

# Prescription drug list.



This “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 (i.e., the complete “formulary”), 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**.

## The 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 exception form found on our website.

## LEGEND

### (PA) Preauthorization

Coverage of drugs is based on medical necessity. For certain drugs, you will need preauthorization from us; otherwise, you will be responsible to pay the drug's full retail price.

### (M) Maintenance drug

These drugs may allow you to get a 90-day supply, for your convenience.

### (ST) Step Therapy

Drugs that require step therapy are covered only after you have tried an alternative therapy and it didn't work (i.e., the drug didn't alleviate your symptoms or caused adverse reactions). Step therapy most often applies to brand-name drugs.

### (QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., opioids). Preauthorization is required if the medication exceeds the plan limits.

### (AGE) Age limit

A minimum or maximum age limit requirement must be met for coverage.

Select Health and SelectHealth Benefit Assurance Company, Inc. (doing business as “Scripius”) obey federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats by contacting:

Scripius: **800-442-3127** / Select Health: **800-538-5038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
Accutane Capsule	2	
Adapalene Gel	2	(ST)
<b>Aklief Cream</b>	4	(ST)
<b>Altreno Lot</b>	4	(QL)(AGE)
Amnesteem Capsule	2	
Avar Cleanse Liq	1	
Azelaic Acid Gel	2	
Claravis Capsule	2	
Clindam/Benz Gel	3	(ST)
Clindamy/Ben Gel	3	(ST)
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Metronidazol	2	(QL)
Neuac Gel	2	
<b>Rhofade Cream</b>	4	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Tretinoin Cream	2	(AGE)
Zenatane Capsule	2	
<b>ALS AGENTS</b>		
<b>Radicava Ors Suspension</b>	5	(PA)(QL)(M)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b>Auvi-Q Injectable</b>	3	(QL)
Epinephrine	2	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	2	
<b>Antabuse Tablet</b>	4	
Disulfiram Tablet	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
Sod Oxybate Solution	5	(PA)(QL)(M)
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	1	(M)
<b>ANTIBIOTICS</b>		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	
Cefuroxime Tablet	1	
Cephalexin	1	

Drug Name	Drug Tier	Requirements & Limits
Ciprofloxacn	1	
Clarithromyc Tablet	1	
<b>Cleocin Cream</b>	3	
<b>Cleocin Ped Solution</b>	4	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	(QL)
Doxycycline Mono Capsule 100Mg	1	
Fosfomycin Powder	2	
<b>Hiprex Tablet</b>	4	
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicilln Vk Tablet	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Trimethoprim Tablet	1	
<b>Vancocin Capsule</b>	4	(QL)
Vancomycin Capsule	2	(QL)
<b>Zithromax Tablet</b>	4	(QL)
<b>Zyvox Tablet</b>	5	(ST)(QL)(M)
<b>ANTIDEPRESSANT COMBINATIONS</b>		
<b>Auvelity Tablet</b>	5	(PA)(QL)(M)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclodan Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Itraconazole Capsule	2	(QL)
Ketoconazole	1	
Klayesta Powder	1	(QL)
<b>Noxafil Tablet</b>	5	(PA)(M)
Nyamyc Powder	1	(QL)
Nystat/Triam	1	

