

RxCore® (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.

SelectHealth and SelectHealth Benefits 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.

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

SelectHealth: **800-538-5038**

Scripius: **800-442-3127**



Drug Name	Drug Tier	Requirements & Limits
ACNE		
Accutane Capsule	2	
Adapalene Gel	2	(ST)
Aklief Cream	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)
Ery/Benzoyl Gel	2	
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Ivermectin	2	(PA)(ST)(QL)
Metronidazol	2	(QL)
Myorisan Capsule	2	
Neuac Gel	2	
Rosadan	2	(QL)
Rosanil Liq	1	
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sodium Sulfa	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Tretinoin Cream	2	(AGE)
Zenatane Capsule	2	
ALLERGENIC EXTRACTS		
Palforzia Capsule	4	(PA)(QL)
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	1	(M)
ANTIBIOTICS		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	

Drug Name	Drug Tier	Requirements & Limits
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacin	1	
Clarithromyc Tablet	1	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Erythrom Eth Suspension	3	(AGE)
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicillin Vk Tablet	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Trimethoprim	1	
Vancomycin Capsule	2	(QL)
ANTIDEPRESSANT COMBINATIONS		
Auvelity Tablet	5	(PA)(QL)(M)
ANTIFIBRINOLYTICS		
Lysteda Tablet	4	(PA)
Tranex Acid Tablet	2	(QL)
ANTIFUNGALS		
Ciclodan Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	1	
Nyamyx Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Terbinafine Tablet	1	(QL)
ANTIMALARIALS		
Atovaq/Progu Tablet	2	

Drug Name	Drug Tier	Requirements & Limits
Hydroxychlor	1	(M)
ANTIMYASTHENIC AGENTS		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	3	(QL)
ANTIMYCOBACTERIAL AGENTS		
Ethambutol Tablet	1	
Rifampin Capsule	1	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	5	(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)
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)
Belsomra Tablet	4	(ST)(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)

