

# 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

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
Adapalene Gel	2	(ST)
Amnesteem Capsule	3	
Azelaic Acid Gel	2	
Claravis Capsule	3	
Clindam/Benz Gel	3	(ST)
Clindamy/Ben Gel	3	(ST)
Ery/Benzoyl Gel	2	
Erythromycin	1	(AGE)
Isotretinoin Capsule	3	
Ivermectin	3	(ST)(QL)
Metronidazol	2	(QL)
Sod Sul/Sulf	2	
Sod Sulf/Sul Liq	2	
Sodium Sulf Suspension	3	
Sulfacetamid Lot	3	
Tretinoin Cream	3	(AGE)
Zenatane Capsule	3	
<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	2	(M)
<b>ANTIBIOTICS</b>		
Amox-Pot Cla Tablet	2	
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	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Clindamycin	1	
Dicloxacill Capsule	2	
Doxycycl Hyc	1	(QL)
Doxycycline Mono Capsule 100Mg	1	
Erythrom Eth Suspension	3	(AGE)

Drug Name	Drug Tier	Requirements & Limits
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Methenam Hip Tablet	2	
Minocycline Capsule	1	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn	1	(AGE)
Penicilln Vk	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Tobramycin	2	(PA)(QL)(M)
Trimethoprim Tablet	2	
Vancomycin Capsule	3	(QL)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclodan Solution	2	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	
Ketoconazole	2	
Klayesta Powder	1	(QL)
Nyamyc Powder	1	(QL)
Nystat/Triam	2	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
<b>Tolsura Capsule</b>	4	
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	2	
Hydroxychlor	2	(M)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	2	
Pyridostigmi Tablet	3	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	2	
Isoniazid Tablet	1	
Rifampin Capsule	1	
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	3	

Drug Name	Drug Tier	Requirements & Limits
<b>ANTISEBORRHEIC PRODUCTS</b>		
Sodium Sulfa Liq	2	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
Propylthiour Tablet	2	(M)
<b>ANTIVIRALS</b>		
Acyclovir	1	
<b>Biktarvy Tablet</b>	5	(QL)(M)
Darunavir Tablet	2	(QL)(M)
<b>Descovy Tablet</b>	5	(PA)(QL)(M)
<b>Dovato Tablet</b>	5	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
<b>Genvoya Tablet</b>	5	(QL)(M)
<b>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)
<b>Prezista 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	(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	2	
Diazepam	2	
Eszopiclone Tablet	2	(QL)
Hydroxyzine	1	
Lorazepam Tablet	2	
Ramelteon Tablet	2	(QL)(M)
Temazepam Capsule	2	(QL)
Triazolam Tablet	2	(QL)
Zaleplon Capsule	2	(QL)
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
<b>ASTHMA AND COPD*</b>		
Albuterol	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<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	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)
Fluticasone	3	(QL)(M)
Ipratropium	1	(M)
Kourzeq Pst	2	
Levalbuterol	2	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	2	
Roflumilast Tablet	2	(QL)(M)
<b>Serevent Dis Inhalation</b>	3	(M)
<b>Spiriva Handihaler</b>	3	(QL)(M)
<b>Spiriva Respimat</b>	3	(QL)(M)
<b>Stiolto Inhalation</b>	3	(QL)(M)
<b>Symbicort Inhalation</b>	2	(QL)(M)
Theophylline Tablet	2	(M)
<b>Trelegy Inhalation</b>	3	(QL)(M)(AGE)
Triamcinolon	2	
<b>Ventolin Hfa Inhalation</b>	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
Zafirlukast Tablet	2	(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)
<b>Eliquis St P Tablet</b>	3	(QL)
Enoxaparin Injectable	3	
Heparin Sod Injectable	2	
Prasugrel Tablet	2	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	3	(QL)(AGE)(M)
<b>BURN PRODUCTS</b>		
Silver Sulfa Cream	1	
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	2	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>CARDIOVASCULAR*</b>		
Amilor/Hctz Tablet	1	(M)
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)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	2	(QL)(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(QL)(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	3	(QL)(AGE)(M)
<b>Entresto</b>	3	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	2	(M)
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Irbesar/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)

