

Commercial 3 tier (Large Group/Self-funded) Formulary



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

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

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

SANFORD
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

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

About this formulary

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your provider if they could work for you.

Drug list information

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
ABSTRAL	3	
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
ACTIQ	3	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
ascomp-codeine	1	
BELBUCA	3	QL
BUPAP ORAL TABLET 50-300 MG	3	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr	1	QL
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR	2	QL
butalbital-acetaminophen oral tablet	1	
butalbital-apap	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule	1	

Drug Name	Drug Tier	Limits/ Required
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
capacet	1	
carisoprodol-aspirin-codeine	1	
codeine sulfate oral tablet	1	QL
DEMEROL ORAL TABLET 100 MG	3	QL
DILAUDID ORAL	3	QL
DOLOPHINE	3	
DURAGESIC-100	3	QL
DURAGESIC-12	3	QL
DURAGESIC-25	3	QL
DURAGESIC-50	3	QL
DURAGESIC-75	3	QL
duraxin	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
esgic oral capsule	1	
ESGIC ORAL TABLET	3	
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL
fentanyl	1	QL
fentanyl citrate buccal lozenge on a handle	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
FENTANYL CITRATE BUCCAL TABLET	3	
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	
FIORINAL	3	
FIORINAL/CODEINE #3	3	
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, 2.5-325 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	1	QL
hydromorphone hcl oral	1	QL
HYSINGLA ER	2	QL
IBUDONE ORAL TABLET 10-200 MG	3	QL
ibudone oral tablet 5-200 mg	1	QL

Drug Name	Drug Tier	Limits/ Required
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	3	QL
levorphanol tartrate oral tablet 2 mg	1	QL
levorphanol tartrate oral tablet 3 mg	1	
lorcet	1	QL
lorcet hd	1	QL
lorcet plus oral tablet 7.5-325 mg	1	QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
marten-tab	1	
MEDROX-RX	3	
meperidine hcl oral	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

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Drug Name	Drug Tier	Limits/ Required
morphine sulfate oral	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	QL
NORCO	3	QL
NUCYNTA	3	QL
OPANA ORAL	3	QL
oxycodone hcl	1	
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral solution	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL
oxycodone-ibuprofen	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
panlor	1	QL
pentazocine-naloxone hcl	1	QL

Drug Name	Drug Tier	Limits/ Required
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
phrenilin forte oral capsule 50-300-40 mg	1	
ROXICODONE ORAL TABLET	3	QL
SUBSYS	3	
SYNALGOS-DC	2	QL
tencon oral tablet 50-325 mg	1	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
tramadol hcl er oral tablet extended release 24 hour	1	
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
TYLENOL WITH CODEINE #3	3	QL
TYLENOL WITH CODEINE #4	3	QL
ULTRACET	3	QL
ULTRAM	3	QL
VANATOL LQ	2	PA
VANATOL S	2	PA
vicodin es oral tablet 7.5-300 mg	1	QL
vicodin hp oral tablet 10-300 mg	1	QL
vicodin oral tablet 5-300 mg	1	QL

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Drug Name	Drug Tier	Limits/ Required
XODOL	3	QL
xylon	1	QL
ZAMICET	2	QL
zebutal oral capsule 50-325-40 mg	1	
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
aspirin adult	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin low dose oral tablet 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	1	ACA; O
bayer aspirin ec low dose	1	ACA; O
bayer aspirin oral tablet	1	ACA; O
bayer aspirin oral tablet delayed release	1	ACA; O
CELEBREX	3	
celecoxib oral	1	
DAYPRO	3	

Drug Name	Drug Tier	Limits/ Required
DICLOFENAC EPOLAMINE	3	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
diclofenac sodium transdermal solution	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac er	1	
etodolac oral	1	
FELDENE	3	
fenoprofen calcium oral	1	
fenortho oral capsule 200 mg	1	
FLECTOR	3	QL
flurbiprofen oral	1	
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
IC 400	2	
IC 800	2	
INDOCIN ORAL	3	
INDOCIN RECTAL	3	
indomethacin er	1	
indomethacin oral	1	

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Drug Name	Drug Tier	Limits/ Required
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	
klofensaid ii	1	
LODINE	3	
meclofenamate sodium oral	1	
medique aspirin	1	ACA; O
mefenamic acid oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET	3	
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	
NALFON ORAL TABLET	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET 500 MG	3	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

Drug Name	Drug Tier	Limits/ Required
oxaprozin	1	
piroxicam oral	1	
PONSTEL	3	
profeno	1	
qc aspirin low dose oral tablet delayed release	1	ACA; O
st joseph low dose oral tablet delayed release	1	ACA; O
sulindac oral	1	
TIVORBEX	3	
tolmetin sodium	1	
VOLTAREN GEL 1%	3	QL
ZORVOLEX	3	
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external gel	1	
lidocaine external patch 5 %	1	
lidocaine hcl external gel 2 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external gel	1	
lidocaine ointment 5 % external	1	
lidocaine pak	1	
lidocaine-prilocaine external cream	1	

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Drug Name	Drug Tier	Limits/ Required
LIDOCAINE-TETRACAINE	3	PA
LIDODERM	3	
PLIAGLIS	3	PA
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
ANTABUSE	3	
BUNAVAIL	3	QL
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	
EVZIO	3	
LUCEMYRA	3	QL
naltrexone hcl oral	1	
NARCAN	2	QL
NICORETTE MOUTH/THROAT GUM 2 MG	3	ACA; O; QL
nicotine polacrilex mouth/throat	1	ACA; O; QL
nicotine step 1	1	ACA; O; QL

Drug Name	Drug Tier	Limits/ Required
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
Antibacterials		
ACTICLATE	3	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR	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
AVELOX ORAL	3	
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN NASAL	2	
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
BUCALSEP	3	
CEDAX ORAL CAPSULE	3	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftibuten	1	
CEFTIN ORAL SUSPENSION RECONSTITUTED	2	

Drug Name	Drug Tier	Limits/ Required
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	
ciprofloxacin oral	1	
ciprofloxacin-ciprofloxac hcl er	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	

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Drug Name	Drug Tier	Limits/ Required
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral	1	
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
FIRVANQ	2	
FLAGYL	3	
FURADANTIN	3	
gentamicin sulfate external	1	
HIPREX	3	
hydrogen peroxide solution 30 %	1	
KEFLEX	3	
LEVAQUIN ORAL TABLET	3	
levofloxacin oral	1	
linezolid oral	1	PA
MACROBID	3	
MACRODANTIN	3	
mafenide acetate external	1	
methenamine hippurate	1	

Drug Name	Drug Tier	Limits/ Required
METROGEL-VAGINAL	3	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 80 mg	1	
minocycline hcl oral	1	
mondoxyne nl	1	
MONODOX ORAL CAPSULE 100 MG, 75 MG	3	
MONUROL	2	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
okebo oral capsule 75 mg	1	
paromomycin sulfate oral	1	
PCE	3	
penicillin v potassium	1	
SILVADENE	3	

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Drug Name	Drug Tier	Limits/ Required
silver nitrate external ointment	1	
silver sulfadiazine external	1	
soloxide	1	
SPECTRACEF ORAL TABLET 400 MG	3	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
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	
TINDAMAX ORAL TABLET 500 MG	3	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN HCL	3	
vancomycin hcl oral	1	
vandazole	1	
VIBRAMYCIN	3	
XEPI	3	

Drug Name	Drug Tier	Limits/ Required
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	2	
ZYVOX ORAL	3	PA
Anticoagulants		
ARIXTRA	3	PV
BEVYXXA	3	PV; QL
COUMADIN ORAL	3	PV
ELIQUIS	2	PV
ELIQUIS STARTER PACK	2	PV
enoxaparin sodium	1	PV
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/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

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Drug Name	Drug Tier	Limits/ Required
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
Anticonvulsants - Drugs for Seizures		
BANZEL	3	
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
CELONTIN	2	
clobazam	1	
DEPAKENE ORAL CAPSULE	3	
DEPAKENE ORAL SOLUTION	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT	2	PA; SP
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
diazepam rectal	1	
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	

