

# Prescription Drug List



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. Select Health 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.

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This information is available for free in other languages and alternate formats by contacting:

Scripius: **800-442-3127** / Select Health: **800-538-5038**

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

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
Adapalene Gel	1	(ST)
Amnesteem Capsule	2	
Azelaic Acid Gel	1	
Claravis Capsule	2	
Clindam/Benz Gel	2	(ST)
Clindamy/Ben Gel	2	(ST)
Ery/Benzoyl Gel	1	
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Ivermectin	2	(ST)(QL)
Metronidazol	1	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sodium Sulf Suspension	2	
Sulfacetamid Lot	2	
Sulfacleanse Suspension	2	
Tretinoin Cream	2	(AGE)
Zenatane Capsule	2	
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b>Auvi-Q Injectable</b>	2	(QL)
Epinephrine Injectable	1	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	1	
Disulfiram Tablet	1	
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	1	(M)
<b>ANTIBIOTICS</b>		
Amox-Pot Cla Tablet	1	
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacin	1	
Clarithromyc Tablet	1	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	(QL)
Doxycycline Mono Capsule 100Mg	1	

Drug Name	Drug Tier	Requirements & Limits
Erythrom Eth Suspension	2	(AGE)
Levofloxacin Tablet	1	
Linezolid Tablet	1	(QL)
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Moxifloxacin	1	
Neomycin Tablet	1	
Nitrofur Mac Capsule	1	
Nitrofurantn	1	(AGE)
Penicillin Vk	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	1	
Tinidazole Tablet	1	
Tobramycin	1	(PA)(QL)(M)
Trimethoprim Tablet	1	
Vancomycin Capsule	2	(QL)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	1	(QL)
<b>ANTIFUNGALS</b>		
Ciclofan Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	1	
Fluconazole	1	(QL)
Itraconazole Capsule	1	(QL)
Ketoconazole	1	
Klayesta Powder	1	(QL)
Nyamyc Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	1	
Hydroxychlor	1	(M)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	2	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	1	
Isoniazid Tablet	1	
Rifampin Capsule	1	
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	2	

Drug Name	Drug Tier	Requirements & Limits
<b>ANTISEBORRHEIC PRODUCTS</b>		
Sodium Sulfa Liq	1	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
<b>ANTIVIRALS</b>		
Acyclovir	1	
<b>Biktarvy Tablet</b>	4	(QL)(M)
Darunavir Tablet	1	(QL)(M)
<b>Descovy Tablet</b>	4	(PA)(QL)(M)
<b>Dovato Tablet</b>	4	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
<b>Genvoya Tablet</b>	4	(QL)(M)
<b>Isentress Tablet</b>	4	(QL)(M)
<b>Isentress Hd Tablet</b>	4	(QL)(M)
<b>Juluca Tablet</b>	4	(QL)(M)
<b>Odefsey Tablet</b>	4	(QL)(M)
<b>Paxlovid Tablet</b>	4	(QL)(M)
<b>Prezcobix Tablet</b>	4	(QL)(M)
<b>Prezista Tablet</b>	4	(QL)(M)
Ritonavir Tablet	1	(QL)(M)
<b>Symtuza Tablet</b>	4	(QL)(M)
Tenofovir Tablet	1	(QL)(M)
<b>Tivicay Tablet</b>	4	(QL)(M)
<b>Triumeq Tablet</b>	4	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclov Tablet	4	(QL)(M)
<b>Viread Tablet</b>	4	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	1	(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	1	
Diazepam	1	
Eszopiclone Tablet	1	(QL)
Hydroxyzine	1	
Lorazepam Tablet	1	
Ramelteon Tablet	1	(QL)(M)
Temazepam Capsule	1	(QL)
Triazolam Tablet	1	(QL)
Zaleplon Capsule	1	(QL)
Zolpidem Tablet	1	(QL)
Zolpidem Er Tablet	1	(QL)
<b>ASTHMA AND COPD*</b>		
Albuterol	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Anoro Ellipt Inhalation</b>	2	(QL)(M)
Arformoterol Neb	2	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	2	(QL)(M)
<b>Asmanex</b>	2	(QL)(M)
<b>Atrovent Hfa Inhalation</b>	3	(M)
<b>Breztri Inhalationo Inhalation</b>	2	(QL)(M)(AGE)
Budesonide	2	(QL)(M)
<b>Combivent Inhalation</b>	2	(QL)(M)
Flutic/Salme	1	(PA)(QL)(M)
Flutic/Vilan Inhalation	1	(PA)(QL)(M)
Fluticas Hfa Inhalation	2	(QL)(M)
Fluticasone	2	(QL)(M)
Ipratropium	1	(M)
Kourzeq Pst	1	
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	1	
<b>Serevent Dis Inhalation</b>	2	(M)
<b>Spiriva Handihaler</b>	2	(QL)(M)
<b>Spiriva Respimat</b>	2	(QL)(M)
<b>Stiolto Inhalation</b>	2	(QL)(M)
<b>Symbicort Inhalation</b>	1	(QL)(M)
Theophylline Tablet	1	(M)
<b>Trelegy Inhalation</b>	2	(QL)(M)(AGE)
Triamcinolon	1	
<b>Ventolin Hfa Inhalation</b>	2	(QL)(M)
Wixela Inhub Inhalation	1	(QL)(M)
Zafirlukast Tablet	1	(QL)(M)
<b>BLOOD THINNERS</b>		
<b>Brilinta Tablet</b>	2	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	1	(QL)(M)
<b>Eliquis Tablet</b>	2	(QL)(M)
<b>Eliquis St P Tablet</b>	2	(QL)
Enoxaparin Injectable	2	
Heparin Sod Injectable	1	
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	2	(QL)(M)
<b>BURN PRODUCTS</b>		
Silver Sulfa Cream	1	
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>CARDIOVASCULAR*</b>		
Amilor/Hctz 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)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	1	(QL)(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(QL)(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	1	(M)
Dofetilide Capsule	1	(M)
Doxazosin Tablet	1	(QL)(M)
Enalapril	2	(QL)(AGE)(M)
<b>Entresto Tablet</b>	2	(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)

