

# RxCore<sup>®</sup> (Five Tier) Prescription Drug List (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>		
Accutane Capsule	2	
Adapalene Gel	2	(ST)
<b>Aklief Cream</b>	4	(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	
Neuac Gel	2	
Rosadan	2	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sodium Sulfa Suspension	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Tretinoin Cream	2	(AGE)
Zenatane Capsule	2	
<b>ALS AGENTS</b>		
<b>Radicava Ors Suspension</b>	5	(PA)(QL)(M)
<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	

Drug Name	Drug Tier	Requirements & Limits
Cephalexin	1	
Ciprofloxacin	1	
Clarithromycin Tablet	1	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
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 Capsule	1	
Penicillin Vk Tablet	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Trimethoprim	1	
Vancomycin Capsule	2	(QL)
<b>ANTIDEPRESSANT COMBINATIONS</b>		
<b>Auvelity Tablet</b>	5	(PA)(QL)(M)
<b>ANTIFIBRINOLYTICS</b>		
<b>Lysteda Tablet</b>	4	(PA)
Tranex Acid Tablet	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclofanol Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	1	
Nyamy Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
<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>ANTIPROTOZOAL AGENTS</b>		
Nitazoxanide Tablet	5	(QL)
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
<b>ANTIVIRALS</b>		
Acyclovir	1	
<b>Biktarvy Tablet</b>	5	(QL)(M)
<b>Descovy Tablet</b>	5	(PA)(QL)(M)
<b>Dovato Tablet</b>	5	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofovir 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>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)
Valganciclovir Tablet	5	(QL)(M)
<b>Viread Tablet</b>	5	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	2	(QL)
<b>Belsomra Tablet</b>	4	(ST)(QL)
Bupirone Tablet	1	(M)
Chlordiazepem Capsule	2	
Diazepam	2	
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)

Drug Name	Drug Tier	Requirements & Limits
Zolpidem Er Tablet	2	(QL)
<b>ASTHMA AND COPD*</b>		
<b>Advair</b>	4	(PA)(QL)(M)
Albuterol	1	(QL)(M)
<b>Alvesco Inhalation</b>	4	(PA)(QL)(M)
<b>Anoro Ellipt Inhalation</b>	3	(QL)(M)
Arformoterol Neb	3	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	3	(QL)(M)
<b>Asmanex</b>	3	(QL)(M)
<b>Atrovent Hfa Inhalation</b>	4	(M)
<b>Breztri Inhalation</b>	3	(QL)(M)(AGE)
Budes/Formot Inhalation	2	(QL)(M)
Budesonide	2	(QL)(M)
<b>Combivent Inhalation</b>	3	(M)
<b>Dulera Inhalation</b>	4	(PA)(QL)(M)
<b>Flovent</b>	3	(QL)(M)
Flutic/Salme	2	(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
Ipratropium	1	(M)
Kourzeq Pst	1	
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralene Dent Pst	1	
<b>Qvar Rediha Inhalation</b>	4	(PA)(QL)(M)
<b>Qvar Redihal Inhalation</b>	4	(PA)(QL)(M)
Roflumilast Tablet	2	(QL)(M)
<b>Spiriva Handihaler</b>	3	(QL)(M)
<b>Spiriva Respimat</b>	3	(QL)(M)
<b>Stiolto Inhalation</b>	3	(QL)(M)
<b>Symbicort Inhalation</b>	3	(QL)(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)
Dabigatran Capsule	2	(QL)(M)
<b>Eliquis Tablet</b>	3	(QL)(M)
Enoxaparin Injectable	2	
<b>Pradaxa Capsule</b>	4	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<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)
Bisoprl/Hctz Tablet	1	(M)
Bisoprol Fum Tablet	1	(M)
Bumetanide Tablet	1	(M)
Candes/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
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)
Digitek Tablet	1	(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	2	(M)
Dofetilide Capsule	2	(M)
Doxazosin Tablet	1	(QL)(M)
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)
Furosemide Tablet	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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>	4	(QL)(M)(AGE)
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)
Losartan Pot Tablet	1	(QL)(M)
Losartan/Hct Tablet	1	(QL)(M)
Matzim La Tablet	2	(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
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)
Nitroglycerin Sub	1	(M)
Olm Med/Amlo Tablet	1	(ST)(QL)(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
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 Hcl Tablet	1	(M)
Spirono/Hctz Tablet	1	(M)
Spironolact 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)
Torseamide Tablet	1	(M)
Triamt/Hctz	1	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	2	(M)

