

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.

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
ACNE		
Adapalene Gel	2	(ST)
Amnesteem Capsule	3	
Azelaic Acid Gel	2	
Claravis Capsule	3	
Clindam/Benz Gel	3	(ST)
Clindamy/Ben Gel	3	(ST)
Dapsone	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 Sulfa	3	
Sulfacetamid Lot	3	
Sulfacleanse Suspension	3	
Tretinoin Cream	3	(AGE)
Zenatane Capsule	3	
ANAPHYLAXIS THERAPY AGENTS		
Auvi-Q Injectable	3	(QL)
Epinephrine Injectable	2	(QL)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT		
Acampro Cal Tablet	2	
Disulfiram Tablet	1	
ANTIARRHYTHMICS		
Mexiletine Capsule	2	(M)
ANTIBIOTICS		
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	
Ciprofloxacin	1	
Clarithromycin Tablet	1	
Clindamycin	1	
Dicloxacillin Capsule	2	
Doxycycline Hyc	1	
Doxycycline	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Erythromycin Eth Suspension	3	(AGE)
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Lymepak Tablet	1	
Methenamidol Tablet	2	
Minocycline Capsule	1	
Morgidox Capsule	1	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofurantoin Capsule	1	
Nitrofurantoin	1	(AGE)
Nitrofurantoin Suspension	3	(AGE)
Penicillin V-K	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Tobramycin	2	(PA)(QL)(M)
Trimethoprim Tablet	2	
Vancomycin Capsule	3	(QL)
ANTIFIBRINOLYTICS		
Tranexamic Acid Tablet	2	(QL)
ANTIFUNGALS		
Ciclopirox	2	(QL)
Ciclopirox	1	(QL)
Clotrimazole/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	2	
Klayesta Powder	1	(QL)
Nyamyce Powder	1	(QL)
Nystatin/Triam	2	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
ANTIMALARIALS		
Atovaquone/Proguanil Tablet	2	
Hydroxychloroquine	2	(M)
ANTIMYASTHENIC AGENTS		
Pyridostigmine Tablet	2	
Pyridostigmine Tablet	3	(QL)
ANTIMYCOBACTERIAL AGENTS		
Ethambutol Tablet	2	
Isoniazid Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Rifampin Capsule	1	
ANTIPROTOZOAL AGENTS		
Atovaquone Suspension	3	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
Propylthiour Tablet	2	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	5	(QL)(M)
Darunavir Tablet	2	(QL)(M)
Descovy Tablet	5	(PA)(QL)(M)
Dovato Tablet	5	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
Genvoya Tablet	5	(QL)(M)
Isentress Tablet	5	(QL)(M)
Isentress Hd Tablet	5	(QL)(M)
Juluca Tablet	5	(QL)(M)
Odefsey Tablet	5	(QL)(M)
Paxlovid Tablet	5	(QL)(M)
Prezcobix Tablet	5	(QL)(M)
Prezista Tablet	5	(QL)(M)
Ritonavir Tablet	2	(QL)(M)
Symtuza Tablet	5	(QL)(M)
Tenofovir Tablet	2	(QL)(M)
Tivicay Tablet	5	(QL)(M)
Triumeq Tablet	5	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclov Tablet	5	(QL)(M)
Viread Tablet	5	(QL)(M)
ANXIETY & SLEEP		
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)

Drug Name	Drug Tier	Requirements & Limits
ASTHMA AND COPD*		
Albuterol	1	(QL)(M)
Anoro Ellipt Inhalation	3	(QL)(M)
Arformoterol Neb	4	(QL)(M)
Arnuity Elpt Inhalation	3	(QL)(M)
Asmanex	3	(QL)(M)
Atrovent Hfa Inhalation	4	(M)
Breztri Inhalationo Inhalation	3	(QL)(M)(AGE)
Budesonide	3	(QL)(M)
Combivent Inhalation	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	
Serevent Dis Inhalation	3	(M)
Spiriva Handihaler	3	(QL)(M)
Spiriva Respimat	3	(QL)(M)
Stiolto Inhalation	3	(QL)(M)
Symbicort Inhalation	2	(QL)(M)
Theophylline Tablet	2	(M)
Trelegy Inhalation	3	(QL)(M)(AGE)
Triamcinolon	2	