Drug Name	Drug Tier	Limits/ Required
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	2	PA; SP
epitol	1	
EQUETRO	3	PV
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
FYCOMPA	3	
gabapentin oral	1	
GABITRIL	3	
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 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	

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

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Drug Name	Drug Tier	Limits/ Required
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	
NEURONTIN	3	
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
oxcarbazepine	1	
OXTELLAR XR	3	
PEGANONE	2	
phenobarbital oral	1	
PHENYTEK	3	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	
roweepra	1	
roweepra xr	1	

Drug Name	Drug Tier	Limits/ Required
SABRIL	3	SP
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
tiagabine hcl	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproate sodium oral solution	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
vigabatrin	1	SP
vigadrone	1	SP
VIMPAT ORAL	2	
ZARONTIN	3	
ZONEGRAN	3	
zonisamide oral	1	

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

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Drug Name	Drug Tier	Limits/ Required
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
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	
NAMENDA XR TITRATION PACK	3	
NAMZARIC	3	
RAZADYNE ER	3	
RAZADYNE ORAL TABLET	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	
BRISDELLE	3	QL
bupropion hcl er (sr)	1	

Drug Name	Drug Tier	Limits/ Required
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
CELEXA ORAL TABLET	3	QL
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide	1	QL
clomipramine hcl oral	1	
CYMBALTA	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral	1	
duloxetine hcl oral	1	
EFFEXOR XR	3	
ELAVIL	3	
escitalopram oxalate	1	
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	
maprotiline hcl	1	
MARPLAN	3	
mirtazapine oral	1	
NARDIL	3	
nefazodone hcl	1	

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

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Drug Name	Drug Tier	Limits/ Required
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	
PARNATE	3	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	QL
paroxetine mesylate	1	QL
PAXIL CR	3	QL
PAXIL ORAL TABLET	3	QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	
REMERON	3	
REMERON SOLTAB	3	
SARAFEM ORAL TABLET 10 MG, 20 MG	3	
sertraline hcl oral	1	
SURMONTIL	3	
SYMBYAX	3	PV
TOFRANIL	3	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	2	ST; QL

Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl	1	
venlafaxine hcl er	1	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANZEMET ORAL	3	QL
aprepitant	1	QL
CESAMET	3	
compro	1	PV
DICLEGIS	3	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	3	QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	QL
granisetron hcl oral	1	QL
MARINOL	3	
meclizine hcl oral tablet	1	
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	

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
perphenazine oral	1	PV
prochlorperazine	1	PV
prochlorperazine maleate oral	1	PV
REGLAN ORAL	3	
scopolamine	1	
TIGAN ORAL	3	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
trimethobenzamide hcl oral	1	
ZOFRAN ODT	3	
ZOFRAN ORAL	3	
Antifungals		
ANCOBON	3	
AVC VAGINAL	2	
BIO-STATIN ORAL CAPSULE	2	
ciclodan	1	
CICLODAN SOLUTION	3	
ciclopirox	1	
ciclopirox olamine	1	
clotrimazole crystals	1	
clotrimazole external cream	1	
clotrimazole mouth/throat	1	
clotrimazole powder	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
CRESEMBA ORAL	3	

Drug Name	Drug Tier	Limits/ Required
DIFLUCAN	3	
econazole nitrate external	1	
exoderm external lotion	1	
EXTINA	3	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GRIS-PEG	3	
GYNAZOLE-1	3	
HALOTIN	2	
itraconazole oral	1	QL
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
KETODAN EXTERNAL KIT	2	
LAMISIL ORAL TABLET	3	
LOPROX EXTERNAL CREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
LOPROX EXTERNAL SUSPENSION	3	
miconazole 3 vaginal suppository	1	
naftifine hcl external cream	1	

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Drug Name	Drug Tier	Limits/ Required
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL 2 %	3	
NIZORAL	3	
NOXAFIL ORAL	3	
nyamyc	1	
nyata external powder	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral tablet	1	
nystatin-triamcinolone	1	
nystop	1	
ONMEL	3	
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	
PENLAC	3	
posaconazole	1	
SPORANOX	3	QL
SPORANOX PULSEPAK	3	QL
TERAZOL 7	3	QL
terbinafine hcl oral	1	
terconazole	1	QL
tolnaftate	1	
VFEND	3	
voriconazole oral	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL	3	
colchicine-probenecid	1	
COLCRYS	2	
DUZALLO	3	

Drug Name	Drug Tier	Limits/ Required
febuxostat	1	ST
MITIGARE	3	
probenecid oral	1	
ULORIC	3	ST
ZURAMPIC	3	
ZYLOPRIM	3	
Anti-inflammatory Agents		
EMFLAZA	3	PA; SP
Antimigraine Agents		
AIMOVIG	2	PA; QL
almotriptan malate	1	QL
AMERGE	3	QL
AXERT	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	PA; 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

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

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Drug Name	Drug Tier	Limits/ Required
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
MAXALT	3	QL
MAXALT-MLT	3	QL
MIGERGOT	2	
MIGRANAL	3	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	3	
RELPAX	3	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
zolmitriptan oral	1	QL
ZOMIG	3	QL
ZOMIG ZMT	3	QL
Antimyasthenic Agents		
MESTINON ORAL SYRUP	3	

Drug Name	Drug Tier	Limits/ Required
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL	3	
MYCOBUTIN	3	QL
PASER	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
RIFADIN ORAL	3	
RIFAMATE	2	
rifampin oral	1	
RIFATER	2	
SIRTURO	3	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	PV
ARIMIDEX	3	PV
AROMASIN	3	PV
DROXIA	2	

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

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Drug Name	Drug Tier	Limits/ Required
exemestane	1	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	
tamoxifen citrate oral	1	ACA; PV
TARGRETIN EXTERNAL	2	SP
toremifene citrate	1	PV
Antiparasitics		
albendazole oral	1	
ALBENZA	3	
ALINIA	2	
atovaquone oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
crotan	1	
DARAPRIM	2	PA; SP
ELIMITE	3	
EMVERM	3	
EURAX EXTERNAL CREAM	2	

Drug Name	Drug Tier	Limits/ Required
EURAX EXTERNAL LOTION	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	
KRINTAFEL	2	QL
lindane external shampoo	1	
MALARONE	3	
malathion external	1	
mefloquine hcl	1	
MEPRON	3	
NATROBA	3	
NEBUPENT	2	
OVIDE	3	
permethrin external cream	1	
PLAQUENIL	3	
praziquantel oral	1	
primaquine phosphate oral	1	
QUALAQUIN	3	
quinine sulfate oral	1	
SKLICE	3	
spinosad	1	
STROMECTOL	3	
sulfurated lime	1	
ULESFIA	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	2	SP

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

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Drug Name	Drug Tier	Limits/ Required
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	
ELDEPRYL	3	
entacapone	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	
PARLODEL	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
rasagiline mesylate oral	1	
REQUIP	3	
REQUIP XL	3	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	

Drug Name	Drug Tier	Limits/ Required
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	
tolcapone	1	
trihexyphenidyl hcl	1	
ZELAPAR	3	
Antiplatelets		
AGGRENOX	3	PV
aspirin-dipyridamole er	1	PV
BRILINTA	2	PV
CABLIVI	2	PA; SP; QL
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV
PLAVIX	3	PV
prasugrel hcl	1	PV
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
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

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
chlorpromazine hcl oral	1	PV
clozapine	1	PV
CLOZARIL	3	PV
FAZACLO	3	PV
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	2	ST; PV; QL
olanzapine oral	1	PV
ORAP	3	
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate	1	PV; QL
quetiapine fumarate er	1	PV; QL
RISPERDAL	3	PV
RISPERDAL M-TAB	3	PV
risperidone	1	PV
risperidone m-tab	1	PV
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
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV

Drug Name	Drug Tier	Limits/ Required
ZYPREXA ZYDIS	3	PV
Antivirals		
abacavir sulfate	1	PV
abacavir sulfate-lamivudine	1	PV
abacavir-lamivudine-zidovudine	1	PV
acyclovir external	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS	3	PV
atazanavir sulfate	1	PV
ATRIPLA	2	PV
BARACLUDE	3	
BIKTARVY	2	PV
CIMDUO	2	PV
COMBIVIR	3	PV
COMPLERA	2	PV
COPEGUS	3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	PV
DELSTRIGO	2	PV
DENAVIR	2	
DESCOVY	2	PV
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	1	PV
DOVATO	2	PV
EDURANT	3	PV
efavirenz	1	PV
EMTRIVA	2	PV
entecavir	1	

