

RXSELECT® PRESCRIPTION DRUG LIST (UTAH AND IDAHO)

This is a summary of the prescription drugs covered on your plan. This printed version contains only the most commonly prescribed drugs in their most common strengths and formulations. This is not a complete list of all covered drugs and may change due to new drugs, therapies, or other factors.

Your drug benefit has four tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. In most cases, drugs on lower tiers will cost you less. Copay and coinsurance amounts are shown on your Member Payment Summary (MPS) and ID card.

If you have questions about your prescription drug benefits, please call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users please call 711.

You can view the most current drug coverage and pharmacy benefit information by logging into **My Health** at **selecthealth.org**. Once logged in, click the SelectHealth icon to find:

- Drug prices and potential lower-cost alternatives for drugs you already take
- A drug lookup, searchable by drug name and dose
- Tier statuses of prescription drugs, including injectables
- Your prescription copays and benefits
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90*

LEGEND

(PA) Preauthorization

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

(M) Maintenance Drug

These drugs qualify for the 90-day maintenance drug benefit.

(ST) Step Therapy

Drugs that require step therapy are covered by SelectHealth only after you have tried the alternative therapy and it didn't work (the therapy failed). Step therapy generally applies only to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., maximum number of tablets or capsules per prescription). 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.

IMPORTANT INFORMATION

Different Strengths and Coverage

Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here.

IMPORTANT INFORMATION (CONTINUED)

Preventive Drugs

Do you take preventive medications? Some of our high deductible health plans (HealthSave®) provide coverage for certain categories of preventive medications even before you meet your deductible. For these plans you will not have to meet your deductible before the drugs in the categories listed below are covered. These categories are also marked with an asterisk on this drug list. To find out if your plan includes before-deductible coverage for these drug categories, take a look at your Member Payment Summary (MPS).

- Asthma and COPD
- Cardiovascular
- Cardiovascular Antiadrenergics
- Cholesterol
- Diabetes Insulin
- Diabetes Non-Insulin
- Osteoporosis

Additionally, there are certain drugs that are considered preventive under the Affordable Care Act (ACA). Many SelectHealth plans cover ACA preventive drugs at 100 percent—that means no copay, coinsurance, or deductible. For more information about your coverage for preventive healthcare medications and services consult your member materials or visit **selecthealth.org/wellness**.

Value-based Option

If your plan includes the **value-based option**, Tier 2 drugs in the preventive categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary (MPS) and ID card for details.

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.