Ventolin Hfa Inhalation	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
Zafirlukast Tablet	2	(QL)(M)
BLOOD THINNERS		
Brilinta Tablet	3	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	2	(QL)(M)
Eliquis Tablet	3	(QL)(M)
Eliquis St P Tablet	3	(QL)
Enoxaparin Injectable	3	
Heparin Sod Injectable	2	
Prasugrel Tablet	2	(QL)(M)
Warfarin	1	(M)
Xarelto	3	(QL)(M)
BURN PRODUCTS		
Silver Sulfa Cream	1	
Ssd Cream	1	

Drug Name	Drug Tier	Requirements & Limits
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	2	(M)
CARDIOVASCULAR*		
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)
Corlanor Tablet	3	(ST)(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)
Entresto Tablet	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)

Drug Name	Drug Tier	Requirements & Limits
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)
Multaq Tablet	3	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
Nitro-Bid Oin	4	(M)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Olm Med/Amlol Tablet	1	(ST)(QL)(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Pindolol Tablet	2	(M)
Prazosin Hcl Capsule	1	(M)
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)
Tiadylt 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)

Drug Name	Drug Tier	Requirements & Limits
Verapamil	2	(M)
Verelan Pm Capsule	4	(M)
CHOLESTEROL*		
Atorvastatin Tablet	1	(QL)(AGE)(M)
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	1	(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	1	(QL)(M)(AGE)
Prevalite Powder	3	(QL)(M)
Repatha Injectable	3	(PA)(QL)(M)
Repatha Push Injectable	3	(PA)(QL)(M)
Repatha Sure Injectable	3	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
CONTRACEPTION (BIRTH CONTROL)		
Brand Contraceptives	4	(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
Phexxi Gel	4	(QL)(M)
COUGH/COLD/ALLERGY PRODUCTS		
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	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaifenesin Syrup	1	
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Prometh/Cod Solution	1	
Promethazine	1	
CYCLOPLEGIC MYDRIATICS		
Atropine Sul	2	
CYSTIC FIBROSIS AGENTS		
Pulmozyme Solution	5	(QL)(M)
Trikafta	5	(PA)(QL)(AGE)(M)
DENTAL PRODUCTS		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Periogard Solution	1	
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Acitretin Capsule	4	(QL)
Calcipotrien Cream	3	
Diclofenac 1%	3	(PA)(M)
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	2	
Mupirocin Oin	1	
Tolak Cream	4	(QL)
DERMATOLOGICALS (SKIN) STEROIDS		
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)
Hydrocortiso	2	
Mometasone	1	
Triderm Cream	3	
DIABETES - INSULIN*		
Fiasp Injectable	3	(M)
Fiasp Flex Injectable	3	(M)
Humulin R U-500	3	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Insulin Glar	3	(M)
Lantus Injectable	3	(M)
Lantus Solos Injectable	3	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Novolog Injectable	3	(M)
Novolog Mix Injectable	3	(M)
Toujeo Max Injectable	3	(M)
Toujeo Solo Injectable	3	(M)
DIABETES - NON-INSULIN*		
Acarbose Tablet	1	(M)
Alogliptin Tablet	1	(QL)(M)
Alogliptin/Metformin	1	(QL)(M)
Baqsimi One Powder	3	
Baqsimi Two Powder	3	
Bydureon Bc Injectable	3	(PA)(QL)(M)
Byetta Injectable	3	(PA)(QL)(M)
Farxiga Tablet	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)
Glyxambi Tablet	3	(QL)(M)