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Drug Name	Drug Tier	Limits/ Required
EPCLUSA	2	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
EPZICOM	3	PV
EVOTAZ	2	PV
famciclovir oral	1	QL
FLUMADINE	3	
fosamprenavir calcium	1	PV
GENVOYA	2	PV
HARVONI	2	PA; SP; QL
HEPSERA	3	
INTELENCE	3	PV
INVIRASE	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

Drug Name	Drug Tier	Limits/ Required
lamivudine oral tablet 300 mg	1	PV
lamivudine-zidovudine	1	PV
LEDIPASVIR-SOFOSBUVIR	2	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	PV
LEXIVA ORAL TABLET	3	PV
lopinavir-ritonavir	1	PV
MAVYRET	2	PA; SP; QL
MODERIBA 1200 DOSE PACK	2	
MODERIBA 800 DOSE PACK	2	
moderiba oral tablet 200 mg	1	
MODERIBA ORAL TABLET THERAPY PACK 200 & 400 MG	2	
MODERIBA ORAL TABLET THERAPY PACK 400 & 600 MG	3	
nevirapine	1	PV
nevirapine er	1	PV
NORVIR ORAL CAPSULE	2	PV
NORVIR ORAL PACKET	2	PV
NORVIR ORAL SOLUTION	2	PV
NORVIR ORAL TABLET	3	PV
ODEFSEY	2	PV
oseltamivir phosphate oral	1	QL

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Drug Name	Drug Tier	Limits/ Required
PEGASYS PROCLICK	2	SP
PEGASYS SUBCUTANEOUS SOLUTION	2	SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	SP
PIFELTRO	2	PV
PREVYMIS ORAL	3	SP; QL
PREZCOBIX	2	PV
PREZISTA ORAL SUSPENSION	2	PV
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	PV
REBETOL	3	
RELENZA DISKHALER	2	QL
RESCRIPTOR	2	PV
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
ribasphere	1	
ribasphere ribapak oral tablet 400 mg, 600 mg	1	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	
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
SELZENTRY	3	PV
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA; SP; QL
stavudine oral capsule	1	PV
STRIBILD	2	PV
SUSTIVA	3	PV
SYMFI	2	PV
SYMFI LO	2	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
TRIUMEQ	2	PV
TRIZIVIR	3	PV
TRUVADA	2	PV
TYBOST	3	PV
valacyclovir hcl oral	1	
VALCYTE	3	
valganciclovir hcl	1	
VALTREX	3	
VEMLIDY	3	
VIDEX	2	PV

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Drug Name	Drug Tier	Limits/ Required
VIDEX EC	3	PV
VIRACEPT ORAL TABLET	2	PV
VIRAMUNE	3	PV
VIRAMUNE XR	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	2	PA; SP; QL
XOFLUZA	3	QL
ZERIT	3	PV
ZIAGEN	3	PV
zidovudine	1	PV
ZOVIRAX	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
ALPRAZOLAM INTENSOL	2	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	3	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	

Drug Name	Drug Tier	Limits/ Required
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	1	
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	3	
triazolam	1	
VALIUM	3	
VISTARIL	3	
XANAX	3	
XANAX XR	3	
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	

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Drug Name	Drug Tier	Limits/ Required
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
AGRYLIN	3	
AMICAR ORAL SOLUTION	2	
AMICAR ORAL TABLET	3	
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
LYSTEDA	3	QL
MULPLETA	2	PA; SP; QL
PROMACTA	2	PA; SP; QL
TAVALISSE	2	PA; SP; QL
tranexamic acid oral	1	QL
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV
ACCURETIC	3	PV
acebutolol hcl oral	1	PV
ACEON ORAL TABLET 4 MG, 8 MG	3	PV
acetazolamide oral tablet 125 mg	1	
ADALAT CC	3	PV
afeditab cr	1	PV
ALDACTAZIDE	3	PV

Drug Name	Drug Tier	Limits/ Required
ALDACTONE	3	PV
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV
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
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

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Drug Name	Drug Tier	Limits/ Required
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	1	PV
bisoprolol- hydrochlorothiazide	1	PV
bumetanide oral	1	PV
BUMEX	3	PV
BYSTOLIC	3	PV
BYVALSON	3	PV
CADUET ORAL TABLET 10-10 MG, 10- 20 MG, 10-40 MG, 10- 80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; QL
CALAN ORAL TABLET 120 MG, 80 MG	3	PV
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

Drug Name	Drug Tier	Limits/ Required
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV
CATAPRES	3	PV
CATAPRES-TTS-1	3	PV
CATAPRES-TTS-2	3	PV
CATAPRES-TTS-3	3	PV
chlorothiazide oral	1	PV
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL
cholestyramine oral	1	PV; QL
choline fenofibrate	1	PV
clonidine	1	PV
clonidine hcl oral	1	PV
CLORPRES	2	PV
colesevelam hcl	1	PV
COLESTID	3	PV
COLESTID FLAVORED	3	PV
colestipol hcl	1	PV
COREG	3	PV
COREG CR	3	PV
CORGARD	3	PV
CORLANOR	3	
CORZIDE	3	PV
COZAAR	3	PV
CRESTOR	3	PV; QL
DEMADEX ORAL TABLET 10 MG, 20 MG	3	PV
DEMSEER	3	PV
DIBENZYLINE	3	PV
digitek	1	PV

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Drug Name	Drug Tier	Limits/ Required
digox	1	PV
digoxin oral	1	PV
DILATRATE-SR	2	PV
diltiazem cd	1	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	
doxazosin mesylate oral	1	PV; QL
DYAZIDE	3	PV
DYRENIUM	3	PV
EDECRIIN	3	PV
enalapril maleate oral	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
EPANED ORAL SOLUTION	3	PA; PV
eperenone	1	PV
eprosartan mesylate	1	PV

Drug Name	Drug Tier	Limits/ Required
ethacrynic acid oral	1	PV
EXFORGE	3	PV
EXFORGE HCT	3	PV
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 tablet	1	PV
fenofibric acid	1	PV
FENOGLIDE	3	PV
FIBRICOR	3	PV
flecainide acetate	1	
fluvastatin sodium	1	ACA; PV; QL
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
GONITRO	3	PV
guanfacine hcl oral	1	PV
HEMANGEOL	2	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV
indapamide oral	1	PV
INDERAL LA	3	PV
INSPRA	3	PV
irbesartan	1	PV

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Drug Name	Drug Tier	Limits/ Required
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	PV
isosorbide dinitrate er	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
KATERZIA	3	PV
labetalol hcl oral	1	PV
LANOXIN ORAL	3	PV
LASIX	3	PV
LESCOL XL	3	PV; QL
LIPITOR	3	PV; QL
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LOFIBRA ORAL CAPSULE 200 MG	3	PV
LOPID	3	PV
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	PV
LOPRESSOR ORAL	3	PV
losartan potassium	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

Drug Name	Drug Tier	Limits/ Required
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV
lovastatin	1	ACA; PV; QL
LOVAZA	3	PV
matzim la	1	PV
MAXZIDE	3	PV
MAXZIDE-25	3	PV
methylothiazide oral	1	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
mexiletine hcl oral	1	
MICARDIS	3	PV
MICARDIS HCT	3	PV
MICROZIDE	3	PV
midodrine hcl	1	
MINIPRESS	3	PV
minitran	1	PV
minoxidil oral	1	PV
moexipril hcl	1	PV
moexipril-hydrochlorothiazide	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV

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Drug Name	Drug Tier	Limits/ Required
nadolol-bendroflumethiazide oral tablet 40-5 mg	1	PV
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
NIACOR TABLET 500 MG ORAL	2	PV
niacor tablet 500 mg oral	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	2	SP
NORVASC	3	PV

Drug Name	Drug Tier	Limits/ Required
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	1	
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; PV; QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	PV; QL
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PRINIVIL	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

