

# RxSelect® (Five Tier) Prescription Drug List (Utah)



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

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

## Drug Costs

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

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

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

## This Formulary is Regularly Updated

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

## Noncovered Drug Exceptions

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

## LEGEND

### (PA) Preauthorization

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

### (M) Maintenance Drug

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

### (ST) Step Therapy

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

### (QL) Quantity Limits

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

### (AGE) Age Limit

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

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

This information is available for free in other languages and alternate formats 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>		
<b>Absorica Capsule</b>	4	(PA)
Accutane Capsule	2	
Adapalene Gel	2	(ST)
<b>Aklief Cream</b>	4	(ST)
<b>Altreno Lot</b>	4	(QL)(AGE)
Amnesteem Capsule	2	
Avar Cleanse Liq	1	
Avita Cream	2	(AGE)
Azelaic Acid Gel	2	
Claravis Capsule	2	
<b>Cleocin-T</b>	4	
Clindam/Benz Gel	2	(ST)
Clindamy/Ben Gel	2	(ST)
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Ivermectin	2	(PA)(ST)(QL)
Metronidazol	2	(QL)
Myorisan Capsule	2	
Neuac Gel	2	
<b>Rhofade Cream</b>	4	(QL)
Rosadan	2	(QL)
Rosanil Liq	1	
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Tretinoin Cream	2	(AGE)
Zenatane Capsule	2	
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b>Auvi-Q Injectable</b>	3	(QL)
Epinephrine	2	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	2	
Disulfiram Tablet	1	
<b>ANTIBIOTICS</b>		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
<b>Augmentin Tablet</b>	4	
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	
Cefuroxime Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Cephalexin	1	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
<b>Cleocin Cream</b>	3	
<b>Cleocin Ped Solution</b>	4	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Erythrom Eth Suspension	3	(AGE)
Fosfomycin Powder	2	
<b>Hiprex Tablet</b>	4	
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Minocycline Capsule	1	
<b>Monurol Packet</b>	4	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicilln Vk	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Trimethoprim	1	
Uribel Capsule	2	
Urimar-T Capsule	2	
Urneva Capsule	2	
Uro-Mp Capsule	2	
Uro-Sp Capsule	2	
Ustell Capsule	2	
Uticap Capsule	2	
<b>Vancocin Capsule</b>	4	(QL)
Vancomycin Capsule	2	(QL)
Vilamit Mb Capsule	2	
<b>Zithromax Tablet</b>	4	(QL)
<b>Zyvox Tablet</b>	5	(ST)(QL)(M)
<b>ANTIDEPRESSANT COMBINATIONS</b>		
<b>Auvelity Tablet</b>	5	(PA)(QL)(M)
<b>ANTIFIBRINOLYTICS</b>		
<b>Lysteda Tablet</b>	4	(QL)
Tranex Acid Tablet	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclofanol Solution	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	1	
Nyamyx Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
<b>Sporanox Capsule</b>	4	(QL)
Terbinafine Tablet	1	(QL)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	2	
Hydroxychlor	1	(M)
<b>Malarone Tablet</b>	4	(PA)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	3	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	1	
<b>Myambutol Tablet</b>	4	
Rifampin Capsule	1	
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	3	
<b>Mepron Suspension</b>	4	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
<b>ANTIVIRALS</b>		
Acyclovir	1	
<b>Biktarvy Tablet</b>	5	(QL)(M)
<b>Descovy Tablet</b>	5	(PA)(QL)(M)
<b>Dovato Tablet</b>	5	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
<b>Genvoya Tablet</b>	5	(QL)(M)
<b>Juluca Tablet</b>	5	(QL)(M)
<b>Odefsey Tablet</b>	5	(QL)(M)
<b>Paxlovid Tablet</b>	5	(QL)(M)
<b>Symfi Tablet</b>	5	(QL)(M)
<b>Symfi Lo Tablet</b>	5	(QL)(M)
<b>Symtuza Tablet</b>	5	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tenofovir Tablet	2	(QL)(M)
<b>Tivicay Tablet</b>	5	(QL)(M)
<b>Triumeq Tablet</b>	5	(QL)(M)
Valacyclovir Tablet	1	(QL)
<b>Valcyte Tablet</b>	5	(QL)(M)
Valganciclov Tablet	5	(QL)(M)
<b>Valtrex Tablet</b>	4	(QL)
<b>Viread Tablet</b>	5	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	2	(QL)
<b>Belsomra Tablet</b>	4	(ST)(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	2	
Diazepam	2	
Eszopiclone Tablet	2	(QL)
Hydroxyzine	1	
Lorazepam Tablet	2	
Ramelteon Tablet	2	(QL)(M)
Temazepam Capsule	2	(QL)
Triazolam Tablet	2	(QL)
<b>Xanax Xr Tablet</b>	4	(QL)
Zaleplon Capsule	2	(QL)
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
<b>ASTHMA AND COPD*</b>		
<b>Accolate Tablet</b>	4	(QL)(M)
<b>Advair</b>	4	(PA)(QL)(M)
Albuterol	1	(QL)(M)
<b>Alvesco Inhalation</b>	4	(PA)(QL)(M)
<b>Anoro Ellipt Inhalation</b>	3	(QL)(M)
Arformoterol Neb	3	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	3	(QL)(M)
<b>Asmanex</b>	3	(QL)(M)
<b>Atrovent Hfa Inhalation</b>	4	(M)
<b>Bevespi Inhalation</b>	4	(ST)(QL)(M)
<b>Breztri Inhalationo Inhalation</b>	3	(QL)(M)(AGE)
Budes/Formot Inhalation	2	(QL)(M)
<b>Combivent Inhalation</b>	3	(M)
<b>Dulera Inhalation</b>	4	(PA)(QL)(M)
<b>Flovent</b>	3	(QL)(M)
