

# 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

Effective as of: 1/1/2024

Drug Name	Drug Tier	Requirements & Limits
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
Cervidil Vag Mis	4	(QL)
<b>ACNE</b>		
Adapalene	3	(ST)
Amnesteem Capsule	3	
Azelaic Acid Gel	2	
Claravis Capsule	3	
Clindam/Benz Gel	3	(ST)
Clindamy/Ben Gel	2	(ST)
Erythromycin	1	(AGE)
Isotretinoin Capsule	3	
Ivermectin Cream	3	(ST)(QL)
Metronidazol	2	(QL)
Myorisan Capsule	3	
Rosadan	2	(QL)
Sod Sul/Sulf	2	
Sod Sulf/Sul Liq	2	
Sulfac Sulfr Pad	1	
Tretinoin	3	(QL)(AGE)
Zenatane Capsule	3	
<b>ADRENAL STEROID INHIBITORS</b>		
Isturisa Tablet	5	(PA)(QL)(M)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
Auvi-Q Injectable	3	(QL)
Epinephrine Injectable	2	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	2	
Disulfiram Tablet	1	
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	2	(M)
<b>ANTIBIOTICS</b>		
Amox-Pot Cla Tablet	2	
Amox/K Clav	1	
Amoxicillin	1	
Arikayce Suspension	5	(PA)(QL)(M)
Azithromycin	1	(QL)
Cefaclor Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Cleocin Sup	4	

Drug Name	Drug Tier	Requirements & Limits
Clindamycin	1	
Dicloxacill Capsule	2	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Erythrom Eth Tablet	3	
Levofloxacin	1	
Linezolid Tablet	2	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	2	
Minocycline Capsule	1	
Morgidox Capsule	1	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Pen Gk/Dextr Injectable	2	(PA)(QL)
Penicilln Vk Tablet	1	
Smz-Tmp Ds	1	
Tobramycin	2	(PA)(QL)(M)
Trimethoprim	2	
Vancomycin	3	(QL)
<b>ANTIDOTES - CHELATING AGENTS</b>		
Chemet Capsule	4	
Deferiprone Tablet	2	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
Dronabinol Capsule	3	(PA)(QL)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclodan Solution	2	(QL)
Ciclopirox	2	(QL)
Clotrim/Beta Cream	1	
Clotrimazole	1	
Fluconazole	1	(QL)
Itraconazole	2	(QL)
Ketoconazole	2	
Naftifine Cream	2	
Nyamyc Powder	1	(QL)
Nystat/Triam	2	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	2	
Chloroquine Tablet	2	(M)
Hydroxychlor	2	(M)

Drug Name	Drug Tier	Requirements & Limits
Pyrimethamin Tablet	5	(PA)(M)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigmi	4	(QL)(AGE)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	2	
Rifabutin Capsule	4	
Rifampin Capsule	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
Entacapone Tablet	2	(M)
Tolcapone Tablet	2	(PA)(QL)(M)
<b>ANTIPROTOZOAL AGENTS</b>		
Nitazoxanide Tablet	5	(QL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
Sodium Sulfa Liq	2	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
<b>ANTIVIRALS</b>		
Abaca/Lamivu Tablet	2	(QL)(M)
Acyclovir	1	
<b>Biktarvy Tablet</b>	5	(QL)(M)
<b>Complera Tablet</b>	5	(QL)(M)
Darunavir Tablet	2	(QL)(M)
<b>Delstrigo Tablet</b>	5	(M)
<b>Descovy Tablet</b>	5	(PA)(QL)(M)
<b>Dovato Tablet</b>	5	(QL)(M)
Efavir/Lamiv Tablet	2	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Etravirine Tablet	2	(QL)(M)
Famciclovir Tablet	1	
<b>Intelence Tablet</b>	5	(QL)(M)
<b>Isentress Tablet</b>	5	(QL)(M)
<b>Isentress Hd Tablet</b>	5	(QL)(M)
Lamivud/Zido Tablet	2	(QL)(M)
Lopin/Riton Solution	2	(QL)(M)
Maraviroc Tablet	2	(QL)(M)
Nevirapine Tablet	2	(QL)(M)
<b>Odefsey Tablet</b>	5	(QL)(M)
<b>Paxlovid Tablet</b>	5	(QL)(M)
<b>Prezcobix Tablet</b>	5	(QL)(M)
<b>Prezista Tablet</b>	5	(QL)(M)
<b>Rukobia Tablet</b>	5	(PA)(QL)(M)
<b>Selzentry Tablet</b>	5	(QL)(M)
<b>Tivicay Tablet</b>	5	(QL)(M)
<b>Triumeq Tablet</b>	5	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Tybost Tablet</b>	5	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclov Tablet	5	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	2	(ST)
Buspirone Tablet	1	(M)
Chlordiazep Capsule	2	
Diazepam Tablet	2	
Estazolam Tablet	2	(QL)
Eszopiclone Tablet	2	(QL)
Flurazepam Capsule	2	(ST)(QL)
Hydroxyzine	1	
Lorazepam	2	
Meprobamate Tablet	2	
Oxazepam Capsule	2	(QL)
Temazepam Capsule	2	(QL)
Triazolam Tablet	2	(QL)
Zaleplon Capsule	2	(QL)
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
<b>ASTHMA AND COPD*</b>		
Albuterol	1	(QL)(M)
<b>Anoro Ellipt Inhalation</b>	3	(QL)(M)
Arformoterol Neb	4	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	3	(QL)(M)
<b>Asmanex</b>	3	(QL)(M)
<b>Breztri Inhalationo Inhalation</b>	3	(QL)(M)(AGE)
Budesonide	3	(QL)(M)
<b>Combivent Inhalation</b>	3	(QL)(M)