Drug Name	Drug Tier	Requirements & Limits
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)
Midodrine Tablet	1	
Minoxidil Tablet	1	(M)
<b>Multaq Tablet</b>	2	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
<b>Nitro-Bid Oin</b>	3	(M)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Olm Med/Amlo Tablet	1	(ST)(QL)(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)
Ramipril Capsule	1	(M)
Ranolazine Tablet	1	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Af Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spiro/Hctz Tablet	1	(M)
Spironolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmis/Amlod Tablet	1	(QL)(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
Terazosin Capsule	1	(QL)(M)
Tiadyt Capsule	1	(M)
Torseamide Tablet	1	(M)
Trandolapril Tablet	1	(M)
Triamt/Hctz	1	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
<b>Verelan Pm Capsule</b>	3	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)

Drug Name	Drug Tier	Requirements & Limits
Cholestyram Powder	1	(QL)(M)
Colesevelam Tablet	2	(QL)(M)
Colestipol Tablet	1	(QL)(M)
Ezetim/Simva Tablet	1	(ST)(QL)(M)
Ezetimibe Tablet	1	(QL)(M)
Fenofibrate	1	(QL)(M)
Fluvastatin Capsule	1	(ST)(QL)(M)(AGE)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	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)
Pitavastatin Tablet	1	(ST)(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
Prevalite Powder	2	(QL)(M)
<b>Repatha Injectable</b>	2	(PA)(QL)(M)
<b>Repatha Push Injectable</b>	2	(PA)(QL)(M)
<b>Repatha Sure Injectable</b>	2	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	3	(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
<b>Phexxi Gel</b>	3	(QL)(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	1	(ST)(QL)
Bpm-Pse-Dm Syrup	1	(QL)
Brom/Pse/Dm Syrup	1	(QL)
Bromfed Dm Solution	1	(QL)
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaifenesin Syrup	1	
Hydrocod/Hom	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod Solution	1	
Promethazine	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	1	