Flutic/Salme	2	(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
<b>Incruse Elpt Inhalation</b>	4	(ST)(QL)(M)
Ipratropium	1	(M)
Levalbuterol	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Montelukast	1	(QL)(M)
Oralene Dent Pst	1	
<b>Proair Hfa Inhalation</b>	4	(ST)(QL)(M)
<b>Proventil Inhalation</b>	4	(ST)(QL)(M)
<b>Pulmicort Suspension</b>	4	(PA)(QL)(M)
<b>Qvar Rediha Inhalation</b>	4	(PA)(QL)(M)
<b>Qvar Redihal Inhalation</b>	4	(PA)(QL)(M)
Roflumilast Tablet	2	(QL)(M)
<b>Serevent Dis Inhalation</b>	3	(M)
<b>Spiriva Handihaler</b>	3	(QL)(M)
<b>Spiriva Respimat</b>	3	(QL)(M)
<b>Stiolto Inhalation</b>	3	(QL)(M)
<b>Striverdi Inhalation</b>	3	(QL)(M)
<b>Symbicort Inhalation</b>	3	(QL)(M)
Theophylline Tablet	1	(M)
<b>Trelegy Inhalation</b>	3	(QL)(M)(AGE)
Triamcinolon	1	
<b>Tudorza Pres Inhalation</b>	4	(ST)(QL)(M)
<b>Ventolin Hfa Inhalation</b>	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
<b>Xopenex Hfa Inhalation</b>	4	(QL)(M)
Zafirlukast Tablet	1	(QL)(M)
<b>BLOOD THINNERS</b>		
<b>Brilinta Tablet</b>	3	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	2	(QL)(M)
<b>Eliquis Tablet</b>	3	(QL)(M)
Enoxaparin Injectable	2	
<b>Plavix Tablet</b>	4	(QL)(M)
<b>Pradaxa Capsule</b>	4	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	3	(QL)(AGE)(M)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<b>Firazyr Injectable</b>	5	(PA)(QL)(M)
<b>BURN PRODUCTS</b>		
<b>Silvadene Cream</b>	4	
Silver Sulfa Cream	1	
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	2	(M)
<b>CARDIOVASCULAR*</b>		
Amiloride Tablet	1	(M)
Amiodarone Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Amlod/Benazp Capsule	1	(M)
Amlod/Olmesa Tablet	1	(ST)(QL)(M)
Amlod/Valsar Tablet	1	(QL)(M)
Amlodipine Tablet	1	(M)
<b>Atacand Hct Tablet</b>	4	(ST)(QL)(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
<b>Avalide Tablet</b>	4	(ST)(QL)(M)
<b>Azor Tablet</b>	4	(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)
<b>Byvalson Tablet</b>	4	(ST)(QL)(M)
Candes/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	2	(QL)(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
<b>Corlanor Tablet</b>	3	(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	2	(M)
Dofetilide Capsule	2	(M)
Doxazosin Tablet	1	(QL)(M)
Enalap/Hctz Tablet	1	(M)
Enalapril	2	(QL)(AGE)(M)
<b>Entresto Tablet</b>	3	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)
Furosemide Tablet	1	(M)
Guanfacine Tablet	1	(M)
<b>Hemangeol Solution</b>	4	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
<b>Inspra Tablet</b>	4	(ST)(M)
Irbes/Hctz Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
<b>Katerzia Suspension</b>	4	(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	2	(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
<b>Micardis Hct Tablet</b>	4	(ST)(QL)(M)
Midodrine Tablet	2	
Minoxidil Tablet	1	(M)
<b>Multaq Tablet</b>	3	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycerin 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	2	(M)
Propranolol	1	(M)
Ramipril Capsule	1	(M)
<b>Ranexa Tablet</b>	4	(ST)(QL)(M)
Ranolazine Tablet	2	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spiro/Hctz Tablet	1	(M)
Spiro lact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
<b>Tenormin Tablet</b>	4	(ST)(QL)(M)
Terazosin Capsule	1	(QL)(M)
<b>Thalitone Tablet</b>	3	(M)
Tiadyt Capsule	1	(M)
Torse mide Tablet	1	(M)
Triamt/Hctz	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Tribenzor</b>	4	(ST)(QL)(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	2	(M)
<b>Verelan Capsule</b>	4	(M)
<b>Verelan Pm Capsule</b>	4	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	2	(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)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	2	(ST)(QL)(M)
<b>Livalo Tablet</b>	3	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	1	(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
Prevalite Powder	2	(QL)(M)
<b>Questran Powder</b>	4	(QL)(M)
<b>Repatha Injectable</b>	3	(PA)(QL)(M)
<b>Repatha Push Injectable</b>	3	(PA)(QL)(M)
<b>Repatha Sure Injectable</b>	3	(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	(ST)(QL)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
<b>Nuvaring</b>	4	(QL)(M)
<b>Phexxi Gel</b>	4	(QL)(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	1	(ST)(QL)
Bpm-Pse-Dm Syrup	2	(QL)
Brom/Pse/Dm Syrup	2	(QL)
Bromfed Dm Syrup	2	(QL)
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Guaiatuss Ac Syrup	1	
Guaifenesin Syrup	1	
<b>Hycodan Syrup</b>	3	
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
Robafen Ac Solution	1	
<b>Xyzal Tablet</b>	4	(ST)(QL)
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	1	
Cyclopentol Solution	1	
Cyclopentola Solution	1	
<b>Isopto Atrop Solution</b>	4	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Kitabis Packet Neb</b>	5	(PA)(QL)(M)
<b>Pulmozyme Solution</b>	5	(QL)(M)
<b>Tobi Podhalr Capsule</b>	5	(PA)(QL)(M)
<b>Trikafta</b>	5	(PA)(QL)(AGE)(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
<b>Peridex Solution</b>	4	
Periogard Solution	1	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	2	(QL)
Calcipotrien	2	
Diclofenac 1%	2	(PA)(M)
<b>Finacea Gel</b>	4	(QL)
<b>Fluoroplex Cream</b>	4	
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
<b>Tazorac</b>	4	(ST)(AGE)
<b>Tolak Cream</b>	4	(QL)
<b>Xepi Cream</b>	4	(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	

