

RxCore® (Five Tier) Prescription Drug List (Idaho)



This “formulary,” or “drug list,” is a summary of the most commonly prescribed drugs that your insurance plan covers.

PRO TIP: If you log in to your member account, you can use our drug search tool to view all the drugs your plan covers and see the costs of different medications.

Drug Costs

Your formulary is divided into tiers. In most cases, drugs on lower tiers will cost you less. Additionally, there are preventive medications, that vary by age and gender (e.g., contraception for women or fluoride tablets for children), that may be available to you at no-out-of-pocket cost.

Some maintenance medications that you use regularly for chronic conditions such as asthma or diabetes may have additional coverage that makes them less expensive for you. However, coverage varies by plan and the cost-sharing amounts you pay for different drug tiers or categories of medications are shown on your Member Payment Summary (MPS) or our online search tool.

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. SelectHealth members call **800-538-5038**, Scripius members call **800-442-3127**.

This Formulary is Regularly Updated

The contents of the formulary are reviewed each month by our team of doctors and pharmacists. This team reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications and may remove drugs from, or add drugs to, this list. Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for you.

Noncovered Drug Exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis. Use the Drug Coverage Exception Form found on our website.

LEGEND

(PA) Preauthorization

Coverage of drugs is based on medical necessity. For certain drugs, you will need preauthorization from us; otherwise, you will be responsible to pay the drug's full retail price.

(M) Maintenance Drug

These drugs may allow you to get a 90-day supply, for your convenience.

(ST) Step Therapy

Drugs that require step therapy are covered only after you have tried an alternative therapy and it didn't work (i.e., the drug didn't alleviate your symptoms or caused adverse reactions). Step therapy most often applies to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., opioids). Preauthorization is required if the medication exceeds the plan limits.

(AGE) Age Limit

A minimum or maximum age limit requirement must be met for coverage.

SelectHealth and SelectHealth Benefits Assurance Company, Inc. (doing business as “Scripius”) obey federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電

SelectHealth: **800-538-5038**

Scripius: **800-442-3127**



Drug Name	Drug Tier	Requirements & Limits
ACNE		
Accutane Capsule	2	
Adapalene	2	(ST)
Aklief Cream	4	(ST)
Amnesteem Capsule	2	
Avar Cleanse Liq	1	
Avita Cream	2	(AGE)
Azelaic Acid Gel	2	
Claravis Capsule	2	
Clindamy/Ben Gel	2	
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Metronidazol	2	(QL)
Myorisan Capsule	2	
Neuac Gel	2	
Rosadan	2	(QL)
Sod Sul/Sulf Liq	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Tretinoin Cream	2	(AGE)
Zenatane Capsule	2	
ALS AGENTS		
Radicava Ors Suspension	5	(PA)(QL)(M)
Riluzole Tablet	2	(M)
ANAPHYLAXIS THERAPY AGENTS		
Auvi-Q Injectable	3	(QL)
Epinephrine Injectable	2	(QL)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT		
Acampro Cal Tablet	2	
Disulfiram Tablet	1	
ANTIBIOTICS		
Amox-Pot Cla Tablet	2	
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cefaclor Capsule	1	
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Clindamycin	1	

Drug Name	Drug Tier	Requirements & Limits
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Methenam Man Tablet	1	
Minocycline Capsule	1	
Moxifloxacin	2	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicilln Vk Tablet	1	
Smz-Tmp Ds	1	
Tinidazole Tablet	2	
Tobramycin	2	(PA)(QL)(M)
Trimethoprim	1	
Vancomycin Capsule	2	(QL)
ANTIFIBRINOLYTICS		
Lysteda Tablet	4	(PA)
Tranex Acid Tablet	2	(QL)
ANTIFUNGALS		
Ciclofanol Solution	1	(QL)
Ciclopirox Solution	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Cresemba Capsule	5	(PA)(QL)(M)
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	1	
Nyamyce Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
Voriconazole Tablet	5	(QL)
ANTHELMINTICS		
Praziquantel Tablet	2	
ANTIMALARIALS		
Atovaq/Progu Tablet	2	
Hydroxychlor	1	(M)
ANTIMYASTHENIC AGENTS		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	3	

