

# RxCore<sup>®</sup> (Five Tier) Prescription Drug List (Colorado)



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



Effective as of: 10/1/2023

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
Accutane Capsule	2	
Adapalene Gel	2	(ST)
Amnesteem Capsule	2	
Avar Cleanse Liq	1	
Avita Cream	2	(AGE)
Azelaic Acid Gel	2	
Claravis Capsule	2	
Clindam/Benz Gel	2	(ST)
Clindamy/Ben Gel	2	(ST)
Dapsone	3	(ST)
Ery/Benzoyl Gel	2	
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Metronidazol	2	(QL)
Myorisan Capsule	2	
Rosadan	2	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sodium Sulfa	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 Injectable	2	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	2	
Disulfiram Tablet	1	
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	1	(M)
<b>ANTIBIOTICS</b>		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacin	1	
Clarithromycin Tablet	1	
Clindamycin	1	

Drug Name	Drug Tier	Requirements & Limits
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Erythrom Eth Suspension	3	(AGE)
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn	1	(AGE)
Nitrofuranto Suspension	3	(AGE)
Penicillin Vk Tablet	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Trimethoprim	1	
Vancomycin Capsule	2	(QL)
<b>ANTIEMETICS - MISCELLANEOUS</b>		
Dronabinol Capsule	2	(PA)(QL)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclodan Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	1	
Nyamyc Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
<b>ANTHELMINTICS</b>		
Ivermectin Tablet	2	(PA)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	2	
Hydroxychlor	1	(M)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Pyridostigmi Tablet	3	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	1	
Isoniazid Tablet	1	
Rifampin Capsule	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
Entacapone Tablet	2	(M)
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	3	
Nitazoxanide Tablet	5	(QL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
Selenium Sul Lot	1	
<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)
Efavir/Emtri Tablet	2	(QL)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
<b>Genvoya Tablet</b>	5	(QL)(M)
<b>Isentress Tablet</b>	5	(QL)(M)
<b>Isentress Hd 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>Prezcobix Tablet</b>	5	(QL)(M)
Ritonavir Tablet	2	(QL)(M)
<b>Symtuza Tablet</b>	5	(QL)(M)
Tenofovir Tablet	2	(QL)(M)
<b>Tivicay Tablet</b>	5	(QL)(M)
<b>Triumeq Tablet</b>	5	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclov Tablet	5	(QL)(M)
<b>Viread Tablet</b>	5	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	2	(ST)(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	2	
Cloraz Dipot Tablet	2	(QL)
Diazepam	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Eszopiclone Tablet	2	(QL)
Hydroxyzine	1	
Lorazepam	2	
Ramelteon Tablet	2	(QL)(M)
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	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>Breztri Inhalationo Inhalation</b>	3	(QL)(M)(AGE)
Budesonide	2	(QL)(M)
<b>Combivent Inhalation</b>	3	(M)
<b>Flovent</b>	3	(QL)(M)
Flutic/Salme	2	(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
Ipratropium	1	(M)
Kourzeq Pst	1	
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	1	
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)
Theophylline Tablet	1	(M)
<b>Trelegy Inhalation</b>	3	(QL)(M)(AGE)
Triamcinolon	1	
<b>Ventolin Hfa Inhalation</b>	3	(QL)(M)
Wixela Inhub Inhalation	2	(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)
<b>Eliquis Tablet</b>	3	(QL)(M)
<b>Eliquis St P Tablet</b>	3	(QL)
Enoxaparin Injectable	2	

