

# Prescription drug list.



This “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 (i.e., the complete “formulary”), and see the costs of different medications.

## Drug costs

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

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

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

## The 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 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.

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

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

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

Effective as of: 1/1/2025

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
Adapalene Gel	3	
Amnesteem Capsule	4	
Azelaic Acid Gel	3	
Claravis Capsule	4	
Clindam/Benz Gel	4	
Clindamy/Ben Gel	3	
Erythromycin	2	(AGE)
Isotretinoin Capsule	4	
Metronidazol	3	(QL)
Neuac Gel	3	
Sod Sul/Sulf	3	
Sod Sulf/Sul Liq	3	
Sodium Sulf Suspension	4	
Sulfacetamid Lot	4	
Sulfacleanse Suspension	4	
Tretinoin Cream	4	(AGE)
Zenatane Capsule	4	
<b>ALS AGENTS</b>		
Riluzole Tablet	3	(M)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b>Auvi-Q Injectable</b>	4	(QL)
Epinephrine Injectable	3	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Acampro Cal Tablet	3	
Disulfiram Tablet	2	
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	3	(M)
<b>ANTIBIOTICS</b>		
Amox/K Clav	2	
Amoxicillin	2	
Ampicillin Capsule	2	
Azithromycin	2	(QL)
Cefadroxil Capsule	2	
Cefdinir	2	
Cefpodoxime Tablet	3	
Cefuroxime Tablet	2	
Cephalexin	2	
Ciprofloxacin	2	
Clarithromyc Tablet	2	
Clindamycin	2	
Dicloxacill Capsule	3	
Doxycycl Hyc	2	(QL)
Doxycycline Mono Capsule 100Mg	2	

Drug Name	Drug Tier	Requirements & Limits
Levofloxacin Tablet	2	
Linezolid Tablet	3	(QL)
Methenam Hip Tablet	3	
Minocycline Capsule	2	
Moxifloxacin	3	
Neomycin Tablet	3	
Nitrofur Mac Capsule	2	
Nitrofurantn Capsule	2	
Penicillin Vk	2	
Smz-Tmp Ds	2	
Tetracycline Capsule	3	
Tinidazole Tablet	3	
Tobramycin	6	(QL)(M)
Trimethoprim Tablet	3	
Vancomycin Capsule	4	(QL)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	3	(QL)
<b>ANTIFUNGALS</b>		
Ciclodan Solution	3	(QL)
Ciclopirox	2	(QL)
Clotrim/Beta	2	
Clotrimazole	2	
Econazole Cream	3	
Fluconazole	2	(QL)
Griseofulvin Suspension	3	
Itraconazole Capsule	2	(QL)
Ketoconazole	3	
Klayesta Powder	2	(QL)
Nyamyc Powder	2	(QL)
Nystat/Triam	3	
Nystatin	2	(QL)
Nystop Powder	2	(QL)
Posaconazole Tablet	6	(PA)(M)
Terbinafine Tablet	2	(QL)
<b>ANTHELMINTICS</b>		
Ivermectin Tablet	4	
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	3	
Hydroxychlor	3	(M)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigm Tablet	3	
Pyridostigmi Tablet	4	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	3	
Isoniazid Tablet	2	