Drug Name	Drug Tier	Requirements & Limits
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Pulmozyme Solution</b>	4	(QL)(M)
<b>Trikafta</b>	4	(PA)(QL)(AGE)(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Periogard Solution	1	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	3	(QL)
Calcipotrien Cream	2	
Diclofenac 1%	2	(PA)(M)
Fluorouracil Cream	1	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
<b>Tolak Cream</b>	3	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	1	
Alclometason Cream	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val Cream	1	
Clobetasol	1	(QL)
Clobetasol E Cream	1	
Desonide	1	
Fluocin Acet	1	
Fluocinonide	1	(ST)(QL)
Hydrocort	1	(M)
Mometasone	1	
Triderm Cream	2	
<b>DIABETES - INSULIN*</b>		
<b>Fiasp Injectable</b>	2	(M)
<b>Fiasp Flex Injectable</b>	2	(M)
<b>Humulin R U-500</b>	2	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
<b>Insulin Glar</b>	2	(M)
<b>Lantus Injectable</b>	2	(M)
<b>Lantus Solos Injectable</b>	2	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
<b>Novolog Injectable</b>	2	(M)
<b>Novolog Mix Injectable</b>	2	(M)
<b>Toujeo Max Injectable</b>	2	(M)
<b>Toujeo Solo Injectable</b>	2	(M)
<b>DIABETES - NON-INSULIN*</b>		
Acarbose Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Alogliptin Tablet	1	(QL)(M)
Alogliptin/Metformin	1	(QL)(M)
<b>Baqsimi One Powder</b>	2	
<b>Baqsimi Two Powder</b>	2	
<b>Bydureon Bc Injectable</b>	2	(PA)(QL)(M)
<b>Farxiga Tablet</b>	2	(QL)(M)
Glimepiride Tablet	1	(M)
Glip/Metform Tablet	1	(M)
Glipizide	1	(M)
Glucagon Kit	1	
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
Metformin Tablet	1	(M)
<b>Mounjaro Injectable</b>	2	(PA)(QL)(M)
Pioglit/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Repaglinide Tablet	1	(M)
<b>Soliqua Injectable</b>	2	(ST)(QL)(M)
<b>Steglatro Tablet</b>	3	(ST)(QL)(M)
<b>Xigduo Xr Tablet</b>	2	(QL)(M)
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr Mis</b>	3	(M)
<b>10MI Ll Syrg Mis</b>	3	(M)
10MI Syringe Mis	1	(M)
<b>12MI Syringe Mis</b>	3	(M)
<b>140MI Syring Mis</b>	3	(M)
<b>1MI Allr Syr Mis</b>	3	(M)
<b>1MI Slip Tip Mis</b>	3	(M)
1MI Syringe Mis	1	(M)
<b>1MI Tb Syrng Mis</b>	3	(M)
20MI Syringe Mis	1	(M)
<b>3MI Syringe Mis</b>	3	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
<b>3MI Ll Syrng Mis</b>	3	(M)
<b>3MI Luer Loc Mis</b>	3	(M)
3MI Syringe Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(M)
<b>6MI Syringe Mis</b>	3	(M)
<b>Accu-Chek Tes</b>	3	(PA)(QL)(M)
<b>Accutrend Tes</b>	3	(PA)(QL)(M)
<b>Admix Needle Mis</b>	3	(M)
<b>Advance Tes</b>	3	(PA)(QL)(M)
<b>Advocate Tes</b>	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Agamatrix Tes</b>	3	(PA)(QL)(M)
<b>Allergy Syrg Mis</b>	3	(M)
<b>Assure Tes</b>	3	(PA)(QL)(M)
<b>Assure 3 Tes</b>	3	(PA)(QL)(M)
<b>Assure 4 Tes</b>	3	(PA)(QL)(M)
<b>Assure li Tes</b>	3	(PA)(QL)(M)
<b>Assure Prism Tes</b>	3	(PA)(QL)(M)
<b>Assure Pro Tes</b>	3	(PA)(QL)(M)
<b>Autocode Tes</b>	3	(PA)(QL)(M)
<b>Bd 20MI Syrg Mis</b>	3	(M)
<b>Bd 50MI Syrg Mis</b>	3	(M)
<b>Bd 5MI Syrg Mis</b>	3	(M)
<b>Bd Eclipse Mis</b>	3	(M)
<b>Bd Hypo Need Mis</b>	3	(M)
<b>Bd Integra Mis</b>	3	(M)
<b>Bd Luer-Lok Mis</b>	3	(M)
<b>Bd Needle Mis</b>	3	(M)
<b>Bd Needles Mis</b>	3	(M)
<b>Bd Plastipak Mis</b>	3	(M)
<b>Bd Precision Mis</b>	3	(M)
<b>Bd Safety Mis</b>	3	(M)
<b>Bd Syr 50MI Mis</b>	3	(M)
<b>Bd Tb 1MI Mis</b>	3	(M)
<b>Biotel Care Tes</b>	3	(PA)(QL)(M)
Blood Glucos Tes	1	(PA)(QL)(M)
<b>Blulink Tes</b>	3	(PA)(QL)(M)
<b>Bulb Irr Syr Mis</b>	3	(M)
<b>Carepoint Sa Mis</b>	3	(M)
<b>Carepoint Sy Mis</b>	3	(M)
<b>Carepoint Tu Mis</b>	3	(M)
<b>Caresens N Tes</b>	3	(PA)(QL)(M)
<b>Caretouch Mis</b>	3	(PA)(QL)(M)
<b>Catheter/Tip Mis</b>	3	(M)
<b>Clever Chek Tes</b>	3	(PA)(QL)(M)
<b>Clever Choic Tes</b>	3	(PA)(QL)(M)
<b>Clevr Choice Tes</b>	3	(PA)(QL)(M)
<b>Confirm/Micr Tes</b>	3	(PA)(QL)(M)
<b>Contour Tes</b>	3	(PA)(QL)(M)
<b>Contour Plus Tes</b>	3	(PA)(QL)(M)
<b>Cool Blood Tes</b>	3	(PA)(QL)(M)
<b>Cvs Advanced Tes</b>	3	(PA)(QL)(M)
<b>Cvs Glucose Tes</b>	3	(PA)(QL)(M)
<b>Cvs True Met Tes</b>	3	(PA)(QL)(M)
<b>D-Care Blood Tes</b>	3	(PA)(QL)(M)
<b>Deflux Needl Mis</b>	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Dexcom G6 Mis	2	(ST)(QL)(M)(AGE)
Dexcom G7 Mis	2	(ST)(QL)(M)(AGE)
Diathrive Mis	3	(PA)(QL)(M)
Diathrive+ Mis	3	(PA)(QL)(M)
Diatrue Plus Tes	3	(PA)(QL)(M)
Dropsafe Mis	3	(M)
Duo-Care Tes	3	(PA)(QL)(M)
Easy Glide Mis	3	(M)
Easy Max Glc Tes	3	(PA)(QL)(M)
Easy Plus li Tes	3	(PA)(QL)(M)
Easy Step Tes	3	(PA)(QL)(M)
Easy Talk Tes	3	(PA)(QL)(M)
Easy Touch	3	(PA)(QL)(M)
Easy Trak Tes	3	(PA)(QL)(M)
Easy Trak li Tes	3	(PA)(QL)(M)