Drug Name	Drug Tier	Requirements & Limits
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
ASTHMA AND COPD*		
Advair	4	(PA)(QL)(M)
Albuterol	1	(QL)(M)
Anoro Ellipt Inhalation	3	(QL)(M)
Arformoterol Neb	3	(QL)(M)
Arnuity Elpt Inhalation	3	(QL)(M)
Asmanex	3	(QL)(M)
Atrovent Hfa Inhalation	4	(M)
Breztri Inhalationo Inhalation	3	(QL)(M)(AGE)
Budes/Formot Inhalation	2	(QL)(M)
Budesonide	2	(QL)(M)
Combivent Inhalation	3	(M)
Dulera Inhalation	4	(PA)(QL)(M)
Flovent	3	(QL)(M)
Flutic/Salme	2	(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
Ipratropium	1	(M)
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	1	
Pulmicort Suspension	4	(PA)(QL)(M)
Qvar Rediha Inhalation	4	(PA)(QL)(M)
Qvar Redihal Inhalation	4	(PA)(QL)(M)
Roflumilast Tablet	2	(QL)(M)
Spiriva Handihaler	3	(QL)(M)
Spiriva Respimat	3	(QL)(M)
Stiolto Inhalation	3	(QL)(M)
Symbicort Inhalation	3	(QL)(M)
Trelegy Inhalation	3	(QL)(M)(AGE)
Triamcinolon	1	
Ventolin Hfa Inhalation	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
Zafirlukast Tablet	1	(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)
Enoxaparin Injectable	2	
Pradaxa Capsule	4	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Xarelto	3	(QL)(M)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
Firazyr Injectable	5	(PA)(QL)(M)
BURN PRODUCTS		
Silver Sulfa Cream	1	
Ssd Cream	1	
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	2	(M)
CARDIOVASCULAR*		
Afeditab 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)
Candesza/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol Tablet	1	(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
Corlanor Tablet	3	(ST)(QL)(M)
Digitek Tablet	1	(M)
Digox 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)
Entresto Tablet	3	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)
Furosemide Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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)
Katerzia Suspension	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)
Multaq Tablet	3	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(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)
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 Hcl Tablet	1	(M)
Spiro/Hctz Tablet	1	(M)
Spirolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
Terazosin Capsule	1	(QL)(M)
Tiadyt Capsule	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Torse mide Tablet	1	(M)
Triamt/Hctz	1	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
CHOLESTEROL*		
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)
Livalo Tablet	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)
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	(ST)(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 Syrup	2	(QL)
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaia tuss Ac Syrup	1	
Guaifenesin Syrup	1	
Hyd Pol/Cpm Suspension	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
Robafen Ac Solution	1	
CYCLOPLEGIC MYDRIATICS		
Atropine Sul	1	
CYSTIC FIBROSIS AGENTS		
Orkambi Gra	5	(PA)(QL)(M)
Pulmozyme Solution	5	(QL)(M)
Trikafta Tablet	5	(PA)(QL)(M)(AGE)
DENTAL PRODUCTS		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Periogard Solution	1	
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Acitretin Capsule	2	(QL)
Calcipotrien Cream	2	
Diclofenac 1%	2	(M)
Fluoroplex Cream	4	
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
DERMATOLOGICALS (SKIN) STEROIDS		
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 Oil	2	
Fluocinonide	2	(ST)(QL)
Fluticasone	1	(QL)(M)
Halobetasol Oin	2	
Hydrocort	1	(M)
Hydrocortiso	1	
Mometasone	1	(QL)(M)
Triderm Cream	1	
DIABETES - INSULIN*		
Fiasp Injectable	3	(M)
Fiasp Flex Injectable	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Humulin R U-500	3	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Lantus Injectable	3	(M)
Lantus Solos Injectable	3	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
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)
Gvoke Hypo 1 Injectable	3	
Gvoke Hypo 2 Injectable	3	
Jardiance Tablet	3	(QL)(M)
Jentaducto Tablet	3	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglitazone/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(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)
Zegalogue Injectable	4	
DIABETES - TESTING AND SUPPLIES		
1/2MI Tb Syr Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
10-12MI Syrn Mis	1	(M)
10MI LI Syrg Mis	4	(M)
10MI Syringe Mis	1	(M)
12MI Syringe Mis	4	(M)
140MI Syringe Mis	4	(M)
1M Allr Syr Mis	1	(M)
1MI Allr Syr Mis	4	(M)
1MI Slip Tip Mis	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)
3MI Syringe Mis	4	(M)
30-35MI Syrn Mis	1	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
3MI LI Syrng Mis	1	(M)
3MI Luer Loc Mis	4	(M)
3MI Syringe Mis	1	(M)
5-6MI Syringe Mis	1	(M)
50-60MI Syrn Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(M)
6MI Syringe Mis	4	(M)
Accu-Chek	4	(PA)(QL)(M)
Admix Needle Mis	4	(M)
Allergy Syrg Mis	1	(M)
Antigen Test Kit	2	(QL)(M)
Bd 20MI Syrg Mis	4	(M)
Bd 50MI Syrg Mis	4	(M)
Bd 5MI Syrg Mis	4	(M)
Bd Allergy 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 Needles Mis	4	(M)
Bd Plastipak Mis	4	(M)
Bd Syr 50MI Mis	4	(M)
Bd Veritor Kit	4	(QL)(M)
Binaxnow Cov Kit	4	(QL)(M)
Bulb Irr Syr Mis	4	(M)
Carepoint Sy Mis	4	(M)
Catheter/Tip Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Covid-19 At- Kit	2	(QL)(M)
Covid-19 Rap Kit	4	(QL)(M)
Cvs Covid-19 Kit	4	(QL)(M)
Dexcom G6 Mis	3	(ST)(QL)(M)(AGE)
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)
Fastep 1-Pk Kit	4	(QL)(M)
Fastep 2-Pk Kit	4	(QL)(M)
Fastep 25-Pk Kit	4	(QL)(M)
Fastep 4-Pk Kit	4	(QL)(M)
Fastep 5-Pk Kit	4	(QL)(M)
Fill Needle Mis	4	(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
Freestyle	3	(ST)(QL)(AGE)(M)
Guardian 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)
Indicaid Kit	4	(QL)(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)
On/Go One Kit	4	(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)
Pilot Covid Kit	4	(QL)(M)
Piston Irrig Mis	4	(M)
Poly Hub Mis	4	(M)
Precision Tes	3	(QL)(M)
Quickvue Hom Kit	4	(QL)(M)
Safetyglide Mis	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Safty Needle Mis	4	(M)
Securesafe Mis	4	(M)
Slip Tip 1MI Mis	4	(M)
Slip Tip 3MI Mis	4	(M)
Speedy Swab Kit	4	(QL)(M)
Syrg/Ndl 3MI Mis	4	(M)
Syringe 5MI Mis	4	(M)
Syringe Luer Mis	1	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Toomey Syrin Mis	1	(M)
Vent Needle Mis	4	(M)
DIAGNOSTIC PRODUCTS, MISC.		
Carestart Kit	4	(QL)(M)
Cleardetect Kit	4	(QL)(M)
Clinitest Kit	4	(QL)(M)
Diatrust Kit	4	(QL)(M)
Ellume Cov19 Kit	4	(QL)(M)
Flowflex Kit	4	(QL)(M)
Ihealth 2-Pk Kit	4	(QL)(M)
Ihealth 40Pk Kit	4	(QL)(M)
Ihealth 5-Pk Kit	4	(QL)(M)
Inteliswab Kit	4	(QL)(M)
On/Go Covid Kit	4	(QL)(M)
Otc Antigen Kit	2	(QL)(M)
ECZEMA AGENTS - TOPICAL		
Eucrisa Oin	3	(QL)
GALLSTONE SOLUBILIZING AGENTS		
Ursodiol	2	(M)
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Diphen/Atrop Tablet	1	
Linzess Capsule	3	(QL)(M)
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	
Motegrity Tablet	4	(ST)(QL)
Movantik Tablet	3	(QL)
Symproic Tablet	3	(QL)
Trulance Tablet	4	(ST)(QL)(M)
Xifaxan Tablet	4	(PA)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING		
Granisetron Tablet	2	(QL)
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	

