

RxSelect® (Four Tier) Prescription Drug List (Idaho)



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

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

Drug Costs

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

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

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

This Formulary is Regularly Updated

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

Noncovered Drug Exceptions

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

LEGEND

(PA) Preauthorization

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

(M) Maintenance Drug

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

(ST) Step Therapy

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

(QL) Quantity Limits

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

(AGE) Age Limit

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

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This information is available for free in other languages and alternate formats.

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

SelectHealth: **800-538-5038**

Scripius: **800-442-3127**



Drug Name	Drug Tier	Requirements & Limits
ACNE		
Adapalene Gel	1	(ST)
Aklief Cream	3	(ST)
Avar Cleanse Liq	1	
Avita Cream	1	(AGE)
Azelaic Acid Gel	1	
Clindam/Benz Gel	1	(ST)
Clindamy/Ben Gel	1	(ST)
Ery/Benzoyl Gel	1	
Erythromycin	1	(AGE)
Ivermectin	1	(PA)(ST)(QL)
Metronidazol	1	(QL)
Neuac Gel	1	
Rhofade Cream	3	(QL)
Rosadan	1	(QL)
Rosanil Liq	1	
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Sulfacleanse Suspension	1	
Tretinoin Cream	1	(AGE)
ALLERGENIC EXTRACTS		
Palforzia Capsule	3	(PA)(QL)
ANAPHYLAXIS THERAPY AGENTS		
Auvi-Q Injectable	2	(QL)
Epinephrine	1	(QL)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT		
Acampro Cal Tablet	1	
Disulfiram Tablet	1	
ANTI-CATAPLECTIC AGENTS		
Xywav Solution	4	(PA)(QL)(M)
ANTIARRHYTHMICS		
Mexiletine Capsule	1	(M)
ANTIBIOTICS		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Augmentin Tablet	3	
Azithromycin	1	(QL)
Cayston Inhalation	4	(PA)(QL)(M)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	