Drug Name	Drug Tier	Requirements & Limits
<b>Derma-Smooth Oil</b>	4	
Desonide	2	
Fluocin Acet	2	
Fluocinonide	2	(ST)(QL)
Fluticasone	1	(QL)(M)
Halobetasol Oin	2	
Hydrocort	1	(M)
Hydrocortiso	1	
Mometasone	1	(QL)(M)
Triderm Cream	1	
<b>DIABETES - INSULIN*</b>		
<b>Fiasp Injectable</b>	3	(M)
<b>Fiasp Flex Injectable</b>	3	(M)
<b>Humulin R U-500</b>	3	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
<b>Lantus Injectable</b>	3	(M)
<b>Lantus Solos Injectable</b>	3	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
<b>Novolog Injectable</b>	3	(M)
<b>Novolog Mix Injectable</b>	3	(M)
<b>Toujeo Max Injectable</b>	3	(M)
<b>Toujeo Solo Injectable</b>	3	(M)
<b>DIABETES - NON-INSULIN*</b>		
Acarbose Tablet	1	(M)
<b>Actos Tablet</b>	4	(QL)(M)
Alogliptin Tablet	1	(QL)(M)
Alogliptin/Metformin	1	(QL)(M)
<b>Baqsimi One Powder</b>	3	
<b>Baqsimi Two Powder</b>	3	
<b>Bydureon Bc Injectable</b>	3	(PA)(QL)(M)
<b>Byetta Injectable</b>	3	(PA)(QL)(M)
<b>Farxiga Tablet</b>	3	(QL)(M)
Glimepiride Tablet	1	(M)
Glip/Metform Tablet	1	(M)
Glipizide	1	(M)
<b>Glucagen Injectable</b>	3	
Glucagon Kit	2	
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
<b>Glyxambi Tablet</b>	3	(QL)(M)
<b>Gvoke Hypo 1 Injectable</b>	3	
<b>Gvoke Hypo 2 Injectable</b>	3	
<b>Gvoke Pfs Injectable</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Jardiance Tablet	3	(QL)(M)
Jentaduetto Tablet	3	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglitazone Tablet	1	(QL)(M)
Repaglinide Tablet	1	(M)
Segluromet Tablet	4	(ST)(QL)(M)
Soliqua Injectable	3	(ST)(QL)(M)
Steglatro Tablet	4	(ST)(QL)(M)
Synjardy Tablet	3	(QL)(M)
Synjardy Xr Tablet	3	(QL)(M)
Tradjenta Tablet	3	(QL)(M)
Trijardy Xr Tablet	3	(QL)(M)
Trulicity Injectable	3	(PA)(QL)(M)
Xigduo Xr Tablet	3	(QL)(M)
Zegalogue Injectable	4	
<b>DIABETES - TESTING AND SUPPLIES</b>		
1/2MI Tb Syr Mis	4	(M)
10-12MI Syrn Mis	1	(M)
10MI LI Syrg Mis	4	(M)
10MI Syringe Mis	1	(M)
12MI Syringe Mis	4	(M)
140MI Syring Mis	4	(M)
1M Allr Syr Mis	1	(M)
1MI Allr Syr Mis	4	(M)
1MI Slip Tip Mis	4	(M)
1MI Syringe Mis	1	(M)
1MI Tb Syrng Mis	1	(M)
2-3MI Syring Mis	1	(M)
20-25MI Syrn Mis	1	(M)
20MI Syringe Mis	1	(M)
3MI Syringe Mis	4	(M)
30-35MI Syrn Mis	1	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
3MI LI Syrng Mis	1	(M)
3MI Luer Loc Mis	4	(M)
3MI Syringe Mis	1	(M)
5-6MI Syring Mis	1	(M)
50-60MI Syrn Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(M)
6MI Syringe Mis	4	(M)
Accu-Chek	4	(PA)(QL)(M)
Admix Needle Mis	4	(M)
Allergy Syrg Mis	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Bd 20MI Syrg Mis	4	(M)
Bd 50MI Syrg Mis	4	(M)
Bd 5MI Syrg Mis	4	(M)
Bd Eclipse Mis	4	(M)
Bd Hypo Need Mis	4	(M)
Bd Integra Mis	4	(M)
Bd Luer-Lok Mis	4	(M)
Bd Needle Mis	4	(M)
Bd Needles Mis	4	(M)
Bd Plastipak Mis	4	(M)
Bd Precision Mis	4	(M)
Bd Syr 50MI Mis	4	(M)
Bulb Irr Syr Mis	4	(M)
Carepoint Sa Mis	4	(M)
Carepoint Sy Mis	4	(M)
Carepoint Tu Mis	4	(M)
Catheter/Tip Mis	4	(M)
Deflux Needl Mis	4	(M)
Dexcom G6 Mis	3	(ST)(QL)(M)(AGE)
Easy Glide Mis	4	(M)
Easy Touch Mis	4	(M)
Easypoint Mis	4	(M)
Eclipse Ndle Mis	4	(M)
Enlite Gluco Mis	4	(PA)(QL)(M)
Fill Needle Mis	4	(M)
Filter Needl Mis	4	(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
Freestyle	3	(ST)(QL)(AGE)(M)
Guardian Mis	4	(PA)(QL)(M)(AGE)
Guardian Con Mis	4	(PA)(QL)(M)(AGE)
Guardian Rt Mis	4	(PA)(QL)(M)(AGE)
Huber Needle Mis	2	(M)
Hypo Needle Mis	2	(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	4	(M)
Luer-Lok Mis	4	(M)
Minilink Rt Mis	4	(PA)(QL)(M)(AGE)
Minimed 630G Mis	4	(PA)(QL)(M)(AGE)
Monoject S/P Mis	4	(M)
Mult-Draw Mis	2	(M)
Needles Mis	4	(M)
Norm-Ject Mis	4	(M)
Omnipod 5 G6	3	(PA)(QL)(M)
Omnipod Dash	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Paradigm Rea Mis	4	(PA)(QL)(M)(AGE)
Patient Safe Mis	4	(M)
Pen Needles	3	(M)
Pharm Syrng Mis	4	(M)
Pharm Tray Mis	4	(M)
Piston Irrig Mis	4	(M)
Poly Hub Mis	4	(M)
Precision Tes	3	(QL)(M)
Precisn Xtra Tes	3	(QL)(M)
Safety Needl Mis	4	(M)
Safetyglide Mis	4	(M)
Safty Needle Mis	4	(M)
Securesafe Mis	4	(M)
Slip Tip 1MI Mis	4	(M)
Slip Tip 3MI Mis	4	(M)
Syrg/Ndl 3MI Mis	4	(M)
Syringe 5MI Mis	4	(M)
Syringe Luer Mis	1	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Toomey Syrin Mis	1	(M)
Vent Needle Mis	4	(M)
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	3	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	1	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Actigall Capsule	5	(M)
Reltone Capsule	5	(M)
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Amitiza Capsule	4	(ST)(QL)(M)(AGE)
Diphen/Atrop Tablet	1	
Linzess Capsule	3	(QL)(M)
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	(M)
Motegrity Tablet	4	(ST)(QL)
Movantik Tablet	3	(QL)
Relistor	5	(PA)(QL)(M)
Symproic Tablet	3	(QL)
Trulance Tablet	4	(ST)(QL)(M)
Xifaxan Tablet	4	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
Akynzeo Capsule	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
Antivert Tablet	3	
Emend Suspension	4	(QL)
Meclizine Tablet	1	
Ondansetron	1	(PA)(QL)
Promethegan Sup	2	
Scopolamine Dis	2	
Transderm-Sc Dis	4	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Cimetidine Tablet	1	(M)
Famotidine	2	(M)
Misoprostol Tablet	1	(M)
Pepcid Tablet	4	(M)
Sucralfate	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Esomeprazole	1	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Prevacid Capsule	4	(ST)(QL)(M)
Protonix Tablet	4	(ST)(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	3	(M)
<b>GNRH/LHRH ANTAGONISTS</b>		
Orilissa Tablet	5	(PA)(QL)(M)
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine	2	(QL)
Colcrys Tablet	4	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	1	(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	1	(M)
<b>GROWTH HORMONES</b>		
Genotropin Injectable	5	(PA)(QL)(M)
Humatrope Injectable	5	(PA)(QL)(M)
Omnitrope Injectable	5	(PA)(QL)(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	2	(QL)(M)
Harvoni Packet	5	(PA)(QL)(M)
Ledip-Sofosb Tablet	5	(PA)(QL)(M)
Mavyret	5	(PA)(QL)(M)
Sofos/Velpat Tablet	5	(PA)(QL)(M)