Drug Name	Drug Tier	Requirements & Limits
Heparin Sod Injectable	2	
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	3	(QL)(M)
<b>BURN PRODUCTS</b>		
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)
Amlod/Benazp Capsule	1	(M)
Amlod/Olmesa Tablet	1	(ST)(QL)(M)
Amlod/Valsar Tablet	1	(QL)(M)
Amlodipine Tablet	1	(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
Benazep/Hctz Tablet	1	(M)
Benazepril Tablet	1	(M)
Bisoprol/Hctz Tablet	1	(M)
Bisoprol Fum Tablet	1	(M)
Bumetanide Tablet	1	(M)
Candes/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	2	(QL)(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
<b>Corlanor Tablet</b>	3	(ST)(QL)(M)
Digitex Tablet	1	(M)
Digoxin	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)
Fosinopril Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Irbes/Hctz Tablet	1	(QL)(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)
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)
Midodrine Tablet	2	
Minoxidil Tablet	1	(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/Amlo Tablet	1	(ST)(QL)(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Pindolol Tablet	1	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone	2	(M)
Propranolol	1	(M)
Ramipril Capsule	1	(M)
Ranolazine Tablet	2	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Af Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spirono/Hctz Tablet	1	(M)
Spironolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmis/Amlod Tablet	1	(QL)(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Terazosin Capsule	1	(QL)(M)
Tiadyt Capsule	1	(M)
Torse mide Tablet	1	(M)
Trandolapril Tablet	1	(M)
Triamt/Hctz	1	(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	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>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>	4	(ST)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(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 Solution	2	(QL)
Cetirizine Solution	1	(QL)
Cheratussin Syrup	1	
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaiatuss Ac Syrup	1	
Guaifenesin Syrup	1	
Hyd Pol/Cpm Suspension	1	(QL)
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	1	
Cyclopentol Solution	1	
Cyclopentola Solution	1	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Pulmozyme Solution</b>	5	(QL)(M)
<b>Trikafta</b>	5	(PA)(QL)(AGE)(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Periogard Solution	1	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	2	(QL)
Calcipotrien	2	
Diclofenac 1%	2	(PA)(M)
Fluorouracil	2	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
<b>Tolak Cream</b>	4	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	1	
Alclometason	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val	1	
Clobetasol	1	(QL)
Clodan Sha	1	
Desonide	2	
Fluocin Acet	2	
Fluocinonide	2	(ST)(QL)
Fluticasone	1	(QL)(M)
Hydrocort	1	(M)
Mometasone	1	(QL)(M)
Triderm Cream	1	

Drug Name	Drug Tier	Requirements & Limits
<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)
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	(M)
Glucagon Kit	2	
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
<b>Glyxambi Tablet</b>	3	(QL)(M)
<b>Jardiance Tablet</b>	3	(QL)(M)
<b>Jentaduo Tablet</b>	3	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglitazone/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)
<b>Synjardy Tablet</b>	3	(QL)(M)
<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)

Drug Name	Drug Tier	Requirements & Limits
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syrn Mis</b>	4	(M)
10-12MI Syrn Mis	1	(M)
<b>10MI LI Syrg Mis</b>	4	(M)
10MI Syringe Mis	1	(M)
<b>12MI Syringe Mis</b>	4	(M)
<b>140MI Syringe Mis</b>	4	(M)
1M Allr Syr Mis	1	(M)
<b>1MI Allr Syr Mis</b>	4	(M)
<b>1MI Slip Tip Mis</b>	4	(M)
1MI Syringe Mis	1	(M)
1MI Tb Syrng Mis	1	(M)
2-3MI Syringe Mis	1	(M)
20-25MI Syrn Mis	1	(M)
20MI Syringe Mis	1	(M)
<b>3MI Syringe Mis</b>	4	(M)
30-35MI Syrn Mis	1	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
3MI LI Syrng Mis	1	(M)
<b>3MI Luer Loc Mis</b>	4	(M)
3MI Syringe Mis	1	(M)
5-6MI Syringe Mis	1	(M)
50-60MI Syrn Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(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)
Allergy Syrg Mis	1	(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)
<b>Assure Pro Tes</b>	4	(PA)(QL)(M)
<b>Autocode Tes</b>	4	(PA)(QL)(M)
<b>Bd 20MI Syrg Mis</b>	4	(M)
<b>Bd 50MI Syrg Mis</b>	4	(M)
<b>Bd 5MI Syrg Mis</b>	4	(M)
<b>Bd Eclipse Mis</b>	4	(M)

