tamoxifen citrate oral	1	ACA; PV
TARGRETIN EXTERNAL	4	SP
toremifene citrate	1	PV
<b>Antiparasitics</b>		
albendazole oral	1	
ALBENZA	3	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	3	
ARAKODA	3	FE
atovaquone oral	1	

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Drug Name	Drug Tier	Limits/ Required
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
crotan	1	
DARAPRIM	4	PA; SP
ELIMITE	3	
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin external lotion	1	
ivermectin oral	1	
KRINTAFEL	2	QL
lindane external shampoo	1	
MALARONE	3	
malathion external	1	
mefloquine hcl	1	
MEPRON	3	
NATROBA	3	
NEBUPENT	3	
nitazoxanide	1	
OVIDE	3	
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL	3	
praziquantel oral	1	

Drug Name	Drug Tier	Limits/ Required
primaquine phosphate oral	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	
quinine sulfate oral	1	
SKLICE	3	
spinosad	1	
STROMEKTOL	3	
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
amantadine hcl oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	SP
AZILECT	3	
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone	1	
COMTAN	3	
entacapone	1	
GOCOVRI	4	PA; SP; FE
INBRIJA	4	SP; FE
KYNMOBI	4	SP; QL

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Drug Name	Drug Tier	Limits/ Required
KYNMOBI TITRATION KIT	4	SP; QL
LODOSYN	3	
MIRAPEX ER	3	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	3	
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL
OSMOLEX ER	3	FE
PARLODEL	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	ST
selegiline hcl oral	1	
SINEMET	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	FE
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	

Drug Name	Drug Tier	Limits/ Required
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	PV
ASPIRIN- OMEPRAZOLE	3	PA; PV; FE
BRILINTA	2	PV
CABLIVI	4	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
DURLAZA	3	PA; PV; FE
EFFIENT	3	PV
PLAVIX ORAL TABLET 75 MG	3	PV
prasugrel hcl	1	PV
YOSPRALA	3	PA; PV; FE
ZONTIVITY	2	PV
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MYCITE	3	PV; FE; QL
ABILIFY ORAL TABLET	3	PV; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
asenapine maleate	1	ST; PV; QL

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Drug Name	Drug Tier	Limits/ Required
CAPLYTA	3	ST; PV; FE; QL
chlorpromazine hcl oral	1	PV
clozapine	1	PV
CLOZARIL	3	PV
FANAPT	3	ST; PV; FE; QL
FANAPT TITRATION PACK	3	ST; PV; FE; QL
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV
haloperidol lactate oral	1	PV
haloperidol oral	1	PV
INVEGA	3	PV
LATUDA	2	ST; PV; QL
loxapine succinate oral	1	PV
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral	1	PV
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate	1	PV; QL
quetiapine fumarate er	1	PV; QL
REXULTI	3	ST; PV; FE; QL
RISPERDAL ORAL SOLUTION	3	PV
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV
risperidone	1	PV

Drug Name	Drug Tier	Limits/ Required
SAPHRIS	3	ST; PV; FE; QL
SECUADO	3	ST; PV; FE; QL
SEROQUEL	3	PV; QL
SEROQUEL XR	3	PV; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV
ZYPREXA ZYDIS	3	PV
<b>Antivirals</b>		
abacavir sulfate	1	PV
abacavir sulfate-lamivudine	1	PV
abacavir-lamivudine-zidovudine	1	PV
acyclovir external cream	1	FE
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS	3	PV
atazanavir sulfate	1	PV
ATRIPLA	3	PV
BARACLUDGE	3	
BIKTARVY	2	PV
CIMDUO	2	PV
COMBIVIR	3	PV

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Drug Name	Drug Tier	Limits/ Required
COMPLERA	2	PV
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	PV
DELSTRIGO	2	PV
DENAVIR	3	PA; FE
DESCOVY	2	PV
DOVATO	2	PV
EDURANT	3	PV
efavirenz	1	PV
efavirenz-emtricitab-tenofovir	1	PV
efavirenz-lamivudine-tenofovir	1	PV
emtricitabine	1	PV
emtricitabine-tenofovir df	1	PV
EMTRIVA ORAL CAPSULE	3	PV
EMTRIVA ORAL SOLUTION	2	PV
entecavir	1	
EPCLUSA ORAL TABLET 200-50 MG	4	PA; SP
EPCLUSA ORAL TABLET 400-100 MG	4	PA; SP; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	PV
EPIVIR ORAL TABLET 150 MG	3	PV; QL
EPIVIR ORAL TABLET 300 MG	3	PV

Drug Name	Drug Tier	Limits/ Required
EPZICOM	3	PV
EVOTAZ	2	PV
famciclovir oral	1	QL
fosamprenavir calcium	1	PV
GENVOYA	2	PV
HARVONI	4	PA; SP; QL
HEPSERA	3	
INTELENCE	3	PV
INVIRASE ORAL TABLET	2	PV
ISENTRESS	2	PV
ISENTRESS HD	2	PV
JULUCA	2	PV
KALETRA ORAL SOLUTION	3	PV
KALETRA ORAL TABLET	2	PV
lamivudine oral solution	1	PV
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg	1	PV; QL
lamivudine oral tablet 300 mg	1	PV
lamivudine-zidovudine	1	PV
LEDIPASVIR-SOFOSBUVIR	4	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	PV
LEXIVA ORAL TABLET	3	PV
lopinavir-ritonavir	1	PV
MAVYRET	4	PA; SP; QL
nevirapine	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
nevirapine er	1	PV
NORVIR ORAL PACKET	2	PV
NORVIR ORAL SOLUTION	2	PV
NORVIR ORAL TABLET	3	PV
ODEFSEY	2	PV
oseltamivir phosphate oral	1	QL
PEGASYS SUBCUTANEOUS SOLUTION	4	SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	4	SP
PIFELTRO	2	PV
PREVYMIS ORAL	4	SP; QL
PREZCOBIX	2	PV
PREZISTA ORAL SUSPENSION	2	PV
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	PV
RELENZA DISKHALER	2	QL
RETROVIR ORAL CAPSULE	3	PV
RETROVIR ORAL SYRUP	3	PV
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	PV
REYATAZ ORAL PACKET	3	PV
ribavirin inhalation	1	
ribavirin oral capsule	1	

Drug Name	Drug Tier	Limits/ Required
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV
RUKOBIA	3	PV
SELZENTRY	2	PV
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL
SOVALDI	4	SP; FE; QL
stavudine oral capsule	1	PV
STRIBILD	2	PV
SUSTIVA	3	PV
SYMFI	3	PV
SYMFI LO	3	PV
SYMTUZA	2	PV
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
TEMIXYS	2	PV
tenofovir disoproxil fumarate	1	PV
TIVICAY	3	PV
TIVICAY PD	3	PV
TRIUMEQ	2	PV
TRIZIVIR	3	PV
TRUVADA	3	PV
TYBOST	3	PV
valacyclovir hcl oral	1	
VALCYTE	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
valganciclovir hcl	1	
VALTREX	3	
VEMLIDY	3	
VIEKIRA PAK	4	SP; FE; QL
VIRACEPT ORAL TABLET	2	PV
VIRAMUNE ORAL SUSPENSION	3	PV
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	PV
VIRAZOLE	3	
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV
VIREAD ORAL TABLET 300 MG	3	PV
VOSEVI	4	PA; SP; QL
XERESE	3	PA; FE
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	4	SP; FE; QL
ZIAGEN	3	PV
zidovudine	1	PV
ZOVIRAX EXTERNAL CREAM	3	FE
ZOVIRAX EXTERNAL OINTMENT	3	