Drug Name	Drug Tier	Requirements & Limits
<b>Vosevi Tablet</b>	5	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
<b>Evista Tablet</b>	4	(QL)(M)
<b>Osphena Tablet</b>	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
<b>Activella Tablet</b>	4	(QL)(M)
<b>Alora Dis</b>	4	(QL)(M)
Amabelz Tablet	1	(QL)(M)
<b>Aygestin Tablet</b>	4	(QL)(M)
<b>Climara Dis</b>	4	(QL)(M)
<b>Climara Pro Dis</b>	4	(QL)(M)
<b>Combipatch Dis</b>	3	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectable</b>	4	
<b>Divigel Gel</b>	4	(QL)(M)
Dotti Dis	1	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
<b>Elestrin Gel</b>	4	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
<b>Estrace Tablet</b>	4	(QL)(M)
<b>Estrace Vag Cream</b>	4	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	2	(QL)(M)
<b>Estring Mis</b>	4	(ST)(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
<b>Estrogel Gel</b>	4	(QL)(M)
<b>Femring Mis</b>	4	(ST)(QL)(M)
Fyavolv Tablet	1	(M)
<b>Imvexxy Main Sup</b>	4	(ST)(QL)(M)
<b>Imvexxy Strt Sup</b>	4	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	1	(QL)(M)
<b>Menostar Dis</b>	4	(QL)(M)
Mimvey Tablet	1	(QL)(M)
<b>Minivelle Dis</b>	4	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
<b>Premarin Tablet</b>	3	(QL)(M)
<b>Premarin Vag Cream</b>	4	(ST)(QL)(M)
<b>Premphase Tablet</b>	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Prempro Tablet</b>	4	(QL)(M)
Progesterone	1	(QL)(M)
<b>Prometrium Capsule</b>	4	(QL)(M)
<b>Vagifem Tablet</b>	4	(ST)(QL)(M)
<b>Vivelle-Dot Dis</b>	4	(QL)(M)
Yuvaferm Tablet	2	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	1	(QL)(M)
<b>Natesto Gel</b>	4	(PA)(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>	5	(PA)(QL)(M)
<b>Adbry Injectable</b>	5	(PA)(QL)(M)
Calcitrene Oin	2	
<b>Cimzia</b>	5	(PA)(QL)(M)
<b>Cosentyx</b>	5	(PA)(QL)(M)
<b>Enbrel</b>	5	(PA)(QL)(M)
<b>Humira</b>	5	(PA)(QL)(M)
<b>Ilumya Solution</b>	5	(PA)(M)
<b>Kevzara Injectable</b>	5	(PA)(QL)(M)
<b>Kineret Injectable</b>	5	(PA)(QL)(M)
<b>Olumiant Tablet</b>	5	(PA)(QL)(M)
<b>Orencia Injectable</b>	5	(PA)(QL)(M)
<b>Orencia Cick Injectable</b>	5	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	5	(PA)(QL)(M)
<b>Simponi</b>	5	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	5	(PA)(QL)(M)
<b>Skyrizi Pen Injectable</b>	5	(PA)(QL)(M)
<b>Stelara Injectable</b>	5	(PA)(QL)(M)
<b>Taltz Injectable</b>	5	(PA)(M)
<b>Vtama Cream</b>	4	(ST)(QL)
<b>Xeljanz Tablet</b>	5	(PA)(QL)(M)
<b>Xeljanz Xr Tablet</b>	5	(PA)(QL)(M)
<b>Xolair Injectable</b>	5	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azathioprine Tablet	1	(M)
<b>Cellcept</b>	4	(M)
Cyclosporine	2	(PA)(QL)(M)
<b>Envarsus Xr Tablet</b>	4	(ST)(QL)(M)
Everolimus Tablet	5	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Gengraf Capsule	2	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	2	(QL)(M)
<b>Myfortic Tablet</b>	5	(QL)(M)
<b>Neoral Capsule</b>	3	(M)
<b>Prograf Capsule</b>	4	(M)
<b>Rapamune Tablet</b>	4	(M)
Sirolimus Tablet	3	(M)
Tacrolimus	1	(QL)(M)
<b>Zortress Tablet</b>	5	(QL)(M)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Pimecrolimus Cream	3	(ST)(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	2	(M)
Mesalamine	2	(QL)(M)
<b>Pentasa Capsule</b>	3	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	2	(QL)
<b>Tamiflu</b>	4	(QL)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>	3	
Gavilyte	1	
<b>Moviprep Solution</b>	4	(ST)
Peg 3350	1	
Peg/Nasul/C/ Solution	1	(ST)
<b>Plenvu Solution</b>	4	(ST)
Sodium/Potas Solution	1	
<b>Suprep Bowel Solution</b>	3	
<b>LAXATIVES</b>		
Constulose Solution	1	
<b>LEPROSTATICS</b>		
Dapsone Tablet	2	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lido/Prilocn Cream	1	
Lidocaine	2	
<b>MENTAL HEALTH</b>		
<b>Abilify Asim Injectable</b>	5	(M)
<b>Abilify Main Injectable</b>	5	(M)
Amitriptylin Tablet	1	(M)
<b>Anafranil Capsule</b>	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Aripiprazole Tablet	2	(QL)(M)
Asenapine Sub	3	(ST)(QL)(M)
Bupropion Tablet	1	(QL)(M)