Drug Name	Drug Tier	Requirements & Limits
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)
<b>Multaq Tablet</b>	3	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
<b>Nitro-Bid Oin</b>	4	(M)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern 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	2	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone Tablet	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)
Spiro/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)
Terazosin Capsule	1	(QL)(M)
Tiadyt Capsule	1	(M)
Torseamide 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	2	(QL)(AGE)(M)

Drug Name	Drug Tier	Requirements & Limits
Cholestyram Powder	2	(QL)(M)
Colesevelam Tablet	3	(QL)(M)
Colestipol Tablet	2	(QL)(M)
Ezetim/Simva Tablet	1	(ST)(QL)(M)
Ezetimibe Tablet	1	(QL)(M)
Fenofibrate	1	(QL)(M)
Fluvastatin Capsule	1	(QL)(M)(AGE)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	3	(ST)(QL)(M)
Lovastatin Tablet	2	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	2	(QL)(M)
Pitavastatin Tablet	2	(ST)(QL)(M)
Pravastatin	2	(QL)(M)(AGE)
Prevalite Powder	3	(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	2	(QL)(AGE)(M)
Simvastatin Tablet	2	(QL)(AGE)(M)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	4	(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)
Codeine/Gg Solution	2	
Cyproheptad	1	(QL)
G Tussin Ac Liq	2	
Gg/Codeine Solution	2	
Guaifenesin Syrup	2	
Hydrocod/Hom	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	2	
Prometh/Cod Solution	1	
Promethazine	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	2	

Drug Name	Drug Tier	Requirements & Limits
<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	4	(QL)
Calcipotrien Cream	3	
Diclofenac 1%	3	(PA)(M)
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	2	
Mupirocin Oin	1	
<b>Tolak Cream</b>	4	(QL)
<b>Xepi Cream</b>	4	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	2	
Alclometason Cream	2	
Beta Diprop	2	
Betameth Dip	2	
Betameth Val Cream	2	
Clobetasol	2	(QL)
Clobetasol E Cream	2	
Desonide	2	
Fluocin Acet	2	
Fluocinonide	2	(ST)(QL)
Hydrocort	2	(M)
Mometasone	1	(QL)(M)
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)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
<b>Insulin Glar</b>	3	(M)
Insulin Lisp Injectable	2	(PA)(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)

Drug Name	Drug Tier	Requirements & Limits
<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>Jentadueto Tablet</b>	3	(ST)(QL)(M)
Metformin Tablet	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>Segluromet Tablet</b>	4	(ST)(QL)(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>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr Mis</b>	4	(M)
<b>10MI LI Syrg Mis</b>	4	(M)
10MI Syringe Mis	1	(M)
<b>12MI Syringe Mis</b>	4	(M)
<b>140MI Syring Mis</b>	4	(M)
<b>1MI Allr Syr Mis</b>	4	(M)
<b>1MI Slip Tip Mis</b>	4	(M)
1MI Syringe Mis	1	(M)
<b>1MI Tb Syrng Mis</b>	4	(M)