Drug Name	Drug Tier	Limits/ Required
ZOVIRAX ORAL SUSPENSION	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet	1	
DORAL	3	
estazolam	1	
HALCION	3	
hydroxyzine hcl oral syrup	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	

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

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Drug Name	Drug Tier	Limits/ Required
lorazepam oral tablet	1	
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE
TRANXENE-T ORAL TABLET 7.5 MG	3	
triazolam	1	
VALIUM	3	
VISTARIL	3	
XANAX	3	
XANAX XR	3	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	PV
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	3	
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	4	PA; SP; FE; QL

Drug Name	Drug Tier	Limits/ Required
LYSTEDA	3	QL
MULPLETA	4	PA; SP; QL
PROMACTA	4	PA; SP; QL
TAVALISSE	4	PA; SP; QL
tranexamic acid oral	1	QL
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	PV
ACCURETIC	3	PV
acebutolol hcl oral	1	PV
ALDACTAZIDE	3	PV
ALDACTONE	3	PV
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV
ALTOPREV	3	PA; PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV
amlodipine-valsartan-hctz	1	PV

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
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	PA; PV; FE
ATACAND	3	PV
ATACAND HCT	3	PV
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV
AVAPRO	3	PV
AZOR	3	PV
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV
BENICAR HCT	3	PV
BETAPACE AF	3	PV
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV
betaxolol hcl oral	1	PV
BIDIL	3	PV
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV
BYSTOLIC	3	PV

Drug Name	Drug Tier	Limits/ Required
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; QL
CALAN SR	3	PV
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV
CARDIZEM LA	3	PV
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV
CARDURA	3	PV; QL
CAROSPIR	3	PV; FE
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV
CATAPRES-TTS-1	3	PV
CATAPRES-TTS-2	3	PV
CATAPRES-TTS-3	3	PV
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl	1	PV
COLESTID	3	PV
COLESTID FLAVORED	3	PV

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

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Drug Name	Drug Tier	Limits/ Required
colestipol hcl	1	PV
CONJUPRI	3	PA; PV; FE
CONSENSI	3	PA; PV; FE
COREG	3	PV
COREG CR	3	PV
CORGARD	3	PV
CORLANOR	3	
COZAAR	3	PV
CRESTOR	3	PV; QL
DEMSER	3	PV
DIBENZYLINE	3	PV
digitek	1	PV
digox	1	PV
digoxin oral	1	PV
DILATRATE-SR	2	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads	1	PV
diltiazem hcl er oral capsule extended release 12 hour	1	PV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV
DIOVAN HCT	3	PV
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	

Drug Name	Drug Tier	Limits/ Required
doxazosin mesylate oral	1	PV; QL
droxidopa	4	SP
DUTOPROL	3	PA; PV; FE
DYRENIUM	3	PV
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE
EDECRIIN	3	PV
enalapril maleate oral	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
EPANED ORAL SOLUTION	3	PA; PV; FE
eplerenone	1	PV
ethacrynic acid oral	1	PV
EXFORGE	3	PV
EXFORGE HCT	3	PV
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid	1	PV

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Drug Name	Drug Tier	Limits/ Required
FENOGLIDE	3	PV; FE
FIBRICOR	3	PV
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	ACA; PV; QL
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
GONITRO	3	PV
guanfacine hcl oral	1	PV
HEMANGEOL	4	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV
INDERAL XL	3	PA; PV; FE
INNOPRAN XL	3	PA; PV; FE
INSPIRA	3	PV
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV

Drug Name	Drug Tier	Limits/ Required
isosorbide mononitrate er	1	PV
isradipine	1	PV
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	SP; PV; FE
KAPSPARGO SPRINKLE	3	PV; FE
KATERZIA	3	PV
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV
LASIX	3	PV
LESCOL XL	3	PV; QL
LIPITOR	3	PV; QL
LIPOFEN	3	PV; FE
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; QL
LOPID	3	PV
LOPRESSOR ORAL	3	PV
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV

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

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Drug Name	Drug Tier	Limits/ Required
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV
matzim la	1	PV
MAXZIDE	3	PV
MAXZIDE-25	3	PV
methyldopa oral	1	PV
methyldopa-hydrochlorothiazide	1	PV
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV
MICARDIS HCT	3	PV
midodrine hcl	1	
MINIPRESS	3	PV
minitran	1	PV; FE
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV

Drug Name	Drug Tier	Limits/ Required
niacor	1	PV
NIASPAN	3	PV
nicardipine hcl oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral	1	PV
nimodipine oral	1	PV
nisoldipine er	1	PV
NITRO-BID	2	PV
NITRO-DUR	3	PV
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV
NITROMIST	3	PV
NITROSTAT	3	PV
NORPACE	3	
NORPACE CR	2	
NORTHERA	4	SP
NORVASC	3	PV
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	

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
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	PV; QL
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PRINIVIL ORAL TABLET 20 MG	3	PV
PROCARDIA	3	PV
PROCARDIA XL	3	PV
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
propranolol-hctz	1	PV
QBRELIS	3	PA; PV; FE
QUESTRAN	3	PV; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	

Drug Name	Drug Tier	Limits/ Required
ramipril	1	PV
RANEXA	3	PV
ranolazine er	1	PV
RECTIV	3	
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
RYTHMOL SR	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
sorine	1	PV
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	PV
taztia xt	1	PV
TEKTURNA	3	PV
TEKTURNA HCT	3	PV
telmisartan	1	PV

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Drug Name	Drug Tier	Limits/ Required
telmisartan-amlodipine	1	PV
telmisartan-hctz	1	PV
TENORETIC 100	3	PV
TENORETIC 50	3	PV
TENORMIN	3	PV
tiadylt er	1	PV
TIAZAC	3	PV
TIKOSYN	3	
timolol maleate oral	1	PV
TOPROL XL	3	PV
toremide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV
TRICOR	3	PV
TRILIPIX	3	PV
TWYNSTA	3	PV
valsartan	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	2	PV
VASERETIC	3	PV
VASOTEC	3	PV
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV

Drug Name	Drug Tier	Limits/ Required
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV
VERELAN PM	3	PV
VYNDAMAX	4	PA; SP; QL
VYNDAQEL	4	PA; SP; QL
VYTORIN	3	PV; QL
WELCHOL	3	PV
ZESTORETIC	3	PV
ZESTRIL	3	PV
ZETIA	3	PV; QL
ZIAC	3	PV
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	PV; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	3	
ADDERALL XR	3	
ADHANSIA XR	3	FE
ADZENYS ER	3	
ADZENYS XR-ODT	3	
AMPHETAMINE ER	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	

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Drug Name	Drug Tier	Limits/ Required
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	FE
atomoxetine hcl	1	QL
clonidine hcl er	1	
CONCERTA	3	
COTEMPLA XR-ODT	3	FE
DAYTRANA	3	
DESOXYN	3	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
DYANAVEL XR	3	FE
EVEKEO	3	
EVEKEO ODT	3	FE
FOCALIN	3	
FOCALIN XR	3	
guanfacine hcl er	1	
INTUNIV	3	
JORNAY PM	3	FE
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	
methylphenidate hcl er (cd)	1	

Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (la)	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er oral tablet extended release 24 hour	1	
methylphenidate hcl er oral tablet extended release 72 mg	1	FE
methylphenidate hcl oral	1	
MYDAYIS	3	FE
PROCENTRA	3	
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
relexxii	1	FE
RITALIN	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	
STRATTERA	3	QL
VYVANSE	2	
ZENZEDI	3	

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Drug Name	Drug Tier	Limits/ Required
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	4	PA; SP; QL
AUBAGIO	4	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; FE; QL
dimethyl fumarate starter pack	4	PA; SP; FE; QL
EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL
glatiramer acetate	4	PA; SP; FE; QL

