

RxSelect® (Three Tier) Prescription Drug List (Utah and Idaho)



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

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

Drug Costs

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

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

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

This Formulary is Regularly Updated

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

Noncovered Drug Exceptions

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

LEGEND

(PA) Preauthorization

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

(M) Maintenance Drug

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

(ST) Step Therapy

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

(QL) Quantity Limits

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

(AGE) Age Limit

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

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

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

SelectHealth: **800-538-5038**

Scripius: **800-442-3127**



| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ACNE | | |
| 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) |
| Dapsone | 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 | 3 | (PA)(QL) |
| ANTIARRHYTHMICS | | |
| Mexiletine Capsule | 1 | (M) |
| ANTIBIOTICS | | |
| Amox/K Clav | 1 | |
| Amoxicillin | 1 | |
| Ampicillin Capsule | 1 | |
| Augmentin Tablet | 3 | |
| Azithromycin | 1 | (QL) |
| Cayston Inhalation | 3 | (PA)(QL) |
| Cefadroxil Capsule | 1 | |
| Cefdinir | 1 | |
| Cefpodoxime Tablet | 1 | |
| Cefuroxime Tablet | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| Cephalexin | 1 | |
| 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 | |
| Penicillin 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 | 3 | (ST)(QL) |
| ANTIDEPRESSANT COMBINATIONS | | |
| Auvelity Tablet | 3 | (PA)(QL) |
| ANTIFIBRINOLYTICS | | |
| Lysteda Tablet | 3 | (QL) |
| Tranex Acid Tablet | 1 | (QL) |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| 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 | |
| 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 | |
| ANTISEBORRHEIC PRODUCTS | | |
| Sodium Sulfa Liq | 1 | |
| ANTITHYROID AGENTS | | |
| Methimazole Tablet | 1 | (M) |
| Propylthiour Tablet | 1 | (M) |
| ANTIVIRALS | | |
| Acyclovir | 1 | |
| Biktarvy Tablet | 3 | (QL) |
| Descovy Tablet | 3 | (PA)(QL) |
| Dovato Tablet | 3 | (QL) |
| Emtr/Ten Df Tablet | 1 | (QL)(M) |
| Emtr/Tenofov Tablet | 1 | (QL)(M) |
| Famciclovir Tablet | 1 | |
| Genvoya Tablet | 3 | (QL) |
| Isentress Tablet | 3 | (QL) |
| Isentress Hd Tablet | 3 | (QL) |
| Juluca Tablet | 3 | (QL) |
| Odefsey Tablet | 3 | (QL) |
| Paxlovid Tablet | 3 | (QL) |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| Prezcobix Tablet | 3 | (QL) |
| Symfi Tablet | 3 | (QL) |
| Symfi Lo Tablet | 3 | (QL) |
| Symtuza Tablet | 3 | (QL) |
| Tenofovir Tablet | 1 | (QL)(M) |
| Tivicay Tablet | 3 | (QL) |
| Triumeq Tablet | 3 | (QL) |
| Valacyclovir Tablet | 1 | (QL) |
| Valcyte Tablet | 3 | (QL) |
| Valganciclov Tablet | 1 | (QL)(M) |
| Valtrex Tablet | 3 | (QL) |
| Viread Tablet | 3 | (QL) |
| ANXIETY & SLEEP | | |
| Alprazolam Tablet | 1 | (ST)(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) |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| Flutic/Vilan Inhalation | 1 | (PA)(QL)(M) |
| Incruse Elpt Inhalation | 3 | (ST)(QL)(M) |
| Ipratropium | 1 | (M) |
| Levalbuterol | 1 | (QL)(M) |
| 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) |
| BURN PRODUCTS | | |
| Silvadene Cream | 3 | |
| Silver Sulfa Cream | 1 | |
| Ssd Cream | 1 | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| Acetazolamid | 1 | (M) |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------|-----------|-----------------------|
| CARDIOVASCULAR* | | |
| 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) |
| 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) |
| Candesca/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) |
| Digitek 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) |
| Enalap/Hctz Tablet | 1 | (M) |
| Enalapril | 1 | (QL)(AGE)(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) |