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Clomipramine Capsule	2	(QL)(M)
Clozapine Tablet	1	(QL)(M)
<b>Clozaril Tablet</b>	4	(ST)(QL)(M)
Desipramine Tablet	2	(M)
Desvenlafax Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl	1	(M)
Duloxetine	1	(QL)(M)
<b>Effexor Xr Capsule</b>	4	(ST)(QL)(M)
Escitalopram Tablet	1	(QL)(M)
<b>Fetzima Capsule</b>	4	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
<b>Geodon Capsule</b>	4	(ST)(QL)(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
<b>Invega Hafye Injectable</b>	5	(QL)(M)
<b>Invega Sust Injectable</b>	5	(M)
<b>Invega Trinz Injectable</b>	5	(M)
<b>Lexapro Tablet</b>	4	(ST)(QL)(M)
Lithium Carb	1	(M)
Lurasidone Tablet	2	(QL)(M)
Memant Titra Packet	1	(QL)(M)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(ST)(QL)(M)
Mirtazapine	1	(M)
<b>Namenda Tablet</b>	4	(QL)(M)
<b>Namenda Xr Capsule</b>	4	(ST)(QL)(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	2	(ST)(QL)(M)
Paroxetine Er Tablet	2	(ST)(QL)(M)
Paroxetine Tablet	1	(ST)(QL)(M)
<b>Paxil Tablet</b>	4	(ST)(QL)(M)
<b>Paxil Cr Tablet</b>	4	(ST)(QL)(M)
<b>Pristiq Tablet</b>	4	(ST)(QL)(M)
<b>Prozac Capsule</b>	4	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
<b>Rexulti Tablet</b>	4	(PA)(QL)(M)
<b>Risperdal</b>	4	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Risperidone Tablet	1	(QL)(M)
Rivastigmine Capsule	2	(M)
<b>Savella</b>	3	(ST)(QL)(M)
Sertraline	1	(QL)(M)
<b>Spravato Solution</b>	5	(PA)(M)
Trazodone Tablet	1	(QL)(M)
<b>Trintellix Tablet</b>	4	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
<b>Viibryd Tablet</b>	4	(PA)(QL)(M)
Vilazodone Tablet	2	(ST)(QL)(M)
<b>Vraylar Capsule</b>	4	(PA)(QL)(M)
<b>Wellbutrin Tablet</b>	4	(ST)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>Zoloft</b>	4	(ST)(QL)(M)
<b>Zyprexa Tablet</b>	4	(ST)(QL)(M)
<b>Zyprexa Zydi Tablet</b>	4	(ST)(QL)(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(PA)(QL)(M)
Levocarnitin Solution	2	
<b>Nityr Tablet</b>	5	(PA)(QL)(M)
<b>Pheburane Mis</b>	5	(PA)(QL)(M)
<b>Strensiq Injectable</b>	5	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Aimovig Injectable</b>	4	(PA)(QL)
<b>Ajovy Injectable</b>	3	(ST)(QL)(M)
<b>Amerge Tablet</b>	4	(ST)(QL)(M)
Aprepitant Capsule	2	(QL)
Eletriptan Tablet	2	(ST)(QL)
<b>Emgality Injectable</b>	4	(PA)(QL)(M)
<b>Frova Tablet</b>	4	(ST)(QL)
Frovatriptan Tablet	2	(ST)(QL)
<b>Imitrex</b>	4	(ST)(QL)(M)
<b>Maxalt Tablet</b>	4	(ST)(QL)(M)
<b>Maxalt-Mlt Tablet</b>	4	(ST)(QL)(M)
Naratriptan Tablet	1	(QL)(M)
<b>Nurtec Tablet</b>	3	(PA)(QL)
<b>Relpax Tablet</b>	4	(ST)(QL)
<b>Reyvow Tablet</b>	4	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	2	(ST)(QL)(M)
<b>Ubrovelvy Tablet</b>	3	(PA)(QL)
Zolmitriptan	2	(ST)(QL)
<b>Zomig Tablet</b>	4	(ST)(QL)
<b>MINERALOCORTICOIDS</b>		
Fludrocort Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>MIOTICS</b>		
Pilocarpine	1	
<b>Vuity Solution</b>	4	
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>Hypersal Neb</b>	4	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride	1	(PA)
Sodium Chlor Neb	1	
<b>MISC. TOPICAL</b>		
<b>Drysol Solution</b>	4	
<b>Qbrexza Pad</b>	4	(PA)(QL)
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
<b>Intrarosa Sup</b>	4	(QL)(M)
<b>MOVEMENT DISORDER</b>		
<b>Austedo Tablet</b>	5	(PA)(QL)(M)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>Avonex</b>	5	(PA)(QL)(M)
Dalfampridin Tablet	2	(QL)(M)
Dimethyl Fum Capsule	2	(QL)(M)
<b>Extavia Injectable</b>	5	(PA)(QL)(M)
Glatiramer Injectable	2	(PA)(QL)(M)
Glatopa Injectable	2	(PA)(QL)(M)
<b>Plegridy</b>	5	(PA)(QL)(M)
Teriflunomid Tablet	2	(QL)(M)
<b>Vumerity Capsule</b>	5	(PA)(QL)(M)
<b>Zeposia Capsule</b>	5	(PA)(QL)(M)
<b>Zeposia 7Day Capsule</b>	5	(PA)(QL)(M)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
Metaxalone Tablet	2	(ST)
Methocarbam Tablet	2	
Orphenadrine Tablet	2	
Tizanidine	2	(ST)(QL)
Vanadom Tablet	1	(QL)
<b>Zanaflex</b>	4	(ST)(QL)
<b>NASAL ALLERGY</b>		
<b>Azel/Flutic Spr</b>	3	(ST)(QL)
Azelastine	1	(QL)(M)
<b>Dymista Spr</b>	3	(QL)
Flunisolide Spr	1	(QL)(M)
Olopatadine Spr	2	(ST)