Drug Name	Drug Tier	Limits/ Required
glatopa	4	PA; SP; FE; QL
MAVENCLAD	4	PA; SP; QL
MAYZENT	4	PA; SP; QL
MAYZENT STARTER PACK	4	PA; SP; QL
PLEGRIDY	4	PA; SP; QL
PLEGRIDY STARTER PACK	4	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
TECFIDERA	4	PA; SP; QL
VUMERITY	4	PA; SP; QL
VUMERITY (STARTER)	4	PA; SP; QL
ZEPOSIA	4	PA; SP; FE; QL

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Drug Name	Drug Tier	Limits/ Required
ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; FE; QL
ZEPOSIA STARTER KIT	4	PA; SP; FE; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
ADIPEX-P	3	PA
AUSTEDO	4	SP; FE; QL
benzphetamine hcl	1	PA
caffeine citrate oral	1	
CONTRAVE	3	PA; FE
diethylpropion hcl er	1	PA
diethylpropion hcl oral	1	PA
GRALISE	3	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
INGREZZA	4	SP; FE; QL
LOMAIRA	3	PA
LYRICA	3	QL
LYRICA CR	3	ST; FE; QL
NUEDEXTA	3	QL
phendimetrazine tartrate	1	PA
phendimetrazine tartrate er	1	PA
phentermine hcl oral	1	PA
pregabalin oral	1	QL
QSYMIA	3	PA; FE
RILUTEK	3	
riluzole	1	

Drug Name	Drug Tier	Limits/ Required
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
SAXENDA	3	PA; FE; QL
TEGSEDI	4	PA; SP; QL
tetrabenazine	4	PA; SP
TIGLUTIK	3	FE
XENAZINE	4	PA; SP
XENICAL	3	PA; FE
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	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
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
MI PASTE	2	
MI PASTE PLUS	2	
NAFRINSE DAILY ACIDULATED	2	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	2	
oralone	1	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT DENTAL	3	
prevident mouth/throat	1	
REMESENSE	3	
SALAGEN	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 enamel	1	

Drug Name	Drug Tier	Limits/ Required
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
TOPEX TOPICAL ANESTHETIC MOUTH/THROAT AEROSOL	2	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA; FE
ABSORICA LD	3	FE
ACANYA	3	
acutane oral capsule 20 mg, 30 mg, 40 mg	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	
ACZONE EXTERNAL GEL 7.5 %	3	FE
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL PAD	3	PA; FE
ADAPALENE EXTERNAL SOLUTION	3	FE

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Drug Name	Drug Tier	Limits/ Required
adapalene-benzoyl peroxide external gel	1	
AKLIEF	3	FE
ala scalp	1	
ala-cort external cream	1	
alclometasone dipropionate	1	
ALDARA	3	QL
ALTRENO	3	
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external cream	1	FE
amcinonide external lotion	1	
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
AMZEEQ	3	FE
APEXICON E	3	PA; FE
ARAZLO	3	PA; FE
ATRALIN	3	
AVITA	3	
azelaic acid external	1	
AZELEX	3	
balsam peru-castor oil	1	

Drug Name	Drug Tier	Limits/ Required
BENZAACLIN	3	
BENZAACLIN WITH PUMP	3	
BENZAMYCIN	3	
benzoyl peroxide-erythromycin	1	
besser external lotion	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
BRYHALI	3	PA; FE
CALAMINE	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	3	PA; FE
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	QL
CALCITRENE	3	
calcitriol external	1	
CAPEX	3	PA; FE
CARAC	2	
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	

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Drug Name	Drug Tier	Limits/ Required
clindacin-p	1	
CLINDAGEL	3	FE
clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	FE
clindamycin phosphate gel 1 % external	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	
clobetasol propionate external	1	
CLOBEX	3	
CLOBEX SPRAY	3	
clocortolone pivalate	1	
clodan external shampoo	1	
CLODERM	3	
coal tar external solution	1	

Drug Name	Drug Tier	Limits/ Required
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.025 %	3	PA; FE
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	
CORDRAN EXTERNAL OINTMENT	3	
CORDRAN EXTERNAL TAPE	3	PA; FE
CORTISPORIN EXTERNAL	3	
CUTIVATE EXTERNAL LOTION	3	
dapsone external gel 5 %	1	
dapsone gel 7.5 % external	1	
DAPSONE GEL 7.5 % EXTERNAL	3	FE
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
DERMULCERA	2	
DESONATE	3	
desonide external	1	
DESOWEN EXTERNAL CREAM	3	
desoximetasone external cream 0.05 %	1	FE
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	

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Drug Name	Drug Tier	Limits/ Required
desoximetasone external liquid	1	
desoximetasone external ointment 0.05 %	1	FE
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	
DIFFERIN EXTERNAL LOTION	3	
diflorasone diacetate external	1	
DIPROLENE AF	3	
DIPROLENE EXTERNAL OINTMENT	3	
DOVONEX EXTERNAL CREAM	3	
doxepin hcl external	1	
doxycycline	1	FE
DRYSOL	2	
DUOBRII	3	PA; FE
DUPIXENT	4	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	
ELIDEL	3	
ENSTILAR	3	PA; FE
EPIDUO	3	
EPIDUO FORTE	2	

Drug Name	Drug Tier	Limits/ Required
EPIFOAM	2	
ery	1	
ERYGEL	3	
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA	3	PA; QL
EVOCLIN	3	
FABIOR	3	PA; FE
FINACEA	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROPLEX	2	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide	1	
fluticasone propionate external	1	
GORDOFILM	2	
halcinonide	1	FE
halobetasol propionate external cream	1	

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Drug Name	Drug Tier	Limits/ Required
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	PA; FE
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	3	FE
HALOG EXTERNAL OINTMENT	3	PA; FE
HALOG EXTERNAL SOLUTION	3	FE
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external cream	1	FE
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	3	PA; FE; QL
IMPOYZ	3	PA; FE

Drug Name	Drug Tier	Limits/ Required
isotretinoin oral	1	
KENALOG EXTERNAL	3	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	PA; FE
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM	3	
LUXIQ	3	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION	3	
metronidazole external	1	
mometasone furoate external	1	
myorisan	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
nolix	1	
NORITATE	3	PA; FE
OLUX	3	
OLUX-E	3	
ONEXTON	3	
ORACEA	3	FE
OXSORALEN ULTRA	3	
PANDEL	3	PA; FE
PICATO	3	

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Drug Name	Drug Tier	Limits/ Required
pimecrolimus	1	
podofilox external	1	
prednicarbate	1	
PROTOPIC	3	
PRUDOXIN	3	
PSORCON	3	PA; FE
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
RETIN-A	3	
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	FE
RIAX	3	PA; FE
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	
selenium sulfide external lotion	1	
SERNIVO	3	FE
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX	3	PA; FE
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur emulsion 10-5 % external	1	
SYNALAR	3	

Drug Name	Drug Tier	Limits/ Required
TACLONEX	3	QL
tacrolimus external ointment	1	
tazarotene external	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	FE
TAZORAC EXTERNAL CREAM 0.1 %	3	
TAZORAC EXTERNAL GEL 0.05 %	3	FE
TAZORAC EXTERNAL GEL 0.1 %	3	PA; FE
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
TEXACORT	2	
TOPICORT EXTERNAL CREAM 0.05 %	3	FE
TOPICORT EXTERNAL CREAM 0.25 %	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE
TOPICORT EXTERNAL OINTMENT 0.25 %	3	
TOPICORT SPRAY	3	
tovet external foam	1	
tretinoin external	1	
tretinoin microsphere	1	