Flutic/Salme	2	(PA)(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
Fluticas Hfa Inhalation	3	(QL)(M)
Ipratropium	2	(M)
Levalbuterol	2	(QL)(M)
Montelukast	1	(QL)(M)
<b>Spiriva Handihaler</b>	3	(QL)(M)
<b>Stiolto Inhalation</b>	3	(QL)(M)
<b>Symbicort Inhalation</b>	2	(QL)(M)
Terbutaline Tablet	3	(QL)(M)
Theophylline Tablet	2	(M)
<b>Trelegy Inhalation</b>	3	(QL)(M)(AGE)
<b>Ventolin Hfa Inhalation</b>	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
<b>BLOOD THINNERS</b>		
Anagrelide Capsule	3	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Brilinta Tablet</b>	3	(QL)(M)
Clopidogrel Tablet	1	(QL)(M)
<b>Eliquis Tablet</b>	3	(QL)(M)
Enoxaparin Injectable	3	
Heparin Sod Injectable	2	
Prasugrel Tablet	2	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	3	(QL)(M)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
Icatibant Injectable	5	(PA)(QL)(M)
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	2	(M)
Methazolamid Tablet	3	(M)
<b>CARDIOVASCULAR*</b>		
Acebutolol Capsule	1	(M)
Aliskiren Tablet	3	(QL)(M)
Amiloride Tablet	1	(M)
Amiodarone Tablet	1	(M)
Amlod/Benazp Capsule	1	(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)
Betaxolol Tablet	1	(M)
Bisoprl/Hctz Tablet	1	(M)
Bisoprol Fum Tablet	1	(M)
Bumetanide Tablet	1	(M)
Candesartan Tablet	1	(QL)(M)
Cartia Xt Capsule	1	(M)
Carvedilol Tablet	1	(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(M)
<b>Corlanor Tablet</b>	3	(ST)(QL)(M)
Digitek Tablet	1	(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	2	(M)
<b>Diuril Suspension</b>	3	(QL)(M)(AGE)
Dofetilide Capsule	2	(M)
Doxazosin Tablet	1	(QL)(M)
Enalapril Tablet	1	(M)
<b>Entresto Tablet</b>	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	2	(M)
Fosinop/Hctz Tablet	1	(M)
Fosinopril Tablet	1	(M)
Furosemide Tablet	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
Isradipine Capsule	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	2	(M)
Metoprl/Hctz Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
Midodrine Tablet	2	
Minoxidil Tablet	1	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nicardipine Capsule	2	(M)
Nifedipine Tablet	1	(M)
Nimodipine Capsule	3	(M)
<b>Nitro-Bid Oin</b>	4	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Olm Med/Amlol Tablet	1	(ST)(QL)(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Pindolol Tablet	2	(M)
Prazosin Hcl Capsule	1	(M)
<b>Prestalia Tablet</b>	4	(PA)(M)
Propranolol	1	(M)
Qnapril/Hctz Tablet	1	(M)
Ramipril Capsule	1	(M)
Ranolazine Tablet	2	(ST)(QL)(M)
Sotalol Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Sotalol Af Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spirono/Hctz Tablet	1	(M)
Spirolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
Terazosin Capsule	1	(QL)(M)
Tiadylt Capsule	1	(M)
Torse mide Tablet	1	(M)
Trando/Verap Tablet	2	(QL)(M)
Triamt/Hctz	1	(M)
Triamterene Capsule	3	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	2	(M)
<b>Verelan Pm Capsule</b>	4	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	3	(QL)(M)
Colesevelam Tablet	3	(QL)(M)
Colestipol	1	(QL)(M)
Ezetim/Rosuv Tablet	1	(ST)(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	3	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
<b>Niacor Tablet</b>	4	(QL)(M)
Omega-3-Acid Capsule	2	(QL)(M)
Pitavastatin Tablet	2	(ST)(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
<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>COMBINATION PSYCHOTHERAPEUTICS</b>		
Cdp/Amitrip Tablet	2	(M)
Olanza/Fluox Capsule	2	(M)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	4	(M)
Generic Contraceptives	2	(M)

Drug Name	Drug Tier	Requirements & Limits
Medroxyprogesterone	2	(QL)(M)
<b>CONTRACEPTIVES</b>		
<b>Caya Dpr</b>	4	(M)
<b>Durex Mis</b>	4	(M)
<b>Fc2 Female Mis</b>	4	(M)
<b>Omniflex Dpr</b>	4	(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	1	(ST)(QL)
Bi-Tann Dp Suspension	2	
Bpm-Pse-Dm Syrup	2	(QL)
Brom/Pse/Dm Syrup	2	(QL)
Bromfed Dm Solution	2	(QL)
Cetirizine Solution	1	(QL)
Cyproheptad	1	(QL)
Hydroc/Homat Tablet	1	
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Prometh/Cod	1	
Promethazine	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Cyclopentol Solution	2	
Cyclopentola Solution	2	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Pulmozyme Solution</b>	5	(QL)(M)
<b>Trikafta Packet</b>	5	(PA)(QL)(M)
