

# Prescription Drug List



This “formulary,” or “drug list,” is a summary of the most commonly prescribed drugs that your insurance plan covers.

**PRO TIP:** If you log in to your member account, you can use our drug search tool to view all the drugs your plan covers and see the costs of different medications.

## Drug Costs

Your formulary is divided into tiers. In most cases, drugs on lower tiers will cost you less. Additionally, there are preventive medications, that vary by age and gender (e.g., contraception for women or fluoride tablets for children), that may be available to you at no-out-of-pocket cost.

Some maintenance medications that you use regularly for chronic conditions such as asthma or diabetes may have additional coverage that makes them less expensive for you. However, coverage varies by plan and the cost-sharing amounts you pay for different drug tiers or categories of medications are shown on your Member Payment Summary (MPS) or our online search tool.

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. Select Health members call **800-538-5038**, Scripius members call **800-442-3127**.

## This Formulary is Regularly Updated

The contents of the formulary are reviewed each month by our team of doctors and pharmacists. This team reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications and may remove drugs from, or add drugs to, this list. Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for you.

## Noncovered Drug Exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis. Use the Drug Coverage Exception Form found on our website.

## LEGEND

### (PA) Preauthorization

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

### (M) Maintenance Drug

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

### (ST) Step Therapy

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

### (QL) Quantity Limits

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

### (AGE) Age Limit

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

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

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

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

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

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電

| Drug Name                                       | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>ACNE</b>                                     |           |                       |
| Accutane Capsule                                | 2         |                       |
| Adapalene Gel                                   | 2         | (ST)                  |
| <b>Aklief Cream</b>                             | 4         | (ST)                  |
| Amnesteem Capsule                               | 2         |                       |
| Avar Cleanse Liq                                | 1         |                       |
| Avita Cream                                     | 2         | (AGE)                 |
| Azelaic Acid Gel                                | 2         |                       |
| Claravis Capsule                                | 2         |                       |
| Clindam/Benz Gel                                | 3         | (ST)                  |
| Clindamy/Ben Gel                                | 3         | (ST)                  |
| Ery/Benzoyl Gel                                 | 2         |                       |
| 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>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         |                       |
| 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-Pot Cla Tablet                             | 2         |                       |
| Amox/K Clav                                     | 1         |                       |
| Amoxicillin                                     | 1         |                       |
| Ampicillin Capsule                              | 1         |                       |
| Azithromycin                                    | 1         | (QL)                  |
| Cefadroxil Capsule                              | 1         |                       |
| Cefdinir  | 1         |                       |
| Cefixime Capsule                                | 2         |                       |
| 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<br>100Mg  | 1         |                       |
| Erythrom Eth Suspension            | 3         | (AGE)                 |
| Fosfomycin Powder                  | 2         |                       |
| <b>Hiprex Tablet</b>               | 4         |                       |
| <b>Levaquin Tablet</b>             | 4         |                       |
| Levofloxacin Tablet                | 1         |                       |
| Linezolid Tablet                   | 2         | (QL)                  |
| Methenam Hip Tablet                | 1         |                       |
| Minocycline Capsule                | 1         |                       |
| <b>Monurol Packet</b>              | 4         |                       |
| Moxifloxacin                       | 2         |                       |
| Neomycin Tablet                    | 2         |                       |
| Nitrofur Mac Capsule               | 1         |                       |
| Nitrofurantn Capsule               | 1         |                       |
| Penicilln Vk                       | 1         |                       |
| Smz-Tmp Ds                         | 1         |                       |
| Tetracycline Capsule               | 2         |                       |
| Tinidazole Tablet                  | 2         |                       |
| Tobramycin                         | 2         | (PA)(QL)(M)           |
| Trimethoprim Tablet                | 1         |                       |
| Uribel Capsule                     | 2         |                       |
| Urimar-T Capsule                   | 2         |                       |
| Urneva Capsule                     | 2         |                       |
| Uro-Mp Capsule                     | 2         |                       |
| Uro-Sp Capsule                     | 2         |                       |
| <b>Vancocin Capsule</b>            | 4         | (QL)                  |
| Vancomycin Capsule                 | 2         | (QL)                  |
| Vilamit Mb Capsule                 | 2         |                       |
| <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)                  |

| Drug Name                       | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| Clotrim/Beta                    | 1         |                       |
| Clotrimazole                    | 1         |                       |
| Econazole Cream                 | 2         |                       |
| Fluconazole                     | 1         | (QL)                  |
| Itraconazole Capsule            | 2         | (QL)                  |
| Ketoconazole                    | 1         |                       |
| Klayesta Powder                 | 1         | (QL)                  |
| <b>Nizoral Sha</b>              | 4         |                       |
| Nyamyc Powder                   | 1         | (QL)                  |
| Nystat/Triam                    | 1         |                       |
| Nystatin                        | 1         | (QL)                  |
| Nystop Powder                   | 1         | (QL)                  |
| <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> |           |                       |
| Isoniazid Tablet                | 1         |                       |
| Rifampin Capsule                | 1         |                       |
| <b>ANTIPROTOZOAL AGENTS</b>     |           |                       |
| Atovaquone Suspension           | 3         |                       |
| <b>Mepron Suspension</b>        | 4         |                       |
| <b>ANTITHYROID AGENTS</b>       |           |                       |
| Methimazole 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>Isentress Tablet</b>         | 5         | (QL)(M)               |
| <b>Isentress Hd Tablet</b>      | 5         | (QL)(M)               |
| <b>Juluca Tablet</b>            | 5         | (QL)(M)               |
| <b>Norvir Tablet</b>            | 5         | (QL)(M)               |