Drug Name	Drug Tier	Requirements & Limits
Scopolamine Dis	2	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Cimetidine Tablet	1	(M)
Famotidine	2	(M)
Misoprostol Tablet	1	(M)
Sucralfate	2	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Esomeprazole	1	(QL)(M)
First-Omepra Suspension	2	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Omeprazole + Suspension	2	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod Con	3	(M)
GNRH/LHRH ANTAGONISTS		
Orilissa Tablet	5	(PA)(QL)(M)
GOUT		
Allopurinol Tablet	1	(M)
Colchicine	2	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	1	(M)
GOUT AGENT COMBINATIONS		
Proben/Colch Tablet	1	(M)
GROWTH HORMONES		
Genotropin Injectable	5	(PA)(QL)(M)
Humatrope Injectable	5	(PA)(QL)(M)
Omnitrope Injectable	5	(PA)(QL)(M)
HEMATORHEOLOGIC AGENTS		
Pentoxifylli Tablet	1	(M)
HEPATITIS THERAPIES		
Entecavir Tablet	2	(QL)(M)
Mavyret Tablet	5	(PA)(QL)(M)
Sofos/Velpat Tablet	5	(PA)(QL)(M)
HORMONE RECEPTOR MODULATORS		
Ospheña Tablet	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
Alora Dis	4	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Climara Pro Dis	4	(QL)(M)
Combipatch Dis	3	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
Delestrogen Injectable	4	