Jardiance Tablet	3	(QL)(M)
Jentadueto Tablet	3	(ST)(QL)(M)
Metformin Tablet	1	(M)
Mounjaro Injectable	3	(PA)(QL)(M)
Pioglit/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Repaglinide Tablet	1	(M)
Soliqua Injectable	3	(ST)(QL)(M)
Steglatro Tablet	4	(ST)(QL)(M)
Synjardy Tablet	3	(QL)(M)
Synjardy Xr Tablet	3	(QL)(M)
Tradjenta Tablet	3	(QL)(M)
Trijardy Xr Tablet	3	(QL)(M)
Trulicity Injectable	3	(PA)(QL)(M)
Xigduo Xr Tablet	3	(QL)(M)
DIABETES - TESTING AND SUPPLIES		
1/2MI Tb Syr Mis	4	(M)
10MI LI Syrg Mis	4	(M)
10MI Syringe Mis	1	(M)
12MI Syringe Mis	4	(M)
140MI Syring Mis	4	(M)
1MI Allr Syr Mis	4	(M)
1MI Slip Tip Mis	4	(M)
1MI Syringe Mis	1	(M)
1MI Tb Syrng Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
20MI Syringe Mis	1	(M)
3MI Syringe Mis	4	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
3MI LI Syrng Mis	4	(M)
3MI Luer Loc Mis	4	(M)
3MI Syringe Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(M)
6MI Syringe Mis	4	(M)
Accu-Chek Tes	4	(PA)(QL)(M)
Admix Needle Mis	4	(M)
Allergy Syrg Mis	4	(M)
Axillary Ndl Mis	2	(M)
Bd 20MI Syrg Mis	4	(M)
Bd 50MI Syrg Mis	4	(M)
Bd 5MI Syrg Mis	4	(M)
Bd Eclipse Mis	4	(M)
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)
Bd Tb 1MI Mis	4	(M)
Bulb Irr Syr Mis	4	(M)
Carepoint Sa Mis	4	(M)
Carepoint Sy Mis	4	(M)
Carepoint Tu Mis	4	(M)
Catheter/Tip Mis	4	(M)
Deflux Needl Mis	4	(M)
Dexcom G6 Mis	3	(ST)(QL)(M)(AGE)
Dexcom G7 Mis	3	(ST)(QL)(M)(AGE)
Dropsafe Mis	4	(M)
Easy Glide Mis	4	(M)
Easy Touch Mis	4	(M)
Easypoint Mis	4	(M)
Eclipse Ndle Mis	4	(M)
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)

Drug Name	Drug Tier	Requirements & Limits
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)
LI Syringe Mis	4	(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)
Precisn Xtra Tes	3	(QL)(M)
Retrobul Ndl Mis	2	(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)
Symphath Ndl Mis	2	(M)
Syrg/Ndl 3MI Mis	4	(M)
Syringe 5MI Mis	4	(M)
Syringe Luer Mis	4	(M)
Syrng/Cannla Mis	1	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Toomey Syrin Mis	1	(M)
Vent Needle Mis	4	(M)
ECZEMA AGENTS - TOPICAL		
Eucrisa Oin	3	(QL)
EMOLLIENTS		
Ammonium Lac Cream	2	

Drug Name	Drug Tier	Requirements & Limits
ENZYMES - TOPICAL		
Santyl Oin	4	
GALLSTONE SOLUBILIZING AGENTS		
Ursodiol	2	(M)
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Alosetron Tablet	5	(PA)(QL)(M)
Diphen/Atrop Tablet	1	
Lubiprostone Capsule	3	(QL)(M)(AGE)
Metoclopram	1	
Xifaxan Tablet	4	(PA)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING		
Antivert Tablet	4	
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS		
Cimetidine Tablet	2	(M)
Famotidine	2	(AGE)(M)
Misoprostol Tablet	1	(M)
Sucralfate	3	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS		
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)
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod	3	(M)
GOUT		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	2	(M)
GROWTH HORMONES		
Genotropin Injectable	5	(PA)(QL)(M)
HEMATORHEOLOGIC AGENTS		
Pentoxifylli Tablet	1	(M)
HEPATITIS THERAPIES		
Entecavir Tablet	2	(QL)(M)
Mavyret Tablet	4	(PA)(QL)(M)
Sofos/Velpat Tablet	4	(PA)(QL)(M)
HORMONE RECEPTOR MODULATORS		
Osphena Tablet	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
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)
Eemt Tablet	2	(QL)(M)
Eemt Hs Tablet	2	(QL)(M)