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Drug Name	Drug Tier	Limits/ Required
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	
ramipril	1	PV
RANEXA	3	PV
ranolazine er	1	PV
RECTIV	3	
REPATHA	2	PA; SP; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; PV; QL
REPATHA SURECLICK	2	PA; SP; 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

Drug Name	Drug Tier	Limits/ Required
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
telmisartan-amlodipine	1	PV
telmisartan-hctz	1	PV
TENORETIC 100	3	PV
TENORETIC 50	3	PV
TENORMIN	3	PV
TIAZAC	3	PV
TIKOSYN	3	
timolol maleate oral	1	PV
TOPROL XL	3	PV
torseamide 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
TRIGLIDE ORAL TABLET 160 MG	3	PV
triklo	1	PV

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Drug Name	Drug Tier	Limits/ Required
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
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	2	PA; SP; QL
VYNDAQEL	2	PA; SP; QL
VYTORIN	3	PV; QL
WELCHOL	3	PV
ZESTORETIC	3	PV
ZESTRIL	3	PV
ZETIA	3	PV; QL
ZIAC	3	PV
ZOCOR	3	PV; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	

Drug Name	Drug Tier	Limits/ Required
ADDERALL XR	3	
ADZENYS ER	3	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
atomoxetine hcl	1	QL
clonidine hcl er	1	
CONCERTA	3	
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	
EVEKEO	3	
FOCALIN	3	
FOCALIN XR	3	
guanfacine hcl er	1	
INTUNIV	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
metadate er oral tablet extended release 20 mg	1	
methamphetamine hcl	1	

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Drug Name	Drug Tier	Limits/ Required
METHYLIN ORAL SOLUTION	3	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	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 oral	1	
PROCENTRA	3	
QUILLIVANT XR	3	
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 oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
AUBAGIO	2	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	2	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP; QL
MAVENCLAD (10 TABS)	2	PA; SP; QL
MAVENCLAD (4 TABS)	2	PA; SP; QL
MAVENCLAD (5 TABS)	2	PA; SP; QL
MAVENCLAD (6 TABS)	2	PA; SP; QL
MAVENCLAD (7 TABS)	2	PA; SP; QL
MAVENCLAD (8 TABS)	2	PA; SP; QL
MAVENCLAD (9 TABS)	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
MAYZENT	2	PA; SP; QL
MAYZENT STARTER PACK	2	PA; SP; QL
PLEGRIDY	2	PA; SP; QL
PLEGRIDY STARTER PACK	2	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
TECFIDERA	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADIPEX-P	3	PA
BELVIQ	2	PA
BELVIQ XR	2	PA
benzphetamine hcl	1	PA
caffeine citrate oral	1	
diethylpropion hcl er	1	PA
diethylpropion hcl oral	1	PA

Drug Name	Drug Tier	Limits/ Required
GRALISE	3	
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
LOMAIRA	3	PA
LYRICA	3	ST; QL
NUEDEXTA	3	QL
phendimetrazine tartrate	1	PA
phendimetrazine tartrate er	1	PA
phentermine hcl oral	1	PA
pregabalin oral	1	ST; QL
REGIMEX	3	PA
RILUTEK	3	
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	2	PA; SP; QL
tetrabenazine	1	PA; SP
XENAZINE	3	PA; SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000 paste 1.1 % dental	1	

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Drug Name	Drug Tier	Limits/ Required
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
denta 5000 plus	1	
dentagel	1	
EVOXAC	3	
fluoridex	1	
fluoridex enhanced whitening dental paste	1	
fluoridex sensitivity relief dental paste	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous	1	
MI PASTE	2	
MI PASTE PLUS	2	
NAFRINSE DAILY ACIDULATED	2	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	2	
neutragard advanced	1	
neutral sodium fluoride	1	
oralone	1	
paroex	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	

Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT DENTAL	3	
prevident mouth/throat	1	
REMESENSE	3	
SALAGEN	3	
SALIVATE RX PACKET MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental gel 1.1 %	1	
topex topical anesthetic mouth/throat aerosol	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ACANYA	3	
acitretin	1	
ACZONE	3	
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL SOLUTION	3	

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Drug Name	Drug Tier	Limits/ Required
adapalene-benzoyl peroxide	1	
ALA SCALP	3	
ala-cort external cream	1	
alclometasone dipropionate	1	
ALDARA	3	QL
ALTRENO	3	
aluminum chloride anhydrous	1	
aluminum chloride hexahydrate powder	1	
amcinonide	1	
ammonium lactate external	1	
amnesteam	1	
ATRALIN	3	
avita external cream	1	
azelaic acid external	1	
AZELEX	3	
balsam peru-castor oil	1	
BENZACLIN	3	
BENZACLIN 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	
bp foaming wash	1	

Drug Name	Drug Tier	Limits/ Required
bp wash external liquid 2.5 %	1	
BPCO	2	
calamine	1	
calcipotriene external	1	
calcipotriene-betameth diprop	1	QL
calcitrene	1	
calcitriol external	1	
CAPEX	3	
CARAC	3	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
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	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	

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Drug Name	Drug Tier	Limits/ Required
clobetasol propionate external	1	
CLOBEX	3	
CLOBEX SPRAY	3	
clocortolone pivalate	1	
clocortolone pivalate pump	1	
clodan external shampoo	1	
CLODERM	3	
CLODERM PUMP	3	
clotrimazole- betamethasone	1	
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.025 %	3	PA
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	
CORDRAN EXTERNAL OINTMENT	3	
CORDRAN EXTERNAL TAPE	3	
cormax scalp application	1	
CORTISPORIN EXTERNAL	3	
CUTIVATE EXTERNAL LOTION	3	
dapsone external	1	
DERMA-SMOOTHIE/FS BODY	3	

Drug Name	Drug Tier	Limits/ Required
DERMA-SMOOTHIE/FS SCALP	3	
DERMATOP EXTERNAL OINTMENT	3	
DERMULCERA	2	
desonide external	1	
DESOWEN EXTERNAL CREAM	3	
DESOWEN EXTERNAL LOTION	3	
desoximetasone external	1	
diclofenac sodium gel 3 % transdermal	1	
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	
DIFFERIN GEL 0.1 % EXTERNAL (RX)	3	
diflorasone diacetate external	1	
DIPROLENE AF	3	
DIPROLENE EXTERNAL OINTMENT	3	
DOVONEX EXTERNAL CREAM	3	
doxepin hcl external	1	
DRYSOL	2	
DUAC	3	
DUPIXENT	3	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	

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Drug Name	Drug Tier	Limits/ Required
ELIDEL	3	
ELOCON EXTERNAL CREAM	3	
ELOCON EXTERNAL OINTMENT	3	
EPIDUO	3	
EPIDUO FORTE	2	
EPIFOAM	2	
ery	1	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	PA; QL
EVOCLIN	3	
FABIOR	3	
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	

Drug Name	Drug Tier	Limits/ Required
GORDOFILM	3	
halac	1	
halcinonide	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL OINTMENT	3	PA
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external	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 in absorbbase	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	2	QL
isotretinoin oral	1	
KENALOG EXTERNAL	3	
KLARON	3	
LAC-HYDRIN	3	
lactic acid e	1	
lactic acid external lotion	1	

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

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Drug Name	Drug Tier	Limits/ Required
LEVULAN KERASTICK	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
LOTRISONE EXTERNAL CREAM	3	
LUXIQ	3	
methoxsalen oral	1	
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	
OLUX	3	
OLUX-E	3	
ONEXTON	3	
OXSORALEN ULTRA	3	
PICATO	3	
pimecrolimus	1	
podofilox external	1	
prednicarbate	1	
PROTOPIC	3	
PRUDOXIN	3	
PSORCON	3	
pyrogalllic acid	1	
QBREXZA	3	ST; QL
REGRANEX	2	QL

