

RXSELECT® PRESCRIPTION DRUG LIST (UTAH)

This is a summary of the prescription drugs covered on your plan. This printed version contains only the most commonly prescribed drugs in their most common strengths and formulations. This is not a complete list of all covered drugs and may change due to new drugs, therapies, or other factors.

Your drug benefit has four tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. In most cases, drugs on lower tiers will cost you less. Copay and coinsurance amounts are shown on your Member Payment Summary (MPS) and ID card.

If you have questions about your prescription drug benefits, please call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users please call 711.

You can view the most current drug coverage and pharmacy benefit information by logging in at **selecthealth.org**. Once logged in, click the SelectHealth icon to find:

- Drug prices and potential lower-cost alternatives for drugs you already take
- A drug lookup, searchable by drug name and dose
- Tier statuses of prescription drugs, including injectables
- Your prescription copays and benefits
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90*

LEGEND

(PA) Preauthorization

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

(M) Maintenance Drug

These drugs qualify for the 90-day maintenance drug benefit.

(ST) Step Therapy

Drugs that require step therapy are covered by SelectHealth only after you have tried the alternative therapy and it didn't work (the therapy failed). Step therapy generally applies only to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., maximum number of tablets or capsules per prescription). 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.

IMPORTANT INFORMATION

Different Strengths and Coverage

Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here.

IMPORTANT INFORMATION (CONTINUED)

Preventive Drugs

Do you take preventive medications? Some of our high deductible health plans (HealthSave®) provide coverage for certain categories of preventive medications even before you meet your deductible. For these plans you will not have to meet your deductible before the drugs in the categories listed below are covered. These categories are also marked with an asterisk on this drug list. To find out if your plan includes before-deductible coverage for these drug categories, take a look at your Member Payment Summary (MPS).

- Asthma and COPD
- Cardiovascular
- Cardiovascular Antiadrenergics
- Cholesterol
- Diabetes Insulin
- Diabetes Non-Insulin
- Osteoporosis

Additionally, there are certain drugs that are considered preventive under the Affordable Care Act (ACA). Many SelectHealth plans cover ACA preventive drugs at 100 percent—that means no copay, coinsurance, or deductible. For more information about your coverage for preventive healthcare medications and services consult your member materials or visit **selecthealth.org/wellness**.

Value-based Option

If your plan includes the **value-based option**, Tier 2 drugs in the preventive categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary (MPS) and ID card for details.

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.



A QUICK GUIDE TO UNDERSTANDING A FORMULARY

Being familiar with your prescription drug formulary may help you save money—and can help you make the most of what your plan covers. Here are just a few of the basics to understanding your prescription drug coverage.

WHAT IS A FORMULARY?

Our list of medications, also known as a formulary, is a list of generic and brand name medications covered by your plan.

WHY IS A FORMULARY USED?

SelectHealth uses a formulary that includes certain prescription drugs with proven efficacy to help keep the costs of prescriptions drug low.

WHAT'S THE PROCEDURE AND CRITERIA FOR DETERMINING WHICH PRESCRIPTION DRUGS ARE INCLUDED AND EXCLUDED FROM THE FORMULARY?

The Pharmacy & Therapeutics (P&T) committee reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications to determine the appropriateness of coverage on the formulary.

HOW OFTEN ARE THE CONTENTS OF THE FORMULARY REVIEWED?

The contents of the formulary are reviewed once a month.

Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for a particular medical condition.

IF I HAVE QUESTIONS ABOUT THE FORMULARY, WHO DO I CONTACT?

For questions about the formulary, please contact SelectHealth Pharmacy Services at **800-442-3129**.



Drug Name	Drug Tier	Requirements & Limits
ACNE		
Adapalene Gel	1	(ST)
Aklief Cream	3	(ST)
Avar Cleanse Liq	1	
Avita Cream	1	(AGE)
Azelaic Acid Gel	1	
Clindam/Benz Gel	1	(ST)
Clindamy/Ben Gel	1	(ST)
Erythromycin	1	(AGE)
Metronidazol	1	(QL)
Neuac Gel	1	
Rhofade Cream	3	(QL)
Rosadan	1	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Sumaxin Ts Suspension	3	
Tretinoin Cream	1	(AGE)
ANABOLIC STEROIDS		
Oxandrin Tablet	3	
Oxandrolone Tablet	1	
ANAPHYLAXIS THERAPY AGENTS		
Auvi-Q Injectable	2	(QL)
Epinephrine Injectable	1	(QL)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT		
Acampro Cal Tablet	1	
Disulfiram Tablet	1	
ANTI-CATAPLECTIC AGENTS		
Xyrem Solution	4	(PA)(QL)(M)
Xywav Solution	4	(PA)(QL)(M)
ANTIBIOTICS		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cayston Inhalation	4	(PA)(QL)(M)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Cleocin Cream	2	

Drug Name	Drug Tier	Requirements & Limits
Cleocin Ped Solution	3	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Fosfomycin Powder	1	
Hiprex Tablet	3	
Levaquin Tablet	3	
Levofloxacin Tablet	1	
Linezolid Tablet	1	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Monurol Packet	3	
Morgidox Capsule	1	
Moxifloxacin	1	(QL)
Neomycin Tablet	1	
Nitrofur Mac Capsule	1	
Nitrofurantn	1	(AGE)
Penicillin Vk Tablet	1	
Smz-Tmp Ds	1	
Sulfatrim Pd Suspension	1	
Tetracycline Capsule	1	
Tinidazole Tablet	1	
Trimethoprim	1	
Uribel Capsule	1	
Uro-Mp Capsule	1	
Ustell Capsule	3	
Vancocin Capsule	3	(QL)
Vancomycin Capsule	1	(QL)
Vilamit Mb Capsule	1	
Zithromax Tablet	3	(QL)
Zyvox Tablet	4	(ST)(QL)(M)
ANTIFIBRINOLYTICS		
Lysteda Tablet	3	(QL)
Tranex Acid Tablet	1	(QL)
ANTIFUNGALS		
Ciclodan	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	1	
Fluconazole	1	(QL)
Itraconazole Capsule	1	(QL)
Ketoconazole	1	

