RxSelect® (Four Tier) 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. 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 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

SCRIPIUS

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Effective as of: 10/1/2024

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	2	(ST)
Clindamy/Ben Gel	2	(ST)
Ery/Benzoyl Gel	1	
Erythromycin	1	(AGE)
Metronidazol	1	(QL)
Neuac Gel	1	
Rhofade Cream	3	(QL)
Sod Sul/Sulf Liq	1	
Sod Sulf/Sul Liq	1	
Sulfacetamid Lot	1	
Tretinoin Cream	1	(AGE)
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		
Sod Oxybate Solution	4	(PA)(QL)(M)
ANTIARRHYTHMICS		
Mexiletine Capsule	1	(M)
ANTIBIOTICS		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cayston Inhalation	4	(PA)(QL)(M)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefixime Capsule	1	
Cefpodoxime Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Cleocin Cream	2	
Cleocin Ped Solution	3	
Clindamycin	1	
Dicloxacill Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
Doxycycl Hyc	1	(QL)
Doxycycline Mono Capsule 100Mg	1	
Fosfomycin Powder	1	
Hiprex Tablet	3	
Levaquin Tablet	3	
Levofloxacin Tablet	1	
Linezolid Tablet	1	(QL)
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Monurol Packet	3	
Moxifloxacin	1	
Neomycin Tablet	1	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicilln Vk	1	
Smz-Tmp Ds	1	
Sulfatrim Pd Suspension	1	
Tetracycline Capsule	1	
Tinidazole Tablet	1	
Tobramycin	1	(PA)(QL)(M)
Trimethoprim Tablet	1	
Uribel Capsule	1	
Urimar-T Capsule	1	
Urneva Capsule	1	
Uro-Mp Capsule	1	
Uro-Sp 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		
Tranex Acid Tablet	1	(QL)
ANTIFUNGALS		
Ciclodan Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	1	
Fluconazole	1	(QL)
Itraconazole Capsule	1	(QL)
Ketoconazole	1	

Drug Name	Drug Tier	Requirements & Limits
Klayesta Powder	1	(QL)
Nizoral Sha	3	
Nyamyc Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Sporanox Capsule	3	(QL)
Terbinafine Tablet	1	(QL)
ANTIHELMINTICS		
Ivermectin Tablet	1	
ANTIMALARIALS		
Atovaq/Progu Tablet	1	
Hydroxychlor	1	(M)
Malarone Tablet	3	(PA)
ANTIMYASTHENIC AGENTS		
Pyridostigm Tablet	1	
Pyridostigmi Tablet	1	(QL)
ANTIMYCOBACTERIAL AGENTS		
Isoniazid Tablet	1	
Rifampin Capsule	1	
ANTIPROTOZOAL AGENTS		
Atovaquone Suspension	1	
Mepron Suspension	3	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	4	(QL)(M)
Darunavir Tablet	1	(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)
Norvir Tablet	4	(QL)(M)
Odefsey Tablet	4	(QL)(M)
Paxlovid Tablet	4	(QL)(M)
Prezista Tablet	4	(QL)(M)
Ritonavir Tablet	1	(QL)(M)
Symfi Tablet	4	(QL)(M)
Symfi Lo Tablet	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Symtuza Tablet	4	(QL)(M)
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)
Albuterol	1	(QL)(M)
Alvesco Inhalation	3	(PA)(QL)(M)
Anoro Ellipt Inhalation	2	(QL)(M)
Arformoterol Neb	2	(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)
Budesonide	1	(QL)(M)
Combivent Inhalation	2	(QL)(M)
Dulera Inhalation	3	(PA)(QL)(M)
Flutic/Salme	1	(PA)(QL)(M)
Flutic/Vilan Inhalation	1	(PA)(QL)(M)
Fluticas Hfa Inhalation	2	(QL)(M)
Fluticasone	2	(QL)(M)
Incruse Elpt Inhalation	3	(ST)(QL)(M)
Ipratropium	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Kourzeq Pst	1	
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	1	
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	1	(QL)(M)
Terbutaline Tablet	1	(QL)(M)
Theophylline Tablet	1	(M)
Trelegy Inhalation	2	(QL)(M)(AGE)
Triamcinolon	1	
Ventolin Hfa Inhalation	2	(QL)(M)
Wixela Inhub Inhalation	1	(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)
Eliquis St P Tablet	2	(QL)
Enoxaparin Injectable	1	
Heparin Sod 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)
BURN PRODUCTS		
Silvadene Cream	3	
Silver Sulfa Cream	1	
Ssd Cream	1	
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	1	(M)
CARDIOVASCULAR*		
Amilor/Hctz Tablet	1	(M)
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)
Candesa/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	1	(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	1	(M)
Dofetilide Capsule	1	(M)
Doxazosin Tablet	1	(QL)(M)
Enalapril	1	(QL)(AGE)(M)
Entresto	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)
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)