<b>CYSTINOSIS AGENTS</b>		
<b>Cystagon Capsule</b>	4	(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Periogard Solution	1	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Calcipotrien Solution	3	
Fluorouracil Cream	2	(PA)(QL)
Mupirocin Oin	1	
<b>Tolak Cream</b>	4	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	2	
Alclometason Cream	2	
Amcinonide Oin	2	
Beta Diprop	2	
Betameth Dip	2	
Betameth Val Inhalation	2	
Calcip/Betam Suspension	4	(ST)

Drug Name	Drug Tier	Requirements & Limits
Clobetasol	2	
Clobetasol E Cream	2	
Desonide Cream	2	
Fluocin Acet	2	
Fluocinonide	2	
Fluticasone	1	(QL)(M)
Halobetasol	2	
Hc Butyrate	2	
Hydrocort	2	(M)
Mometasone Cream	1	
Prednicarbat Oin	2	
Triamcinolon	1	
Triderm Cream	3	
<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)
Insulin Aspa Injectable	1	(M)
<b>Insulin Glar</b>	3	(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>Toujeo Max Injectable</b>	3	(M)
<b>Toujeo Solo Injectable</b>	3	(M)
<b>DIABETES - NON-INSULIN*</b>		
Alogliptin Tablet	1	(QL)(M)
<b>Baqsimi One Powder</b>	3	
<b>Baqsimi Two Powder</b>	3	
Bexagliflozn Tablet	2	(ST)(QL)(M)
<b>Brenzavvy Tablet</b>	4	(ST)(QL)(M)
<b>Farxiga Tablet</b>	3	(QL)(M)
Glimepiride Tablet	1	(M)
Glipizide	1	(M)
Glucagon Kit	2	
Glyburide Tablet	1	(M)
<b>Jardiance Tablet</b>	3	(QL)(M)
Metformin	1	(M)
<b>Mounjaro Injectable</b>	3	(PA)(QL)(M)
Pioglit/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Repaglinide Tablet	1	(M)
<b>Soliqua Injectable</b>	3	(ST)(QL)(M)
<b>Steglatro Tablet</b>	4	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Synjardy Xr Tablet</b>	3	(QL)(M)
<b>Tradjenta Tablet</b>	3	(QL)(M)
<b>Trijardy Xr Tablet</b>	3	(QL)(M)
<b>Trulicity Injectable</b>	3	(PA)(QL)(M)
<b>Xigduo Xr Tablet</b>	3	(QL)(M)
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr Mis</b>	4	(M)
<b>10MI Control Mis</b>	4	(M)
<b>10MI Ctr Syr Mis</b>	4	(M)
<b>10MI LI Syrn Mis</b>	4	(M)
10MI Syringe Mis	1	(M)
<b>1MI Allr Syr Mis</b>	4	(M)
<b>1MI Slip Tip Mis</b>	4	(M)
<b>1MI Syringe Mis</b>	4	(M)
<b>1MI Tb Syrng Mis</b>	4	(M)
<b>20MI Control Mis</b>	4	(M)
<b>20MI Syringe Mis</b>	4	(M)
<b>2MI Tb Syrng Mis</b>	4	(M)
<b>3MI Syringe Mis</b>	4	(M)
<b>30MI Syringe Mis</b>	4	(M)
<b>3MI Ctrl Syr Mis</b>	4	(M)
<b>3MI LI Syrng Mis</b>	4	(M)
<b>3MI Luer Loc Mis</b>	4	(M)
3MI Syringe Mis	1	(M)
<b>50MI Syringe Mis</b>	4	(M)
<b>5MI Control Mis</b>	4	(M)
<b>5MI Ctrl Syr Mis</b>	4	(M)
<b>5MI LI Syrng Mis</b>	4	(M)
5MI Syringe Mis	1	(M)
5MI Syringes Mis	1	(M)
<b>6MI LI Syrng Mis</b>	4	(M)
<b>6MI Syringe Mis</b>	4	(M)
<b>Accu-Chek Tes</b>	4	(PA)(QL)(M)
<b>Accutrend Tes</b>	4	(PA)(QL)(M)
<b>Admix Needle Mis</b>	4	(M)
<b>Advance Tes</b>	4	(PA)(QL)(M)
<b>Advocate Tes</b>	4	(PA)(QL)(M)
<b>Agamatrix Tes</b>	4	(PA)(QL)(M)
<b>Allergy Syrg Mis</b>	4	(M)
<b>Arterial Ndl Mis</b>	4	(M)
<b>Assure Tes</b>	4	(PA)(QL)(M)
<b>Assure 3 Tes</b>	4	(PA)(QL)(M)
<b>Assure 4 Tes</b>	4	(PA)(QL)(M)
<b>Assure li Tes</b>	4	(PA)(QL)(M)
<b>Assure Prism Tes</b>	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Assure Pro Tes	4	(PA)(QL)(M)
Autocode Tes	4	(PA)(QL)(M)
Bd Eclipse Mis	4	(M)
Bd Hypo Need Mis	4	(M)
Bd Integra Mis	4	(M)
Bd Needle Mis	4	(M)
Bd Needles Mis	4	(M)
Bd Plastipak Mis	4	(M)
Biotel Care Tes	4	(PA)(QL)(M)
Blood Glucos Tes	2	(PA)(QL)(M)
Blulink Tes	4	(PA)(QL)(M)
Blunt Cannul Mis	4	(M)
Carepoint Sy Mis	4	(M)
Carepoint Tu Mis	4	(M)
Caresens N Tes	4	(PA)(QL)(M)
Caretouch Mis	4	(PA)(QL)(M)
Clever Chek Tes	4	(PA)(QL)(M)
Clever Choic Tes	4	(PA)(QL)(M)
Clevr Choice Tes	4	(PA)(QL)(M)
Confirm/Micr Tes	4	(PA)(QL)(M)
Contour Tes	4	(PA)(QL)(M)
Cool Blood Tes	4	(PA)(QL)(M)
Crono Syr Mis	4	(M)
Cvs Advanced Tes	4	(PA)(QL)(M)
Cvs Glucose Tes	4	(PA)(QL)(M)
D-Care Blood Tes	4	(PA)(QL)(M)
Dexcom G6 Mis	3	(ST)(QL)(M)(AGE)
Dexcom G7 Mis	3	(ST)(QL)(M)(AGE)
Diathrive Mis	4	(PA)(QL)(M)
Diathrive+ Mis	4	(PA)(QL)(M)
Diatrue Plus Tes	4	(PA)(QL)(M)
Duo-Care Tes	4	(PA)(QL)(M)
Easy Plus li Tes	4	(PA)(QL)(M)
Easy Step Tes	4	(PA)(QL)(M)
Easy Talk Tes	4	(PA)(QL)(M)
Easy Touch Tes	4	(PA)(QL)(M)
Easy Trak Tes	4	(PA)(QL)(M)
Easy Trak li Tes	4	(PA)(QL)(M)
Easygluco Tes	4	(PA)(QL)(M)
Easymax Tes	4	(PA)(QL)(M)
Easymax 15 Tes	4	(PA)(QL)(M)
Easypoint Mis	4	(M)
Easypro Tes	4	(PA)(QL)(M)
Easypro Plus Tes	4	(PA)(QL)(M)
Eclipse Ndl Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Eclipse Ndle Mis	4	(M)