Est Estrogen Tablet	2	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrad Val Injectable	2	
Estradiol	2	(QL)(M)
Estrog/Mtest Tablet	2	(QL)(M)
Estrogel Gel	4	(QL)(M)
Fyavolv Tablet	1	(M)
Imvexxy Main Sup	4	(ST)(QL)(M)
Imvexxy Strt Sup	4	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	2	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Mimvey Lo 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)
HORMONE REPLACEMENT THERAPY MALE		
Depo-Testost Injectable	2	(QL)(M)
Testost Cyp Injectable	2	(QL)(M)
Testost Enan Injectable	2	(QL)(M)
Testosterone	3	(QL)(M)
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION		
Actemra Injectable	5	(PA)(QL)(M)
Adbry Injectable	5	(PA)(QL)(M)
Amjevita Injectable	5	(PA)(QL)(M)
Cibinqo Tablet	5	(PA)(QL)(M)
Cosentyx	5	(PA)(QL)(M)
Hadlima Injectable	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
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 Injectable	5	(PA)(QL)(M)
IMMUNOMODULATING AGENTS - TOPICAL		
Imiquimod Cream	2	
IMMUNOSUPPRESSANTS		
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)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
Pimecrolimus Cream	4	(ST)(QL)
INFLAMMATORY BOWEL AGENTS		
Balsalazide Capsule	3	(M)
Cimzia	5	(PA)(QL)(M)
Mesalamine	3	(QL)(M)
Sulfasalazin Tablet	1	(M)
INFLUENZA AGENTS		
Oseltamivir	2	(QL)
INTESTINAL ACIDIFIERS		
Enulose Solution	2	
Generlac Solution	2	
Lactulose Solution	2	
LAXATIVE COMBINATIONS		
Clenpiq Solution	3	
Peg 3350	2	
Sodium/Potas Solution	2	
Suprep Bowel Solution	3	
LAXATIVES		
Constulose Solution	2	
LOCAL ANESTHETICS - TOPICAL		
Glydo Gel	2	
Lido/Prilocn Cream	1	
Lidocaine	2	
MENTAL HEALTH		
Abilify Asim Injectable	5	(QL)(M)
Abilify Main Injectable	5	(M)

Drug Name	Drug Tier	Requirements & Limits
Amitriptylin Tablet	1	(M)
Aripiprazole Tablet	2	(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)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	3	(ST)(QL)(M)
Galantamine	1	(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
Invega Hafye Injectable	5	(QL)(M)
Invega Sust Injectable	5	(M)
Invega Trinz Injectable	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	(ST)(QL)(M)
Paroxetin Er Tablet	2	(QL)(M)
Paroxetine Tablet	1	(QL)(M)
Quetiapine Er	1	(QL)(M)
Risperidone	1	(QL)(M)
Rivastigmine	2	(M)
Sertraline	1	(QL)(M)
Tofranil Tablet	4	(ST)(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Javygtor	5	(PA)(QL)(M)
Levocarnitin	3	
Paricalcitol Capsule	2	(M)
Pheburane Mis	5	(PA)(QL)(M)
Sapropterin	5	(PA)(QL)(M)
MIGRAINE		
Ajovy Injectable	3	(QL)(M)
Aprepitant Capsule	2	(QL)
Eletriptan Tablet	2	(QL)
Emgality Injectable	4	(PA)(QL)(M)
Frovatriptan Tablet	2	(ST)(QL)
Naratriptan Tablet	1	(QL)(M)
Nurtec Tablet	3	(PA)(QL)
Reyvow Tablet	4	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	3	(ST)(QL)(M)
Ubrelyv Tablet	3	(PA)(QL)
Zolmitriptan Tablet	2	(QL)
MINERALOCORTICIDS		
Fludrocort Tablet	1	(M)
MISC. RESPIRATORY INHALANTS		
Hypersal Neb	4	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride	1	(PA)
Sodium Chlor Neb	1	
MISC. TOPICAL		
Drysol Solution	4	
MOVEMENT DISORDER		
Tetrabenazin Tablet	5	(PA)(QL)(M)
MUCOLYTICS		
Acetylcyst Solution	2	
MULTIPLE SCLEROSIS AGENTS		
Dalfampridin Tablet	2	(QL)(M)
Dimethyl Fum Capsule	2	(QL)(M)
Glatiramer Injectable	5	(PA)(QL)(M)
Glatopa Injectable	5	(PA)(QL)(M)
Teriflunomid Tablet	2	(QL)(M)