Drug Name	Drug Tier	Requirements & Limits
Nyamyc Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Sporanox Capsule	3	(QL)
Terbinafine Tablet	1	(QL)
ANTIHELMINTICS		
Ivermectin Tablet	1	(PA)
ANTIMALARIALS		
Atovaq/Progu Tablet	1	
Hydroxychlor	1	(M)
Malarone Tablet	3	(PA)
ANTIMYASTHENIC AGENTS		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	1	(QL)
ANTIMYCOBACTERIAL AGENTS		
Rifampin Capsule	1	
ANTIPARKINSON COMT INHIBITORS		
Entacapone Tablet	1	(M)
ANTIPROTOZOAL AGENTS		
Atovaquone Suspension	1	
Mepron Suspension	3	
ANTISEBORRHEIC PRODUCTS		
Seb-Prev Liq	1	
Sodium Sulfa Liq	1	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	4	(QL)(M)
Descovy Tablet	4	(PA)(QL)(M)
Dovato Tablet	4	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
Genvoya Tablet	4	(QL)(M)
Odefsey Tablet	4	(QL)(M)
Paxlovid Tablet	4	(QL)(M)
Symfi Tablet	4	(QL)(M)
Symfi Lo Tablet	4	(QL)(M)
Symtuza Tablet	4	(QL)(M)
Tenofovir Tablet	1	(QL)(M)
Tivicay Tablet	4	(QL)(M)
Triumeq Tablet	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Valacyclovir Tablet	1	(QL)
Valcyte Tablet	4	(QL)(M)
Valganciclov Tablet	1	(QL)(M)
Valtrex Tablet	3	(QL)
Viread Tablet	4	(QL)(M)
ANXIETY & SLEEP		
Alprazolam Tablet	1	(QL)
Belsomra Tablet	3	(ST)(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	1	
Cloraz Dipot Tablet	1	(QL)
Diazepam	1	(QL)
Eszopiclone Tablet	1	(QL)
Hydroxyzine	1	
Lorazepam	1	
Ramelteon Tablet	1	(QL)(M)
Temazepam Capsule	1	(QL)
Tranxene T Tablet	3	(QL)
Triazolam Tablet	1	(QL)
Xanax Xr Tablet	3	(QL)
Zaleplon Capsule	1	(QL)
Zolpidem Tablet	1	(QL)
Zolpidem Er Tablet	1	(QL)
ASTHMA AND COPD		
Accolate Tablet	3	(QL)(M)
Advair	3	(PA)(QL)(M)
Airduo Respi Inhalation	3	(QL)(M)
Albuterol	1	(QL)(M)
Alvesco Inhalation	3	(PA)(QL)(M)
Anoro Ellipt Inhalation	2	(QL)(M)
Arcapta Capsule	3	(ST)(M)
Arformoterol Nebulizer	1	(QL)(M)
Arnuity Elpt Inhalation	2	(QL)(M)
Asmanex	2	(QL)(M)
Atrovent Hfa Inhalation	3	(M)
Bevespi Inhalation	3	(ST)(QL)(M)
Breztri Inhalationo Inhalation	2	(QL)(M)(AGE)
Budes/Formot Inhalation	1	(QL)(M)
Combivent Inhalation	2	(M)
Daliresp Tablet	2	(QL)(M)
Dulera Inhalation	3	(PA)(QL)(M)
Flovent	2	(QL)(M)
Flutic/Salme	1	(QL)(M)
Flutic/Vilan Inhalation	1	(PA)(QL)(M)
Incruse Elpt Inhalation	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Ipratropium	1	(M)
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralene Dent Pst	1	
Proair Hfa Inhalation	3	(ST)(QL)(M)
Proair Respi Inhalation	3	(ST)(QL)(M)
Proventil Inhalation	3	(ST)(QL)(M)
Pulmicort Suspension	3	(PA)(QL)(M)
Qvar Inhalation	3	(PA)(QL)(M)
Qvar Rediha Inhalation	3	(PA)(QL)(M)
Qvar Redihal Inhalation	3	(PA)(QL)(M)
Seebri Neoha Capsule	3	(ST)(QL)(M)
Serevent Dis Inhalation	2	(M)
Spiriva Handihaler	2	(QL)(M)
Spiriva Respimat	2	(QL)(M)
Stiolto Inhalation	2	(QL)(M)
Striverdi Inhalation	2	(QL)(M)
Symbicort Inhalation	2	(QL)(M)
Terbutaline Tablet	1	(QL)(M)
Theophylline Tablet	1	(M)
Trelegy Inhalation	2	(QL)(M)(AGE)
Triamcinolon	1	
Tudorza Pres Inhalation	3	(ST)(QL)(M)
Utibron Capsule	3	(ST)(QL)(M)
Ventolin Hfa Inhalation	2	(QL)(M)
Wixela Inhub Inhalation	1	(QL)(M)
Xopenex Hfa Inhalation	3	(QL)(M)
Zafirlukast Tablet	1	(QL)(M)
BLOOD THINNERS		
Brilinta Tablet	2	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	1	(QL)(M)
Eliquis Tablet	2	(QL)(M)
Eliquis St P Tablet	2	(QL)
Enoxaparin Injectable	1	
Plavix Tablet	3	(QL)(M)
Pradaxa Capsule	3	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Savaysa Tablet	3	(QL)(M)
Warfarin	1	(M)
Xarelto	2	(QL)(AGE)(M)
BURN PRODUCTS		
Silvadene Cream	3	
Silver Sulfa Cream	1	