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|------------------------------------|---------------------|--------------|-------------------------|--------------|------------|--------------------------|
| ACNE | | | | | | |
| | AVITA | 1 | (AGE) | | | |
| | DAPSONE | 1 | (ST) | ACZONE | 3 | (ST) |
| | | | | FINACEA FOAM | 2 | |
| | | | | FINACEA GEL | 2 | |
| | TRETINOIN | 1 | (ST)(QL)(AGE) | | | |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | | | | | |
| | DICLOFENAC 1% GEL | 1 | | VOLTAREN | 3 | (ST)(QL) |
| ANTIBIOTICS | | | | | | |
| | AMOX/K CLAV | 1 | | AUGMENTIN | 3 | |
| | AMOXICILLIN | 1 | | | | |
| | AZITHROMYCIN | 1 | (QL) | ZITHROMAX | 3 | (QL) |
| | CEFDINIR | 1 | | | | |
| | CEPHALEXIN | 1 | | KEFLEX | 3 | |
| | CIPROFLOXACN | 1 | | CIPRO | 3 | |
| | CLINDAMYCIN | 1 | (ST) | CLEOCIN | 3 | |
| | DOXYCYC MONO | 1 | (PA)(QL) | ADOXA | 3 | (PA)(QL) |
| | DOXYCYCLINE HYCLATE | 1 | (PA)(QL) | | | |
| | LEVOFLOXACIN | 1 | | LEVAQUIN | 3 | |
| | MINOCYCLINE | 1 | (PA)(QL) | MINOCIN | 3 | (ST) |
| | NITROFURANTN | 1 | | MACROBID | 3 | |
| | SMZ-TMP DS | 1 | | BACTRIM DS | 3 | |
| ANTIFUNGALS | | | | | | |
| | FLUCONAZOLE | 1 | (QL) | DIFLUCAN | 3 | (QL) |
| | TERBINAFINE | 1 | (QL)(M) | | | |
| ANTIMALARIALS | | | | | | |
| | HYDROXYCHLOR | 1 | (M) | PLAQUENIL | 3 | (M) |
| ANTISEPTICS - MOUTH/THROAT | | | | | | |
| | CHLORHEX GLU | 1 | | PERIDEX | 3 | |
| ANTITUSSIVES | | | | | | |
| | BENZONATATE | 1 | | TESSALON PER | 3 | |
| ANTIVIRALS | | | | | | |
| | ACYCLOVIR | 1 | | | | |
| | VALACYCLOVIR | 1 | (QL) | VALTREX | 3 | (QL) |
| ANXIETY & SLEEP | | | | | | |
| | ALPRAZOLAM | 1 | (QL) | XANAX | 3 | |
| | | | | BELSOMRA | 3 | (ST)(QL) |
| | BUSPIRONE | 1 | (M) | | | |
| | DIAZEPAM | 1 | (QL) | VALIUM | 3 | |
| | ESZOPICLONE | 1 | (QL) | | | |
| | HYDROXYZINE | 1 | | VISTARIL | 3 | |
| | LORAZEPAM | 1 | | | | |
| | TEMAZEPAM | 1 | (PA)(QL) | | | |
| | ZOLPIDEM | 1 | (QL) | | | |
| | ZOLPIDEM ER | 1 | (QL) | | | |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|--------------------------------|----------------------------|--------------|-------------------------|--------------------|------------|--------------------------|
| ASTHMA AND COPD | | | | | | |
| | SALMETEROL/ FLUTICASONE | 1 | (QL) | AIRDUO | 3 | (PA)(QL)(M) |
| | | | | ADVAIR | 3 | (PA)(QL)(M) |
| | | | | AEROSPAN | 3 | (ST)(QL)(M) |
| | ALBUTEROL | 1 | (M) | | | |
| | | | | ANORO ELLIPT | 2 | (QL)(M) |
| | | | | ARCAPTA | 3 | (M) |
| | | | | ARNUITY ELPT | 2 | (QL)(M) |
| | | | | ASMANEX | 2 | (QL)(M) |
| | | | | ATROVENT HFA | 3 | (M) |
| | | | | BEVESPI | 3 | (ST)(QL)(M) |
| | | | | BREO ELLIPTA | 3 | (PA)(QL)(M) |
| | | | | COMBIVENT | 2 | (M) |
| | | | | DALIRESP | 2 | (QL)(M) |
| | | | | DULERA | 3 | (PA)(QL)(M) |
| | | | | FLOVENT | 2 | (QL)(M) |