Vumerity Capsule	5	(PA)(QL)(M)
Zeposia Capsule	5	(PA)(QL)(M)
Zeposia 7Day Capsule	5	(PA)(QL)(M)
MUSCLE RELAXANTS		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	

Drug Name	Drug Tier	Requirements & Limits
Cyclobenzaprine	2	
Metaxalone Tablet	3	(ST)
Methocarbam Tablet	2	
Orphenadrine Tablet	2	
Tizanidine	2	(ST)(QL)
Vanadom Tablet	1	(QL)
NASAL ALLERGY		
Azel/Flutic Spr	3	(ST)(QL)
Azelastine	1	(QL)(M)
Dymista Spr	3	(QL)
Flunisolide Spr	2	(QL)
Olopatadine Spr	2	(ST)
Xhance Mis	4	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Abiraterone Tablet	5	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Calquence Tablet	5	(PA)(QL)(M)
Capecitabine Tablet	2	
Erleada Tablet	5	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
Hydroxyurea Capsule	1	
Ibrance	5	(PA)(QL)(M)
Iclusig Tablet	5	(PA)(QL)(M)
Imatinib	2	(QL)
Jakafi Tablet	5	(PA)(QL)(M)
Lenalidomide Capsule	5	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lynparza Tablet	5	(PA)(QL)(M)
Megestrol Ac	1	
Mercaptopur Tablet	2	
Methotrexate	1	(M)
Revlimid Capsule	5	(PA)(QL)(M)
Sprycel Tablet	5	(PA)(QL)(M)
Tagrisso Tablet	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Tasigna Capsule	5	(PA)(QL)(M)
Temozolomide Capsule	4	(QL)
Venclexta Tablet	5	(PA)(QL)(M)
Verzenio Tablet	5	(PA)(QL)(M)
Xtandi Capsule	5	(PA)(QL)(M)
OPHTHALMIC STEROIDS		
Dexameth Pho Solution	2	
Difluprednat Emu	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
Fluoromethol Suspension	2	
Loteprednol Suspension	3	(QL)
Neo/Poly/Dex	1	
Prednisolone	2	(QL)
Tobra/Dexame Suspension	2	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Bacit/Polymy Oin	1	
Ofloxacin Dro	1	
Polycin Oin	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Trifluridine Solution	3	
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
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)
Klarity-C Emu	5	(PA)(QL)(M)
Simbrinza Suspension	3	(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	3	(M)
OPHTHALMICS (EYE) PROSTGLANDINS		
Bimatoprost Solution	3	(QL)(M)
Latanoprost Solution	1	(QL)(M)
Lumigan Solution	3	(QL)(M)
Tafluprost Solution	2	(ST)(QL)(M)
Travoprost Dro	3	(ST)(QL)(M)
OPIOID ANTAGONISTS		
Naltrexone Tablet	1	
OPIOID PARTIAL AGONISTS		
Belbuca Mis	3	(QL)
Brixadi Solution	5	(QL)(M)
Bupren/Nalox	2	(QL)
Buprenorphin	3	(QL)
Butorphanol Solution	2	(QL)
Sublocade Injectable	5	(QL)(M)
OSTEOPOROSIS*		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	2	(M)
Ibandronate Tablet	1	(QL)(M)
Prolia Injectable	5	(M)

Drug Name	Drug Tier	Requirements & Limits
Risedronate Tablet	2	(ST)(QL)(M)
Tymlos Injectable	5	(PA)(M)
OTIC PREPARATIONS (EAR)		
Cipro/Dexa Suspension	3	
Neo/Poly/Hc	2	
OTIC STEROIDS		
Flac Oil	2	
Hc/Acet Acid Solution	2	
PAIN MEDICATIONS - NARCOTICS		
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)
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	1	(QL)
PAIN MEDICATIONS NSAIDS		
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	
PANCREATIC ENZYME		
Creon Capsule	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Pancreaze Capsule	3	(QL)(M)
Zenpep Capsule	3	(QL)(M)
PARKINSON'S		
Amantadine	2	(QL)(M)
Benztropine Tablet	1	(QL)(M)
Bromocriptin Tablet	3	(QL)(M)
Carb/Levo Tablet	2	(QL)(M)
Carb/Levo Er Tablet	2	(QL)(M)
Pramipexole Tablet	1	(ST)(QL)(M)
Rasagiline Tablet	2	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