Drug Name	Drug Tier	Requirements & Limits
<b>Xhance Mis</b>	4	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	5	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Capecitabine Tablet	2	(QL)(M)
<b>Erleada Tablet</b>	5	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
<b>Hydrea Capsule</b>	3	
Hydroxyurea Capsule	1	
<b>Ibrance</b>	5	(PA)(QL)(M)
Imatinib	2	(PA)(QL)
<b>Jakafi Tablet</b>	5	(PA)(QL)(M)
Lenalidomide Capsule	2	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
<b>Lynparza Tablet</b>	5	(PA)(QL)(M)
Megestrol Ac Tablet	1	
Mercaptopur Tablet	2	(M)
Methotrexate	1	(M)
<b>Otrexup Injectable</b>	5	(PA)(QL)(M)
<b>Promacta Tablet</b>	5	(PA)(QL)(M)
<b>Rasuvo Injectable</b>	3	(ST)(QL)
<b>Revlimid Capsule</b>	5	(PA)(QL)(M)
<b>Sprycel Tablet</b>	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Temozolomide Capsule	4	(QL)(M)
<b>Venclexta Tablet</b>	5	(PA)(QL)(M)
<b>Verzenio Tablet</b>	5	(PA)(QL)(M)
<b>Xeloda Tablet</b>	5	(QL)(M)
<b>Xtandi Capsule</b>	5	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
<b>Alrex Suspension</b>	4	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
<b>Durezol Emu</b>	4	(QL)
Fluoromethol Suspension	1	
<b>Fml Forte Suspension</b>	4	
<b>Lotemax</b>	4	(QL)
<b>Lotemax Sm Gel</b>	4	(QL)
Loteprednol	2	(QL)
Neo/Poly/Dex	1	
<b>Pred Mild Suspension</b>	4	
Prednisolone	1	(QL)
Sulf/Pred Na Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Tobra/Dexame Suspension	1	
<b>Tobradex St Suspension</b>	4	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
<b>Besivance Suspension</b>	4	(QL)
Gatifloxacin Solution	2	(QL)
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
<b>Polytrim Solution</b>	4	
Sulfacet Sod Solution	1	
Tobramycin Solution	1	
<b>Vigamox Dro</b>	4	(QL)
<b>Zymaxid Solution</b>	4	(QL)
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
<b>Acuvail Solution</b>	4	(QL)
Brimonidine 0.15%	1	(M)
Combigan Solution	2	(QL)(M)
<b>Cosopt Solution</b>	4	(QL)(M)
<b>Cosopt Pf Solution</b>	4	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
<b>Elestat Dro</b>	4	
Epinastine Dro	1	
Ketorolac	1	(QL)
<b>Rhopressa Solution</b>	4	(ST)(QL)(M)
<b>Simbrinza Suspension</b>	3	(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(M)
<b>Timoptic Ocu Solution</b>	4	(ST)(M)
<b>Verkazia Emu</b>	5	(PA)(QL)(M)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	2	(QL)(M)
Latanoprost Solution	1	(QL)(M)
<b>Lumigan Solution</b>	3	(QL)(M)
<b>Travatan Z Dro</b>	4	(ST)(QL)(M)
Travoprost Dro	2	(ST)(QL)(M)
<b>Xalatan Solution</b>	4	(QL)(M)
<b>Zioptan Dro</b>	4	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
<b>Kloxxado Spr</b>	3	(QL)(M)
Naloxone	1	(QL)(M)
Naloxone Hcl Spr	1	(QL)(M)
Naltrexone Tablet	1	
<b>Narcan Spr</b>	3	(QL)(M)
<b>Vivitrol Injectable</b>	5	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	3	(QL)
Bupren/Nalox	2	(QL)
Buprenorphin	3	(QL)
Butorphanol Solution	2	(QL)
<b>Sublocade Injectable</b>	5	(QL)(M)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
<b>Prolia Injectable</b>	5	(M)
Risedronate Tablet	2	(ST)(QL)(M)
<b>Tymlos Injectable</b>	5	(PA)(M)
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	2	
Neo/Poly/Hc	1	
<b>OTIC STEROIDS</b>		
<b>Dermotic Oil</b>	4	
Flac Oil	2	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	2	(QL)
Ascomp/Cod Capsule	2	(QL)
Bac Tablet	1	(QL)
Bupap Tablet	1	(QL)
But/Apap/Caf	2	(QL)
But/Asa/Caf/ Capsule	2	(QL)
But/Asa/Caff Capsule	1	(QL)
Butal/Apap Tablet	1	(QL)
Butalb/Aceta Tablet	1	(QL)
Endocet Tablet	2	(QL)
<b>Esgic Tablet</b>	4	(QL)
Fentanyl Dis	4	(PA)(QL)
<b>Fioricet Capsule</b>	4	(QL)
<b>Fiorinal Capsule</b>	4	(QL)
Hydroco/Apap	2	(QL)
Hydromorphon Tablet	2	(QL)
Meperidine Solution	2	(QL)
Methadone Tablet	2	(QL)
Morphine Sul	3	(ST)(QL)
<b>Oxaydo Tablet</b>	4	(QL)
Oxy-Acetamin Tablet	2	(QL)
Oxycod-Apap Tablet	2	(QL)
Oxycod/Apap Tablet	2	(QL)
Oxycodone	2	(QL)
Oxymorphone Tablet	2	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Roxicodone Tablet</b>	4	(QL)
Tramadol/Apap Tablet	2	(QL)
Tramadol	2	(QL)
<b>Ultracet Tablet</b>	4	(QL)
<b>Xtampza Er Capsule</b>	3	(ST)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
<b>Arthrotec 50 Tablet</b>	4	(ST)(M)
<b>Arthrotec 75 Tablet</b>	4	(ST)(M)
Cataflam Tablet	1	(M)
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	2	(M)
Diclofen Pot Tablet	1	(M)
Etodolac Tablet	1	(M)
Ibu Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	(M)
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	3	(QL)(M)
<b>Pancreaze Capsule</b>	3	(QL)(M)
<b>Pertzye Capsule</b>	3	(QL)(M)
<b>Zenpep Capsule</b>	3	(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)
<b>Neupro Dis</b>	4	(QL)(M)
Pramipexole Tablet	1	(QL)(M)
Rasagiline Tablet	2	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
<b>Rytary Capsule</b>	4	(ST)(M)
Trihexyphen Tablet	1	(QL)(M)
<b>PHENOTHIAZINES</b>		
Chlorpromaz Tablet	2	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
<b>PHOSPHATE</b>		
<b>K-Phos Tablet</b>	4	

