

# RxSelect® (Three Tier) Prescription Drug List (Utah and Idaho)



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

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

## Drug Costs

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

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

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

## This Formulary is Regularly Updated

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

## Noncovered Drug Exceptions

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

## LEGEND

### (PA) Preauthorization

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

### (M) Maintenance Drug

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

### (ST) Step Therapy

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

### (QL) Quantity Limits

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

### (AGE) Age Limit

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

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>		
Adapalene Gel	1	(ST)
<b>Aklief Cream</b>	3	(ST)
Avar Cleanse Liq	1	
Avita Cream	1	(AGE)
Azelaic Acid Gel	1	
<b>Cleocin-T Solution</b>	3	
Clindam/Benz Gel	1	(ST)
Clindamy/Ben Gel	1	(ST)
Dapsone	1	(ST)
Ery/Benzoyl Gel	1	
Erythromycin	1	(AGE)
Metronidazol	1	(QL)
Neuac Gel	1	
<b>Rhofade Cream</b>	3	(QL)
Rosadan	1	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Tretinoin Cream	1	(AGE)
<b>ALS AGENTS</b>		
<b>Radicava Ors Suspension</b>	3	(PA)(QL)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b>Auvi-Q Injectable</b>	2	(QL)
Epinephrine	1	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	1	
Disulfiram Tablet	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
Sod Oxybate Solution	3	(PA)(QL)
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	1	(M)
<b>ANTIBIOTICS</b>		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
<b>Avelox Tablet</b>	3	
Azithromycin	1	(QL)
<b>Cayston Inhalation</b>	3	(PA)(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	