Drug Name	Drug Tier	Requirements & Limits
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Posaconazole Tablet	2	(PA)(M)
<b>Sporanox Capsule</b>	4	(QL)
Terbinafine Tablet	1	(QL)
<b>ANTIHELMINTICS</b>		
Ivermectin Tablet	2	
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	2	
Hydroxychlor	1	(M)
<b>Malarone Tablet</b>	4	(PA)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	3	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	1	
Isoniazid Tablet	1	
<b>Myambutol Tablet</b>	4	
<b>Rifadin Capsule</b>	4	
Rifampin Capsule	1	
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	3	
<b>Mepron Suspension</b>	4	
<b>ANTISEBORRHEIC PRODUCTS</b>		
Sodium Sulfa Liq	2	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(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>Juluca Tablet</b>	5	(QL)(M)
<b>Norvir Tablet</b>	5	(QL)(M)
<b>Odefsey Tablet</b>	5	(QL)(M)
<b>Paxlovid Tablet</b>	5	(QL)(M)
<b>Prezista Tablet</b>	5	(QL)(M)
Ritonavir Tablet	2	(QL)(M)
<b>Symfi Tablet</b>	5	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Symfi Lo Tablet</b>	5	(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)
<b>Valcyte Tablet</b>	5	(QL)(M)
Valganciclov Tablet	5	(QL)(M)
<b>Valtrex Tablet</b>	4	(QL)
<b>Viread Tablet</b>	5	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	2	(QL)
<b>Belsomra Tablet</b>	4	(ST)(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	2	
Diazepam Tablet	2	
Eszopiclone Tablet	2	(QL)
Hydroxyzine	1	
Lorazepam Tablet	2	
Ramelteon Tablet	2	(QL)(M)
Temazepam Capsule	2	(QL)
Triazolam Tablet	2	(QL)
<b>Xanax Xr Tablet</b>	4	(QL)
Zaleplon Capsule	2	(QL)
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
<b>ASTHMA AND COPD*</b>		
<b>Accolate Tablet</b>	4	(QL)(M)
Albuterol	1	(QL)(M)
<b>Alvesco Inhalation</b>	4	(PA)(QL)(M)
<b>Anoro Ellipt Inhalation</b>	3	(QL)(M)
Arformoterol Neb	3	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	3	(QL)(M)
<b>Asmanex</b>	3	(QL)(M)
<b>Atrovent Hfa Inhalation</b>	4	(M)
<b>Bevespi Inhalation</b>	4	(ST)(QL)(M)
<b>Breztri Inhalationo Inhalation</b>	3	(QL)(M)(AGE)
Budesonide	2	(QL)(M)
<b>Combivent Inhalation</b>	3	(QL)(M)
<b>Dulera Inhalation</b>	4	(PA)(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)
<b>Incruse Elpt Inhalation</b>	4	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Ipratropium	1	(M)
Kourzeq Pst	1	
Levalbuterol	2	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	1	
<b>Proventil Inhalation</b>	4	(ST)(QL)(M)
<b>Pulmicort Suspension</b>	4	(PA)(QL)(M)
<b>Qvar Rediha Inhalation</b>	4	(PA)(QL)(M)
<b>Qvar Redihal Inhalation</b>	4	(PA)(QL)(M)
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>Striverdi Inhalation</b>	3	(QL)(M)
<b>Symbicort Inhalation</b>	2	(QL)(M)
<b>Trelegy Inhalation</b>	3	(QL)(M)(AGE)
Triamcinolon	1	
<b>Ventolin Hfa Inhalation</b>	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
Zafirlukast Tablet	1	(QL)(M)
<b>BLOOD THINNERS</b>		
<b>Brilinta Tablet</b>	3	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	2	(QL)(M)
<b>Eliquis Tablet</b>	3	(QL)(M)
<b>Eliquis St P Tablet</b>	3	(QL)
Enoxaparin Injectable	2	
<b>Plavix Tablet</b>	4	(QL)(M)
<b>Pradaxa Capsule</b>	4	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	3	(QL)(AGE)(M)
<b>BURN PRODUCTS</b>		
<b>Silvadene Cream</b>	4	
Silver Sulfa Cream	1	
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	2	(M)
Methazolamid Tablet	2	(M)
<b>CARDIOVASCULAR*</b>		
Amilor/Hctz Tablet	1	(M)
Amiloride Tablet	1	(M)
Amiodarone Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Amlod/Benazp Capsule	1	(M)
Amlod/Olmesa Tablet	1	(ST)(QL)(M)
Amlod/Valsar Tablet	1	(QL)(M)
Amlodipine Tablet	1	(M)
<b>Atacand Hct Tablet</b>	4	(ST)(QL)(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
<b>Avalide Tablet</b>	4	(ST)(QL)(M)
<b>Azor Tablet</b>	4	(ST)(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)
Candesca/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)
<b>Dyazide Capsule</b>	4	(M)
Enalapril	2	(QL)(AGE)(M)
<b>Entresto</b>	3	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
<b>Hemangeol Solution</b>	4	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
<b>Insupra Tablet</b>	4	(ST)(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)