Drug Name	Drug Tier	Limits/ Required
remeven	1	
RETIN-A	3	
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	
rosadan external cream	1	
rosadan external gel	1	
salacyn	1	
SANTYL	3	
selenium sulfide external lotion	1	
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	PA
sulfacetamide sodium (acne)	1	
synalar external cream	1	
synalar external ointment	1	
SYNALAR EXTERNAL SOLUTION	3	
TACLONEX	3	QL
tacrolimus external	1	
tazarotene external	1	
TAZORAC EXTERNAL CREAM 0.05 %	2	
TAZORAC EXTERNAL CREAM 0.1 %	3	
TAZORAC EXTERNAL GEL	2	
TEMOVATE EXTERNAL CREAM	3	

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Drug Name	Drug Tier	Limits/ Required
TEMOVATE EXTERNAL OINTMENT	3	
TEXACORT	2	
TOLAK	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	
tretinoin external	1	
tretinoin microsphere	1	
tretinoin microsphere pump	1	
TRETIN-X EXTERNAL CREAM 0.075 %	3	
triamcinolone acetonide external	1	
triderm external cream	1	
TRIDESILON	3	
ULTRAVATE EXTERNAL CREAM	3	
ULTRAVATE EXTERNAL OINTMENT	3	
VANOS	3	
VECTICAL	3	
VENELEX	2	
WESTCORT	3	
XERAC AC	3	
zenatane	1	
ZIANA	3	

Drug Name	Drug Tier	Limits/ Required
ZONALON	3	
ZYCLARA	2	QL
ZYCLARA PUMP	2	QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV
ACTOPLUS MET	3	PV
ACTOS	3	PV; 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
BYDUREON VIAL	2	ST; PV; QL
BYETTA 10 MCG PEN	2	ST; PV; QL
BYETTA 5 MCG PEN	2	ST; PV; QL
chlorpropamide	1	PV
CYCLOSET	3	PV
DUETACT	3	PV
FARXIGA	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV
glipizide ir	1	PV
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOPHAGE	3	PV
GLUCOPHAGE XR	3	PV
GLUCOTROL	3	PV
GLUCOTROL XL	3	PV

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Drug Name	Drug Tier	Limits/ Required
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG	3	PV
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYNASE	3	PV
GLYSET	3	PV
GLYXAMBI	2	PV; QL
JANUMET	2	PV; QL
JANUMET XR	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE	2	PV; QL
KOMBIGLYZE XR	2	PV; QL
metformin hcl er	1	PV
metformin hcl oral tablet	1	PV
miglitol	1	PV
nateglinide	1	PV
ONGLYZA	2	PV; QL
OZEMPIC	2	ST; PV; QL
pioglitazone hcl	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
PRANDIN ORAL TABLET 1 MG, 2 MG	3	PV
PRECOSE	3	PV
QTERN	2	PV; QL
repaglinide	1	PV
repaglinide-metformin hcl	1	PV

Drug Name	Drug Tier	Limits/ Required
SOLIQUA	2	ST; PV; QL
STARLIX	3	PV
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
tolazamide	1	PV
tolbutamide	1	PV
VICTOZA	2	ST; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	ST; PV; QL
Diabetes - Glucose Monitoring		
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ONETOUCH VERIO TEST STRIPS	2	QL
Diabetes - Glycemic Agents		
GLUCAGON EMERGENCY	2	
PROGLYCEM	3	
Diabetes - Insulins		
AFREZZA INHALATION POWDER 12 UNIT, 30 X 4 UNIT & 60X8 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60 X 4 UNIT & 30X8 UNIT, 60 X 8 UNIT & 30X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV

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Drug Name	Drug Tier	Limits/ Required
FIASP	2	PV
FIASP FLEXTOUCH	2	PV
FIASP PENFILL	2	PV
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL (CONCENTRATED)	2	PV
LANTUS U-100 SOLOSTAR	2	PV
LANTUS U-100 VIAL	2	PV
LEVEMIR U-100 FLEXTOUCH	2	PV
LEVEMIR U-100 VIAL	2	PV
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	PV
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	PV
NOVOLIN 70/30 RELION	2	PV
NOVOLIN 70/30 VIAL	2	PV
NOVOLIN N RELION	2	PV
NOVOLIN N VIAL	2	PV
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
TOUJEO MAX SOLOSTAR	2	PV
TOUJEO SOLOSTAR	2	PV
TRESIBA	2	PV
TRESIBA FLEXTOUCH	2	PV
Electrolytes / Minerals / Metals / Vitamins		
adc/f (0.5mg/ml)	1	ACA; PV
alanine	1	
CALCIFOL	2	
calcium carbonate	1	
calcium carbonate light	1	
calcium chloride dihydrate powder	1	
calcium gluconate	1	
calcium gluconate anhydrous	1	
calcium gluconate monohydrate	1	
calcium lactate pentahydrate	1	
calcium phosphate dibasic	1	
calcium phosphate tribasic	1	
CARBAGLU	2	SP
CARNITOR ORAL	3	
CARNITOR SF	3	
CHEMET	2	

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Drug Name	Drug Tier	Limits/ Required
choline bitartrate powder	1	
deferasirox	1	SP
dl-alanine	1	
dl-leucine	1	
dl-methionine powder (rx)	1	
dl-phenylalanine	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
EXJADE	3	SP
FERRIPROX	3	SP
fluoritab	1	ACA
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
gnp folic acid	1	ACA; O
iodine strong oral	1	
JADENU	2	SP
JADENU SPRINKLE	2	SP
JYNARQUE ORAL TABLET	2	SP
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; SP; QL
kionex	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	

Drug Name	Drug Tier	Limits/ Required
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
klor-con sprinkle	1	
klor-con/ef tablet effervescent 25 meq oral	1	
K-PHOS TABLET 500 MG ORAL	2	
k-prime	1	
K-TAB	3	
k-vescent oral tablet effervescent	1	
l-alanine	1	
l-arginine	1	
l-cystine	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
l-glutamic acid	1	
l-histidine monohydrochloride powder	1	
l-histidine powder (rx)	1	
l-isoleucine powder (rx)	1	
l-leucine	1	
l-methionine powder (rx)	1	
LOKELMA	3	QL
l-phenylalanine	1	
l-proline	1	
l-tyrosine	1	
ludent	1	ACA
l-valine powder	1	

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Drug Name	Drug Tier	Limits/ Required
MAGNEBIND 400	3	
magnesium carbonate heavy	1	
magnesium carbonate powder	1	
MEPHYTON	3	
methionine powder (rx)	1	
multi prenatal	1	ACA; O
nafrinse	1	ACA
nafrinse drops	1	ACA
NEOKE ALCAR	3	
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O
ORACIT SOLUTION 490-640 MG/5ML ORAL	2	
phosphorous	1	
phytonadione oral	1	
pot bicarb-pot chloride	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 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
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	1	ACA; O
SAMSCA	2	SP

Drug Name	Drug Tier	Limits/ Required
sod citrate-citric acid solution 500-334 mg/5ml oral	1	
sodium ascorbate powder	1	
sodium fluoride oral solution	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral	1	
sodium polystyrene sulfonate rectal	1	
sps	1	
SYPRINE	3	SP
taurine powder	1	
threonine powder (rx)	1	
THREONINE POWDER (RX)	2	
trientine hcl	1	SP
tri-vit/fluoride oral solution 0.5 mg/ml	1	ACA; PV
tri-vitamin/fluoride oral solution 0.5 mg/ml	1	ACA; PV
tri-vite/fluoride oral solution 0.5 mg/ml	1	ACA; PV
UROKIT-K 10	3	
UROKIT-K 15	3	
UROKIT-K 5	3	
valine powder	1	
VALINE POWDER	2	
VELTASSA	3	
virt-phos 250 neutral	1	
virtrate-2	1	
virtrate-3	1	

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Drug Name	Drug Tier	Limits/ Required
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	PV; QL
ACIPHEX SPRINKLE	3	PA; PV; QL
CARAFATE ORAL SUSPENSION	2	PV
CARAFATE ORAL TABLET	3	PV
cimetidine hcl oral	1	PV
cimetidine oral	1	PV
CYTOTEC	3	PV
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; 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 dispersible	1	PV; QL
misoprostol oral	1	PV
NEXIUM	3	PV; QL
nizatidine	1	PV
omeppi	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
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	3	PV
PREVACID	3	PV; QL
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE	3	PV; QL
PRILOSEC ORAL PACKET	3	PV
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PA; PV; QL
rabeprazole sodium oral tablet delayed release	1	PV; QL
ranitidine hcl oral capsule	1	PV
ranitidine hcl oral syrup	1	PV
ranitidine hcl oral tablet 150 mg, 300 mg	1	PV
sucralfate oral tablet	1	PV
ZANTAC ORAL TABLET 300 MG	3	PV
ZEGERID	3	PV; QL