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

Drug Name	Drug Tier	Requirements & Limits
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	1	
Fluconazole	1	(QL)
Itraconazole Capsule	1	(QL)
Ketoconazole	1	
Nyamyf Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
<b>Sporanox Capsule</b>	3	(QL)
Terbinafine Tablet	1	(QL)
<b>ANTIHELMINTICS</b>		
Ivermectin Tablet	1	(PA)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	1	
Hydroxychlor	1	(M)
<b>Malarone Tablet</b>	3	(PA)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	1	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	1	
Isoniazid Tablet	1	
<b>Myambutol Tablet</b>	3	
Rifampin Capsule	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<b>Alinia Tablet</b>	3	(QL)
Atovaquone Suspension	1	
<b>Mepron Suspension</b>	3	
Nitazoxanide Tablet	1	(QL)
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
<b>ANTIVIRALS</b>		
Acyclovir	1	
<b>Biktarvy Tablet</b>	3	(QL)
Darunavir Tablet	1	(QL)
<b>Descovy Tablet</b>	3	(PA)(QL)
<b>Dovato Tablet</b>	3	(QL)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
<b>Genvoya Tablet</b>	3	(QL)
<b>Isentress Tablet</b>	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Isentress Hd Tablet</b>	3	(QL)
<b>Norvir Tablet</b>	3	(QL)
<b>Odefsey Tablet</b>	3	(QL)
<b>Paxlovid Tablet</b>	3	(QL)
<b>Prezcobix Tablet</b>	3	(QL)
<b>Prezista Tablet</b>	3	(QL)
Ritonavir Tablet	1	(QL)(M)
<b>Symfi Tablet</b>	3	(QL)
<b>Symfi Lo Tablet</b>	3	(QL)
<b>Symtuza Tablet</b>	3	(QL)
Tenofovir Tablet	1	(QL)(M)
<b>Tivicay Tablet</b>	3	(QL)
<b>Triumeq Tablet</b>	3	(QL)
Valacyclovir Tablet	1	(QL)
<b>Valcyte Tablet</b>	3	(QL)
Valganciclov Tablet	1	(QL)(M)
<b>Valtrex Tablet</b>	3	(QL)
<b>Viread Tablet</b>	3	(QL)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	1	(QL)
<b>Belsomra Tablet</b>	3	(ST)(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	1	
Diazepam	1	
Eszopiclone Tablet	1	(QL)
Hydroxyzine	1	
Lorazepam	1	
Ramelteon Tablet	1	(QL)(M)
Temazepam Capsule	1	(QL)
Triazolam Tablet	1	(QL)
<b>Xanax Xr Tablet</b>	3	(QL)
Zaleplon Capsule	1	(QL)
Zolpidem Tablet	1	(QL)
Zolpidem Er Tablet	1	(QL)
<b>ASTHMA AND COPD*</b>		
<b>Accolate Tablet</b>	3	(QL)(M)
<b>Advair</b>	3	(PA)(QL)(M)
Albuterol	1	(QL)(M)
<b>Alvesco Inhalation</b>	3	(PA)(QL)(M)
<b>Anoro Ellipt Inhalation</b>	2	(QL)(M)
Arformoterol Neb	1	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	2	(QL)(M)
<b>Asmanex</b>	2	(QL)(M)
<b>Atrovent Hfa Inhalation</b>	3	(M)
<b>Bevespi Inhalation</b>	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Breztri Inhalation</b>	2	(QL)(M)(AGE)
Budes/Formot Inhalation	1	(QL)(M)
<b>Combivent Inhalation</b>	2	(M)
<b>Dulera Inhalation</b>	3	(PA)(QL)(M)
<b>Flovent</b>	2	(QL)(M)
Flutic/Salme	1	(QL)(M)
Flutic/Vilan Inhalation	1	(PA)(QL)(M)
<b>Incruse Elpt Inhalation</b>	3	(ST)(QL)(M)
Ipratropium	1	(M)
Kourzeq Pst	1	
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	1	
<b>Proventil Inhalation</b>	3	(ST)(QL)(M)
<b>Pulmicort Suspension</b>	3	(PA)(QL)(M)
<b>Qvar Rediha Inhalation</b>	3	(PA)(QL)(M)
<b>Qvar Redihal Inhalation</b>	3	(PA)(QL)(M)
Roflumilast Tablet	1	(QL)(M)
<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>Striverdi Inhalation</b>	2	(QL)(M)
<b>Symbicort Inhalation</b>	2	(QL)(M)
Terbutaline Tablet	1	(QL)(M)
<b>Trelegy Inhalation</b>	2	(QL)(M)(AGE)
Triamcinolon	1	
<b>Tudorza Pres Inhalation</b>	3	(ST)(QL)(M)
<b>Utibron Capsule</b>	3	(ST)(QL)(M)
<b>Ventolin Hfa Inhalation</b>	2	(QL)(M)
Wixela Inhub Inhalation	1	(QL)(M)
<b>Xopenex Hfa Inhalation</b>	3	(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)
Enoxaparin Injectable	1	
<b>Plavix Tablet</b>	3	(QL)(M)
<b>Pradaxa Capsule</b>	3	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
<b>Savaysa Tablet</b>	3	(QL)(M)
Warfarin	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Xarelto</b>	2	(QL)(AGE)(M)
<b>BURN PRODUCTS</b>		
<b>Silvadene Cream</b>	3	
Silver Sulfa Cream	1	
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	1	(M)
<b>CARDIOVASCULAR*</b>		
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)
<b>Atacand Hct Tablet</b>	3	(ST)(QL)(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
<b>Avalide Tablet</b>	3	(ST)(QL)(M)
<b>Azor Tablet</b>	3	(ST)(QL)(M)
Benazep/Hctz Tablet	1	(M)