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

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| Terazosin Capsule | 1 | (QL)(M) |
| Thalitone Tablet | 2 | (M) |
| Tiadylt Capsule | 1 | (M) |
| Torsemide 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| G Tussin Ac Liq | 1 | |
| Guaiaatuss Ac Syrup | 1 | |
| Hycodan Syrup | 2 | |
| 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 | 3 | (PA)(QL) |
| Kitabis Packet Neb | 3 | (PA)(QL) |
| Orkambi Gra | 3 | (PA)(QL) |
| Pulmozyme Solution | 3 | (QL) |
| Tobi Podhalr Capsule | 3 | (PA)(QL) |
| Trikafta Tablet | 3 | (PA)(QL)(AGE) |
| DENTAL PRODUCTS | | |
| Cavarest Gel | 1 | (M) |
| Chlorhex Glu Solution | 1 | |
| Dentagel 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. 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 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Betameth Dip | 1 | |
| Betameth Val | 1 | |
| Clobetasol | 1 | |
| Derma-Smooth Oil | 3 | |
| Desonide | 1 | |
| Elocon Oin | 3 | |
| Fluocin Acet | 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Glyburide Tablet | 1 | (M) |
| Glyxambi Tablet | 2 | (QL)(M) |
| Gvoke Hypo 1 Injectable | 2 | |
| Gvoke Hypo 2 Injectable | 2 | |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------|-----------|-----------------------|
| 5MI Syringe Mis | 1 | (M) |
| 60MI Syringe Mis | 1 | (M) |
| 6MI Syringe Mis | 3 | (M) |
| Accu-Chek | 3 | (PA)(QL)(M) |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|-----------------------|
| Insulin Syringes | 1 | (M) |
| Lancets | 1 | (M) |
| Luer-Lock Mis | 3 | (M) |
| Luer-Lok Mis | 3 | (M) |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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) |
| 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 | |
| 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 Tablet | 3 | (PA)(QL) |
| 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) |
| Granisetron Tablet | 1 | (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) |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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) |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| Cromolyn Sod Con | 1 | (M) |
| GNRH/LHRH ANTAGONISTS | | |
| Orilissa Tablet | 3 | (PA)(QL) |
| GOUT | | |
| Allopurinol Tablet | 1 | (M) |
| Colchicine | 1 | (QL) |
| Colcrys Tablet | 3 | (QL) |
| Febuxostat Tablet | 1 | (QL)(M) |
| Probenecid Tablet | 1 | (M) |
| GOUT AGENT COMBINATIONS | | |
| Proben/Colch Tablet | 1 | (M) |
| HEMATORHEOLOGIC AGENTS | | |
| Pentoxifylli Tablet | 1 | (M) |
| HEPATITIS THERAPIES | | |
| Entecavir Tablet | 1 | (QL) |
| Harvoni Packet | 3 | (PA)(QL) |
| Ledip-Sofosb Tablet | 3 | (PA)(QL) |
| Mavyret | 3 | (PA)(QL) |
| Sofos/Velpat Tablet | 3 | (PA)(QL) |
| Vosevi Tablet | 3 | (PA)(QL) |
| 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) |
| Delestrogen Injectable | 3 | |
| Depo-Estradi Injectable | 3 | |
| Divigel Gel | 3 | (QL)(M) |
| Dotti Dis | 1 | (QL)(M) |
| Eemt Tablet | 1 | (QL)(M) |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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) |
| IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION | | |
| Actemra Injectable | 3 | (PA)(QL) |
| Olumiant Tablet | 3 | (PA)(QL) |
| Otezla Tablet | 3 | (PA)(QL) |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Rinvoq Tablet | 3 | (PA)(QL) |
| Xeljanz Tablet | 3 | (PA)(QL) |
| Xeljanz Xr Tablet | 3 | (PA)(QL) |
| 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) |
| 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 | 3 | (QL) |
| 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 | |
| Peg 3350 | 1 | |
| Sodium/Potas Solution | 1 | |
| Suprep Bowel Solution | 2 | |
| LAXATIVES | | |
| Constulose Solution | 1 | |
| Polyeth Glyc Powder | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| LOCAL ANESTHETICS - TOPICAL | | |
| Lido/Prilocn Cream | 1 | |
| Lidocaine | 1 | (QL) |
| MENTAL HEALTH | | |
| 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 | 1 | (M) |
| Duloxetine | 1 | (QL)(M) |
| Effexor Xr Capsule | 3 | (ST)(QL)(M) |
| Escitalop Ox Solution | 1 | (M) |
| Escitalopram | 1 | (QL)(M) |
| Fanapt | 3 | (ST)(QL) |
| 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) |
| 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) |
| Paroxetine 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Pristiq Tablet | 3 | (ST)(QL)(M) |
| Prozac Capsule | 3 | (ST)(QL)(M) |
| Quetiapine Er | 1 | (QL)(M) |
| Rexulti Tablet | 3 | (PA)(QL)(M) |
| Risperdal | 3 | (ST)(QL)(M) |
| Risperidone Tablet | 1 | (QL)(M) |
| Rivastigmine Dis | 1 | (M) |
| Savella | 2 | (ST)(QL)(M) |
| Sertraline | 1 | (QL)(M) |
| Spravato Solution | 3 | (PA) |
| 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 Tablet | 3 | (ST)(QL)(M) |