Element Tes	4	(PA)(QL)(M)
Elemnt Compa Tes	4	(PA)(QL)(M)
Embrace Tes	4	(PA)(QL)(M)
Embrace Evo Tes	4	(PA)(QL)(M)
Embrace Pro Tes	4	(PA)(QL)(M)
Embrace Talk Tes	4	(PA)(QL)(M)
Embrace Wave Tes	4	(PA)(QL)(M)
Enlite Gluco Mis	4	(PA)(QL)(M)
Epidur Needl Mis	2	(M)
Evolution Tes	4	(PA)(QL)(M)
Fifty50 Gluc Tes	4	(PA)(QL)(M)
Fill Needle Mis	4	(M)
Filter Needl Mis	4	(M)
Fora 6 Mis	4	(PA)(QL)(M)
Fora 6Con Tes	4	(PA)(QL)(M)
Fora Advance Tes	4	(PA)(QL)(M)
Fora Blood Tes	4	(PA)(QL)(M)
Fora D15g Tes	4	(PA)(QL)(M)
Fora D20 Tes	4	(PA)(QL)(M)
Fora D40/G31 Tes	4	(PA)(QL)(M)
Fora G20 Tes	4	(PA)(QL)(M)
Fora G30/V10 Tes	4	(PA)(QL)(M)
Fora Gd20 Tes	4	(PA)(QL)(M)
Fora Gd50 Tes	4	(PA)(QL)(M)
Fora Gtel Tes	4	(PA)(QL)(M)
Fora Tn'g Tes	4	(PA)(QL)(M)
Fora V10 Tes	4	(PA)(QL)(M)
Fora V12 Tes	4	(PA)(QL)(M)
Fora V20 Tes	4	(PA)(QL)(M)
Fora V30a Tes	4	(PA)(QL)(M)
Foracare Tes	4	(PA)(QL)(M)
Fortiscare Tes	4	(PA)(QL)(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
Freestyle	3	(ST)(QL)(AGE)(M)
Ge100 Blood Tes	4	(PA)(QL)(M)
Genultimate Tes	4	(PA)(QL)(M)
Ght Test Tes	4	(PA)(QL)(M)
Gluco Perfec Tes	4	(PA)(QL)(M)
Glucocard Tes	4	(PA)(QL)(M)
Glucocard 01 Tes	4	(PA)(QL)(M)
Glucocom Tes	4	(PA)(QL)(M)
Gluconavii Tes	4	(PA)(QL)(M)
Glucose Tes	4	(PA)(QL)(M)
Gnp Tru Metr Tes	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Gnp Truetrac Tes	4	(PA)(QL)(M)
Gojji Blood Tes	4	(PA)(QL)(M)
Gojji Strips Mis	4	(PA)(QL)(M)
Guardian Mis	4	(PA)(QL)(M)(AGE)
Guardian 4 Mis	4	(PA)(QL)(M)(AGE)
Guardian Con Mis	4	(PA)(QL)(M)(AGE)
Guardian Rt Mis	4	(PA)(QL)(M)(AGE)
Hw Embrace Tes	4	(PA)(QL)(M)
Hypo Needle Mis	2	(M)
Iglucose Tes	4	(PA)(QL)(M)
In Touch Tes	4	(PA)(QL)(M)
Infinity Tes	4	(PA)(QL)(M)
Infus Syringe Mis	4	(M)
Insulin Syringes	1	(M)
Kroger Blood Tes	4	(PA)(QL)(M)
Lancets	1	(M)
Liberty Tes	4	(PA)(QL)(M)
Liberty Next Tes	4	(PA)(QL)(M)
Link Assist Mis	4	(PA)(QL)(M)
Ll Syringe Mis	4	(M)
Meijer Tes	4	(PA)(QL)(M)
Meijer Blood Tes	4	(PA)(QL)(M)
Microdot Tes	4	(PA)(QL)(M)
Minilink Rt Mis	4	(PA)(QL)(M)(AGE)
Minimed 630G Mis	4	(PA)(QL)(M)(AGE)
Myglucohealt Tes	4	(PA)(QL)(M)
Needles Mis	4	(M)
Neutek 2Tek Tes	4	(PA)(QL)(M)
No Coding Tes	4	(PA)(QL)(M)
Nova Max Tes	4	(PA)(QL)(M)
Omnipod 5 G6	3	(PA)(QL)(M)
Omnipod Dash	3	(PA)(QL)(M)
On Call Tes	4	(PA)(QL)(M)
One Drop Tes	4	(PA)(QL)(M)
Onetouch Tes	4	(PA)(QL)(M)
Optiumez Tes	4	(PA)(QL)(M)
Paradigm Rea Mis	4	(PA)(QL)(M)(AGE)
Pen Needles	4	(M)
Pip Blood Tes	4	(PA)(QL)(M)
Pocketchem Tes	4	(PA)(QL)(M)
Poly Hub Mis	4	(M)
Precision Tes	3	(QL)(M)
Precisn Xtra Tes	3	(QL)(M)
Premium Bloo Mis	4	(PA)(QL)(M)
Pro Voice Tes	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Prodigy No Tes	4	(PA)(QL)(M)
Pts Panels Tes	4	(PA)(QL)(M)
Quicktek Tes	4	(PA)(QL)(M)
Quintet Tes	4	(PA)(QL)(M)
Quintet Ac Tes	4	(PA)(QL)(M)
Ra Blood Tes	4	(PA)(QL)(M)
Refuah Plus Tes	4	(PA)(QL)(M)
Relion Tes	4	(PA)(QL)(M)
Relion Premi Tes	4	(PA)(QL)(M)
Relion Prime Tes	4	(PA)(QL)(M)
Relion True Tes	4	(PA)(QL)(M)
Rightest Tes	4	(PA)(QL)(M)
Safetyglide Mis	4	(M)
Safty Needle Mis	4	(M)
Securesafe Mis	4	(M)
Smart Sense Tes	4	(PA)(QL)(M)
Smartest Tes	4	(PA)(QL)(M)
Solus V2 Tes	4	(PA)(QL)(M)
Spinal Needl Mis	2	(M)
Supreme Tes	4	(PA)(QL)(M)
Sympath Ndl Mis	2	(M)
Syrg/Ndl 3MI Mis	4	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Tru Metrix Tes	4	(PA)(QL)(M)
True Focus Mis	4	(PA)(QL)(M)
True Metrix Tes	4	(PA)(QL)(M)
Truetest Tes	4	(PA)(QL)(M)
Truetrack Tes	4	(PA)(QL)(M)
Unistrip1 Tes	4	(PA)(QL)(M)
Vent Needle Mis	4	(M)
Verasens Tes	4	(PA)(QL)(M)
Vivaguard Tes	4	(PA)(QL)(M)
Yale Needles Mis	4	(M)
Yale Tb Syrn Mis	4	(M)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	2	
<b>GABA MODULATORS</b>		
Tiagabine Tablet	2	(QL)(M)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Alosetron Tablet	5	(PA)(QL)(M)
Diphen/Atrop	1	



Drug Name	Drug Tier	Requirements & Limits
Lubiprostone Capsule	3	(QL)(M)(AGE)
Metoclopram Tablet	1	(ST)(QL)
Metocloprami Tablet	1	(ST)(QL)
<b>Xifaxan Tablet</b>	4	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
<b>Antivert Tablet</b>	4	
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Cimetidine Tablet	2	(M)
Famotidine	2	(AGE)(M)
Misoprostol Tablet	1	(M)
Sucralfate	3	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</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)
Ranitidine Tablet	1	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	3	(M)