| Drug Name                             | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| <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)               |
| <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                              | 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)           |

| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| 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)           |
| 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)               |
| Theophylline Tablet            | 1         | (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         |                       |
| Heparin Sod 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         |                       |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| <b>CARBONIC ANHYDRASE INHIBITORS</b> |           |                       |
| Acetazolamid                         | 2         | (M)                   |
| <b>CARDIOVASCULAR*</b>               |           |                       |
| Amilor/Hctz Tablet                   | 1         | (M)                   |
| Amiloride Tablet                     | 1         | (M)                   |
| Amiodarone Tablet                    | 1         | (M)                   |
| Amlod/Benazp Capsule                 | 1         | (M)                   |
| Amlod/Olmesa Tablet                  | 1         | (ST)(QL)(M)           |
| Amlod/Valsar Tablet                  | 1         | (QL)(M)               |
| Amlodipine Tablet                    | 1         | (M)                   |
| <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)                   |
| Candesas/Hctz Tablet                 | 1         | (QL)(M)               |
| Candesartan Tablet                   | 1         | (QL)(M)               |
| Captopril Tablet                     | 1         | (M)                   |
| Cartia Xt Capsule                    | 1         | (M)                   |
| Carvedilol                           | 2         | (QL)(M)               |
| Chlorthalid Tablet                   | 1         | (M)                   |
| Clonidine                            | 1         | (QL)(M)               |
| Digoxin Tablet                       | 1         | (M)                   |
| Dilt-Xr Capsule                      | 1         | (M)                   |
| Diltiazem                            | 1         | (M)                   |
| Diltiazem Er Tablet                  | 2         | (M)                   |
| Dofetilide Capsule                   | 2         | (M)                   |
| Doxazosin Tablet                     | 1         | (QL)(M)               |
| Enalapril                            | 2         | (QL)(AGE)(M)          |
| <b>Entresto</b>                      | 3         | (QL)(M)               |
| Eplerenone Tablet                    | 1         | (M)                   |
| Felodipine Tablet                    | 1         | (M)                   |
| Flecainide Tablet                    | 1         | (M)                   |
| Furosemide Tablet                    | 1         | (M)                   |
| Guanfacine Tablet                    | 1         | (M)                   |
| <b>Hemangeol Solution</b>            | 4         | (M)                   |
| Hydralazine Tablet                   | 1         | (M)                   |
| Hydrochlorothiazide                  | 1         | (M)                   |
| Indapamide Tablet                    | 1         | (M)                   |
| <b>Inspra Tablet</b>                 | 4         | (ST)(M)               |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Irbesar/Hctz Tablet        | 1         | (QL)(M)               |
| Irbesartan Tablet          | 1         | (QL)(M)               |
| Isosorb Din Tablet         | 1         | (M)                   |
| Isosorb Mono Tablet        | 1         | (M)                   |
| <b>Katerzia Suspension</b> | 4         | (QL)(M)(AGE)          |
| Labetalol Tablet           | 1         | (M)                   |
| Lisinop/Hctz Tablet        | 1         | (M)                   |
| Lisinopril Tablet          | 1         | (M)                   |
| Losartan Pot Tablet        | 1         | (QL)(M)               |
| Losartan/Hct Tablet        | 1         | (QL)(M)               |
| Matzim La Tablet           | 2         | (M)                   |
| Metolazone Tablet          | 1         | (M)                   |
| Metoprol Suc Tablet        | 1         | (M)                   |
| Metoprolol                 | 1         | (M)                   |
| <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)                   |
| <b>Nitro-Bid Oin</b>       | 4         | (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)                   |
| Pindolol 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 Af Tablet          | 1         | (M)                   |
| Sotalol Hcl Tablet         | 1         | (M)                   |
| Spirono/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)               |
| <b>Tenormin Tablet</b>     | 4         | (ST)(QL)(M)           |
| Terazosin Capsule          | 1         | (QL)(M)               |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| <b>Thalitone Tablet</b>              | 3         | (M)                   |
| Tiadylt Capsule                      | 1         | (M)                   |
| Torse mide Tablet                    | 1         | (M)                   |
| Triamt/Hctz                          | 1         | (M)                   |
| <b>Tribenzor</b>                     | 4         | (ST)(QL)(M)           |
| Valsart/Hctz Tablet                  | 1         | (QL)(M)               |
| Valsartan Tablet                     | 1         | (QL)(M)               |
| Verapamil                            | 2         | (M)                   |
| <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)           |
| <b>Livalo Tablet</b>                 | 3         | (ST)(QL)(M)           |
| Lovastatin Tablet                    | 1         | (QL)(M)(AGE)          |
| Niacin Tablet                        | 1         | (QL)(M)               |
| Niacin Er Tablet                     | 1         | (QL)(M)               |
| Omega-3-Acid Capsule                 | 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)              |
| Bpm-Pse-Dm Syrup                     | 2         | (QL)                  |
| Brom/Pse/Dm Syrup                    | 2         | (QL)                  |
| Bromfed Dm Solution                  | 2         | (QL)                  |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Cetirizine Solution                                 | 1         | (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         |                       |
| Levocetirizi Tablet                                 | 1         |                       |
| Maxi-Tuss Ac Solution                               | 1         |                       |
| Prometh/Cod Solution                                | 1         |                       |
| Promethazine  | 1         |                       |
| <b>Xyzal Tablet</b>                                 | 4         | (ST)(QL)              |
| <b>CYCLOPLEGIC MYDRIATICS</b>                       |           |                       |
| Atropine Sul  | 1         |                       |
| <b>Isopto Atrop Solution</b>                        | 4         |                       |
| <b>CYSTIC FIBROSIS AGENTS</b>                       |           |                       |
| <b>Kitabis Packet Neb</b>                           | 5         | (PA)(QL)(M)           |
| <b>Pulmozyme Solution</b>                           | 5         | (QL)(M)               |
| <b>Tobi Podhalr Capsule</b>                         | 5         | (PA)(QL)(M)           |
| <b>Trikafta</b>                                     | 5         | (PA)(QL)(AGE)(M)      |
| <b>DENTAL PRODUCTS</b>                              |           |                       |
| Chlorhex Glu Solution                               | 1         |                       |
| Fluoride  | 1         | (QL)(AGE)(M)          |
| <b>Peridex Solution</b>                             | 4         |                       |
| Periogard Solution                                  | 1         |                       |
| <b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b> |           |                       |
| Diclofenac 1%                                       | 2         | (PA)(M)               |
| <b>Finacea Gel</b>                                  | 4         | (QL)                  |
| Fluorouracil Cream                                  | 2         | (PA)(QL)              |
| Gentamicin  | 1         |                       |
| Mupirocin Oin                                       | 1         |                       |
| <b>Tazorac</b>                                      | 4         | (ST)(AGE)             |
| <b>Tolak Cream</b>                                  | 4         | (QL)                  |
| <b>Xepi Cream</b>                                   | 4         | (QL)                  |
| <b>DERMATOLOGICALS (SKIN) STEROIDS</b>              |           |                       |
| Ala-Cort Cream                                      | 1         |                       |
| Beta Diprop   | 1         |                       |
| Betameth Dip  | 1         |                       |
| Betameth Val Cream                                  | 1         |                       |
| Clobetasol  | 1         | (QL)                  |
| <b>Derma-Smooth Oil</b>                             | 4         |                       |
| Desonide  | 2         |                       |
| Fluocin Acet  | 2         |                       |

| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Fluocinonide                   | 2         | (ST)(QL)              |
| Hydrocort                      | 1         | (M)                   |
| Mometasone                     | 1         | (QL)(M)               |
| Triderm Cream                  | 1         |                       |
| <b>DIABETES - INSULIN*</b>     |           |                       |
| <b>Fiasp Injectable</b>        | 3         | (M)                   |
| <b>Fiasp Flex Injectable</b>   | 3         | (M)                   |
| <b>Humulin R U-500</b>         | 3         | (PA)(QL)(M)           |
| Ins Asp Prot Injectable        | 1         | (M)                   |
| Insulin Aspa Injectable        | 1         | (M)                   |
| <b>Insulin Glar</b>            | 3         | (M)                   |
| <b>Lantus Injectable</b>       | 3         | (M)                   |
| <b>Lantus Solos Injectable</b> | 3         | (M)                   |
| Novolin Injectable             | 1         | (M)                   |
| Novolin N Injectable           | 1         | (M)                   |
| <b>Novolog Injectable</b>      | 3         | (M)                   |
| <b>Novolog Mix Injectable</b>  | 3         | (M)                   |
| <b>Toujeo Max Injectable</b>   | 3         | (M)                   |
| <b>Toujeo Solo Injectable</b>  | 3         | (M)                   |
| <b>DIABETES - NON-INSULIN*</b> |           |                       |
| Acarbose Tablet                | 1         | (M)                   |
| <b>Actos Tablet</b>            | 4         | (QL)(M)               |
| Alogliptin Tablet              | 1         | (QL)(M)               |
| Alogliptin/Metformin           | 1         | (QL)(M)               |
| <b>Baqsimi One Powder</b>      | 3         |                       |
| <b>Baqsimi Two Powder</b>      | 3         |                       |
| <b>Bydureon Bc Injectable</b>  | 3         | (PA)(QL)(M)           |
| <b>Byetta Injectable</b>       | 3         | (PA)(QL)(M)           |
| <b>Farxiga Tablet</b>          | 3         | (QL)(M)               |
| Glimepiride Tablet             | 1         | (M)                   |
| Glip/Metform Tablet            | 1         | (M)                   |
| Glipizide                      | 1         | (M)                   |
| Glucagon Kit                   | 2         |                       |
| Glyb/Metform Tablet            | 1         | (M)                   |
| Glyburide Tablet               | 1         | (M)                   |
| <b>Gvoke Hypo 1 Injectable</b> | 3         |                       |
| <b>Gvoke Hypo 2 Injectable</b> | 3         |                       |
| <b>Gvoke Kit Solution</b>      | 3         |                       |
| <b>Gvoke Pfs Injectable</b>    | 3         |                       |
| Metformin Tablet               | 1         | (M)                   |
| <b>Mounjaro Injectable</b>     | 3         | (PA)(QL)(M)           |
| Pioglitazone Tablet            | 1         | (QL)(M)               |
| Repaglinide Tablet             | 1         | (M)                   |
| <b>Segluromet Tablet</b>       | 4         | (ST)(QL)(M)           |
| <b>Soliqua Injectable</b>      | 3         | (ST)(QL)(M)           |