Drug Name	Drug Tier	Requirements & Limits
<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)
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	

Drug Name	Drug Tier	Requirements & Limits
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 Cream	2	
Diclofenac 1%	2	(PA)(M)
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
<b>Tolak Cream</b>	4	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	1	
Alclometason Cream	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val	1	
Clobetasol	1	
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	
<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)

Drug Name	Drug Tier	Requirements & Limits
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)
Glucagon Kit	2	
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
<b>Glyxambi Tablet</b>	3	(QL)(M)
<b>Gvoke Hypo 1 Injectable</b>	3	
<b>Gvoke Hypo 2 Injectable</b>	3	
<b>Jardiance Tablet</b>	3	(QL)(M)
<b>Jentaduetto 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)
<b>Zegalogue Injectable</b>	4	
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr 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)

Drug Name	Drug Tier	Requirements & Limits
<b>140MI Syring 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 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>	4	(M)
<b>Accu-Chek Tes</b>	4	(PA)(QL)(M)
<b>Admix Needle Mis</b>	4	(M)
Allergy Syrg Mis	1	(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)
<b>Bd Hypo Need Mis</b>	4	(M)
<b>Bd Integra Mis</b>	4	(M)
<b>Bd Luer-Lok Mis</b>	4	(M)
<b>Bd Needles Mis</b>	4	(M)
<b>Bd Plastipak Mis</b>	4	(M)
<b>Bd Syr 50MI Mis</b>	4	(M)
<b>Bulb Irr Syr Mis</b>	4	(M)
<b>Carepoint Sa Mis</b>	4	(M)
<b>Carepoint Sy Mis</b>	4	(M)
<b>Carepoint Tu Mis</b>	4	(M)
<b>Catheter/Tip Mis</b>	4	(M)
<b>Dexcom G6 Mis</b>	3	(ST)(QL)(M)(AGE)
<b>Dexcom G7 Mis</b>	3	(ST)(QL)(M)(AGE)
<b>Easy Glide Mis</b>	4	(M)
<b>Easy Touch Mis</b>	4	(M)
<b>Easypoint Mis</b>	4	(M)
<b>Eclipse Ndle Mis</b>	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Enlite Gluco Mis	4	(PA)(QL)(M)
Fill Needle Mis	4	(M)
Filter Needl Mis	4	(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
Freestyle	3	(ST)(QL)(AGE)(M)
Guardian Mis	4	(PA)(QL)(M)(AGE)
Guardian 4 Mis	4	(PA)(QL)(M)(AGE)
Guardian Con Mis	4	(PA)(QL)(M)(AGE)
Guardian Rt Mis	4	(PA)(QL)(M)(AGE)
Hypo Needle Mis	2	(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	4	(M)
Luer-Lok Mis	4	(M)
Minilink Rt Mis	4	(PA)(QL)(M)(AGE)
Minimed 630G Mis	4	(PA)(QL)(M)(AGE)
Monoject S/P Mis	4	(M)
Needles Mis	4	(M)
Norm-Ject Mis	4	(M)
Omnipod 5 G6	3	(PA)(QL)(M)
Omnipod Dash	3	(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)
Piston Irrig Mis	4	(M)
Poly Hub Mis	4	(M)
Precision Tes	3	(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)
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)
Vent Needle Mis	4	(M)
<b>DIRECT MUSCLE RELAXANTS</b>		
Dantrolene Capsule	1	
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	1	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Diphen/Atrop Tablet	1	
<b>Linzess Capsule</b>	3	(QL)(M)
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	
<b>Motegrity Tablet</b>	4	(ST)(QL)
<b>Movantik Tablet</b>	3	(QL)
<b>Symproic Tablet</b>	3	(QL)
<b>Trulance Tablet</b>	4	(ST)(QL)(M)
<b>Xifaxan Tablet</b>	4	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp; VOMITING</b>		
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	
Scopolamine Dis	2	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Cimetidine Tablet	1	(M)
Famotidine	2	(M)
Misoprostol Tablet	1	(M)
Sucralfate	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Esomeprazole	1	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	3	(M)
<b>GNRH/LHRH ANTAGONISTS</b>		
<b>Orilissa Tablet</b>	5	(PA)(QL)(M)
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine	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 Injectable</b>	5	(PA)(QL)(M)
<b>Humatrope Injectable</b>	5	(PA)(QL)(M)
<b>Omnitrope Injectable</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	2	(QL)(M)
<b>Sofos/Velpat 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)
<b>Climara Pro Dis</b>	4	(QL)(M)
<b>Combipatch Dis</b>	3	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectable</b>	4	
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)
<b>Estrace Tablet</b>	4	(QL)(M)
<b>Estrace Vag Cream</b>	4	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	2	(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
<b>Estrogel Gel</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>Menostar Dis</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)
Yuvaferm Tablet	2	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	1	(QL)(M)
Testost Cyp Injectable	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Testost Enan Injectable	1	(QL)(M)
Testosterone	2	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Actemra Injectable</b>	5	(PA)(QL)(M)
<b>Adbry Injectable</b>	5	(PA)(QL)(M)
<b>Amjevita Injectable</b>	5	(PA)(QL)(M)
<b>Cosentyx</b>	5	(PA)(QL)(M)
<b>Enbrel</b>	5	(PA)(QL)(M)
<b>Humira</b>	5	(PA)(QL)(M)
<b>Olumiant Tablet</b>	5	(PA)(QL)(M)
<b>Orencia Injectable</b>	5	(PA)(QL)(M)
<b>Orencia Clck Injectable</b>	5	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	5	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	5	(PA)(QL)(M)
<b>Skyrizi Pen Injectable</b>	5	(PA)(QL)(M)
<b>Stelara Injectable</b>	5	(PA)(QL)(M)
<b>Taltz Injectable</b>	5	(PA)(M)
<b>Vtama Cream</b>	4	(ST)(QL)
<b>Xeljanz Tablet</b>	5	(PA)(QL)(M)
<b>Xeljanz Xr Tablet</b>	5	(PA)(QL)(M)
<b>Xolair Injectable</b>	5	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	1	(M)
Azathioprine Tablet	1	(M)
Cyclosporine	2	(PA)(QL)(M)
<b>Envarsus Xr Tablet</b>	3	(ST)(M)
Everolimus Tablet	5	(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)
<b>Pentasa Capsule</b>	3	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	2	(QL)