Drug Name	Drug Tier	Requirements & Limits
Ssd Cream	1	
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	1	(M)
CARDIOVASCULAR		
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)
Atacand Hct Tablet	3	(ST)(QL)(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
Avalide Tablet	3	(ST)(QL)(M)
Azor Tablet	3	(ST)(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	2	(ST)(QL)(M)
Digitex Tablet	1	(M)
Digox Tablet	1	(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	1	(M)
Doxazosin Tablet	1	(QL)(M)
Enalap/Hctz Tablet	1	(M)
Enalapril	1	(QL)(AGE)(M)
Entresto Tablet	2	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
Hemangeol Solution	3	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Indapamide Tablet	1	(M)
Inspra Tablet	3	(ST)(M)
Irbesar/Hctz Tablet	1	(QL)(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
Katerzia Suspension	3	(QL)(M)(AGE)
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)
Matzim La Tablet	1	(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
Micardis Hct Tablet	3	(ST)(QL)(M)
Midodrine Tablet	1	
Minoxidil Tablet	1	(M)
Multaq Tablet	2	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Pindolol Tablet	1	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone Tablet	1	(M)
Propranolol	1	(M)
Qbrelis Solution	3	(QL)(M)(AGE)
Quinapril Tablet	1	(M)
Ramipril Capsule	1	(M)
Ranexa Tablet	3	(ST)(QL)(M)
Ranolazine Tablet	1	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spirono/Hctz Tablet	1	(M)
Spironolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
Tenormin Tablet	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Terazosin Capsule	1	(QL)(M)
Thalitone Tablet	2	(M)
Tiadylt Capsule	1	(M)
Torsemide Tablet	1	(M)
Triamt/Hctz	1	(M)
Tribenzor	3	(ST)(QL)(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
CHOLESTEROL		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	1	(QL)(M)
Colesevelam Tablet	1	(QL)(M)
Colestipol	1	(QL)(M)
Ezetim/Simva Tablet	1	(ST)(QL)(M)
Ezetimibe Tablet	1	(QL)(M)
Fenofibrate	1	(QL)(M)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	1	(ST)(QL)(M)
Livalo Tablet	2	(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)
Questran Powder	3	(QL)(M)
Repatha Injectable	2	(PA)(QL)(M)
Repatha Push Injectable	2	(PA)(QL)(M)
Repatha Sure Injectable	2	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
Triklo Capsule	1	(QL)(M)
CONTRACEPTION (BIRTH CONTROL)		
Brand Contraceptives	2	(ST)(QL)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
Nuvaring	3	(QL)(M)
Phexxi Gel	3	(QL)(M)
COUGH/COLD/ALLERGY PRODUCTS		
Benzonatate	1	(ST)(QL)
Bpm-Pse-Dm Syrup	1	(QL)
Brom/Pse/Dm Syrup	1	(QL)
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
G Tussin Ac Liq	1	
Guaiaatuss Ac Syrup	1	
Hycodan Syrup	2	
Hyd Pol/Cpm Suspension	1	(QL)
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
CYCLOPLEGIC MYDRIATICS		
Atropine Sul Solution	1	
Cyclopentol Solution	1	
Cyclopentola Solution	1	
Isopto Atrop Solution	3	
CYSTIC FIBROSIS AGENTS		
Kalydeco	4	(PA)(QL)(M)
Kitabis Pak Nebulizer	4	(PA)(QL)(M)
Pulmozyme Solution	4	(QL)(M)
Tobi Podhalr Capsule	4	(PA)(QL)(M)
Trikafta Tablet	4	(PA)(QL)(M)(AGE)
DENTAL PRODUCTS		
Cavarest Gel	1	(M)
Chlorhex Glu Solution	1	
Dentagel Gel	1	(M)
Just Right Gel	1	(M)
Neutragard Gel	1	(M)
Peridex Solution	3	
Periogard Solution	1	
Sf Gel	1	(M)
Sodium Fluor Gel	1	(M)
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Acitretin Capsule	1	(QL)
Calcipotrien Cream	1	
Diclofenac 1%	1	(M)
Finacea Gel	3	(QL)
Fluoroplex Cream	3	
Fluorouracil Cream	1	(PA)(QL)
Gentamicin	1	
Mupirocin Ointment	1	
Soriatane Capsule	3	(QL)
Tazorac	3	(ST)(AGE)
Xepi Cream	3	(QL)
DERMATOLOGICALS (SKIN) STEROIDS		
Ala-Cort Cream	1	
Alclometason Cream	1	

Drug Name	Drug Tier	Requirements & Limits
Beta Diprop	1	
Betameth Cream	1	
Betameth Val Cream	1	
Clobetasol	1	(QL)
Derma-Smooth Oil	3	
Desonide	1	
Fluocin Acet	1	
Fluocinonide	1	(ST)(QL)
Fluticasone	1	(QL)(M)
Hydrocort	1	(M)
Mometasone	1	(QL)(M)
DIABETES - INSULIN		
Humulin R U-500	2	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Lantus Injectable	2	(M)
Lantus Solos Injectable	2	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
Novolog Injectable	2	(M)
Novolog Mix Injectable	2	(M)
Toujeo Max Injectable	2	(M)
Toujeo Solo Injectable	2	(M)
DIABETES - NON-INSULIN		
Acarbose Tablet	1	(M)
Actoplus Met Tablet	3	(QL)(M)
Actos Tablet	3	(QL)(M)
Alogliptin Tablet	1	(ST)(QL)(M)
Alogliptin/Metformin	1	(ST)(QL)(M)
Baqsimi One Powder	2	
Baqsimi Two Powder	2	
Bydureon Bc Injectable	2	(PA)(QL)(M)
Byetta Injectable	2	(PA)(QL)(M)
Farxiga Tablet	2	(ST)(QL)(M)
Glimepiride Tablet	1	(M)
Glip/Metform Tablet	1	(M)
Glipizide	1	(M)
Glucagen Injectable	2	
Glucagon Kit	1	
Glucovance Tablet	3	(M)
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
Glyxambi Tablet	2	(ST)(QL)(M)
Gvoke Hypo 1 Injectable	2	
Gvoke Hypo 2 Injectable	2	