Drug Name	Drug Tier	Requirements & Limits
Rifampin Capsule	2	
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	4	
<b>ANTISEBORRHEIC PRODUCTS</b>		
Sodium Sulfa Liq	3	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	2	(M)
Propylthiour Tablet	3	(M)
<b>ANTIVIRALS</b>		
Acyclovir	2	
<b>Biktarvy Tablet</b>	6	(QL)(M)
Darunavir Tablet	3	(QL)(M)
<b>Descovy Tablet</b>	6	(QL)(M)
<b>Dovato Tablet</b>	6	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	2	
<b>Genvoya Tablet</b>	6	(QL)(M)
<b>Juluca Tablet</b>	6	(QL)(M)
<b>Odefsey Tablet</b>	6	(QL)(M)
<b>Paxlovid Tablet</b>	6	(QL)(M)
<b>Prezista Tablet</b>	6	(QL)(M)
Ritonavir Tablet	3	(QL)(M)
<b>Symtuza Tablet</b>	6	(QL)(M)
Tenofovir Tablet	3	(QL)(M)
<b>Tivicay Tablet</b>	6	(QL)(M)
<b>Triumeq Tablet</b>	6	(QL)(M)
Valacyclovir Tablet	2	(QL)
Valganciclov Tablet	6	(QL)(M)
<b>Viread Tablet</b>	6	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	3	(QL)
Bupirone Tablet	2	(M)
Chlordiazep Capsule	3	
Diazepam Tablet	3	
Eszopiclone Tablet	3	(QL)
Hydroxyzine	2	
Lorazepam Tablet	3	
Ramelteon Tablet	3	(QL)(M)
Temazepam Capsule	3	(QL)
Triazolam Tablet	3	(QL)
Zaleplon Capsule	3	(QL)
Zolpidem Tablet	3	(QL)
Zolpidem Er Tablet	3	(QL)
<b>ASTHMA AND COPD*</b>		
Albuterol	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Anoro Ellipt Inhalation</b>	4	(QL)(M)
Arformoterol Neb	4	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	4	(QL)(M)
<b>Asmanex</b>	4	(QL)(M)
<b>Atrovent Hfa Inhalation</b>	5	(M)
<b>Breztri Inhalationo Inhalation</b>	4	(QL)(M)(AGE)
Budesonide	4	(QL)(M)
<b>Combivent Inhalation</b>	4	(QL)(M)
Flutic/Salme	3	(PA)(QL)(M)
Flutic/Vilan Inhalation	3	(PA)(QL)(M)
Fluticas Hfa Inhalation	4	(QL)(M)
Fluticasone	4	(QL)(M)
Ipratropium	2	(M)
Kourzeq Pst	3	
Levalbuterol	3	(QL)(M)
Montelukast	2	(QL)(M)
Oralene Dent Pst	3	
Roflumilast Tablet	3	(QL)(M)
<b>Serevent Dis Inhalation</b>	4	(M)
<b>Spiriva Handihaler</b>	4	(QL)(M)
<b>Spiriva Respimat</b>	4	(QL)(M)
<b>Stiolto Inhalation</b>	4	(QL)(M)
<b>Symbicort Inhalation</b>	3	(QL)(M)
Theophylline Tablet	3	(M)
<b>Trelegy Inhalation</b>	4	(QL)(M)(AGE)
Triamcinolon	3	
<b>Ventolin Hfa Inhalation</b>	4	(QL)(M)
Wixela Inhub Inhalation	3	(QL)(M)
<b>BLOOD THINNERS</b>		
<b>Brilinta Tablet</b>	4	(QL)(M)
Cilostazol Tablet	2	(M)
Clopidogrel Tablet	2	(QL)(M)
Dabigatran Capsule	3	(QL)(M)
<b>Eliquis Tablet</b>	4	(QL)(M)
<b>Eliquis St P Tablet</b>	4	(QL)
Enoxaparin Injectable	4	
Prasugrel Tablet	3	(QL)(M)
Warfarin	2	(M)
<b>Xarelto</b>	4	(QL)(M)
<b>BURN PRODUCTS</b>		
Silver Sulfa Cream	2	
Ssd Cream	2	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	3	(M)
Methazolamid Tablet	4	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>CARDIOVASCULAR*</b>		
Amilor/Hctz Tablet	2	(M)
Amiloride Tablet	2	(M)
Amiodarone Tablet	2	(M)
Amlod/Benazp Capsule	2	(M)
Amlod/Olmesa Tablet	2	(ST)(QL)(M)
Amlod/Valsar Tablet	2	(QL)(M)
Amlodipine Tablet	2	(M)
Atenol/Chlor Tablet	2	(M)
Atenolol Tablet	2	(QL)(M)
Benazep/Hctz Tablet	2	(M)
Benazepril Tablet	2	(M)
Bisoprl/Hctz Tablet	2	(M)
Bisoprol Fum Tablet	2	(M)
Bumetanide Tablet	2	(M)
Candes/Hctz Tablet	2	(QL)(M)
Candesartan Tablet	2	(QL)(M)
Captopril Tablet	2	(M)
Cartia Xt Capsule	2	(M)
Carvedilol	3	(QL)(M)
Chlorthalid Tablet	2	(M)
Clonidine	2	(QL)(M)
Digoxin Tablet	2	(M)
Dilt-Xr Capsule	2	(M)
Diltiazem	2	(M)
Diltiazem Er Tablet	3	(M)
Dofetilide Capsule	3	(M)
Doxazosin Tablet	2	(QL)(M)
Enalap/Hctz Tablet	2	(M)
Enalapril	4	(QL)(AGE)(M)
<b>Entresto Tablet</b>	4	(QL)(M)
Eplerenone Tablet	2	(M)
Felodipine Tablet	2	(M)
Flecainide Tablet	3	(M)
Furosemide	2	(M)
Guanfacine Tablet	2	(M)
Hydralazine Tablet	2	(M)
Hydrochlorothiazide	2	(M)
Indapamide Tablet	2	(M)
Irbesar/Hctz Tablet	2	(QL)(M)
Irbesartan Tablet	2	(QL)(M)
Isosorb Din Tablet	2	(M)
Isosorb Mono Tablet	2	(M)
Labetalol Tablet	2	(M)
Lisinop/Hctz Tablet	2	(M)