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Drug Name	Drug Tier	Limits/ Required
tretinoin microsphere pump	1	
triamcinolone acetonide external	1	
TRIANEX	3	PA; FE
triderm external cream	1	
TRIDESILON	3	
ULTRAVATE EXTERNAL LOTION	3	PA; FE
VANOS	3	
VECTICAL	3	
VELTIN	3	PA; FE
VENELEX	2	
VERDESO	3	PA; FE
VEREGEN	3	PA; FE
XERAC AC	2	
zenatane	1	
ZIANA	3	
ZILXI	3	FE
ZONALON	3	
ZYCLARA	3	FE; QL
ZYCLARA PUMP	3	PA; FE; QL
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	PV
ACTOPLUS MET	3	PV
ACTOS	3	PV; QL
ADLYXIN	3	ST; PV; FE; QL
ADLYXIN STARTER PACK	3	ST; PV; FE; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
ALOGLIPTIN-PIOGLITAZONE	3	PV; FE; QL
AMARYL	3	PV
AVANDIA ORAL TABLET 2 MG, 4 MG	3	PV
BYDUREON BCISE AUTOINJECTOR	2	ST; PV; QL
BYDUREON PEN	2	ST; PV; QL
BYETTA 10 MCG PEN	2	ST; PV; QL
BYETTA 5 MCG PEN	2	ST; PV; QL
CYCLOSET	3	PV
DUETACT	3	PV
FARXIGA	2	PV; QL
FORTAMET	3	PV; FE
glimepiride	1	PV
glipizide er	1	PV
glipizide ir	1	PV
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOTROL ORAL TABLET 10 MG	3	PV
GLUCOTROL XL	3	PV
GLUMETZA	3	PV; FE
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYNASE	3	PV
GLYXAMBI	2	PV; QL
INVOKAMET	3	PV; FE; QL

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

Drug Name	Drug Tier	Limits/ Required
INVOKAMET XR	3	PV; FE; QL
INVOKANA	3	PV; FE; QL
JANUMET	2	PV; QL
JANUMET XR	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE	2	PV; QL
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
KAZANO	3	PV; FE; QL
KOMBIGLYZE XR	2	PV; QL
metformin hcl er	1	PV
metformin hcl er (mod)	1	PV; FE
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
metformin hcl ir	1	PV
miglitol	1	PV
nateglinide	1	PV
NESINA	3	PV; FE; QL
ONGLYZA	2	PV; QL
OSENI	3	PV; FE; QL
OZEMPIC	2	ST; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV

Drug Name	Drug Tier	Limits/ Required
PRECOSE	3	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; FE
RYBELSUS	2	ST; PV; QL
SEGLUROMET	3	PV; FE; QL
SOLIQUA	2	ST; PV; QL
STARLIX ORAL TABLET 120 MG	3	PV
STEGLATRO	3	PV; FE; QL
STEGLUJAN	3	PV; FE; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
tolbutamide	1	PV
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	ST; PV; QL
VICTOZA	2	ST; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	ST; PV; QL
<b>Diabetes - Glucose Monitoring</b>		
ONETOUCH ULTRA	2	QL

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Drug Name	Drug Tier	Limits/ Required
ONETOUCH VERIO TEST STRIPS	2	QL
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection 1 mg	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
PROGLYCEM	3	
<b>Diabetes - Insulins</b>		
ADMELOG	3	PV; FE
ADMELOG SOLOSTAR	3	PV; FE
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
APIDRA SOLOSTAR	3	PV; FE
APIDRA VIAL	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE
FIASP	2	PV
FIASP FLEXTOUCH	2	PV

Drug Name	Drug Tier	Limits/ Required
FIASP PENFILL	2	PV
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 VIAL	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE
HUMALOG VIAL	3	PV; FE
HUMULIN 70/30 KWIKPEN	3	PV; FE
HUMULIN 70/30 VIAL	3	PV; FE
HUMULIN N KWIKPEN	3	PV; FE
HUMULIN N VIAL	3	PV; FE
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV
HUMULIN R VIAL	3	PV; FE
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE
INSULIN ASPART	3	PV; FE
INSULIN ASPART FLEXPEN	3	PV; FE
INSULIN ASPART PENFILL	3	PV; FE
INSULIN ASPART PROT & ASPART	3	PV; FE
INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE

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Drug Name	Drug Tier	Limits/ Required
INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE
INSULIN LISPRO PROT & LISPRO	3	PV; FE
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	PV; FE
LANTUS U-100 SOLOSTAR	2	PV
LANTUS U-100 VIAL	2	PV
LEVEMIR U-100 FLEXTOUCH	2	PV
LEVEMIR U-100 VIAL	2	PV
LYUMJEV	3	PV; FE
LYUMJEV KWIKPEN	3	PV; FE
NOVOLIN 70/30 FLEXPEN	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV
NOVOLIN 70/30 RELION	2	PV
NOVOLIN 70/30 VIAL	2	PV
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	PV
NOVOLIN N VIAL	2	PV
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	PV
NOVOLIN R VIAL	2	PV
NOVOLOG U-100 FLEXPEN	2	PV
NOVOLOG MIX 70/30 FLEXPEN	2	PV

Drug Name	Drug Tier	Limits/ Required
NOVOLOG MIX 70/30 VIAL	2	PV
NOVOLOG U-100 PENFILL	2	PV
NOVOLOG U-100 VIAL	2	PV
SEMGLEE	3	PV; FE
TOUJEO MAX SOLOSTAR	2	PV
TOUJEO SOLOSTAR	2	PV
TRESIBA	2	PV
TRESIBA FLEXTOUCH	2	PV
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
ALANINE	2	
CALCIFOL	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
CALCIUM GLUCONATE	2	
CALCIUM GLUCONATE ANHYDROUS	2	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CARBAGLU	4	SP
CARNITOR ORAL	3	
CARNITOR SF	3	
CHEMET	2	

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Drug Name	Drug Tier	Limits/ Required
CHOLINE BITARTRATE POWDER	2	
clovique	4	SP
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	SP
deferasirox granules	4	SP
deferiprone	4	SP
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
EXJADE	4	SP
FERRIPROX	4	SP
FERRIPROX TWICE-A-DAY	4	SP
fluoritab	1	ACA
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	4	SP
JADENU SPRINKLE	4	SP
JYNARQUE	4	PA; SP; QL
klor-con 10	1	

Drug Name	Drug Tier	Limits/ Required
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
klor-con/ef tablet effervescent 25 meq oral	1	
K-PHOS TABLET 500 MG ORAL	2	
k-prime	1	
K-TAB	3	
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	

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Drug Name	Drug Tier	Limits/ Required
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNEBIND 400	3	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MEPHYTON	3	
METHIONINE POWDER (RX)	2	
multi prenatal	1	ACA; O
nafrinse	1	ACA
nafrinse drops	1	ACA
NEOKE ALCAR	2	
ONE VITE WOMENS	2	ACA; O
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O
ORACIT SOLUTION 490-640 MG/5ML ORAL	2	
phosphorous	1	
phytonadione oral	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O

Drug Name	Drug Tier	Limits/ Required
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	1	ACA; O
SAMSCA	4	SP
sod citrate-citric acid solution 500-334 mg/5ml oral	1	
SODIUM ASCORBATE POWDER	2	
sodium fluoride oral solution	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
sps	1	
SYPRINE	4	SP
TAURINE POWDER	2	
THREONINE	2	
TOLVAPTAN ORAL TABLET 15 MG	4	SP
tolvaptan oral tablet 30 mg	4	SP
trientine hcl	4	SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VALINE	2	
VELTASSA	3	
virt-phos 250 neutral	1	
weekly-d	1	
WILZIN	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	3	PV; QL