Drug Name	Drug Tier	Requirements & Limits
Gvoke Pfs Injectable	2	
Jardiance Tablet	2	(ST)(QL)(M)
Jentaduo Tablet	2	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglit/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Segluromet Tablet	3	(ST)(QL)(M)
Soliqua Injectable	2	(ST)(QL)(M)
Steglatro Tablet	3	(ST)(QL)(M)
Symlin	3	(PA)(QL)(M)
Synjardy Tablet	2	(ST)(QL)(M)
Synjardy Xr Tablet	2	(ST)(QL)(M)
Tradjenta Tablet	2	(ST)(QL)(M)
Trijardy Xr Tablet	2	(ST)(QL)(M)
Trulicity Injectable	2	(PA)(QL)(M)
Xigduo Xr Tablet	2	(ST)(QL)(M)
Zegalogue Injectable	3	
DIABETES - TESTING AND SUPPLIES		
1M Allr Syr Misc	1	(M)
1MI Allr Syr Misc	3	(M)
1MI Slip Tip Misc	3	(M)
1MI Syringe Misc	1	(M)
1MI Tb Syrng Misc	1	(M)
3MI Syringe Misc	3	(M)
3MI Ll Syrng Misc	1	(M)
3MI Luer Loc Misc	3	(M)
3MI Syringe Misc	1	(M)
Allergy Syrg Misc	1	(M)
Bd Eclipse Misc	3	(M)
Bd Hypo Need Misc	3	(M)
Bd Integra Misc	3	(M)
Bd Needles Misc	3	(M)
Bd Plastipak Misc	3	(M)
Bd Veritor Kit	3	(QL)(M)
Binaxnow Cov Kit	3	(QL)(M)
Carepoint Sy Misc	3	(M)
Covid-19 At- Kit	1	(QL)(M)
Covid-19 Rap Kit	3	(QL)(M)
Cvs Covid-19 Kit	3	(QL)(M)
Dexcom G6 Misc	2	(ST)(QL)(M)(AGE)
Easypoint Misc	3	(M)
Eclipse Ndle Misc	3	(M)
Enlite Gluco Misc	3	(PA)(QL)(M)
Fill Needle Misc	3	(M)
Freesty Libr	2	(ST)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Freestyle	2	(ST)(QL)(AGE)(M)
Guardian Misc	3	(PA)(QL)(M)(AGE)
Guardian Con Misc	3	(PA)(QL)(M)(AGE)
Guardian Rt Misc	3	(PA)(QL)(M)(AGE)
Huber Needle Misc	1	(M)
Hypo Needle Misc	1	(M)
Indicaid Kit	3	(QL)(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Minilink Rt Misc	3	(PA)(QL)(M)(AGE)
Minimed 630G Misc	3	(PA)(QL)(M)(AGE)
Needles Misc	3	(M)
Omnipod 5 G6	2	(PA)(QL)(M)
Omnipod Dash	2	(PA)(QL)(M)
On/Go One Kit	3	(QL)(M)
Paradigm Rea Misc	3	(PA)(QL)(M)(AGE)
Pen Needles	2	(M)
Pilot Covid Kit	3	(QL)(M)
Poly Hub Misc	3	(M)
Precision Test	2	(QL)(M)
Precisn Xtra Test	2	(QL)(M)
Quickvue Hom Kit	3	(QL)(M)
Safty Needle Misc	3	(M)
Securesafe Misc	3	(M)
Syrg/Ndl 3MI Misc	3	(M)
Tb Syringe Misc	3	(M)
Tb Syrng 1MI Misc	3	(M)
DIAGNOSTIC PRODUCTS, MISC.		
Carestart Kit	3	(QL)(M)
Cleardetect Kit	3	(QL)(M)
Clinitest Kit	3	(QL)(M)
Diatrust Kit	3	(QL)(M)
Ellume Cov19 Kit	3	(QL)(M)
Flowflex Kit	3	(QL)(M)
Ihealth 2-Pk Kit	3	(QL)(M)
Ihealth 40Pk Kit	3	(QL)(M)
Ihealth 5-Pk Kit	3	(QL)(M)
Inteliswab Kit	3	(QL)(M)
On/Go Covid Kit	3	(QL)(M)
Otc Antigent Kit	1	(QL)(M)
ECZEMA AGENTS - TOPICAL		
Eucrisa Oinment	2	(QL)
FLUORIDE		
Fluoride	1	(QL)(M)(AGE)
GALLSTONE SOLUBILIZING AGENTS		
Reltone Capsule	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Ursodiol	1	(M)
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Amitiza Capsule	3	(ST)(QL)(M)(AGE)
Diphen/Atrop Tablet	1	
Linzees Capsule	2	(QL)(M)
Lubiprostone Capsule	1	(QL)(M)(AGE)
Metoclopram Tablet	1	(M)
Motegrity Tablet	3	(ST)(QL)
Movantik Tablet	2	(QL)
Relistor	4	(PA)(QL)(M)
Symproic Tablet	2	(QL)
Trulance Tablet	3	(ST)(QL)(M)
Xifaxan Tablet	3	(PA)
GASTROINTESTINAL (DIGESTIVE) NAUSEA &		
Akynzeo Capsule	2	(QL)
Antivert Tablet	2	
Emend Suspension	3	(QL)
Meclizine Tablet	1	
Ondansetron	1	(PA)(QL)
Promethegan Suppository	1	
Scopolamine Patch	1	
Transderm-Sc Patch	3	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Cimetidine Tablet	1	(M)
Famotidine	1	(M)
Misoprostol Tablet	1	(M)
Pepcid Tablet	3	(M)
Sucralfate	1	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Dexlansopraz Capsule	1	(ST)(QL)(M)
First-Omepra Suspension	1	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Omeprazole + Suspension	1	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Prevacid Capsule	3	(ST)(QL)(M)
Protonix Tablet	3	(ST)(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod Con	1	(M)
GNRH/LHRH ANTAGONISTS		
Orilissa Tablet	4	(PA)(QL)(M)
GOUT		
Allopurinol Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Colchicine	1	(QL)
Colcrys Tablet	3	(QL)
Febuxostat Tablet	1	(QL)(M)
GROWTH HORMONES		
Genotropin Injectable	4	(PA)(QL)(M)
Humatrope Injectable	4	(PA)(QL)(M)
Norditropin Injectable	4	(PA)(QL)(M)
Nutropin Aq Injectable	4	(PA)(QL)(M)
Omnitrope Injectable	4	(PA)(QL)(M)
Saizen Injectable	4	(PA)(QL)(M)
Saizenprep Injectable	4	(PA)(QL)(M)
Serostim Injectable	4	(PA)(QL)(M)
Zomacton Injectable	4	(PA)(QL)(M)
Zorbtive Injectable	4	(PA)(QL)(M)
HEMATORHEOLOGIC AGENTS		
Pentoxifylli Tablet	1	(M)
HEPATITIS THERAPIES		
Entecavir Tablet	1	(QL)(M)
Harvoni Packet	4	(PA)(QL)(M)
Ledip-Sofosb Tablet	4	(PA)(QL)(M)
Mavyret	4	(PA)(QL)(M)
Sofos/Velpat Tablet	4	(PA)(QL)(M)
Vosevi Tablet	4	(PA)(QL)(M)
HORMONE RECEPTOR MODULATORS		
Evista Tablet	3	(QL)(M)
Osphena Tablet	3	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
Activella Tablet	3	(QL)(M)
Alora Patch	3	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Aygestin Tablet	3	(QL)(M)
Climara Patch	3	(QL)(M)
Combipatch Patch	2	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
Delestrogen Injectable	3	
Divigel Gel	3	(QL)(M)
Dotti Patch	1	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
Elestrin Gel	3	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrace Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Estrace Vag Cream	3	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	1	(QL)(M)
Estring Misc	3	(ST)(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Estrogel Gel	3	(QL)(M)
Femhrt Tablet	3	(M)
Femring Misc	3	(ST)(QL)(M)
Fyavolv Tablet	1	(M)
Imvexxy Main Suppository	3	(QL)(M)
Imvexxy Strt Suppository	3	(QL)(M)
Jinteli Tablet	1	(M)
Lyllana Patch	1	(QL)(M)
Menostar Patch	3	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Minivelle Patch	3	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
Premarin Tablet	3	(QL)(M)
Premarin Vag Cream	3	(ST)(QL)(M)
Premphase Tablet	3	(QL)(M)
Prempro Tablet	3	(QL)(M)
Prometrium Capsule	3	(QL)(M)
Vagifem Tablet	3	(ST)(QL)(M)
Vivelle-Dot Patch	3	(QL)(M)
Yuvaferm Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY MALE		
Depo-Testost Injectable	3	(QL)(M)
Natesto Gel	3	(PA)(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone	1	(QL)(M)
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION		
Actemra Injectable	4	(PA)(QL)(M)
Cimzia	4	(PA)(QL)(M)
Cosentyx	4	(PA)(QL)(M)
Dupixent Injectable	4	(PA)(QL)(AGE)(M)
Enbrel	4	(PA)(QL)(M)
Humira	4	(PA)(QL)(M)
Ilumya Solution	4	(PA)(M)
Kevzara Injectable	4	(PA)(QL)(M)
Kineret Injectable	4	(PA)(QL)(M)
Olumiant Tablet	4	(PA)(QL)(M)
Orencia Injectable	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Orencia Cick Injectable	4	(PA)(QL)(M)
Otezla Tablet	4	(PA)(QL)(M)
Rinvoq Tablet	4	(PA)(QL)(M)
Simponi	4	(PA)(QL)(M)
Skyrizi Injectable	4	(PA)(QL)(M)
Skyrizi Pen Injectable	4	(PA)(QL)(M)
Stelara Injectable	4	(PA)(QL)(M)
Taltz Injectable	4	(PA)(M)
Xeljanz Tablet	4	(PA)(QL)(M)
Xeljanz Xr Tablet	4	(PA)(QL)(M)
Xolair Injectable	4	(PA)(QL)(M)
IMMUNOMODULATING AGENTS - TOPICAL		
Imiquimod Cream	1	
IMMUNOSUPPRESSANTS		
Azathioprine Tablet	1	(M)
Cellcept	3	(M)
Cyclosporine	1	(PA)(QL)(M)
Envarsus Xr Tablet	3	(ST)(QL)(M)
Everolimus Tablet	1	(QL)(M)
Gengraf Capsule	1	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	1	(QL)(M)
Myfortic Tablet	3	(QL)(M)
Neoral Capsule	2	(M)
Prograf Capsule	3	(M)
Rapamune Tablet	3	(M)
Sirolimus Tablet	1	(M)
Tacrolimus	1	(QL)(M)
Zortress Tablet	4	(QL)(M)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
Elidel Cream	3	(ST)(QL)
Pimecrolimus Cream	1	(ST)(QL)
INFLAMMATORY BOWEL AGENTS		
Balsalazide Capsule	1	(M)
Mesalamine	1	(QL)(M)
Pentasa Capsule	2	(QL)(M)
Sfrowasa Ene	3	(M)
Sulfasalazin Tablet	1	(M)
INFLUENZA AGENTS		
Oseltamivir	1	(QL)
Tamiflu	3	(QL)
INTESTINAL ACIDIFIERS		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	