Drug Name	Drug Tier	Requirements & Limits
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Cleocin Cream	2	
Cleocin Ped Solution	3	
Clindamycin	1	
Dicloxacill Capsule	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Erythrom Eth Suspension	1	(AGE)
Flagyl Tablet	3	
Fosfomycin Powder	1	
Hiprex Tablet	3	
Levofloxacin Tablet	1	
Linezolid Tablet	1	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Monurol Packet	3	
Moxifloxacin	1	
Neomycin Tablet	1	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicilln Vk Tablet	1	
Smz-Tmp Ds	1	
Sulfatrim Pd Suspension	1	
Tetracycline Capsule	1	
Tindamax Tablet	3	
Tinidazole Tablet	1	
Trimethoprim	1	
Uribel Capsule	1	
Uro-Mp Capsule	1	
Uro-Sp Capsule	1	
Ustell Capsule	3	
Uticap Capsule	1	
Vancocin Capsule	3	(QL)
Vancomycin Capsule	1	(QL)
Vilamit Mb Capsule	1	
Zithromax Tablet	3	(QL)
Zyvox Tablet	4	(ST)(QL)(M)
ANTIDEPRESSANT COMBINATIONS		
Auvelity Tablet	4	(PA)(QL)(M)
ANTIFIBRINOLYTICS		
Lysteda Tablet	3	(QL)
Tranex Acid Tablet	1	(QL)
ANTIFUNGALS		
Ciclofanol Solution	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	1	
Fluconazole	1	(QL)
Itraconazole Capsule	1	(QL)
Ketoconazole	1	
Nyamyx Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Sporanox Capsule	3	(QL)
Terbinafine Tablet	1	(QL)
ANTIMALARIALS		
Atovaq/Progu Tablet	1	
Hydroxychlor	1	(M)
Malarone Tablet	3	(PA)
ANTIMYASTHENIC AGENTS		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	1	(QL)
ANTIMYCOBACTERIAL AGENTS		
Ethambutol Tablet	1	
Myambutol Tablet	3	
Rifampin Capsule	1	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
Propylthiour Tablet	1	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	4	(QL)(M)
Descovy Tablet	4	(PA)(QL)(M)
Dovato Tablet	4	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
Genvoya Tablet	4	(QL)(M)
Isentress Tablet	4	(QL)(M)
Isentress Hd Tablet	4	(QL)(M)
Juluca Tablet	4	(QL)(M)
Odefsey Tablet	4	(QL)(M)
Paxlovid Tablet	4	(QL)(M)
Prezcobix Tablet	4	(QL)(M)
Symfi Tablet	4	(QL)(M)
Symfi Lo Tablet	4	(QL)(M)
Symtuza Tablet	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tenofovir Tablet	1	(QL)(M)
Tivicay Tablet	4	(QL)(M)
Triumeq Tablet	4	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valcyte Tablet	4	(QL)(M)
Valganciclov Tablet	1	(QL)(M)
Valtrex Tablet	3	(QL)
Viread Tablet	4	(QL)(M)
ANXIETY & SLEEP		
Alprazolam Tablet	1	(QL)
Belsomra Tablet	3	(ST)(QL)
Buspirone Tablet	1	(M)
Chlordiazep Capsule	1	
Diazepam	1	
Eszopiclone Tablet	1	(QL)
Hydroxyzine	1	
Lorazepam Tablet	1	
Ramelteon Tablet	1	(QL)(M)
Temazepam Capsule	1	(QL)
Triazolam Tablet	1	(QL)
Xanax Xr Tablet	3	(QL)
Zaleplon Capsule	1	(QL)
Zolpidem Tablet	1	(QL)
Zolpidem Er Tablet	1	(QL)
ASTHMA AND COPD*		
Accolate Tablet	3	(QL)(M)
Advair	3	(PA)(QL)(M)
Albuterol	1	(QL)(M)
Alvesco Inhalation	3	(PA)(QL)(M)
Anoro Ellipt Inhalation	2	(QL)(M)
Arformoterol Neb	1	(QL)(M)
Arnuity Elpt Inhalation	2	(QL)(M)
Asmanex	2	(QL)(M)
Atrovent Hfa Inhalation	3	(M)
Bevespi Inhalation	3	(ST)(QL)(M)
Breztri Inhalationo Inhalation	2	(QL)(M)(AGE)
Budes/Formot Inhalation	1	(QL)(M)
Combivent Inhalation	2	(M)
Dulera Inhalation	3	(PA)(QL)(M)
Flovent	2	(QL)(M)
Flutic/Salme	1	(QL)(M)
Flutic/Vilan Inhalation	1	(PA)(QL)(M)
Increase Elpt Inhalation	3	(ST)(QL)(M)
Ipratropium	1	(M)
Levalbuterol	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Montelukast	1	(QL)(M)
Oralene Dent Pst	1	
Proair Hfa Inhalation	3	(ST)(QL)(M)
Proventil Inhalation	3	(ST)(QL)(M)
Pulmicort Suspension	3	(PA)(QL)(M)
Qvar Rediha Inhalation	3	(PA)(QL)(M)
Qvar Redihal Inhalation	3	(PA)(QL)(M)
Roflumilast Tablet	1	(QL)(M)
Serevent Dis Inhalation	2	(M)
Spiriva Handihaler	2	(QL)(M)
Spiriva Respimat	2	(QL)(M)
Stiolto Inhalation	2	(QL)(M)
Striverdi Inhalation	2	(QL)(M)
Symbicort Inhalation	2	(QL)(M)
Terbutaline Tablet	1	(QL)(M)
Trelegy Inhalation	2	(QL)(M)(AGE)
Triamcinolon	1	
Tudorza Pres Inhalation	3	(ST)(QL)(M)
Ventolin Hfa Inhalation	2	(QL)(M)
Wixela Inhub Inhalation	1	(QL)(M)
Xopenex Hfa Inhalation	3	(QL)(M)
Zafirlukast Tablet	1	(QL)(M)
BLOOD THINNERS		
Brilinta Tablet	2	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	1	(QL)(M)
Eliquis Tablet	2	(QL)(M)
Enoxaparin Injectable	1	
Plavix Tablet	3	(QL)(M)
Pradaxa Capsule	3	(QL)(M)
Prasugrel Tablet	1	(QL)(M)
Savaysa Tablet	3	(QL)(M)
Warfarin	1	(M)
Xarelto	2	(QL)(AGE)(M)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
Firazyr Injectable	4	(PA)(QL)(M)
BURN PRODUCTS		
Silvadene Cream	3	
Silver Sulfa Cream	1	
Ssd Cream	1	
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	1	(M)
CARDIOVASCULAR*		
Amiloride Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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)
Atacand Hct Tablet	3	(ST)(QL)(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
Avalide Tablet	3	(ST)(QL)(M)
Azor Tablet	3	(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)
Calan Tablet	3	(M)
Candes/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	1	(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
Corlanor Tablet	2	(ST)(QL)(M)
Digitex Tablet	1	(M)
Digox Tablet	1	(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	1	(M)
Dofetilide Capsule	1	(M)
Doxazosin Tablet	1	(QL)(M)
Edarbi Tablet	3	(QL)(M)
Enalapril Tablet	1	(M)
Entresto Tablet	2	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	1	(M)
Furosemide Tablet	1	(M)
Guanfacine Tablet	1	(M)
Hemangeol Solution	3	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Inspra Tablet	3	(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)
Katerzia Suspension	3	(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	1	(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
Micardis Hct Tablet	3	(ST)(QL)(M)
Midodrine Tablet	1	
Minoxidil Tablet	1	(M)
Multaq Tablet	2	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone Tablet	1	(M)
Propranolol	1	(M)
Qbrelis Solution	3	(QL)(M)(AGE)
Ramipril Capsule	1	(M)
Ranexa Tablet	3	(ST)(QL)(M)
Ranolazine Tablet	1	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spirono/Hctz Tablet	1	(M)
Spirolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
Tenormin Tablet	3	(ST)(QL)(M)
Terazosin Capsule	1	(QL)(M)
Thalitone Tablet	2	(M)
Tiadylt Capsule	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Torseamide Tablet	1	(M)
Triamt/Hctz	1	(M)
Tribenzor	3	(ST)(QL)(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
CHOLESTEROL*		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	1	(QL)(M)
Colesevelam Tablet	1	(QL)(M)
Colestipol	1	(QL)(M)
Ezetim/Simva Tablet	1	(ST)(QL)(M)
Ezetimibe Tablet	1	(QL)(M)
Fenofibrate	1	(QL)(M)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	1	(ST)(QL)(M)
Livalo Tablet	2	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	1	(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
Questran Powder	3	(QL)(M)
Repatha Injectable	2	(PA)(QL)(M)
Repatha Push Injectable	2	(PA)(QL)(M)
Repatha Sure Injectable	2	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
CONTRACEPTION (BIRTH CONTROL)		
Brand Contraceptives	2	(ST)(QL)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
Nuvaring	3	(QL)(M)
Phexxi Gel	3	(QL)(M)
COUGH/COLD/ALLERGY PRODUCTS		
Benzonatate	1	(ST)(QL)
Bpm-Pse-Dm Syrup	1	(QL)
Brom/Pse/Dm Syrup	1	(QL)
Bromfed Dm Syrup	1	(QL)
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Guaiatuss Ac Syrup	1	
Hycodan Syrup	2	

Drug Name	Drug Tier	Requirements & Limits
Hyd Pol/Cpm Suspension	1	(QL)
Hydromet Syrup	1	
Levocetirizi Tablet	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod	1	
Promethazine	1	
Robafen Ac Solution	1	
Xyzal Tablet	3	(ST)(QL)
CYCLOPLEGIC MYDRIATICS		
Atropine Sul	1	
Isopto Atrop Solution	3	
CYSTIC FIBROSIS AGENTS		
Kalydeco	4	(PA)(QL)(M)
Kitabis Packet Neb	4	(PA)(QL)(M)
Orkambi Gra	4	(PA)(QL)(M)
Pulmozyme Solution	4	(QL)(M)
Tobi Podhalr Capsule	4	(PA)(QL)(M)
Trikafta Tablet	4	(PA)(QL)(M)(AGE)
DENTAL PRODUCTS		
Cavarest Gel	1	(M)
Chlorhex Glu Solution	1	
Dentagel Gel	1	(M)
Just Right Gel	1	(M)
Peridex Solution	3	
Sf Gel	1	(M)
Sodium Fluor Gel	1	(M)
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Acitretin Capsule	1	(QL)
Calcipotrien Cream	1	
Diclofenac 1%	1	(M)
Finacea Gel	3	(QL)
Fluoroplex Cream	3	
Fluorouracil Cream	1	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
Tazorac	3	(ST)(AGE)
Xepi Cream	3	(QL)
DERMATOLOGICALS (SKIN) STEROIDS		
Ala-Cort Cream	1	
Alclometason Cream	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val	1	
Clobetasol	1	
Derma-Smooth Oil	3	