Drug Name	Drug Tier	Requirements & Limits
20MI Syringe Mis	1	(M)
<b>3MI Syringe Mis</b>	4	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
<b>3MI LI Syrng Mis</b>	4	(M)
<b>3MI Luer Loc Mis</b>	4	(M)
3MI Syringe 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)
<b>Allergy Syrg Mis</b>	4	(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 Needle Mis</b>	4	(M)
<b>Bd Needles Mis</b>	4	(M)
<b>Bd Plastipak Mis</b>	4	(M)
<b>Bd Precision Mis</b>	4	(M)
<b>Bd Safety Mis</b>	4	(M)
<b>Bd Syr 50MI Mis</b>	4	(M)
<b>Bd Tb 1MI 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>Deflux Needl 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>Dropsafe Mis</b>	4	(M)
<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)
<b>Enlite Gluco Mis</b>	4	(PA)(QL)(M)
<b>Fill Needle Mis</b>	4	(M)
<b>Filter Needl Mis</b>	4	(M)
<b>Free Libre3 Kit</b>	3	(ST)(QL)(M)
<b>Freesty Libr</b>	3	(ST)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Freestyle	3	(ST)(QL)(AGE)(M)
Guardian Mis	4	(PA)(QL)(AGE)(M)
Guardian 4 Mis	4	(PA)(QL)(M)(AGE)
Guardian Con Mis	4	(PA)(QL)(M)(AGE)
Guardian Rt Mis	4	(PA)(QL)(AGE)(M)
Hypo Needle Mis	2	(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	4	(M)
Luer-Lok Mis	4	(M)
Minilink Rt	4	(PA)(QL)(AGE)(M)
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 Kit	3	(PA)(QL)(M)
Omnipod 5 De Mis	3	(PA)(QL)(M)
Omnipod 5 G6	3	(PA)(QL)(M)
Omnipod Dash	3	(PA)(QL)(M)
Paradigm Rea Mis	4	(PA)(QL)(M)(AGE)
Pen Needles	4	(M)
Perfect Poin Mis	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)
Precisn Xtra 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>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	3	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	2	
<b>ENZYMES - TOPICAL</b>		
Santyl Oin	4	

Drug Name	Drug Tier	Requirements & Limits
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL</b>		
Alosetron Tablet	5	(PA)(QL)(M)
Diphen/Atrop Tablet	1	
Lubiprostone Capsule	3	(QL)(M)(AGE)
Metoclopram	1	
<b>Movantik Tablet</b>	3	(QL)
<b>Symproic Tablet</b>	4	(ST)(QL)
<b>Xifaxan Tablet</b>	4	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp; VOMITING</b>		
<b>Antivert Tablet</b>	4	
<b>Emend Suspension</b>	4	(QL)
Meclizine Tablet	1	
Ondansetron	1	(QL)
Phenadoz Sup	2	
Promethegan Sup	2	
Scopolamine Dis	3	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Cimetidine Tablet	2	(M)
Famotidine	2	(AGE)(M)
Misoprostol Tablet	1	(M)
Sucralfate	3	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Esomeprazole	1	(QL)(M)
