

# 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	2	(ST)
Amnesteem Capsule	2	
Azelaic Acid Gel	1	
Claravis Capsule	2	
Clindam/Benz Gel	2	(ST)
Clindamy/Ben Gel	2	(ST)
Dapsone	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>ALS AGENTS</b>		
Riluzole Tablet	1	(M)
<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	
Clarithromycin Tablet	1	
Clindamycin	1	
Dicloxacill Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
Doxycycl Hyc	1	
Doxycycline	1	(QL)
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)
Nitrofuranto Suspension	2	(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>		
Ciclofanol Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	1	
Fluconazole	1	(QL)
Griseofulvin Suspension	1	
Ketoconazole	1	
Klayesta Powder	1	(QL)
Nyamyce 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	

Drug Name	Drug Tier	Requirements & Limits
Rifampin Capsule	1	
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	2	
<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)

Drug Name	Drug Tier	Requirements & Limits
Zolpidem Tablet	1	(QL)
Zolpidem Er Tablet	1	(QL)
<b>ASTHMA AND COPD*</b>		
Albuterol	1	(QL)(M)
<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)
<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	

Drug Name	Drug Tier	Requirements & Limits
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	1	(M)
<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)
<b>Corlanor Tablet</b>	2	(ST)(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)

Drug Name	Drug Tier	Requirements & Limits
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)
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)
Nitroglycerin 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)
Torsemide Tablet	1	(M)
Trandolapril Tablet	1	(M)
Triamt/Hctz	1	(M)
Valsart/Hctz Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
<b>Verelan Pm Capsule</b>	3	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)
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	(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	(M)
Medroxyprogesterone	1	(QL)(M)
<b>Phexxi Gel</b>	3	(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)
Cyproheptad	1	(QL)
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi Tablet	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	
Dentagel Gel	1	(M)
Just Right Gel	1	(M)
Periogard Solution	1	
Sf Gel	1	(M)
Sodium Fluor Gel	1	(M)
<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)
Hydrocortiso	1	
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)

Drug Name	Drug Tier	Requirements & Limits
<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)
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)
<b>Glyxambi Tablet</b>	2	(QL)(M)
<b>Jardiance Tablet</b>	2	(QL)(M)
<b>Jentaduetto Tablet</b>	2	(ST)(QL)(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>Synjardy Tablet</b>	2	(QL)(M)
<b>Synjardy Xr Tablet</b>	2	(QL)(M)
<b>Tradjenta Tablet</b>	2	(QL)(M)
<b>Trijardy Xr Tablet</b>	2	(QL)(M)
<b>Trulicity Injectable</b>	2	(PA)(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 LI 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)

Drug Name	Drug Tier	Requirements & Limits
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
<b>3MI LI 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)
<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 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)

Drug Name	Drug Tier	Requirements & Limits
Clever Chek Tes	3	(PA)(QL)(M)
Clever Choic Tes	3	(PA)(QL)(M)
Clevr Choice Tes	3	(PA)(QL)(M)
Confirm/Micr Tes	3	(PA)(QL)(M)
Contour Tes	3	(PA)(QL)(M)
Contour Plus Tes	3	(PA)(QL)(M)
Cool Blood Tes	3	(PA)(QL)(M)
Cvs Advanced Tes	3	(PA)(QL)(M)
Cvs Glucose Tes	3	(PA)(QL)(M)
D-Care Blood Tes	3	(PA)(QL)(M)
Deflux Needl Mis	3	(M)
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)

Drug Name	Drug Tier	Requirements & Limits
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)
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)
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)(M)(AGE)
Guardian 4 Mis	3	(PA)(QL)(M)(AGE)
Guardian Con Mis	3	(PA)(QL)(M)(AGE)
Guardian Rt Mis	3	(PA)(QL)(M)(AGE)
Hw Embrace Tes	3	(PA)(QL)(M)
Hypo Needle Mis	1	(M)
Iglucose 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)

Drug Name	Drug Tier	Requirements & Limits
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)
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 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)
Patient Safe Mis	3	(M)
Pen Needles	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)

Drug Name	Drug Tier	Requirements & Limits
Relion Premi Tes	3	(PA)(QL)(M)
Relion Prime Tes	3	(PA)(QL)(M)
Relion True Tes	3	(PA)(QL)(M)
Righest Tes	3	(PA)(QL)(M)
Safetyglide Mis	3	(M)
Safy Needle Mis	3	(M)
Securesafe Mis	3	(M)
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)
Wavesense 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>FLUORIDE</b>		
Fluoride	1	(QL)(M)(AGE)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	1	(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	



Drug Name	Drug Tier	Requirements & Limits
<b>Xifaxan Tablet</b>	3	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
<b>Antivert Tablet</b>	3	
Meclizine Tablet	1	
Ondansetron	1	(QL)
Phenadoz Sup	1	
Promethegan Sup	1	
Scopolamine Dis	2	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Cimetidine Tablet	1	(M)
Famotidine	1	(AGE)(M)
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	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>Omnitrope 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>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)