Drug Name	Drug Tier	Requirements & Limits
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)
Blood Glucos Tes	2	(PA)(QL)(M)
Blulink Tes	4	(PA)(QL)(M)
Bulb Irr Syr Mis	4	(M)
Carepoint Sa 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)
Catheter/Tip Mis	4	(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)
Cvs Advanced Tes	4	(PA)(QL)(M)
Cvs Glucose Tes	4	(PA)(QL)(M)
D-Care Blood Tes	4	(PA)(QL)(M)
Deflux Needl Mis	4	(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 Glide Mis	4	(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	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)

Drug Name	Drug Tier	Requirements & Limits
Easypro Plus Tes	4	(PA)(QL)(M)
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)
Enlite Gluco Mis	4	(PA)(QL)(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)
Genuultimate 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)
Gnp Truetrac Tes	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
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)
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)
Luer-Lock Mis	4	(M)
Luer-Lok 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)
Monoject S/P Mis	4	(M)
Myglucohealt Tes	4	(PA)(QL)(M)
Needles Mis	4	(M)
Neutek 2Tek Tes	4	(PA)(QL)(M)
No Coding Tes	4	(PA)(QL)(M)
Norm-Ject Mis	4	(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)
Patient Safe Mis	4	(M)
Pen Needles	4	(M)
Pharm Syrng Mis	4	(M)
Pharm Tray Mis	4	(M)
Pip Blood Tes	4	(PA)(QL)(M)
Piston Irrig Mis	4	(M)
Pocketchem Tes	4	(PA)(QL)(M)
Poly Hub Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Precision Tes	3	(QL)(M)
Premium Bloo Mis	4	(PA)(QL)(M)
Pro Voice Tes	4	(PA)(QL)(M)
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)
Slip Tip 1MI Mis	4	(M)
Slip Tip 3MI Mis	4	(M)
Smart Sense Tes	4	(PA)(QL)(M)
Smartest Tes	4	(PA)(QL)(M)
Solus V2 Tes	4	(PA)(QL)(M)
Supreme Tes	4	(PA)(QL)(M)
Syrg/Ndl 3MI Mis	4	(M)
Syringe 5MI Mis	4	(M)
Syringe Luer Mis	4	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Toomey Syrin Mis	1	(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)
<b>DIRECT MUSCLE RELAXANTS</b>		
Dantrolene Capsule	1	
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	3	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	1	



Drug Name	Drug Tier	Requirements & Limits
<b>ENZYMES - TOPICAL</b>		
<b>Santyl Oin</b>	4	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Alosetron Tablet	5	(PA)(QL)(M)
Diphen/Atrop Tablet	1	
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	
<b>Movantik Tablet</b>	3	(QL)
<b>Xifaxan Tablet</b>	4	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
<b>Antivert Tablet</b>		
Antivert Tablet	4	
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Cimetidine Tablet	1	(M)
Famotidine	2	(M)
Misoprostol Tablet	1	(M)
Sucralfate	2	(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)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod	3	(M)
<b>GENITOURINARY IRRIGANTS</b>		
Argyl Saline Solution	1	
Curity Salin Solution	1	
Sodium Chlor	1	
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	1	(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	1	(M)
<b>GROWTH HORMONES</b>		
<b>Genotropin Injectible</b>	5	(PA)(QL)(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	2	(QL)(M)
<b>Mavyret Tablet</b>	5	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
<b>Osphena Tablet</b>	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
<b>Alora Dis</b>	4	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectible</b>	4	
Dotti Dis	1	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrad Val Injectible	1	
Estradiol	1	(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
<b>EstroGel Gel</b>	4	(QL)(M)
<b>Evamist Spr</b>	4	(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)
Lyllana Dis	1	(QL)(M)
<b>Menest Tablet</b>	4	(QL)(M)
Mimvey Tablet	1	(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	(ST)(QL)(M)
<b>Prempro Tablet</b>	4	(ST)(QL)(M)
Progesterone	1	(QL)(M)
YuvaFem Tablet	2	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectible	1	(QL)(M)
Testost Cyp Injectible	1	(QL)(M)
Testost Enan Injectible	1	(QL)(M)
Testosterone	2	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Adbry Injectible</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Amjevita Injectable</b>	5	(PA)(QL)(M)
Calcitrene Oin	2	
<b>Cosentyx</b>	5	(PA)(QL)(M)
<b>Humira</b>	5	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	5	(PA)(QL)(M)
<b>Stelara Injectable</b>	5	(PA)(QL)(M)
Tazarotene Cream	2	(ST)(AGE)
<b>Vtama Cream</b>	4	(ST)(QL)
<b>Xolair Injectable</b>	5	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	1	(M)
Azathioprine Tablet	1	(M)
Cyclosporine	2	(PA)(QL)(M)
<b>Envarsus Xr Tablet</b>	3	(ST)(M)
Everolimus Tablet	5	(PA)(QL)(M)
Gengraf Capsule	2	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	2	(QL)(M)
Sirolimus Tablet	3	(M)
Tacrolimus	1	(QL)(M)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Pimecrolimus Cream	3	(ST)(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	2	(M)
<b>Cimzia</b>	5	(PA)(QL)(M)
Mesalamine	2	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	2	(QL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>Elmiron Capsule</b>	4	
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>	3	
Gavilyte	1	
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	