Drug Name	Drug Tier	Requirements & Limits
LAXATIVE COMBINATIONS		
Clenpiq Solution	2	
Gavilyte	1	
Peg 3350	1	
Sodium/Potas Solution	1	
Suprep Bowel Solution	2	
LAXATIVES		
Constulose Solution	1	
LEPROSTATICS		
Dapsone Tablet	1	
LOCAL ANESTHETICS - TOPICAL		
Lido/Prilocn Cream	1	
Lidocaine	1	(QL)
MENTAL HEALTH		
Abilify Main Injectable	4	(M)
Amitriptylin Tablet	1	(M)
Anafranil Capsule	3	(QL)(M)
Aripiprazole Tablet	1	(QL)(M)
Aristada Injectable	4	(QL)(M)
Bupropion Tablet	1	(QL)(AGE)(M)
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Clomipramine Capsule	1	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Clozaril Tablet	3	(ST)(QL)(M)
Desipramine Tablet	1	(M)
Desvenlafax Tablet	1	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl	1	(M)
Duloxetine	1	(QL)(M)
Effexor Xr Capsule	3	(ST)(QL)(M)
Escitalopram Tablet	1	(QL)(M)
Fanapt	3	(ST)(QL)
Fetzima Capsule	3	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	1	(ST)(QL)(M)
Geodon Capsule	3	(ST)(QL)(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
Invega Hafye Injectable	4	(QL)(M)
Invega Sust Injectable	4	(M)
Invega Trinz Injectable	4	(M)
Latuda Tablet	2	(ST)(QL)(M)
Lexapro Tablet	3	(ST)(QL)(M)
Lithium Carb	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Memant Titra Packet	1	(QL)(M)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(ST)(QL)(M)
Mirtazapine	1	(M)
Namenda Tablet	3	(QL)(M)
Namenda Xr Capsule	3	(ST)(QL)(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	1	(ST)(QL)(M)
Paroxetine Er Tablet	1	(ST)(QL)(M)
Paroxetine Tablet	1	(ST)(QL)(M)
Paxil Tablet	3	(ST)(QL)(M)
Paxil Cr Tablet	3	(ST)(QL)(M)
Pristiq Tablet	3	(ST)(QL)(M)
Prozac Capsule	3	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
Rexulti Tablet	3	(PA)(QL)(M)
Risperdal	4	(ST)(QL)(M)
Risperidone Tablet	1	(QL)(M)
Savella	2	(ST)(QL)(M)
Sertraline	1	(QL)(M)
Spravato Solution	4	(PA)(M)
Trazodone Tablet	1	(QL)(M)
Trintellix Tablet	3	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
Viibryd Tablet	3	(PA)(QL)(M)
Vilazodone Tablet	1	(PA)(QL)(M)
Vraylar Capsule	3	(PA)(QL)(M)
Wellbutrin Tablet	3	(ST)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
Zoloft	3	(ST)(QL)(M)
Zyprexa	4	(ST)(QL)(M)
Zyprexa Zydi Tablet	3	(ST)(QL)(M)
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	1	(PA)(QL)(M)
Kuvan	4	(PA)(QL)(M)
Levocarnitin Solution	1	
Nityr Tablet	4	(PA)(QL)(M)
Orfadin	4	(PA)(QL)(M)
MIGRAINE		
Aimovig Injectable	3	(PA)(QL)
Ajovy Injectable	2	(ST)(QL)(M)
Amerge Tablet	3	(ST)(QL)(M)
Eletriptan Tablet	1	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Emgality Injectable	3	(PA)(QL)(M)
Frova Tablet	3	(ST)(QL)
Frovatriptan Tablet	1	(ST)(QL)
Imitrex	3	(ST)(QL)(M)
Maxalt Tablet	3	(ST)(QL)(M)
Maxalt-Mlt Tablet	3	(ST)(QL)(M)
Naratriptan Tablet	1	(QL)(M)
Nurtec Tablet	2	(PA)(QL)
Relpax Tablet	3	(ST)(QL)
Reyvow Tablet	3	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	1	(ST)(QL)(M)
Ubrovelvy Tablet	2	(PA)(QL)
Zolmitriptan Tablet	1	(QL)
Zomig Tablet	3	(ST)(QL)
MINERALOCORTICOIDS		
Fludrocort Tablet	1	(M)
MIOTICS		
Pilocarpine	1	
Vuity Solution	3	
MISC. RESPIRATORY INHALANTS		
Hypersal Nebulizer	3	
Nebusal Nebulizer	3	
Sod Chloride	1	(PA)
Sodium Chlor Nebulizer	1	
MISC. TOPICAL		
Drysol Solution	3	
Qbrexza Pad	3	(PA)(QL)
MISCELLANEOUS VAGINAL PRODUCTS		
Intrarosa Suppository	3	(QL)(M)
MULTIPLE SCLEROSIS AGENTS		
Aubagio Tablet	4	(PA)(QL)(M)
Avonex	4	(PA)(QL)(M)
Dalfampridin Tablet	1	(QL)(M)
Dimethyl Fum Capsule	1	(PA)(QL)(M)
Extavia Injectable	4	(PA)(QL)(M)
Gilenya Capsule	4	(PA)(QL)(M)
Glatiramer Injectable	1	(PA)(QL)(M)
Glatopa Injectable	1	(PA)(QL)(M)
Plegridy	4	(PA)(QL)(M)
Zeposia Capsule	4	(PA)(QL)(M)
MUSCLE RELAXANTS		
Baclofen Tablet	1	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Cyclobenzaprine	1	
Metaxalone Tablet	1	(ST)
Methocarbam Tablet	1	
Orphenadrine Tablet	1	
Tizanidine	1	(ST)(QL)
Vanadom Tablet	1	(QL)
Zanaflex	3	(ST)(QL)
NASAL ALLERGY		
Astepro Spray	3	(QL)(M)
Azel/Flutic Spray	2	(ST)(QL)
Azelastine	1	(QL)(M)
Dymista Spray	2	(QL)
Flunisolide Spray	1	(QL)(M)
Xhance Misc	3	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Abiraterone Tablet	1	(PA)(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Bosulif Tablet	4	(PA)(QL)(M)
Capecitabine Tablet	1	(QL)(M)
Exemestane Tablet	1	(QL)(M)
Hydrea Capsule	3	
Hydroxyurea Capsule	1	
Ibrance	4	(PA)(QL)(M)
Iclusig Tablet	4	(PA)(QL)(M)
Imatinib	1	(PA)(QL)
Imbruvica Tablet	4	(PA)(QL)(M)
Jakafi Tablet	4	(PA)(QL)(M)
Lenalidomide Capsule	1	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lynparza Tablet	4	(PA)(QL)(M)
Megestrol Ac Tablet	1	
Mercaptopur Tablet	1	(M)
Methotrexate	1	(M)
Nerlynx Tablet	4	(PA)(QL)(M)
Otrexup Injectable	4	(PA)(QL)(M)
Rasuvo Injectable	2	(ST)(QL)
Revlimid Capsule	4	(PA)(QL)(M)
Sprycel Tablet	4	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Tasigna Capsule	4	(PA)(QL)(M)
Temozolomide Capsule	1	(QL)(M)
Venclexta Tablet	4	(PA)(QL)(M)
Verzenio Tablet	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Xeloda Tablet	4	(QL)(M)
Yonsa Tablet	4	(PA)(QL)(M)
OPHTHALMIC STEROIDS		
Alrex Suspension	3	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emulsion	1	(QL)
Durezol Emulsion	3	(QL)
Fluoromethol Suspension	1	
Fml Forte Suspension	3	
Lotemax	3	(QL)
Lotemax Sm Gel	3	(QL)
Loteprednol Suspension	1	(QL)
Neo/Poly/Dex	1	
Pred Mild Suspension	3	
Prednisolone	1	(QL)
Sulf/Pred Na Solution	1	
Tobra/Dexame Suspension	1	
Tobradex St Suspension	3	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Besivance Suspension	3	(QL)
Gatifloxacin Solution	1	(QL)
Moxeza Solution	3	(ST)(QL)
Ofloxacin Drop	1	
Polymyxin B/ Solution	1	
Polytrim Solution	3	
Sulfacet Sod Solution	1	
Tobramycin Solution	1	
Vigamox Drop	3	(QL)
Zymaxid Solution	3	(QL)
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Acuvail Solution	3	(QL)
Brimonidine 0.15%	1	(M)
Bromfenac Solution	1	
Combigan Solution	1	(QL)(M)
Cosopt Solution	3	(QL)(M)
Cosopt Pf Solution	3	(QL)(M)
Diclofenac 3%	1	(QL)(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
Prolensa Solution	3	(ST)(QL)
Restasis Emulsion	3	(M)
Restasis Mul Emulsion	3	(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Timoptic Ocu Solution	3	(ST)(M)
Verkazia Emulsion	4	(PA)(QL)(M)
Xiidra Drop	3	(QL)(M)
OPHTHALMICS (EYE) PROSTGLANDINS		
Bimatoprost Solution	1	(QL)(M)
Latanoprost Solution	1	(QL)(M)
Lumigan Solution	2	(QL)(M)
Travatan Z Drop	3	(ST)(QL)(M)
Travoprost Drop	1	(ST)(QL)(M)
Xalatan Solution	3	(QL)(M)
Zioptan Drop	3	(ST)(QL)(M)
OPIOID ANTAGONISTS		
Kloxxado Spray	2	(QL)(M)
Naloxone	1	(QL)(M)
Naloxone Hcl Spray	1	(QL)(M)
Naltrexone Tablet	1	
Narcan Spray	2	(QL)(M)
Vivitrol Injectable	4	(QL)(M)
OPIOID PARTIAL AGONISTS		
Belbuca Misc	2	(QL)
Bupren/Nalox	1	(QL)
Buprenorphin	1	(QL)
Butorphanol Solution	1	(QL)
Sublocade Injectable	4	(QL)(M)
OSTEOPOROSIS		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spray	1	(M)
Ibandronate Tablet	1	(QL)(M)
Prolia Injectable	4	(M)
Risedronate Tablet	1	(ST)(QL)(M)
Tymlos Injectable	4	(PA)(M)
OTIC PREPARATIONS (EAR)		
Cipro/Dexa Suspension	1	
Neo/Poly/Hc	1	
OTIC STEROIDS		
Dermotic Oil	3	
Flac Oil	1	
PAIN MEDICATIONS - NARCOTICS		
Apap/Codeine Tablet	1	(QL)
Bac Tablet	1	(QL)
Bupap Tablet	1	(QL)
But/Apap/Caf	1	(QL)
But/Asa/Caff Capsule	1	(QL)
Butal/Acetam Tablet	1	(QL)
Butal/Apap Tablet	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Butalb/Aceta Tablet	1	(QL)
Endocet Tablet	1	(QL)
Fentanyl Patch	1	(PA)(QL)
Fioricet Capsule	3	(QL)
Hydro/Aceta Solution	1	
Hydroco/Apap	1	(QL)
Hydromorphon Tablet	1	(QL)
Meperidine Solution	1	(QL)
Methadone Tablet	1	(QL)
Morphine Sul	1	(ST)(QL)
Oxaydo Tablet	3	(QL)
Oxy-Acetamin Tablet	1	(QL)
Oxycod-Apap Tablet	1	(QL)
Oxycod/Apap Tablet	1	(QL)
Oxycodone	1	(QL)
Oxymorphone Tablet	1	(ST)(QL)
Roxicodone Tablet	3	(QL)
Tramadol	1	(QL)
Xtampza Er Capsule	2	(ST)(QL)
PAIN MEDICATIONS NSAIDS		
Cataflam Tablet	1	
Celecoxib Capsule	1	(QL)(M)
Diclofen Pot Tablet	1	
Etodolac Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	(M)
PANCREATIC ENZYME		
Creon Capsule	2	(QL)(M)
Pancreaze Capsule	2	(QL)(M)
Pertzye Capsule	2	(QL)(M)
Zenpep Capsule	2	(QL)(M)
PARKINSON'S		
Amantadine	1	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	1	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo 50 Tablet	1	(M)
Carb/Levo 75 Tablet	1	(M)
Carb/Levo Er Tablet	1	(QL)(M)
Carb/Levo100 Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Carb/Levo125 Tablet	1	(M)
Carb/Levo150 Tablet	1	(M)
Carb/Levo200 Tablet	1	(M)
Neupro Patch	3	(QL)(M)
Pramipexole Tablet	1	(QL)(M)
Rasagiline Tablet	1	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
PHENOTHIAZINES		
Chlorpromaz Tablet	1	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
PHOSPHATE		
K-Phos Tablet	3	
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Virt-Phos Tablet	1	
PHOSPHATE BINDING AGENTS		
Calc Acetate Capsule	1	(M)
Sevelamer Tablet	1	(M)
POSTERIOR PITUITARY HORMONES		
Ddavn Tablet	3	(QL)
Desmopressin	1	(QL)
POTASSIUM		
Potassium Chloride	1	(M)
POTASSIUM REMOVING RESINS		
Lokelma Packet	2	(PA)(QL)(M)
PRENATAL VITAMINS		
Co-Natal Fa Tablet	3	
Complete Nat Packet	1	
M-Natal Plus Tablet	3	
Natalvit Tablet	3	
Neonatal Tablet	3	
Neonatal Pls Tablet	3	
Niva-Plus Tablet	3	
One Vite Tablet	3	
Prenatal Tablet	1	
Prenatal Vit Tablet	3	
Prenatrix Tablet	3	
Prenatryl Tablet	3	
Preplus Tablet	3	
Trinatal Rx Tablet	1	
Vinate One Tablet	3	
Virt Nate Tablet	3	