Benazepril Tablet	1	(M)
Bisoprl/Hctz Tablet	1	(M)
Bisoprol Fum Tablet	1	(M)
Bumetanide Tablet	1	(M)
<b>Byvalson Tablet</b>	3	(ST)(QL)(M)
Candesas/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Cartia Xt Capsule	1	(M)
Carvedilol	1	(QL)(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
<b>Corlanor Tablet</b>	2	(ST)(QL)(M)
<b>Demadex Tablet</b>	3	(M)
Digitek Tablet	1	(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	1	(QL)(AGE)(M)
<b>Entresto Tablet</b>	2	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Fosinopril Tablet	1	(M)
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
<b>Hemangeol Solution</b>	3	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
<b>Inspra Tablet</b>	3	(ST)(M)
Irbesar/Hctz Tablet	1	(QL)(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
<b>Katerzia Suspension</b>	3	(QL)(M)(AGE)
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)
Losartan Pot Tablet	1	(QL)(M)
Losartan/Hct Tablet	1	(QL)(M)
Matzim La Tablet	1	(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
<b>Micardis Hct Tablet</b>	3	(ST)(QL)(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)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycer Sub	1	(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone	1	(M)
Propranolol	1	(M)
<b>Qbrelis Solution</b>	3	(QL)(M)(AGE)
Ramipril Capsule	1	(M)
<b>Ranexa Tablet</b>	3	(ST)(QL)(M)
Ranolazine Tablet	1	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spirono/Hctz Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Spirolact 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)
<b>Tenormin Tablet</b>	3	(ST)(QL)(M)
Terazosin Capsule	1	(QL)(M)
<b>Thalitone Tablet</b>	2	(M)
Tiadyt Capsule	1	(M)
Torsemide Tablet	1	(M)
Triamt/Hctz	1	(M)
<b>Tribenzor</b>	3	(ST)(QL)(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	1	(QL)(M)
Colesevelam Tablet	1	(QL)(M)
Colestipol	1	(QL)(M)
Ezetim/Simva Tablet	1	(ST)(QL)(M)
Ezetimibe Tablet	1	(QL)(M)
Fenofibrate	1	(QL)(M)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	1	(ST)(QL)(M)
<b>Livalo Tablet</b>	2	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	1	(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
<b>Questran Powder</b>	3	(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>	2	(ST)(QL)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
<b>Nuvaring</b>	3	(QL)(M)
<b>Phexxi Gel</b>	3	(QL)(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	1	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Bpm-Pse-Dm Syrup	1	(QL)
Brom/Pse/Dm Syrup	1	(QL)
Bromfed Dm Solution	1	(QL)
Cetirizine Solution	1	(QL)
Cheratussin Syrup	1	
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Guaiatuss Ac Syrup	1	
<b>Hycodan Syrup</b>	2	
Hyd Pol/Cpm Suspension	1	(QL)
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
<b>Xyzal Tablet</b>	3	(ST)(QL)
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	1	
Cyclopentol Solution	1	
Cyclopentola Solution	1	
<b>Isopto Atrop Solution</b>	3	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Kalydeco</b>	3	(PA)(QL)
<b>Kitabis Packet Neb</b>	3	(PA)(QL)
<b>Pulmozyme Solution</b>	3	(QL)
<b>Tobi Podhalr Capsule</b>	3	(PA)(QL)
<b>Trikafta</b>	3	(PA)(QL)(AGE)
<b>DENTAL PRODUCTS</b>		
Cavarest Gel	1	(M)
Chlorhex Glu Solution	1	
Dentagel Gel	1	(M)
Just Right Gel	1	(M)
<b>Peridex Solution</b>	3	
Periogard Solution	1	
Sf Gel	1	(M)
Sodium Fluor Gel	1	(M)
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	1	(QL)
Calcipotrien Cream	1	
Diclofenac 1%	1	(PA)(M)
<b>Finacea Gel</b>	3	(QL)
Fluorouracil Cream	1	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Tazorac</b>	3	(ST)(AGE)
<b>Tolak Cream</b>	3	(QL)
<b>Xepi Cream</b>	3	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	1	
Alclometason Cream	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val	1	
Clobetasol	1	
<b>Derma-Smooth Oil</b>	3	
Desonide	1	
Fluocin Acet	1	
Fluocinonide	1	(ST)(QL)
Fluticasone	1	(QL)(M)
Hydrocort	1	(M)
Mometasone	1	(QL)(M)
<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>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)
<b>Actoplus Met Tablet</b>	3	(QL)(M)
<b>Actos Tablet</b>	3	(QL)(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>Byetta 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)