Drug Name	Drug Tier	Requirements & Limits
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)
<b>Micardis Hct Tablet</b>	4	(ST)(QL)(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)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(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)
Spirono/Hctz Tablet	1	(M)
Spirolact 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)
<b>Tenormin Tablet</b>	4	(ST)(QL)(M)
Terazosin Capsule	1	(QL)(M)
<b>Thalitone Tablet</b>	3	(M)
Tiadyt Capsule	1	(M)
Torse mide Tablet	1	(M)
Triamt/Hctz	1	(M)
Triamterene Capsule	2	(M)
<b>Tribenzor</b>	4	(ST)(QL)(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	2	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Verelan Capsule</b>	4	(M)
<b>Verelan Pm Capsule</b>	4	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	2	(QL)(M)
Colesevelam Tablet	2	(QL)(M)
Colestipol Tablet	2	(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	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	2	(QL)(M)
<b>Questran Powder</b>	4	(QL)(M)
<b>Repatha Injectable</b>	3	(PA)(QL)(M)
<b>Repatha Push Injectable</b>	3	(PA)(QL)(M)
<b>Repatha Sure Injectable</b>	3	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	3	(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
<b>Nuvaring</b>	4	(QL)(M)
<b>Phexxi Gel</b>	4	(QL)(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	1	(ST)(QL)
Brom/Pse/Dm Syrup	2	(QL)
Bromfed Dm Solution	2	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaifenesin Syrup	1	
<b>Hycodan Syrup</b>	3	
Hydrocod/Hom	1	
Hydromet Syrup	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Promethazine	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	1	
Cyclopentol Solution	1	
<b>CYSTIC FIBROSIS AGENTS</b>		
Kitabis Packet Neb	5	(PA)(QL)(M)
Pulmozyme Solution	5	(QL)(M)
Tobi Podhalr Capsule	5	(PA)(QL)(M)
Trikafta	5	(PA)(QL)(AGE)(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	1	
Fluoride	1	(QL)(AGE)(M)
Paroex Solution	1	
Peridex Solution	4	
Periogard Solution	1	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	2	(QL)
Calcipotrien Cream	2	
Diclofenac 1%	2	(PA)(M)
Finacea Gel	4	(QL)
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
Tazorac	4	(ST)(AGE)
Tolak Cream	4	(QL)
Xepi Cream	4	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	1	
Alclometason Cream	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val Cream	1	
Clobetasol	1	
Derma-Smooth Oil	4	
Desonide	2	
Fluocin Acet	2	
Fluocinonide	2	(ST)(QL)
Hydrocort	1	(M)
Mometasone	1	(QL)(M)
Triderm Cream	1	
<b>DIABETES - INSULIN*</b>		
Fiasp Injectable	3	(M)
Fiasp Flex Injectable	3	(M)
Fiasp Penfil Injectable	3	(M)
Fiasp Pmpcrt 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)
<b>DIABETES - NON-INSULIN*</b>		
Acarbose Tablet	1	(M)
Actos Tablet	4	(QL)(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)
Gvoke Hypo 1 Injectable	3	
Gvoke Hypo 2 Injectable	3	
Gvoke Kit Solution	3	
Gvoke Pfs Injectable	3	
Metformin Tablet	1	(M)
Mounjaro Injectable	3	(PA)(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Repaglinide Tablet	1	(M)
Saxagliptin Tablet	1	(QL)(M)
Segluromet Tablet	4	(ST)(QL)(M)
Soliqua Injectable	3	(ST)(QL)(M)
Steglatro Tablet	4	(ST)(QL)(M)
Trulicity Injectable	3	(PA)(QL)(M)
Xigduo Xr Tablet	3	(QL)(M)
<b>DIABETES - TESTING AND SUPPLIES</b>		
1/2MI Tb Syr Mis	4	(M)
10MI LI Syrg Mis	4	(M)
10MI Syringe Mis	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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)
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)
Bd 20MI Syrg Mis	4	(M)
Bd 50MI Syrg Mis	4	(M)
Bd 5MI Syrg Mis	4	(M)
Bd Blnt Fill 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 Safety 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)

Drug Name	Drug Tier	Requirements & Limits
Easypoint Mis	4	(M)
Eclipse Ndle Mis	4	(M)
Enlite Gluco Mis	4	(PA)(QL)(M)
Fill Needle Mis	4	(M)
Free Libre3 Kit	3	(ST)(QL)(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
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 Dx	3	(PA)(QL)(M)
Omnipod 5 Lb	3	(PA)(QL)(M)
Omnipod Dash	3	(PA)(QL)(M)
Onetouch Tes	4	(PA)(QL)(M)
Paradigm Rea Mis	4	(PA)(QL)(M)(AGE)
Pen Needles	3	(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)
Prec Neo Sys Kit	3	(QL)
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)

Drug Name	Drug Tier	Requirements & Limits
Toomey Syrin Mis	1	(M)
<b>Vent Needle Mis</b>	4	(M)
<b>ECZEMA AGENTS - TOPICAL</b>		
<b>Eucrisa Oin</b>	3	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	1	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
<b>Amitiza Capsule</b>	4	(ST)(QL)(M)(AGE)
Diphen/Atrop Tablet	1	
<b>Linzees Capsule</b>	3	(QL)(M)
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	(M)
<b>Motegrity Tablet</b>	4	(ST)(QL)
<b>Movantik Tablet</b>	3	(QL)
<b>Relistor</b>	5	(PA)(QL)(M)
<b>Symproic Tablet</b>	3	(QL)
<b>Trulance Tablet</b>	4	(ST)(QL)(M)
<b>Xifaxan Tablet</b>	4	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
<b>Akynzeo Capsule</b>	3	(QL)
<b>Emend Suspension</b>	4	(QL)
Ondansetron	1	(PA)(QL)
Promethegan Sup	2	
Scopolamine Dis	2	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Famotidine Suspension	2	(M)(AGE)
Misoprostol Tablet	1	(M)
Sucralfate	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Lansoprazole Suspension	2	(M)(AGE)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod	3	(M)
<b>GNRH/LHRH ANTAGONISTS</b>		
<b>Orilissa Tablet</b>	4	(PA)(QL)(M)
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
<b>Colcrys Tablet</b>	4	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	1	(M)
<b>GROWTH HORMONES</b>		
<b>Genotropin Injectable</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Humatrope Injectable</b>	5	(PA)(QL)(M)
<b>Zomacton Injectable</b>	5	(PA)(QL)(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	2	(QL)(M)
<b>Harvoni Packet</b>	5	(PA)(QL)(M)
<b>Ledip-Sofosb Tablet</b>	5	(PA)(QL)(M)
<b>Mavyret</b>	5	(PA)(QL)(M)
<b>Sofos/Velpat Tablet</b>	5	(PA)(QL)(M)
<b>Vosevi Tablet</b>	5	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
<b>Osphena Tablet</b>	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
<b>Activella Tablet</b>	4	(QL)(M)
<b>Alora Dis</b>	4	(QL)(M)
Amabelz Tablet	1	(QL)(M)
<b>Climara Dis</b>	4	(QL)(M)
<b>Combipatch Dis</b>	3	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectable</b>	4	
<b>Divigel Gel</b>	4	(QL)(M)
Dotti Dis	1	(QL)(M)
<b>Duavee Tablet</b>	3	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
<b>Elestrin Gel</b>	4	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
<b>Estrace Tablet</b>	4	(QL)(M)
<b>Estrace Vag Cream</b>	4	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	2	(QL)(M)
Estratest Fs Tablet	1	(QL)(M)
Estratest Hs Tablet	1	(QL)(M)
<b>Estring Mis</b>	4	(ST)(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
<b>Estrogeal Gel</b>	4	(QL)(M)
<b>Femring Mis</b>	4	(ST)(QL)(M)
Fyavolv Tablet	1	(M)
Gallifrey Tablet	1	(M)
<b>Imvexxy Main Sup</b>	4	(ST)(QL)(M)
<b>Imvexxy Strt Sup</b>	4	(ST)(QL)(M)