Drug Name	Drug Tier	Requirements & Limits
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)
Losartan Pot Tablet	1	(QL)(M)
Losartan/Hct Tablet	1	(QL)(M)
Matzim La Tablet	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)
Nitro-Bid Oin	3	(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	1	(M)
Propranolol	1	(M)
Qbrelis Solution	3	(QL)(M)(AGE)
Ramipril Capsule	1	(M)
Ranolazine Tablet	1	(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)
Tenormin Tablet	3	(ST)(QL)(M)
Terazosin Capsule	1	(QL)(M)
Thalitone Tablet	2	(M)
Tiadylt Capsule	1	(M)
Torsemide Tablet	1	(M)
Triamt/Hctz	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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	2	(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)
Pitavastatin Tablet	1	(ST)(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	(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 Solution	1	(QL)
Cetirizine Solution	1	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Hycodan Syrup	2	
Hydromet Syrup	1	
Levocetirizi Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Maxi-Tuss Ac Solution	1	
Prometh/Cod Solution	1	
Promethazine	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)
Pulmozyme Solution	4	(QL)(M)
Tobi Podhalr Capsule	4	(PA)(QL)(M)
Trikafta	4	(PA)(QL)(AGE)(M)
DENTAL PRODUCTS		
Chlorhex Glu Solution	1	
Dentagel Gel	1	(M)
Fraiche 5000 Gel	1	(M)
Just Right Gel	1	(M)
Peridex Solution	3	
Periogard Solution	1	
Sf Gel	1	(M)
Sodium Fluor Gel	1	(M)
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICAL		
Diclofenac 1%	1	(PA)(M)
Finacea Gel	3	(QL)
Fluorouracil Cream	1	(PA)(QL)
Gentamicin	1	
Mupirocin Oin	1	
Tazorac	3	(ST)(AGE)
Tolak Cream	3	(QL)
Xepi Cream	3	(QL)
DERMATOLOGICALS (SKIN) STEROIDS		
Ala-Cort Cream	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val Cream	1	
Clobetasol	1	(QL)
Derma-Smooth Oil	3	
Desonide	1	
Fluocin Acet	1	
Fluocinonide	1	(ST)(QL)
Hydrocort	1	(M)
Mometasone	1	(QL)(M)
DIABETES - INSULIN*		
Fiasp Injectable	2	(M)

Drug Name	Drug Tier	Requirements & Limits
Fiasp Flex Injectable	2	(M)
Humulin R U-500	2	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Insulin Glar	2	(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)
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)
Glucagon Kit	1	
Glyb/Metform Tablet	1	(M)
Glyburide Tablet	1	(M)
Gvoke Hypo 1 Injectable	2	
Gvoke Hypo 2 Injectable	2	
Gvoke Kit Solution	2	
Gvoke Pfs Injectable	2	
Metformin Tablet	1	(M)
Mounjaro Injectable	2	(PA)(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
Repaglinide Tablet	1	(M)
Segluromet Tablet	3	(ST)(QL)(M)
Soliqua Injectable	2	(ST)(QL)(M)
Steglatro Tablet	3	(ST)(QL)(M)
Symlin	3	(PA)(QL)(M)
Trulicity Injectable	2	(PA)(QL)(M)
Xigduo Xr Tablet	2	(QL)(M)
DIABETES - TESTING AND SUPPLIES		
1/2Ml Tb Syr Mis	3	(M)