Drug Name	Drug Tier	Requirements & Limits
<b>Glucagen Injectable</b>	2	
Glucagon Kit	1	
Glyb/Metformin Tablet	1	(M)
Glyburide Tablet	1	(M)
<b>Glyxambi Tablet</b>	2	(QL)(M)
<b>Gvoke Hypo 1 Injectable</b>	2	
<b>Gvoke Hypo 2 Injectable</b>	2	
<b>Gvoke Pfs Injectable</b>	2	
<b>Jardiance Tablet</b>	2	(QL)(M)
<b>Jentaduetto Tablet</b>	2	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglitazone/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
<b>Prandin Tablet</b>	3	(M)
Repaglinide Tablet	1	(M)
<b>Segluromet Tablet</b>	3	(ST)(QL)(M)
<b>Soliqua Injectable</b>	2	(ST)(QL)(M)
<b>Steglatro Tablet</b>	3	(ST)(QL)(M)
<b>Symlin</b>	3	(PA)(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>Zegalogue Injectable</b>	3	
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr Mis</b>	3	(M)
10-12MI Syrn Mis	1	(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)
1M Allr Syr Mis	1	(M)
<b>1MI Allr Syr Mis</b>	3	(M)
<b>1MI Slip Tip Mis</b>	3	(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)
<b>3MI Syringe Mis</b>	3	(M)
30-35MI Syrn Mis	1	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)

Drug Name	Drug Tier	Requirements & Limits
3MI LI Syrng Mis	1	(M)
<b>3MI Luer Loc Mis</b>	3	(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)
<b>6MI Syringe Mis</b>	3	(M)
<b>Accu-Chek Tes</b>	3	(PA)(QL)(M)
<b>Admix Needle Mis</b>	3	(M)
Allergy Syrg Mis	1	(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>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>Catheter/Tip Mis</b>	3	(M)
<b>Deflux Needl Mis</b>	3	(M)
<b>Dexcom G6 Mis</b>	2	(ST)(QL)(M)(AGE)
<b>Dexcom G7 Mis</b>	2	(ST)(QL)(M)(AGE)
<b>Easy Glide Mis</b>	3	(M)
<b>Easy Touch Mis</b>	3	(M)
<b>Easypoint Mis</b>	3	(M)
<b>Eclipse Ndle Mis</b>	3	(M)
<b>Enlite Gluco Mis</b>	3	(PA)(QL)(M)
<b>Fill Needle Mis</b>	3	(M)
<b>Filter Needl Mis</b>	3	(M)
<b>Freesty Libr</b>	2	(ST)(QL)(M)(AGE)
<b>Freestyle</b>	2	(ST)(QL)(AGE)(M)
<b>Guardian Mis</b>	3	(PA)(QL)(M)(AGE)
<b>Guardian 4 Mis</b>	3	(PA)(QL)(M)(AGE)
<b>Guardian Con Mis</b>	3	(PA)(QL)(M)(AGE)
<b>Guardian Rt Mis</b>	3	(PA)(QL)(M)(AGE)
Hypo Needle Mis	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	3	(M)
Luer-Lok Mis	3	(M)
Minilink Rt Mis	3	(PA)(QL)(M)(AGE)
Minimed 630G Mis	3	(PA)(QL)(M)(AGE)
Monoject S/P Mis	3	(M)
Needles Mis	3	(M)
Norm-Ject Mis	3	(M)
Omnipod 5 G6	2	(PA)(QL)(M)
Omnipod Dash	2	(PA)(QL)(M)
Paradigm Rea Mis	3	(PA)(QL)(M)(AGE)
Patient Safe Mis	3	(M)
Pen Needles	2	(M)
Pharm Syrng Mis	3	(M)
Pharm Tray Mis	3	(M)
Piston Irrig Mis	3	(M)
Poly Hub Mis	3	(M)
Precision Tes	2	(QL)(M)
Precisn Xtra Tes	2	(QL)(M)
Safetyglide Mis	3	(M)
Safty Needle Mis	3	(M)
Securesafe Mis	3	(M)
Slip Tip 1MI Mis	3	(M)
Slip Tip 3MI Mis	3	(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)
Vent Needle Mis	3	(M)
<b>DIRECT MUSCLE RELAXANTS</b>		
Dantrolene Capsule	1	
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	2	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	1	
<b>FLUORIDE</b>		
Fluoride	1	(QL)(M)(AGE)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Reltone Capsule	3	(M)
Ursodiol	1	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Amitiza Capsule	3	(ST)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Diphen/Atrop Tablet	1	
<b>Linzess Capsule</b>	2	(QL)(M)
Lubiprostone Capsule	1	(QL)(M)(AGE)
Metoclopram Tablet	1	(M)
<b>Motegrity Tablet</b>	3	(ST)(QL)
<b>Movantik Tablet</b>	2	(QL)
<b>Relistor Tablet</b>	3	(PA)(QL)
<b>Symproic Tablet</b>	2	(QL)
<b>Trulance Tablet</b>	3	(ST)(QL)(M)
<b>Xifaxan Tablet</b>	3	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp; VOMITING</b>		
<b>Akynzeo Capsule</b>	2	(QL)
<b>Antivert Tablet</b>	2	
<b>Emend Suspension</b>	3	(QL)
Meclizine Tablet	1	
Ondansetron	1	(PA)(QL)
Promethegan Sup	1	
Scopolamine Dis	1	
<b>Transderm-Sc Dis</b>	3	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Cimetidine Tablet	1	(M)
Famotidine	1	(M)
Misoprostol Tablet	1	(M)
<b>Pepcid Tablet</b>	3	(M)
Sucralfate	1	(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)
Rabeprazole Tablet	1	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	1	(M)
<b>GNRH/LHRH ANTAGONISTS</b>		
<b>Orilissa Tablet</b>	3	(PA)(QL)
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine	1	(QL)
<b>Colcrys Tablet</b>	3	(QL)
Febuxostat Tablet	1	(QL)(M)
Probenecid Tablet	1	(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	1	(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)