Drug Name	Drug Tier	Requirements & Limits
Jinteli Tablet	1	(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	1	(QL)(M)
<b>Menostar Dis</b>	4	(QL)(M)
Mimvey Tablet	1	(QL)(M)
<b>Minivelle Dis</b>	4	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
<b>Premarin Tablet</b>	3	(QL)(M)
<b>Premarin Vag Cream</b>	4	(ST)(QL)(M)
<b>Premphase Tablet</b>	4	(QL)(M)
<b>Prempro Tablet</b>	4	(QL)(M)
Progesterone	1	(QL)(M)
<b>Prometrium Capsule</b>	4	(QL)(M)
<b>Vagifem Tablet</b>	4	(ST)(QL)(M)
<b>Vivelle-Dot Dis</b>	4	(QL)(M)
Yuvafem Tablet	2	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	1	(QL)(M)
<b>Natesto Gel</b>	4	(PA)(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone Gel	2	(QL)(M)
<b>IMMUNE SERUMS</b>		
<b>Bivigam Injectable</b>	5	(PA)(QL)(M)
<b>Flebogamma Injectable</b>	5	(PA)(QL)(M)
<b>Gammplex Injectable</b>	5	(PA)(QL)(M)
<b>Octagam Injectable</b>	5	(PA)(QL)(M)
<b>Privigen Injectable</b>	5	(PA)(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Adbry Injectable</b>	5	(PA)(QL)(M)
<b>Amjevita Injectable</b>	5	(PA)(QL)(M)
<b>Cibinqo Tablet</b>	5	(PA)(QL)(M)
<b>Cimzia</b>	5	(PA)(QL)(M)
<b>Cosentyx</b>	5	(PA)(QL)(M)
<b>Enbrel</b>	5	(PA)(QL)(M)
<b>Hadlima Injectable</b>	5	(PA)(QL)(M)
<b>Hadlima Push Injectable</b>	5	(PA)(QL)(M)
<b>Kineret Injectable</b>	5	(PA)(QL)(M)
<b>Olumiant Tablet</b>	5	(PA)(QL)(M)
<b>Orencia Injectable</b>	5	(PA)(QL)(M)
<b>Orencia Clk Injectable</b>	5	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	5	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Skyrizi Pen Injectable</b>	5	(PA)(QL)(M)
<b>Stelara Injectable</b>	5	(PA)(QL)(M)
<b>Taltz Injectable</b>	5	(PA)(M)
<b>Tyenne Injectable</b>	5	(PA)(QL)(M)
<b>Vtama Cream</b>	4	(ST)(QL)
<b>Xeljanz Tablet</b>	5	(PA)(QL)(M)
<b>Xeljanz Xr Tablet</b>	5	(PA)(QL)(M)
<b>Xolair</b>	5	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azathioprine Tablet	1	(M)
<b>Cellcept</b>	4	(M)
Cyclosporine	2	(M)
<b>Envarsus Xr Tablet</b>	4	(ST)(M)
Everolimus Tablet	5	(QL)(M)
Gengraf Capsule	2	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	2	(QL)(M)
<b>Myfortic Tablet</b>	5	(QL)(M)
<b>Neoral Capsule</b>	3	(M)
<b>Prograf Capsule</b>	4	(M)
<b>Rapamune Tablet</b>	4	(M)
<b>Sandimmune Capsule</b>	3	(M)
Sirolimus Tablet	3	(M)
Tacrolimus	1	(QL)(M)
<b>Zortress Tablet</b>	5	(QL)(M)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Pimecrolimus Cream	3	(ST)(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	2	(M)
Mesalamine	2	(QL)(M)
<b>Pentasa Capsule</b>	3	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	2	(QL)
<b>Tamiflu</b>	4	(QL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>Elmiron Capsule</b>	4	(ST)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Gavilyte	1	
<b>Moviprep Solution</b>	4	(ST)
Peg 3350	1	
Peg/Nasul/C/ Solution	1	(ST)
<b>Plenvu Solution</b>	4	(ST)
Sodium/Potas Solution	1	
<b>Suprep Bowel Solution</b>	3	
<b>LAXATIVES</b>		
Constulose Solution	1	
<b>LEPROSTATICS</b>		
Dapsone Tablet	2	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lido/Prilocn Cream	1	
Lidocaine	2	
<b>MENTAL HEALTH</b>		
<b>Abilify Asim Injectable</b>	5	(QL)(M)
<b>Abilify Main Injectable</b>	5	(M)
Amitriptylin Tablet	1	(M)
<b>Anafranil Capsule</b>	4	(QL)(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)
<b>Clozaril Tablet</b>	4	(ST)(QL)(M)
Desvenlafax Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl	1	(M)
Duloxetine	1	(QL)(M)
<b>Effexor Xr Capsule</b>	4	(ST)(QL)(M)
<b>Erzofri Injectable</b>	5	(M)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
Galantamine Capsule	1	(M)
<b>Geodon Capsule</b>	4	(ST)(QL)(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
<b>Invega Hafye Injectable</b>	5	(QL)(M)
<b>Invega Sust Injectable</b>	5	(M)
<b>Invega Trinz Injectable</b>	5	(M)
<b>Lexapro Tablet</b>	4	(ST)(QL)(M)
Lithium Carb	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Loxapine Capsule	1	(M)
Lurasidone Tablet	2	(QL)(M)
Memant Titra Packet	1	(QL)(M)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(QL)(M)
Mirtazapine	1	(M)
<b>Namenda Tablet</b>	4	(QL)(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(M)
Paliperidone Tablet	2	(ST)(QL)(M)
Paroxetine Er Tablet	2	(QL)(M)
Paroxetine Tablet	1	(QL)(M)
<b>Paxil Tablet</b>	4	(ST)(QL)(M)
<b>Paxil Cr Tablet</b>	4	(ST)(QL)(M)
<b>Pristiq Tablet</b>	4	(ST)(QL)(M)
<b>Prozac Capsule</b>	4	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
<b>Rexulti Tablet</b>	5	(PA)(QL)(M)
<b>Risperdal</b>	4	(ST)(QL)(M)
Risperidone Tablet	1	(QL)(M)
Rivastigmine	2	(M)
Sertraline	1	(QL)(M)
<b>Spravato Solution</b>	5	(PA)(M)
Trazodone Tablet	1	(QL)(M)
<b>Trintellix Tablet</b>	4	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
<b>Viibryd Tablet</b>	4	(PA)(QL)(M)
Vilazodone Tablet	2	(QL)(M)
<b>Vraylar Capsule</b>	5	(PA)(QL)(M)
<b>Wellbutrin Tablet</b>	4	(ST)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>Zoloft</b>	4	(ST)(QL)(M)
<b>Zyprexa Tablet</b>	4	(ST)(QL)(M)
<b>Zyprexa Zydi Tablet</b>	4	(ST)(QL)(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(QL)(M)
Javygtor	5	(PA)(QL)(M)
Levocarnitin	2	
<b>Nityr Tablet</b>	5	(PA)(QL)(M)
<b>Olpruva Packet</b>	5	(PA)(QL)(M)
<b>Pheburane Mis</b>	5	(PA)(QL)(M)
Sapropterin Powder	5	(PA)(QL)(M)
<b>Strensiq Injectable</b>	5	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Aprepitant Capsule	2	(QL)
Eletriptan Tablet	2	(QL)
<b>Emgality Injectable</b>	4	(PA)(QL)(M)
<b>Frova Tablet</b>	4	(ST)(QL)
Frovatriptan Tablet	2	(ST)(QL)
<b>Imitrex</b>	4	(ST)(QL)(M)
<b>Maxalt Tablet</b>	4	(ST)(QL)(M)
<b>Maxalt-Mlt Tablet</b>	4	(ST)(QL)(M)
Naratriptan Tablet	1	(QL)(M)
<b>Nurtec Tablet</b>	3	(PA)(QL)
<b>Relpax Tablet</b>	4	(ST)(QL)
<b>Reyvow Tablet</b>	4	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	2	(ST)(QL)(M)
<b>Ubrelvy Tablet</b>	3	(PA)(QL)
Zolmitriptan Tablet	2	(QL)
Zomig Tablet	2	(ST)(QL)
<b>MINERALOCORTICOIDS</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>Qbrexza Pad</b>	4	(PA)(QL)
<b>MOVEMENT DISORDER</b>		
<b>Austedo Tablet</b>	5	(PA)(QL)(M)
<b>Ingrezza Capsule</b>	5	(PA)(QL)(M)
Tetrabenazin Tablet	5	(PA)(QL)(M)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>Avonex</b>	5	(PA)(QL)(M)
Dalfampridin Tablet	2	(QL)(M)
Dimethyl Fum Capsule	2	(QL)(M)
<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)