Drug Name	Drug Tier	Requirements & Limits
10Ml Ll Syrg Mis	3	(M)
10Ml Syringe Mis	1	(M)
12Ml Syringe Mis	3	(M)
140Ml Syring Mis	3	(M)
1Ml Allr Syr Mis	3	(M)
1Ml Slip Tip Mis	3	(M)
1Ml Syringe Mis	1	(M)
1Ml Tb Syrng Mis	3	(M)
20Ml Syringe Mis	1	(M)
3Ml Syringe Mis	3	(M)
30Ml Syringe Mis	1	(M)
35Ml Syringe Mis	1	(M)
3Ml Ll Syrng Mis	3	(M)
3Ml Luer Loc Mis	3	(M)
3Ml Syringe Mis	1	(M)
5Ml Syringe Mis	1	(M)
60Ml Syringe Mis	1	(M)
6Ml Syringe Mis	3	(M)
Accu-Chek Tes	3	(PA)(QL)(M)
Admix Needle Mis	3	(M)
Allergy Syrg Mis	3	(M)
Bd 20Ml Syrg Mis	3	(M)
Bd 50Ml Syrg Mis	3	(M)
Bd 5Ml Syrg 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 Needle Mis	3	(M)
Bd Needles Mis	3	(M)
Bd Plastipak Mis	3	(M)
Bd Precision Mis	3	(M)
Bd Safety Mis	3	(M)
Bd Syr 50Ml Mis	3	(M)
Bd Tb 1Ml Mis	3	(M)
Bulb Irr Syr Mis	3	(M)
Carepoint Sa Mis	3	(M)
Carepoint Sy Mis	3	(M)
Carepoint Tu Mis	3	(M)
Catheter/Tip Mis	3	(M)
Deflux Needl Mis	3	(M)
Dexcom G6 Mis	2	(ST)(QL)(M)(AGE)
Dexcom G7 Mis	2	(ST)(QL)(M)(AGE)
Dropsafe Mis	3	(M)
Easy Glide Mis	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Easy Touch Mis	3	(M)
Easypoint Mis	3	(M)
Eclipse Ndle Mis	3	(M)
Enlite Gluco Mis	3	(PA)(QL)(M)
Fill Needle Mis	3	(M)
Filter Needl Mis	3	(M)
Free Libre3 Kit	2	(ST)(QL)(M)
Freesty Libr	2	(ST)(QL)(M)(AGE)
Freestyle	2	(ST)(QL)(AGE)(M)
Guardian Mis	3	(PA)(QL)(AGE)(M)
Guardian 4 Mis	3	(PA)(QL)(M)(AGE)
Guardian Con Mis	3	(PA)(QL)(M)(AGE)
Guardian Rt Mis	3	(PA)(QL)(AGE)(M)
Hypo Needle Mis	1	(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	3	(M)
Luer-Lok Mis	3	(M)
Minilink Rt	3	(PA)(QL)(AGE)(M)
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 Kit	2	(PA)(QL)(M)
Omnipod 5 De Mis	2	(PA)(QL)(M)
Omnipod 5 G6	2	(PA)(QL)(M)
Omnipod Dash	2	(PA)(QL)(M)
Paradigm Rea Mis	3	(PA)(QL)(M)(AGE)
Pen Needles	2	(M)
Perfect Poin Mis	3	(M)
Pharm Syrng Mis	3	(M)
Pharm Tray Mis	3	(M)
Piston Irrig Mis	3	(M)
Poly Hub Mis	3	(M)
Precision Tes	2	(QL)(M)
Precisn Xtra Tes	2	(QL)(M)
Safetyglide Mis	3	(M)
Safty Needle Mis	3	(M)
Securesafe Mis	3	(M)
Slip Tip 1Ml Mis	3	(M)
Slip Tip 3Ml Mis	3	(M)
Syrg/Ndl 3Ml Mis	3	(M)
Syringe 5Ml Mis	3	(M)
Syringe Luer Mis	3	(M)
Tb Syringe Mis	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Tb Syrng 1Ml Mis	3	(M)
Toomey Syrin Mis	1	(M)
Vent Needle Mis	3	(M)
ECZEMA AGENTS - TOPICAL		
Eucrisa Oin	2	(QL)
EMOLLIENTS		
Ammonium Lac Cream	1	
FLUORIDE		
Fluoride	1	(QL)(M)(AGE)
GALLSTONE SOLUBILIZING AGENTS		
Ursodiol	1	(M)
GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL		
Amitiza Capsule	3	(ST)(QL)(M)(AGE)
Diphen/Atrop Tablet	1	
Linzess 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 &		
Akynzeo Capsule	2	(QL)
Emend Suspension	3	(QL)
Ondansetron	1	(PA)(QL)
Phenadoz Sup	1	
Promethegan Sup	1	
Scopolamine Dis	1	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Famotidine Suspension	1	(M)(AGE)
Misoprostol Tablet	1	(M)
Sucralfate	1	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Lansoprazole Suspension	1	(M)(AGE)
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod Con	1	(M)
GNRH/LHRH ANTAGONISTS		
Orilissa Tablet	4	(PA)(QL)(M)
GOUT		
Allopurinol Tablet	1	(M)
Colchicine Tablet	1	(QL)
Colcrys Tablet	3	(QL)