| Zyprexa Zydi Tablet | 3 | (ST)(QL)(M) |
| METABOLIC MODIFIERS | | |
| Calcitriol Capsule | 1 | (M) |
| Cinacalcet Tablet | 1 | (PA)(QL) |
| Kuvan | 3 | (PA)(QL) |
| Levocarnitin | 1 | |
| Nityr Tablet | 3 | (PA)(QL) |
| Orfadin | 3 | (PA)(QL) |
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| Sumatriptan | 1 | (ST)(QL)(M) |
| Ubrelyv Tablet | 2 | (PA)(QL) |
| Zolmitriptan | 1 | (ST)(QL) |
| Zomig Tablet | 3 | (ST)(QL) |
| MINERALOCORTICIDS | | |
| Fludrocort Tablet | 1 | (M) |
| MIOTICS | | |
| Pilocarpine | 1 | |
| Vuity Solution | 3 | |
| MISC. ANTIVIRALS | | |
| Lagevrio Capsule | 3 | (QL) |
| 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) |
| MISCELLANEOUS VAGINAL PRODUCTS | | |
| Intrarosa Sup | 3 | (QL)(M) |
| MOVEMENT DISORDER | | |
| Austedo Tablet | 3 | (PA)(QL) |
| Ingrezza Capsule | 3 | (PA)(QL) |
| MULTIPLE SCLEROSIS AGENTS | | |
| Dalfampridin Tablet | 1 | (QL) |
| Dimethyl Fum Capsule | 1 | (QL) |
| Gilenya Capsule | 3 | (PA)(QL) |
| Glatiramer Injectable | 1 | (PA)(QL) |
| Glatopa Injectable | 1 | (PA)(QL) |
| Zeposia Capsule | 3 | (PA)(QL) |
| Zeposia 7Day Capsule | 3 | (PA)(QL) |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Azelastine | 1 | (QL)(M) |
| Dymista Spr | 2 | (QL) |
| Flunisolide Spr | 1 | (QL)(M) |
| Olopatadine Spr | 1 | (ST) |
| Xhance Mis | 3 | (PA)(QL) |
| ONCOLOGY/HEMATOLOGY | | |
| Abiraterone Tablet | 1 | (QL) |
| Afinitor Tablet | 3 | (PA)(QL) |
| Anastrozole Tablet | 1 | (QL)(M) |
| Bicalutamide Tablet | 1 | (QL) |
| Bosulif Tablet | 3 | (PA)(QL) |
| Capecitabine Tablet | 1 | (QL) |
| Exemestane Tablet | 1 | (QL)(M) |
| Hydrea Capsule | 3 | |
| Hydroxyurea Capsule | 1 | |
| Ibrance | 3 | (PA)(QL) |
| Iclusig Tablet | 3 | (PA)(QL) |
| Imatinib | 1 | (PA)(QL) |
| Jakafi Tablet | 3 | (PA)(QL) |
| Lenalidomide Capsule | 1 | (PA)(QL) |
| Letrozole Tablet | 1 | (QL)(M) |
| Leucovor Ca Tablet | 1 | (QL) |
| Lonsurf Tablet | 3 | (PA)(QL) |
| Lynparza Tablet | 3 | (PA)(QL) |
| Megestrol Ac Tablet | 1 | |
| Mercaptopur Tablet | 1 | (M) |
| Methotrexate | 1 | (M) |
| Nerlynx Tablet | 3 | (PA)(QL) |
| Otrexup Injectable | 3 | (PA)(QL) |
| Rasuvo Injectable | 2 | (ST)(QL) |
| Revlimid Capsule | 3 | (PA)(QL) |
| Sprycel Tablet | 3 | (PA)(QL) |
| Tagrisso Tablet | 3 | (PA)(QL) |
| Tamoxifen Tablet | 1 | (QL)(M) |
| Tasigna Capsule | 3 | (PA)(QL) |
| Temozolomide Capsule | 1 | (QL) |
| Venclexta Tablet | 3 | (PA)(QL) |
| Verzenio Tablet | 3 | (PA)(QL) |
| Xeloda Tablet | 3 | (QL) |
| Xtandi Capsule | 3 | (PA)(QL) |
| OPHTHALMIC STEROIDS | | |
| Alrex Suspension | 3 | (ST)(QL) |
| Dexameth Pho Solution | 1 | |
| Difluprednat Emu | 1 | (QL) |
| Durezol Emu | 3 | (QL) |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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 | |
| 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) |
| Rocklatan Dro | 3 | (ST)(QL) |
| Timolol Mal Solution | 1 | (M) |
| Timolol Male Solution | 1 | (M) |
| Timoptic Ocu Solution | 3 | (ST)(M) |
| Verkazia Emu | 3 | (PA)(QL) |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| 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) |
| OPIOID PARTIAL AGONISTS | | |
| Belbuca Mis | 2 | (QL) |
| Bupren/Nalox | 1 | (QL) |
| Buprenorphin | 1 | (QL) |
| Butorphanol Solution | 1 | (QL) |
| Sublocade Injectable | 3 | (QL) |
| OSTEOPOROSIS* | | |
| Alendronate Tablet | 1 | (QL)(M) |
| Calcitonin Spr | 1 | (M) |
| Ibandronate Tablet | 1 | (QL)(M) |
| Risedronate Tablet | 1 | (ST)(QL)(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) |
| 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) |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Oxycod/Apap Tablet | 1 | (QL) |
| Oxycodone | 1 | (QL) |
| Oxymorphone Tablet | 1 | (ST)(QL) |
| Roxicodone Tablet | 3 | (QL) |
| Tramadl/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) |
| 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 | (QL)(M) |
| Pramipexole Tablet | 1 | (ST)(QL)(M) |
| Rasagiline Tablet | 1 | (QL)(M) |
| Ropinirole Tablet | 1 | (QL)(M) |
| Rytary Capsule | 3 | (ST)(M) |
| Trihexyphen Tablet | 1 | (QL)(M) |
| PHENOTHIAZINES | | |
| Chlorpromaz Tablet | 1 | (M) |
| Perphenazine Tablet | 1 | (M) |
| Prochlorper Tablet | 1 | (M) |
| PHOSPHATE | | |
| K-Phos Tablet | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Tadalafil Tablet | 1 | (PA)(ST)(QL)(M) |
| Tamsulosin Capsule | 1 | (QL)(M) |
| Uroxatral Tablet | 3 | (QL)(M) |
| PULMONARY ARTERIAL HYPERTENSION | | |
| Adempas Tablet | 3 | (PA)(QL) |
| Alyq Tablet | 1 | (PA)(QL)(M) |
| Ambrisentan Tablet | 3 | (PA)(QL) |
| Opsumit Tablet | 3 | (PA)(QL) |
| Orenitram Tablet | 3 | (PA)(QL) |
| Revatio Suspension | 3 | (PA)(QL) |
| Sildenafil | 3 | (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 | |
| 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) |