<b>GENITOURINARY IRRIGANTS</b>		
Acetic Acid Solution	1	
Argyl Saline Solution	1	
Curity Salin Solution	1	
<b>Renacidin Solution</b>	4	
Sodium Chlor	1	
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
Febuxostat Tablet	2	(QL)(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	2	(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	2	(QL)(M)
<b>Epivir Hbv Solution</b>	3	(QL)(M)
<b>Harvoni Packet</b>	4	(PA)(QL)(M)
<b>Pegasys Injectable</b>	5	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Amabelz Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Covaryx Tablet	2	(QL)(M)
Covaryx Hs Tablet	2	(QL)(M)
<b>Delestrogen Injectable</b>	4	
Dotti Dis	2	(QL)(M)
<b>Ec-Rx Proges Cream</b>	4	(QL)
Eemt Tablet	2	(QL)(M)
Eemt Hs Tablet	2	(QL)(M)
Est Estrogen Tablet	2	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrad Val Injectable	2	
Estradiol	2	(QL)(M)
Estrog/Mtest Tablet	2	(QL)(M)
<b>EstroGel Gel</b>	4	(QL)(M)
<b>Evamist Spr</b>	4	(QL)(M)
Fyavolv Tablet	1	(M)
Jinteli Tablet	1	(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	2	(QL)(M)
<b>Menest Tablet</b>	4	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Mimvey Lo Tablet	1	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	2	(M)
<b>Premarin Tablet</b>	3	(QL)(M)
<b>Premarin Vag Cream</b>	4	(ST)(QL)(M)
<b>Premphase Tablet</b>	4	(ST)(QL)(M)
<b>Prempro Tablet</b>	4	(ST)(QL)(M)
Progesterone	2	(QL)(M)
YuvaFem Tablet	3	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	2	(QL)(M)
Testost Cyp Injectable	2	(QL)(M)
Testosterone	3	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Actemra Injectable</b>	5	(PA)(QL)(M)
<b>Amjevita Injectable</b>	5	(PA)(QL)(M)
<b>Cosentyx</b>	5	(PA)(QL)(M)
<b>Hadlima Injectable</b>	5	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	5	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	5	(PA)(QL)(M)
<b>Stelara Injectable</b>	5	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	2	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	2	(M)

Drug Name	Drug Tier	Requirements & Limits
Azathioprine Tablet	2	(M)
Cyclosporine	2	(PA)(QL)(M)
<b>Envarsus Xr Tablet</b>	3	(ST)(M)
Everolimus Tablet	5	(QL)(M)
Gengraf Capsule	2	(M)
Mycophenolat Tablet	1	(M)
Mycophenolic Tablet	2	(QL)(M)
Sirolimus	5	(M)
Tacrolimus	2	(QL)(M)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<b>Cimzia</b>	5	(PA)(QL)(M)
Mesalamine Tablet	3	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	2	(QL)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	2	
Generlac Solution	2	
Lactulose Solution	2	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
Keralyt Sha	3	
Salicylic Ac Sha	3	
<b>LAXATIVE COMBINATIONS</b>		
Peg/Nasul/C/ Solution	2	(ST)
<b>Plenvu Solution</b>	4	(ST)
Sodium/Potas Solution	2	
<b>Suprep Bowel Solution</b>	3	
<b>LAXATIVES</b>		
Constulose Solution	2	
<b>LEPROSTATICS</b>		
Dapsone Tablet	2	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
<b>Lupr Dep-Ped Injectable</b>	5	(QL)(M)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Glydo Gel	2	
Lido/Prilocn Cream	1	
Lidocaine	2	
<b>MENTAL HEALTH</b>		
Amitriptylin Tablet	1	(M)
Aripiprazole Tablet	2	(QL)(M)
Asenapine Sub	3	(ST)(QL)(M)
Bupropion Tablet	1	(QL)(AGE)(M)
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Clozapine Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Desvenlafax Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalopram Tablet	1	(QL)(M)
Fluoxetine	2	(ST)(QL)(M)
Fluvoxamine	3	(ST)(QL)(M)
Galantamine Capsule	1	(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)
Lithium Carb	1	(M)
Loxapine Capsule	1	
Lurasidone Tablet	2	(QL)(M)
Memant Titra Packet	1	(QL)
Memantine	1	(QL)(M)
Memantine Hc	1	(ST)(QL)(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	2	(ST)(QL)(M)
Paroxetine Er Tablet	2	(ST)(QL)(M)
Paroxetine	1	(ST)(QL)(M)
Phenelzine Tablet	1	(M)
Quetiapine Er	1	(QL)(M)
Risperidone	2	(QL)(M)
Rivastigmine Dis	2	(M)
Sertraline Tablet	1	(M)
<b>Tofranil Tablet</b>	4	(ST)(M)
Tranlycyprom Tablet	3	(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>Zyprexa Relp Injectable</b>	5	(M)
<b>METABOLIC MODIFIERS</b>		
Betaine Anhy Powder	2	(PA)(M)
Calcitriol	1	(QL)(M)
Cinacalcet Tablet	2	(PA)(QL)(M)
<b>Cystadane Powder</b>	5	(PA)(M)
Javygtor	5	(PA)(QL)(M)
Levocarnitin Tablet	3	
Paricalcitol Capsule	2	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Pheburane Mis</b>	5	(PA)(QL)(M)