Drug Name	Drug Tier	Requirements & Limits
<b>LAXATIVES</b>		
Constulose Solution	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lido/Prilocn Cream	1	
Lidocaine	2	
<b>MENTAL HEALTH</b>		
<b>Abilify Asim Injectable</b>	5	(QL)(M)
<b>Abilify Main Injectable</b>	5	(M)
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)
Clomipramine Capsule	2	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Desipramine Tablet	2	(M)
Desvenlafax Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalop Ox Solution	1	(M)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(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)
Lurasidone Tablet	2	(QL)(M)
Memant Titra Packet	1	(QL)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(ST)(QL)(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	2	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
<b>Risperdal</b>	5	(M)
Risperidone	1	(QL)(M)
Rivastigmine	2	(M)
<b>Savella Tablet</b>	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Sertraline Tablet	1	(M)
Tranlycyprom Tablet	2	(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(PA)(QL)(M)
Javygtor	5	(PA)(QL)(M)
Levocarnitin	2	
Sapropterin	5	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	3	(ST)(QL)(M)
Aprepitant Capsule	2	(QL)
Eletriptan Tablet	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)
<b>Reyvow Tablet</b>	4	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	2	(ST)(QL)(M)
<b>Ubrelvy Tablet</b>	3	(PA)(QL)
Zolmitriptan	2	(ST)(QL)
<b>MINERALOCORTICIDS</b>		
Fludrocort Tablet	1	(M)
<b>MISC. ANTIVIRALS</b>		
<b>Lagevrio Capsule</b>	5	(QL)(M)
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>Hypersal Neb</b>	4	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride	1	(PA)
<b>MISC. TOPICAL</b>		
<b>Drysol Solution</b>	4	
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
<b>Intrarosa Sup</b>	4	(QL)(M)
<b>MOVEMENT DISORDER</b>		
Tetrabenazin Tablet	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)
Glatiramer Injectable	2	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Glatopa Injectable	2	(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>MUSCLE RELAXANTS</b>		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
Metaxall Tablet	2	(ST)
Metaxalone Tablet	2	(ST)
Methocarbam Tablet	2	
Orphenadrine Tablet	2	
Tizanidine	2	(ST)(QL)
Vanadom Tablet	1	(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)
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)
Bicalutamide Tablet	1	(QL)
<b>Calquence Tablet</b>	5	(PA)(QL)(M)
Capecitabine Tablet	2	(M)
<b>Erleada Tablet</b>	5	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
Hydroxyurea Capsule	1	
<b>Ibrance</b>	5	(PA)(QL)(M)
Imatinib	2	(QL)
<b>Imbruvica Tablet</b>	5	(PA)(QL)(M)
<b>Jakafi Tablet</b>	5	(PA)(QL)(M)
Lenalidomide Capsule	2	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Leuprolide	2	(PA)(QL)(M)
<b>Lynparza Tablet</b>	5	(PA)(QL)(M)
Megestrol Ac	1	
<b>Mekinist Tablet</b>	5	(PA)(QL)(M)
Mercaptopur Tablet	2	
Methotrexate	1	(M)
<b>Pomalyst Capsule</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Revlimid Capsule</b>	5	(PA)(QL)(M)
<b>Sprycel Tablet</b>	5	(PA)(QL)(M)
<b>Tagrisso 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>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
<b>Lotemax Gel</b>	4	(QL)
<b>Lotemax Sm Gel</b>	4	(QL)
Loteprednol	2	(QL)
Neo/Poly/Dex	1	
Prednisolone	1	(QL)
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Tobramycin Solution	1	
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	1	(M)
Brinzolamide Suspension	2	(QL)(M)
Bromfenac Solution	2	
Combigan Solution	2	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
Levobunolol Solution	1	(M)
<b>Simbrinza Suspension</b>	3	(QL)(M)
Timolol Gel Solution	1	(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(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)
Tafluprost Solution	2	(ST)(QL)(M)
Travoprost Dro	2	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naltrexone Tablet	1	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
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 AGENTS - MISCELLANEOUS</b>		
Acetic Acid Solution	1	
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	2	
Neo/Poly/Hc	1	
<b>OTIC STEROIDS</b>		
Flac Oil	2	
Hc/Acet Acid Solution	1	
<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)
Fentanyl Dis	4	(PA)(QL)
Hydroco/Apap	2	(QL)
Hydromorphon Tablet	2	(QL)
Meperidine Solution	2	(QL)
Methadone Tablet	2	(QL)
Morphine Sul	3	(ST)(QL)
Oxy-Acetamin Tablet	2	(QL)
Oxycod-Apap Tablet	2	(QL)
Oxycod/Apap Tablet	2	(QL)
Oxycodone	2	(QL)
Oxymorphone Tablet	4	(ST)(QL)
Tramadl/Apap Tablet	2	(QL)
Tramadol	2	(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Diclo/Misopr Tablet	2	(M)
Etodolac Tablet	1	
Ibu Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	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	(ST)(QL)(M)
Rasagiline Tablet	2	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Selegiline Capsule	2	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
<b>PHENOTHIAZINES</b>		
Chlorpromaz Tablet	2	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
<b>PHOSPHATE</b>		
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Wes-Phos 250 Tablet	1	
<b>PHOSPHATE BINDING AGENTS</b>		
Calc Acetate Capsule	1	(M)
Sevelamer Tablet	2	(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
Desmopressin	2	(QL)(M)
<b>POTASSIUM</b>		
Potassium Chloride	1	(M)
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PRENATAL VITAMINS</b>		
<b>Co-Natal Fa Tablet</b>	4	
Complete Nat Packet	1	
<b>Concept Ob Capsule</b>	4	
<b>Folivane-Ob Capsule</b>	4	
<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>Provida Ob Capsule</b>	4	
<b>Purefe Ob Capsule</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>PULMONARY ARTERIAL HYPERTENSION</b>		
Alyq Tablet	2	(PA)(QL)(M)
<b>Ambrisentan Tablet</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>RECTAL STEROIDS</b>		
Anucort-Hc Sup	2	