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

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Drug Name	Drug Tier	Limits/ Required
ACIPHEX SPRINKLE	3	PA; PV; FE; QL
CARAFATE	3	PV
cimetidine hcl oral	1	PV
cimetidine oral	1	PV
CYTOTEC	3	PV
DEXILANT	3	PV; FE; QL
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; QL
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG	3	PA; PV; FE; QL
famotidine oral suspension reconstituted	1	PV
famotidine oral tablet 20 mg, 40 mg	1	PV
lansoprazole oral capsule delayed release	1	PV; QL
lansoprazole oral tablet delayed release dispersible 30 mg	1	PV; FE; QL
lansoprazole tablet delayed release dispersible 15 mg oral (otc)	1	FE; QL

Drug Name	Drug Tier	Limits/ Required
lansoprazole tablet delayed release dispersible 15 mg oral (rx)	1	PV; FE; QL
misoprostol oral	1	PV
NEXIUM	3	PV; QL
nizatidine	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate	1	PV; QL
pantoprazole sodium oral	1	PV; QL
PEPCID ORAL TABLET	3	PV
PREVACID	3	PV; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; QL
PRILOSEC ORAL PACKET	3	PV
PROTONIX ORAL PACKET	3	PV; FE; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PA; PV; FE; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral	1	PV

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

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Drug Name	Drug Tier	Limits/ Required
ZEGERID	3	PV; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	1	
alvimopan	1	
AMITIZA	2	QL
amoxicill-clarithro-lansopraz	1	PV; QL
ANASPAZ	3	
BISACODYL	2	
bisacodyl ec	1	ACA; O
casacara sagrada oral fluid extract	1	
CHENODAL	4	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ	3	
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ED-SPAZ	3	
ENTEREG	3	
enulose	1	
GASTROCROM	3	
GATTEX	4	PA; SP

Drug Name	Drug Tier	Limits/ Required
gavilax oral powder	1	ACA; O
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-h	1	
gavilyte-n with flavor pack	1	ACA
generlac	1	
gentle laxative oral	1	ACA; O
GIALAX	3	PA; FE
GLYCATE	3	PA; FE
glycolax	1	ACA; O
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA; FE
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral solution	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
KRISTALOSE	3	PA; FE
lactulose encephalopathy	1	
lactulose oral packet	1	FE

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

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Drug Name	Drug Tier	Limits/ Required
lactulose oral solution	1	
LIBRAX	3	
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1	
LOTRONEX	3	
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY	3	ST; QL
MOTOFEN	3	PA; FE
MOVANTIK	2	QL
MOVIPREP	3	
MYTESI	3	
NULEV	3	
NULYTELY LEMON-LIME	3	
NULYTELY WITH FLAVOR PACKS	3	
OMECLAMOX-PAK	3	PV; FE
oscimin oral tablet	1	
oscimin sublingual	1	
OSMOPREP	3	
peg 3350-kcl-na bicarb-nacl	1	ACA
peg-3350/electrolytes	1	ACA
peg-3350/electrolytes/ascorbic acid	1	

Drug Name	Drug Tier	Limits/ Required
peg-kcl-nacl-nasulf-na asc-c	1	
peg-prep	1	
PLENVU	2	
PYLERA	3	PV; FE
qc magnesium citrate	1	ACA; O
RELISTOR ORAL	3	FE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
RESTORA RX	3	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; SP; FE
sodium bicarbonate oral powder	1	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	QL
TALICIA	3	PV; FE; QL
TRULANCE	3	ST; FE; QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	
XERMELO	4	PA; SP; QL
ZELNORM	3	FE; QL
ZORBTIVE	4	PA; SP; FE

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

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Drug Name	Drug Tier	Limits/ Required
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
BUPHENYL ORAL POWDER 3 GM/TSP	4	SP
BUPHENYL ORAL TABLET	4	SP
CERDELGA	4	PA; SP
CHOLBAM	4	PA; SP
CREON	2	
CYSTADANE	4	SP
CYSTAGON	4	SP
EVRYSDI	4	PA; SP; QL
GALAFOLD	4	PA; SP; QL
KUVAN	4	PA; SP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	4	PA; SP
nitisinone	4	SP
NITYR	4	SP
OCALIVA	4	SP; FE; QL
ORFADIN	4	SP
PALYNZIQ	4	PA; SP; QL
PANCREAZE	3	
PERTZYE	3	
PROCYSBI	4	SP; FE
RAVICTI	4	PA; SP

Drug Name	Drug Tier	Limits/ Required
sapropterin dihydrochloride	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	4	PA; SP
SUCRAID	4	PA; SP
VIOKACE ORAL TABLET 10440 UNIT	3	
XURIDEN	4	SP
ZAVESCA	4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 5 MG	3	FE; QL
CUPRIMINE ORAL CAPSULE 250 MG	3	FE

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Drug Name	Drug Tier	Limits/ Required
darifenacin hydrobromide er	1	
DEPEN TITRATABS	4	SP
DETROL	3	
DETROL LA	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	
ELMIRON	2	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	3	
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	
GELNIQUE TRANSDERMAL GEL 10 %	3	FE
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
OXYTROL	3	FE
penicillamine oral capsule	1	
penicillamine oral tablet	4	SP
phenazo oral tablet 200 mg	1	

Drug Name	Drug Tier	Limits/ Required
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PHOSLYRA	3	
RENAGEL ORAL TABLET 800 MG	3	
REVELA	3	
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA EC	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	2	ST
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	
utrona-c	1	
VELPHORO	3	
VESICARE	3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	3	
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	

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Drug Name	Drug Tier	Limits/ Required
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	
<b>Hormonal Agents - Adrenal</b>		
ALKINDI SPRINKLE	3	PA; FE
CORTEF	3	
DECADRON ORAL TABLET	3	PA; FE
DEXABLISS	3	PA; FE
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY	3	PA; FE
fludrocortisone acetate oral	1	
HIDEX 6-DAY	3	PA; FE
hydrocortisone oral	1	
MEDROL	3	
methylprednisolone oral	1	
MILLIPRED ORAL TABLET	3	PA; FE
ORAPRED ODT	3	
PEDIAPRED	3	
prednisolone oral solution	1	

Drug Name	Drug Tier	Limits/ Required
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	3	PA; FE
TAPERDEX 12-DAY	3	PA; FE
TAPERDEX 6-DAY	3	PA; FE
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	PA; FE
<b>Hormonal Agents - Men's Health</b>		
ANADROL-50	2	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL	3	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
FORTESTA	3	PA
JATENZO	3	PA; FE; QL
METHITEST	2	

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Drug Name	Drug Tier	Limits/ Required
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE
oxandrolone oral	1	
TESTIM	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone gel 50 mg/5gm (1%) transdermal	1	PA
testosterone gel 50 mg/5gm (1%) transdermal	1	PA; 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%)	1	PA
testosterone transdermal solution	1	PA
VOGELXO PUMP	3	PA; FE
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA
XYOSTED	3	PA; FE
<b>Hormonal Agents - Osteoporosis</b>		
EVISTA	3	PV
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	4	PA; SP
BYNFEZIA PEN	4	SP; FE
cabergoline	1	QL
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
GENOTROPIN	4	PA; SP; FE
GENOTROPIN MINIQUICK	4	PA; SP; FE
HUMATROPE	4	PA; SP
INCRELEX	4	PA; SP
ISTURISA	4	PA; SP; QL
MYCAPSSA	4	SP; FE; QL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP

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Drug Name	Drug Tier	Limits/ Required
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE
ORLISSA	2	PA; QL
SAIZEN	4	PA; SP; FE
SAIZENPREP	4	PA; SP; FE
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP
SIGNIFOR	4	PA; SP
SOMAVERT	4	SP; FE
STIMATE	4	SP
SYNAREL	2	
ZOMACTON	4	PA; SP; FE