Drug Name	Drug Tier	Requirements & Limits
ANTIMYCOBACTERIAL AGENTS		
Isoniazid Tablet	1	
Priftin Tablet	5	(PA)(M)
Rifampin Capsule	1	
ANTIPROTOZOAL AGENTS		
Atovaquone Suspension	3	
ANTISEBORRHEIC PRODUCTS		
Seb-Prev Liq	2	
Selenium Sul Sha	1	
Sodium Sulfa Liq	2	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	5	(QL)(M)
Descovy Tablet	5	(PA)(QL)(M)
Dovato Tablet	5	(QL)(M)
Efavir/Lamiv Tablet	2	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofovir Tablet	1	(QL)(M)
Famciclovir Tablet	1	
Genvoya Tablet	5	(QL)(M)
Odefsey Tablet	5	(QL)(M)
Paxlovid Tablet	5	(QL)(M)
Prezcobix Tablet	5	(QL)(M)
Tenofovir Tablet	2	(QL)(M)
Tivicay Tablet	5	(QL)(M)
Triumeq Tablet	5	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclov	5	(QL)(M)
Viread Tablet	5	(QL)(M)
ANXIETY & SLEEP		
Alprazolam Tablet	2	(QL)
Belsomra Tablet	4	(ST)(QL)
Buspiron Tablet	1	(M)
Chlordiazep Capsule	2	
Diazepam	2	(QL)
Estazolam Tablet	2	(QL)
Eszopiclone Tablet	2	(QL)
Hydroxyzine	1	
Lorazepam	2	
Ramelteon Tablet	2	(QL)(M)
Temazepam Capsule	2	(QL)
Triazolam Tablet	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Zaleplon Capsule	2	(QL)
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
ASTHMA AND COPD*		
Advair	4	(PA)(QL)(M)
Albuterol	1	(QL)(M)
Anoro Ellipt Inhalation	3	(QL)(M)
Arformoterol Neb	3	(QL)(M)
Arnuity Elpt Inhalation	3	(QL)(M)
Asmanex	3	(QL)(M)
Atrovent Hfa Inhalation	4	(M)
Breztri Inhalationo Inhalation	3	(QL)(M)(AGE)
Budes/Formot Inhalation	2	(QL)(M)
Budesonide	2	(QL)(M)
Combivent Inhalation	3	(M)
Dulera Inhalation	4	(PA)(QL)(M)
Flovent	3	(QL)(M)
Flutic/Salme	2	(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
Formoterol Neb	4	(QL)(M)
Ipratropium	1	(M)
Levalbuterol	1	(QL)(M)
Lonhala Magn Solution	4	(PA)(QL)(M)
Montelukast	1	(QL)(M)
Oralene Dent Pst	1	
Pulmicort Suspension	4	(PA)(QL)(M)
Qvar Rediha Inhalation	4	(PA)(QL)(M)
Qvar Redihal Inhalation	4	(PA)(QL)(M)
Roflumilast Tablet	2	(QL)(M)
Serevent Dis Inhalation	3	(M)
Spiriva Handihaler	3	(QL)(M)
Spiriva Respimat	3	(QL)(M)
Stiolto Inhalation	3	(QL)(M)
Symbicort Inhalation	3	(QL)(M)
Terbutaline Tablet	2	(QL)(M)
Trelegy Inhalation	3	(QL)(M)(AGE)
Triamcinolon	1	
Ventolin Hfa Inhalation	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
BLOOD THINNERS		
Brilinta Tablet	3	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	2	(QL)(M)
Eliquis Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Enoxaparin Injectable	2	
Fondaparinux Injectable	2	(PA)(M)
Pradaxa Capsule	4	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)
Xarelto	3	(QL)(M)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
Firazyr Injectable	5	(PA)(QL)(M)
BURN PRODUCTS		
Silver Sulfa Cream	1	
Ssd Cream	1	
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	2	(M)
Methazolamid Tablet	2	(M)
CARDIOVASCULAR*		
Afeditab Tablet	1	(M)
Amiloride Tablet	1	(M)
Amiodarone Tablet	1	(M)
Amlod/Benazp Capsule	1	(M)
Amlod/Olmesa Tablet	1	(ST)(QL)(M)
Amlod/Valsar Tablet	1	(QL)(M)
Amlodipine Tablet	1	(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
Benazep/Hctz Tablet	1	(M)
Benazepril Tablet	1	(M)
Bisoprl/Hctz Tablet	1	(M)
Bisoprol Fum Tablet	1	(M)
Bumetanide Tablet	1	(M)
Candes/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Cartia Xt Capsule	1	(M)
Carvedilol Tablet	1	(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
Corlanor Tablet	3	(ST)(QL)(M)
Digitek Tablet	1	(M)
Digox Tablet	1	(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Doxazosin Tablet	1	(QL)(M)
Edarbi Tablet	4	(ST)(QL)(M)
Enalap/Hctz Tablet	1	(M)
Enalapril Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Entresto Tablet	3	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Irbesar/Hctz Tablet	1	(QL)(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)
Losartan Pot Tablet	1	(QL)(M)
Losartan/Hct Tablet	1	(QL)(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
Midodrine Tablet	2	
Minoxidil Tablet	1	(M)
Moexipril Tablet	1	(M)
Multaq Tablet	3	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Nitroglycrn Spr	1	(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone	2	(M)
Propranolol	1	(M)
Quinapril Tablet	1	(M)
Ramipril Capsule	1	(M)
Ranolazine Tablet	2	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Sotylize Solution	4	(QL)(M)(AGE)
Spirono/Hctz Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Spironolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmisartan Tablet	1	(QL)(M)
Terazosin Capsule	1	(QL)(M)
Tiadylt Capsule	1	(M)
Torse mide Tablet	1	(M)
Trandolapril Tablet	1	(M)
Triamt/Hctz	1	(M)
Triamterene Capsule	2	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
CHOLESTEROL*		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	2	(QL)(M)
Colesevelam	2	(QL)(M)
Colestipol Tablet	1	(QL)(M)
Ezetimibe Tablet	1	(QL)(M)
Fenofibrate	1	(QL)(M)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	2	(ST)(QL)(M)
Livalo Tablet	3	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	1	(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
Prevalite Powder	2	(QL)(M)
Repatha Injectable	3	(PA)(QL)(M)
Repatha Push Injectable	3	(PA)(QL)(M)
Repatha Sure Injectable	3	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
Triklo Capsule	1	(QL)(M)
COMBINATION PSYCHOTHERAPEUTICS		
Cdp/Amitrip Tablet	2	(M)
CONTRACEPTION (BIRTH CONTROL)		
Brand Contraceptives	4	(ST)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
Phexxi Gel	4	(QL)(M)
COUGH/COLD/ALLERGY PRODUCTS		
Benzonatate	1	(ST)(QL)
Bpm-Pse-Dm Syrup	2	(QL)
Brom/Pse/Dm Syrup	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaiatuss Ac Syrup	1	
Guaifenesin Syrup	1	
Hyd Pol/Cpm Suspension	1	(QL)
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
Virtussin Ac	1	
CYCLOPLEGIC MYDRIATICS		
Atropine Sul Solution	1	
CYSTIC FIBROSIS AGENTS		
Kalydeco	5	(PA)(QL)(M)
Kitabis Packet Neb	5	(PA)(QL)(M)
Orkambi Gra	5	(PA)(QL)(M)
Pulmozyme Solution	5	(QL)(M)
Trikafta Tablet	5	(PA)(QL)(M)(AGE)
DENTAL PRODUCTS		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Periogard Solution	1	
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Calcipotrien Solution	2	
Diclofenac 1%	2	(M)
Fluoroplex Cream	4	
Fluorouracil Cream	2	(PA)(QL)
Mupirocin Oin	1	
DERMATOLOGICALS (SKIN) STEROIDS		
Ala-Cort Cream	1	
Alclometason Cream	1	
Beta Diprop Lot	1	
Betameth Dip	1	
Betameth Val Lot	1	
Clobetasol	1	
Desonide	2	
Fluocin Acet	2	
Fluocinonide	2	
Fluticasone	1	(QL)(M)
Halobetasol Oin	2	