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Drug Name	Drug Tier	Limits/ Required
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
alosetron hcl	1	
AMITIZA	2	QL
amoxicill-clarithro-lansopraz	1	PV; QL
ANASPAZ	3	
BENTYL ORAL CAPSULE	3	
bisacodyl	1	
bisacodyl ec	1	ACA; O
casara sagrada oral fluid extract	1	
CHENODAL	2	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	
CHOLBAM	2	PA; SP
citrate of magnesia oral solution 1.745 gm/30ml	1	ACA; O
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	3	
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	

Drug Name	Drug Tier	Limits/ Required
ed-spaz	1	
ENTEREG	3	
enulose	1	
ex-lax ultra	1	ACA; O
GASTROCROM	3	
GATTEX	2	PA; SP
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
glycolax	1	ACA; O
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
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	

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Drug Name	Drug Tier	Limits/ Required
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy	1	
lactulose oral	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	
MOTTEGRITY	3	ST; QL
MOVANTIK	2	QL
MOVIPREP	2	
MYTESI	3	
nulev	1	
NULYTELY WITH FLAVOR PACKS	3	
oscimin	1	
OSMOPREP	3	
peg 3350/electrolytes	1	ACA
peg 3350-kcl-na bicarb-nacl	1	ACA
peg-3350/electrolytes	1	ACA
peg-prep	1	
PLENVU	2	
polyethylene glycol 3350 oral powder	1	ACA

Drug Name	Drug Tier	Limits/ Required
polyethylene glycol 3350 packet oral (rx)	1	
PREPOPIK	2	
PREVPAC	3	PV; QL
propantheline bromide oral	1	
RESTORA RX	3	
ROBINUL ORAL	3	
ROBINUL-FORTE	3	
sodium bicarbonate oral powder	1	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	QL
trilyte	1	ACA
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	
XERMELO	3	PA; SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
BUPHENYL ORAL POWDER 3 GM/TSP	3	SP
BUPHENYL ORAL TABLET	3	SP
CERDELGA	2	PA; SP
CREON	2	
CYSTADANE POWDER ORAL	2	SP
CYSTAGON	2	SP

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Drug Name	Drug Tier	Limits/ Required
GALAFOLD	2	PA; SP; QL
KUVAN	2	PA; SP
l-glutamic acid hcl	1	
miglustat	1	PA; SP
MYALEPT	2	PA; SP
nitisinone	1	SP
NITYR	2	SP
ORFADIN	2	SP
PALYNZIQ	2	PA; SP; QL
PANCREAZE	3	
PERTZYE	3	
RAVICTI	2	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	SP
sodium phenylbutyrate oral tablet	1	SP
STRENSIQ	2	PA; SP
SUCRAID	2	PA; SP
VIOKACE	3	
XURIDEN	3	SP
ZAVESCA	3	PA; SP
ZENPEP	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	
darifenacin hydrobromide er	1	

Drug Name	Drug Tier	Limits/ Required
DEPEN TITRATABS	2	SP
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ELIPHOS	3	
ELMIRON	2	
ENABLEX	3	
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg	1	
phenazopyridine hcl tablet 200 mg oral	1	
PHOSLYRA	3	
RENAGEL	3	
RENVELA	3	
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	ST
THIOLA	2	SP

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Drug Name	Drug Tier	Limits/ Required
THIOLA EC	2	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	2	ST
tropium chloride	1	
tropium chloride er	1	
URECHOLINE	3	
uretron d/s	1	
urin ds	1	
utrona-c	1	
VELPHORO	3	
VESICARE	3	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	
Hormonal Agents - Adrenal		
CORTEF	3	
cortisone acetate oral	1	

Drug Name	Drug Tier	Limits/ Required
DECADRON ORAL ELIXIR	3	
deltasone	1	
DEXAMETHASONE INTENSOL	2	
dexamethasone oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL	3	
methylprednisolone oral	1	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK	2	
MILLIPRED DP ORAL TABLET THERAPY PACK	2	
MILLIPRED ORAL SOLUTION	3	
MILLIPRED ORAL TABLET	2	
ORAPRED ODT	3	
PEDIAPRED	3	
prednisolone oral solution	1	
prednisolone oral syrup 15 mg/5ml	1	
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	2	

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Drug Name	Drug Tier	Limits/ Required
prednisone oral	1	
VERIPRED 20	3	
Hormonal Agents - Men's Health		
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
ANDROID	3	
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
FORTESTA	3	PA
METHITEST	2	
methyltestosterone	1	
OXANDRIN	3	
oxandrolone oral	1	
STRIANT	3	PA
TESTIM	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone gel 12.5 mg/act (1%) transdermal	1	PA
testosterone gel 50 mg/5gm (1%) transdermal	1	PA

Drug Name	Drug Tier	Limits/ Required
testosterone transdermal gel 10 mg/act (2%), 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
TESTRED	3	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA
Hormonal Agents - Osteoporosis		
EVISTA	3	PV
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV
Hormonal Agents - Parathyroid		
cinacalcet hcl	1	
SENSIPAR	3	
Hormonal Agents - Pituitary		
ACTHAR	3	PA; SP
cabergoline	1	QL
DDAVP NASAL	3	
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
HUMATROPE	2	PA; SP

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

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Drug Name	Drug Tier	Limits/ Required
INCRELEX	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	SP
ORILISSA	2	PA; QL
SANDOSTATIN	3	SP
SIGNIFOR	2	SP
STIMATE	2	SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	2	PA; SP
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	3	PV
afirmelle	1	ACA; PV
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
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
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	
ayuna	1	ACA; PV
azurette	1	ACA; PV
balziva	1	ACA; PV
bekyree	1	ACA; PV
BEYAZ	3	PV
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
BREVICON (28)	3	PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
caziant	1	ACA; PV
chateal	1	ACA; PV
chateal eq	1	ACA; PV
CLIMARA	3	PV; 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
CYCLESSA	3	PV

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Drug Name	Drug Tier	Limits/ Required
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
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 400 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	PV
DESOGEN	3	PV
desogestrel-ethinyl estradiol	1	ACA; PV
DIVIGEL	3	PV
dotti	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
drospiren-eth estrad-levomefol	1	ACA; PV
drospirenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
emoquette	1	ACA; PV
ENDOMETRIN	3	
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
estropipate oral	1	PV
ESTROSTEP FE	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
EVAMIST	3	PV
falmina	1	ACA; PV
fayosim	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
FEMHRT LOW DOSE	3	PV
FEMRING	2	QL
femynor	1	ACA; PV
fyavolv	1	PV
GENERESS FE	3	PV
gianvi	1	ACA; PV
gildagia	1	ACA; PV
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
heather	1	ACA; PV
hydroxyprogesterone caproate intramuscular	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV
isibloom	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jevantique lo	1	PV
jinteli	1	PV
jolessa	1	ACA; PV
jolivette	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

Drug Name	Drug Tier	Limits/ Required
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV
kelnor 1/50	1	ACA; PV
kimidess	1	ACA; PV
kurvelo	1	ACA; PV
larin 1.5/30	1	ACA; PV
larin 1/20	1	ACA; PV
larin 24 fe	1	ACA; PV
larin fe 1.5/30	1	ACA; PV
larin fe 1/20	1	ACA; PV
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	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
lillow	1	ACA; PV
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
lomedica 24 fe	1	ACA; PV
lopreeza	1	PV
loryna	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
LOSEASONIQUE	3	PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
lutra	1	ACA; PV
lyza	1	ACA; PV
MAKENA INTRAMUSCULAR	3	
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
MEGACE ES	3	
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
mibelas 24 fe	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	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
mimvey lo	1	PV
MINASTRIN 24 FE	3	PV
MIRCETTE	3	PV
mono-lyyah	1	ACA; PV
mononessa	1	ACA; PV
myzilra	1	ACA; PV
NATAZIA	2	ACA; PV