| | IPRATROPIUM | 1 | (M) | DUONEB | 3 | (M) |
| | LEVALBUTEROL | 1 | (QL)(M) | XOPENEX HFA | 3 | (QL)(M) |
| | MONTELUKAST | 1 | (QL)(M) | SINGULAIR | 3 | (ST)(QL)(M) |
| | | | | PROAIR HFA | 3 | (ST)(QL)(M) |
| | | | | PROAIR RESPI | 3 | (ST)(QL)(M) |
| | | | | PROVENTIL | 3 | (ST)(QL)(M) |
| | | | | PULMICORT INHALER | 3 | (PA)(QL)(M) |
| | | | | QVAR | 3 | (PA)(QL)(M) |
| | | | | SEREVENT DIS | 2 | (M) |
| | | | | SPIRIVA HANDIHALER | 2 | (QL)(M) |
| | | | | SPIRIVA RESPIMAT | 2 | (QL)(M) |
| | | | | STIOLTO | 2 | (QL)(M) |
| | | | | STRIVERDI | 2 | (QL)(M) |
| | | | | SYMBICORT | 2 | (QL)(M) |
| | TERBUTALINE | 1 | (QL)(M) | | | |
| | | | | TUDORZA PRES | 3 | (ST)(QL)(M) |
| | | | | UTIBRON | 3 | (ST)(QL)(M) |
| | | | | VENTOLIN HFA | 2 | (QL)(M) |
| BLOOD THINNERS | | | | | | |
| | | | | BRILINTA | 2 | (QL)(M) |
| | CLOPIDOGREL | 1 | (QL)(M) | PLAVIX | 3 | (QL)(M) |
| | | | | ELIQUIS | 2 | (QL)(M) |
| | | | | PRADAXA | 3 | (QL)(M) |
| | | | | SAVAYSA | 3 | (QL)(M) |
| | WARFARIN | 1 | (M) | COUMADIN | 2 | (M) |
| | | | | XARELTO | 2 | (QL)(M) |
| CADRIOVASCULAR ANTIADRENERGICS | | | | | | |
| | CLONIDINE | 1 | (QL)(M) | | | |
| | PRAZOSIN HCL | 1 | (M) | MINIPRESS | 3 | (M) |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|----------------|---------------------|--------------|-------------------------|--------------|------------|--------------------------|
| CARDIOVASCULAR | | | | | | |
| | AMLOD/OLMESA | 1 | (ST)(QL)(M) | AZOR | 3 | (ST)(QL)(M) |
| | AMLODIPINE | 1 | (M) | | | |
| | ATENOLOL | 1 | (QL)(M) | TENORMIN | 2 | (ST)(QL)(M) |
| | | | | BYSTOLIC | 3 | (ST)(QL)(M) |
| | | | | BYVALSON | 3 | (ST)(QL)(M) |
| | CANDESA/HCTZ | 1 | (QL)(M) | ATACAND HCT | 3 | (ST)(QL)(M) |
| | CARTIA XT | 1 | (M) | | | |
| | CARVEDILOL | 1 | (M) | COREG | 3 | (M) |
| | CHLORTHALID | 1 | (M) | | | |
| | | | | CORLANOR | 2 | (ST)(QL)(M) |
| | DILTIAZEM | 1 | (M) | | | |
| | | | | ENTRESTO | 2 | (QL)(M) |
| | | | | EPANED | 3 | (QL)(AGE)(M) |
| | FUROSEMIDE | 1 | (M) | LASIX | 3 | (M) |
| | HYDROCHLOROTHIAZIDE | 1 | | MICROZIDE | 3 | (M) |
| | LISINOP/HCTZ | 1 | (M) | ZESTORETIC | 3 | (M) |
| | LISINOPRIL | 1 | (M) | | | |
| | LOSARTAN POT | 1 | (QL)(M) | | | |
| | LOSARTAN/HCT | 1 | (QL)(M) | | | |
| | METOPROLOL | 1 | (M) | LOPRESSOR | 3 | (M) |
| | METOPROLOL | 1 | (M) | TOPROL XL | 3 | (M) |
| | | | | MULTAQ | 2 | (M) |
| | OLM MED/AMLO | 1 | (ST)(QL)(M) | TRIBENZOR | 3 | (ST)(QL)(M) |
| | OLM MED/HCTZ | 1 | (ST)(QL)(M) | BENICAR HCT | 3 | (ST)(QL)(M) |
| | PROPRANOLOL | 1 | (M) | | | |
| | | | | QBRELIS | 3 | (AGE)(M) |
| | | | | RANEXA | 2 | (ST)(QL)(M) |
| | SPIRONOLACT | 1 | (M) | ALDACTONE | 3 | (M) |
| | TELMIS/AMLOD | 1 | (QL)(M) | TWYNSTA | 3 | (QL)(M) |
| | TELMISA/HCTZ | 1 | (ST)(QL)(M) | MICARDIS HCT | 3 | (ST)(QL)(M) |