Drug Name	Drug Tier	Requirements & Limits
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
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>	1	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Permethrin Cream	1	
<b>SEIZURE DISORDER</b>		
Carbamazepin	1	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Depakene Solution</b>	4	(ST)(QL)(M)
<b>Dilantin Capsule</b>	4	(ST)(QL)(M)
Gabapentin	1	(QL)(M)
Lacosamide	2	(QL)(M)
<b>Mysoline Tablet</b>	4	(ST)(QL)(M)
<b>Nayzilam Spr</b>	4	(QL)
Oxcarbazepin Tablet	1	(QL)(M)
Phenobarb	1	(M)
Phenytek Capsule	1	(ST)(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
<b>Tegretol-Xr Tablet</b>	4	(ST)(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>Novarel Injectable</b>	4	(PA)
<b>Pregnyl Injectable</b>	4	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicl Tablet</b>	4	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
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)
Nicorelief Gum	1	(QL)(M)(AGE)
Nicotine	1	(QL)(M)(AGE)
Nicotine Pol	1	(QL)(M)(AGE)
Nicotine Td Dis	1	(QL)(M)(AGE)
Qc Nicotine Dis	1	(QL)(M)(AGE)
Ra Nicotine	1	(QL)(M)(AGE)
Sm Nicotine	1	(QL)(M)(AGE)
Stop Smoking	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	2	(QL)(M)(AGE)
<b>STEROIDS</b>		
Decadron Elx	1	
Dexamethason	1	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
<b>Solu-Cortef Injectable</b>	4	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Lisdexamfeta Capsule	2	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	2	(QL)
<b>Sunosi Tablet</b>	4	(ST)(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	2	
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 Tablet	1	(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)