Drug Name	Drug Tier	Requirements & Limits
Desonide	1	
Elocon Oin	3	
Fluocin Acet Oil	1	
Fluocinonide	1	(ST)(QL)
Fluticasone	1	(QL)(M)
Halobetasol Oin	1	
Hydrocort	1	(M)
Hydrocortiso	1	
Mometasone	1	(QL)(M)
DIABETES - INSULIN*		
Fiasp Injectable	2	(M)
Fiasp Flex Injectable	2	(M)
Humulin R U-500	2	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Lantus Injectable	2	(M)
Lantus Solos Injectable	2	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
Novolog Injectable	2	(M)
Novolog Mix Injectable	2	(M)
Toujeo Max Injectable	2	(M)
Toujeo Solo Injectable	2	(M)
DIABETES - NON-INSULIN*		
Acarbose Tablet	1	(M)
Actoplus Met Tablet	3	(QL)(M)
Actos Tablet	3	(QL)(M)
Alogliptin Tablet	1	(QL)(M)
Alogliptin/Metformin	1	(QL)(M)
Baqsimi One Powder	2	
Baqsimi Two Powder	2	
Bydureon Bc Injectable	2	(PA)(QL)(M)
Byetta Injectable	2	(PA)(QL)(M)
Farxiga Tablet	2	(QL)(M)
Glimepiride Tablet	1	(M)
Glip/Metform Tablet	1	(M)
Glipizide	1	(M)
Glucagen Injectable	2	
Glucagon Kit	1	
Glucophage Tablet	3	(M)
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
Glyxambi Tablet	2	(QL)(M)
Gvoke Hypo 1 Injectable	2	
Gvoke Hypo 2 Injectable	2	