Drug Name	Drug Tier	Limits/ Required
ZOMACTON (FOR ZOMA-JET 10)	4	PA; SP; FE
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	4	PA; SP
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV
afirmelle	1	ACA; PV
ALORA	3	PV; FE; QL
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz	1	PV
amethia	1	ACA; PV
amethia lo	1	ACA; PV
amethyst	1	ACA; PV
ANGELIQ	3	PV; FE
ANNOVERA	3	PV; FE
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV
aurovela fe 1/20	1	ACA; PV
aviane	1	ACA; PV
AYGESTIN	3	

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
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA	3	PA; PV; FE
balziva	1	ACA; PV
bekyree	1	ACA; PV
BEYAZ	3	PV
BIJUVA	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
caziant	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal	1	ACA; PV
chateal eq	1	ACA; PV
CLIMARA	3	PV; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
cyclafem 1/35	1	ACA; PV
cyclafem 7/7/7	1	ACA; PV
cyred	1	ACA; PV
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
deblitane	1	ACA; PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	PV
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	PV
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	PV
desogestrel-ethinyl estradiol	1	ACA; PV
DIVIGEL	3	PV
dotti	1	PV; QL
drosipren-eth estrad- levomefol	1	ACA; PV
drosiprenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	PV; QL
emoquette	1	ACA; PV
ENDOMETRIN	3	

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Drug Name	Drug Tier	Limits/ Required
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV
ESTRACE VAGINAL	3	
estradiol oral	1	PV
estradiol transdermal	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	PV
estradiol-norethindrone acet	1	PV
ESTRING	2	QL
ESTROGEL	3	PV
ESTROSTEP FE	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol	1	PV; QL
EVAMIST	3	PV
falmina	1	ACA; PV
fayosim	1	ACA; PV
FEMHRT LOW DOSE	3	PV
FEMRING	2	QL
femynor	1	ACA; PV
fyavolv	1	PV
gemmily	1	ACA; PV
GENERESS FE	3	PV
gianvi	1	ACA; PV
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV
heather	1	ACA; PV
hydroxyprogesterone caproate intramuscular	1	
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV
isibloom	1	ACA; PV
jaimiess	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jinteli	1	PV
jolessa	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV
kelnor 1/50	1	ACA; PV
kurvelo	1	ACA; PV
larin 1.5/30	1	ACA; PV
larin 1/20	1	ACA; PV
larin 24 fe	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
larin fe 1.5/30	1	ACA; PV
larin fe 1/20	1	ACA; PV
larissia	1	ACA; PV
layolis fe	1	ACA; PV
leena	1	ACA; PV
lessina	1	ACA; PV
levonest	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O
levonorgestrel-ethinyl estrad	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
lillow	1	ACA; PV
LO LOESTRIN FE	3	PV; FE
LOESTRIN 1.5/30 (21)	3	PV
LOESTRIN 1/20 (21)	3	PV
LOESTRIN FE 1.5/30	3	PV
LOESTRIN FE 1/20	3	PV
lojaimiess	1	ACA; PV
loryna	1	ACA; PV
LOSEASONIQUE	3	PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
lutura	1	ACA; PV
lyleq	1	ACA; PV
lyllana	1	PV; QL
lyza	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
MAKENA INTRAMUSCULAR	3	
MAKENA SUBCUTANEOUS	3	FE
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	1	
megestrol acetate oral tablet	1	
melodetta 24 fe	1	ACA; PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
MENOSTAR	3	PV; FE; QL
merzee	1	ACA; PV
mibelas 24 fe	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	1	ACA; PV
microgestin 24 fe	1	ACA; PV
microgestin fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV
MINASTRIN 24 FE	3	PV
MINIVELLE	3	PV; FE; QL
MIRCETTE	3	PV
mono-lynah	1	ACA; PV

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

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

Drug Name	Drug Tier	Limits/ Required
ORIAHNN	2	PA; PV; QL
orsythia	1	ACA; PV
ORTHO MICRONOR	3	PV
philith	1	ACA; PV
pimtreea	1	ACA; PV
pirmella 1/35	1	ACA; PV
pirmella 7/7/7	1	ACA; PV
portia-28	1	ACA; PV
PREFEST	3	PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV
prevenzeza	1	ACA; O
previfem	1	ACA; PV
progesterone intramuscular	1	
progesterone micronized oral	1	
PROMETRIUM	3	
PROVERA	3	
QUARTETTE	3	PV
reclipsen	1	ACA; PV
rivelsa	1	ACA; PV
SAFYRAL	3	PV; FE
SEASONIQUE	3	PV
setlakin	1	ACA; PV
sharobel	1	ACA; PV
simliya	1	ACA; PV
simpesse	1	ACA; PV
SLYND	3	PV; FE
sprintec 28	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
sronyx	1	ACA; PV
syeda	1	ACA; PV
tarina 24 fe	1	ACA; PV
tarina fe 1/20	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV
TAYTULLA	3	PV; FE
tilia fe	1	ACA; PV
tri femynor	1	ACA; PV
tri-estarylla	1	ACA; PV
tri-legest fe	1	ACA; PV
tri-linyah	1	ACA; PV
tri-lo-estarylla	1	ACA; PV
tri-lo-marzia	1	ACA; PV
tri-lo-mili	1	ACA; PV
tri-lo-sprintec	1	ACA; PV
tri-mili	1	ACA; PV
tri-nymyo	1	ACA; PV
tri-previfem	1	ACA; PV
tri-sprintec	1	ACA; PV
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
tulana	1	ACA; PV
	3	PV; FE; QL
TWIRLA		
tyblume	1	ACA; PV
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	
velivet	1	ACA; PV
vienva	1	ACA; PV
vioarele	1	ACA; PV
VIVELLE-DOT	3	PV; QL

Drug Name	Drug Tier	Limits/ Required
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
	1	ACA; PV; QL
xulane		
YASMIN 28	3	PV
YAZ	3	PV
yuvaferm	1	
zarah	1	ACA; PV
zovia 1/35 (28)	1	ACA; PV
zovia 1/35e (28)	1	ACA; PV
zumandimine	1	ACA; PV
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	2	
CYTOMEL	3	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	
TAPAZOLE	3	
TIROSINT	3	

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Drug Name	Drug Tier	Limits/ Required
TIROSINT-SOL	3	
unithroid	1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	2	
WP THYROID ORAL TABLET 113.75 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	
WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ACTIMMUNE	4	PA; SP
ARAVA	3	QL
ARCALYST	4	PA; SP
ASTAGRAF XL	3	PV
AZASAN	3	PV
azathioprine oral	1	PV
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL
CELLCEPT	3	PV
CIMZIA PREFILLED KIT	4	PA; SP; QL
CIMZIA STARTER KIT	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
COSENTYX (300 MG DOSE)	4	PA; SP; QL
COSENTYX 150 MG/ML	4	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; SP; QL
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
ENBREL MINI	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
ENSPRYNG	4	PA; SP; QL
ENVARSUS XR	3	PV
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FIRAZYR	4	PA; SP	HUMIRA PEN- CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HUMIRA PEN- PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL
gengraf oral solution	1	PV	HUMIRA PEN- PSOR/UEVIT STARTER	4	PA; SP; QL
HAEGARDA	4	PA; SP	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL	icatibant acetate	4	PA; SP
HUMIRA PEN PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP	IMURAN	3	PV
HUMIRA PEN PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; QL	KEVZARA	4	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
HUMIRA PEN PEN- INJECTOR KIT 80 MG/0.8ML	4	PA; SP	leflunomide oral	1	QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; SP	methotrexate oral	1	
HUMIRA PEN- CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
HUMIRA PEN- CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; QL	methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
			methotrexate sodium injection solution reconstituted	1	