Drug Name	Drug Tier	Requirements & Limits
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	1	(QL)
Harvoni Packet	3	(PA)(QL)
Ledip-Sofosb Tablet	3	(PA)(QL)
Mavyret	3	(PA)(QL)
Sofos/Velpat Tablet	3	(PA)(QL)
Vosevi Tablet	3	(PA)(QL)
<b>HORMONE RECEPTOR MODULATORS</b>		
Evista Tablet	3	(QL)(M)
Osphena Tablet	3	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Activella Tablet	3	(QL)(M)
Alora Dis	3	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Aygestin Tablet	3	(QL)(M)
Climara Dis	3	(QL)(M)
Climara Pro Dis	3	(QL)(M)
Combipatch Dis	2	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
Delestrogen Injectable	3	
Divigel Gel	3	(QL)(M)
Dotti Dis	1	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
Elestrin Gel	3	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrace Tablet	3	(QL)(M)
Estrace Vag Cream	3	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	1	(QL)(M)
Estring Mis	3	(ST)(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Estrogel Gel	3	(QL)(M)
Femring Mis	3	(ST)(QL)(M)
Fyavolv Tablet	1	(M)
Imvexxy Main Sup	3	(ST)(QL)(M)
Imvexxy Strt Sup	3	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lyllana Dis	1	(QL)(M)
Menostar Dis	3	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Minivelle Dis	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
Premarin Tablet	2	(QL)(M)
Premarin Vag Cream	3	(ST)(QL)(M)
Premphase Tablet	3	(QL)(M)
Prempro Tablet	3	(QL)(M)
Prometrium Capsule	3	(QL)(M)
Vagifem Tablet	3	(ST)(QL)(M)
Vivelle-Dot Dis	3	(QL)(M)
Yuvaferm Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	1	(QL)(M)
Natesto Gel	3	(PA)(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone	1	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
Actemra Injectable	3	(PA)(QL)
Amjevita Injectable	3	(PA)(QL)
Humira	3	(PA)(QL)
Olumiant Tablet	3	(PA)(QL)
Rinvoq Tablet	3	(PA)(QL)
Vtama Cream	3	(ST)(QL)
Xeljanz Tablet	3	(PA)(QL)
Xeljanz Xr Tablet	3	(PA)(QL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azathioprine Tablet	1	(M)
Cellcept	3	(M)
Cyclosporine	1	(PA)(QL)(M)
Envarsus Xr Tablet	2	(ST)(M)
Everolimus Tablet	1	(PA)(QL)
Gengraf Capsule	1	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	1	(QL)(M)
Myfortic Tablet	3	(QL)(M)
Neoral Capsule	2	(M)
Prograf Capsule	3	(M)
Rapamune Tablet	3	(M)
Sirolimus Tablet	1	(M)
Tacrolimus	1	(QL)(M)
Zortress Tablet	3	(QL)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Elidel Cream	3	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Pimecrolimus Cream	1	(ST)(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	1	(M)
Mesalamine	1	(QL)(M)
<b>Pentasa Capsule</b>	2	(QL)(M)
<b>Sfrowasa Ene</b>	3	(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	1	(QL)
<b>Tamiflu</b>	3	(QL)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
Podofilox 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>		
Lido/Prilocn Cream	1	
Lidocaine	1	
<b>MENTAL HEALTH</b>		
Amitriptylin Tablet	1	(M)
<b>Anafranil Capsule</b>	3	(QL)(M)
Aripiprazole Tablet	1	(QL)(M)
Asenapine Sub	1	(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)
<b>Clozaril Tablet</b>	3	(ST)(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)
<b>Effexor Xr Capsule</b>	3	(ST)(QL)(M)
Escitalop Ox Solution	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Escitalopram	1	(QL)(M)
<b>Fanapt</b>	3	(PA)(QL)
<b>Fetzima Capsule</b>	3	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	1	(ST)(QL)(M)
<b>Geodon Capsule</b>	3	(ST)(QL)(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
<b>Lexapro Tablet</b>	3	(ST)(QL)(M)
Lithium Carb	1	(M)
Lurasidone Tablet	1	(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>	3	(QL)(M)
<b>Namenda Xr Capsule</b>	3	(ST)(QL)(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	1	(ST)(QL)(M)
<b>Parnate Tablet</b>	3	(ST)(M)
Paroxetine Er Tablet	1	(ST)(QL)(M)
Paroxetine Tablet	1	(ST)(QL)(M)
<b>Paxil Tablet</b>	3	(ST)(QL)(M)
<b>Paxil Cr Tablet</b>	3	(ST)(QL)(M)
<b>Pristiq Tablet</b>	3	(ST)(QL)(M)
<b>Prozac Capsule</b>	3	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
<b>Rexulti Tablet</b>	4	(PA)(QL)(M)
<b>Risperdal</b>	3	(ST)(QL)(M)
Risperidone Tablet	1	(QL)(M)
Rivastigmine	1	(M)
<b>Savella</b>	2	(ST)(QL)(M)
Sertraline	1	(QL)(M)
<b>Spravato Solution</b>	3	(PA)
Tranylcyprom Tablet	1	(M)
Trazodone Tablet	1	(QL)(M)
<b>Trintellix Tablet</b>	3	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
<b>Viibryd Tablet</b>	3	(PA)(QL)(M)
Vilazodone Tablet	1	(QL)(M)
<b>Vraylar Capsule</b>	4	(PA)(QL)(M)
<b>Wellbutrin Tablet</b>	3	(ST)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>Zoloft</b>	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Zyprexa Tablet</b>	3	(ST)(QL)(M)
<b>Zyprexa Zydi Tablet</b>	3	(ST)(QL)(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	1	(PA)(QL)
Javygtor	3	(PA)(QL)
Levocarnitin Solution	1	
<b>Nityr Tablet</b>	3	(PA)(QL)
<b>Orfadin</b>	3	(PA)(QL)
<b>Pheburane Mis</b>	3	(PA)(QL)
Sapropterin Powder	3	(PA)(QL)
<b>MIGRAINE</b>		
<b>Aimovig Injectable</b>	3	(PA)(QL)
<b>Ajovy Injectable</b>	2	(ST)(QL)(M)
Aprepitant Capsule	1	(QL)
Eletriptan Tablet	1	(QL)
<b>Emgality Injectable</b>	3	(PA)(QL)(M)
<b>Frova Tablet</b>	3	(ST)(QL)
Frovatriptan Tablet	1	(ST)(QL)
<b>Imitrex</b>	3	(ST)(QL)(M)
<b>Maxalt Tablet</b>	3	(ST)(QL)(M)
<b>Maxalt-MIt Tablet</b>	3	(ST)(QL)(M)
Naratriptan Tablet	1	(QL)(M)
<b>Nurtec Tablet</b>	2	(PA)(QL)
<b>Relpax Tablet</b>	3	(ST)(QL)
<b>Reyvow Tablet</b>	3	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	1	(ST)(QL)(M)
<b>Ubrelvy Tablet</b>	2	(PA)(QL)
Zolmitriptan	1	(ST)(QL)
<b>Zomig Tablet</b>	3	(ST)(QL)
<b>MINERALOCORTICIDS</b>		
Fludrocort Tablet	1	(M)
<b>MIOTICS</b>		
Pilocarpine	1	
<b>Vuity Solution</b>	3	
<b>MISC. ANTIVIRALS</b>		
<b>Lagevrio Capsule</b>	3	(QL)
<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	