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

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

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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) |
| Tyrvaya Solution | 3 | (ST)(QL)(M) |
| Upravi Tablet | 3 | (PA)(QL) |
| 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 AGONIS | | |
| Bethanechol Tablet | 1 | (M) |
| URINARY INCONTINENCE | | |
| Cuvposa Solution | 3 | (ST)(QL)(M) |
| Dicyclomine | 1 | (M) |
| Fesoterodine Tablet | 1 | (QL)(M) |
| Glycate Tablet | 3 | (M) |
| Glycopyrrol Tablet | 1 | (M) |
| Glycopyrrrola Solution | 1 | (ST)(QL)(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 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Fluad Quadri Injectable | 2 | (M) |
| Flublok Quad Injectable | 2 | (M) |
| Gardasil 9 Injectable | 2 | (AGE) |
| Heplisav-B Injectable | 2 | (QL) |
| M-M-R II 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) |
| Pprevnar 20 Injectable | 2 | (AGE) |
| Recombiva Hb Injectable | 2 | |
| Shingrix Injectable | 2 | (QL)(AGE) |
| Spikevax Injectable | 2 | (QL) |
| Twinrix Injectable | 2 | |
| Varivax Injectable | 2 | |
| VAGINAL ANTI-INFECTIVES | | |
| Nuessa 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/FI | 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) |