Sapropterin	5	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	3	(ST)(QL)(M)
Almotrip Mal Tablet	3	(ST)(QL)
Almotriptan Tablet	3	(ST)(QL)
Aprepitant	2	(QL)
<b>Emgality Injectable</b>	4	(PA)(QL)(M)
Frovatriptan Tablet	2	(ST)(QL)
Naratriptan Tablet	1	(QL)(M)
<b>Nurtec Tablet</b>	3	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	3	(ST)(QL)(M)
<b>Ubrelyv Tablet</b>	3	(PA)(QL)
Zolmitriptan Tablet	2	(QL)
<b>MINERALOCORTICOIDS</b>		
Fludrocort Tablet	1	(M)
<b>MIOTICS</b>		
<b>Phospholine Solution</b>	4	
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>Hypersal Neb</b>	4	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride Neb	1	
<b>MOVEMENT DISORDER</b>		
Tetrabenazin Tablet	5	(PA)(QL)(M)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
Dalfampridin Tablet	2	(QL)(M)
<b>Zeposia Capsule</b>	5	(PA)(QL)(M)
<b>Zeposia 7Day Capsule</b>	5	(PA)(QL)(M)
<b>MUSCLE RELAXANT COMBINATIONS</b>		
Norgesic Tablet	4	
Orph/Asa/Caf Tablet	4	
Orphengesic Tablet	4	(PA)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
Metaxall Tablet	3	(ST)
Metaxalone Tablet	3	(ST)
Methocarbam Tablet	2	
Orphenadrine Tablet	2	
Tizanidine	2	(ST)(QL)
Vanadom Tablet	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>NASAL ALLERGY</b>		
<b>Azel/Flutic Spr</b>	3	(ST)(QL)
Azelastine	1	(QL)(M)
<b>Dymista Spr</b>	3	(QL)
Flunisolide Spr	2	(QL)
Olopatadine Spr	2	(ST)
<b>Xhance Mis</b>	4	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	5	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Cyclophosph Capsule	2	
<b>Eligard Injectable</b>	5	(QL)(M)
<b>Emcyt Capsule</b>	5	(QL)(M)
<b>Erivedge Capsule</b>	5	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
Flutamide Capsule	1	
Hydroxyurea Capsule	1	
<b>Imbruvica Tablet</b>	5	(PA)(QL)(M)
<b>Krazati Tablet</b>	5	(PA)(QL)(M)
Lenalidomide Capsule	5	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Leuprolide	2	(PA)(QL)(M)
<b>Lupron Depot Injectable</b>	5	(QL)(M)
<b>Lytgobi Tablet</b>	5	(PA)(QL)(M)
Megestrol Ac Suspension	1	
<b>Mekinist Tablet</b>	5	(PA)(QL)(M)
Melphalan Tablet	2	(QL)(M)
Mercaptopur Tablet	2	
Methotrexate	1	(M)
<b>Orserdu Tablet</b>	5	(PA)(QL)(M)
<b>Revlimid Capsule</b>	5	(PA)(QL)(M)
<b>Scemblix Tablet</b>	5	(PA)(QL)(M)
<b>Sprycel Tablet</b>	5	(PA)(QL)(M)
<b>Tabloid Tablet</b>	4	(QL)
Tamoxifen Tablet	1	(QL)(M)
<b>Tasigna Capsule</b>	5	(PA)(QL)(M)
<b>Zejula Tablet</b>	5	(PA)(QL)(M)
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
Altacaine Solution	3	
Tetracaine Solution	3	
<b>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	2	
Difluprednat Emu	3	(QL)
Fluoromethol Suspension	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Lotemax Sm Gel</b>	4	(QL)
Loteprednol Gel	3	(QL)
Neo-Polycin Oin	2	
Neo/Poly/Bac Oin	2	
Neo/Poly/Dex Suspension	1	
Prednisolone	2	(QL)
Tobra/Dexame Suspension	2	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Gatifloxacin Solution	2	(QL)
Gentamicin Solution	1	
Moxifloxacin Solution	1	
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	1	(M)
Brinzolamide Suspension	3	(QL)(M)
Combigan Solution	2	(QL)(M)
Diclofenac 1%	1	(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	2	(QL)(M)
Dorzolamide Solution	1	(M)
Epinastine Dro	2	
Ketorolac	1	(QL)
Levobunolol Solution	1	(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(M)
<b>Upneeq Solution</b>	4	(PA)(QL)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	3	(QL)(M)
Latanoprost Solution	1	(QL)(M)
<b>Lumigan Solution</b>	3	(QL)(M)
Travoprost Dro	3	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naltrexone Tablet	1	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	3	(QL)
Bupren/Nalox	2	(QL)
Buprenorphin Sub	2	(QL)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Ibandronate Tablet	1	(QL)(M)
Risedronate Tablet	2	(ST)(QL)(M)
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	3	
Neo/Poly/Hc Solution	1	

Drug Name	Drug Tier	Requirements & Limits
<b>OTIC STEROIDS</b>		
Flac Oil	2	
Hc/Acet Acid Solution	2	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	2	(QL)
Ascomp/Cod Capsule	3	(QL)
Bac Tablet	2	(QL)
But/Apap/Caf	2	(QL)
But/Asa/Caf/ Capsule	3	(QL)
Endocet Tablet	2	(QL)
Fentanyl Dis	4	(PA)(QL)
Hydroco/Apap	2	(QL)
Hydrocod/Ibu Tablet	2	(QL)
Hydromorphon	2	(QL)
Morphine Sul	3	(ST)(QL)
Oxycodone Er	3	(ST)(QL)
Oxy-Acetamin Tablet	2	(QL)