Drug Name	Drug Tier	Requirements & Limits
<b>Qbrexza Pad</b>	3	(PA)(QL)
<b>MOVEMENT DISORDER</b>		
<b>Austedo Tablet</b>	3	(PA)(QL)
<b>Ingrezza Capsule</b>	3	(PA)(QL)
Tetrabenazin Tablet	1	(PA)(QL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
Dalfampridin Tablet	1	(QL)
Dimethyl Fum Capsule	1	(QL)
Glatiramer Injectable	1	(PA)(QL)
Glatopa Injectable	1	(PA)(QL)
Teriflunomid Tablet	1	(QL)
<b>Vumerity Capsule</b>	3	(PA)(QL)
<b>Zeposia Capsule</b>	3	(PA)(QL)
<b>Zeposia 7Day Capsule</b>	3	(PA)(QL)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	1	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	1	
Cyclobenzaprine	1	
Metaxall Tablet	1	(ST)
Metaxalone Tablet	1	(ST)
Methocarbam Tablet	1	
Orphenadrine Tablet	1	
Tizanidine	1	(ST)(QL)
Vanadom Tablet	1	(QL)
<b>Zanaflex</b>	3	(ST)(QL)
<b>NASAL ALLERGY</b>		
<b>Azel/Flutic Spr</b>	2	(ST)(QL)
Azelastine	1	(QL)(M)
<b>Dymista Spr</b>	2	(QL)
Flunisolide Spr	1	(QL)(M)
<b>Xhance Mis</b>	3	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	1	(QL)
<b>Afinitor Tablet</b>	3	(PA)(QL)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
<b>Bosulif Tablet</b>	3	(PA)(QL)
<b>Cabometyx Tablet</b>	3	(PA)(QL)
Capecitabine Tablet	1	(QL)
<b>Erleada Tablet</b>	3	(PA)(QL)
Exemestane Tablet	1	(QL)(M)
<b>Hydrea Capsule</b>	2	
Hydroxyurea Capsule	1	
<b>Ibrance Tablet</b>	3	(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Iclusig Tablet</b>	3	(PA)(QL)
Imatinib	1	(QL)
<b>Jakafi Tablet</b>	3	(PA)(QL)
Lenalidomide Capsule	1	(PA)(QL)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
<b>Lonsurf Tablet</b>	3	(PA)(QL)
<b>Lynparza Tablet</b>	3	(PA)(QL)
Megestrol Ac	1	
Mercaptopur Tablet	1	(M)
Methotrexate	1	(M)
<b>Nerlynx Tablet</b>	3	(PA)(QL)
<b>Otrexup Injectable</b>	3	(PA)(QL)
<b>Rasuvo Injectable</b>	2	(ST)(QL)
<b>Revlimid Capsule</b>	3	(PA)(QL)
<b>Sprycel Tablet</b>	3	(PA)(QL)
Tamoxifen Tablet	1	(QL)(M)
<b>Tasigna Capsule</b>	3	(PA)(QL)
Temozolomide Capsule	1	(QL)
<b>Venclexta Tablet</b>	3	(PA)(QL)
<b>Verzenio Tablet</b>	3	(PA)(QL)
<b>Xeloda Tablet</b>	3	(QL)
<b>Xtandi Capsule</b>	3	(PA)(QL)
<b>OPHTHALMIC STEROIDS</b>		
<b>Alrex Suspension</b>	3	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emu	1	(QL)
<b>Durezol Emu</b>	3	(QL)
Fluoromethol Suspension	1	
<b>Fml Forte Suspension</b>	3	
<b>Lotemax</b>	3	(QL)
<b>Lotemax Sm Gel</b>	3	(QL)
Loteprednol	1	(QL)
Neo/Poly/Dex	1	
<b>Pred Mild Suspension</b>	3	
Prednisolone	1	(QL)
Tobra/Dexame Suspension	1	
<b>Tobradex Oin</b>	2	
<b>Tobradex St Suspension</b>	3	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
<b>Besivance Suspension</b>	3	(QL)
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
<b>Polytrim Solution</b>	3	
Tobramycin Solution	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Vigamox Dro</b>	3	(QL)
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
<b>Acuvail Solution</b>	3	(QL)
<b>Azopt Suspension</b>	3	(QL)(M)
Brimonidine 0.15%	1	(M)
Brimonidine Suspension	1	(QL)(M)
Bromfenac Solution	1	
<b>Cequa Solution</b>	3	(ST)(QL)(M)
Combigan Solution	1	(QL)(M)
<b>Cosopt Solution</b>	3	(QL)(M)
<b>Cosopt Pf Solution</b>	3	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
<b>Prolensa Solution</b>	3	(ST)(QL)
<b>Rhopressa Solution</b>	3	(ST)(QL)(M)
<b>Rocklatan Dro</b>	3	(ST)(QL)
<b>Simbrinza Suspension</b>	2	(QL)(M)
Timolol Gel Solution	1	(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	1	(M)
<b>Timoptic Ocu Solution</b>	3	(ST)(M)
<b>Verkazia Emu</b>	3	(PA)(QL)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	1	(QL)(M)
Latanoprost Solution	1	(QL)(M)
<b>Lumigan Solution</b>	2	(QL)(M)
Tafluprost Solution	1	(ST)(QL)(M)
<b>Travatan Z Dro</b>	3	(ST)(QL)(M)
Travoprost Dro	1	(ST)(QL)(M)
<b>Xalatan Solution</b>	3	(QL)(M)
<b>Zioptan Dro</b>	3	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naloxone Injectable	1	(QL)(M)