Drug Name	Drug Tier	Requirements & Limits
Gvoke Pfs Injectable	2	
Jardiance Tablet	2	(QL)(M)
Jentaduetto Tablet	2	(ST)(QL)(M)
Metformin Tablet	1	(M)
Pioglit/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Segluromet Tablet	3	(ST)(QL)(M)
Soliqua Injectable	2	(ST)(QL)(M)
Steglatro Tablet	3	(ST)(QL)(M)
Symlin	3	(PA)(QL)(M)
Synjardy Tablet	2	(QL)(M)
Synjardy Xr Tablet	2	(QL)(M)
Tradjenta Tablet	2	(QL)(M)
Trijardy Xr Tablet	2	(QL)(M)
Trulicity Injectable	2	(PA)(QL)(M)
Xigduo Xr Tablet	2	(QL)(M)
Zegalogue Injectable	3	
DIABETES - TESTING AND SUPPLIES		
1/2MI Tb Syr Mis	3	(M)
10-12MI Syrn Mis	1	(M)
10MI LI Syrg Mis	3	(M)
10MI Syringe Mis	1	(M)
12MI Syringe Mis	3	(M)
140MI Syring Mis	3	(M)
1M Allr Syr Mis	1	(M)
1MI Allr Syr Mis	3	(M)
1MI Slip Tip Mis	3	(M)
1MI Syringe Mis	1	(M)
1MI Tb Syrng Mis	1	(M)
2-3MI Syring Mis	1	(M)
20-25MI Syrn Mis	1	(M)
20MI Syringe Mis	1	(M)
3MI Syringe Mis	3	(M)
30-35MI Syrn Mis	1	(M)
30MI Syringe Mis	1	(M)
35MI Syringe Mis	1	(M)
3MI LI Syrng Mis	1	(M)
3MI Luer Loc Mis	3	(M)
3MI Syringe Mis	1	(M)
5-6MI Syring Mis	1	(M)
50-60MI Syrn Mis	1	(M)
5MI Syringe Mis	1	(M)
60MI Syringe Mis	1	(M)
6MI Syringe Mis	3	(M)
Accu-Chek	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Admix Needle Mis	3	(M)
Allergy Syrg Mis	1	(M)
Antigen Test Kit	1	(QL)(M)
Bd 20MI Syrg Mis	3	(M)
Bd 50MI Syrg Mis	3	(M)
Bd 5MI Syrg Mis	3	(M)
Bd Allergy Mis	3	(M)
Bd Eclipse Mis	3	(M)
Bd Hypo Need Mis	3	(M)
Bd Integra Mis	3	(M)
Bd Luer-Lok Mis	3	(M)
Bd Needles Mis	3	(M)
Bd Plastipak Mis	3	(M)
Bd Syr 50MI Mis	3	(M)
Bd Veritor Kit	3	(QL)(M)
Binaxnow Cov Kit	3	(QL)(M)
Bulb Irr Syr Mis	3	(M)
Carepoint Sy Mis	3	(M)
Catheter/Tip Mis	3	(M)
Covid-19 At- Kit	1	(QL)(M)
Covid-19 Rap Kit	3	(QL)(M)
Cvs Covid-19 Kit	3	(QL)(M)
Dexcom G6 Mis	2	(ST)(QL)(M)(AGE)
Easy Glide Mis	3	(M)
Easy Touch Mis	3	(M)
Easypoint Mis	3	(M)
Eclipse Ndle Mis	3	(M)
Enlite Gluco Mis	3	(PA)(QL)(M)
Fastep 1-Pk Kit	3	(QL)(M)
Fastep 2-Pk Kit	3	(QL)(M)
Fastep 25-Pk Kit	3	(QL)(M)
Fastep 4-Pk Kit	3	(QL)(M)
Fastep 5-Pk Kit	3	(QL)(M)
Fill Needle Mis	3	(M)
Freesty Libr	2	(ST)(QL)(M)(AGE)
Freestyle	2	(ST)(QL)(AGE)(M)
Guardian Mis	3	(PA)(QL)(M)(AGE)
Guardian Con Mis	3	(PA)(QL)(M)(AGE)
Guardian Rt Mis	3	(PA)(QL)(M)(AGE)
Hypo Needle Mis	1	(M)
Indicaid Kit	3	(QL)(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	3	(M)
Luer-Lok Mis	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Minilink Rt Mis	3	(PA)(QL)(M)(AGE)
Minimed 630G Mis	3	(PA)(QL)(M)(AGE)
Monoject S/P Mis	3	(M)
Needles Mis	3	(M)
Norm-Ject Mis	3	(M)
Omnipod 5 G6	2	(PA)(QL)(M)
Omnipod Dash	2	(PA)(QL)(M)
On/Go One Kit	3	(QL)(M)
Paradigm Rea Mis	3	(PA)(QL)(M)(AGE)
Patient Safe Mis	3	(M)
Pen Needles	2	(M)
Pharm Syrng Mis	3	(M)
Pharm Tray Mis	3	(M)
Pilot Covid Kit	3	(QL)(M)
Piston Irrig Mis	3	(M)
Poly Hub Mis	3	(M)
Precision Tes	2	(QL)(M)
Precisn Xtra Tes	2	(QL)(M)
Quickvue Hom Kit	3	(QL)(M)
Safetyglide Mis	3	(M)
Safty Needle Mis	3	(M)
Securesafe Mis	3	(M)
Slip Tip 1MI Mis	3	(M)
Slip Tip 3MI Mis	3	(M)
Speedy Swab Kit	3	(QL)(M)
Syrg/Ndl 3MI Mis	3	(M)
Syringe 5MI Mis	3	(M)
Syringe Luer Mis	1	(M)
Tb Syringe Mis	3	(M)
Tb Syrng 1MI Mis	3	(M)
Toomey Syrin Mis	1	(M)
Vent Needle Mis	3	(M)
DIAGNOSTIC PRODUCTS, MISC.		
Carestart Kit	3	(QL)(M)
Cleardetect Kit	3	(QL)(M)
Clinitest Kit	3	(QL)(M)
Diatrust Kit	3	(QL)(M)
Ellume Cov19 Kit	3	(QL)(M)
Flowflex Kit	3	(QL)(M)
Ihealth 2-Pk Kit	3	(QL)(M)
Ihealth 40Pk Kit	3	(QL)(M)
Ihealth 5-Pk Kit	3	(QL)(M)
Inteliswab Kit	3	(QL)(M)
On/Go Covid Kit	3	(QL)(M)
Otc Antigent Kit	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
ECZEMA AGENTS - TOPICAL		
Eucrisa Oin	2	(QL)
FLUORIDE		
Fluoride	1	(QL)(M)(AGE)
GALLSTONE SOLUBILIZING AGENTS		
Reltone Capsule	3	(M)
Ursodiol	1	(M)
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Amitiza Capsule	3	(ST)(QL)(M)(AGE)
Diphen/Atrop Tablet	1	
Linzeess Capsule	2	(QL)(M)
Lubiprostone Capsule	1	(QL)(M)(AGE)
Metoclopram Tablet	1	(M)
Motegrity Tablet	3	(ST)(QL)
Movantik Tablet	2	(QL)
Relistor	4	(PA)(QL)(M)
Symproic Tablet	2	(QL)
Trulance Tablet	3	(ST)(QL)(M)
Xifaxan Tablet	3	(PA)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING		
Akynzeo Capsule	2	(QL)
Antivert Tablet	2	
Emend Suspension	3	(QL)
Meclizine Tablet	1	
Ondansetron	1	(PA)(QL)
Promethegan Sup	1	
Scopolamine Dis	1	
Transderm-Sc Dis	3	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS		
Cimetidine Tablet	1	(M)
Famotidine	1	(M)
Misoprostol Tablet	1	(M)
Pepcid Tablet	3	(M)
Sucralfate	1	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS		
Esomeprazole	1	(QL)(M)
First-Omepra Suspension	1	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Omeprazole + Suspension	1	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Prevacid Capsule	3	(ST)(QL)(M)
Protonix Tablet	3	(ST)(QL)(M)
Rabeprazole Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod Con	1	(M)
GNRH/LHRH ANTAGONISTS		
Orilissa Tablet	4	(PA)(QL)(M)
GOUT		
Allopurinol Tablet	1	(M)
Colchicine	1	(QL)
Colcrys Tablet	3	(QL)
Febuxostat Tablet	1	(QL)(M)
GOUT AGENT COMBINATIONS		
Proben/Colch Tablet	1	(M)
GROWTH HORMONES		
Genotropin Injectable	4	(PA)(QL)(M)
Humatrope Injectable	4	(PA)(QL)(M)
Norditropin Injectable	4	(PA)(QL)(M)
Nutropin Aq Injectable	4	(PA)(QL)(M)
Omnitrope Injectable	4	(PA)(QL)(M)
Saizen Injectable	4	(PA)(QL)(M)
Saizenprep Injectable	4	(PA)(QL)(M)
Serostim Injectable	4	(PA)(QL)(M)
Zomacton Injectable	4	(PA)(QL)(M)
Zorbtive Injectable	4	(PA)(QL)(M)
HEMATORHEOLOGIC AGENTS		
Pentoxifylli Tablet	1	(M)
HEPATITIS THERAPIES		
Entecavir Tablet	1	(QL)(M)
Harvoni Packet	4	(PA)(QL)(M)
Ledip-Sofosb Tablet	4	(PA)(QL)(M)
Mavyret	4	(PA)(QL)(M)
Sofos/Velpat Tablet	4	(PA)(QL)(M)
Vosevi Tablet	4	(PA)(QL)(M)
HORMONE RECEPTOR MODULATORS		
Evista Tablet	3	(QL)(M)
Osphena Tablet	3	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
Activella Tablet	3	(QL)(M)
Alora Dis	3	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Aygestin Tablet	3	(QL)(M)
Climara Dis	3	(QL)(M)
Climara Pro Dis	3	(QL)(M)
Combipatch Dis	2	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Delestrogen Injectable	3	
Depo-Estradi Injectable	3	
Divigel Gel	3	(QL)(M)
Dotti Dis	1	(QL)(M)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
Elestrin Gel	3	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrace Tablet	3	(QL)(M)
Estrace Vag Cream	3	(ST)(QL)(M)
Estrad Val Injectable	1	
Estradiol	1	(QL)(M)
Estring Mis	3	(ST)(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Estrogel Gel	3	(QL)(M)
Femhrt Tablet	3	(M)
Femring Mis	3	(ST)(QL)(M)
Fyavolv Tablet	1	(M)
Imvexxy Main Sup	3	(ST)(QL)(M)
Imvexxy Strt Sup	3	(ST)(QL)(M)
Jevantique L Tablet	1	(M)
Jinteli Tablet	1	(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	1	(QL)(M)
Menest Tablet	3	(QL)(M)
Menostar Dis	3	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Minivelle Dis	3	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	1	(M)
Premarin Tablet	2	(QL)(M)
Premarin Vag Cream	3	(ST)(QL)(M)
Premphase Tablet	3	(QL)(M)
Prempro Tablet	3	(QL)(M)
Prometrium Capsule	3	(QL)(M)
Vagifem Tablet	3	(ST)(QL)(M)
Vivelle-Dot Dis	3	(QL)(M)
Yuvaferm Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY MALE		
Depo-Testost Injectable	1	(QL)(M)
Natesto Gel	3	(PA)(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION		
Actemra Injectable	4	(PA)(QL)(M)
Adbry Injectable	4	(PA)(QL)(M)
Cimzia	4	(PA)(QL)(M)
Cosentyx	4	(PA)(QL)(M)
Dupixent Injectable	4	(PA)(QL)(AGE)(M)
Enbrel	4	(PA)(QL)(M)
Humira	4	(PA)(QL)(M)
Ilumya Solution	4	(PA)(M)
Kevzara Injectable	4	(PA)(QL)(M)
Kineret Injectable	4	(PA)(QL)(M)
Olumiant Tablet	4	(PA)(QL)(M)
Orencia Injectable	4	(PA)(QL)(M)
Orencia Clk Injectable	4	(PA)(QL)(M)
Otezla Tablet	4	(PA)(QL)(M)
Rinvoq Tablet	4	(PA)(QL)(M)
Simponi	4	(PA)(QL)(M)
Skyrizi Injectable	4	(PA)(QL)(M)
Skyrizi Pen Injectable	4	(PA)(QL)(M)
Stelara Injectable	4	(PA)(QL)(M)