Drug Name	Drug Tier	Requirements & Limits
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
<b>PHOSPHATE BINDING AGENTS</b>		
Calc Acetate Capsule	1	(M)
Sevelamer Tablet	5	(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>Ddavp Tablet</b>	4	(QL)
Desmopressin	2	(QL)
<b>POTASSIUM</b>		
Potassium Chloride	1	(M)
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>	3	(PA)(QL)(M)
<b>PRENATAL VITAMINS</b>		
<b>Co-Natal Fa Tablet</b>	4	
Complete Nat Packet	1	
<b>M-Natal Plus Tablet</b>	4	
<b>Natalvit Tablet</b>	4	
<b>Neonatal Tablet</b>	4	
<b>Neonatal Pls Tablet</b>	4	
<b>Niva-Plus Tablet</b>	4	
<b>One Vite Tablet</b>	4	
Prenatal Tablet	1	
<b>Prenatal Vit Tablet</b>	4	
<b>Prenatrix Tablet</b>	4	
<b>Prenatryl Tablet</b>	4	
<b>Tricare Tablet</b>	4	
Trinatal Rx Tablet	1	
<b>Trinate Tablet</b>	4	
<b>Vinate One Tablet</b>	4	
<b>Vitafol-Ob Tablet</b>	4	
<b>Vitathely Tablet</b>	4	
<b>Wesnatal Dha Packet</b>	4	
<b>Westab Plus Tablet</b>	4	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	2	(QL)(M)
<b>PROSTATE</b>		
Alfuzosin Tablet	1	(QL)(M)
Dutast/Tamsu Capsule	2	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Silodosin Capsule	2	(ST)(QL)(M)
Tadalafil Tablet	2	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
<b>Uroxatral Tablet</b>	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Adempas Tablet</b>	5	(PA)(QL)(M)
Alyq Tablet	2	(PA)(QL)(M)
<b>Ambrisentan Tablet</b>	5	(PA)(QL)(M)
<b>Opsumit Tablet</b>	5	(PA)(QL)(M)
<b>Orenitram Tablet</b>	5	(PA)(QL)(M)
<b>Revatio Suspension</b>	5	(PA)(QL)(M)
<b>Sildenafil</b>	5	(PA)(QL)(M)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	2	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	1	
<b>Procort Cream</b>	4	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	1	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Permethrin Cream	1	
<b>SEIZURE DISORDER</b>		
<b>Aptiom Tablet</b>	4	(ST)(QL)(M)
<b>Briavict</b>	4	(ST)(QL)(M)
Carbamazepin	2	(QL)(M)
<b>Carbatrol Capsule</b>	4	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Dilantin Capsule</b>	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
<b>Epidiolex Solution</b>	5	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide	2	(QL)(M)
Gabapentin	1	(QL)(M)
<b>Keppra</b>	4	(ST)(QL)(M)
<b>Keppra Xr Tablet</b>	4	(ST)(QL)(M)
<b>Klonopin Tablet</b>	4	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Lamictal	4	(ST)(QL)(M)
Lamictal Odt Tablet	4	(ST)(QL)(M)
Lamictal Xr Tablet	4	(ST)(QL)(M)
Lamotrig Odt Tablet	2	(ST)(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
Mysoline Tablet	4	(ST)(QL)(M)
Nayzilam Spr	4	(QL)
Onfi	4	(PA)(QL)(M)
Oxcarbazepin	1	(QL)(M)
Oxtellar Xr Tablet	4	(ST)(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	4	(ST)(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Subvenite Tablet	1	(QL)(M)
Tegretol Tablet	4	(ST)(QL)(M)
Tegretol-Xr Tablet	4	(ST)(QL)(M)
Topamax Tablet	4	(ST)(QL)(M)
Topamax Spr Capsule	4	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Trileptal	4	(ST)(QL)(M)
Valproic Acd Capsule	1	(QL)(M)
Valtoco Spr	4	(QL)
Vimpat Solution	4	(ST)(QL)(M)
Vimpat Tablets	4	(ST)(QL)(M)
Xcopri Tablet	4	(ST)(QL)(M)
Zarontin	4	(ST)(QL)(M)
Zonegran Capsule	4	(ST)(QL)(M)
Zonisamide Capsule	1	(QL)(M)
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable	3	(PA)
Novarel Injectable	4	(PA)
Pregnyl Injectable	4	(PA)
<b>SMOKING CESSATION</b>		
Apo-Varenicl Tablet	3	(QL)(M)(AGE)
Commit Loz	3	(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 Dis	1	(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Hm Nicotine	1	(QL)(M)(AGE)
Kls Quit2	1	(QL)(M)(AGE)
Kls Quit4	1	(QL)(M)(AGE)
Nicoderm Cq Dis	3	(QL)(M)(AGE)
Nicorelief Gum	1	(QL)(M)(AGE)