Drug Name	Drug Tier	Requirements & Limits
Lisinopril Tablet	2	(M)
Losartan Pot Tablet	2	(QL)(M)
Losartan/Hct Tablet	2	(QL)(M)
Matzim La Tablet	3	(M)
Metolazone Tablet	2	(M)
Metoprol Suc Tablet	2	(M)
Metoprolol	2	(M)
Midodrine Tablet	3	
Minoxidil Tablet	2	(M)
<b>Multaq Tablet</b>	4	(M)
Nadolol Tablet	2	(M)
Nebivolol Tablet	2	(QL)(M)
Nifedipine	2	(M)
Nitroglycer Dis	2	(M)
Nitroglyceri Sub	2	(M)
Nitroglycer Sub	2	(M)
Olm Med/Amlo Tablet	2	(ST)(QL)(M)
Olm Med/Hctz Tablet	2	(QL)(M)
Olmesa Medox Tablet	2	(QL)(M)
Pacerone Tablet	2	(M)
Prazosin Hcl Capsule	2	(M)
Propafenone	3	(M)
Propranolol	2	(M)
Ramipril Capsule	2	(M)
Ranolazine Tablet	3	(ST)(QL)(M)
Sotalol Tablet	2	(M)
Sotalol Af Tablet	2	(M)
Sotalol Hcl Tablet	2	(M)
Spiro/Hctz Tablet	2	(M)
Spirolact Tablet	2	(M)
Taztia Xt Capsule	2	(M)
Telmis/Amlod Tablet	2	(QL)(M)
Telmisa/Hctz Tablet	2	(QL)(M)
Telmisartan Tablet	2	(QL)(M)
Terazosin Capsule	2	(QL)(M)
Tiadylt Capsule	2	(M)
Torsemide Tablet	2	(M)
Triamt/Hctz	2	(M)
Triamterene Capsule	4	(M)
Valsart/Hctz Tablet	2	(QL)(M)
Valsartan Tablet	2	(QL)(M)
Verapamil	3	(M)
<b>Verelan Pm Capsule</b>	5	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	2	(QL)(AGE)(M)

Drug Name	Drug Tier	Requirements & Limits
Cholestyram Powder	3	(QL)(M)
Colesevelam Tablet	1	(QL)(M)
Colestipol Tablet	3	(QL)(M)
Ezetim/Simva Tablet	2	(ST)(QL)(M)
Ezetimibe Tablet	2	(QL)(M)
Fenofibrate	2	(QL)(M)
Gemfibrozil Tablet	2	(QL)(M)
Icosapent Capsule	4	(ST)(QL)(M)
Lovastatin Tablet	2	(QL)(M)(AGE)
Niacin Tablet	2	(QL)(M)
Niacin Er Tablet	2	(QL)(M)
Omega-3-Acid Capsule	3	(QL)(M)
Pitavastatin Tablet	3	(ST)(QL)(M)
Pravastatin	2	(QL)(M)(AGE)
Prevalite Powder	4	(QL)(M)
<b>Repatha Injectable</b>	4	(PA)(QL)(M)
<b>Repatha Sure Injectable</b>	4	(PA)(QL)(M)
Rosuvastatin Tablet	2	(QL)(AGE)(M)
Simvastatin Tablet	2	(QL)(AGE)(M)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	1	(M)
Generic Contraceptives	1	(M)
Medroxyprogesterone	1	(QL)(M)
<b>Phexxi Gel</b>	1	(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	2	(QL)
Brom/Pse/Dm Syrup	3	(QL)
Bromfed Dm Solution	3	(QL)
Cyproheptad	2	(QL)
Hydrocod/Hom	2	
Hydromet Syrup	2	
Prometh/Cod Solution	2	
Promethazine	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul	3	
Cyclopentol Solution	3	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Pulmozyme Solution</b>	6	(QL)(M)
<b>Trikafta</b>	6	(PA)(QL)(AGE)(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	2	
Fluoride	2	(QL)(AGE)(M)
Paroex Solution	2	
Periogard Solution	2	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	5	(QL)