Drug Name	Drug Tier	Requirements & Limits
Vitathely Tablet	3	
Westab Plus Tablet	3	
PROLACTIN INHIBITORS		
Cabergoline Tablet	1	(QL)(M)
PROSTATE		
Alfuzosin Tablet	1	(QL)(M)
Dutast/Tamsu Capsule	1	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Silodosin Capsule	1	(ST)(QL)(M)
Tadalafil Tablet	1	(PA)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
Uroxatral Tablet	3	(QL)(M)
PULMONARY ARTERIAL HYPERTENSION		
Adempas Tablet	4	(PA)(QL)(M)
Alyq Tablet	1	(PA)(QL)(M)
Ambrisentan Tablet	4	(PA)(QL)(M)
Opsumit Tablet	4	(PA)(QL)(M)
Orenitram Tablet	4	(PA)(QL)(M)
Sildenafil Tablet	1	(PA)(QL)
PYRIMIDINE SYNTHESIS INHIBITORS		
Leflunomide Tablet	1	(M)
RECTAL COMBINATIONS		
Hc Pramoxine Cream	1	
Procort Cream	3	
RECTAL STEROIDS		
Anucort-Hc Suppository	1	
Anusol-Hc Suppository	1	
Hemmorex-Hc Suppository	1	
Hydrocort Ac Suppository	1	
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	2	(QL)
SALICYLATES		
Aspirin	1	(QL)(M)(AGE)
SCABICIDES & PEDICULICIDES		
Permethrin Cream	1	
SEIZURE DISORDER		
Aptiom Tablet	3	(ST)(QL)(M)
Briviact	3	(QL)(M)
Carbamazepin	1	(QL)(M)
Carbatrol Capsule	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Clobazam	1	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
Dilantin Capsule	3	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epidiolex Solution	3	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide	1	(QL)(M)
Fycompa	3	(QL)(M)
Gabapentin	1	(QL)(M)
Keppra	3	(ST)(QL)(M)
Keppra Xr Tablet	3	(ST)(QL)(M)
Klonopin Tablet	3	(ST)(QL)(M)
Lamictal Tablet	3	(ST)(QL)(M)
Lamictal Odt Tablet	3	(ST)(QL)(M)
Lamictal Xr Tablet	3	(ST)(QL)(M)
Lamotrig Odt Tablet	1	(ST)(QL)(M)
Lamotrigine Tablet	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
Mysoline Tablet	3	(ST)(QL)(M)
Nayzilam Spray	3	(QL)
Onfi	3	(PA)(QL)(M)
Oxcarbazepin	1	(QL)(M)
Oxtellar Xr Tablet	3	(ST)(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	3	(ST)(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Tegretol Tablet	3	(ST)(QL)(M)
Tegretol-Xr Tablet	3	(ST)(QL)(M)
Topamax Tablet	3	(ST)(QL)(M)
Topamax Spr Capsule	3	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Trileptal	3	(ST)(QL)(M)
Vimpat Solution	3	(ST)(QL)(M)
Vimpat Tablets	3	(ST)(QL)(M)
Xcopri Tablet	3	(ST)(QL)(M)
Zarontin	3	(ST)(QL)(M)
Zonegran Capsule	3	(ST)(QL)(M)
Zonisamide Capsule	1	(QL)(M)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM		
Chor Gonadot Injectable	1	(PA)