Oxycod-Apap Tablet	2	(QL)
Oxycod/Apap Tablet	2	(QL)
Oxycodone	2	(QL)
Tramadol	1	(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	3	(M)
Etodolac Tablet	1	
Fenoprofen Tablet	2	(M)
Ibu Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen	2	(AGE)(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	2	(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	2	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	3	(QL)(M)
Carb/Levo Tablet	2	(QL)(M)
Carb/Levo 50 Tablet	2	(M)

Drug Name	Drug Tier	Requirements & Limits
Carb/Levo 75 Tablet	2	(M)
Carb/Levo Er Tablet	2	(QL)(M)
Carb/Levo100 Tablet	2	(M)
Carb/Levo125 Tablet	2	(M)
Carb/Levo150 Tablet	3	(M)
Carb/Levo200 Tablet	3	(M)
Pramipexole Tablet	1	(ST)(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Selegiline Capsule	2	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<b>Escavite Chw</b>	4	(M)
<b>Escavite D Chw</b>	4	(M)
<b>Poly-Vi-Flor Chw</b>	4	(M)
<b>TI-Fluorivit Chw</b>	4	(M)
<b>PHENOTHIAZINES</b>		
Chlorpromaz Tablet	2	(M)
Fluphenazine Tablet	2	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
Thioridazine Tablet	1	(M)
Trifluoperaz 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 Tablet	2	(M)
Sevelamer Tablet	2	(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
Desmopressin Tablet	2	(QL)(M)
<b>POTASSIUM</b>		
Potassium Chloride	1	(M)
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>	3	(PA)(QL)(M)
Sod Poly Sul Powder	2	
<b>PRENATAL VITAMINS</b>		
<b>Atabex Ec Tablet</b>	4	
<b>Co-Natal Fa Tablet</b>	4	
Complete Nat Packet	1	
Completenate Chw	1	
<b>Duovit Dha Capsule</b>	4	
<b>Inatal Gt Tablet</b>	4	
<b>Jenliva Capsule</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>M-Natal Plus Tablet</b>	4	
<b>Mynatal Capsule</b>	4	
<b>Mynatal Plus Tablet</b>	4	
<b>Mynatal-Z Tablet</b>	4	
<b>Natalvit Tablet</b>	4	
<b>Neonatal Tablet</b>	4	
<b>Neonatal Pls Tablet</b>	4	
<b>Nestabs Tablet</b>	4	
<b>Niva-Plus Tablet</b>	4	
<b>O-Cal Fa Tablet</b>	4	
<b>Ob Complete Tablet</b>	4	
<b>Ob Complete/ Capsule</b>	4	
<b>Obstetrix Ec Tablet</b>	4	
<b>One Vite Tablet</b>	4	
<b>Pnv-Omega Capsule</b>	4	
<b>Prena 1 True Mis</b>	4	
Prenatal Tablet	1	
Prenatal 19 Chw	1	
<b>Prenate Chw</b>	4	
<b>Prenatrix Tablet</b>	4	
<b>Prenatryl Tablet</b>	4	
<b>Provida Dha Capsule</b>	4	
<b>Se-Natal 19 Chw</b>	4	
<b>Tricare Tablet</b>	4	
Trinatal Rx Tablet	1	
<b>Trinate Tablet</b>	4	
<b>Tristart Capsule</b>	4	
<b>Tristart Dha Capsule</b>	4	
<b>Tristart One Capsule</b>	4	
<b>Vinate One Tablet</b>	4	
<b>Vitafol-Ob Tablet</b>	4	
<b>Vitathely Tablet</b>	4	
<b>Vitatrue Mis</b>	4	
<b>Vol-Nate Tablet</b>	4	
<b>Wesnatal Dha Packet</b>	4	
<b>Westab Plus Tablet</b>	4	
<b>Westgel Dha Capsule</b>	4	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	2	(QL)(M)
<b>PROSTAGLANDIN VASODILATORS</b>		
Epoprostenol Injectable	2	(PA)(QL)(M)
<b>Tyvaso Dpi Powder</b>	5	(PA)(QL)(M)
<b>PROSTATE</b>		
Alfuzosin Tablet	1	(QL)(M)
Dutasteride Capsule	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Finasteride	1	(QL)(M)
Sildenafil Capsule	2	(ST)(QL)(M)
Tadalafil Tablet	3	(PA)(ST)(QL)
Tamsulosin Capsule	1	(QL)(M)
<b>PROTEINS</b>		
N-Acetyl-L- Capsule	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Ambrisentan Tablet</b>	5	(PA)(QL)(M)
Sildenafil Tablet	1	(PA)(QL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	2	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	2	
Lido-Hydro Gel	3	
<b>RECTAL STEROIDS</b>		
Hydrocortiso Cream	2	
Procto-Med Cream	2	
Procto-Pak Cream	2	
Proctosol Hc Cream	2	
Proctozone Cream	2	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	1	(QL)
<b>Inspirease Mis</b>	4	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
Diflunisal Tablet	2	(M)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Lindane Sha	2	
Permethrin Cream	2	
<b>SEIZURE DISORDER</b>		
Carbamazepin	2	(QL)(M)
Clobazam Tablet	2	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Depakene</b>	4	(ST)(QL)(M)
<b>Dilantin Capsule</b>	4	(ST)(QL)(M)
<b>Dilantin-125 Suspension</b>	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epitol Tablet	1	(QL)(M)
Ethosuximide Solution	2	(QL)(M)
Gabapentin	1	(QL)(M)
Lacosamide Tablet	1	(QL)(M)
Lamotrig Odt Tablet	2	(ST)(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
<b>Mysoline Tablet</b>	4	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Oxcarbazepin	1	(QL)(M)