Taltz Injectable	4	(PA)(M)
Xeljanz Tablet	4	(PA)(QL)(M)
Xeljanz Xr Tablet	4	(PA)(QL)(M)
Xolair Injectable	4	(PA)(QL)(M)
IMMUNOMODULATING AGENTS - TOPICAL		
Imiquimod Cream	1	
IMMUNOSUPPRESSANTS		
Azathioprine Tablet	1	(M)
Cellcept	3	(M)
Cyclosporine	1	(PA)(QL)(M)
Envarsus Xr Tablet	3	(ST)(QL)(M)
Everolimus Tablet	1	(PA)(QL)(M)
Gengraf Capsule	1	(M)
Mycophenolat	1	(M)
Mycophenolic Tablet	1	(QL)(M)
Myfortic Tablet	3	(QL)(M)
Neoral Capsule	2	(M)
Prograf Capsule	3	(M)
Rapamune Tablet	3	(M)
Sirolimus Tablet	1	(M)
Tacrolimus	1	(QL)(M)
Zortress Tablet	4	(QL)(M)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
Elidel Cream	3	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Pimecrolimus Cream	1	(ST)(QL)
INFLAMMATORY BOWEL AGENTS		
Balsalazide Capsule	1	(M)
Mesalamine	1	(QL)(M)
Pentasa Capsule	2	(QL)(M)
Sulfasalazin Tablet	1	(M)
INFLUENZA AGENTS		
Oseltamivir	1	(QL)
Tamiflu	3	(QL)
INTESTINAL ACIDIFIERS		
Lactulose Solution	1	
LAXATIVE COMBINATIONS		
Clenpiq Solution	2	
Gavilyte	1	
Peg 3350	1	
Sodium/Potas Solution	1	
Suprep Bowel Solution	2	
LAXATIVES		
Constulose Solution	1	
Polyeth Glyc Powder	1	
LEPROSTATICS		
Dapsone Tablet	1	
LOCAL ANESTHETICS - TOPICAL		
Lido/Prilocn Cream	1	
Lidocaine	1	(QL)
MENTAL HEALTH		
Abilify Main Injectable	4	(M)
Amitriptylin Tablet	1	(M)
Anafranil Capsule	3	(QL)(M)
Aripiprazole Tablet	1	(QL)(M)
Asenapine Sub	1	(ST)(QL)(M)
Bupropion Tablet	1	(QL)(AGE)(M)
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Clomipramine Capsule	1	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Clozaril Tablet	3	(ST)(QL)(M)
Desipramine Tablet	1	(M)
Desvenlafax Tablet	1	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Effexor Xr Capsule	3	(ST)(QL)(M)
Escitalopram Tablet	1	(QL)(M)
Fanapt	3	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Fetzima Capsule	3	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	1	(ST)(QL)(M)
Geodon Capsule	3	(ST)(QL)(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
Invega Hafye Injectable	4	(QL)(M)
Invega Sust Injectable	4	(M)
Invega Trinz Injectable	4	(M)
Lexapro Tablet	3	(ST)(QL)(M)
Lithium Carb	1	(M)
Lurasidone Tablet	1	(QL)(M)
Memant Titra Packet	1	(QL)(M)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(ST)(QL)(M)
Mirtazapine	1	(M)
Namenda Tablet	3	(QL)(M)
Namenda Xr Capsule	3	(ST)(QL)(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(QL)(M)
Paliperidone Tablet	1	(ST)(QL)(M)
Paroxetin Er Tablet	1	(ST)(QL)(M)
Paroxetine Tablet	1	(ST)(QL)(M)
Paxil Tablet	3	(ST)(QL)(M)
Paxil Cr Tablet	3	(ST)(QL)(M)
Pristiq Tablet	3	(ST)(QL)(M)
Prozac Capsule	3	(ST)(QL)(M)
Quetiapine Er	1	(QL)(M)
Rexulti Tablet	3	(PA)(QL)(M)
Risperdal	4	(ST)(QL)(M)
Risperidone Tablet	1	(QL)(M)
Savella	2	(ST)(QL)(M)
Sertraline	1	(QL)(M)
Spravato Solution	4	(PA)(M)
Trazodone Tablet	1	(QL)(M)
Trintellix Tablet	3	(ST)(QL)(M)
Venlafaxine	1	(QL)(M)
Viibryd Tablet	3	(PA)(QL)(M)
Vilazodone Tablet	1	(ST)(QL)(M)
Vraylar Capsule	3	(PA)(QL)(M)
Wellbutrin Tablet	3	(ST)(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
Zoloft	3	(ST)(QL)(M)
Zyprexa	4	(ST)(QL)(M)
Zyprexa Zydi Tablet	3	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	1	(PA)(QL)(M)
Kuvan	4	(PA)(QL)(M)
Levocarnitin	1	
Nityr Tablet	4	(PA)(QL)(M)
Orfadin	4	(PA)(QL)(M)
Strensiq Injectable	4	(PA)(QL)(M)
MIGRAINE		
Aimovig Injectable	3	(PA)(QL)
Ajovy Injectable	2	(ST)(QL)(M)
Amerge Tablet	3	(ST)(QL)(M)
Aprepitant Capsule	1	(QL)
Eletriptan Tablet	1	(ST)(QL)
Engality Injectable	3	(PA)(QL)(M)
Frova Tablet	3	(ST)(QL)
Frovatriptan Tablet	1	(ST)(QL)
Imitrex	3	(ST)(QL)(M)
Maxalt Tablet	3	(ST)(QL)(M)
Maxalt-Mlt Tablet	3	(ST)(QL)(M)
Naratriptan Tablet	1	(QL)(M)
Nurtec Tablet	2	(PA)(QL)
Relpax Tablet	3	(ST)(QL)
Reyvow Tablet	3	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	1	(ST)(QL)(M)
Ubrelvy Tablet	2	(PA)(QL)
Zolmitriptan	1	(ST)(QL)
Zomig Tablet	3	(ST)(QL)
MINERALOCORTICOIDS		
Fludrocort Tablet	1	(M)
MIOTICS		
Pilocarpine	1	
Vuity Solution	3	
MISC. ANTIVIRALS		
Lagevrio Capsule	4	(QL)(M)
MISC. RESPIRATORY INHALANTS		
Hypersal Neb	3	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride	1	(PA)
Sodium Chlor Neb	1	
MISC. TOPICAL		
Drysol Solution	3	
Qbrexza Pad	3	(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
MISCELLANEOUS VAGINAL PRODUCTS		
Intrarosa Sup	3	(QL)(M)
MOVEMENT DISORDER		
Austedo Tablet	4	(PA)(QL)(M)
Ingrezza Capsule	4	(PA)(QL)(M)
MULTIPLE SCLEROSIS AGENTS		
Avonex	4	(PA)(QL)(M)
Dalfampridin Tablet	1	(QL)(M)
Dimethyl Fum Capsule	1	(QL)(M)
Extavia Injectable	4	(PA)(QL)(M)
Gilenya Capsule	4	(PA)(QL)(M)
Glatiramer Injectable	1	(PA)(QL)(M)
Glatopa Injectable	1	(PA)(QL)(M)
Plegridy	4	(PA)(QL)(M)
Zeposia Capsule	4	(PA)(QL)(M)
Zeposia 7Day Capsule	4	(PA)(QL)(M)
MUSCLE RELAXANTS		
Baclofen Tablet	1	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	1	(ST)
Methocarbam Tablet	1	
Orphenadrine Tablet	1	
Tizanidine	1	(ST)(QL)
Vanadom Tablet	1	(QL)
Zanaflex	3	(ST)(QL)
NASAL ALLERGY		
Azel/Flutic Spr	2	(ST)(QL)
Azelastine	1	(QL)(M)
Dymista Spr	2	(QL)
Flunisolide Spr	1	(QL)(M)
Xhance Mis	3	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Abiraterone Tablet	1	(QL)(M)
Afinitor Tablet	4	(PA)(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Bosulif Tablet	4	(PA)(QL)(M)
Capecitabine Tablet	1	(QL)(M)
Exemestane Tablet	1	(QL)(M)
Hydrea Capsule	3	
Hydroxyurea Capsule	1	
Ibrance	4	(PA)(QL)(M)
Iclusig Tablet	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Imatinib	1	(PA)(QL)
Jakafi Tablet	4	(PA)(QL)(M)
Lenalidomide Capsule	1	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lonsurf Tablet	4	(PA)(QL)(M)
Lynparza Tablet	4	(PA)(QL)(M)
Megestrol Ac Tablet	1	
Mercaptopur Tablet	1	(M)
Methotrexate	1	(M)
Nerlynx Tablet	4	(PA)(QL)(M)
Rasuvo Injectable	2	(ST)(QL)
Revlimid Capsule	4	(PA)(QL)(M)
Sprycel Tablet	4	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Tasigna Capsule	4	(PA)(QL)(M)
Temozolomide Capsule	1	(QL)(M)
Venclexta Tablet	4	(PA)(QL)(M)
Verzenio Tablet	4	(PA)(QL)(M)
Xeloda Tablet	4	(QL)(M)
Xtandi Capsule	4	(PA)(QL)(M)
OPHTHALMIC STEROIDS		
Alrex Suspension	3	(ST)(QL)
Dexameth Pho Solution	1	
Difluprednat Emu	1	(QL)
Durezol Emu	3	(QL)
Fluoromethol Suspension	1	
Fml Forte Suspension	3	
Lotemax	3	(QL)
Lotemax Sm Gel	3	(QL)
Loteprednol	1	(QL)
Neo/Poly/Dex	1	
Pred Mild Suspension	3	
Prednisolone	1	(QL)
Sulf/Pred Na Solution	1	
Tobra/Dexame Suspension	1	
Tobradex St Suspension	3	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Besivance Suspension	3	(QL)
Gatifloxacin Solution	1	(QL)
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
Polytrim Solution	3	
Sulfacet Sod Solution	1	
Tobramycin Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Vigamox Dro	3	(QL)
Zymaxid Solution	3	(QL)
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Acuvail Solution	3	(QL)
Brimonidine 0.15%	1	(M)
Bromfenac Solution	1	
Combigan Solution	1	(QL)(M)
Cosopt Solution	3	(QL)(M)
Cosopt Pf Solution	3	(QL)(M)
Diclofenac 3%	1	(QL)(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
Prolensa Solution	3	(ST)(QL)
Rhopressa Solution	3	(ST)(QL)(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	1	(M)
Timoptic Ocu Solution	3	(ST)(M)
Verkazia Emu	4	(PA)(QL)(M)
OPHTHALMICS (EYE) PROSTGLANDINS		
Bimatoprost Solution	1	(QL)(M)
Latanoprost Solution	1	(QL)(M)
Lumigan Solution	2	(QL)(M)
Travatan Z Dro	3	(ST)(QL)(M)
Travoprost Dro	1	(ST)(QL)(M)
Xalatan Solution	3	(QL)(M)
Zioptan Dro	3	(ST)(QL)(M)
OPIOID ANTAGONISTS		
Kloxxado Spr	2	(QL)(M)
Naloxone	1	(QL)(M)
Naloxone Hcl Spr	1	(QL)(M)
Naltrexone Tablet	1	
Narcan Spr	2	(QL)(M)
Vivitrol Injectable	4	(QL)(M)
OPIOID PARTIAL AGONISTS		
Belbuca Mis	2	(QL)
Bupren/Nalox	1	(QL)
Buprenorphin	1	(QL)
Butorphanol Solution	1	(QL)
Sublocade Injectable	4	(QL)(M)
OSTEOPOROSIS*		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
Prolia Injectable	4	(M)