Nicorette	3	(QL)(M)(AGE)
Nicorette St Gum	3	(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)
Sr Nicotine Gum	1	(QL)(M)(AGE)
Stop Smoking	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	2	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	3	(QL)(M)
Sandostatin Injectable	5	(QL)(M)
Somatuline Injectable	5	(PA)(QL)(M)
<b>STEROIDS</b>		
Budesonide Capsule	2	(QL)
Dexamethason	4	
Medrol Tablet	4	
Methylpred Tablet	1	
Millipred Solution	4	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
Solu-Cortef Injectable	4	
Veripred 20 Solution	4	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Adderall	3	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Concerta Tablet	3	(QL)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Jornay Pm Capsule	4	(ST)(QL)(M)
Metadate Tablet	1	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	2	(QL)
Qelbree Capsule	4	(ST)(QL)(M)
Quillichew Chw	3	(QL)
Quillivant Suspension	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
Sunosi Tablet	4	(ST)(QL)
Vyvanse Capsule	3	(QL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
Benlysta Injectable	5	(PA)(QL)(M)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	2	
<b>THYROID</b>		
Adthyza Tablet	4	(M)
Armour Thyro Tablet	4	(M)
Cytomel Tablet	3	(M)
Euthyrox Tablet	3	(QL)(M)
Levo-T Tablet	3	(QL)(M)
Levothyroxin	2	(QL)(M)
Levoxyl Tablet	3	(QL)(M)
Liothyronine Tablet	1	(M)
Np Thyroid Tablet	4	(M)
Synthroid Tablet	4	(QL)(M)
Thyroid Tablet	1	(M)
Tirosint Capsule	4	(QL)(M)
Unithroid Tablet	3	(QL)(M)
<b>UNCATEGORIZED</b>		
Kerendia Tablet	4	(PA)(QL)(M)
Ofev Capsule	5	(PA)(QL)(M)
Tyrvaya Solution	4	(ST)(QL)(M)
Upravi Tablet	5	(PA)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	2	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
Gemtesa Tablet	4	(ST)(QL)(M)
Myrbetriq	4	(ST)(QL)(AGE)(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(QL)(M)
Glycate Tablet	4	(M)
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Robinul Tablet	4	(M)
Robinul Fort Tablet	4	(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	2	(QL)(M)
Trospium Chl Capsule	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Trospium Cl Tablet	1	(QL)(M)
<b>VACCINES</b>		
Adacel Injectable	3	
Boostrix Injectable	3	
Comirnaty Injectable	3	(QL)
Enderix-B Injectable	3	
Gardasil 9 Injectable	3	(AGE)
Havrix Injectable	3	
Heplisav-B Injectable	3	(QL)
M-M-R II Injectable	3	
Moderna Injectable	3	(QL)
Moderna Biv Injectable	3	(QL)
Moderna Biva Injectable	3	(QL)
Moderna Vac Injectable	3	(QL)
Moderna Vacc Injectable	3	(QL)(AGE)
Pfizer Bival Injectable	3	(QL)
Pfizer Vacc Injectable	3	(QL)(AGE)
Pneumovax 23 Injectable	3	(AGE)
Prevnar 20 Injectable	3	(AGE)
Recombiva Hb Injectable	3	
Shingrix Injectable	3	(QL)(AGE)
Spikevax Injectable	3	(QL)
Tenivac Injectable	3	
Twinrix Injectable	3	
Vaqta Injectable	3	
Varivax Injectable	3	
<b>VAGINAL ANTI-INFECTIVES</b>		
Nuessa Gel	4	(QL)
Terconazole Cream	1	
Vandazole Gel	4	
<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Dro	1	(M)
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Folic Acid Tablet	1	(M)
Iron Drops Dro	1	(QL)(AGE)
Iron Inf-Tod Dro	1	(QL)(AGE)
Iron Inf/Tod Dro	1	(QL)(AGE)
Iron Supplmt Dro	1	(QL)(AGE)
Multi Vit/Fl Chw	4	(M)
Multi-Vit-Fl Chw	4	(M)
Multi-Vit/Fl	1	(M)
Multivit/Fl Chw	4	(M)



Drug Name	Drug Tier	Requirements & Limits
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
<b>Poly-Vi-Flor Chw</b>	4	(M)
Pot Citra Er Tablet	2	
<b>Quflora Chw</b>	4	(M)
<b>Quflora Ped Chw</b>	4	(M)
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	1	(M)
Vit A/C/D/FI Dro	1	(M)
Vitamin D	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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