Drug Name	Drug Tier	Requirements & Limits
Febuxostat Tablet	1	(QL)(M)
Probenecid 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)
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)
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
Activella Tablet	3	(QL)(M)
Alora Dis	3	(QL)(M)
Amabelz Tablet	1	(QL)(M)
Climara Dis	3	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
Delestrogen Injectable	3	
Depo-Estradi Injectable	3	
Divigel Gel	3	(QL)(M)
Dotti Dis	1	(QL)(M)
Duavee Tablet	2	(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)

Drug Name	Drug Tier	Requirements & Limits
Estratest Fs Tablet	1	(QL)(M)
Estring Mis	3	(ST)(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
Estrogel Gel	3	(QL)(M)
Femring Mis	3	(ST)(QL)(M)
Fyavolv Tablet	1	(M)
Gallifrey Tablet	1	(M)
Imvexxy Main Sup	3	(ST)(QL)(M)
Imvexxy Strt Sup	3	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lyllana Dis	1	(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)
Yuvafem 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 Gel	1	(QL)(M)
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION		
Actemra Injectable	4	(PA)(QL)(M)
Adbry Injectable	4	(PA)(QL)(M)
Amjevita Injectable	4	(PA)(QL)(M)
Cibinqo Tablet	4	(PA)(QL)(M)
Cimzia	4	(PA)(QL)(M)
Cosentyx	4	(PA)(QL)(M)
Enbrel	4	(PA)(QL)(M)
Hadlima Injectable	4	(PA)(QL)(M)
Hadlima Push Injectable	4	(PA)(QL)(M)
Kineret Injectable	4	(PA)(QL)(M)
Olumiant Tablet	4	(PA)(QL)(M)
Orencia Injectable	4	(PA)(QL)(M)
Orencia Clck Injectable	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Rinvoq Tablet	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)
Vtama Cream	3	(ST)(QL)
Xeljanz Tablet	4	(PA)(QL)(M)
Xeljanz Xr Tablet	4	(PA)(QL)(M)
Xolair	4	(PA)(QL)(M)
IMMUNOMODULATING AGENTS - TOPICAL		
Imiquimod Cream	1	
IMMUNOSUPPRESSANTS		
Azathioprine Tablet	1	(M)
Cellcept	3	(M)
Cyclosporine	1	(M)
Envarsus Xr Tablet	3	(ST)(M)
Everolimus Tablet	1	(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)
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		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
LAXATIVE COMBINATIONS		
Clenpiq Solution	2	
Gavilyte	1	