Naltrexone Tablet	1	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	2	(QL)
Bupren/Nalox	1	(QL)
Buprenorphin	2	(QL)
Butorphanol Solution	1	(QL)
<b>Sublocade Injectable</b>	3	(QL)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Ibandronate Tablet	1	(QL)(M)
Risedronate Tablet	1	(ST)(QL)(M)
<b>OTIC AGENTS - MISCELLANEOUS</b>		
Acetic Acid Solution	1	
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	1	
Neo/Poly/Hc	1	
<b>OTIC STEROIDS</b>		
<b>Dermotic Oil</b>	3	
Flac Oil	1	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	1	(QL)
Bac Tablet	1	(QL)
Bupap Tablet	1	(QL)
But/Apap/Caf	1	(QL)
But/Asa/Caff Capsule	1	(QL)
Butal/Apap Tablet	1	(QL)
Butalb/Aceta Tablet	1	(QL)
<b>Dolophine Tablet</b>	3	(ST)(QL)
Endocet Tablet	1	(QL)
Fentanyl Dis	3	(PA)(QL)
<b>Fioricet Capsule</b>	3	(QL)
<b>Fiorinal Capsule</b>	3	(QL)
<b>Fiorinal/Cod Capsule</b>	3	(QL)
Hydroco/Apap	1	(QL)
Hydromorphon Tablet	1	(QL)
Methadone Tablet	1	(QL)
Morphine Sul	2	(ST)(QL)
<b>Oxaydo Tablet</b>	3	(QL)
Oxy-Acetamin Tablet	1	(QL)
Oxycod-Apap Tablet	1	(QL)
Oxycod/Apap Tablet	1	(QL)
Oxycodone	1	(QL)
Oxymorphone Tablet	1	(ST)(QL)
<b>Roxicodone Tablet</b>	3	(QL)
Tramadl/Apap Tablet	1	(QL)
Tramadol	1	(QL)
<b>Ultracet Tablet</b>	3	(QL)
<b>Xtampza Er Capsule</b>	2	(ST)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
<b>Arthrotec 50 Tablet</b>	3	(ST)(M)
<b>Arthrotec 75 Tablet</b>	3	(ST)(M)
Cataflam Tablet	1	
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Diclofen Pot Tablet	1	
Etodolac Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	(M)
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	2	(QL)(M)
<b>Pancreaze Capsule</b>	2	(QL)(M)
<b>Pertzye 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	1	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo Er Tablet	1	(QL)(M)
<b>Neupro Dis</b>	3	(QL)(M)
Pramipexole Tablet	1	(QL)(M)
Rasagiline Tablet	1	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
<b>Rytary Capsule</b>	3	(ST)(M)
Trihexyphen Tablet	1	(QL)(M)
<b>PHENOTHIAZINES</b>		
Chlorpromaz Tablet	1	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
<b>PHOSPHATE</b>		
<b>K-Phos Tablet</b>	3	
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)
Sevelamer Tablet	1	(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>Ddavn Tablet</b>	3	(QL)(M)
Desmopressin	1	(QL)(M)
<b>POTASSIUM</b>		
Potassium Chloride	1	(M)
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>	2	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PRENATAL VITAMINS</b>		
<b>Co-Natal Fa Tablet</b>	3	
Complete Nat Packet	1	
<b>M-Natal Plus Tablet</b>	3	
<b>Natalvit Tablet</b>	3	
<b>Neonatal Tablet</b>	3	
<b>Neonatal Pls Tablet</b>	3	
<b>Niva-Plus Tablet</b>	3	
<b>One Vite Tablet</b>	3	
Prenatal Tablet	1	
<b>Prenatal Vit Tablet</b>	3	
<b>Prenatrix Tablet</b>	3	
<b>Prenatryl Tablet</b>	3	
Trinatal Rx Tablet	1	
<b>Vinate One Tablet</b>	3	
<b>Vitathely Tablet</b>	3	
<b>Wesnatal Dha Packet</b>	3	
<b>Westab Plus Tablet</b>	3	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	1	(QL)(M)
<b>PROSTATE</b>		
Alfuzosin Tablet	1	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Sildenafil Capsule	1	(ST)(QL)(M)
Tadalafil Tablet	1	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
<b>Uroxatral Tablet</b>	3	(QL)(M)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Adempas Tablet</b>	3	(PA)(QL)
Alyq Tablet	1	(PA)(QL)(M)
<b>Ambrisentan Tablet</b>	3	(PA)(QL)
<b>Opsumit Tablet</b>	3	(PA)(QL)
<b>Orenitram Tablet</b>	3	(PA)(QL)
Sildenafil Tablet	1	(PA)(QL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	1	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	1	
<b>Procort Cream</b>	3	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	1	
Anusol-Hc Sup	1	
Hemmorex-Hc Sup	1	
Hydrocort Ac Sup	1	