| Drug Name                              | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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)                   |
| 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 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)                   |

| Drug Name        | Drug Tier | Requirements & Limits |
|------------------|-----------|-----------------------|
| 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)                   |
| 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 Kit    | 3         | (PA)(QL)(M)           |
| Omnipod 5 De Mis | 3         | (PA)(QL)(M)           |
| Omnipod 5 G6     | 3         | (PA)(QL)(M)           |
| Omnipod Dash     | 3         | (PA)(QL)(M)           |
| Paradigm Rea Mis | 4         | (PA)(QL)(M)(AGE)      |
| Pen Needles      | 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)                   |
| 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)                   |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Slip Tip 3MI Mis                                    | 4         | (M)                   |
| Syrg/Ndl 3MI Mis                                    | 4         | (M)                   |
| Syringe 5MI Mis                                     | 4         | (M)                   |
| Syringe Luer Mis                                    | 4         | (M)                   |
| Tb Syringe Mis                                      | 4         | (M)                   |
| Tb Syrng 1MI Mis                                    | 4         | (M)                   |
| Toomey Syrin Mis                                    | 1         | (M)                   |
| Vent Needle Mis                                     | 4         | (M)                   |
| <b>ECZEMA AGENTS - TOPICAL</b>                      |           |                       |
| Eucrisa Oin   | 3         | (QL)                  |
| <b>EMOLLIENTS</b>                                   |           |                       |
| Ammonium Lac Cream                                  | 1         |                       |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>                |           |                       |
| Ursodiol  | 2         | (M)                   |
| <b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>           |           |                       |
| <b>GASTROINTESTINAL</b>                             |           |                       |
| Amitiza Capsule                                     | 4         | (ST)(QL)(M)(AGE)      |
| Diphen/Atrop Tablet                                 | 1         |                       |
| Linzezz Capsule                                     | 3         | (QL)(M)               |
| Lubiprostone Capsule                                | 2         | (QL)(M)(AGE)          |
| Metoclopram Tablet                                  | 1         | (M)                   |
| Motegrity Tablet                                    | 4         | (ST)(QL)              |
| Movantik Tablet                                     | 3         | (QL)                  |
| Relistor  | 5         | (PA)(QL)(M)           |
| Symproic Tablet                                     | 3         | (QL)                  |
| Trulance Tablet                                     | 4         | (ST)(QL)(M)           |
| Xifaxan Tablet                                      | 4         | (PA)                  |
| <b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>    |           |                       |
| Akynzeo Capsule                                     | 3         | (QL)                  |
| Emend Suspension                                    | 4         | (QL)                  |
| Ondansetron   | 1         | (PA)(QL)              |
| Phenadoz Sup  | 2         |                       |
| 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 Con                                    | 3         | (M)                   |
| <b>GNRH/LHRH ANTAGONISTS</b>                        |           |                       |
| Orilissa Tablet                                     | 4         | (PA)(QL)(M)           |

| Drug Name                                 | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>GOUT</b>                               |           |                       |
| Allopurinol Tablet                        | 1         | (M)                   |
| Colchicine Tablet                         | 2         | (QL)                  |
| Colcryc Tablet                            | 4         | (QL)                  |
| Febuxostat Tablet                         | 2         | (QL)(M)               |
| Probenecid Tablet                         | 1         | (M)                   |
| <b>GROWTH HORMONES</b>                    |           |                       |
| Genotropin Injectable                     | 5         | (PA)(QL)(M)           |
| Humatrope Injectable                      | 5         | (PA)(QL)(M)           |
| Omnitrope Injectable                      | 5         | (PA)(QL)(M)           |
| <b>HEMATORHEOLOGIC AGENTS</b>             |           |                       |
| Pentoxifylli Tablet                       | 1         | (M)                   |
| <b>HEPATITIS THERAPIES</b>                |           |                       |
| Entecavir Tablet                          | 2         | (QL)(M)               |
| Harvoni Packet                            | 5         | (PA)(QL)(M)           |
| Ledip-Sofosb Tablet                       | 5         | (PA)(QL)(M)           |
| Mavyret                                   | 5         | (PA)(QL)(M)           |
| Sofos/Velpat Tablet                       | 5         | (PA)(QL)(M)           |
| Vosevi Tablet                             | 5         | (PA)(QL)(M)           |
| <b>HORMONE RECEPTOR MODULATORS</b>        |           |                       |
| Evista Tablet                             | 4         | (QL)(M)               |
| Raloxifene Tablet                         | 1         | (QL)(M)               |
| <b>HORMONE REPLACEMENT THERAPY FEMALE</b> |           |                       |
| Activella Tablet                          | 4         | (QL)(M)               |
| Alora Dis                                 | 4         | (QL)(M)               |
| Amabelz Tablet                            | 1         | (QL)(M)               |
| Climara Dis                               | 4         | (QL)(M)               |
| Covaryx Tablet                            | 1         | (QL)(M)               |
| Covaryx Hs Tablet                         | 1         | (QL)(M)               |
| Delestrogen Injectable                    | 4         |                       |
| Divigel Gel                               | 4         | (QL)(M)               |
| Dotti Dis                                 | 1         | (QL)(M)               |
| Duavee Tablet                             | 3         | (QL)(M)               |
| Eemt Tablet                               | 1         | (QL)(M)               |
| Eemt Hs Tablet                            | 1         | (QL)(M)               |
| Elestrin Gel                              | 4         | (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)               |
| Estratest Fs Tablet                       | 1         | (QL)(M)               |
| Estring Mis                               | 4         | (ST)(QL)(M)           |
| Estrog/Mtest Tablet                       | 1         | (QL)(M)               |



| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Estrogel Gel   | 4         | (QL)(M)               |
| Femring Mis  | 4         | (ST)(QL)(M)           |
| Fyavolv Tablet   | 1         | (M)                   |
| Gallifrey Tablet   | 1         | (M)                   |
| Imvexxy Main Sup   | 4         | (ST)(QL)(M)           |
| Imvexxy Strt Sup   | 4         | (ST)(QL)(M)           |
| Jinteli Tablet   | 1         | (M)                   |
| Lyllana Dis  | 1         | (QL)(M)               |
| Menostar Dis   | 4         | (QL)(M)               |
| Mimvey Tablet  | 1         | (QL)(M)               |
| Minivelle Dis  | 4         | (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         | (QL)(M)               |
| Prempro Tablet   | 4         | (QL)(M)               |
| Progesterone   | 1         | (QL)(M)               |
| Prometrium Capsule   | 4         | (QL)(M)               |
| Vagifem Tablet   | 4         | (ST)(QL)(M)           |
| Vivelle-Dot Dis  | 4         | (QL)(M)               |
| Yuvaferm Tablet  | 2         | (QL)(M)               |
| <b>HORMONE REPLACEMENT THERAPY MALE</b>                                |           |                       |
| Depo-Testost Injectable  | 1         | (QL)(M)               |
| Natesto Gel  | 4         | (PA)(QL)(M)           |
| Testost Cyp Injectable   | 1         | (QL)(M)               |
| Testost Enan Injectable  | 1         | (QL)(M)               |
| Testosterone Gel   | 2         | (QL)(M)               |
| <b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b> |           |                       |
| Actemra Injectable   | 5         | (PA)(QL)(M)           |
| Adbry Injectable   | 5         | (PA)(QL)(M)           |
| Amjevita Injectable  | 5         | (PA)(QL)(M)           |
| Cibinqo Tablet   | 5         | (PA)(QL)(M)           |
| Cimzia   | 5         | (PA)(QL)(M)           |
| Cosentyx   | 5         | (PA)(QL)(M)           |
| Enbrel   | 5         | (PA)(QL)(M)           |
| Hadlima Injectable   | 5         | (PA)(QL)(M)           |
| Hadlima Push Injectable  | 5         | (PA)(QL)(M)           |
| Kineret Injectable   | 5         | (PA)(QL)(M)           |
| Olumiant Tablet  | 5         | (PA)(QL)(M)           |
| Orencia Injectable   | 5         | (PA)(QL)(M)           |
| Orencia Clck Injectable  | 5         | (PA)(QL)(M)           |
| Rinvoq Tablet  | 5         | (PA)(QL)(M)           |
| Skyrizi Injectable   | 5         | (PA)(QL)(M)           |

| Drug Name                                 | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Skyrizi Pen Injectable                    | 5         | (PA)(QL)(M)           |
| Stelara Injectable                        | 5         | (PA)(QL)(M)           |
| Taltz Injectable                          | 5         | (PA)(M)               |
| Vtama Cream                               | 4         | (ST)(QL)              |
| Xeljanz Tablet                            | 5         | (PA)(QL)(M)           |
| Xeljanz Xr Tablet                         | 5         | (PA)(QL)(M)           |
| Xolair                                    | 5         | (PA)(QL)(M)           |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>  |           |                       |
| Imiquimod Cream                           | 1         |                       |
| <b>IMMUNOSUPPRESSANTS</b>                 |           |                       |
| Azathioprine Tablet                       | 1         | (M)                   |
| Cellcept                                  | 4         | (M)                   |
| Cyclosporine                              | 2         | (M)                   |
| Envarsus Xr Tablet                        | 4         | (ST)(M)               |
| Everolimus Tablet                         | 5         | (QL)(M)               |
| Gengraf Capsule                           | 2         | (M)                   |
| Mycophenolat                              | 1         | (M)                   |
| Mycophenolic Tablet                       | 2         | (QL)(M)               |
| Myfortic Tablet                           | 5         | (QL)(M)               |
| Neoral Capsule                            | 3         | (M)                   |
| Prograf Capsule                           | 4         | (M)                   |
| Rapamune Tablet                           | 4         | (M)                   |
| Sirolimus Tablet                          | 3         | (M)                   |
| Tacrolimus                                | 1         | (QL)(M)               |
| Zortress Tablet                           | 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)               |
| Pentasa Capsule                           | 3         | (QL)(M)               |
| Sulfasalazin Tablet                       | 1         | (M)                   |
| <b>INFLUENZA AGENTS</b>                   |           |                       |
| Oseltamivir                               | 2         | (QL)                  |
| Tamiflu                                   | 4         | (QL)                  |
| <b>INTESTINAL ACIDIFIERS</b>              |           |                       |
| Enulose Solution                          | 1         |                       |
| Generlac Solution                         | 1         |                       |
| Lactulose Solution                        | 1         |                       |
| <b>LAXATIVE COMBINATIONS</b>              |           |                       |
| Clenpiq Solution                          | 3         |                       |
| Gavilyte                                  | 1         |                       |
| Peg 3350                                  | 1         |                       |
| Sodium/Potas Solution                     | 1         |                       |
| Suprep Bowel Solution                     | 3         |                       |