Drug Name	Drug Tier	Requirements & Limits
Hc Butyrate	2	
Hydrocort	1	(M)
Mometasone	1	(QL)(M)
Tovet Inhalation	1	
Triderm Cream	1	
DIABETES - INSULIN*		
Fiasp Injectable	3	(M)
Humulin R U-500	3	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Lantus Injectable	3	(M)
Lantus Solos Injectable	3	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
Novolog Injectable	3	(M)
Novolog Mix Injectable	3	(M)
Toujeo Max Injectable	3	(M)
Toujeo Solo Injectable	3	(M)
DIABETES - NON-INSULIN*		
Alogliptin Tablet	1	(ST)(QL)(M)
Alogliptin/Metformin	1	(ST)(QL)(M)
Baqsimi One Powder	3	
Baqsimi Two Powder	3	
Bydureon Bc Injectable	3	(PA)(QL)(M)
Byetta Injectable	3	(PA)(QL)(M)
Farxiga Tablet	3	(ST)(QL)(M)
Glimepiride Tablet	1	(M)
Glip/Metform Tablet	1	(M)
Glipizide	1	(M)
Glucagon Kit	2	
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
Glyxambi Tablet	3	(ST)(QL)(M)
Gvoke Hypo 1 Injectable	3	
Gvoke Hypo 2 Injectable	3	
Jardiance Tablet	3	(ST)(QL)(M)
Jentaduo Tablet	3	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglitazone Tablet	1	(QL)(M)
Soliqua Injectable	3	(ST)(QL)(M)
Steglatro Tablet	4	(ST)(QL)(M)
Synjardy Tablet	3	(ST)(QL)(M)
Synjardy Xr Tablet	3	(ST)(QL)(M)
Tradjenta Tablet	3	(ST)(QL)(M)
Trijardy Xr Tablet	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Trulicity Injectable	3	(PA)(QL)(M)
Xigduo Xr Tablet	3	(ST)(QL)(M)
Zegalogue Injectable	4	
DIABETES - TESTING AND SUPPLIES		
1/2MI Tb Syr Mis	4	(M)
10-12MI Syrn Mis	1	(M)
10MI LI Syrg Mis	4	(M)
10MI Syringe Mis	1	(M)
12MI Syringe Mis	4	(M)
140MI Syring Mis	4	(M)
1M Allr Syr Mis	1	(M)
1MI Allr Syr Mis	4	(M)
1MI Slip Tip Mis	4	(M)
1MI Syringe Mis	1	(M)
1MI Tb Syrng Mis	1	(M)
2-3MI Syring Mis	1	(M)
20-25MI Syrn Mis	1	(M)
20MI Syringe Mis	1	(M)
3MI Syringe Mis	4	(M)
30-35MI Syrn Mis	1	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
3MI LI Syrng Mis	1	(M)
3MI Luer Loc Mis	4	(M)
3MI Syringe Mis	1	(M)
5-6MI Syring Mis	1	(M)
50-60MI Syrn Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(M)
6MI Syringe Mis	4	(M)
Allergy Syrg Mis	1	(M)
Bd Allergy Mis	4	(M)
Bd Eclipse Mis	4	(M)
Bd Hypo Need Mis	4	(M)
Bd Integra Mis	4	(M)
Bd Luer-Lok Mis	4	(M)
Bd Needles Mis	4	(M)
Bd Plastipak Mis	4	(M)
Bd Syr 50MI Mis	4	(M)
Bd Veritor Kit	4	(QL)(M)
Binaxnow Cov Kit	4	(QL)(M)
Bulb Irr Syr Mis	4	(M)
Carepoint Sy Mis	4	(M)
Catheter/Tip Mis	4	(M)
Covid-19 At- Kit	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Covid-19 Rap Kit	4	(QL)(M)
Cvs Covid-19 Kit	4	(QL)(M)
Dexcom G6 Mis	3	(ST)(QL)(M)(AGE)
Easy Glide Mis	4	(M)
Easy Touch Mis	4	(M)
Easypoint Mis	4	(M)
Eclipse Ndle Mis	4	(M)
Enlite Gluco Mis	4	(PA)(QL)(M)
Fill Needle Mis	4	(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
Freestyle	3	(ST)(QL)(AGE)(M)
Guardian Mis	4	(PA)(QL)(M)(AGE)
Guardian Con Mis	4	(PA)(QL)(M)(AGE)
Guardian Rt Mis	4	(PA)(QL)(M)(AGE)
Huber Needle Mis	2	(M)
Hypo Needle Mis	2	(M)
Indicaid Kit	4	(QL)(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	4	(M)
Luer-Lok Mis	4	(M)
Minilink Rt Mis	4	(PA)(QL)(M)(AGE)
Minimed 630G Mis	4	(PA)(QL)(M)(AGE)
Monoject S/P Mis	4	(M)
Mult-Draw Mis	2	(M)
Needles Mis	4	(M)
Norm-Ject Mis	4	(M)
Omnipod 5 G6	3	(PA)(QL)(M)
Omnipod Dash	3	(PA)(QL)(M)
On/Go One Kit	4	(QL)(M)
Paradigm Rea Mis	4	(PA)(QL)(M)(AGE)
Patient Safe Mis	4	(M)
Pen Needles	4	(M)
Pharm Syrng Mis	4	(M)
Pharm Tray Mis	4	(M)
Pilot Covid Kit	4	(QL)(M)
Piston Irrig Mis	4	(M)
Poly Hub Mis	4	(M)
Precision Tes	3	(QL)(M)
Precisiongli Mis	4	(M)
Precisn Xtra Tes	3	(QL)(M)
Quickvue Hom Kit	4	(QL)(M)
Safety Needl Mis	4	(M)
Safty Needle Mis	4	(M)
Securesafe Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Slip Tip 1MI Mis	4	(M)
Slip Tip 3MI Mis	4	(M)
Speedy Swab Kit	4	(QL)(M)
Syrg/Ndl 3MI Mis	4	(M)
Syringe 5MI Mis	4	(M)
Syringe Luer Mis	4	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Toomey Syrin Mis	1	(M)
DIAGNOSTIC PRODUCTS, MISC.		
Carestart Kit	4	(QL)(M)
Cleardetect Kit	4	(QL)(M)
Clinitest Kit	4	(QL)(M)
Diatrust Kit	4	(QL)(M)
Ellume Cov19 Kit	4	(QL)(M)
Flowflex Kit	4	(QL)(M)
Ihealth 2-Pk Kit	4	(QL)(M)
Ihealth 40Pk Kit	4	(QL)(M)
Ihealth 5-Pk Kit	4	(QL)(M)
Inteliswab Kit	4	(QL)(M)
On/Go Covid Kit	4	(QL)(M)
Otc Antigent Kit	2	(QL)(M)
DIRECT MUSCLE RELAXANTS		
Dantrolene Capsule	1	
GABA MODULATORS		
Vigabatrin Packet	5	(PA)(QL)(M)
Vigadrone Powder	5	(PA)(QL)(M)
GALLSTONE SOLUBILIZING AGENTS		
Ursodiol	2	(M)
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Diphen/Atrop Tablet	1	
Linzess Capsule	3	(QL)(M)
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	
Motegrity Tablet	4	(ST)(QL)
Movantik Tablet	3	(QL)
Symproic Tablet	3	(QL)
Trulance Tablet	4	(ST)(QL)(M)
Xifaxan Tablet	4	(PA)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING		
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	
Scopolamine Dis	2	