Drug Name	Drug Tier	Limits/ Required
necon 0.5/35 (28)	1	ACA; PV
necon 1/50 (28)	1	ACA; PV
necon 7/7/7	1	ACA; PV
nikki	1	ACA; PV
nora-be	1	ACA; PV
norethin ace-eth estrad-fe	1	ACA; PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	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	2	ACA; PV; QL
ocella	1	ACA; PV
ogestrel	1	ACA; PV
orsythia	1	ACA; PV
ORTHO MICRONOR	3	PV
ORTHO TRI-CYCLEN (28)	3	PV

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Drug Name	Drug Tier	Limits/ Required
ORTHO TRI-CYCLEN LO	3	PV
ORTHO-CYCLEN (28)	3	PV
ORTHO-NOVUM 1/35 (28)	3	PV
ORTHO-NOVUM 7/7/7 (28)	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
preventeza	1	ACA; O
previfem	1	ACA; PV
progesterone intramuscular	1	
progesterone micronized oral	1	
PROMETRIUM	3	
PROVERA	3	
QUARTETTE	3	PV
quasense	1	ACA; PV
rajani	1	ACA; PV
reclipsen	1	ACA; PV
rivelsa	1	ACA; PV
SEASONIQUE	3	PV
setlakin	1	ACA; PV
sharobel	1	ACA; PV
simliya	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
simpesse	1	ACA; PV
sprintec 28	1	ACA; PV
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
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
trinessa (28)	1	ACA; PV
trinessa lo	1	ACA; PV
TRI-NORINYL (28)	3	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
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
VIVELLE-DOT	3	PV; QL
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	PV
YAZ	3	PV
yuvaferm	1	
zarah	1	ACA; PV
zenchent	1	ACA; PV
zovia 1/35e (28)	1	ACA; PV
zovia 1/50e (28)	1	ACA; PV
zumandimine	1	ACA; PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 260 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	

Drug Name	Drug Tier	Limits/ Required
nature-throid oral tablet 130 mg, 16.25 mg, 195 mg, 32.5 mg, 65 mg	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TAPAZOLE	3	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
westhroid oral tablet 130 mg, 32.5 mg, 65 mg	1	
WESTHROID ORAL TABLET 195 MG, 97.5 MG	2	

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Drug Name	Drug Tier	Limits/ Required
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	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL
ACTIMMUNE	2	PA; SP
ARAVA	3	QL
ARCALYST	2	PA; SP
ASTAGRAF XL	3	PV
AZASAN	3	PV
azathioprine oral	1	PV
BENLYSTA SUBCUTANEOUS	2	PA; SP; QL
CELLCEPT	3	PV
CIMZIA PREFILLED KIT	2	PA; SP; QL
CIMZIA STARTER KIT	2	PA; SP; QL
COSENTYX (300 MG DOSE)	3	PA; SP; QL
COSENTYX 150 MG/ML	3	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; SP; QL
cyclosporine modified	1	PV
cyclosporine oral capsule	1	PV
ENBREL MINI	3	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
ENVARUSUS XR	3	PV
FIRAZYR	3	PA; SP
gengraf	1	PV
HAEGARDA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; SP	methotrexate sodium injection solution reconstituted	1	
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; SP; QL	methotrexate sodium oral	1	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP; QL	mycophenolate mofetil	1	PV
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP; QL	mycophenolate sodium	1	PV
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP; QL	MYFORTIC	3	PV
icatibant acetate	1	PA; SP	NEORAL	3	PV
IMURAN	3	PV	OLUMIANT	3	PA; SP; QL
KEVZARA	3	PA; SP; QL	ORENCIA CLICKJECT	3	PA; SP; QL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
leflunomide oral	1	QL	OTEZLA ORAL TABLET	2	PA; SP; QL
methotrexate oral	1		OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1		PROGRAF ORAL	3	PV
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1		RAPAMUNE	3	PV
			RIDAURA	2	
			SANDIMMUNE ORAL CAPSULE	3	PV
			SANDIMMUNE ORAL SOLUTION	2	PV
			SILIQ	3	PA; SP; QL
			SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
sirolimus oral	1	PV
SKYRIZI (150 MG DOSE)	2	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus oral	1	PV
TALTZ	3	PA; SP; QL
TREMFYA	2	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XELJANZ	3	PA; SP; QL
XELJANZ XR	3	PA; SP; QL
ZORTRESS	2	PV
Inflammatory Bowel Disease Agents		
ANUSOL-HC RECTAL CREAM	3	
APRISO	2	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	

Drug Name	Drug Tier	Limits/ Required
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	1	QL
budesonide oral	1	QL
CANASA	3	
COLAZAL	3	
colocort	1	
CORTENEMA	3	
CORTIFOAM	2	
DELZICOL	3	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	QL
hydrocortisone rectal	1	
LIALDA	3	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT RECTAL CREAM	3	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc rectal	1	
ROWASA RECTAL	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	QL
UCERIS RECTAL	3	

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Drug Name	Drug Tier	Limits/ Required
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	3	PV
alendronate sodium	1	PV
ATELVIA	3	PV
BONIVA ORAL TABLET 150 MG	3	PV
calcitonin (salmon)	1	PV
calcitriol oral	1	
doxercalciferol oral	1	
etidronate disodium	1	PV
FOSAMAX ORAL TABLET 70 MG	3	PV
HECTOROL ORAL	3	
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV
NATPARA	2	PA; SP; PV
paricalcitol oral	1	
RAYALDEE	3	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
ROCALTROL	3	
TYMLOS	2	PA; SP; PV; QL

Drug Name	Drug Tier	Limits/ Required
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
Miscellaneous Therapeutic Agents		
aspartame (nutrasweet)	1	
aspartame powder (rx)	1	
ASPARTAME POWDER (RX)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE	2	
bromelain	1	
CETYLCIDE-G	2	
CETYLEV	3	
charcoal activated	1	
chlorhexidine gluconate solution 20 %	1	
citrus bergamot	1	
EASIVENT	2	
ENDARI	3	
ergoloid mesylates oral	1	
FIRDAPSE	3	PA; SP; QL
formadon	1	
formaldehyde external solution 10 %	1	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	

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Drug Name	Drug Tier	Limits/ Required
methergine oral	1	
methylergonovine maleate oral	1	
ODACTRA	3	QL
OPTIONS CONCEPTROL	3	ACA; O
ORALAIR	2	
ORALAIR ADULT SAMPLE KIT	2	
ORALAIR ADULT STARTER PACK	2	
ORALAIR CHILDRENS STARTER PACK	2	
pocket spacer	1	
RADIOGARDASE	3	
RAGWITEK	3	
saccharin	1	
sodium saccharin powder	1	
SORBITOL CANDY BASE	3	
TAKHZYRO	2	PA; SP; QL
vcf vaginal contraceptive vaginal gel	1	ACA; O
VISTOGARD	2	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
AZASITE	2	
azelastine hcl ophthalmic	1	

Drug Name	Drug Tier	Limits/ Required
bacitracin ophthalmic	1	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10	3	
bromfenac sodium (once-daily)	1	
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	
ELESTAT	3	
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	

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
ILEVRO	2	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPTHALMIC SUSPENSION	3	
LOTEMAX SM	2	
MAXIDEX	2	
MITOSOL	3	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
OMNIPRED	3	
PATADAY	3	
PATANOL	3	
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPTHALMIC OINTMENT	2	

Drug Name	Drug Tier	Limits/ Required
TOBREX OPTHALMIC SOLUTION	3	
trifluridine ophthalmic	1	
VIGAMOX	3	
VIROPTIC	3	
ZIRGAN	3	
ZYMAXID	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral tablet 250 mg	1	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	3	
apraclonidine hcl	1	
AZOPT	3	
BETAGAN	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 OPTHALMIC SOLUTION 22.3-6.8 MG/ML	3	

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Drug Name	Drug Tier	Limits/ Required
DIAMOX SEQUELS	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
ISOPTO CARPINE	3	
ISTALOL	3	
KEVEYIS	2	SP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	ST
methazolamide oral	1	
metipranolol	1	
NEPTAZANE	3	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RESCULA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TRUSOPT	3	