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Drug Name	Drug Tier	Limits/ Required
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	PV
mycophenolate sodium	1	PV
MYFORTIC	3	PV
NEORAL	3	PV
OLUMIANT	4	PA; SP; QL
ORENCIA CLICKJECT	4	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
OTEZLA ORAL TABLET	4	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	FE
PROGRAF ORAL	3	PV
RAPAMUNE	3	PV

Drug Name	Drug Tier	Limits/ Required
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	FE
RIDAURA	4	SP
RINVOQ	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV
SANDIMMUNE ORAL SOLUTION	2	PV
SILIQ	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
sirolimus oral	1	PV
SKYRIZI (150 MG DOSE)	4	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
tacrolimus oral	1	PV
TAKHZYRO	4	PA; SP; QL
TALTZ	4	PA; SP; QL
TREMFYA	4	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
XATMEP	3	FE
XELJANZ ORAL TABLET	4	PA; SP; QL
XELJANZ XR	4	PA; SP; QL
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	PV
ZORTRESS ORAL TABLET 1 MG	2	PV
<b>Inflammatory Bowel Disease Agents</b>		
ANUSOL-HC EXTERNAL	3	
APRISO	3	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	1	QL

Drug Name	Drug Tier	Limits/ Required
budesonide oral	1	QL
CANASA	3	
COLAZAL	3	
CORTENEMA	3	
CORTIFOAM EXTERNAL	2	
DELZICOL	3	
DIPENTUM	3	FE
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	QL
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG	3	PA; FE; QL
PENTASA	2	
PROCTOCORT EXTERNAL	3	
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
procto-pak external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	
SFROWASA	3	
sulfasalazine oral	1	

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Drug Name	Drug Tier	Limits/ Required
UCERIS ORAL	3	QL
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV
BINOSTO	3	PV; FE
BONIVA ORAL TABLET 150 MG	3	PV
calcitonin (salmon)	1	PV
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; PV; FE; QL
FOSAMAX ORAL TABLET 70 MG	3	PV
FOSAMAX PLUS D	3	PA; PV; FE
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV
RAYALDEE	3	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV

Drug Name	Drug Tier	Limits/ Required
TERIPARATIDE (RECOMBINANT)	4	SP; PV; FE; QL
TYMLOS	4	PA; SP; PV; QL
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
NATPARA	4	PA; SP; PV
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<b>Miscellaneous Therapeutic Agents</b>		
ASPARTAME	2	
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BROMELAIN	2	
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
COMPACT SPACE CHAMBER/LG MASK	2	

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Drug Name	Drug Tier	Limits/ Required
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
DOJOLVI	3	PA
EASIVENT	2	
ENDARI	3	
ergoloid mesylates oral	1	
FC FEMALE CONDOM	2	ACA; O
FC2 FEMALE CONDOM	2	ACA; O
FIRDAPSE	4	PA; SP; FE; QL
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	QL
ORALAIR	2	
ORALAIR ADULT STARTER PACK	2	
ORALAIR CHILDRENS STARTER PACK	2	
OXBRYTA	4	SP; FE; QL
PALFORZIA	4	SP
PHEXXI	3	FE
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	

Drug Name	Drug Tier	Limits/ Required
RUZURGI	4	PA; SP; QL
SACCHARIN	2	
sodium saccharin powder	1	
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
vcf vaginal contraceptive vaginal gel	1	ACA; O
VISTOGARD	4	SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	PA; FE
ALOCRIAL	3	PA; FE
ALOMIDE	3	FE
ALREX	3	ST; FE
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BEPREVE	3	FE
BESIVANCE	3	FE
BETADINE OPHTHALMIC PREP	3	
BLEPH-10	3	
bromfenac sodium (once-daily)	1	
BROMSITE	3	FE

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Drug Name	Drug Tier	Limits/ Required
CILOXAN OPHTHALMIC OINTMENT	2	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	ST; FE
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	3	ST
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentak ophthalmic ointment	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	2	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX	3	ST; FE

Drug Name	Drug Tier	Limits/ Required
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension	1	ST; FE
MAXIDEX	2	
MITOSOL	3	
MOXEZA	3	FE
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
NEVANAC	3	FE
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PATADAY OPHTHALMIC SOLUTION 0.7 %	3	FE
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	FE
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	

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Drug Name	Drug Tier	Limits/ Required
TOBREX OPHTHALMIC OINTMENT	2	
TOBREX OPHTHALMIC SOLUTION	3	
trifluridine ophthalmic	1	
VIGAMOX	3	
ZERVIATE	3	FE
ZIRGAN	3	
ZYMAXID	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
apraclonidine hcl	1	
AZOPT	3	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
BETOPTIC-S	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
carteolol hcl	1	
COMBIGAN	3	
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	

Drug Name	Drug Tier	Limits/ Required
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISOPTO CARPINE	3	
ISTALOL	3	
KEVEYIS	4	SP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	

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Drug Name	Drug Tier	Limits/ Required
TIMOPTIC-XE	3	FE
TRAVATAN Z	3	FE
travoprost (bak free)	1	
TRUSOPT	3	
VYZULTA	3	ST; FE
XALATAN	3	
XELPROS	2	
ZIOPTAN	3	ST; FE
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ak-poly-bac	1	
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin- polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CEQUA	3	QL
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
CYSTARAN	4	SP
homatropaire	1	
ISOPTO ATROPINE	2	
LACRISERT	3	
LASTACAFT	3	FE

Drug Name	Drug Tier	Limits/ Required
MAXITROL	3	
neomycin-bacitracin zn- polymyx	1	
neomycin-polymyxin- dexameth ophthalmic ointment	1	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000- .025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	4	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b- trimethoprim	1	
POLYTRIM	3	
PRED-G	2	
PRED-G S.O.P.	2	
RESTASIS	2	QL
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	2	QL

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Drug Name	Drug Tier	Limits/ Required
RESTASIS MULTIDOSE EMULSION 0.05 % OPTHALMIC	2	
sulfacetamide-prednisolone ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
XIIDRA	3	QL
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CETRAXAL	3	FE
CIPRO HC	3	FE
CIPRODEX	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	3	PA; FE
CORTISPORIN-TC	3	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	PA; FE

Drug Name	Drug Tier	Limits/ Required
PRAMOTIC	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	
azelastine-fluticasone	1	FE
BECONASE AQ	3	FE
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	1	
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR	3	PA; FE
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	
dexchlorpheniramine maleate oral solution	1	FE
diphen oral elixir	1	
diphenhydramine hcl oral elixir	1	
DYMISTA	3	FE
FASENRA PEN	4	PA; SP; QL
flunisolide nasal solution 25 mcg/act (0.025%)	1	

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

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Drug Name	Drug Tier	Limits/ Required
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
GILPHEX TR	3	PA; FE
guaifenesin ac	1	QL
guaifenesin ac	1	QL
HYCODAN	3	QL
hydrocodone polst-chlorphen polst er susp oral suspension extended release	1	QL
hydrocodone-homatropine	1	QL
hydromet	1	QL
HYPERSAL	3	
ipratropium bromide nasal	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	PA; FE
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	QL
mometasone furoate nasal	1	QL
NASONEX	3	QL
NEOTUSS PLUS	3	PA; FE
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
olopatadine hcl nasal	1	
OMNARIS	3	FE
PATANASE	3	
promethazine hcl oral	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc	1	
promethazine vc/codeine	1	QL
promethazine-codeine	1	QL
promethazine-dm oral syrup	1	
promethazine-phenyleph-codeine	1	QL
promethazine-phenylephrine	1	
promethegan	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
QNASL	3	FE
QNASL CHILDRENS	3	FE
RYCLORA ORAL SOLUTION	3	FE
ryvent	1	FE
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
TESSALON PERLES	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
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	3	PA; FE; QL
TUXARIN ER	3	PA; FE; QL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; FE; QL
virtussin ac w/alc	1	QL
XHANCE	3	FE; QL
ZETONNA	3	FE
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ACCOLATE	3	PV
acetylcysteine inhalation	1	
ADVAIR DISKUS	2	PV; QL
ADVAIR HFA	2	PV; QL
AIRDUO DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL
AIRDUO RESPICLICK 55/14	3	PV; FE; QL
albuterol sulfate er	1	PV
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	PV