| | TRANDO/VERAP | 1 | (QL)(M) | TARKA | 3 | (QL)(M) |
| | TRIAMT/HCTZ | 1 | (M) | MAXZIDE | 3 | (M) |
| CHOLESTEROL | | | | | | |
| | ATORVASTATIN | 1 | (QL)(AGE)(M) | | | |
| | CHOLESTYRAM | 1 | (QL)(M) | QUESTRAN | 3 | (QL)(M) |
| | COLESEVELAM | 1 | (ST)(QL)(M) | WELCHOL | 3 | (ST)(QL)(M) |
| | COLESTIPOL | 1 | (QL)(M) | COLESTID | 3 | (QL)(M) |
| | FENOFIBRATE | 1 | (QL)(M) | | | |
| | | | | LIVALO | 3 | (ST)(QL)(M) |
| | | | | PRALUENT | 4 | (PA)(QL) |
| | PRAVASTATIN | 1 | (QL)(AGE)(M) | | | |
| | | | | REPATHA | 4 | (PA)(QL) |
| | | | | REPATHA PUSH | 4 | (PA)(QL) |
| | | | | REPATHA SURE | 4 | (PA)(QL) |
| | ROSUVASTATIN | 1 | (QL)(AGE)(M) | | | |
| | SIMVASTATIN | 1 | (QL)(AGE)(M) | | | |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|----------------------------------------------|------------------------|--------------|-------------------------|----------------------|------------|--------------------------|
| CONTRACEPTION (BIRTH CONTROL) | | | | | | |
| | GENERIC CONTRACEPTIVES | 1 | | BRAND CONTRACEPTIVES | 3 | |
| | MEDROXYPROGESTERONE | 1 | | PROVERA | 3 | (QL)(M) |
| | | | | NUVARING | 2 | (QL)(M) |
| CYSTIC FIBROSIS AGENTS | | | | | | |
| | | | | KALYDECO | 4 | (PA)(QL) |
| | | | | KITABIS PAK | 4 | (PA)(QL) |
| | | | | TOBI PODHALR | 4 | (PA)(QL) |
| | | | | CAYSTON | 4 | (PA)(QL) |
| DERMATOLOGICALS (SKIN) ACNE | | | | | | |
| | | | | RHOFADE | 3 | (QL) |
| DERMATOLOGICALS (SKIN) ANTIFUNGALS | | | | | | |
| | | | | TAZORAC | 3 | (ST)(AGE) |
| DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS | | | | | | |
| | MUPIROCIN OINTMENT | 1 | | | | |
| DERMATOLOGICALS (SKIN) STEROIDS | | | | | | |
| | CALCIPOTRIEN | 1 | | TACLONEX | 3 | |
| | TRIAMCINOLONE | 1 | (QL)(M) | | | |
| DIABETES - INSULIN | | | | | | |
| | | | | BASAGLAR | 3 | (M) |
| | | | | LANTUS | 2 | (M) |
| | | | | NOVOLIN | 2 | (M) |
| | | | | NOVOLOG | 2 | (M) |
| | | | | NOVOLOG MIX | 2 | (M) |
| | | | | TOUJEO SOLO | 2 | (M) |
| DIABETES - NON-INSULIN | | | | | | |
| | ALOGLIPTIN | 1 | (ST)(QL)(M) | | | |
| | | | | AVANDIA | 3 | (PA)(M) |
| | | | | FARXIGA | 3 | (PA)(QL)(M) |
| | GLIMEPIRIDE | 1 | (M) | AMARYL | 3 | (M) |
| | | | | GLUCAGEN | 2 | |
| | | | | GLUCAGON | 2 | |
| | | | | GLYXAMBI | 2 | (ST)(QL)(M) |
| | | | | INVOKAMET | 2 | (ST)(QL)(M) |
| | | | | INVOKAMET XR | 2 | (ST)(QL)(M) |
| | | | | INVOKANA | 2 | (ST)(QL)(M) |
| | | | | JARDIANCE | 2 | (ST)(QL)(M) |
| | | | | JENTADUETO | 2 | (ST)(QL)(M) |
| | METFORMIN | 1 | (M) | GLUCOPHAGE | 3 | (M) |
| | PIOGLITAZONE | 1 | (QL)(M) | ACTOS | 3 | (QL)(M) |
| | | | | SYMLIN | 3 | (PA)(QL)(M) |
| | | | | SYNJARDY | 2 | (ST)(QL)(M) |
| | | | | TRADJENTA | 2 | (ST)(QL)(M) |
| | | | | TRULICITY | 2 | (ST)(QL)(M) |
| | | | | VICTOZA | 2 | (ST)(QL)(M) |
| | | | | XIGDUO XR | 3 | (PA)(QL)(M) |