Drug Name	Drug Tier	Requirements & Limits
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Cimetidine Tablet	1	(M)
Famotidine	2	(M)
Misoprostol Tablet	1	(M)
Sucralfate	2	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Dexlansopraz Capsule	2	(ST)(QL)(M)
First-Omepra Suspension	2	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Omeprazole + Suspension	2	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod Con	3	(M)
GNRH/LHRH ANTAGONISTS		
Orilissa Tablet	5	(PA)(QL)(M)
GOUT		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	1	(M)
GOUT AGENT COMBINATIONS		
Proben/Colch Tablet	1	(M)
GROWTH HORMONES		
Genotropin Injectable	5	(PA)(QL)(M)
Humatrope Injectable	5	(PA)(QL)(M)
Omnitrope Injectable	5	(PA)(QL)(M)
HEMATORHEOLOGIC AGENTS		
Pentoxifylli Tablet	1	(M)
HEPATITIS THERAPIES		
Adefov D piv Tablet	5	(QL)(M)
Entecavir Tablet	2	(QL)(M)
Ledip-Sofosb Tablet	5	(PA)(QL)(M)
Mavyret Tablet	5	(PA)(QL)(M)
HORMONE RECEPTOR MODULATORS		
Osphe na Tablet	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
Alora Dis	4	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Angeliq Tablet	4	(QL)(M)
Climara Pro Dis	4	(QL)(M)
Combipatch Dis	3	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Delestrogen Injectable	4	
Dotti Dis	1	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrace Tablet	4	(QL)(M)
Estrace Vag Cream	4	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	2	(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Estrogel Gel	4	(QL)(M)
Fyavolv Tablet	1	(M)
Imvexxy Main Sup	4	(QL)(M)
Imvexxy Strt Sup	4	(QL)(M)
Jevantique L Tablet	1	(M)
Jinteli Tablet	1	(M)
Lyllana Dis	1	(QL)(M)
Menostar Dis	4	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
Oriahnn Capsule	5	(PA)(QL)(M)
Premarin Tablet	4	(ST)(QL)(M)
Premarin Vag Cream	4	(ST)(QL)(M)
Premphase Tablet	4	(ST)(QL)(M)
Prempro Tablet	4	(ST)(QL)(M)
Progesterone	1	(QL)(M)
Yuva fem Tablet	2	(QL)(M)
HORMONE REPLACEMENT THERAPY MALE		
Depo-Testost Injectable	1	(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone	2	(QL)(M)
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION		
Actemra Injectable	5	(PA)(QL)(M)
Adbry Injectable	5	(PA)(QL)(M)
Cimzia	5	(PA)(QL)(M)
Cosentyx	5	(PA)(QL)(M)
Dupixent Injectable	5	(PA)(QL)(AGE)(M)
Enbrel	5	(PA)(QL)(M)
Humira	5	(PA)(QL)(M)
Kevzara Injectable	5	(PA)(QL)(M)
Kineret Injectable	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Olumiant Tablet	5	(PA)(QL)(M)
Orencia Injectable	5	(PA)(QL)(M)
Orencia Clck Injectable	5	(PA)(QL)(M)
Otezla Tablet	5	(PA)(QL)(M)
Rinvoq Tablet	5	(PA)(QL)(M)
Simponi	5	(PA)(QL)(M)
Skyrizi Injectable	5	(PA)(QL)(M)
Skyrizi Pen Injectable	5	(PA)(QL)(M)
Stelara Injectable	5	(PA)(QL)(M)
Taltz Injectable	5	(PA)(M)
Xeljanz Xr Tablet	5	(PA)(QL)(M)
Xolair Injectable	5	(PA)(QL)(M)
IMMUNOMODULATING AGENTS - TOPICAL		
Imiquimod Cream	1	
IMMUNOSUPPRESSANTS		
Azasan Tablet	1	(M)
Azathioprine Tablet	1	(M)
Envarsus Xr Tablet	4	(ST)(QL)(M)
Everolimus Tablet	5	(PA)(QL)(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	2	(QL)(M)
Tacrolimus	1	(QL)(M)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
Pimecrolimus Cream	3	(ST)(QL)
INFLAMMATORY BOWEL AGENTS		
Balsalazide Capsule	2	(M)
Mesalamine	2	(QL)(M)
Sulfasalazin Tablet	1	(M)
INFLUENZA AGENTS		
Oseltamivir	2	(QL)
Xofluza Tablet	4	(QL)
INTERSTITIAL CYSTITIS AGENTS		
Elmiron Capsule	4	
INTESTINAL ACIDIFIERS		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
Podofilox Solution	1	
LAXATIVE COMBINATIONS		
Clenpiq Solution	3	
Gavilyte	1	
Peg 3350	1	
Sodium/Potas Solution	1	
Suprep Bowel Solution	3	