Drug Name	Drug Tier	Limits/ Required
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	PV; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	PV; QL
albuterol sulfate inhalation	1	PV
albuterol sulfate oral	1	PV
ALVESCO	3	PV; FE; QL
ANORO ELLIPTA	2	PV; QL
ARMONAIR DIGIHALER	3	PV; FE; QL
ARNUITY ELLIPTA	2	PV; QL
ASMANEX (120 METERED DOSES)	2	PV; QL
ASMANEX (14 METERED DOSES)	2	PV; QL
ASMANEX (30 METERED DOSES)	2	PV; QL
ASMANEX (60 METERED DOSES)	2	PV; QL
ASMANEX (7 METERED DOSES)	2	PV; QL
ASMANEX HFA	2	PV; QL
ATROVENT HFA	2	PV; QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	FE; QL

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Drug Name	Drug Tier	Limits/ Required
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	PA; FE; QL
BEVESPI AEROSPHERE	3	PV; QL
BREO ELLIPTA	2	PV; QL
BREZTRI AEROSPHERE	3	PV; FE; QL
BROVANA	3	PV; FE; QL
budesonide inhalation	1	PV; QL
BUDESONIDE-FORMOTEROL FUMARATE	3	PV; FE; QL
COMBIVENT RESPIMAT	2	PV; QL
cromolyn sodium inhalation	1	PV
DALIRESP	2	PV
DUAKLIR PRESSAIR	3	PV; FE; QL
DULERA	3	PV; FE; QL
ELIXOPHYLLIN	3	PV
epinephrine injection solution auto-injector	1	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
ESBRIET	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
FLOVENT DISKUS	2	PV; QL
FLOVENT HFA	2	PV; QL
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation	1	PV
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation	1	PV; QL
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation	1	PV
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation	1	PV; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/dose	1	PV
INCRUSE ELLIPTA	2	PV; QL
ipratropium bromide inhalation	1	PV
ipratropium-albuterol	1	PV

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	PV; QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; FE; QL	STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	PV; QL
LONHALA MAGNAIR REFILL KIT	3	ST; PV; QL	STRIVERDI RESPIMAT	3	PV; QL
LONHALA MAGNAIR STARTER KIT	3	ST; PV; QL	SYMBICORT	2	PV; QL
montelukast sodium oral	1	PV	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL
OFEV	4	PA; SP; QL	terbutaline sulfate oral	1	PV
PERFOROMIST	2	PV; QL	THEO-24	3	PV
PROAIR DIGIHALER	3	PV; FE; QL	theophylline	1	PV
PROAIR HFA	2	PV; QL	theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	PV
PROAIR RESPICLICK	2	PV; QL	theophylline er oral tablet extended release 24 hour	1	PV
PROVENTIL HFA	3	PV; FE; QL	TRELEGY ELLIPTA	2	PV; QL
PULMICORT FLEXHALER	2	PV; QL	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
PULMICORT SUSPENSION	3	PV; QL	UTIBRON NEOHALER	3	PV; QL
QVAR REDIHALER	2	PV; QL	VENTOLIN HFA	2	PV; QL
SEEBRI NEOHALER	3	PV	wixela inhub	1	PV
SEREVENT DISKUS	2	PV; QL	XOPENEX NEB	3	PV
SINGULAIR	3	PV	XOPENEX CONCENTRATE	3	PV
SPIRIVA HANDIHALER	2	PV; QL			

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Drug Name	Drug Tier	Limits/ Required
XOPENEX HFA	3	PV; FE; QL
YUPELRI	3	ST; PV; QL
zafirlukast	1	PV
zileuton er	1	PV
ZYFLO	3	PA; PV; FE
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	4	SP; QL
CAYSTON	4	SP
KALYDECO ORAL PACKET	4	PA; SP; QL
KITABIS PAK	4	SP; QL
ORKAMBI	4	PA; SP; QL
PULMOZYME	4	SP
SYMDEKO	4	PA; SP; QL
TOBI NEBULIZER	4	SP; QL
TOBI PODHALER	4	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL
TRIKAFTA	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	4	PA; SP; QL
ADEMPAS	4	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	4	PA; SP; QL
OPSUMIT	4	PA; SP; QL
ORENITRAM	4	PA; SP
REVATIO ORAL	3	PA; QL
sildenafil citrate oral suspension reconstituted	1	PA; QL
sildenafil citrate oral tablet 20 mg	1	PA; QL
tadalafil (pah)	4	PA; SP; QL
TRACLEER	4	PA; SP; QL
TYVASO	4	PA; SP
TYVASO REFILL	4	PA; SP
TYVASO STARTER	4	PA; SP
UPTRAVI	4	PA; SP; QL
VENTAVIS	4	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	3	FE
baclofen oral	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 500 mg	1	
chlorzoxazone oral tablet 375 mg, 750 mg	1	FE
CYCLO/GABA 10/300	3	PA; FE
cyclobenzaprine hcl er	1	FE
cyclobenzaprine hcl oral tablet 5 mg, 7.5 mg	1	
cyclobenzaprine hcl tablet 10 mg oral	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene sodium oral	1	
FEXMID	3	
LORZONE	3	FE
metaxalone	1	
methocarbamol oral	1	
NORGESIC FORTE	3	PA; FE
orphenadrine citrate er	1	
orphenadrine-asa-caffeine	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
OZOBAX	3	PA; FE
ROBAXIN-750	3	
SKELAXIN	3	

Drug Name	Drug Tier	Limits/ Required
SOMA	3	
tizanidine hcl oral	1	
VANADOM	3	
ZANAFLEX	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	3	QL
AMBIEN CR	3	QL
armodafinil	1	QL
BELSOMRA	3	ST; FE; QL
DAYVIGO	3	ST; QL
doxepin hcl oral tablet	1	QL
EDLUAR	3	PA; FE; QL
eszopiclone	1	QL
flurazepam hcl	1	
LUNESTA	3	QL
modafinil	1	QL
NUVIGIL	3	QL
PROVIGIL	3	QL
ramelteon	1	
RESTORIL	3	
ROZEREM	3	
SILENOR	3	QL
SUNOSI	3	FE; QL
temazepam	1	
WAKIX	4	SP; FE; QL
XYREM	4	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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Drug Name	Drug Tier	Limits/ Required
zolpidem tartrate sublingual	1	FE; QL
ZOLPIMIST	3	FE; QL

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rivastigmine.....	18	SELZENTRY.....	28	sodium fluoride 5000	
rivastigmine tartrate.....	18	SEMGLEE.....	49	ppm.....	40
rivelsa.....	63	SENSIPAR.....	69	sodium fluoride 5000	
rizatriptan benzoate.....	22	SEREVENT DISKUS.....	78	sensitive.....	40
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STALEVO 200.....	25	SUPRAX.....	TAZORAC.....	45
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  - Information written in other languages

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

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

You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: US Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TTY/TDD (800) 537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Free help in other languages

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

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

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

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

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

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

**Chinese (Mandarin):** 如果您, 或您正在幫助的人, 有關於 Sanford Health Plan 方面的問題, 您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話, 請致電 1-844-923-3524。

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

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