Drug Name	Drug Tier	Requirements & Limits
Peg 3350	1	
Prepopik Packet	3	(ST)
Sodium/Potas Solution	1	
Suprep Bowel Solution	2	
LAXATIVES		
Constulose Solution	1	
LEPROSTATICS		
Dapsone Tablet	1	
LOCAL ANESTHETICS - TOPICAL		
Lido/Prilocn Cream	1	
Lidocaine	1	
MENTAL HEALTH		
Abilify Asim Injectable	4	(QL)(M)
Abilify Main Injectable	4	(M)
Amitriptylin Tablet	1	(M)
Anafranil Capsule	3	(QL)(M)
Aripiprazole Tablet	1	(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	1	(M)
Duloxetine	1	(QL)(M)
Effexor Xr Capsule	3	(ST)(QL)(M)
Escitalopram	1	(QL)(M)
Fanapt	4	(PA)(QL)(M)
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)

Drug Name	Drug Tier	Requirements & Limits
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(QL)(M)
Mirtazapine	1	(M)
Namenda Tablet	3	(QL)(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(M)
Paliperidone Tablet	1	(ST)(QL)(M)
Paroxetin Er Tablet	1	(QL)(M)
Paroxetine Tablet	1	(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	4	(PA)(QL)(M)
Risperdal	4	(ST)(QL)(M)
Risperidone Tablet	1	(QL)(M)
Rivastigmine	1	(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	(QL)(M)
Vraylar Capsule	4	(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)
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	1	(QL)(M)
Javygtor	4	(PA)(QL)(M)
Levocarnitin	1	
Nityr Tablet	4	(PA)(QL)(M)
Olpruva Packet	4	(PA)(QL)(M)
Orfadin	4	(PA)(QL)(M)
Pheburane Mis	4	(PA)(QL)(M)
Sapropterin Powder	4	(PA)(QL)(M)
Strensiq Injectable	4	(PA)(QL)(M)
MIGRAINE		
Ajovy Injectable	2	(QL)(M)
Aprepitant Capsule	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
Eletriptan Tablet	1	(QL)
Emgality 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 Tablet	1	(QL)
Zomig Tablet	1	(ST)(QL)
MINERALOCORTICOIDS		
Fludrocort Tablet	1	(M)
MIOTICS		
Pilocarpine	1	
Vuity Solution	3	
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)
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)
Glatiramer Injectable	4	(QL)(M)
Glatopa Injectable	4	(QL)(M)
Plegridy	4	(PA)(QL)(M)
Teriflunomid Tablet	1	(QL)(M)
Vumerity Capsule	4	(PA)(QL)(M)
Zeposia Capsule	4	(PA)(QL)(M)
Zeposia 7Day Capsule	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
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	2	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Abiraterone Tablet	3	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Bosulif Tablet	4	(PA)(QL)(M)
Capecitabine Tablet	1	
Dasatinib Tablet	1	(PA)(QL)(M)
Exemestane Tablet	1	(QL)(M)
Hydrea Capsule	2	
Hydroxyurea Capsule	1	
Ibrance	4	(PA)(QL)(M)
Iclusig Tablet	4	(PA)(QL)(M)
Imatinib	1	(QL)
Imbruvica	4	(PA)(QL)(M)
Jakafi Tablet	4	(PA)(QL)(M)
Kisqali Tablet	4	(PA)(QL)(M)
Lenalidomide Capsule	1	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lynparza Tablet	4	(PA)(QL)(M)
Megestrol Ac	1	
Mercaptopur Tablet	1	(M)
Methotrexate	1	(M)
Nerlynx Tablet	4	(PA)(QL)(M)
Otrexup Injectable	4	(PA)(QL)(M)
Rasuvo Injectable	2	(ST)(QL)
Revlimid Capsule	4	(PA)(QL)(M)
Sprycel Tablet	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Tamoxifen Tablet	1	(QL)(M)
Tasigna Capsule	4	(PA)(QL)(M)
Temozolomide Capsule	1	(QL)
Venclexta Tablet	4	(PA)(QL)(M)
Verzenio Tablet	4	(PA)(QL)(M)
Xeloda Tablet	4	(QL)
Xtandi	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 Suspension	1	(ST)(QL)
Neo/Poly/Dex	1	
Pred Mild Suspension	3	
Prednisolone	1	(QL)
Tobra/Dexame Suspension	1	
Tobradex St Suspension	3	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Bacit/Polymy Oin	1	
Besivance Suspension	3	(QL)
Ofloxacin Dro	1	
Polycin Oin	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Vigamox Dro	3	(QL)
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Acuvail Solution	3	(QL)
Brimonidine 0.15%	1	(M)
Cequa Solution	3	(ST)(QL)(M)
Combigan Solution	1	(QL)(M)
Cosopt Solution	3	(QL)(M)
Cosopt Pf Solution	3	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
Klarity-C Emu	4	(PA)(QL)(M)
Rhopressa Solution	3	(ST)(QL)(M)
Simbrinza Suspension	2	(QL)(M)
Timolol Mal Solution	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Timolol Male Solution	2	(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)
Tafluprost Solution	1	(ST)(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		
Naloxone Injectable	1	(QL)
Naltrexone Tablet	1	
Vivitrol Injectable	4	(QL)(M)
OPIOID PARTIAL AGONISTS		
Belbuca Mis	2	(QL)
Brixadi Solution	4	(QL)(M)
Bupren/Nalox	1	(QL)
Buprenorphin	2	(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)
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	
Hc/Acet Acid Solution	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)