| Drug Name                          | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| <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)           |
| Desipramine Tablet                 | 2         | (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)           |
| Escitalopram                       | 1         | (QL)(M)               |
| <b>Fetzima Capsule</b>             | 4         | (PA)(QL)(M)           |
| Fluoxetine                         | 1         | (QL)(M)               |
| Fluvoxamine                        | 2         | (ST)(QL)(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)                   |
| 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)                   |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| 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)               |
| 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)           |

| Drug Name                          | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| <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>MINERALOCORTICIDS</b>           |           |                       |
| Fludrocort Tablet                  | 1         | (M)                   |
| <b>MIOTICS</b>                     |           |                       |
| Pilocarpine                        | 1         |                       |
| <b>Vuity Solution</b>              | 4         |                       |
| <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)           |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |           |                       |
| <b>Avonex</b>                      | 5         | (PA)(QL)(M)           |
| Dalfampridin Tablet                | 2         | (QL)(M)               |
| Dimethyl Fum Capsule               | 2         | (QL)(M)               |
| <b>Extavia Injectable</b>          | 5         | (PA)(QL)(M)           |
| Glatiramer Injectable              | 5         | (QL)(M)               |
| Glatopa Injectable                 | 5         | (QL)(M)               |
| <b>Plegridy</b>                    | 5         | (PA)(QL)(M)           |
| Teriflunomid Tablet                | 2         | (QL)(M)               |
| <b>Vumerity Capsule</b>            | 5         | (PA)(QL)(M)           |
| <b>Zeposia Capsule</b>             | 5         | (PA)(QL)(M)           |
| <b>Zeposia 7Day Capsule</b>        | 5         | (PA)(QL)(M)           |
| <b>MUSCLE RELAXANTS</b>            |           |                       |
| Baclofen Tablet                    | 2         | (M)                   |
| Carisoprodol Tablet                | 1         | (QL)                  |
| Chlorzoxazon Tablet                | 2         |                       |
| Cyclobenzaprine                    | 2         |                       |
| Metaxalone Tablet                  | 2         | (ST)                  |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Methocarbam Tablet         | 2         |                       |
| Orphenadrine Tablet        | 2         |                       |
| Tizanidine                 | 2         | (ST)(QL)              |
| Vanadom Tablet             | 1         | (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            | 1         | (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)                  |
| Capecitabine Tablet        | 2         |                       |
| Dasatinib Tablet           | 2         | (PA)(QL)(M)           |
| Exemestane Tablet          | 2         | (QL)(M)               |
| <b>Hydrea Capsule</b>      | 3         |                       |
| Hydroxyurea Capsule        | 1         |                       |
| <b>Ibrance</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       | 2         | (PA)(QL)(M)           |
| Letrozole Tablet           | 1         | (QL)(M)               |
| Leucovor Ca Tablet         | 1         | (QL)                  |
| <b>Lynparza Tablet</b>     | 5         | (PA)(QL)(M)           |
| Megestrol Ac               | 1         |                       |
| Mercaptopur Tablet         | 2         | (M)                   |
| Methotrexate               | 1         | (M)                   |
| <b>Rasuvo Injectable</b>   | 3         | (ST)(QL)              |
| <b>Revlimid Capsule</b>    | 5         | (PA)(QL)(M)           |
| <b>Sprycel Tablet</b>      | 5         | (PA)(QL)(M)           |
| Tamoxifen Tablet           | 1         | (QL)(M)               |
| <b>Tasigna Capsule</b>     | 5         | (PA)(QL)(M)           |
| Temozolomide Capsule       | 4         | (QL)                  |
| <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)              |
| Dexameth Pho Solution      | 1         |                       |