Drug Name	Drug Tier	Requirements & Limits
Calcipotrien Cream	4	
Diclofenac 1%	4	(PA)(M)
Fluorouracil Cream	3	(PA)(QL)
Gentamicin	3	
Mupirocin Oin	2	
<b>Tolak Cream</b>	5	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	3	
Alclometason Cream	3	
Beta Diprop	3	
Betameth Dip	3	
Betameth Val Cream	3	
Clobetasol	3	
Desonide	3	
Fluocin Acet	3	
Fluocinonide	3	(QL)
Hydrocort	3	(M)
Hydrocortiso	3	
Mometasone	2	
Triderm Cream	4	
<b>DIABETES - INSULIN*</b>		
<b>Basaglar Injectable</b>	3	
<b>Fiasp Injectable</b>	4	(M)
<b>Fiasp Flex Injectable</b>	4	(M)
<b>Fiasp Penfil Injectable</b>	4	(M)
<b>Fiasp Pmpcrt Injectable</b>	4	(M)
<b>Humulin R U-500</b>	4	(PA)(QL)(M)
Ins Asp Prot Injectable	2	(M)
Insulin Aspa Injectable	2	(M)
<b>Lantus Injectable</b>	4	(M)
<b>Lantus Solos Injectable</b>	4	(M)
Novolin Injectable	2	(M)
Novolin N Injectable	2	(M)
<b>Novolog Injectable</b>	4	(M)
<b>Novolog Mix Injectable</b>	4	(M)
<b>Toujeo Max Injectable</b>	4	(M)
<b>Toujeo Solo Injectable</b>	4	(M)
<b>DIABETES - NON-INSULIN*</b>		
Acarbose Tablet	2	(M)
Alogliptin Tablet	2	(QL)(M)
Alogliptin/Metformin	2	(QL)(M)
<b>Baqsimi One Powder</b>	4	
<b>Baqsimi Two Powder</b>	4	
<b>Bydureon Bc Injectable</b>	4	(PA)(QL)(M)
<b>Farxiga Tablet</b>	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Glimepiride Tablet	2	(M)
Glip/Metform Tablet	2	(M)
Glipizide	2	(M)
Glucagon Kit	3	
Glyb/Metform Tablet	2	(M)
Glyburide Tablet	2	(M)
<b>Gvoke Hypo 1 Injectable</b>	4	
<b>Gvoke Hypo 2 Injectable</b>	4	
Metformin	2	(M)
<b>Mounjaro Injectable</b>	4	(PA)(QL)(M)
Pioglit/Met Tablet	2	(QL)(M)
Pioglitazone Tablet	2	(QL)(M)
Repaglinide Tablet	2	(M)
Saxagliptin Tablet	2	(QL)(M)
<b>Soliqua Injectable</b>	4	(ST)(QL)(M)
<b>Steglatro Tablet</b>	5	(ST)(QL)(M)
<b>Trulicity Injectable</b>	4	(PA)(QL)(M)
<b>Xigduo Xr Tablet</b>	4	(QL)(M)
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr Mis</b>	5	(M)
<b>10MI LI Syrg Mis</b>	5	(M)
10MI Syringe Mis	2	(M)
<b>12MI Syringe Mis</b>	5	(M)
<b>140MI Syring Mis</b>	5	(M)
<b>1MI Allr Syr Mis</b>	5	(M)
<b>1MI Slip Tip Mis</b>	5	(M)
1MI Syringe Mis	2	(M)
<b>1MI Tb Syrng Mis</b>	5	(M)
20MI Syringe Mis	2	(M)
<b>3MI Syringe Mis</b>	5	(M)
30MI Syringe Mis	2	(M)
35MI Syringe Mis	2	(M)
<b>3MI LI Syrng Mis</b>	5	(M)
<b>3MI Luer Loc Mis</b>	5	(M)
3MI Syringe Mis	2	(M)
5MI Syringe Mis	2	(M)
60MI Syringe Mis	2	(M)