Drug Name	Drug Tier	Requirements & Limits
LAXATIVES		
Constulose Solution	1	
LEPROSTATICS		
Dapsone Tablet	2	
LOCAL ANESTHETICS - TOPICAL		
Lido/Prilocn Cream	1	
Lidocaine	2	(QL)
MENTAL HEALTH		
Abilify Main Injectable	5	(M)
Amitriptylin Tablet	1	(M)
Aripiprazole Tablet	2	(QL)(M)
Bupropion Tablet	1	(QL)(M)
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Clomipramine Capsule	2	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Desvenlafax Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalop Ox Solution	1	(M)
Escitalopram	1	(QL)(M)
Fetzima Capsule	4	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
Haloperidol	1	(M)
Imipram Hcl Tablet	1	(M)
Invega Hafye Injectable	5	(QL)(M)
Invega Sust Injectable	5	(M)
Invega Trinz Injectable	5	(M)
Latuda Tablet	3	(ST)(QL)(M)
Lithium Carb	1	(M)
Memant Titra Packet	1	(QL)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(ST)(QL)(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	2	(ST)(QL)(M)
Paroxetine Er Tablet	2	(ST)(QL)(M)
Paroxetine Tablet	1	(ST)(QL)(M)
Paxil Cr Tablet	4	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
Rexulti Tablet	4	(PA)(QL)(M)
Risperdal	5	(M)