Drug Name	Drug Tier	Requirements & Limits
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	2	(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>	3	(ST)(QL)(M)
<b>Briviact</b>	3	(QL)(M)
Carbamazepin	1	(QL)(M)
<b>Carbatrol Capsule</b>	3	(QL)(M)
Clobazam	1	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Dilantin Capsule</b>	3	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
<b>Epidiolex Solution</b>	3	(PA)(QL)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide Capsule	1	(QL)(M)
<b>Fycompa</b>	3	(ST)(QL)(M)
Gabapentin	1	(QL)(M)
<b>Keppra</b>	3	(ST)(QL)(M)
<b>Keppra Xr Tablet</b>	3	(ST)(QL)(M)
<b>Klonopin Tablet</b>	3	(ST)(QL)(M)
<b>Lamictal</b>	3	(ST)(QL)(M)
<b>Lamictal Xr Tablet</b>	3	(ST)(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)
<b>Onfi</b>	3	(PA)(QL)(M)
Oxcarbazepin	1	(QL)(M)
<b>Oxtellar Xr Tablet</b>	3	(ST)(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	1	(ST)(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
<b>Tegretol Tablet</b>	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Tegretol-Xr Tablet</b>	3	(ST)(QL)(M)
<b>Topamax Tablet</b>	3	(ST)(QL)(M)
<b>Topamax Spr Capsule</b>	3	(ST)(QL)(M)
Topiramate	1	(QL)(M)
<b>Trileptal</b>	3	(ST)(QL)(M)
Valproic Acid Capsule	1	(QL)(M)
<b>Vimpat Solution</b>	3	(ST)(QL)(M)
<b>Vimpat Tablets</b>	3	(ST)(QL)(M)
<b>Xcopri Tablet</b>	3	(ST)(QL)(M)
<b>Zarontin Capsule</b>	3	(ST)(QL)(M)
<b>Zonegran Capsule</b>	3	(ST)(QL)(M)
Zonisamide Capsule	1	(QL)(M)
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable	1	(PA)
<b>Novarel Injectable</b>	3	(PA)
<b>Pregnyl Injectable</b>	3	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicil Tablet</b>	2	(QL)(M)(AGE)
<b>Commit Loz</b>	2	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
Eq Nicotine Loz	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)
<b>Nicoderm Cq Dis</b>	2	(QL)(M)(AGE)
Nicorelief Gum	1	(QL)(M)(AGE)
<b>Nicorette</b>	2	(QL)(M)(AGE)
<b>Nicorette St Gum</b>	2	(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)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	1	(QL)(M)(AGE)
<b>Zyban Tablet</b>	2	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	2	(QL)
<b>STEROIDS</b>		
Budesonide Capsule	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Decadron Elx	1	
<b>Dexamethason</b>	3	
<b>Medrol Tablet</b>	3	
Methylpred Tablet	1	
<b>Millipred Solution</b>	3	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
<b>Solu-Cortef Injectable</b>	3	
<b>Veripred 20 Solution</b>	3	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
<b>Adderall</b>	2	(QL)
Armodafinil Tablet	1	(QL)
Atomoxetine Capsule	1	(QL)(M)
<b>Concerta Tablet</b>	2	(QL)
<b>Daytrana Dis</b>	3	(ST)
Dexmethylphenidate Er	1	(QL)
Dextroamphet	1	(QL)
<b>Dyanavel Xr</b>	2	(ST)(QL)(M)
<b>Jornay Pm Capsule</b>	3	(ST)(QL)(M)
Lisdexamfeta Capsule	1	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	1	(QL)
<b>Qelbree Capsule</b>	3	(ST)(QL)(M)
<b>Quillichew Chw</b>	2	(QL)
<b>Quillivant Suspension</b>	2	(QL)
<b>Sunosi Tablet</b>	3	(ST)(QL)
<b>Vyvanse Capsule</b>	2	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	1	
<b>THYROID</b>		
<b>Adthyza Tablet</b>	3	(M)
<b>Armour Thyro Tablet</b>	3	(M)
<b>Cytomel Tablet</b>	2	(M)
<b>Euthyrox Tablet</b>	2	(QL)(M)
<b>Levo-T Tablet</b>	2	(QL)(M)
Levothyroxin	1	(QL)(M)
<b>Levoxyl Tablet</b>	2	(QL)(M)
Liothyronine Tablet	1	(M)
<b>Niva Thyroid Tablet</b>	3	(M)
<b>Np Thyroid Tablet</b>	3	(M)
<b>Synthroid Tablet</b>	3	(QL)(M)
Thyroid Tablet	1	(M)
<b>Tirosint Capsule</b>	3	(QL)(M)
<b>UNCATEGORIZED</b>		
<b>Kerendia Tablet</b>	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tezspire Injectable	3	(PA)(QL)
Tyrvaya Solution	3	(ST)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
Gemtesa Tablet	3	(ST)(QL)(M)
Myrbetriq	3	(ST)(QL)(AGE)(M)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONIS</b>		
Bethanechol Tablet	1	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	1	(QL)(M)
Glycate Tablet	3	(M)
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Robinul Tablet	3	(M)
Robinul Fort Tablet	3	(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	1	(QL)(M)
Trospium Chl Capsule	1	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)
<b>VACCINES</b>		
Abrysvo Injectable	2	(QL)(AGE)
Arexvy Injectable	2	(QL)(AGE)
Comirnaty Injectable	2	(QL)
Engerix-B Injectable	2	
Fluad Quadri Injectable	2	(M)
Flublok Quad Injectable	2	(M)
Flumist Quad Suspension	2	(M)(AGE)
Gardasil 9 Injectable	2	(AGE)
Havrix Injectable	2	
Hepelisav-B Injectable	2	(QL)
M-M-R li Injectable	2	
Menquadfi Injectable	2	
Menveo Solution	2	
Moderna Injectable	2	(QL)
Moderna Biv Injectable	2	(QL)
Moderna Biva Injectable	2	(QL)
Moderna Vac Injectable	2	(QL)
Moderna Vacc Injectable	2	(QL)(AGE)
Pfizer 5-11Y Injectable	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Pfizer 6M-4Y Injectable	2	(QL)
Pfizer Bival Injectable	2	(QL)
Pfizer Vacc Injectable	2	(QL)(AGE)
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	
<b>VAGINAL ANTI-INFECTIVES</b>		
Metrogel-Vag Gel	3	
Nuversa Gel	3	(QL)
Terconazole Cream	1	
Vandazole Gel	3	
<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Dro	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul 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)
Iron Suppmnt Solution	1	(QL)(AGE)
Multi-Vit/Fl	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	1	
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	1	(M)
Vit A/C/D/Fl Dro	1	(M)
Vitamin D	1	(M)