<b>6MI Syringe Mis</b>	5	(M)
<b>Accu-Chek Tes</b>	5	(PA)(QL)(M)
<b>Accutrend Tes</b>	5	(PA)(QL)(M)
<b>Admix Needle Mis</b>	5	(M)
<b>Advance Tes</b>	5	(PA)(QL)(M)
<b>Advocate Tes</b>	5	(PA)(QL)(M)
<b>Agamatrix Tes</b>	5	(PA)(QL)(M)
<b>Allergy Syrg Mis</b>	5	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Assure Tes</b>	5	(PA)(QL)(M)
<b>Assure 3 Tes</b>	5	(PA)(QL)(M)
<b>Assure 4 Tes</b>	5	(PA)(QL)(M)
<b>Assure li Tes</b>	5	(PA)(QL)(M)
<b>Assure Prism Tes</b>	5	(PA)(QL)(M)
<b>Assure Pro Tes</b>	5	(PA)(QL)(M)
<b>Autocode Tes</b>	5	(PA)(QL)(M)
<b>Bd 20MI Syrg Mis</b>	5	(M)
<b>Bd 50MI Syrg Mis</b>	5	(M)
<b>Bd 5MI Syrg Mis</b>	5	(M)
<b>Bd Blnt Fill Mis</b>	5	(M)
<b>Bd Eclipse Mis</b>	5	(M)
<b>Bd Hypo Need Mis</b>	5	(M)
<b>Bd Integra Mis</b>	5	(M)
<b>Bd Luer-Lok Mis</b>	5	(M)
<b>Bd Needle Mis</b>	5	(M)
<b>Bd Needles Mis</b>	5	(M)
<b>Bd Plastipak Mis</b>	5	(M)
<b>Bd Precision Mis</b>	5	(M)
<b>Bd Safety Mis</b>	5	(M)
<b>Bd Syr 50MI Mis</b>	5	(M)
<b>Bd Tb 1MI Mis</b>	5	(M)
<b>Biotel Care Tes</b>	5	(PA)(QL)(M)
Blood Glucos Tes	3	(PA)(QL)(M)
<b>Blulink Tes</b>	5	(PA)(QL)(M)
<b>Bulb Irr Syr Mis</b>	5	(M)
<b>Carepoint Sa Mis</b>	5	(M)
<b>Carepoint Sy Mis</b>	5	(M)
<b>Carepoint Tu Mis</b>	5	(M)
<b>Caresens N Tes</b>	5	(PA)(QL)(M)
<b>Caretouch Mis</b>	5	(PA)(QL)(M)
<b>Catheter/Tip Mis</b>	5	(M)
<b>Clever Chek Tes</b>	5	(PA)(QL)(M)
<b>Clever Choic Tes</b>	5	(PA)(QL)(M)
<b>Clevr Choice Tes</b>	5	(PA)(QL)(M)
<b>Confirm/Micr Tes</b>	5	(PA)(QL)(M)
<b>Contour Tes</b>	5	(PA)(QL)(M)
<b>Contour Plus Tes</b>	5	(PA)(QL)(M)
<b>Cool Blood Tes</b>	5	(PA)(QL)(M)
<b>Cvs Advanced Tes</b>	5	(PA)(QL)(M)
<b>Cvs Glucose Tes</b>	5	(PA)(QL)(M)
<b>Cvs True Met Tes</b>	5	(PA)(QL)(M)
<b>D-Care Blood Tes</b>	5	(PA)(QL)(M)
<b>Deflux Needl Mis</b>	5	(M)
<b>Dexcom G6 Mis</b>	4	(ST)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Dexcom G7 Mis	4	(ST)(QL)(M)(AGE)
Diathrive Mis	5	(PA)(QL)(M)
Diathrive+ Mis	5	(PA)(QL)(M)
Diatrue Plus Tes	5	(PA)(QL)(M)
Dropsafe Mis	5	(M)
Duo-Care Tes	5	(PA)(QL)(M)
Easy Glide Mis	5	(M)
Easy Max Glc Tes	5	(PA)(QL)(M)
Easy Plus li Tes	5	(PA)(QL)(M)
Easy Step Tes	5	(PA)(QL)(M)
Easy Talk Tes	5	(PA)(QL)(M)
Easy Touch	5	(PA)(QL)(M)
Easy Trak Tes	5	(PA)(QL)(M)
Easy Trak li Tes	5	(PA)(QL)(M)
Easygluco Tes	5	(PA)(QL)(M)
Easymax Tes	5	(PA)(QL)(M)
Easymax 15 Tes	5	(PA)(QL)(M)
Easypoint Mis	5	(M)
Easypro Tes	5	(PA)(QL)(M)