Drug Name	Drug Tier	Requirements & Limits
Depo-Estradi Injectable	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)
Estrace Tablet	4	(QL)(M)
Estrace Vag Cream	4	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	2	(QL)(M)
Estrog/Mtest Tablet	1	(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)
Jevantique L Tablet	1	(M)
Jinteli Tablet	1	(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	1	(QL)(M)
Menest Tablet	4	(QL)(M)
Menostar Dis	4	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(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	1	(QL)(M)
Yuvaferm Tablet	2	(QL)(M)
HORMONE REPLACEMENT THERAPY MALE		
Depo-Testost Injectable	1	(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone	2	(QL)(M)
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION		
Actemra Injectable	5	(PA)(QL)(M)
Adbry Injectable	5	(PA)(QL)(M)
Cosentyx	5	(PA)(QL)(M)
Dupixent Injectable	5	(PA)(QL)(AGE)(M)
Enbrel	5	(PA)(QL)(M)
Humira	5	(PA)(QL)(M)
Kezvara Injectable	5	(PA)(QL)(M)
Orencia Injectable	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Orencia Clck Injectable	5	(PA)(QL)(M)
Otezla Tablet	5	(PA)(QL)(M)
Rinvoq Tablet	5	(PA)(QL)(M)
Simponi	5	(PA)(QL)(M)
Skyrizi Injectable	5	(PA)(QL)(M)
Skyrizi Pen Injectable	5	(PA)(QL)(M)
Stelara Injectable	5	(PA)(QL)(M)
Taltz Injectable	5	(PA)(M)
Xeljanz Xr Tablet	5	(PA)(QL)(M)
Xolair Injectable	5	(PA)(QL)(M)
IMMUNOMODULATING AGENTS - TOPICAL		
Imiquimod Cream	1	
IMMUNOSUPPRESSANTS		
Azasan Tablet	1	(M)
Azathioprine Tablet	1	(M)
Cyclosporine	2	(PA)(QL)(M)
Envarsus Xr Tablet	4	(ST)(QL)(M)
Everolimus Tablet	5	(PA)(QL)(M)
Gengraf Capsule	2	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	2	(QL)(M)
Sirolimus Tablet	3	(M)
Tacrolimus	1	(QL)(M)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
Pimecrolimus Cream	3	(ST)(QL)
INFLAMMATORY BOWEL AGENTS		
Balsalazide Capsule	2	(M)
Cimzia	5	(PA)(QL)(M)
Mesalamine	2	(QL)(M)
Pentasa Capsule	3	(QL)(M)
Sulfasalazin Tablet	1	(M)
INFLUENZA AGENTS		
Oseltamivir	2	(QL)
LAXATIVE COMBINATIONS		
Clenpiq Solution	3	
Gavilyte	1	
Peg 3350	1	
Sodium/Potas Solution	1	
Suprep Bowel Solution	3	
LAXATIVES		
Constulose Solution	1	
Lactulose Solution	1	
LEPROSTATICS		
Dapsone Tablet	2	
LOCAL ANESTHETICS - TOPICAL		
Lido/Prilocn Cream	1	