Drug Name	Drug Tier	Requirements & Limits
Risperidone	1	(QL)(M)
Rivastigmine Dis	2	(M)
Savella Tablet	3	(ST)(QL)(M)
Sertraline	1	(QL)(M)
Tranlycyprom Tablet	2	(M)
Trazodone Tablet	1	(QL)(M)
Trintellix Tablet	4	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(PA)(QL)(M)
Vraylar Capsule	4	(PA)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
Zoloft Con	4	(ST)(QL)(M)
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(PA)(QL)(M)
Kuvan	5	(PA)(QL)(M)
Levocarnitin Solution	2	
Palynziq Injectable	5	(PA)(QL)(M)
Strensiq Injectable	5	(PA)(QL)(M)
MIGRAINE		
Aimovig Injectable	4	(PA)(QL)
Ajovy Injectable	3	(ST)(QL)(M)
Eletriptan Tablet	2	(ST)(QL)
Emgality Injectable	4	(PA)(QL)(M)
Frovatriptan Tablet	2	(ST)(QL)
Imitrex Injectable	4	(ST)(QL)
Naratriptan Tablet	1	(QL)(M)
Nurtec Tablet	3	(PA)(QL)
Reyvow Tablet	4	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	2	(ST)(QL)(M)
Ubrelvy Tablet	3	(PA)(QL)
Zolmitriptan Tablet	2	(QL)
MINERALOCORTICIDS		
Fludrocort Tablet	1	(M)
MISC. RESPIRATORY INHALANTS		
Hypersal Neb	4	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride Neb	1	
Sodium Chlor Neb	1	
MISC. TOPICAL		
Qbrexza Pad	4	(PA)(QL)
MOVEMENT DISORDER		
Austedo Tablet	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Ingrezza Capsule	5	(PA)(QL)(M)
Tetrabenazin Tablet	5	(PA)(QL)(M)
MULTIPLE SCLEROSIS AGENTS		
Aubagio Tablet	5	(PA)(QL)(M)
Avonex	5	(PA)(QL)(M)
Dimethyl Fum Capsule	2	(PA)(QL)(M)
Glatiramer Injectable	2	(PA)(QL)(M)
Glatopa Injectable	2	(PA)(QL)(M)
Mavenclad Packet	5	(PA)(QL)(M)
Zeposia Capsule	5	(PA)(QL)(M)
Zeposia 7Day Capsule	5	(PA)(QL)(M)
MUSCLE RELAXANTS		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
Metaxalone Tablet	2	(ST)
Methocarbam Tablet	2	
Tizanidine	2	(ST)(QL)
Vanadom Tablet	1	(QL)
NASAL ALLERGY		
Azel/Flutic Spr	3	(ST)(QL)
Azelastine	1	(QL)
Dymista Spr	3	(QL)
Flunisolide Spr	1	(QL)
Olopatadine Spr	2	(ST)
Xhance Mis	4	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Alecensa Capsule	5	(PA)(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Bosulif Tablet	5	(PA)(QL)(M)
Braftovi Capsule	5	(PA)(QL)(M)
Capecitabine Tablet	2	(QL)(M)
Eligard Injectable	5	(QL)(M)
Erleada Tablet	5	(PA)(QL)(M)
Erlotinib Tablet	2	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
Hydroxyurea Capsule	1	
Ibrance Tablet	5	(PA)(QL)(M)
Imatinib	2	(PA)(QL)
Imbruvica Tablet	5	(PA)(QL)(M)
Inlyta Tablet	5	(PA)(QL)(M)
Lenalidomide Capsule	2	(PA)(QL)(M)
Lenvima Capsule	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lupron Depot Injectable	5	(QL)(M)
Megestrol Ac Tablet	1	
Mektovi Tablet	5	(PA)(QL)(M)
Mercaptopur Tablet	2	
Methotrexate	1	(M)
Nubeqa Tablet	5	(PA)(QL)(M)
Promacta Tablet	5	(PA)(QL)(M)
Rasuvo Injectable	3	(ST)(QL)
Revlimid Capsule	5	(PA)(QL)(M)
Sprycel Tablet	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Temozolomide Capsule	4	(QL)(M)
Tukysa Tablet	5	(PA)(QL)(M)
Venclexta Tablet	5	(PA)(QL)(M)
Xalkori Capsule	5	(PA)(QL)(M)
Xtandi Capsule	5	(PA)(QL)(M)
OPHTHALMIC STEROIDS		
Alrex Suspension	4	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
Fluoromethol Suspension	1	
Fml Forte Suspension	4	
Lotemax Sm Gel	4	(QL)
Loteprednol	2	(QL)
Neo/Poly/Dex	1	
Pred Mild Suspension	4	
Prednisolone	1	(QL)
Tobra/Dexame Suspension	1	
Tobradex St Suspension	3	
Zylet Suspension	4	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Gentamicin Solution	1	
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Brimonidine 0.15%	1	(M)
Brinzolamide Suspension	2	(QL)(M)
Combigan Solution	2	(QL)(M)
Cyclosporine Emu	2	(PA)(QL)(M)
Diclofenac 3%	1	(QL)(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Rhopressa Solution	4	(ST)(QL)(M)
Simbrinza Suspension	3	(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(M)
Verkazia Emu	5	(PA)(QL)(M)
OPHTHALMICS (EYE) PROSTGLANDINS		
Bimatoprost Solution	2	(QL)(M)
Latanoprost Solution	1	(QL)(M)
Lumigan Solution	3	(QL)(M)
OPIOID ANTAGONISTS		
Kloxxado Spr	3	(QL)(M)
Naloxone Spr	1	(QL)(M)
Naloxone Hcl Spr	1	(QL)(M)
Naltrexone Tablet	1	
Vivitrol Injectable	5	(QL)(M)
OPIOID PARTIAL AGONISTS		
Belbuca Mis	3	(QL)
Bupren/Nalox	2	(QL)
Buprenorphin	2	(QL)
Butorphanol Solution	2	(QL)