Drug Name	Drug Tier	Requirements & Limits
<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	
Sodium/Potas Solution	1	
<b>Suprep Bowel Solution</b>	3	
<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)
<b>Aristada Injectable</b>	5	(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)
<b>Fetzima Capsule</b>	4	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
<b>Invega Hafye Injectable</b>	5	(QL)(M)
<b>Invega Sust Injectable</b>	5	(M)
<b>Invega Trinz Injectable</b>	5	(M)
Lithium Carb	1	(M)
Lurasidone Tablet	2	(QL)(M)
Memant Titra Packet	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
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)
Paroxetine Er Tablet	2	(ST)(QL)(M)
Paroxetine Tablet	1	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
<b>Rexulti Tablet</b>	5	(PA)(QL)(M)
<b>Risperdal</b>	5	(M)
Risperidone	1	(QL)(M)
Rivastigmine	2	(M)
<b>Savella Tablet</b>	3	(ST)(QL)(M)
Sertraline	1	(QL)(M)
<b>Spravato Solution</b>	5	(PA)(M)
Tranlycyprom Tablet	2	(M)
Trazodone Tablet	1	(QL)(M)
<b>Trintellix Tablet</b>	4	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(QL)(M)
<b>Vraylar Capsule</b>	5	(PA)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>Zoloft Con</b>	4	(ST)(QL)(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(PA)(QL)(M)
Javygtor	5	(PA)(QL)(M)
Levocarnitin Solution	2	
<b>Pheburane Mis</b>	5	(PA)(QL)(M)
Sapropterin Powder	5	(PA)(QL)(M)
<b>Strensiq Injectable</b>	5	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Aimovig Injectable</b>	4	(PA)(QL)
<b>Ajovy Injectable</b>	3	(ST)(QL)(M)
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)