Drug Name	Drug Tier	Requirements & Limits
Lidocaine	2	(QL)
MENTAL HEALTH		
Abilify Main Injectable	5	(M)
Amitriptylin Tablet	1	(M)
Aripiprazole Tablet	2	(QL)(M)
Asenapine Sub	3	(ST)(QL)(M)
Bupropion Tablet	1	(QL)(AGE)(M)
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Clomipramine Capsule	2	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Desipramine Tablet	2	(M)
Desvenlafax Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalop Ox Solution	1	(M)
Escitalopram	1	(QL)(M)
Fetzima Capsule	4	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(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	(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)
Paxil Cr Tablet	4	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
Rexulti Tablet	4	(PA)(QL)(M)
Risperdal	5	(M)
Risperidone	1	(QL)(M)
Rivastigmine Dis	2	(M)
Savella Tablet	3	(ST)(QL)(M)
Sertraline	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Spravato Solution	5	(PA)(M)
Trazodone Tablet	1	(QL)(M)
Trintellix Tablet	4	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(ST)(QL)(M)
Vraylar Capsule	4	(PA)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
Zoloft Con	4	(ST)(QL)(M)
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(PA)(QL)(M)
Kuvan	5	(PA)(QL)(M)
Levocarnitin	2	
Strensiq Injectable	5	(PA)(QL)(M)
MIGRAINE		
Aimovig Injectable	4	(PA)(QL)
Ajovy Injectable	3	(ST)(QL)(M)
Aprepitant Capsule	2	(QL)
Eletriptan Tablet	2	(ST)(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	2	(ST)(QL)(M)
Ubrelvy Tablet	3	(PA)(QL)
Zolmitriptan	2	(ST)(QL)
MINERALOCORTICOIDS		
Fludrocort Tablet	1	(M)
MISC. ANTIVIRALS		
Lagevrio Capsule	5	(QL)(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	
Qbrexza Pad	4	(PA)(QL)
MISCELLANEOUS VAGINAL PRODUCTS		
Intrarosa Sup	4	(QL)(M)
MOVEMENT DISORDER		
Austedo Tablet	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Ingrezza Capsule	5	(PA)(QL)(M)
MULTIPLE SCLEROSIS AGENTS		
Dalfampridin Tablet	2	(QL)(M)
Dimethyl Fum Capsule	2	(QL)(M)
Glatiramer Injectable	2	(PA)(QL)(M)
Glatopa Injectable	2	(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	
Cyclobenzaprine	2	
Metaxalone Tablet	2	(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)
Dymista Spr	3	(QL)
Flunisolide Spr	1	(QL)
Xhance Mis	4	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Abiraterone Tablet	5	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Capecitabine Tablet	2	(M)
Exemestane Tablet	2	(QL)(M)
Hydroxyurea Capsule	1	
Ibrance	5	(PA)(QL)(M)
Imatinib	2	(PA)(QL)
Jakafi Tablet	5	(PA)(QL)(M)
Lenalidomide Capsule	2	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lonsurf Tablet	5	(PA)(QL)(M)
Lynparza Tablet	5	(PA)(QL)(M)
Megestrol Ac Tablet	1	
Mercaptopur Tablet	2	
Methotrexate	1	(M)
Revlimid Capsule	5	(PA)(QL)(M)
Sprycel Tablet	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Temozolomide Capsule	4	(QL)(M)
Venclexta Tablet	5	(PA)(QL)(M)
Verzenio Tablet	5	(PA)(QL)(M)
Xtandi Capsule	5	(PA)(QL)(M)
OPHTHALMIC STEROIDS		
Alrex Suspension	4	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
Fluoromethol Suspension	1	
Fml Forte Suspension	4	
Lotemax Gel	4	(QL)
Lotemax Sm Gel	4	(QL)
Loteprednol	2	(QL)
Neo/Poly/Dex	1	
Pred Mild Suspension	4	
Prednisolone	1	(QL)
Sulf/Pred Na Solution	1	
Tobra/Dexame Suspension	1	
Tobradex St Suspension	3	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Gatifloxacin Solution	2	(QL)
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Tobramycin Solution	1	
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Brimonidine 0.15%	1	(M)
Bromfenac Solution	2	
Combigan Solution	2	(QL)(M)
Diclofenac 3%	1	(QL)(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
Rhopressa Solution	4	(ST)(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	2	(M)
Verkazia Emu	5	(PA)(QL)(M)
OPHTHALMICS (EYE) PROSTGLANDINS		
Bimatoprost Solution	2	(QL)(M)
Latanoprost Solution	1	(QL)(M)
Lumigan Solution	3	(QL)(M)
Travoprost Dro	2	(ST)(QL)(M)
OPIOID ANTAGONISTS		
Kloxxado Spr	3	(QL)(M)
Naloxone Spr	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Naloxone Hcl Spr	1	(QL)(M)
Naltrexone Tablet	1	
Vivitrol Injectable	5	(QL)(M)
OPIOID PARTIAL AGONISTS		
Belbuca Mis	3	(QL)
Bupren/Nalox	2	(QL)
Buprenorphin	2	(QL)
Butorphanol Solution	2	(QL)
Sublocade Injectable	5	(QL)(M)
OSTEOPOROSIS*		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
Prolia Injectable	5	(M)
Risedronate Tablet	2	(ST)(QL)(M)
Tymlos Injectable	5	(PA)(M)
OTIC PREPARATIONS (EAR)		
Cipro/Dexa Suspension	2	
Neo/Poly/Hc	1	
OTIC STEROIDS		
Flac Oil	2	
PAIN MEDICATIONS - NARCOTICS		
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/Acetam Tablet	1	(QL)
Butal/Apap Tablet	1	(QL)
Butalb/Aceta Tablet	1	(QL)
Endocet Tablet	2	(QL)
Fentanyl Dis	3	(PA)(QL)
Hydroco/Apap	2	(QL)
Hydromorphon Tablet	2	(QL)
Meperidine Solution	2	(QL)
Methadone Tablet	2	(QL)
Morphine Sul	2	(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)