PHENOTHIAZINES		
Chlorpromaz Tablet	2	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
PHOSPHATE		
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Wes-Phos 250 Tablet	1	
PHOSPHATE BINDING AGENTS		
Calc Acetate Capsule	2	(M)
Lanthanum Chw	5	(PA)(QL)
Sevelamer Tablet	2	(ST)(M)
POSTERIOR PITUITARY HORMONES		
Desmopressin	2	(QL)(M)
POTASSIUM		
Potassium Chloride	1	(M)
POTASSIUM REMOVING RESINS		
Lokelma Packet	3	(PA)(QL)(M)
PRENATAL VITAMINS		
Co-Natal Fa Tablet	4	
Complete Nat Packet	1	
Concept Ob Capsule	4	
Folivane-Ob Capsule	4	
M-Natal Plus Tablet	4	
Mynatal Plus Tablet	4	
Mynatal-Z Tablet	4	
Natalvit Tablet	4	
Neonatal Tablet	4	
Neonatal Pls Tablet	4	
Niva-Plus Tablet	4	
O-Cal Fa Tablet	4	
One Vite Tablet	4	

Drug Name	Drug Tier	Requirements & Limits
Prenatal Tablet	1	
Prenatrix Tablet	4	
Prenatryl Tablet	4	
Provida Ob Capsule	4	
Tricare Tablet	4	
Trinatal Rx Tablet	1	
Trinate Tablet	4	
Vinate One Tablet	4	
Vitafol-Ob Tablet	4	
Vitathely Tablet	4	
Vol-Nate Tablet	4	
Wesnata Dha Packet	4	
Westab Plus Tablet	4	
PROLACTIN INHIBITORS		
Cabergoline Tablet	2	(QL)(M)
PROSTATE		
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)
PULMONARY ARTERIAL HYPERTENSION		
Alyq Tablet	3	(PA)(QL)(M)
Ambrisentan Tablet	5	(PA)(QL)(M)
Sildenafil	5	(PA)(QL)(M)
PYRIMIDINE SYNTHESIS INHIBITORS		
Leflunomide Tablet	2	(M)
RECTAL COMBINATIONS		
Hc Pramoxine Cream	2	
RECTAL STEROIDS		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Procto-Med Cream	2	
Procto-Pak Cream	2	
Proctocort Cream	2	
Proctosol Hc Cream	2	
Proctozone Cream	2	
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	1	(QL)
SALICYLATES		
Aspirin	1	(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
SCABICIDES & PEDICULICIDES		
Permethrin Cream	2	
SEIZURE DISORDER		
Carbamazepin	2	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
Depakene Capsule	4	(ST)(QL)(M)
Dilantin Capsule	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)
Mysoline Tablet	4	(ST)(QL)(M)
Nayzilam Spr	4	(QL)
Oxcarbazepin	1	(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	1	(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)
Tegretol-Xr Tablet	4	(ST)(QL)(M)
Topamax Spr Capsule	4	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Valproic Acd Capsule	1	(QL)(M)
Zonisamide Capsule	1	(QL)(M)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM		
Chor Gonadot Injectable	3	(PA)
Novarel Injectable	4	(PA)
Pregnyl Injectable	4	(PA)
SMOKING CESSATION		
Apo-Varenicl Tablet	4	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
EqI Nicotine	1	(QL)(M)(AGE)
Ft Nicotine Loz	1	(QL)(M)(AGE)
Gnp Nicotine	1	(QL)(M)(AGE)
Habitrol Dis	1	(QL)(M)(AGE)
Hm Nicotine	1	(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
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)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	4	(QL)(M)(AGE)
SOMATOSTATIC AGENTS		
Octreotide Injectable	3	(QL)
STEROIDS		
Dexamethason	1	
Methylpred Tablet	2	
Pred Sod Pho Solution	2	
Prednisone Tablet	1	(M)
Solu-Cortef Injectable	4	
STIMULANTS - ADHD/WAKEFULNESS		
Adderall	3	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Concerta Tablet	3	(QL)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Lisdexamfeta Capsule	2	(QL)
Methylphenid	2	(QL)
Modafinil Tablet	2	(QL)
Relexii Tablet	3	(QL)
Vyvanse Capsule	3	(QL)
THROAT PRODUCTS - MISC.		