Easygluco Tes	3	(PA)(QL)(M)
Easymax Tes	3	(PA)(QL)(M)
Easymax 15 Tes	3	(PA)(QL)(M)
Easypoint Mis	3	(M)
Easypro Tes	3	(PA)(QL)(M)
Easypro Plus Tes	3	(PA)(QL)(M)
Eclipse Ndle Mis	3	(M)
Element Tes	3	(PA)(QL)(M)
Elemnt Compa Tes	3	(PA)(QL)(M)
Embrace Tes	3	(PA)(QL)(M)
Embrace Evo Tes	3	(PA)(QL)(M)
Embrace Pro Tes	3	(PA)(QL)(M)
Embrace Talk Tes	3	(PA)(QL)(M)
Embrace Wave Tes	3	(PA)(QL)(M)
Enlite Gluco Mis	3	(PA)(QL)(M)
Evolution Tes	3	(PA)(QL)(M)
Fifty50 Gluc Tes	3	(PA)(QL)(M)
Fill Needle Mis	3	(M)
Filter Needl Mis	3	(M)
Fora 6 Mis	3	(PA)(QL)(M)
Fora 6Con Tes	3	(PA)(QL)(M)
Fora Advance Tes	3	(PA)(QL)(M)
Fora Blood Tes	3	(PA)(QL)(M)
Fora D15g Tes	3	(PA)(QL)(M)
Fora D20 Tes	3	(PA)(QL)(M)
Fora D40/G31 Tes	3	(PA)(QL)(M)
Fora G20 Tes	3	(PA)(QL)(M)
Fora G30/V10 Tes	3	(PA)(QL)(M)
Fora Gd20 Tes	3	(PA)(QL)(M)
Fora Gd50 Tes	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Fora Gtel Tes	3	(PA)(QL)(M)
Fora Tn'g Tes	3	(PA)(QL)(M)
Fora V10 Tes	3	(PA)(QL)(M)
Fora V12 Tes	3	(PA)(QL)(M)
Fora V20 Tes	3	(PA)(QL)(M)
Fora V30a Tes	3	(PA)(QL)(M)
Foracare Tes	3	(PA)(QL)(M)
Fortiscare Tes	3	(PA)(QL)(M)
Free Libre3 Kit	2	(ST)(QL)(M)
Freesty Libr	2	(ST)(QL)(M)(AGE)
Freestyle	2	(ST)(QL)(AGE)(M)
Ge100 Blood Tes	3	(PA)(QL)(M)
Genultimate Tes	3	(PA)(QL)(M)
Ght Test Tes	3	(PA)(QL)(M)
Gluco Perfec Tes	3	(PA)(QL)(M)
Glucocard Tes	3	(PA)(QL)(M)
Glucocard 01 Tes	3	(PA)(QL)(M)
Glucocom Tes	3	(PA)(QL)(M)
Gluconavii Tes	3	(PA)(QL)(M)
Glucose Tes	3	(PA)(QL)(M)
Gnp Tru Metr Tes	3	(PA)(QL)(M)
Gnp Truetrac Tes	3	(PA)(QL)(M)
Gojji Blood Tes	3	(PA)(QL)(M)
Gojji Strips Mis	3	(PA)(QL)(M)
Guardian Mis	3	(PA)(QL)(AGE)(M)
Guardian 4 Mis	3	(PA)(QL)(M)(AGE)
Guardian Con Mis	3	(PA)(QL)(M)(AGE)
Guardian Rt Mis	3	(PA)(QL)(AGE)(M)
Hw Embrace Tes	3	(PA)(QL)(M)
Hypo Needle Mis	1	(M)
Iglucose Tes	3	(PA)(QL)(M)
Ihealth Bloo Tes	3	(PA)(QL)(M)
In Touch Tes	3	(PA)(QL)(M)
Infinity Tes	3	(PA)(QL)(M)
Insulin Syringes	1	(M)
Kroger Blood Tes	3	(PA)(QL)(M)
Lancets	1	(M)
Liberty Tes	3	(PA)(QL)(M)
Liberty Next Tes	3	(PA)(QL)(M)
Luer-Lock Mis	3	(M)
Luer-Lok Mis	3	(M)
Meijer Tes	3	(PA)(QL)(M)
Meijer Blood Tes	3	(PA)(QL)(M)
Microdot Tes	3	(PA)(QL)(M)
Minilink Rt Mis	3	(PA)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Minimed 630G Mis	3	(PA)(QL)(M)(AGE)
Mm Blulink Tes	3	(PA)(QL)(M)
Monoject S/P Mis	3	(M)
Myglucohealt Tes	3	(PA)(QL)(M)
Needles Mis	3	(M)
Neutek 2Tek Tes	3	(PA)(QL)(M)
No Coding Tes	3	(PA)(QL)(M)
Norm-Ject Mis	3	(M)
Nova Max Tes	3	(PA)(QL)(M)
Omnipod 5 Kit	2	(PA)(QL)(M)
Omnipod 5 De Mis	2	(PA)(QL)(M)
Omnipod 5 G6	2	(PA)(QL)(M)
Omnipod Dash	2	(PA)(QL)(M)
On Call Tes	3	(PA)(QL)(M)
One Drop Tes	3	(PA)(QL)(M)
Onetouch Tes	3	(PA)(QL)(M)
Optiumez Tes	3	(PA)(QL)(M)
Paradigm Rea Mis	3	(PA)(QL)(M)(AGE)
Pen Needles	3	(M)
Perfect Poin Mis	3	(M)
Pharm Syrng Mis	3	(M)
Pharm Tray Mis	3	(M)
Pip Blood Tes	3	(PA)(QL)(M)
Piston Irrig Mis	3	(M)
Pocketchem Tes	3	(PA)(QL)(M)
Poly Hub Mis	3	(M)
Precision Tes	2	(QL)(M)
Precisn Xtra Tes	2	(QL)(M)
Premium Bloo Mis	3	(PA)(QL)(M)
Pro Voice Tes	3	(PA)(QL)(M)
Prodigy No Tes	3	(PA)(QL)(M)
Pts Panels Tes	3	(PA)(QL)(M)
Quicktek Tes	3	(PA)(QL)(M)
Quintet Tes	3	(PA)(QL)(M)
Quintet Ac Tes	3	(PA)(QL)(M)
Ra Blood Tes	3	(PA)(QL)(M)
Refuah Plus Tes	3	(PA)(QL)(M)
Relion Tes	3	(PA)(QL)(M)
Relion Premi Tes	3	(PA)(QL)(M)
Relion Prime Tes	3	(PA)(QL)(M)
Relion True Tes	3	(PA)(QL)(M)
Rightest Tes	3	(PA)(QL)(M)
Safetyglide Mis	3	(M)
Safty Needle Mis	3	(M)
Securesafe Mis	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Slip Tip 1MI Mis	3	(M)
Slip Tip 3MI Mis	3	(M)
Smart Sense Tes	3	(PA)(QL)(M)
Smartest Tes	3	(PA)(QL)(M)
Solus V2 Tes	3	(PA)(QL)(M)
Supreme Tes	3	(PA)(QL)(M)
Syrg/Ndl 3MI Mis	3	(M)
Syringe 5MI Mis	3	(M)
Syringe Luer Mis	3	(M)
Tb Syringe Mis	3	(M)
Tb Syrng 1MI Mis	3	(M)
Toomey Syrin Mis	1	(M)
Tru Metrix Tes	3	(PA)(QL)(M)
True Focus Mis	3	(PA)(QL)(M)
True Metrix Tes	3	(PA)(QL)(M)
Truetest Tes	3	(PA)(QL)(M)
Truetrack Tes	3	(PA)(QL)(M)
Unistrip1 Tes	3	(PA)(QL)(M)
Vent Needle Mis	3	(M)
Verasens Tes	3	(PA)(QL)(M)
Vivaguard Tes	3	(PA)(QL)(M)
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	2	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	1	
<b>ENZYMES - TOPICAL</b>		
Santyl Oin	3	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Alosetron Tablet	4	(PA)(QL)(M)
Diphen/Atrop Tablet	1	
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram	1	
Xifaxan Tablet	3	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp; VOMITING</b>		
Antivert Tablet	3	
Meclizine Tablet	1	
Ondansetron	1	(QL)
Phenadoz Sup	1	
Promethegan Sup	1	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Cimetidine Tablet	1	(M)
Famotidine	1	(AGE)(M)