Drug Name	Drug Tier	Requirements & Limits
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	2	
Cyclobenzaprine	2	
Metaxalone Tablet	2	(ST)
Methocarbam Tablet	2	
Orphenadrine Tablet	2	
Tizanidine	2	(ST)(QL)
<b>Zanaflex</b>	4	(ST)(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)(M)
<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)
<b>Calquence Tablet</b>	5	(PA)(QL)(M)
Capecitabine Tablet	2	
Dasatinib Tablet	5	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
<b>Hydrea Capsule</b>	3	
Hydroxyurea Capsule	1	
<b>Ibrance Tablet</b>	5	(PA)(QL)(M)
Imatinib	2	(QL)
<b>Imbruvica</b>	5	(PA)(QL)(M)
<b>Jakafi Tablet</b>	5	(PA)(QL)(M)
<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 Tablet	1	
Mercaptopur Tablet	2	(M)
Methotrexate	1	(M)
<b>Rasuvo Injectable</b>	3	(ST)(QL)
<b>Revlimid Capsule</b>	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Temozolomide Capsule	4	(QL)
<b>Venclexta Tablet</b>	5	(PA)(QL)(M)
<b>Verzenio Tablet</b>	5	(PA)(QL)(M)
<b>Xeloda Tablet</b>	5	(QL)
<b>Xtandi</b>	5	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
<b>Alex Suspension</b>	4	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Dexameth Pho Solution	1	
Difluprednat Emu	2	(QL)
<b>Durezol Emu</b>	4	(QL)
Fluoromethol Suspension	1	
<b>Fml Forte Suspension</b>	4	
<b>Lotemax</b>	4	(QL)
<b>Lotemax Sm Gel</b>	4	(QL)
Loteprednol Suspension	2	(ST)(QL)
<b>Maxitrol Oin</b>	4	
Neo/Poly/Dex	1	
<b>Pred Mild Suspension</b>	4	
Prednisolone	1	(QL)
Tobra/Dexame Suspension	1	
<b>Tobradex St Suspension</b>	4	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
<b>Besivance Suspension</b>	4	(QL)
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
Tobramycin Solution	1	
<b>Vigamox Dro</b>	4	(QL)
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
<b>Acuvail Solution</b>	4	(QL)
<b>Azopt Suspension</b>	4	(QL)(M)
Brimonidine 0.15%	1	(M)
Brinzolamide Suspension	2	(QL)(M)
Bromfenac	2	(ST)(QL)
<b>Cequa Solution</b>	4	(ST)(QL)(M)
Combigan Solution	2	(QL)(M)
<b>Cosopt Solution</b>	4	(QL)(M)
<b>Cosopt Pf Solution</b>	4	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
<b>Klarity-C Emu</b>	5	(PA)(QL)(M)
<b>Prolensa Solution</b>	4	(ST)(QL)
<b>Rhopressa Solution</b>	4	(ST)(QL)(M)
<b>Simbrinza Suspension</b>	4	(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	3	(M)
<b>Timoptic Ocu Solution</b>	4	(ST)(M)
<b>Verkazia Emu</b>	5	(PA)(QL)(M)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	2	(QL)(M)
Latanoprost Solution	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Lumigan Solution</b>	3	(QL)(M)
<b>Travatan Z Dro</b>	4	(ST)(QL)(M)
Travoprost Dro	2	(ST)(QL)(M)
<b>Xalatan Solution</b>	4	(QL)(M)
<b>Zioptan Dro</b>	4	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naloxone Injectable	1	(QL)
Naltrexone Tablet	1	
<b>Vivitrol Injectable</b>	5	(QL)(M)
<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)
Butorphanol Solution	2	(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	2	
Neo/Poly/Hc	1	
<b>OTIC STEROIDS</b>		
<b>Dermotic Oil</b>	4	
Flac Oil	2	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	2	(QL)
Ascomp/Cod Capsule	2	(QL)
Bac Tablet	1	(QL)
But/Apap/Caf	2	(QL)
But/Asa/Caf/ Capsule	2	(QL)
But/Asa/Caff Capsule	1	(QL)
Endocet Tablet	2	(QL)
<b>Esgic Tablet</b>	4	(QL)
Fentanyl Dis	4	(PA)(QL)
<b>Fioricet Capsule</b>	4	(QL)
<b>Fiorinal/Cod Capsule</b>	4	(QL)
Hydro/Aceta Solution	2	
Hydroco/Apap	2	(QL)
Hydromorphon Tablet	2	(ST)(QL)
Lorcet Tablet	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Lorcet Hd 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	2	(ST)(QL)
Tramadl/Apap Tablet	2	(QL)
Tramadol	1	(QL)
<b>Xtampza Er Capsule</b>	3	(ST)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	1	(QL)(M)
Diclofen Pot Tablet	1	(M)
Etodolac Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	1	(M)
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	3	(QL)(M)
<b>Pancreaze Capsule</b>	3	(QL)(M)
<b>Pertzye Capsule</b>	3	(QL)(M)
<b>Zenpep Capsule</b>	3	(QL)(M)
<b>PARKINSON'S</b>		
Amantadine	2	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	2	(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)
Ropinirole Tablet	1	(QL)(M)
<b>Rytary Capsule</b>	4	(ST)(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>		
<b>K-Phos Tablet</b>	4	