Cevimeline Capsule	3	
Pilocarpine Tablet	2	
THYROID		
Adthyza Tablet	4	(M)
Armour Thyro Tablet	4	(M)
Euthyrox Tablet	3	(QL)(M)
Levo-T Tablet	3	(QL)(M)
Levothyroxin	2	(QL)(M)
Levoxyl Tablet	3	(QL)(M)
Liothyronine Tablet	1	(M)
Niva Thyroid Tablet	4	(M)
Np Thyroid Tablet	4	(M)
Thyroid Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Unithroid Tablet	3	(QL)(M)
UNCATEGORIZED		
Fasenra Pen Injectable	5	(PA)(QL)(M)
Ofev Capsule	5	(PA)(QL)(M)
Tezspire	5	(PA)(QL)(M)
Tyrvaya Solution	4	(ST)(QL)(M)
URINARY ANALGESICS		
Phenazopyridine	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
Bethanechol Tablet	2	(M)
URINARY INCONTINENCE		
Dicyclomine	1	(M)
Fesoterodine Tablet	3	(QL)(M)
Glycate Tablet	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)
VACCINES		
Abrysvo Injectable	3	(QL)
Adacel Injectable	3	
Afluria Quad Injectable	3	(M)
Arexvy Injectable	3	(QL)(AGE)
Boostrix Injectable	3	
Comirnaty Injectable	3	(QL)
Engerix-B Injectable	3	
Fluad Quadri Injectable	3	(M)
Fluarix Quad Injectable	3	(M)
Flublok Quad Injectable	3	(M)
Fluclvx Quad Injectable	3	(M)
Fluvalav Qua Injectable	3	(M)
Fluzone Hd Injectable	3	(M)
Fluzone Quad Injectable	3	(M)
Gardasil 9 Injectable	3	(AGE)
Havrix Injectable	3	
Hepelisav-B Injectable	3	(QL)
M-M-R li Injectable	3	
Menquadfi Injectable	3	
Moderna Injectable	3	(QL)
Moderna Vac Injectable	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
Moderna Vacc 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)
Pfizer Vacc Injectable	3	(QL)(AGE)
Pneumovax 23 Injectable	3	(AGE)
Prevnar 20 Injectable	2	
Recombiva Hb Injectable	3	
Shingrix Injectable	3	(QL)(AGE)
Spikevax Injectable	3	(QL)
Twinrix Injectable	3	
Vaqta Injectable	3	
Varivax Injectable	3	
VAGINAL ANTI-INFECTIVES		
Terconazole Cream	2	
VITAMINS/ELECTROLYTES		
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)
Folate Tablet	1	(M)
Folic Acid Tablet	1	(M)
Iron Drops Dro	1	(QL)(AGE)
Iron Inf-Tod Dro	1	(QL)(AGE)
Iron Inf/Tod Dro	1	(QL)(AGE)
Iron Supplmt Dro	1	(QL)(AGE)
Iron Suppmnt Solution	1	(QL)(AGE)
Multi-Vit/Fl	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	2	
Sm Folic Acd Tablet	1	(M)
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	1	(M)
Vit A/C/D/Fl Dro	1	(M)
Vitamin D	1	(M)
Yl Folic Aci Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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