Drug Name	Drug Tier	Requirements & Limits
Zolmitriptan	2	(ST)(QL)
<b>MINERALOCORTICOIDS</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)
Sodium Chlor Neb	1	
<b>MISC. TOPICAL</b>		
<b>Drysol Solution</b>	4	
<b>Qbrexza Pad</b>	4	(PA)(QL)
<b>MOVEMENT DISORDER</b>		
<b>Austedo Tablet</b>	5	(PA)(QL)(M)
<b>Ingrezza Capsule</b>	5	(PA)(QL)(M)
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)
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>Zeposia 7Day Capsule</b>	5	(PA)(QL)(M)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
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)
<b>Xhance Mis</b>	4	(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	5	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
<b>Cabometyx 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 Tablet</b>	5	(PA)(QL)(M)
Imatinib	2	(QL)
<b>Jakafi Tablet</b>	5	(PA)(QL)(M)
Lenalidomide Capsule	2	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
<b>Lonsurf Tablet</b>	5	(PA)(QL)(M)
<b>Lynparza Tablet</b>	5	(PA)(QL)(M)
Megestrol Ac	1	
Mercaptopur Tablet	2	
Methotrexate	1	(M)
<b>Revlimid Capsule</b>	5	(PA)(QL)(M)
<b>Sprycel Tablet</b>	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Temozolomide Capsule	4	(QL)(M)
<b>Venclexta Tablet</b>	5	(PA)(QL)(M)
<b>Verzenio Tablet</b>	5	(PA)(QL)(M)
<b>Xtandi Capsule</b>	5	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
<b>Alex Suspension</b>	4	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
Fluoromethol Suspension	1	
<b>Fml Forte Suspension</b>	4	
<b>Lotemax Gel</b>	4	(QL)
<b>Lotemax Sm Gel</b>	4	(QL)
Loteprednol	2	(QL)
Neo/Poly/Dex	1	
<b>Pred Mild Suspension</b>	4	
Prednisolone	1	(QL)
Tobra/Dexame Suspension	1	
<b>Tobradex St Suspension</b>	3	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
Tobramycin Solution	1	

Drug Name	Drug Tier	Requirements & Limits
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	1	(M)
Brinzolamide Suspension	2	(QL)(M)
Bromfenac Solution	2	
<b>Cequa Solution</b>	4	(ST)(QL)(M)
Combigan Solution	2	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
<b>Rhopressa Solution</b>	4	(ST)(QL)(M)
<b>Rocklatan Dro</b>	4	(ST)(QL)
<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)
Travoprost Dro	2	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naltrexone Tablet	1	
<b>Vivitrol Injectable</b>	5	(QL)(M)
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	3	(QL)
Bupren/Nalox	2	(QL)
Buprenorphin	3	(QL)
Butorphanol Solution	2	(QL)
<b>Sublocade Injectable</b>	5	(QL)(M)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
<b>Prolia Injectable</b>	5	(M)
Risedronate Tablet	2	(ST)(QL)(M)
<b>Tymlos Injectable</b>	5	(PA)(M)
<b>OTIC 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	

Drug Name	Drug Tier	Requirements & Limits
<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)
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>Xtampza Er Capsule</b>	3	(ST)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	2	(M)
Etodolac Tablet	1	
Ibu Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	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)