Drug Name	Drug Tier	Limits/ Required
XALATAN	3	
XELPROS	2	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution	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	2	SP
homatropaire	1	
homatropine hbr ophthalmic	1	
ISOPTO ATROPINE	2	
LACRISERT	3	
MAXITROL	3	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

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Drug Name	Drug Tier	Limits/ Required
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	
NEOSPORIN	3	
OXERVATE	3	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	
prednisolone-moxifloxacin	1	
RESTASIS	2	QL
RESTASIS MULTIDOSE EMULSION 0.05 % OPTHALMIC	2	QL
RESTASIS MULTIDOSE EMULSION 0.05 % OPTHALMIC	2	

Drug Name	Drug Tier	Limits/ Required
sulfacetamide-prednisolone ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
XIIDRA	3	QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetazol hc	1	
acetic acid otic	1	
CIPRODEX	3	
ciprofloxacin hcl otic	1	
COLY-MYCIN S	3	
DERMOTIC	3	
flac	1	
FLOXIN OTIC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO NASAL SOLUTION 0.15 %	3	
azelastine hcl nasal	1	
benzonatate	1	

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Drug Name	Drug Tier	Limits/ Required
biotuss	1	
biotuss pediatric	1	
bromfed dm	1	
brompheniramine tannate oral tablet chewable	1	
CARBAPHEN 12 ORAL LIQUID	3	PA
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML	3	PA
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	1	
CLARINEX	3	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
DECON-A ORAL ELIXIR	2	PA
desloratadine	1	
diphenhydramine hcl oral elixir	1	
EXACTUSS	3	PA
FLOWTUSS	3	PA; QL
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
GILTUSS ORAL LIQUID	3	PA

Drug Name	Drug Tier	Limits/ Required
giltuss pediatric oral liquid	1	
guaiaatussin ac	1	QL
guaifenesin ac	1	QL
HYCOFENIX	3	PA
hydrocodone polst-cpm polst er oral suspension extended release	1	QL
HYDROCODONE-GUAIFENESIN	3	PA; QL
hydrocodone-homatropine	1	QL
hydromet	1	QL
HYPERSAL	3	
ipratropium bromide nasal	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	PA
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
mometasone furoate nasal	1	QL
NASONEX	3	QL
nebusal inhalation nebulization solution 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
nortuss-ex	1	

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Drug Name	Drug Tier	Limits/ Required
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
OBREDON	3	PA; QL
olopatadine hcl nasal	1	
PATANASE	3	
phenadoz	1	
phenergan rectal	1	
phenylephrine-guaifenesin oral liquid	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine vc plain oral solution	1	
promethazine vc/codeine	1	QL
promethazine-codeine	1	QL
promethazine-dm	1	
promethazine-phenyleph-codeine	1	QL
promethazine-phenylephrine	1	
promethegan	1	
pseudoeph-chlorphen-hydrocod	1	QL
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
pulmosal	1	
REZIRA	3	QL

Drug Name	Drug Tier	Limits/ Required
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
SSKI SOLUTION 1 GM/ML ORAL	2	
TESSALON PERLES	3	
triamcinolone acetone nasal aerosol	1	
tussigon	1	QL
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	3	QL
VITUZ	3	PA; QL
ZUTRIPRO	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	3	PV
acetylcysteine inhalation	1	
ADVAIR DISKUS	2	PV; QL
ADVAIR HFA	2	PV; QL
albuterol sulfate er	1	PV
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	PV
albuterol sulfate inhalation	1	PV
albuterol sulfate oral	1	PV
ANORO ELLIPTA	2	PV; QL

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Drug Name	Drug Tier	Limits/ Required
ARCAPTA NEOHALER	3	PV; QL
ARMONAIR RESPICLICK 113	2	PV; QL
ARMONAIR RESPICLICK 232	2	PV; QL
ARMONAIR RESPICLICK 55	2	PV; 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
BEVESPI AEROSPHERE	3	PV; QL
BREO ELLIPTA	2	PV; QL
budesonide inhalation	1	PV; QL
COMBIVENT RESPIMAT	2	PV; QL
cromolyn sodium inhalation	1	PV
DALIRESP	2	PV
difil-g forte	1	PV
ELIXOPHYLLIN	3	PV
epinephrine injection solution 0.3 mg/0.3ml	1	QL
epinephrine injection solution auto-injector	1	QL

Drug Name	Drug Tier	Limits/ Required
ESBRIET	2	PA; SP; QL
FLOVENT DISKUS	2	PV; QL
FLOVENT HFA	2	PV; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	PV
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
INCRUSE ELLIPTA	2	PV; QL
ipratropium bromide inhalation	1	PV
ipratropium-albuterol	1	PV
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV
LONHALA MAGNAIR REFILL KIT	3	ST; PV; QL
LONHALA MAGNAIR STARTER KIT	3	ST; PV; QL
metaproterenol sulfate oral	1	PV
montelukast sodium oral	1	PV
OFEV	2	PA; SP; QL

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Drug Name	Drug Tier	Limits/ Required
PERFOROMIST	2	PV; QL
PROAIR HFA	2	PV; QL
PROAIR RESPICLICK	2	PV; QL
PULMICORT FLEXHALER	2	PV; QL
PULMICORT SUSPENSION	3	PV; QL
QVAR INHALATION AEROSOL SOLUTION	2	PV; QL
QVAR REDIHALER	2	PV; QL
SEEBRI NEOHALER	3	PV
SEREVENT DISKUS	2	PV; QL
SINGULAIR	3	PV
SPIRIVA HANDIHALER	2	PV; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	PV; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	PV; QL
STRIVERDI RESPIMAT	3	PV; QL
SYMBICORT	2	PV; QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL
terbutaline sulfate oral	1	PV
THEO-24	3	PV
theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	1	PV

Drug Name	Drug Tier	Limits/ Required
theophylline	1	PV
theophylline er	1	PV
TRELEGY ELLIPTA	2	PV; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
UTIBRON NEOHALER	3	PV; QL
VENTOLIN HFA	2	PV; QL
VOSPIRE ER	3	PV
wixela inhub	1	PV
XOPENEX	3	PV
XOPENEX CONCENTRATE	3	PV
YUPELRI	3	ST; PV; QL
zafirlukast	1	PV
zileuton er	1	PV
ZYFLO CR	3	PV
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	3	SP; QL
CAYSTON	2	SP
KALYDECO	2	PA; SP; QL
KITABIS PAK	2	SP; QL
ORKAMBI	2	PA; SP; QL
PULMOZYME	2	SP
SYMDEKO	2	PA; SP; QL
TOBI NEBULIZER	3	SP; QL

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Drug Name	Drug Tier	Limits/ Required
TOBI PODHALER	2	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	2	SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
alyq	1	PA; SP; QL
ambrisentan	1	PA; SP; QL
bosentan	1	PA; SP; QL
LETAIRIS	3	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	2	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)	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
TRACLEER 32 MG	2	PA; SP; QL
TYVASO	2	PA; SP
TYVASO REFILL	2	PA; SP
TYVASO STARTER	2	PA; SP
UPTRAVI	2	PA; SP; QL
VENTAVIS	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
carisoprodol-aspirin	1	
chlorzoxazone oral	1	
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	
metaxall	1	
metaxalone	1	
methocarbamol oral	1	
NORGESIC FORTE	3	PA
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine oral tablet 50-770-60 mg	1	
ORPHENGESIC FORTE	3	PA

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Drug Name	Drug Tier	Limits/ Required
PARAFON FORTE DSC	3	
ROBAXIN ORAL	3	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
tizanidine hcl oral	1	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	3	QL
AMBIEN CR	3	QL
armodafinil	1	QL
BUTISOL SODIUM ORAL TABLET 30 MG	3	
eszopiclone	1	QL
flurazepam hcl	1	
LUNESTA	3	QL
modafinil	1	QL
NUVIGIL	3	QL
PROVIGIL	3	QL
ramelteon	1	
RESTORIL	3	
ROZEREM	3	
SECONAL	2	
SONATA	3	QL
temazepam	1	
XYREM	2	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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