Sublocade Injectable	5	(QL)(M)
OSTEOPOROSIS*		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
Prolia Injectable	5	(M)
Risedronate Tablet	2	(ST)(QL)(M)
Tymlos Injectable	5	(PA)(M)
OTIC AGENTS - MISCELLANEOUS		
Acetic Acid Solution	1	
OTIC PREPARATIONS (EAR)		
Cipro/Dexa Suspension	2	
Neo/Poly/Hc	1	
PAIN MEDICATIONS - NARCOTICS		
Allzital Tablet	1	(QL)
Apap/Codeine Tablet	2	(QL)
Ascomp/Cod Capsule	2	(QL)
Bac Tablet	1	(QL)
Bupap Tablet	1	(QL)
But/Apap/Caf	2	(QL)
But/Asa/Caf/ Capsule	2	(QL)
But/Asa/Caff Capsule	1	(QL)
Butal/Acetam Tablet	1	(QL)
Butal/Apap Tablet	1	(QL)
Butalb/Aceta Tablet	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Endocet Tablet	2	(QL)
Fentanyl Dis	3	(PA)(QL)
Hydroco/Apap	2	(QL)
Hydrocod/Ibu Tablet	2	(QL)
Hydromorphon Tablet	2	(QL)
Methadone Tablet	2	(QL)
Morphine Sul	2	(ST)(QL)
Oxy-Acetamin Tablet	2	(QL)
Oxycod-Apap Tablet	2	(QL)
Oxycod/Apap Tablet	2	(QL)
Oxycodone	2	(QL)
Tramadl/Apap Tablet	2	(QL)
Tramadol	2	(QL)
Xtampza Er Capsule	3	(ST)(QL)
PAIN MEDICATIONS NSAIDS		
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	2	(M)
Ibu Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	
PANCREATIC ENZYME		
Creon Capsule	3	(QL)(M)
Pancreaze Capsule	3	(QL)(M)
Pertzye Capsule	3	(QL)(M)
Sucraid Solution	5	(PA)(QL)(M)
Zenpep Capsule	3	(QL)(M)
PARKINSON'S		
Amantadine	1	(QL)(M)
Benztropine Tablet	1	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo Er Tablet	1	(QL)(M)
Neupro Dis	4	(QL)(M)
Pramipexole Tablet	1	(ST)(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
PHENOTHIAZINES		
Chlorpromaz Tablet	2	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
PHOSPHATE		
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Virt-Phos Tablet	1	
PHOSPHATE BINDING AGENTS		
Calc Acetate Capsule	1	(M)
Lanthanum Chw	5	(PA)(QL)
Sevelamer Tablet	5	(M)
POSTERIOR PITUITARY HORMONES		
Desmopressin	2	(QL)
POTASSIUM		
Potassium Chloride	1	(M)
POTASSIUM REMOVING RESINS		
Lokelma Packet	3	(PA)(QL)(M)
PRENATAL VITAMINS		
Co-Natal Fa Tablet	4	
Complete Nat Packet	1	
Concept Ob Capsule	4	
Folivane-Ob Capsule	4	
Koshr Prenat Tablet	4	
M-Natal Plus Tablet	4	
M-Vit Tablet	4	
Natalfirst Tablet	1	
Natalvit Tablet	4	
Neonatal Tablet	4	
Neonatal Pls Tablet	4	
Niva-Plus Tablet	4	
One Vite Tablet	4	
Pnv Folic Ac Tablet	4	
Pnv Prenatal Tablet	4	
Pnv Tablets Tablet	4	
Prenatabs Rx Tablet	1	
Prenatal Tablet	1	
Prenatal 19 Tablet	4	
Prenatal Vit Tablet	4	
Prenatrix Tablet	4	
Prenatryl Tablet	4	
Preplus Tablet	4	
Pretab Tablet	4	
Provida Ob Capsule	4	
Se-Natal 19 Tablet	1	
Thrivite Rx Tablet	4	
Tricare Tablet	4	
Trinatal Rx Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Trinate Tablet	4	
Vinate One Tablet	4	
Virt Nate Tablet	4	
Vitafol-Ob Tablet	4	
Vitathely Tablet	4	
Westab Plus Tablet	4	
PROLACTIN INHIBITORS		
Cabergoline Tablet	2	(QL)(M)
PROSTATE		
Alfuzosin Tablet	1	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Tadalafil Tablet	2	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
PULMONARY ARTERIAL HYPERTENSION		
Alyq Tablet	2	(PA)(QL)(M)
Ambrisentan Tablet	5	(PA)(QL)(M)
Opsumit Tablet	5	(PA)(QL)(M)
Sildenafil	5	(PA)(QL)(M)
PYRIMIDINE SYNTHESIS INHIBITORS		
Leflunomide Tablet	2	(M)
RECTAL COMBINATIONS		
Hc Pramoxine Cream	1	
Proctofoam Inhalation	4	
RECTAL STEROIDS		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	1	(QL)
SALICYLATES		
Aspirin	1	(QL)(M)(AGE)
SCABICIDES & PEDICULICIDES		
Permethrin Cream	1	
Spinosad Suspension	2	(QL)
SEIZURE DISORDER		
Briviact Tablet	4	(QL)(M)
Carbamazepin	2	(QL)(M)
Carbatrol Capsule	4	(QL)(M)
Clobazam	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
Dilantin	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epidiolex Solution	4	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Eprontia Solution	4	(QL)(M)(AGE)
Ethosuximide Capsule	2	(QL)(M)
Gabapentin	1	(QL)(M)
Keppra	4	(ST)(QL)(M)
Keppra Xr Tablet	4	(ST)(QL)(M)
Lacosamide Tablet	1	(QL)(M)
Lamictal Tablet	4	(ST)(QL)(M)
Lamictal Xr Tablet	4	(ST)(QL)(M)
Lamotrigine Tablet	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
Mysoline Tablet	4	(ST)(QL)(M)
Nayzilam Spr	4	(QL)