Drug Name	Drug Tier	Requirements & Limits
Endocet Tablet	1	(QL)
Fentanyl Dis	3	(PA)(QL)
Fioricet Capsule	3	(QL)
Hydro/Aceta Solution	1	
Hydroco/Apap	1	(QL)
Hydromorphon Tablet	1	(QL)
Meperidine Solution	1	(QL)
Methadone Tablet	1	(QL)
Morphine Sul	2	(ST)(QL)
Oxy-Acetamin Tablet	1	(QL)
Oxycod-Apap Tablet	1	(QL)
Oxycod/Apap Tablet	1	(QL)
Oxycodone	1	(QL)
Oxymorphone Tablet	1	(ST)(QL)
Tramadl/Apap Tablet	1	(QL)
Tramadol	1	(QL)
Xtampza Er Capsule	2	(ST)(QL)
PAIN MEDICATIONS NSAIDS		
Arthrotec 50 Tablet	3	(ST)(M)
Arthrotec 75 Tablet	3	(ST)(M)
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)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Piroxicam Capsule	1	(M)
Sulindac Tablet	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)
Benztropine 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	(ST)(QL)(M)
Pramipexole Tablet	1	(ST)(QL)(M)
Rasagiline Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
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	
Wes-Phos 250 Tablet	1	
PHOSPHATE BINDING AGENTS		
Calc Acetate Capsule	1	(M)
Lanthanum Chw	1	(PA)(QL)
Sevelam Carb Tablet	1	(M)
Sevelam Hcl Tablet	4	(ST)(M)
Velphoro Chw	4	(PA)(QL)(M)
POSTERIOR PITUITARY HORMONES		
Ddavp Tablet	3	(QL)(M)
Desmopressin	1	(QL)(M)
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	
M-Natal Plus Tablet	3	
Natalvit Tablet	3	
Neonatal Tablet	3	
Neonatal Pls Tablet	3	
Niva-Plus Tablet	3	
O-Cal Tablet	3	
One Vite Tablet	3	
Prenatal Tablet	1	
Trinatal Rx Tablet	1	
Vinate One Tablet	3	
Vitathely Tablet	3	
Wesnatal Dha Packet	3	
Westab Plus Tablet	3	
PROLACTIN INHIBITORS		
Cabergoline Tablet	1	(QL)(M)
PROSTATE		
Alfuzosin Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Dutast/Tamsu Capsule	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)
Sildenafil Tablet	1	(PA)(QL)
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	
Hemmorex-Hc Sup	1	
Hydrocort Ac Sup	1	
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Proctocort 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)

Drug Name	Drug Tier	Requirements & Limits
Epidiolex Solution	4	(PA)(QL)(M)(AGE)
Epitol Tablet	1	(QL)(M)
Ethosuximide	1	(QL)(M)
Fycompa	3	(ST)(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	(ST)(QL)(M)
Oxtellar Xr Tablet	3	(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)
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 Acd Capsule	1	(QL)(M)
Vimpat Solution	3	(ST)(QL)(M)
Vimpat Tablets	3	(ST)(QL)(M)
Xcopri	3	(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)