Drug Name	Drug Tier	Requirements & Limits
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Wes-Phos 250 Tablet	1	
<b>PHOSPHATE BINDING AGENTS</b>		
Lanthanum Chw	5	(PA)(QL)
Sevelam Carb Tablet	2	(M)
Sevelam Hcl Tablet	5	(ST)(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>Ddavp</b>	4	(QL)(M)
Desmopressin	2	(QL)(M)
<b>POTASSIUM</b>		
Potassium Chloride	1	(M)
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>	3	(PA)(QL)(M)
<b>PRENATAL VITAMINS</b>		
<b>Co-Natal Fa Tablet</b>	4	
Complete Nat Packet	1	
<b>M-Natal Plus Tablet</b>	4	
<b>Natalvit Tablet</b>	4	
<b>Neonatal Tablet</b>	4	
<b>Neonatal Pls Tablet</b>	4	
<b>Niva-Plus Tablet</b>	4	
<b>O-Cal Tablet</b>	4	
<b>One Vite Tablet</b>	4	
Pr Natal 400 Packet	1	
<b>Pr Natal 430 Packet</b>	4	
Prenatal Tablet	1	
<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>Vol-Plus Tablet</b>	4	
<b>Wesnata Dha Packet</b>	4	
<b>Westab Plus Tablet</b>	4	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	2	(QL)(M)
<b>PROSTATE</b>		
Alfuzosin Tablet	1	(QL)(M)
Dutast/Tamsu Capsule	2	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Silodosin Capsule	2	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tadalafil Tablet	2	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
<b>Uroxatral Tablet</b>	4	(QL)(M)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Adempas Tablet</b>	5	(PA)(QL)(M)
Alyq Tablet	2	(PA)(QL)(M)
<b>Ambrisentan Tablet</b>	5	(PA)(QL)(M)
<b>Opsumit Tablet</b>	5	(PA)(QL)(M)
<b>Orenitram Tablet</b>	5	(PA)(QL)(M)
Sildenafil	5	(PA)(QL)(M)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	2	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	1	
<b>Procort Cream</b>	4	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Proctocort Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	1	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Permethrin Cream	1	
<b>SEIZURE DISORDER</b>		
<b>Aptiom Tablet</b>	4	(ST)(QL)(M)
<b>Briviact</b>	4	(QL)(M)
Carbamazepin	2	(QL)(M)
<b>Carbatrol Capsule</b>	4	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Dilantin Capsule</b>	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
<b>Epidiolex Solution</b>	5	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide	2	(QL)(M)
Gabapentin	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Keppra</b>	4	(ST)(QL)(M)
<b>Keppra Xr Tablet</b>	4	(ST)(QL)(M)
<b>Klonopin Tablet</b>	4	(ST)(QL)(M)
<b>Lamictal</b>	4	(ST)(QL)(M)
<b>Lamictal Xr Tablet</b>	4	(ST)(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
<b>Mysoline Tablet</b>	4	(ST)(QL)(M)
<b>Nayzilam Spr</b>	4	(QL)
<b>Onfi</b>	4	(PA)(QL)(M)
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)
Roweepra Xr Tablet	1	(QL)(M)
<b>Tegretol Tablet</b>	4	(ST)(QL)(M)
<b>Tegretol-Xr Tablet</b>	4	(ST)(QL)(M)
<b>Topamax Tablet</b>	4	(ST)(QL)(M)
<b>Topamax Spr Capsule</b>	4	(ST)(QL)(M)
Topiramate	1	(QL)(M)
<b>Trileptal</b>	4	(ST)(QL)(M)
Valproic Acd	1	(QL)(M)
<b>Valtoco Spr</b>	4	(QL)
<b>Vimpat Solution</b>	4	(ST)(QL)(M)
<b>Vimpat Tablets</b>	4	(ST)(QL)(M)
<b>Xcopri</b>	4	(QL)(M)
<b>Zarontin</b>	4	(ST)(QL)(M)
<b>Zonegran Capsule</b>	4	(ST)(QL)(M)
Zonisamide Capsule	1	(QL)(M)
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable	3	(PA)
<b>Novarel Injectable</b>	4	(PA)
<b>Pregnyl Injectable</b>	4	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicil Tablet</b>	3	(QL)(M)(AGE)
<b>Commit Loz</b>	3	(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)