| Drug Name                                  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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)              |
| 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>   |           |                       |
| Bacit/Polymy Oin                           | 1         |                       |
| <b>Besivance Suspension</b>                | 4         | (QL)                  |
| Ofloxacin Dro                              | 1         |                       |
| Polycin Oin                                | 1         |                       |
| Polymyxin B/ Solution                      | 1         |                       |
| Sulfacet Sod Solution                      | 1         |                       |
| <b>Vigamox Dro</b>                         | 4         | (QL)                  |
| <b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b> |           |                       |
| <b>Acuvail Solution</b>                    | 4         | (QL)                  |
| Brimonidine 0.15%                          | 1         | (M)                   |
| <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>Rhopressa Solution</b>                  | 4         | (ST)(QL)(M)           |
| <b>Simbrinza Suspension</b>                | 3         | (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)               |
| <b>Lumigan Solution</b>                    | 3         | (QL)(M)               |
| Tafluprost Solution                        | 2         | (ST)(QL)(M)           |
| <b>Travatan Z Dro</b>                      | 4         | (ST)(QL)(M)           |
| Travoprost Dro                             | 2         | (ST)(QL)(M)           |

| Drug Name                           | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| <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                      | 1         | (M)                   |
| Ibandronate Tablet                  | 1         | (QL)(M)               |
| <b>Prolia Injectable</b>            | 5         | (M)                   |
| Risedronate Tablet                  | 2         | (ST)(QL)(M)           |
| <b>Tymlos Injectable</b>            | 5         | (PA)(M)               |
| <b>OTIC PREPARATIONS (EAR)</b>      |           |                       |
| Cipro/Dexa Suspension               | 2         |                       |
| Neo/Poly/Hc                         | 1         |                       |
| <b>OTIC STEROIDS</b>                |           |                       |
| <b>Dermotic Oil</b>                 | 4         |                       |
| Flac Oil                            | 2         |                       |
| Hc/Acet Acid Solution               | 1         |                       |
| <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)                  |
| Butal/Apap Tablet                   | 1         | (QL)                  |
| Endocet Tablet                      | 2         | (QL)                  |
| <b>Esgic Tablet</b>                 | 4         | (QL)                  |
| Fentanyl Dis                        | 4         | (PA)(QL)              |
| <b>Fioricet Capsule</b>             | 4         | (QL)                  |
| Hydro/Aceta Solution                | 2         |                       |
| Hydroco/Apap                        | 2         | (QL)                  |
| Hydromorphon Tablet                 | 2         | (QL)                  |
| Lorcet Tablet                       | 2         | (QL)                  |
| Lorcet Hd Tablet                    | 2         | (QL)                  |
| Lorcet Plus Tablet                  | 2         | (QL)                  |

| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| 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)              |
| Tramadol/Apap Tablet           | 2         | (QL)                  |
| Tramadol                       | 1         | (QL)                  |
| <b>Xtampza Er Capsule</b>      | 3         | (ST)(QL)              |
| <b>PAIN MEDICATIONS NSAIDS</b> |           |                       |
| <b>Arthrotec 50 Tablet</b>     | 4         | (ST)(M)               |
| <b>Arthrotec 75 Tablet</b>     | 4         | (ST)(M)               |
| Celecoxib Capsule              | 1         | (QL)(M)               |
| Diclo/Misopr Tablet            | 2         | (M)                   |
| Diclofen Pot Tablet            | 1         | (M)                   |
| Etodolac Tablet                | 1         | (M)                   |
| Ibu Tablet                     | 1         | (M)                   |
| Ibuprofen                      | 1         | (M)                   |
| Indomethacin Capsule           | 1         | (M)                   |
| Meloxicam Tablet               | 1         | (M)                   |
| Nabumetone Tablet              | 1         | (M)                   |
| Naproxen Tablet                | 1         | (M)                   |
| Naproxen Sod Tablet            | 1         | (M)                   |
| Piroxicam Capsule              | 1         | (M)                   |
| Sulindac Tablet                | 1         | (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)               |
| Benztropine 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)           |
| Rasagiline Tablet              | 2         | (QL)(M)               |
| Ropinirole Tablet              | 1         | (QL)(M)               |
| Trihexyphen Tablet             | 1         | (QL)(M)               |
| <b>PHENOTHIAZINES</b>          |           |                       |
| Chlorpromaz Tablet             | 2         | (M)                   |

| Drug Name                           | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| Perphenazine Tablet                 | 1         | (M)                   |
| Prochlorper Tablet                  | 1         | (M)                   |
| <b>PHOSPHATE</b>                    |           |                       |
| <b>K-Phos Tablet</b>                | 4         |                       |
| Phospha 250 Tablet                  | 1         |                       |
| Phospho-Trin Tablet                 | 1         |                       |
| Phosphorous Tablet                  | 1         |                       |
| Wes-Phos 250 Tablet                 | 1         |                       |
| <b>PHOSPHATE BINDING AGENTS</b>     |           |                       |
| Calc Acetate Capsule                | 1         | (M)                   |
| Lanthanum Chw                       | 5         | (PA)(QL)              |
| Sevelam Carb Tablet                 | 2         | (M)                   |
| Sevelam Hcl Tablet                  | 5         | (ST)(M)               |
| <b>Velphoro Chw</b>                 | 5         | (PA)(QL)(M)           |
| <b>POSTERIOR PITUITARY HORMONES</b> |           |                       |
| <b>Ddavn Tablet</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         |                       |
| 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>Wesnatal Dha Packet</b>          | 4         |                       |
| <b>Westab Plus Tablet</b>           | 4         |                       |
| <b>PROLACTIN INHIBITORS</b>         |           |                       |
| Cabergoline Tablet                  | 2         | (QL)(M)               |
| <b>PROSTATE</b>                     |           |                       |
| Alfuzosin Tablet                    | 1         | (QL)(M)               |
| Dutast/Tamsu Capsule                | 2         | (QL)(M)               |