Drug Name	Drug Tier	Requirements & Limits
Misoprostol Tablet	1	(M)
Sucralfate	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Esomeprazole	1	(QL)(M)
First-Omepra Suspension	2	(QL)(M)(AGE)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Omeprazole + Suspension	2	(QL)(M)(AGE)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	2	(M)
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine Tablet	1	(QL)
Febuxostat Tablet	1	(QL)(M)
Probenecid Tablet	1	(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	1	(M)
<b>GROWTH HORMONES</b>		
<b>Genotropin Injectable</b>	4	(PA)(QL)(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	1	(QL)(M)
<b>Mavyret Tablet</b>	3	(PA)(QL)(M)
<b>Sofos/Velpat Tablet</b>	3	(PA)(QL)(M)
<b>Vosevi Tablet</b>	3	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
<b>Osphena Tablet</b>	3	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Amabelz Tablet	1	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectable</b>	3	
<b>Depo-Estradi Injectable</b>	3	
Dotti Dis	1	(QL)(M)
<b>Duavee Tablet</b>	2	(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)
Estrad Val Injectable	1	
Estradiol	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Estratest Fs Tablet	1	(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Fyavolv Tablet	1	(M)
Gallifrey Tablet	1	(M)
<b>Imvexxy Main Sup</b>	3	(ST)(QL)(M)
<b>Imvexxy Strt Sup</b>	3	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lyllana Dis	1	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
<b>Premarin Tablet</b>	2	(QL)(M)
<b>Premarin Vag Cream</b>	3	(ST)(QL)(M)
<b>Premphase Tablet</b>	3	(ST)(QL)(M)
<b>Prempro Tablet</b>	3	(ST)(QL)(M)
Progesterone	1	(QL)(M)
Yuvaferm Tablet	2	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	1	(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone Gel	2	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Actemra Injectable</b>	4	(PA)(QL)(M)
<b>Adbry Injectable</b>	4	(PA)(QL)(M)
<b>Amjevita Injectable</b>	4	(PA)(QL)(M)
<b>Cibinqo Tablet</b>	4	(PA)(QL)(M)
<b>Cosentyx</b>	4	(PA)(QL)(M)
<b>Hadlima Injectable</b>	4	(PA)(QL)(M)
<b>Hadlima Push Injectable</b>	4	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	4	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	4	(PA)(QL)(M)
<b>Skyrizi Pen Injectable</b>	4	(PA)(QL)(M)
<b>Stelara Injectable</b>	4	(PA)(QL)(M)
<b>Xolair</b>	4	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	1	(M)
Azathioprine Tablet	1	(M)
Cyclosporine	1	(M)
<b>Envarsus Xr Tablet</b>	3	(ST)(M)
Everolimus Tablet	4	(PA)(QL)(M)
Gengraf Capsule	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Mycophenolat	1	(M)
Mycophenolic Tablet	1	(QL)(M)
Sirolimus Tablet	2	(M)
Tacrolimus	1	(QL)(M)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Pimecrolimus Cream	3	(ST)(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	2	(M)
<b>Cimzia</b>	4	(PA)(QL)(M)
Mesalamine	2	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	1	(QL)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>	2	
Gavilyte	1	
Peg 3350	1	
Sodium/Potas Solution	1	
<b>Suprep Bowel Solution</b>	2	
<b>LAXATIVES</b>		
Constulose Solution	1	
<b>LEPROSTATICS</b>		
Dapsone Tablet	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Glydo Gel	1	
Lido/Prilocn Cream	1	
Lidocaine	1	
<b>MENTAL HEALTH</b>		
<b>Abilify Asim Injectable</b>	4	(QL)(M)
<b>Abilify Main Injectable</b>	4	(M)
Amitriptylin Tablet	1	(M)
Aripiprazole Tablet	1	(M)
Asenapine Sub	2	(ST)(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)
Desipramine Tablet	1	(M)
Desvenlafax Tablet	1	(QL)(M)
Donepezil Tablet	1	(ST)(M)