Drug Name	Drug Tier	Requirements & Limits
Risedronate Tablet	1	(ST)(QL)(M)
Tymlos Injectable	4	(PA)(M)
OTIC PREPARATIONS (EAR)		
Cipro/Dexa Suspension	1	
Neo/Poly/Hc	1	
OTIC STEROIDS		
Dermotic Oil	3	
Flac Oil	1	
PAIN MEDICATIONS - NARCOTICS		
Apap/Codeine Tablet	1	(QL)
Bac Tablet	1	(QL)
Bupap Tablet	1	(QL)
But/Apap/Caf	1	(QL)
But/Asa/Caff Capsule	1	(QL)
Butal/Apap Tablet	1	(QL)
Butalb/Aceta Tablet	1	(QL)
Endocet Tablet	1	(QL)
Fentanyl Dis	1	(PA)(QL)
Fioricet Capsule	3	(QL)
Hydroco/Apap	1	(QL)
Hydromorphon Tablet	1	(QL)
Meperidine Solution	1	(QL)
Methadone Tablet	1	(QL)
Morphine Sul	1	(ST)(QL)
Oxaydo Tablet	3	(QL)
Oxy-Acetamin Tablet	1	(QL)
Oxycod-Apap Tablet	1	(QL)
Oxycod/Apap Tablet	1	(QL)
Oxycodone	1	(QL)
Oxymorphone Tablet	1	(ST)(QL)
Roxicodone Tablet	3	(QL)
Tramadol/Apap Tablet	1	(QL)
Tramadol	1	(QL)
Ultracet Tablet	3	(QL)
Xtampza Er Capsule	2	(ST)(QL)
PAIN MEDICATIONS NSAIDS		
Arthrotec 50 Tablet	3	(ST)(M)
Arthrotec 75 Tablet	3	(ST)(M)
Cataflam Tablet	1	
Celecoxib Capsule	1	(QL)(M)
Diclo/Misopr Tablet	1	(M)
Diclofen Pot Tablet	1	
Etodolac Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Piroxicam Capsule	1	(M)
PANCREATIC ENZYME		
Creon Capsule	2	(QL)(M)
Pancreaze Capsule	2	(QL)(M)
Pertzye Capsule	2	(QL)(M)
Zenpep Capsule	2	(QL)(M)
PARKINSON'S		
Amantadine	1	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	1	(QL)(M)
Carb/Levo Tablet	1	(QL)(M)
Carb/Levo Er Tablet	1	(QL)(M)
Neupro Dis	3	(QL)(M)
Pramipexole Tablet	1	(QL)(M)
Rasagiline Tablet	1	(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
PHENOTHIAZINES		
Chlorpromaz Tablet	1	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
PHOSPHATE		
K-Phos Tablet	3	
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Virt-Phos Tablet	1	
PHOSPHATE BINDING AGENTS		
Calc Acetate Capsule	1	(M)
Sevelamer Tablet	1	(M)
POSTERIOR PITUITARY HORMONES		
Ddavn Tablet	3	(QL)
Desmopressin	1	(QL)
POTASSIUM		
Potassium Chloride	1	(M)
POTASSIUM REMOVING RESINS		
Lokelma Packet	2	(PA)(QL)(M)
PRENATAL VITAMINS		
Co-Natal Fa Tablet	3	
Complete Nat Packet	1	
Concept Ob Capsule	3	
Folivane-Ob Capsule	3	