Drug Name	Drug Tier	Requirements & Limits
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectable</b>	3	
<b>Depo-Estradi Injectable</b>	3	
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)
Estrad Val Injectable	1	
Estradiol	1	(QL)(M)
Estratest Fs Tablet	1	(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Fyavolv 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	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 Injectable</b>	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<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>	2	(ST)(M)
Everolimus Tablet	4	(PA)(QL)(M)
Gengraf Capsule	1	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	1	(QL)(M)
Sirolimus Tablet	2	(M)
Tacrolimus	1	(QL)(M)
<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>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)

Drug Name	Drug Tier	Requirements & Limits
Clomipramine Capsule	1	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Desipramine Tablet	1	(M)
Desvenlafax Tablet	1	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
Galantamine Tablet	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)
Paroxetine 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)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	1	(QL)(M)
Javygtor	4	(PA)(QL)(M)
Levocarnitin	2	
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)

Drug Name	Drug Tier	Requirements & Limits
Aprepitant Capsule	1	(QL)
Eletriptan Tablet	1	(QL)
<b>Emgality Injectable</b>	3	(PA)(QL)(M)
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)
<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>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>	3	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	4	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Capecitabine Tablet	1	
<b>Erleada Tablet</b>	4	(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>Jakafi Tablet</b>	4	(PA)(QL)(M)
Lenalidomide Capsule	4	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Leuprolide	1	(PA)(QL)(M)
<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	
Ofloxacin Dro	1	

Drug Name	Drug Tier	Requirements & Limits
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	1	(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)
<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	
Hc/Acet Acid Solution	1	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
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)
Hydroco/Apap	1	(QL)
Hydromorphon 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)
Tramadl/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)
<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)

Drug Name	Drug Tier	Requirements & Limits
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	1	(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	
Prenatol-M Tablet	3	
Prenatrix Tablet	3	
Prenatryl Tablet	3	
Provida Ob Capsule	3	
Tricare Tablet	3	
Trinatal Rx Tablet	1	
Trinate Tablet	3	
Vinate One Tablet	3	
Vitafol-Ob Tablet	3	

Drug Name	Drug Tier	Requirements & Limits
Vitathely Tablet	3	
Wesnata 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	
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)
Divalproex Er	1	(QL)(M)
Epitol Tablet	1	(QL)(M)
Ethosuximide	1	(QL)(M)
Gabapentin	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
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 Acd	1	(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)
Eql Nicotine Loz	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)
Tgt Nicotine Gum	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	3	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>STEROIDS</b>		
Dexamethason	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>		
<b>Adthyza Tablet</b>	3	(M)
<b>Armour Thyro Tablet</b>	3	(M)
Euthyrox Tablet	1	(M)
Levo-T Tablet	1	(M)
Levo/Liothyr Tablet	1	(M)
Levothyroxin	1	(QL)(M)
Levoxyl Tablet	1	(M)
Liothyronine Tablet	1	(M)
<b>Niva Thyroid Tablet</b>	3	(M)
<b>Np Thyroid Tablet</b>	3	(M)
Thyroid Tablet	1	(M)
Unithroid Tablet	1	(M)
<b>Westhroid Tablet</b>	3	(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Pen Injectable</b>	4	(PA)(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)
<b>Glycate Tablet</b>	3	

Drug Name	Drug Tier	Requirements & Limits
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)
Tropium Chl Capsule	2	(QL)(M)
Tropium Cl Tablet	1	(QL)(M)

#### VACCINES

Abrysvo Injectable	2	(QL)
Adacel Injectable	2	
Afluria Quad Injectable	2	(M)
Arexvy Injectable	2	(QL)(AGE)
Boostrix Injectable	2	
Comirnaty Injectable	2	(QL)
Engerix-B Injectable	2	
Fluad Quadri Injectable	2	(M)
Fluarix Quad Injectable	2	(M)
Flublok Quad Injectable	2	(M)
Fluclvx Quad Injectable	2	(M)
Flulaval Qua Injectable	2	(M)
Fluzone Hd Injectable	2	(M)
Fluzone Quad Injectable	2	(M)
Gardasil 9 Injectable	2	(AGE)
Havrix Injectable	2	
Hepelisav-B Injectable	2	(QL)
M-M-R li Injectable	2	
Menquadfi Injectable	2	
Moderna Injectable	2	(QL)
Novavax Injectable	2	(QL)
Novavax Vac Injectable	2	(QL)
Pfizer 5-11Y Injectable	2	(QL)
Pfizer 6M-4Y Injectable	2	(QL)
Pfizer Bival Injectable	2	(QL)
Pneumovax 23 Injectable	2	(AGE)
Prevnar 20 Injectable	1	
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

Terconazole Cream	1	
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Drug Name	Drug Tier	Requirements & Limits
<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Dro	1	(M)
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Folate Tablet	1	(M)
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)
Iron Suppmnt Solution	1	(QL)(AGE)
Multi-Vit/FI	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	1	
Sm Folic Acd Tablet	1	(M)
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	1	(M)
Vit A/C/D/FI Dro	1	(M)
Vitamin D	1	(M)
YI Folic Aci Tablet	1	(M)