Drug Name	Drug Tier	Requirements & Limits
Hm Nicotine	1	(QL)(M)(AGE)
Kls Quit2	1	(QL)(M)(AGE)
Kls Quit4	1	(QL)(M)(AGE)
<b>Nicoderm Cq Dis</b>	3	(QL)(M)(AGE)
<b>Nicorette</b>	3	(QL)(M)(AGE)
<b>Nicorette St Gum</b>	3	(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)
Tgt Nicotine	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	2	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
<b>Somatuline Injectable</b>	5	(PA)(QL)(M)
<b>STEROIDS</b>		
Dexamethason	1	
<b>Medrol Tablet</b>	4	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone	1	(M)
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
<b>Dyanavel Xr</b>	3	(ST)(QL)(M)
<b>Jornay Pm Capsule</b>	4	(ST)(QL)(M)
Lisdexamfeta Capsule	2	(QL)
<b>Methylin Solution</b>	4	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	2	(QL)
<b>Qelbree Capsule</b>	4	(ST)(QL)(M)
<b>Quillichew Chw</b>	3	(QL)
<b>Quillivant Suspension</b>	3	(QL)
<b>Sunosi Tablet</b>	4	(ST)(QL)
<b>Vyvanse Capsule</b>	3	(QL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
<b>Benlysta Injectable</b>	5	(PA)(QL)(M)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	2	
Pilocarpine Tablet	2	