Drug Name	Drug Tier	Requirements & Limits
M-Natal Plus Tablet	3	
M-Vit Tablet	3	
Natalvit Tablet	3	
Neonatal Tablet	3	
Neonatal Pls Tablet	3	
Niva-Plus Tablet	3	
One Vite Tablet	3	
Pnv Prenatal Tablet	3	
Prenatal Tablet	1	
Prenatal Vit Tablet	3	
Prenatrix Tablet	3	
Prenatryl Tablet	3	
Preplus Tablet	3	
Provida Ob Capsule	3	
Trinatal Rx Tablet	1	
Vinate One Tablet	3	
Vitathely Tablet	3	
Wesnata Dha Packet	3	
Westab Plus Tablet	3	
PROLACTIN INHIBITORS		
Cabergoline Tablet	1	(QL)(M)
PROSTATE		
Alfuzosin Tablet	1	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Silodosin Capsule	1	(ST)(QL)(M)
Tadalafil Tablet	1	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
Uroxatral Tablet	3	(QL)(M)
PULMONARY ARTERIAL HYPERTENSION		
Adempas Tablet	4	(PA)(QL)(M)
Alyq Tablet	1	(PA)(QL)(M)
Ambrisentan Tablet	4	(PA)(QL)(M)
Opsumit Tablet	4	(PA)(QL)(M)
Orenitram Tablet	4	(PA)(QL)(M)
Revatio Suspension	4	(PA)(QL)(M)
Sildenafil	4	(PA)(QL)(M)
PYRIMIDINE SYNTHESIS INHIBITORS		
Leflunomide Tablet	1	(M)
RECTAL COMBINATIONS		
Hc Pramoxine Cream	1	
Procort Cream	3	
RECTAL STEROIDS		
Anucort-Hc Sup	1	
Anusol-Hc Sup	1	