Drug Name	Drug Tier	Requirements & Limits
Tramadol	2	(QL)
Xtampza Er Capsule	3	(ST)(QL)
PAIN MEDICATIONS NSAIDS		
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)
PANCREATIC ENZYME		
Creon Capsule	3	(QL)(M)
Pancreaze Capsule	3	(QL)(M)
Pertzeye Capsule	3	(QL)(M)
Zenpep Capsule	3	(QL)(M)
PARKINSON'S		
Amantadine	1	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	2	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo Er Tablet	1	(QL)(M)
Neupro Dis	4	(QL)(M)
Pramipexole Tablet	1	(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	
Virt-Phos Tablet	1	
PHOSPHATE BINDING AGENTS		
Calc Acetate Capsule	1	(M)
Sevelamer Tablet	2	(M)
POSTERIOR PITUITARY HORMONES		
Desmopressin	2	(QL)
POTASSIUM		
Potassium Chloride	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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	
M-Vit Tablet	4	
Natalvit Tablet	4	
Neonatal Tablet	4	
Neonatal Pls Tablet	4	
Niva-Plus Tablet	4	
One Vite Tablet	4	
Pnv Folic Ac Tablet	4	
Pnv Prenatal Tablet	4	
Prenatal Tablet	1	
Prenatal Vit Tablet	4	
Prenatrix Tablet	4	
Prenatryl Tablet	4	
Preplus 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	
Wesnatal Dha Packet	4	
Westab Plus Tablet	4	
PROLACTIN INHIBITORS		
Cabergoline Tablet	2	(QL)(M)
PROSTATE		
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)
PULMONARY ARTERIAL HYPERTENSION		
Alyq Tablet	2	(PA)(QL)(M)
Ambrisentan Tablet	5	(PA)(QL)(M)
Opsumit Tablet	5	(PA)(QL)(M)
Sildenafil	5	(PA)(QL)(M)
PYRIMIDINE SYNTHESIS INHIBITORS		
Leflunomide Tablet	2	(M)