Drug Name	Drug Tier	Requirements & Limits
Novarel Injectable	3	(PA)
Pregnyl Injectable	3	(PA)
SMOKING CESSATION		
Apo-Varenicl Tablet	2	(QL)(M)(AGE)
Commit Loz	2	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
EqL Nicotine Loz	1	(QL)(M)(AGE)
Gnp Nicotine	1	(QL)(M)(AGE)
Habitrol Patch	1	(QL)(M)(AGE)
Hm Nicotine	1	(QL)(M)(AGE)
Kls Quit2	1	(QL)(M)(AGE)
Kls Quit4	1	(QL)(M)(AGE)
Nicoderm Cq Patch	2	(QL)(M)(AGE)
Nicorelief Gum	1	(QL)(M)(AGE)
Nicorette	2	(QL)(M)(AGE)
Nicorette St Gum	2	(QL)(M)(AGE)
Nicotine	1	(QL)(M)(AGE)
Nicotine Pol	1	(QL)(M)(AGE)
Nicotine Td Patch	1	(QL)(M)(AGE)
Qc Nicotine Patch	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	1	(QL)(M)(AGE)
SOMATOSTATIC AGENTS		
Octreotide Injectable	1	(QL)(M)
Sandostatin Injectable	4	(QL)(M)
Somatuline Injectable	4	(PA)(QL)(M)
STEROIDS		
Budesonide Capsule	1	(QL)
Decadron Tablet	1	
Dexamethason	1	
Medrol Tablet	3	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
Solu-Cortef Injectable	3	
STIMULANTS - ADHD/WAKEFULNESS		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	1	(QL)
Atomoxetine Capsule	1	(QL)(M)
Daytrana Patch	3	(ST)