Drug Name	Drug Tier	Requirements & Limits
Hemmorex-Hc Sup	1	
Hydrocort Ac Sup	1	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	2	(QL)
SALICYLATES		
Aspirin	1	(QL)(M)(AGE)
SCABICIDES & PEDICULICIDES		
Permethrin Cream	1	
SEIZURE DISORDER		
Aptiom Tablet	3	(ST)(QL)(M)
Briviact	3	(QL)(M)
Carbamazepin	1	(QL)(M)
Carbatrol Capsule	3	(QL)(M)
Clobazam	1	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
Dilantin Capsule	3	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epidiolex Solution	3	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide	1	(QL)(M)
Fycompa	3	(QL)(M)
Gabapentin	1	(QL)(M)
Keppra	3	(ST)(QL)(M)
Keppra Xr Tablet	3	(ST)(QL)(M)
Klonopin Tablet	3	(ST)(QL)(M)
Lamictal	3	(ST)(QL)(M)
Lamictal Xr Tablet	3	(ST)(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
Mysoline Tablet	3	(ST)(QL)(M)
Nayzilam Spr	3	(QL)
Onfi	3	(PA)(QL)(M)
Oxcarbazepin	1	(QL)(M)
Oxtellar Xr Tablet	3	(ST)(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	3	(ST)(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tegretol Tablet	3	(ST)(QL)(M)
Tegretol-Xr Tablet	3	(ST)(QL)(M)
Topamax Tablet	3	(ST)(QL)(M)
Topamax Spr Capsule	3	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Trileptal	3	(ST)(QL)(M)
Valproic Acid Capsule	1	(QL)(M)
Valtoco Spr	3	(QL)
Vimpat Solution	3	(ST)(QL)(M)
Vimpat Tablets	3	(ST)(QL)(M)
Xcopri Tablet	3	(ST)(QL)(M)
Zarontin	3	(ST)(QL)(M)
Zonegran Capsule	3	(ST)(QL)(M)
Zonisamide Capsule	1	(QL)(M)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM		
Chor Gonadot Injectable	1	(PA)
Novarel Injectable	3	(PA)
Pregnyl Injectable	3	(PA)
SMOKING CESSATION		
Apo-Varenicl Tablet	2	(QL)(M)(AGE)
Commit Loz	2	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
EqL Nicotine Loz	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)
Nicoderm Cq Dis	2	(QL)(M)(AGE)
Nicorelief Gum	1	(QL)(M)(AGE)
Nicorette	2	(QL)(M)(AGE)
Nicorette St Gum	2	(QL)(M)(AGE)
Nicotine	1	(QL)(M)(AGE)
Nicotine Pol	1	(QL)(M)(AGE)
Nicotine Td Dis	1	(QL)(M)(AGE)
Qc Nicotine Dis	1	(QL)(M)(AGE)
Ra Nicotine	1	(QL)(M)(AGE)
Sm Nicotine	1	(QL)(M)(AGE)
Stop Smoking	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	1	(QL)(M)(AGE)
SOMATOSTATIC AGENTS		
Octreotide Injectable	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Sandostatin Injectable	4	(QL)(M)
Somatuline Injectable	4	(PA)(QL)(M)
STEROIDS		
Budesonide Capsule	1	(QL)
Decadron Tablet	1	
Dexamethason	3	
Medrol Tablet	3	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
Solu-Cortef Injectable	3	
STIMULANTS - ADHD/WAKEFULNESS		
Adderall	2	(QL)
Armodafinil Tablet	1	(QL)
Atomoxetine Capsule	1	(QL)(M)
Concerta Tablet	2	(QL)
Daytrana Dis	3	(ST)
Dexmethylphenidate Er	1	(QL)
Dextroamphet	1	(QL)
Jornay Pm Capsule	3	(ST)(QL)(M)
Metadate Tablet	1	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	1	(QL)
Qelbree Capsule	3	(ST)(QL)(M)
Quillichew Chw	2	(QL)
Quillivant Suspension	2	(QL)
Sunosi Tablet	3	(ST)(QL)
Vyvanse Capsule	2	(QL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
Benlysta Injectable	4	(PA)(QL)(M)
THROAT PRODUCTS - MISC.		
Cevimeline Capsule	1	
THYROID		
Cytomel Tablet	2	(M)
Euthyrox Tablet	2	(QL)(M)
Levo-T Tablet	2	(QL)(M)
Levothyroxin	1	(QL)(M)
Levoxyl Tablet	2	(QL)(M)
Liothyronine Tablet	1	(M)
Nature Throid	3	(M)
Synthroid Tablet	3	(QL)(M)
Tirosint Capsule	3	(QL)(M)
UNCATEGORIZED		
Kerendia Tablet	3	(PA)(QL)(M)
Reset-O Mis	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tyrvaya Solution	3	(ST)(QL)(M)
Uptravi Tablet	4	(PA)(QL)(M)
URINARY ANALGESICS		
Phenazopyridine	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
Gemtesa Tablet	3	(ST)(QL)(M)
Myrbetriq	3	(ST)(QL)(AGE)(M)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
Bethanechol Tablet	1	
URINARY INCONTINENCE		
Dicyclomine	1	(M)
Fesoterodine Tablet	1	(QL)(M)
Glycate Tablet	3	(M)
Glycopyrrol Tablet	1	(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Robinul Tablet	3	(M)
Robinul Fort Tablet	3	(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	1	(QL)(M)
Trospium Chl Capsule	1	(QL)(M)
Trospium Cl Tablet	1	(QL)(M)
VACCINES		
Comirnaty Injectable	2	(QL)
Engerix-B Injectable	2	
Fluad Quadri Injectable	2	(M)
Flublok Quad Injectable	2	(M)
Gardasil 9 Injectable	2	(AGE)
Hepelisav-B Injectable	2	(QL)
M-M-R li Injectable	2	
Moderna Injectable	2	(QL)
Moderna Biv Injectable	2	(QL)
Moderna Biva Injectable	2	(QL)
Moderna Vac Injectable	2	(QL)
Moderna Vacc Injectable	2	(QL)(AGE)
Pfizer Bival Injectable	2	(QL)
Pfizer Vacc Injectable	2	(QL)(AGE)
Pneumovax 23 Injectable	2	(AGE)
Prevnar 20 Injectable	2	(AGE)
Recombiva Hb Injectable	2	
Shingrix Injectable	2	(QL)(AGE)
Spikevax Injectable	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Twinrix Injectable	2	
Varivax Injectable	2	
VAGINAL ANTI-INFECTIVES		
Nuversa Gel	3	(QL)
Terconazole Cream	1	
Vandazole Gel	3	
VITAMINS/ELECTROLYTES		
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Folic Acid Tablet	1	(M)
Iron Drops Dro	1	(QL)(AGE)
Iron Inf-Tod Dro	1	(QL)(AGE)
Iron Inf/Tod Dro	1	(QL)(AGE)
Iron Supplmt Dro	1	(QL)(AGE)
Multi-Vit/Fl	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	1	
Sod Citrate Solution	1	
Vitamin D	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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