CONTRACEPTION (BIRTH CONTROL) TO DIABETES - NON-INSULIN



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|------------------------------------------------------------|--------------|--------------|-------------------------|-----------------------|------------|--------------------------|
| DIABETES - TESTING AND SUPPLIES | | | | | | |
| | | | | FREESTYLE TEST STRIPS | 2 | (QL)(M) |
| | | | | DEXCOM | 2 | (PA)(QL)(M) |
| | | | | FREESTYLE LIBRE CGM | 2 | (PA)(QL)(M) |
| | | | | MINIMED | 2 | (PA)(QL)(M) |
| | PEN NEEDLES | 1 | (M) | | | |
| | | | | PRECISON XTRA STRIPS | 2 | (QL)(M) |
| FLUORIDE | | | | | | |
| | FLUORIDE | 1 | (QL)(AGE)(M) | | | |
| FOLIC ACID/FOLATES | | | | | | |
| | FOLIC ACID | 1 | (M) | | | |
| GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL | | | | | | |
| | | | | AMITIZA | 3 | (ST)(QL)(AGE)(M) |
| | | | | LINZESS | 2 | (QL)(M) |
| | | | | MOVANTIK | 2 | (QL) |
| | | | | SYMPROIC | 3 | (ST)(QL) |
| | | | | TRULANCE | 3 | (ST)(QL)(M) |
| GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING | | | | | | |
| | | | | AKYNZEO | 2 | (QL) |
| | ONDANSETRON | 1 | (PA)(QL) | ZOFRAN | 3 | (QL) |
| | PROMETHAZINE | 1 | | | | |
| GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS | | | | | | |
| | | | | DEXILANT | 3 | (ST)(QL)(M) |
| | LANSOPRAZOLE | 1 | (QL)(AGE)(M) | PREVACID | 3 | (ST)(QL)(AGE)(M) |
| | OMEPRAZOLE | 1 | (QL)(M) | | | |
| | PANTOPRAZOLE | 1 | (QL)(M) | PROTONIX | 3 | (ST)(QL)(M) |
| | RANITIDINE | 1 | (QL)(M) | | | |
| | FAMOTADINE | 1 | (QL)(M) | | | |
| GOUT | | | | | | |
| | ALLOPURINOL | 1 | (M) | ZYLOPRIM | 3 | (M) |
| | COLCHICINE | 1 | (QL) | COLCRYS | 3 | (QL) |
| | | | | ULORIC | 2 | (ST)(QL)(M) |
| GROWTH HORMONES | | | | | | |
| | | | | GENOTROPIN | 4 | (PA)(QL) |
| | | | | HUMATROPE | 4 | (PA)(QL) |
| | | | | NORDITROPIN | 4 | (PA)(QL) |
| | | | | NUTROPIN AQ | 4 | (PA)(QL) |
| | | | | OMNITROPE | 4 | (PA)(QL) |
| | | | | SAIZEN | 4 | (PA)(QL) |
| | | | | SAIZENPREP | 4 | (PA)(QL) |
| | | | | SEROSTIM | 4 | (PA)(QL) |
| | | | | ZOMACTON | 4 | (PA)(QL) |
| | | | | ZORBTIVE | 4 | (PA)(QL) |
| HEPATITIS THERAPIES | | | | | | |
| | | | | EPCLUSA | 4 | (PA)(QL) |
| | | | | HARVONI | 4 | (PA)(QL) |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|------------------------------------|---------------------|--------------|-------------------------|--------------|------------|--------------------------|
| | | | | MAVYRET | 4 | (PA)(QL) |
| | | | | VOSEVI | 4 | (PA)(QL) |
| HORMONE REPLACEMENT THERAPY FEMALE | | | | | | |
| | | | | DIVIGEL | 3 | (QL)(M) |
| | ESTRADIOL | 1 | (QL)(M) | ALORA | 3 | (QL)(M) |
| | ESTRADIOL | 1 | (QL)(M) | ESTRACE | 3 | (QL)(M) |
| | ESTRADIOL | 1 | (QL)(M) | ESTRACE VAG | 2 | (QL)(M) |
| | ESTRADIOL | 1 | (QL)(M) | MINIVELLE | 3 | (QL)(M) |
| | ESTRADIOL | 1 | (QL)(M) | VAGIFEM | 3 | (ST)(QL)(M) |
| | | | | ESTRING | 3 | (ST)(QL)(M) |
| | | | | FEMRING | 3 | (ST)(QL)(M) |
| | | | | PREMARIN VAG | 3 | (ST)(QL)(M) |
| | | | | VIVELLE-DOT | 3 | (QL)(M) |
| | YUVAFEM | 1 | (QL)(M) | VAGIFEM | 3 | (ST)(QL)(M) |
| HORMONE REPLACEMENT THERAPY MALE | | | | | | |
| | TESTOST CYPIONATE | 1 | (M) | DEPO-TESTOST | 3 | (M) |
| | TESTOSTERONE | 1 | (PA)(QL)(M) | TESTOSTERONE | 3 | (M) |
| IMMUNOSUPPRESSANTS | | | | | | |
| | TACROLIMUS | 1 | (ST)(QL)(M) | PROGRAF | 3 | (M) |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | | | | | |
| | | | | ELIDEL | 3 | (ST)(QL) |
| | TACROLIMUS OINTMENT | 1 | (ST)(QL)(M) | PROTOPIC | 2 | (ST)(QL) |
| INFLAMMATORY BIOLOGIC AGENTS | | | | | | |
| | | | | ACTEMRA | 4 | (PA)(QL) |
| | | | | CIMZIA | 4 | (PA)(QL) |
| | | | | COSENTYX | 4 | (PA)(QL) |
| | | | | COSENTYX PEN | 4 | (PA)(QL) |
| | | | | ENBREL | 4 | (PA)(QL) |
| | | | | HUMIRA | 4 | (PA)(QL) |
| | | | | KEVZARA | 4 | (PA)(QL) |
| | | | | KINERET | 4 | (PA)(QL) |
| | | | | ORENCIA | 4 | (PA)(QL) |
| | | | | OTEZLA | 4 | (PA)(QL) |
| | | | | SIMPONI | 4 | (PA)(QL) |
| | | | | STELARA | 4 | (PA)(QL) |
| | | | | XELJANZ | 4 | (PA)(QL) |
| | | | | XELJANZ XR | 4 | (PA)(QL) |
| INFLAMMATORY BOWEL AGENTS | | | | | | |
| | | | | APRISO | 2 | (QL)(M) |
| | | | | CANASA | 2 | (QL) |
| | | | | CIMZIA | 4 | (PA)(QL) |
| | | | | DELZICOL | 2 | (QL)(M) |
| | | | | PENTASA | 2 | (QL)(M) |
| INFLAMMATORY NON-BIOLOGIC | | | | | | |
| | METHOTREXATE | 1 | (M) | TREXALL | 2 | (M) |
| | | | | OTREXUP | 4 | (PA)(QL) |
| | | | | RASUVO | 2 | (ST)(QL) |