First-Omepra Suspension	3	(QL)(M)(AGE)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Omeprazole + Suspension	3	(QL)(M)(AGE)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	3	(M)
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	2	(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	2	(M)
<b>GROWTH HORMONES</b>		
<b>Genotropin Injectable</b>	5	(PA)(QL)(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Harvoni Packet	4	(PA)(QL)(M)
Ledip-Sofosb Tablet	4	(PA)(QL)(M)
Mavyret	4	(PA)(QL)(M)
Sofos/Velpat Tablet	4	(PA)(QL)(M)
Vosevi Tablet	4	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
Osphena Tablet	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Amabelz Tablet	1	(QL)(M)
Covaryx Tablet	2	(QL)(M)
Covaryx Hs Tablet	2	(QL)(M)
Delestrogen Injectable	4	
Depo-Estradi Injectable	4	
Dotti Dis	2	(QL)(M)
Duavee Tablet	3	(QL)(M)
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)
Estratest Fs Tablet	2	(QL)(M)
Estring Mis	4	(ST)(QL)(M)
Estrog/Mtest Tablet	2	(QL)(M)
Fyavolv Tablet	1	(M)
Gallifrey Tablet	2	(M)
Imvexxy Main Sup	4	(ST)(QL)(M)
Imvexxy Strt Sup	4	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lyllana Dis	2	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	2	(M)
Premarin Tablet	3	(QL)(M)
Premarin Vag Cream	4	(ST)(QL)(M)
Premphase Tablet	4	(ST)(QL)(M)
Prempro Tablet	4	(ST)(QL)(M)
Progesterone	2	(QL)(M)
Yuvaferm Tablet	3	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	2	(QL)(M)
Testost Cyp Injectable	2	(QL)(M)
Testost Enan Injectable	2	(QL)(M)
Testosterone Gel	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
Actemra Injectable	5	(PA)(QL)(M)
Adbry Injectable	5	(PA)(QL)(M)
Amjevita Injectable	5	(PA)(QL)(M)
Cibinqo Tablet	5	(PA)(QL)(M)
Cimzia	5	(PA)(QL)(M)
Cosentyx	5	(PA)(QL)(M)
Hadlima Injectable	5	(PA)(QL)(M)
Hadlima Push Injectable	5	(PA)(QL)(M)
Rinvoq Tablet	5	(PA)(QL)(M)
Skyrizi Injectable	5	(PA)(QL)(M)
Skyrizi Pen Injectable	5	(PA)(QL)(M)
Stelara Injectable	5	(PA)(QL)(M)
Xolair	5	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	2	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	2	(M)
Azathioprine Tablet	2	(M)
Cyclosporine	2	(M)
Envarsus Xr Tablet	3	(ST)(M)
Everolimus Tablet	5	(PA)(QL)(M)
Gengraf Capsule	2	(M)
Mycophenolat	2	(M)
Mycophenolic Tablet	2	(QL)(M)
Sirolimus Tablet	3	(M)
Tacrolimus	2	(QL)(M)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Pimecrolimus Cream	4	(ST)(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	3	(M)
Mesalamine	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>LAXATIVE COMBINATIONS</b>		
Clenpiq Solution	3	
Gavilyte	1	
Peg 3350	1	
Sodium/Potas Solution	1	