| Drug Name                              | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Dutasteride Capsule                    | 1         | (QL)(M)               |
| Finasteride                            | 1         | (QL)(M)               |
| Sildenafil Capsule                     | 2         | (ST)(QL)(M)           |
| 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 Tablet                      | 1         | (PA)(QL)              |
| <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)      |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Epitol Tablet  | 1         | (QL)(M)               |
| Ethosuximide   | 2         | (QL)(M)               |
| Gabapentin   | 1         | (QL)(M)               |
| <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         | (ST)(QL)(M)           |
| <b>Oxtellar Xr Tablet</b>                                | 4         | (ST)(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)               |
| <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 Capsule                                     | 1         | (QL)(M)               |
| <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-Varenicl 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)          |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| Ft Nicotine                          | 1         | (QL)(M)(AGE)          |
| Gnp Nicotine                         | 1         | (QL)(M)(AGE)          |
| Habitrol Dis                         | 1         | (QL)(M)(AGE)          |
| Hm Nicotine                          | 1         | (QL)(M)(AGE)          |
| Kls Quit2                            | 1         | (QL)(M)(AGE)          |
| Kls Quit4                            | 1         | (QL)(M)(AGE)          |
| <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)          |
| Stop Smoking                         | 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>           |           |                       |
| Octreotide Injectable                | 3         | (QL)(M)               |
| <b>Sandostatin Injectable</b>        | 5         | (QL)(M)               |
| <b>Somatuline Injectable</b>         | 5         | (PA)(QL)(M)           |
| <b>STEROIDS</b>                      |           |                       |
| Dexamethason                         | 1         |                       |
| Hydro Sod Su Injectable              | 1         |                       |
| <b>Medrol Tablet</b>                 | 4         |                       |
| Methylpred Tablet                    | 1         |                       |
| Pred Sod Pho Solution                | 1         |                       |
| Prednisone Tablet                    | 1         | (M)                   |
| <b>Solu-Cortef Injectable</b>        | 4         |                       |
| <b>STIMULANTS - ADHD/WAKEFULNESS</b> |           |                       |
| Amphet/Dextr                         | 1         | (QL)                  |
| Armodafinil Tablet                   | 2         | (QL)                  |
| Atomoxetine Capsule                  | 2         | (QL)(M)               |
| Dexmethylphenidate Er                | 2         | (QL)                  |
| Dextroamphet                         | 2         | (QL)                  |
| <b>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)                  |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <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         |                       |
| <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>Tezspire</b>  | 5         | (PA)(QL)(M)           |
| <b>Tyrvaya Solution</b>                                    | 4         | (ST)(QL)(M)           |
| <b>Uptravi Tablet</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>Urecholine Tablet</b>                                   | 4         | (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)                   |

| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Solifenacin Tablet             | 1         | (QL)(M)               |
| Tolterodine                    | 2         | (QL)(M)               |
| Trospium Chl Capsule           | 2         | (QL)(M)               |
| Trospium Cl Tablet             | 1         | (QL)(M)               |
| <b>VACCINES</b>                |           |                       |
| <b>Abrysvo Injectable</b>      | 1         | (QL)                  |
| <b>Adacel Injectable</b>       | 3         |                       |
| <b>Afluria Quad Injectable</b> | 3         | (M)                   |
| <b>Arexvy Injectable</b>       | 1         | (QL)(AGE)             |
| <b>Boostrix Injectable</b>     | 3         |                       |
| <b>Comirnaty Injectable</b>    | 3         | (QL)                  |
| <b>Engerix-B Injectable</b>    | 3         |                       |
| <b>Fluad Quadri Injectable</b> | 3         | (M)                   |
| <b>Fluarix Quad Injectable</b> | 3         | (M)                   |
| <b>Flublok Quad Injectable</b> | 3         | (M)                   |
| <b>Flucivx Quad Injectable</b> | 3         | (M)                   |
| <b>Flulaval Qua Injectable</b> | 3         | (M)                   |
| <b>Fluzone Hd Injectable</b>   | 3         | (M)                   |
| <b>Fluzone Quad Injectable</b> | 3         | (M)                   |
| <b>Gardasil 9 Injectable</b>   | 3         | (AGE)                 |
| <b>Havrix Injectable</b>       | 3         |                       |
| <b>Hepilisav-B Injectable</b>  | 3         | (QL)                  |
| <b>M-M-R li Injectable</b>     | 3         |                       |
| <b>Moderna Injectable</b>      | 3         | (QL)(AGE)             |
| <b>Novavax Injectable</b>      | 3         | (QL)                  |
| <b>Novavax Vac 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>Twinrix Injectable</b>      | 3         |                       |
| <b>Vaqta Injectable</b>        | 3         |                       |
| <b>VAGINAL ANTI-INFECTIVES</b> |           |                       |
| <b>Nuversa 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)             |
| <b>Floriva Dro</b>             | 4         | (M)                   |

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