Drug Name	Drug Tier	Requirements & Limits
<b>THYROID</b>		
<b>Cytomel Tablet</b>	3	(M)
Euthyrox Tablet	1	(M)
Levo-T Tablet	1	(M)
Levothyroxin	4	(ST)(QL)(M)
Levoxyl Tablet	1	(M)
Liothyronine Tablet	1	(M)
<b>Nature Throid</b>	4	(M)
<b>Synthroid Tablet</b>	4	(M)
Unithroid Tablet	1	(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Pen Injectable</b>	5	(PA)(QL)(M)
Ivabradine Tablet	3	(ST)(QL)(M)
<b>Kerendia Tablet</b>	4	(PA)(QL)(M)
<b>Nexletol Tablet</b>	3	(PA)(QL)(M)
<b>Ofev Capsule</b>	5	(PA)(QL)(M)
Prucalopride Tablet	2	(ST)(QL)
<b>Tezspire</b>	5	(PA)(QL)(M)
<b>Tyrvaya Solution</b>	4	(ST)(QL)(M)
<b>Upravi Tablet</b>	5	(PA)(QL)(M)
<b>Vyndamax Capsule</b>	5	(PA)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	2	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<b>Gemtesa Tablet</b>	4	(ST)(QL)(M)
Mirabegron Tablet	4	(ST)(QL)(M)
<b>Myrbetriq</b>	4	(ST)(QL)(AGE)(M)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
Bethanechol Tablet	1	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(QL)(M)
<b>Glycate Tablet</b>	4	(M)
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
<b>Robinul Tablet</b>	4	(M)
<b>Robinul Fort Tablet</b>	4	(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	2	(QL)(M)
Trospium Chl Capsule	2	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	3	(QL)
<b>Adacel Injectable</b>	3	
<b>Afluria Injectable</b>	3	(M)
<b>Arexvy Injectable</b>	3	(QL)(AGE)
<b>Boostrix Injectable</b>	3	
<b>Capvaxive Injectable</b>	3	(AGE)
<b>Comirnaty Injectable</b>	3	(QL)
<b>Engerix-B Injectable</b>	3	
<b>Fluad Injectable</b>	3	(M)
<b>Fluarix Injectable</b>	3	(M)
<b>Flublok Injectable</b>	3	
<b>Flucelvax Injectable</b>	3	(M)
<b>Flulaval Injectable</b>	3	(M)
<b>Flumist Nasa Liq</b>	3	(M)
<b>Fluzone Injectable</b>	3	(M)
<b>Fluzone Hd Injectable</b>	3	(M)
<b>Gardasil 9 Injectable</b>	3	(AGE)
<b>Havrix Injectable</b>	3	
<b>Hepilisav-B Injectable</b>	3	(QL)
<b>Ipol Injectable</b>	3	(AGE)
<b>M-M-R li Injectable</b>	3	
<b>Menquadfi Injectable</b>	3	
<b>Moderna Injectable</b>	3	(QL)(AGE)
<b>Novavax Injectable</b>	3	(QL)
<b>Pfizer 5-11Y Injectable</b>	3	(QL)
<b>Pfizer 6M-4Y Injectable</b>	3	(QL)
<b>Pevnar 20 Injectable</b>	2	
<b>Recombiva Hb Injectable</b>	3	
<b>Shingrix Injectable</b>	3	(QL)(AGE)
<b>Spikevax Injectable</b>	3	(QL)
<b>Tenivac Injectable</b>	3	
<b>Twinrix Injectable</b>	3	
<b>Vaqta Injectable</b>	3	
<b>Varivax Injectable</b>	3	
<b>VAGINAL ANTI-INFECTIVES</b>		
<b>Nuessa Gel</b>	4	(QL)
Terconazole Cream	1	
<b>Vandazole Gel</b>	4	
<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)

Drug Name	Drug Tier	Requirements & Limits
<b>Florafol Ped Solution</b>	4	(M)
<b>Floriva Dro</b>	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)
Multi-Vit/FI	1	(M)
<b>Multivit/FI 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 Acd Tablet	1	(M)
Vitamin D	1	(M)
Yl Folic Aci Tablet	1	(M)