Drug Name	Drug Tier	Requirements & Limits
Eq Nicotine	1	(QL)(M)(AGE)
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)
Nicoderm Cq Dis	2	(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)
Tgt Nicotine	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	1	(QL)(M)(AGE)
SOMATOSTATIC AGENTS		
Octreotide Injectable	2	(QL)(M)
Sandostatin Injectable	4	(QL)(M)
Somatuline Injectable	4	(PA)(QL)(M)
STEROIDS		
Dexamethason	1	
Hydro Sod Su Injectable	1	
Medrol Tablet	3	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone Tablet	1	(M)
Solu-Cortef Injectable	3	
STIMULANTS - ADHD/WAKEFULNESS		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	1	(QL)
Atomoxetine Capsule	1	(QL)(M)
Daytrana Dis	3	(ST)
Dexmethylphenidate Er	1	(QL)
Dextroamphet	1	(QL)
Dyanavel Xr	2	(ST)(QL)(M)
Jornay Pm Capsule	3	(ST)(QL)(M)
Lisdexamfeta Capsule	1	(QL)
Methylin Solution	3	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	1	(QL)

Drug Name	Drug Tier	Requirements & Limits
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	1	(M)
Levo-T Tablet	1	(M)
Levothyroxin	3	(ST)(QL)(M)
Levoxyl Tablet	1	(M)
Liothyronine Tablet	1	(M)
Nature Throid	3	(M)
Synthroid Tablet	3	(M)
UNCATEGORIZED		
Fasenra Pen Injectable	4	(PA)(QL)(M)
Ivabradine Tablet	2	(ST)(QL)(M)
Kerendia Tablet	3	(PA)(QL)(M)
Tezspire	4	(PA)(QL)(M)
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)
Mirabegron Tablet	3	(ST)(QL)(M)
Myrbetriq	3	(ST)(QL)(AGE)(M)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
Bethanechol Tablet	1	(M)
Urecholine Tablet	3	(M)
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)

Drug Name	Drug Tier	Requirements & Limits
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		
Abrysvo Injectable	1	(QL)
Arexvy Injectable	1	(QL)(AGE)
Comirnaty Injectable	2	(QL)
Engerix-B Injectable	2	
Fluad Quadri Injectable	2	(M)
Flublok Quad Injectable	2	(M)
Gardasil 9 Injectable	2	(AGE)
Havrix Injectable	2	
Heplisav-B Injectable	2	(QL)
M-M-R Ii Injectable	2	
Moderna Injectable	2	(QL)(AGE)
Novavax Injectable	2	(QL)
Novavax Vac Injectable	2	(QL)
Pfizer 5-11Y Injectable	2	(QL)
Pfizer 6M-4Y Injectable	2	(QL)
Prevnar 20 Injectable	1	
Recombiva Hb Injectable	2	
Shingrix Injectable	2	(QL)(AGE)
Spikevax Injectable	2	(QL)
Twinrix Injectable	2	
Vaqta Injectable	2	
VAGINAL ANTI-INFECTIVES		
Nuvessa Gel	3	(QL)
Terconazole Cream	1	
Vandazole Gel	3	
VITAMINS/ELECTROLYTES		
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Floriva Dro	3	(M)
Folate Tablet	1	(M)
Folic Acid Tablet	1	(M)
Ft Folic Aci Tablet	1	(M)
Iron Drops Dro	1	(QL)(AGE)
Iron Inf-Tod Dro	1	(QL)(AGE)
Iron Inf/Tod Dro	1	(QL)(AGE)
Iron Supplmt Dro	1	(QL)(AGE)
Iron Suppmnt Solution	1	(QL)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Multi-Vit/Fl	1	(M)
Multivit/Fl Dro	3	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	1	
Sm Folic Acd Tablet	1	(M)
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	3	(M)
Vitamin D	1	(M)
Yl Folic Aci Tablet	1	(M)