Drug Name	Drug Tier	Requirements & Limits
Dexmethylphenidate Er	1	(QL)
Dextroamphet	1	(QL)
Jornay Pm Capsule	3	(ST)(QL)(M)
Methylphenid	1	(QL)
Modafinil Tablet	1	(QL)
Qelbree Capsule	3	(ST)(QL)(M)
Quillichew Chewable	2	(QL)
Quillivant Suspension	2	(QL)
Sunosi Tablet	3	(ST)(QL)
Vyvanse Capsule	2	(QL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
Benlysta Injectable	4	(PA)(QL)(M)
THROAT PRODUCTS - MISC.		
Cevimeline Capsule	1	
THYROID		
Cytomel Tablet	2	(M)
Euthyrox Tablet	2	(QL)(M)
Levo-T Tablet	2	(QL)(M)
Levothyroxin	1	(QL)(M)
Levoxyl Tablet	2	(QL)(M)
Liothyronine Tablet	1	(M)
Nature Throid	3	(M)
Synthroid Tablet	3	(QL)(M)
Tirosint Capsule	3	(QL)(M)
UNCATEGORIZED		
Ofev Capsule	4	(PA)(QL)(M)
Reset-O Misc	2	(QL)(M)
URINARY ANALGESICS		
Phenazopyridine	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
Gemtesa Tablet	3	(ST)(QL)(M)
Myrbetriq	3	(ST)(QL)(AGE)(M)
URINARY INCONTINENCE		
Bentyl Capsule	3	(M)
Detrol Tablet	3	(ST)(QL)(M)
Detrol La Capsule	3	(ST)(QL)(M)
Dicyclomine	1	(M)
Ditropan XI Tablet	3	(ST)(QL)(M)
Fesoterodine Tablet	1	(QL)(M)
Glycate Tablet	3	(M)
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Oscimin Sr Tablet	1	(M)
Oxybutynin	1	(QL)(M)
Robinul Tablet	3	(M)
Robinul Fort Tablet	3	(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	1	(QL)(M)
Toviaz Tablet	3	(ST)(QL)(M)
Tropium Chl Capsule	1	(QL)(M)
Tropium Cl Tablet	1	(QL)(M)
Vesicare Tablet	3	(ST)(QL)(M)
VACCINES		
Comirnaty Injectable	2	(QL)
Engerix-B Injectable	2	
Fluad Quadri Injectable	2	(M)
Flublok Quad Injectable	2	(M)
Gardasil 9 Injectable	2	(AGE)
Havrix Injectable	2	
Hepilisav-B Injectable	2	(QL)
Janssen Vacc Injectable	2	(QL)
M-M-R li Injectable	2	
Menactra Injectable	2	
Menveo Injectable	2	
Moderna Injectable	2	(QL)
Moderna Biva Injectable	2	(QL)
Moderna Vac Injectable	2	(QL)
Moderna Vacc Injectable	2	(QL)(AGE)
Novavax Vac Injectable	2	(QL)
Pfizer Bival Injectable	2	(QL)
Pfizer Vacc Injectable	2	(QL)(AGE)
Pneumovax 23 Injectable	2	(AGE)
Prevnar 20 Injectable	2	(AGE)
Recombiva Hb Injectable	2	
Shingrix Injectable	2	(QL)(AGE)
Spikevax Injectable	2	(QL)
Twinrix Injectable	2	
Vaqta Injectable	2	
Varivax Injectable	2	
VAGINAL ANTI-INFECTIVES		
Nuessa Gel	3	(QL)
Terazol 7 Cream	3	
Terconazole Cream	1	
Vandazole Gel	3	
VITAMINS/ELECTROLYTES		
Adc/Fluoride Drop	1	(M)
Dodex Injectable	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Folic Acid Tablet	1	(M)
Iron Inf-Tod Drop	1	(QL)(AGE)
Iron Inf/Tod Drop	1	(QL)(AGE)
Iron Supplmt Drop	1	(QL)(AGE)
Multi-Vit-FI Chewable	3	(M)
Multi-Vit/FI	1	(M)
Multivit/FI Chewable	3	(M)
Pedia Iron Drop	1	(QL)(AGE)
Pediatric Drop	1	(QL)(AGE)
Poly-Vi-Flor Chewable	3	(M)
Pot Citra Er Tablet	1	
Quflora Chewable	3	(M)
Sod Citrate Solution	1	
Tri-Vit/FI Drop	1	(M)
Tri-Vit/Fluo Drop	1	(M)
Vit A/C/D/FI Drop	1	(M)
Vitamin D	1	(M)