Drug Name	Drug Tier	Requirements & Limits
<b>Suprep Bowel Solution</b>	3	
<b>LAXATIVES</b>		
Constulose Solution	2	
<b>LEPROSTATICS</b>		
Dapsone Tablet	2	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Glydo Gel	2	
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	(M)
Asenapine Sub	3	(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)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	3	(QL)(M)
Galantamine Tablet	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	(QL)(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(M)
Paliperidone Tablet	2	(QL)(M)
Paroxetine Er Tablet	2	(QL)(M)
Paroxetine Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Quetiapine Er	1	(QL)(M)
Risperidone	1	(QL)(M)
Rivastigmine	2	(M)
<b>Savella</b>	3	(ST)(QL)(M)
Sertraline	1	(QL)(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
Zyprexa Tablet	1	(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(QL)(M)
Javygtor	5	(PA)(QL)(M)
Levocarnitin	3	
<b>Olpruva Packet</b>	5	(PA)(QL)(M)
Paricalcitol Capsule	2	(M)
<b>Pheburane Mis</b>	5	(PA)(QL)(M)
Sapropterin	5	(PA)(QL)(M)
<b>Strensiq Injectable</b>	5	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	3	(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	3	(ST)(QL)(M)
<b>Ubrelvy Tablet</b>	3	(PA)(QL)
Zolmitriptan Tablet	2	(QL)
Zomig Tablet	2	(QL)
<b>MINERALOCORTICIDS</b>		
Fludrocort Tablet	1	(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>MOVEMENT DISORDER</b>		
Tetrabenazin Tablet	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>MUCOLYTICS</b>		
Acetylcyst Solution	2	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>Avonex</b>	5	(PA)(QL)(M)
Dalfampridin Tablet	2	(QL)(M)
Dimethyl Fum Capsule	2	(QL)(M)
<b>Extavia Injectable</b>	5	(PA)(QL)(M)
Glatiramer Injectable	5	(QL)(M)
Glatopa Injectable	5	(QL)(M)
<b>Plegridy</b>	5	(PA)(QL)(M)
Teriflunomid Tablet	2	(QL)(M)
<b>Vumerity Capsule</b>	5	(PA)(QL)(M)
<b>Zeposia Capsule</b>	5	(PA)(QL)(M)
<b>Zeposia 7Day Capsule</b>	5	(PA)(QL)(M)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
Metaxalone Tablet	3	(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	2	(QL)
Olopatadine Spr	2	(ST)
<b>Xhance Mis</b>	3	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	4	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Capecitabine Tablet	2	
Dasatinib Tablet	2	(PA)(QL)(M)
<b>Erleada Tablet</b>	5	(PA)(QL)(M)
Exemestane Tablet	1	(QL)(M)
Hydroxyurea Capsule	1	
<b>Ibrance</b>	5	(PA)(QL)(M)
<b>Iclusig Tablet</b>	5	(PA)(QL)(M)
Imatinib	2	(QL)
<b>Imbruvica</b>	5	(PA)(QL)(M)
<b>Jakafi Tablet</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Kisqali Tablet</b>	5	(PA)(QL)(M)
Lenalidomide Capsule	5	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
<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)
<b>Tasigna Capsule</b>	5	(PA)(QL)(M)
Temozolomide Capsule	4	(QL)
Torpenz Tablet	2	(PA)(QL)(M)
<b>Venclexta Tablet</b>	5	(PA)(QL)(M)
<b>Verzenio Tablet</b>	5	(PA)(QL)(M)
<b>Xtandi</b>	5	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	2	
Difluprednat Emu	3	(QL)
Fluoromethol Suspension	2	
<b>Lotemax Oin</b>	4	(QL)
<b>Lotemax Sm Gel</b>	4	(QL)
Loteprednol	3	(QL)
Neo/Poly/Dex	1	
Prednisolone	2	(QL)
Tobra/Dexame Suspension	2	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Bacit/Polymy Oin	1	
Ofloxacin Dro	1	
Polycin Oin	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Trifluridine Solution	3	
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	1	(M)
Bromfenac	3	
Combigan Solution	2	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	2	(QL)(M)
Dorzolamide Solution	1	(M)
Epinastine Dro	2	
Ketorolac	1	(QL)
<b>Klarity-C Emu</b>	5	(PA)(QL)(M)
<b>Simbrinza Suspension</b>	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(M)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	3	(QL)(M)
Latanoprost Solution	1	(QL)(M)
<b>Lumigan Solution</b>	3	(QL)(M)
Tafuprost Solution	2	(ST)(QL)(M)
Travoprost Dro	3	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naloxone Injectable	1	(QL)
Naltrexone Tablet	1	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	3	(QL)
<b>Brixadi Solution</b>	5	(QL)(M)
Bupren/Nalox	2	(QL)
Buprenorphin	3	(QL)
<b>Sublocade Injectable</b>	5	(QL)(M)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	2	(M)
Ibandronate Tablet	1	(QL)(M)
<b>Prolia Injectable</b>	5	(M)
Risedronate Tablet	2	(ST)(QL)(M)
<b>Tymlos Injectable</b>	5	(PA)(M)
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	3	
Neo/Poly/Hc	2	
<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)
But/Asa/Caff Capsule	2	(QL)
Butal/Apap Tablet	2	(QL)
Butalb/Aceta Tablet	2	(QL)
Endocet Tablet	2	(QL)
Fentanyl Dis	4	(PA)(QL)
Hydro/Aceta Solution	2	
Hydroco/Apap	2	(QL)
Hydromorphon Tablet	2	(QL)
Lorcet Tablet	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Lorcet Hd Tablet	2	(QL)
Lorcet Plus 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	3	(ST)(QL)
Tramadl/Apap Tablet	2	(QL)
Tramadol	1	(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	3	(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	2	(M)
Sulindac Tablet	1	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	3	(QL)(M)
<b>Pancreaze 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 Er Tablet	2	(QL)(M)
<b>Neupro Dis</b>	4	(ST)(QL)(M)
Pramipexole Tablet	1	(ST)(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	