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|---------------------------|---------------|--------------|-------------------------|--------------|------------|--------------------------|
| INTESTINAL ACIDIFIERS | | | | | | |
| | LACTULOSE | 1 | | | | |
| LAXATIVE COMBINATIONS | | | | | | |
| | | | | PREPOPIK | 3 | (ST) |
| | | | | SUPREP BOWEL | 2 | |
| LAXATIVES | | | | | | |
| | GAVILYTE | 1 | | GOLYTELY | 2 | |
| | PEG 3350 | 1 | | GOLYTELY | 2 | |
| MENTAL HEALTH | | | | | | |
| | AMITRIPTYLIN | 1 | (M) | ELAVIL | 2 | (M) |
| | ARIPIRAZOLE | 1 | (ST)(QL)(M) | | | |
| | BUPROPION | 1 | (QL)(M) | | | |
| | CITALOPRAM | 1 | (QL)(M) | CELEXA | 3 | (ST)(QL)(M) |
| | CLOZAPINE | 1 | (ST)(QL)(M) | CLOZARIL | 3 | (ST)(QL)(M) |
| | DULOXETINE | 1 | (QL)(M) | CYMBALTA | 3 | (ST)(QL)(M) |
| | ESCITALOPRAM | 1 | (QL)(M) | LEXAPRO | 3 | (ST)(QL)(M) |
| | | | | FANAPT | 3 | (ST)(QL) |
| | FLUOXETINE | 1 | (ST)(QL)(M) | PROZAC | 3 | (ST)(QL)(M) |
| | | | | LATUDA | 2 | (ST)(QL)(M) |
| | MEMANTINE | 1 | (QL)(M) | NAMENDA | 3 | (QL)(M) |
| | MEMANTINE ER | 1 | (ST)(QL)(M) | NAMENDA XR | 3 | (ST)(QL)(M) |
| | MIRTAZAPINE | 1 | (M) | REMERON | 3 | (ST)(QL)(M) |
| | OLANZAPINE | 1 | (QL)(M) | ZYPREXA | 3 | (ST)(QL)(M) |
| | PALIPERIDONE | 1 | (ST)(QL)(M) | INVEGA | 3 | (ST)(QL)(M) |
| | PAROXETINE | 1 | (PA)(ST)(QL)(M) | PAXIL | 3 | (ST)(QL)(M) |
| | QUETIAPINE ER | 1 | | SEROQUEL | 3 | (ST)(QL)(M) |
| | RISPERIDONE | 1 | (QL)(M) | RISPERDAL | 3 | (ST)(QL)(M) |
| | | | | SAPHRIS | 3 | (ST)(QL)(M) |
| | | | | SAVELLA | 2 | (QL)(M) |
| | SERTRALINE | 1 | (QL)(M) | ZOLOFT | 3 | (ST)(QL)(M) |
| | TRAZODONE | 1 | (QL)(M) | | | |
| | | | | TRINTELLIX | 3 | (ST)(QL)(M) |
| | VENLAFAXINE | 1 | (QL)(M) | EFFEXOR XR | 3 | (ST)(QL)(M) |
| | | | | VRAYLAR | 3 | (PA)(QL)(M) |
| | ZIPRASIDONE | 1 | (QL)(M) | GEODON | 3 | (ST)(QL)(M) |
| MIGRAINE | | | | | | |
| | RIZATRIPTAN | 1 | (QL)(M) | MAXALT | 3 | (ST)(QL)(M) |
| | SUMATRIPTAN | 1 | (ST)(QL)(M) | IMITREX | 3 | (ST)(QL)(M) |
| MULTIPLE SCLEROSIS AGENTS | | | | | | |
| | | | | AUBAGIO | 4 | (PA)(QL) |
| | | | | AVONEX | 4 | (PA)(QL) |
| | DALFAMPRIDINE | 1 | (PA)(QL) | AMPYRA | 4 | (PA)(QL) |
| | | | | EXTAVIA | 4 | (PA)(QL) |
| | | | | GILENYA | 4 | (PA)(QL) |
| | GLATIRAMER | 1 | (PA)(QL) | | | |
| | | | | PLEGRIDY | 4 | (PA)(QL) |
| | | | | REBIF | 4 | (PA)(QL) |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|--------------------------------------------|-------------------|--------------|-------------------------|------------------|------------|--------------------------|
| | | | | TECFIDERA | 4 | (PA)(QL) |
| MUSCLE RELAXANTS | | | | | | |
| | BACLOFEN | 1 | (M) | | | |
| | CARISOPRODOL | 1 | (QL) | | | |
| | CYCLOBENZAPRINE | 1 | | | | |
| | METHOCARBAM | 1 | | | | |
| | TIZANIDINE | 1 | (ST)(QL) | ZANAFLEX | 3 | (ST)(QL) |
| NASAL ALLERGY | | | | | | |
| | | | | DYMISTA | 2 | (QL) |
| | FLUTICASONE | 1 | (QL)(M) | | | |
| | MOMETASONE | 1 | (QL)(M) | NASONEX | 3 | (ST)(QL)(M) |
| NASAL ANTICHOLINERGICS | | | | | | |
| | IPRATROPIUM | 1 | (M) | | | |
| OIL SOLUBLE VITAMINS | | | | | | |
| | VITAMIN D | 1 | (M) | DRISDOL | 2 | (M) |
| ONCOLOGY/HEMATOLOGY | | | | | | |
| | ANASTROZOLE | 1 | (QL)(M) | | | |
| | | | | BOSULIF | 4 | (PA)(QL) |
| | | | | ICLUSIG | 4 | (PA)(QL) |