Oxcarbazepin	1	(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	4	(ST)(QL)(M)
Phenytoin Chw	1	(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Subvenite Tablet	1	(QL)(M)
Tegretol Tablet	4	(ST)(QL)(M)
Tegretol-Xr Tablet	4	(ST)(QL)(M)
Topiramate Tablet	1	(QL)(M)
Trileptal	4	(ST)(QL)(M)
Valproic Acid Solution	1	(QL)(M)
Valtoco Spr	4	(QL)
Xcopri	4	(ST)(QL)(M)
Zarontin Capsule	4	(ST)(QL)(M)
Zonegran Capsule	4	(ST)(QL)(M)
Zonisamide Capsule	1	(QL)(M)
SMOKING CESSATION		
Apo-Varenicl Tablet	4	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
EqI Nicotine Loz	1	(QL)(M)(AGE)
Gnp Nicotine	1	(QL)(M)(AGE)
Habitrol Dis	1	(QL)(M)(AGE)
Hm Nicotine	1	(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Kls Quit2	1	(QL)(M)(AGE)
Kls Quit4	1	(QL)(M)(AGE)
Nicotine	1	(QL)(M)(AGE)
Nicotine Pol	1	(QL)(M)(AGE)
Nicotine Td Dis	1	(QL)(M)(AGE)
Nicotrol Ns Spr	4	(QL)(M)(AGE)
Qc Nicotine Dis	1	(QL)(M)(AGE)
Ra Nicotine	1	(QL)(M)(AGE)
Sm Nicotine	1	(QL)(M)(AGE)
Stop Smoking	1	(QL)(M)(AGE)
Tgt Nicotine Gum	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	2	(QL)(M)(AGE)
SOMATOSTATIC AGENTS		
Lanreotide Injectable	5	(PA)(QL)(M)
Octreotide Injectable	3	(QL)(M)
Sandostatin Injectable	5	(QL)(M)
Somatuline Injectable	5	(PA)(QL)(M)
STEROIDS		
Decadron Tablet	1	
Dexamethason	1	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone	1	(M)
Solu-Cortef Injectable	4	
Tarpeyo Capsule	5	(PA)(QL)(M)
STIMULANTS - ADHD/WAKEFULNESS		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Jornay Pm Capsule	4	(ST)(QL)(M)
Methylphenid	1	(QL)
Modafinil Tablet	2	(QL)
Quillichew Chw	3	(QL)
Quillivant Suspension	3	(QL)
Sunosi Tablet	4	(ST)(QL)
Vyvanse Capsule	3	(QL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
Benlysta Injectable	5	(PA)(QL)(M)
THROAT PRODUCTS - MISC.		
Cevimeline Capsule	2	
Pilocarpine Tablet	2	
THYROID		
Euthyrox Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Levo-T Tablet	3	(QL)(M)
Levothyroxin	2	(QL)(M)
Levoxyl Tablet	3	(QL)(M)
Liothyronine Tablet	1	(M)
Nature Throid	4	(M)
Synthroid Tablet	4	(QL)(M)
Tirosint Capsule	4	(QL)(M)
Unithroid Tablet	3	(QL)(M)
UNCATEGORIZED		
Fasenra Pen Injectable	5	(PA)(QL)(M)
Kerendia Tablet	4	(PA)(QL)(M)
Nucala Injectable	5	(PA)(QL)(M)
Reset-O Mis	3	(QL)(M)
URINARY ANALGESICS		
Phenazopyridine	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
Gemtesa Tablet	4	(ST)(QL)(M)
Myrbetriq Tablet	4	(ST)(QL)(M)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
Bethanechol Tablet	1	(M)
URINARY INCONTINENCE		
Darifenacin Tablet	2	(ST)(QL)(M)
Dicyclomine	1	(M)
Glycate Tablet	4	
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Solifenacin Tablet	2	(QL)(M)
Tolterodine Capsule	2	(QL)(M)
Trospium Chl Capsule	1	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)
VACCINES		
Adacel Injectable	3	
Afluria Quad Injectable	3	(M)
Boostrix Injectable	3	
Comirnaty Injectable	3	(QL)
Engerix-B Injectable	3	
Fluarix Quad Injectable	3	(M)
Flublok Quad Injectable	3	(M)
Fluclvx Quad Injectable	3	(M)
Flulaval Qua Injectable	3	(M)
Fluzone Hd Injectable	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Fluzone Quad Injectable	3	(M)
Gardasil 9 Injectable	3	(AGE)
Havrix Injectable	3	
Hepelisav-B Injectable	3	(QL)
M-M-R li Injectable	3	
Menquadfi Injectable	3	
Moderna Injectable	3	(QL)
Moderna Biv Injectable	3	(QL)
Moderna Biva Injectable	3	(QL)
Moderna Vac Injectable	3	(QL)
Moderna Vacc Injectable	3	(QL)(AGE)
Pfizer Bival Injectable	3	(QL)
Pfizer Vacc Injectable	3	(QL)(AGE)
Prevnar 20 Injectable	3	(AGE)
Recombiva Hb Injectable	3	
Recombiva-Hb Injectable	3	
Shingrix Injectable	3	(QL)(AGE)
Spikevax Injectable	3	(QL)
Twinrix Injectable	3	
Vaqta Injectable	3	
Vaxneuvance Injectable	3	
VAGINAL ANTI-INFECTIVES		
Terconazole Cream	1	
VITAMINS/ELECTROLYTES		
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Folic Acid Tablet	1	(M)
Iron Drops Dro	1	(QL)(AGE)
Iron Inf-Tod Dro	1	(QL)(AGE)
Iron Inf/Tod Dro	1	(QL)(AGE)
Iron Supplmt Dro	1	(QL)(AGE)
K Citrate Solution	1	
Multi-Vit/Fl	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	2	
Vitamin D	1	(M)

Drug Name	Drug Tier	Requirements & Limits
-----------	-----------	-----------------------