Drug Name	Drug Tier	Requirements & Limits
<b>Synthroid Tablet</b>	3	(QL)(M)
Thyroid Tablet	1	(M)
<b>Unithroid Tablet</b>	3	(QL)(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Pen Injectable</b>	5	(PA)(QL)(M)
<b>Tezspire</b>	5	(PA)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	2	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONIS</b>		
Bethanechol Tablet	1	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(QL)(M)
<b>Glycate Tablet</b>	4	
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	2	(QL)(M)
Trospium Chl Capsule	2	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	2	(QL)(AGE)
<b>Adacel Injectable</b>	3	
<b>Afluria Quad Injectable</b>	3	(M)
<b>Arexvy Injectable</b>	2	(QL)(AGE)
<b>Boostrix Injectable</b>	3	
<b>Comirnaty Injectable</b>	3	(QL)
<b>Engerix-B Injectable</b>	3	
<b>Fluad Quadri Injectable</b>	3	(M)
<b>Fluarix Quad Injectable</b>	3	(M)
<b>Flublok 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 Hd Injectable</b>	3	(M)
<b>Fluzone Quad Injectable</b>	3	(M)
<b>Gardasil 9 Injectable</b>	3	(AGE)
<b>Havrix Injectable</b>	3	
<b>Hepilisav-B Injectable</b>	3	(QL)
<b>M-M-R li Injectable</b>	3	
<b>Menquadfi Injectable</b>	3	
<b>Menveo</b>	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Moderna Injectable</b>	3	(QL)
<b>Moderna Biv Injectable</b>	3	(QL)
<b>Moderna Biva Injectable</b>	3	(QL)
<b>Moderna Vac Injectable</b>	3	(QL)
<b>Moderna Vacc Injectable</b>	3	(QL)(AGE)
<b>Pfizer 5-11Y Injectable</b>	3	(QL)
<b>Pfizer 6M-4Y Injectable</b>	3	(QL)
<b>Pfizer Bival Injectable</b>	3	(QL)
<b>Pfizer Vacc Injectable</b>	3	(QL)(AGE)
<b>Pneumovax 23 Injectable</b>	3	(AGE)
<b>Prevnar 20 Injectable</b>	2	
<b>Recombiva Hb Injectable</b>	3	
<b>Shingrix Injectable</b>	3	(QL)(AGE)
<b>Spikevax Injectable</b>	3	(QL)
<b>Tenivac Injectable</b>	3	
<b>Twinrix Injectable</b>	3	
<b>Vaqta Injectable</b>	3	
<b>Varivax Injectable</b>	3	
<b>VAGINAL ANTI-INFECTIVES</b>		
Terconazole Cream	1	
<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Dro	1	(M)
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
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	2	
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	1	(M)
Vit A/C/D/Fl Dro	1	(M)
Vitamin D	1	(M)