Drug Name	Drug Tier	Requirements & Limits
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
Galantamine	1	(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
<b>Invega Hafye Injectable</b>	4	(QL)(M)
<b>Invega Sust Injectable</b>	4	(M)
<b>Invega Trinz Injectable</b>	4	(M)
Lithium Carb	1	(M)
Lurasidone Tablet	1	(QL)(M)
Memant Titra Packet	1	(QL)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(QL)(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(M)
Paliperidone Tablet	1	(ST)(QL)(M)
Paroxetin Er Tablet	1	(QL)(M)
Paroxetine Tablet	1	(QL)(M)
Quetiapine Er	1	(QL)(M)
Risperidone	1	(QL)(M)
Rivastigmine	1	(M)
Sertraline	1	(QL)(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	1	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
Zyprexa Tablet	1	(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	1	(QL)(M)
Javygtor	4	(PA)(QL)(M)
Levocarnitin	2	
<b>Olpruva Packet</b>	4	(PA)(QL)(M)
Paricalcitol Capsule	1	(M)
<b>Pheburane Mis</b>	4	(PA)(QL)(M)
Sapropterin	4	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	2	(QL)(M)
Aprepitant Capsule	1	(QL)
Eletriptan Tablet	1	(QL)
<b>Emgality Injectable</b>	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Frovatriptan Tablet	1	(ST)(QL)
Naratriptan Tablet	1	(QL)(M)
<b>Nurtec Tablet</b>	2	(PA)(QL)
<b>Reyvow Tablet</b>	3	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	2	(ST)(QL)(M)
<b>Ubrelvy Tablet</b>	2	(PA)(QL)
Zolmitriptan Tablet	1	(QL)
Zomig Tablet	1	(QL)
<b>MINERALOCORTICOIDS</b>		
Fludrocort Tablet	1	(M)
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>Hypersal Neb</b>	3	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride	1	(PA)
Sodium Chlor Neb	1	
<b>MISC. TOPICAL</b>		
<b>Drysol Solution</b>	3	
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
<b>Intrarosa Sup</b>	3	(QL)(M)
<b>MOVEMENT DISORDER</b>		
Tetrabenazin Tablet	4	(PA)(QL)(M)
<b>MUCOLYTICS</b>		
Acetylcyst Solution	1	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
Dalfampridin Tablet	1	(QL)(M)
Dimethyl Fum Capsule	1	(QL)(M)
Glatiramer Injectable	4	(QL)(M)
Glatopa Injectable	4	(QL)(M)
Teriflunomid Tablet	1	(QL)(M)
<b>Vumerity Capsule</b>	4	(PA)(QL)(M)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	1	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	2	(ST)
Methocarbam Tablet	1	
Orphenadrine Tablet	1	
Tizanidine	1	(ST)(QL)
Vanadom Tablet	1	(QL)
<b>NASAL ALLERGY</b>		
<b>Azel/Flutic Spr</b>	2	(ST)(QL)
Azelastine	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Dymista Spr</b>	2	(QL)
Flunisolide Spr	1	(QL)
Olopatadine Spr	1	(ST)
<b>Xhance Mis</b>	2	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	3	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Capecitabine Tablet	1	
Dasatinib Tablet	1	(PA)(QL)(M)
Exemestane Tablet	1	(QL)(M)
Hydroxyurea Capsule	1	
<b>Ibrance</b>	4	(PA)(QL)(M)
<b>Iclusig Tablet</b>	4	(PA)(QL)(M)
Imatinib	1	(QL)
<b>Imbruvica</b>	4	(PA)(QL)(M)
<b>Jakafi Tablet</b>	4	(PA)(QL)(M)
<b>Kisqali Tablet</b>	4	(PA)(QL)(M)
Lenalidomide Capsule	4	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
<b>Lynparza Tablet</b>	4	(PA)(QL)(M)
Megestrol Ac	1	
Mercaptopur Tablet	1	
Methotrexate	1	(M)
<b>Revlimid Capsule</b>	4	(PA)(QL)(M)
<b>Sprycel Tablet</b>	4	(PA)(QL)(M)
<b>Tagrisso Tablet</b>	4	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
<b>Tasigna Capsule</b>	4	(PA)(QL)(M)
Temozolomide Capsule	3	(QL)
Torpenz Tablet	1	(PA)(QL)(M)
<b>Venclexta Tablet</b>	4	(PA)(QL)(M)
<b>Verzenio Tablet</b>	4	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
Fluoromethol Suspension	1	
<b>Lotemax Sm Gel</b>	3	(QL)
Loteprednol	2	(QL)
Neo/Poly/Dex	1	
Prednisolone	1	(QL)
Tobra/Dexame Suspension	1	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Bacit/Polymy Oin	1	