| | IMATINIB | 1 | (PA)(QL) | | | |
| | | | | NERLYNX | 4 | (PA)(QL) |
| | | | | NEULASTA | 4 | (PA)(QL) |
| | | | | SPRYCEL | 4 | (PA)(QL) |
| | | | | TASIGNA | 4 | (PA)(QL) |
| | | | | TYKERB | 4 | (PA)(QL) |
| | | | | ZYTIGA | 4 | (PA)(QL) |
| OPHTHALMIC STEROIDS | | | | | | |
| | | | | LOTEMAX | 3 | (QL) |
| | | | | PRED FORTE | 3 | |
| | | | | PRED MILD | 3 | |
| | PREDNISOLONE | 1 | (QL) | OMNIPRED | 3 | (QL) |
| | | | | PREDNISOLONE | 3 | (QL) |
| OPHTHALMICS (EYE) ANTI-INFECTIVES | | | | | | |
| | | | | BESIVANCE | 3 | (QL) |
| | OFLOXACIN | 1 | | OCUFLOX | 3 | |
| | TRIMETHOPRIM | 1 | | POLYTRIM | 3 | |
| OPHTHALMICS (EYE) MISC. OPHTHALMICS | | | | | | |
| | BRIMONIDINE 0.15% | 1 | | ALPHAGAN P 0.15% | 3 | |
| | | | | COMBIGAN | 2 | (QL)(M) |
| | OLOPATADINE | 1 | (QL)(M) | PATADAY | 3 | (QL) |
| | OLOPATADINE | 1 | (QL)(M) | PATANOL | 3 | (QL) |
| | | | | RESTASIS | 3 | (PA)(QL) |
| | | | | XIIDRA | 3 | (PA)(QL) |
| OPHTHALMICS (EYE) PROSTGLANDINS | | | | | | |
| | LATANOPROST | 1 | (QL)(M) | XALATAN | 3 | (QL)(M) |
| | | | | LUMIGAN | 2 | (QL)(M) |
| | | | | TRAVATAN Z | 3 | (ST)(QL)(M) |
| | | | | ZIOPTAN | 3 | (QL)(M) |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|----------------------------------------|--------------------|--------------|-------------------------|-------------|------------|--------------------------|
| OPIOID ANTAGONISTS | | | | | | |
| | | | | NARCAN | 2 | (QL) |
| | | | | VIVITROL | 4 | (QL)(M) |
| OPIOID PARTIAL AGONISTS | | | | | | |
| | BUPREN/NALOX | 1 | (QL) | SUBOXONE | 3 | (QL) |
| | BUPRENORPHIN | 1 | (QL) | | | |
| OSTEOPOROSIS | | | | | | |
| | ALENDRONATE | 1 | (QL)(M) | FOSAMAX | 3 | (QL)(M) |
| OTIC PREPARATIONS (EAR) | | | | | | |
| | | | | CIPRODEX | 2 | |
| PAIN MEDICATIONS - NARCOTICS | | | | | | |
| | APAP/CODEINE | 1 | (ST)(QL) | | | |
| | BUPRENORPHIN | 1 | (QL) | BUTRANS | 2 | (QL) |
| | ENDOCET | 1 | (ST)(QL) | | | |
| | FENTANYL | 1 | (QL) | | | |
| | HYDROCO/APAP | 1 | (ST)(QL) | | | |
| | MORPHINE SUL | 1 | (ST)(QL) | | | |
| | OXYCOD/APAP | 1 | (ST)(QL) | | | |
| | OXYCODONE | 1 | (ST)(QL) | | | |
| | ROXICET | 1 | (ST)(QL) | | | |
| | TRAMADOL HCL | 1 | (ST)(QL) | | | |
| PAIN MEDICATIONS NSAIDS | | | | | | |
| | CELECOXIB | 1 | (QL)(M) | CELEBREX | 3 | (ST)(QL)(M) |
| | DICLOFENAC TABLETS | 1 | (QL)(M) | | | |
| | IBUPROFEN | 1 | (M) | | | |
| | MELOXICAM | 1 | (M) | | | |
| | NAPROXEN | 1 | (M) | | | |
| PANCREATIC ENZYME | | | | | | |
| | | | | CREON | 2 | (QL)(M) |
| | | | | PANCREAZE | 2 | (QL)(M) |
| | | | | PERTZYE | 2 | (QL)(M) |
| | | | | ZENPEP | 2 | (QL)(M) |
| PARKINSON'S | | | | | | |
| | PRAMIPEXOLE | 1 | (ST)(QL)(M) | MIRAPEX | 3 | (QL)(M) |
| | RASAGILINE | 1 | (QL)(M) | AZILECT | 3 | (QL)(M) |
| | ROPINIROLE | 1 | (QL)(M) | REQUIP | 3 | (QL)(M) |
| PEDIATRIC MULTIPLE VITAMINS | | | | | | |
| | MULTI-VIT/FL | 1 | (M) | MULTIVIT/FL | 3 | (M) |
| POTASSIUM | | | | | | |
| | KLOR-CON | 1 | (M) | | | |
| PROSTATE | | | | | | |
| | DUTAST/TAMSU | 1 | (QL)(M) | JALYN | 3 | (QL)(M) |
| | FINASTERIDE | 1 | (QL)(M) | PROSCAR | 3 | (QL)(M) |
| | TAMSULOSIN | 1 | (QL)(M) | FLOMAX | 3 | (QL)(M) |
| PULMONARY ARTERIAL HYPERTENSION | | | | | | |
| | | | | LETAIRIS | 4 | (PA)(QL) |
| | | | | OPSUMIT | 4 | (PA)(QL) |