Drug Name	Drug Tier	Requirements & Limits
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Wes-Phos 250 Tablet	1	
<b>PHOSPHATE BINDING AGENTS</b>		
Calc Acetate Capsule	2	(M)
Lanthanum Chw	5	(PA)(QL)
Sevelam Carb Tablet	2	(M)
Sevelam Hcl Tablet	2	(ST)(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>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>Provida 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	3	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Adempas Tablet</b>	5	(PA)(QL)(M)
Alyq Tablet	3	(PA)(QL)(M)
<b>Ambrisentan Tablet</b>	5	(PA)(QL)(M)
<b>Orenitram 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	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Hydrocortiso Cream	2	
Procto-Med Cream	2	
Proctocort Cream	2	
Proctosol Hc Cream	2	
Proctozone Cream	2	
<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	2	
<b>SEIZURE DISORDER</b>		
Carbamazepin	2	(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)
Epitol Tablet	1	(QL)(M)
Ethosuximide	2	(QL)(M)
Gabapentin	1	(QL)(M)
Lacosamide	2	(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	(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Subvenite 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 Acid Capsule	1	(QL)(M)
<b>Xcopri</b>	4	(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-Varenicil Tablet</b>	1	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
Ft Nicotine	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)
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)
Tgt Nicotine	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	1	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	3	(QL)
<b>STEROIDS</b>		
Dexamethason	1	
Hydro Sod Su Injectable	1	
Methylpred Tablet	2	
Pred Sod Pho Solution	2	
Prednisone Tablet	1	(M)
<b>Solu-Cortef Injectable</b>	4	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Amphet/Dextr	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Lisdexamfeta Capsule	2	(QL)
Methylphenid	2	(QL)
Modafinil Tablet	2	(QL)
<b>Sunosi Tablet</b>	4	(ST)(QL)
<b>Vyvanse Capsule</b>	3	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	3	
Pilocarpine Tablet	2	
<b>THYROID</b>		
Euthyrox Tablet	1	(M)
Levo-T Tablet	1	(M)
Levothyroxin	2	(QL)(M)
Levoxyl Tablet	1	(M)
Liothyronine Tablet	1	(M)
<b>Nature Throid</b>	4	(M)
Unithroid Tablet	1	(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Pen Injectable</b>	5	(PA)(QL)(M)
Ivabradine Tablet	2	(ST)(QL)(M)
<b>Ofev Capsule</b>	5	(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 AGONISTS</b>		
Bethanechol Tablet	2	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	3	(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	3	(QL)(M)
Trospium Cl Tablet	2	(QL)(M)
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Adacel Injectable	1	
Afluria Quad Injectable	1	(M)
Arexvy Injectable	1	(QL)(AGE)
Boostrix Injectable	1	
Comirnaty Injectable	3	(QL)
Engerix-B Injectable	1	
Fluad Quadri Injectable	1	(M)
Fluarix Quad Injectable	1	(M)
Flublok Quad Injectable	1	(M)
Fluclvx Quad Injectable	1	(M)
Flulaval Qua Injectable	1	(M)
Fluzone Hd Injectable	1	(M)
Fluzone Quad Injectable	1	(M)
Gardasil 9 Injectable	1	(AGE)
Havrix Injectable	1	
Hepilisav-B Injectable	1	(QL)
M-M-R li Injectable	1	
Moderna Injectable	3	(QL)(AGE)
Novavax Injectable	3	(QL)
Novavax Vac Injectable	3	(QL)
Pfizer 5-11Y Injectable	3	(QL)
Pfizer 6M-4Y Injectable	3	(QL)
Prevnar 20 Injectable	1	
Recombiva Hb Injectable	1	
Shingrix Injectable	1	(QL)(AGE)
Spikevax Injectable	3	(QL)
Twinrix Injectable	1	
Vaqta Injectable	1	
<b>VAGINAL ANTI-INFECTIVES</b>		
Terconazole Cream	2	
<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)
Floriva Dro	4	(M)
Folate Tablet	1	(M)
Folic Acid Tablet	1	(M)
Ft Folic Aci 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)

Drug Name	Drug Tier	Requirements & Limits
Multi-Vit/Fl	1	(M)
<b>Multivit/Fl Dro</b>	4	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	2	
<b>Quflora Ped Dro</b>	4	(M)
Sm Folic Acid Tablet	1	(M)
Sod Citrate Solution	1	
<b>Tri-Vit/Fluo Dro</b>	4	(M)
Vitamin D	1	(M)
Yl Folic Aci Tablet	1	(M)