Drug Name	Drug Tier	Requirements & Limits
Ofloxacin Dro	1	
Polycin Oin	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Trifluridine Solution	2	
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	1	(M)
Bromfenac	2	
Combigan Solution	1	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Epinastine Dro	1	
Ketorolac	1	(QL)
<b>Klarity-C Emu</b>	4	(PA)(QL)(M)
<b>Simbrinza Suspension</b>	2	(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(M)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	2	(QL)(M)
Latanoprost Solution	1	(QL)(M)
<b>Lumigan Solution</b>	2	(QL)(M)
Tafluprost Solution	1	(ST)(QL)(M)
Travoprost Dro	2	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naltrexone Tablet	1	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	2	(QL)
<b>Brixadi Solution</b>	4	(QL)(M)
Bupren/Nalox	1	(QL)
Buprenorphin	2	(QL)
Butorphanol Solution	1	(QL)
<b>Sublocade Injectable</b>	4	(QL)(M)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
<b>Prolia Injectable</b>	4	(M)
Risedronate Tablet	1	(ST)(QL)(M)
<b>Tymlos Injectable</b>	4	(PA)(M)
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	2	
Neo/Poly/Hc	1	
<b>OTIC STEROIDS</b>		
Flac Oil	1	

Drug Name	Drug Tier	Requirements & Limits
Hc/Acet Acid Solution	1	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	1	(QL)
Ascomp/Cod Capsule	2	(QL)
Bac Tablet	1	(QL)
But/Apap/Caf	1	(QL)
But/Asa/Caf/ Capsule	2	(QL)
But/Asa/Caff Capsule	1	(QL)
Butal/Apap Tablet	1	(QL)
Butalb/Aceta Tablet	1	(QL)
Endocet Tablet	1	(QL)
Fentanyl Dis	3	(PA)(QL)
Hydro/Aceta Solution	1	
Hydroco/Apap	1	(QL)
Hydromorphon Tablet	1	(QL)
Lorcet Tablet	1	(QL)
Lorcet Hd Tablet	1	(QL)
Lorcet Plus Tablet	1	(QL)
Meperidine Solution	1	(QL)
Methadone Tablet	1	(QL)
Morphine Sul	2	(ST)(QL)
Oxy-Acetamin Tablet	1	(QL)
Oxycod-Apap Tablet	1	(QL)
Oxycod/Apap Tablet	1	(QL)
Oxycodone	1	(QL)
Oxymorphone Tablet	3	(ST)(QL)
Tramadol/Apap Tablet	1	(QL)
Tramadol	1	(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	2	(M)
Etodolac Tablet	1	
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	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	2	(QL)(M)
<b>Pancreaze Capsule</b>	2	(QL)(M)
<b>Zenpep Capsule</b>	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PARKINSON'S</b>		
Amantadine	1	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	2	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo Er Tablet	1	(QL)(M)
Pramipexole Tablet	1	(ST)(QL)(M)
Rasagiline Tablet	1	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
<b>PHENOTHIAZINES</b>		
Chlorpromaz Tablet	1	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
<b>PHOSPHATE</b>		
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Wes-Phos 250 Tablet	1	
<b>PHOSPHATE BINDING AGENTS</b>		
Calc Acetate Capsule	1	(M)
Lanthanum Chw	4	(PA)(QL)
Sevelam Carb Tablet	1	(M)
Sevelam Hcl Tablet	4	(ST)(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
Desmopressin	1	(QL)(M)
<b>POTASSIUM</b>		
Potassium Chloride	1	(M)
<b>POTASSIUM REMOVING RESINS</b>		
Lokelma Packet	2	(PA)(QL)(M)
<b>PRENATAL VITAMINS</b>		
Co-Natal Fa Tablet	3	
Complete Nat Packet	1	
Concept Ob Capsule	3	
Folivane-Ob Capsule	3	
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	
Provida Ob Capsule	3	
Tricare Tablet	3	
Trinatal Rx Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Trinate Tablet	3	
Vinate One Tablet	3	
Vitafol-Ob Tablet	3	
Vitathely Tablet	3	
Wesnatal Dha Packet	3	
Westab Plus Tablet	3	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	1	(QL)(M)
<b>PROSTATE</b>		
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	2	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
Alyq Tablet	2	(PA)(QL)(M)
Ambrisentan Tablet	4	(PA)(QL)(M)
Sildenafil Tablet	1	(PA)(QL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	1	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	1	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	1	
Anusol-Hc Sup	1	
Hemmorex-Hc Sup	1	
Hydrocort Ac Sup	1	
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Proctocort Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
Aerosol Spacer	1	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Permethrin Cream	1	
<b>SEIZURE DISORDER</b>		
Carbamazepin	1	(QL)(M)
Clobazam	1	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
Dilantin Capsule	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Divalproex Er	1	(QL)(M)
Epitol Tablet	1	(QL)(M)
Ethosuximide	1	(QL)(M)
Gabapentin	1	(QL)(M)
Lacosamide	1	(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
<b>Mysoline Tablet</b>	3	(ST)(QL)(M)
<b>Nayzilam Spr</b>	3	(QL)
Oxcarbazepin	1	(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	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)
<b>Tegretol-Xr Tablet</b>	3	(ST)(QL)(M)
<b>Topamax Spr Capsule</b>	3	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Valproic Acid Capsule	1	(QL)(M)
<b>Xcopri</b>	3	(QL)(M)
Zonisamide Capsule	1	(QL)(M)
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable	2	(PA)
<b>Novarel Injectable</b>	3	(PA)
<b>Pregnyl Injectable</b>	3	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicl Tablet</b>	3	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
Ft Nicotine	1	(QL)(M)(AGE)
Gnp Nicotine	1	(QL)(M)(AGE)
Habitrol Dis	1	(QL)(M)(AGE)
Hm Nicotine	1	(QL)(M)(AGE)
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)
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)