| Category | Generic Name | Generic Tier | Gen. Spec. Requirements | Brand Name | Brand Tier | Brand Spec. Requirements |
|-------------------------------|-----------------------|--------------|-------------------------|-----------------|------------|--------------------------|
| | | | | ORENITRAM | 4 | (PA)(QL) |
| | | | | TRACLEER | 4 | (PA)(QL) |
| SEIZURE DISORDER | | | | | | |
| | | | | BRIVIACT | 3 | (QL)(M) |
| | CLONAZEPAM | 1 | (QL)(M) | KLONOPIN | 3 | (ST)(QL)(M) |
| | | | | FYCOMPA | 2 | (QL)(M) |
| | GABAPENTIN | 1 | (QL)(M) | NEURONTIN | 3 | (QL)(M) |
| | LAMOTRIGINE | 1 | (ST)(QL)(M) | LAMICTAL | 3 | (ST)(QL)(M) |
| | LEVETIRACETA | 1 | (QL)(M) | KEPPRA | 3 | (ST)(QL)(M) |
| | | | | LYRICA | 3 | (QL)(M) |
| | TOPIRAMATE | 1 | (QL)(M) | TOPAMAX | 3 | (ST)(QL)(M) |
| | | | | VIMPAT SOLUTION | 2 | |
| | | | | VIMPAT TABLETS | 2 | |
| STEROIDS | | | | | | |
| | DECADRON | 1 | | | | |
| | DEXAMETHASON | 1 | | | | |
| | METHYLPRED | 1 | | MEDROL | 3 | |
| | PREDNISONE | 1 | (M) | | | |
| STIMULANTS - ADHD/WAKEFULNESS | | | | | | |
| | AMPHET/DEXTR | 1 | (QL) | | | |
| | DESMETHYLPHENIDATE | 1 | (QL) | | | |
| | DESMETHYLPHENIDATE ER | 1 | (QL) | | | |
| | DEXTROAMPHET | 1 | (QL) | PROCENTRA | 3 | (QL) |
| | METHYLPHENID | 1 | (QL) | RITALIN | 3 | (QL) |
| | | | | QUILLIVANT | 2 | (QL) |
| | | | | VYVANSE | 2 | (QL) |
| | | | | APTENSIO XR | 3 | (QL) |
| | | | | DAYTRANA | 3 | (ST)(QL) |
| | | | | QUILLICHEW | 2 | (QL) |
| THYROID | | | | | | |
| | LEVOTHYROXIN | 1 | (QL)(M) | LEVO-T | 2 | (QL)(M) |
| | | | | LEVOXYL | 2 | (QL)(M) |
| | LIOTHYRONINE | 1 | (M) | CYTOMEL | 2 | (M) |
| | | | | NATURE THROID | 3 | |
| | | | | SYNTHROID | 3 | (QL)(M) |
| UNCATEGORIZED | | | | | | |
| | | | | DUPIXENT | 4 | (PA)(QL) |
| | EPINEPHRINE | 1 | (QL) | | | |
| | | | | EUCRISA | 2 | (ST)(QL) |
| | METRONIDAZOL | 1 | (QL) | FLAGYL | 3 | |
| | | | | NITYR | 4 | (PA)(QL) |
| | | | | ORFADIN | 4 | (PA)(QL) |
| | SEVELAMER | 1 | (M) | RENVELA | 2 | (M) |
| URINARY INCONTINENCE | | | | | | |
| | OXYBUTYNIN | 1 | (QL)(M) | DITROPAN XL | 3 | (ST)(QL)(M) |
| VIRAL VACCINES | | | | | | |
| | | | | FLU | 2 | (M) |
| | | | | SHINGRIX | 2 | (QL)(AGE) |