Drug Name	Drug Tier	Requirements & Limits
Bromocriptin Tablet	2	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo Er Tablet	1	(QL)(M)
<b>Neupro Dis</b>	4	(QL)(M)
Pramipexole Tablet	1	(QL)(M)
Rasagiline Tablet	2	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
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	5	(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)
<b>PRENATAL VITAMINS</b>		
<b>Co-Natal Fa Tablet</b>	4	
Complete Nat Packet	1	
<b>M-Natal Plus Tablet</b>	4	
<b>Natalvit Tablet</b>	4	
<b>Neonatal Tablet</b>	4	
<b>Neonatal Pls Tablet</b>	4	
<b>Niva-Plus Tablet</b>	4	
<b>One Vite Tablet</b>	4	
Prenatal Tablet	1	
<b>Prenatal Vit Tablet</b>	4	
<b>Prenatrix Tablet</b>	4	
<b>Prenatryl Tablet</b>	4	
<b>Tricare Tablet</b>	4	
Trinatal Rx Tablet	1	
<b>Trinate Tablet</b>	4	
<b>Vinate One Tablet</b>	4	
<b>Vitafol-Ob Tablet</b>	4	
<b>Vitathely Tablet</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Wesnata 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)
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>Opsumit 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	1	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	2	
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>		
<b>Aptiom Tablet</b>	4	(ST)(QL)(M)
<b>Briavict Tablet</b>	4	(QL)(M)
Carbamazepin	2	(QL)(M)
<b>Carbatrol Capsule</b>	4	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Dilantin Capsule</b>	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Epidiolex Solution</b>	5	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide Capsule	2	(QL)(M)
Gabapentin	1	(QL)(M)
<b>Keppra</b>	4	(ST)(QL)(M)
<b>Keppra Xr Tablet</b>	4	(ST)(QL)(M)
Lacosamide Tablet	1	(QL)(M)
<b>Lamictal</b>	4	(ST)(QL)(M)
<b>Lamictal Xr Tablet</b>	4	(ST)(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
<b>Mysoline Tablet</b>	4	(ST)(QL)(M)
<b>Nayzilam Spr</b>	4	(QL)
Oxcarbazepin	1	(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)
Subvenite Tablet	1	(QL)(M)
<b>Tegretol Tablet</b>	4	(ST)(QL)(M)
<b>Tegretol-Xr Tablet</b>	4	(ST)(QL)(M)
<b>Topamax Spr Capsule</b>	4	(ST)(QL)(M)
Topiramate	1	(QL)(M)
<b>Trileptal</b>	4	(ST)(QL)(M)
Valproic Acid Capsule	1	(QL)(M)
<b>Xcopri Tablet</b>	4	(ST)(QL)
<b>Zarontin Capsule</b>	4	(ST)(QL)(M)
<b>Zonegran Capsule</b>	4	(ST)(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)
EqL 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)

Drug Name	Drug Tier	Requirements & Limits
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>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	3	(QL)(M)
<b>Sandostatin Injectable</b>	5	(QL)(M)
<b>Somatuline Injectable</b>	5	(PA)(QL)(M)
<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>		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
<b>Jornay Pm Capsule</b>	4	(ST)(QL)(M)
Lisdexamfeta Capsule	2	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	2	(QL)
<b>Qelbree Capsule</b>	4	(ST)(QL)(M)
<b>Quillichew Chw</b>	3	(QL)
<b>Quillivant Suspension</b>	3	(QL)
<b>Sunosi Tablet</b>	4	(ST)(QL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
<b>Benlysta Injectable</b>	5	(PA)(QL)(M)
<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)

Drug Name	Drug Tier	Requirements & Limits
<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)
<b>Synthroid Tablet</b>	4	(QL)(M)
Thyroid Tablet	1	(M)
<b>Tirosint Capsule</b>	4	(QL)(M)
<b>Unithroid Tablet</b>	3	(QL)(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Pen Injectable</b>	5	(PA)(QL)(M)
<b>Kerendia Tablet</b>	4	(PA)(QL)(M)
<b>Tezspire Injectable</b>	5	(PA)(QL)(M)
<b>Tyrvaya Solution</b>	4	(ST)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	2	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<b>Gemtesa Tablet</b>	4	(ST)(QL)(M)
<b>Myrbetriq Tablet</b>	4	(ST)(QL)(M)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
Bethanechol Tablet	1	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(QL)(M)
<b>Glycate Tablet</b>	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)

Drug Name	Drug Tier	Requirements & Limits
<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>Heplisav-B Injectable</b>	3	(QL)
<b>M-M-R li Injectable</b>	3	
<b>Menquadfi Injectable</b>	3	
<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>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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements &amp; Limits</b>
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/FI Dro	1	(M)
Vitamin D	1	(M)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements &amp; Limits</b>
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