Drug Name	Drug Tier	Requirements & Limits
Tgt Nicotine	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	3	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	2	(QL)
<b>STEROIDS</b>		
Dexamethason	1	
Hydro Sod Su Injectable	1	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
<b>Solu-Cortef Injectable</b>	3	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	1	(QL)
Atomoxetine Capsule	1	(QL)(M)
Dexmethylphenidate Er	1	(QL)
Dextroamphet	1	(QL)
Lisdexamfeta Capsule	1	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	1	(QL)
<b>Vyvanse Capsule</b>	2	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	2	
Pilocarpine Tablet	1	
<b>THYROID</b>		
Euthyrox Tablet	1	(M)
Levo-T Tablet	1	(M)
Levothyroxin	3	(ST)(QL)(M)
Levoxyl Tablet	1	(M)
Liothyronine Tablet	1	(M)
<b>Nature Throid</b>	3	(M)
Unithroid Tablet	1	(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Pen Injectable</b>	4	(PA)(QL)(M)
Ivabradine Tablet	2	(ST)(QL)(M)
<b>Ofev Capsule</b>	4	(PA)(QL)(M)
<b>Tezspire</b>	4	(PA)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
Bethanechol Tablet	1	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Glycate Tablet</b>	3	
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	1	(QL)(M)
Trospium Chl Capsule	2	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	1	(QL)
<b>Adacel Injectable</b>	2	
<b>Afluria Quad Injectable</b>	2	(M)
<b>Arexvy Injectable</b>	1	(QL)(AGE)
<b>Boostrix Injectable</b>	2	
<b>Comirnaty Injectable</b>	2	(QL)
<b>Engerix-B Injectable</b>	2	
<b>Fluad Quadri Injectable</b>	2	(M)
<b>Fluarix Quad Injectable</b>	2	(M)
<b>Flublok Quad Injectable</b>	2	(M)
<b>Fluclvx Quad Injectable</b>	2	(M)
<b>Flulaval Qua Injectable</b>	2	(M)
<b>Fluzone Hd Injectable</b>	2	(M)
<b>Fluzone Quad Injectable</b>	2	(M)
<b>Gardasil 9 Injectable</b>	2	(AGE)
<b>Havrix Injectable</b>	2	
<b>Hepelisav-B Injectable</b>	2	(QL)
<b>M-M-R li Injectable</b>	2	
<b>Menquadfi Injectable</b>	2	
<b>Moderna Injectable</b>	2	(QL)(AGE)
<b>Novavax Injectable</b>	2	(QL)
<b>Novavax Vac Injectable</b>	2	(QL)
<b>Pfizer 5-11Y Injectable</b>	2	(QL)
<b>Pfizer 6M-4Y Injectable</b>	2	(QL)
<b>Prevnar 20 Injectable</b>	1	
<b>Recombiva Hb Injectable</b>	2	
<b>Shingrix Injectable</b>	2	(QL)(AGE)
<b>Spikevax Injectable</b>	2	(QL)
<b>Twinrix Injectable</b>	2	
<b>Vaqta Injectable</b>	2	
<b>VAGINAL ANTI-INFECTIVES</b>		
Terconazole Cream	1	
<b>VITAMINS/ELECTROLYTES</b>		
Cyanocobalam	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
<b>Floriva Dro</b>	3	(M)
Folate Tablet	1	(M)
Folic Acid Tablet	1	(M)
Ft Folic Aci 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)
Iron Suppmnt Solution	1	(QL)(AGE)
Multi-Vit/FI	1	(M)
<b>Multivit/FI Dro</b>	3	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	1	
<b>Quflora Ped Dro</b>	3	(M)
Sm Folic Acd Tablet	1	(M)
Sod Citrate Solution	1	
<b>Tri-Vit/Fluo Dro</b>	3	(M)
Vitamin D	1	(M)
Yl Folic Aci Tablet	1	(M)