Drug Name	Drug Tier	Requirements & Limits
RECTAL COMBINATIONS		
Hc Pramoxine Cream	1	
RECTAL STEROIDS		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	1	(QL)
SALICYLATES		
Aspirin	1	(QL)(M)(AGE)
SCABICIDES & PEDICULICIDES		
Permethrin Cream	1	
SEIZURE DISORDER		
Aptiom Tablet	4	(ST)(QL)(M)
Briviact Tablet	4	(QL)(M)
Carbamazepin	2	(QL)(M)
Carbatrol Capsule	4	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
Dilantin Capsule	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epidiolex Solution	4	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide	2	(QL)(M)
Gabapentin	1	(QL)(M)
Keppra	4	(ST)(QL)(M)
Keppra Xr Tablet	4	(ST)(QL)(M)
Lacosamide	2	(QL)(M)
Lamictal	4	(ST)(QL)(M)
Lamictal Xr Tablet	4	(ST)(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	4	(ST)(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Subvenite Tablet	1	(QL)(M)
Tegretol Tablet	4	(ST)(QL)(M)
Tegretol-Xr Tablet	4	(ST)(QL)(M)
Topamax Spr Capsule	4	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Trileptal	4	(ST)(QL)(M)
Valproic Acd Capsule	1	(QL)(M)
Valtoco Spr	4	(QL)
Xcopri Tablet	4	(ST)(QL)
Zarontin	4	(ST)(QL)(M)
Zonegran Capsule	4	(ST)(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 Loz	1	(QL)(M)(AGE)
Gnp Nicotine	1	(QL)(M)(AGE)
Habitrol Dis	1	(QL)(M)(AGE)
Hm Nicotine	1	(QL)(M)(AGE)
KIs Quit2	1	(QL)(M)(AGE)
KIs 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)
SOMATOSTATIC AGENTS		
Octreotide Injectable	3	(QL)(M)
Sandostatin Injectable	5	(QL)(M)
Somatuline Injectable	5	(PA)(QL)(M)
STEROIDS		
Decadron Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Dexamethason	1	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
Solu-Cortef Injectable	4	
STIMULANTS - ADHD/WAKEFULNESS		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Jornay Pm Capsule	4	(ST)(QL)(M)
Metadate Tablet	1	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	2	(QL)
Qelbree Capsule	4	(ST)(QL)(M)
Quillichew Chw	3	(QL)
Quillivant Suspension	3	(QL)
Sunosi Tablet	4	(ST)(QL)
Vyvanse Capsule	3	(QL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
Benlysta Injectable	5	(PA)(QL)(M)
THROAT PRODUCTS - MISC.		
Cevimeline Capsule	2	
Pilocarpine Tablet	2	
THYROID		
Euthyrox Tablet	3	(QL)(M)
Levo-T Tablet	3	(QL)(M)
Levothyroxin	2	(QL)(M)
Levoxyl Tablet	3	(QL)(M)
Liothyronine Tablet	1	(M)
Nature Throid	4	(M)
Synthroid Tablet	4	(QL)(M)
Tirosint Capsule	4	(QL)(M)
Unithroid Tablet	3	(QL)(M)
UNCATEGORIZED		
Fasenra Pen Injectable	5	(PA)(QL)(M)
Kerendia Tablet	4	(PA)(QL)(M)
Reset-O Mis	3	(QL)(M)
Tyrvaya Solution	4	(ST)(QL)(M)
Uptravi Tablet	5	(PA)(QL)(M)
URINARY ANALGESICS		
Phenazopyridine	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
Gemtesa Tablet	4	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Myrbetriq Tablet	4	(ST)(QL)(M)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
Bethanechol Tablet	1	(M)
URINARY INCONTINENCE		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(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	2	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)
VACCINES		
Adacel Injectable	3	
Afluria Quad Injectable	3	(M)
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)
Fluaval Qua Injectable	3	(M)
Fluzone Hd Injectable	3	(M)
Fluzone Quad Injectable	3	(M)
Gardasil 9 Injectable	3	(AGE)
Hepilisav-B Injectable	3	(QL)
M-M-R li Injectable	3	
Moderna Injectable	3	(QL)
Moderna Biv Injectable	3	(QL)
Moderna Biva Injectable	3	(QL)
Moderna Vac Injectable	3	(QL)
Moderna Vacc Injectable	3	(QL)(AGE)
Pfizer Bival Injectable	3	(QL)
Pfizer Vacc Injectable	3	(QL)(AGE)
Pneumovax 23 Injectable	3	(AGE)
Prevnar 20 Injectable	3	(AGE)
Recombiva Hb Injectable	3	
Shingrix Injectable	3	(QL)(AGE)
Spikevax Injectable	3	(QL)
Twinrix Injectable	3	

Drug Name	Drug Tier	Requirements & Limits
Varivax Injectable	3	
VAGINAL ANTI-INFECTIVES		
Terconazole Cream	1	
VITAMINS/ELECTROLYTES		
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron 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)
Multi-Vit/Fl	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	2	
Sod Citrate Solution	1	
Vitamin D	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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