Phenobarb	1	(M)
Phenytek Capsule	1	(QL)(M)
Phenytoin Suspension	1	(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Rufinamide	3	(QL)(M)
Subvenite Tablet	1	(QL)(M)
<b>Topamax Spr Capsule</b>	4	(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	3	(PA)
<b>Hcg Injectable</b>	4	(PA)
<b>Novarel Injectable</b>	4	(PA)
<b>Pregnyl Injectable</b>	4	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicil Tablet</b>	4	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
EqL Nicotine	1	(QL)(M)(AGE)
Ft 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)
Nicotine	1	(QL)(M)(AGE)
Nicotine Pol	1	(QL)(M)(AGE)
Nicotine Td Dis	1	(QL)(M)(AGE)
<b>Nicotrol Inhalation</b>	4	(QL)(M)(AGE)
<b>Nicotrol Ns Spr</b>	4	(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	2	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
<b>Sandostatin Kit</b>	5	(PA)(M)
<b>SPERMICIDES</b>		
<b>Encare Sup</b>	4	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>STEROIDS</b>		
Decadron Elx	1	
Dexamethason	1	
Methylpred Tablet	1	
Pred Sod Pho Solution	2	
Prednisone Tablet	1	(M)
<b>Solu-Cortef Injectable</b>	4	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Amphet/Dextr	2	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet Capsule	2	(QL)
Lisdexamfeta Capsule	2	(QL)
Methylphenid	2	(QL)
Modafinil Tablet	2	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	3	
Pilocarpine Tablet	2	
<b>THYROID</b>		
<b>Adthyza Tablet</b>	4	(M)
<b>Armour Thyro Tablet</b>	4	(M)
<b>Euthyrox Tablet</b>	3	(QL)(M)
<b>Levo-T Tablet</b>	3	(QL)(M)
Levothyroxin	2	(QL)(M)
<b>Levoxyl Tablet</b>	3	(QL)(M)
Liothyronine Tablet	1	(M)
<b>Niva Thyroid Tablet</b>	4	(M)
<b>Np Thyroid Tablet</b>	4	(M)
Thyroid Tablet	1	(M)
<b>Unithroid Tablet</b>	3	(QL)(M)
<b>UNCATEGORIZED</b>		
Droxidopa Capsule	4	(PA)(QL)
<b>Fasenra Injectable</b>	5	(PA)(QL)(M)
<b>Filspari Tablet</b>	5	(PA)(QL)(M)
Pirfenidone Tablet	2	(PA)(QL)(M)
<b>Tezspire</b>	5	(PA)(QL)(M)
<b>Tyrvaya Solution</b>	4	(ST)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	2	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONIS</b>		
Bethanechol Tablet	2	(M)
<b>URINARY INCONTINENCE</b>		
Darifenacin Tablet	2	(QL)(M)
Dicyclomine	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Fesoterodine Tablet	3	(QL)(M)
<b>Glycate Tablet</b>	4	
Glycopyrrol Tablet	1	(M)
Glycopyrrola Solution	1	(ST)(QL)(M)
Hyoscyamine	1	(M)
Hyosyne Dro	1	(M)
Methscopolam Tablet	2	
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	2	(QL)(M)
Trospium Cl Tablet	2	(QL)(M)
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	3	(QL)(AGE)
<b>Adacel Injectable</b>	3	
<b>Afluria Quad Injectable</b>	3	(M)
<b>Arexvy Injectable</b>	3	(QL)(AGE)
<b>Bexsero Injectable</b>	3	
<b>Boostrix Injectable</b>	3	
<b>Comirnaty Injectable</b>	3	(QL)
<b>Dengvaxia Suspension</b>	3	
<b>Engerix-B Injectable</b>	3	
<b>Fluarix Quad Injectable</b>	3	(M)
<b>Fluclvx Quad Injectable</b>	3	(M)
<b>Flulaval Qua Injectable</b>	3	(M)
<b>Flumist Quad Suspension</b>	3	(M)(AGE)
<b>Fluzone Quad Injectable</b>	3	(M)
<b>Gardasil 9 Injectable</b>	3	(AGE)
<b>Havrix Injectable</b>	3	
<b>Hepelisav-B Injectable</b>	3	(QL)
<b>Ipol Injectable</b>	3	(AGE)
<b>M-M-R li Injectable</b>	3	
<b>Menactra Injectable</b>	3	
<b>Menveo Injectable</b>	3	
<b>Moderna Injectable</b>	3	(QL)
<b>Moderna Vac Injectable</b>	3	(QL)
<b>Moderna Vacc Injectable</b>	3	(QL)(AGE)
<b>Pedvax Hib Injectable</b>	3	(AGE)
<b>Pentacel Injectable</b>	3	(AGE)
<b>Pfizer 5-11Y Injectable</b>	3	(QL)
<b>Pfizer 6M-4Y Injectable</b>	3	(QL)
<b>Pfizer Vacc Injectable</b>	3	(QL)(AGE)
<b>Quadracel Injectable</b>	3	(AGE)
<b>Recombiva Hb Injectable</b>	3	
<b>Recombiva-Hb Injectable</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Shingrix Injectable	3	(QL)(AGE)
Spikevax Injectable	3	(QL)
Twinrix Injectable	3	
Vaqta Injectable	3	
Varivax Injectable	3	
<b>VITAMINS/ELECTROLYTES</b>		
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)
K Citrate Solution	1	
K/Na Citrate Solution	2	
Multi-Vit/Fl	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Phytonadione	2	(QL)(M)
Pot Citra Er Tablet	2	
Sm Folic Acd Tablet	1	(M)
Sod Citrate Solution	1	
Tricitrates Solution	2	
Vitamin D	1	(M)
Vitamin K1 Injectable	2	(QL)
Yl Folic Aci Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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