Easypro Plus Tes	5	(PA)(QL)(M)
Eclipse Ndle Mis	5	(M)
Element Tes	5	(PA)(QL)(M)
Elemnt Compa Tes	5	(PA)(QL)(M)
Embrace Tes	5	(PA)(QL)(M)
Embrace Evo Tes	5	(PA)(QL)(M)
Embrace Pro Tes	5	(PA)(QL)(M)
Embrace Talk Tes	5	(PA)(QL)(M)
Embrace Wave Tes	5	(PA)(QL)(M)
Enlite Gluco Mis	5	(PA)(QL)(M)
Evolution Tes	5	(PA)(QL)(M)
Fifty50 Gluc Tes	5	(PA)(QL)(M)
Fill Needle Mis	5	(M)
Fora 6 Mis	5	(PA)(QL)(M)
Fora 6Con Tes	5	(PA)(QL)(M)
Fora Advance Tes	5	(PA)(QL)(M)
Fora Blood Tes	5	(PA)(QL)(M)
Fora D15g Tes	5	(PA)(QL)(M)
Fora D20 Tes	5	(PA)(QL)(M)
Fora D40/G31 Tes	5	(PA)(QL)(M)
Fora G20 Tes	5	(PA)(QL)(M)
Fora G30/V10 Tes	5	(PA)(QL)(M)
Fora Gd20 Tes	5	(PA)(QL)(M)
Fora Gd50 Tes	5	(PA)(QL)(M)
Fora Gtel Tes	5	(PA)(QL)(M)
Fora Tn'g Tes	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Fora V10 Tes	5	(PA)(QL)(M)
Fora V12 Tes	5	(PA)(QL)(M)
Fora V20 Tes	5	(PA)(QL)(M)
Fora V30a Tes	5	(PA)(QL)(M)
Foracare Tes	5	(PA)(QL)(M)
Fortiscare Tes	5	(PA)(QL)(M)
Free Libre3 Kit	4	(ST)(QL)(M)
Freesty Libr	4	(ST)(QL)(M)(AGE)
Freestyle	1	(ST)(QL)(AGE)(M)
Ge100 Blood Tes	5	(PA)(QL)(M)
Genultimate Tes	5	(PA)(QL)(M)
Ght Test Tes	5	(PA)(QL)(M)
Gluco Perfec Tes	5	(PA)(QL)(M)
Glucocard Tes	5	(PA)(QL)(M)
Glucocard 01 Tes	5	(PA)(QL)(M)
Glucocom Tes	5	(PA)(QL)(M)
Gluconavii Tes	5	(PA)(QL)(M)
Glucose Tes	5	(PA)(QL)(M)
Gnp Tru Metr Tes	5	(PA)(QL)(M)
Gnp Truetrac Tes	5	(PA)(QL)(M)
Gojji Blood Tes	5	(PA)(QL)(M)
Gojji Strips Mis	5	(PA)(QL)(M)
Guardian Mis	5	(PA)(QL)(AGE)(M)
Guardian 4 Mis	5	(PA)(QL)(M)(AGE)
Guardian Con Mis	5	(PA)(QL)(M)(AGE)
Guardian Rt Mis	5	(PA)(QL)(AGE)(M)
Hw Embrace Tes	5	(PA)(QL)(M)
Hypo Needle Mis	3	(M)
Iglucose Tes	5	(PA)(QL)(M)
Ihealth Bloo Tes	5	(PA)(QL)(M)
In Touch Tes	5	(PA)(QL)(M)
Infinity Tes	5	(PA)(QL)(M)
Insulin Syringes	2	(M)
Kroger Blood Tes	5	(PA)(QL)(M)
Lancets	2	(M)
Liberty Tes	5	(PA)(QL)(M)
Liberty Next Tes	5	(PA)(QL)(M)
Luer-Lock Mis	5	(M)
Luer-Lok Mis	5	(M)
Meijer Tes	5	(PA)(QL)(M)
Meijer Blood Tes	5	(PA)(QL)(M)
Microdot Tes	5	(PA)(QL)(M)
Minilink Rt Mis	5	(PA)(QL)(M)(AGE)
Minimed 630G Mis	5	(PA)(QL)(M)(AGE)
Mm Blulink Tes	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Monoject S/P Mis	5	(M)
Myglucohealt Tes	5	(PA)(QL)(M)
Needles Mis	5	(M)
Neutek 2Tek Tes	5	(PA)(QL)(M)
No Coding Tes	5	(PA)(QL)(M)
Norm-Ject Mis	5	(M)
Nova Max Tes	5	(PA)(QL)(M)
Omnipod 5 Dx	4	(PA)(QL)(M)
Omnipod 5 Lb	4	(PA)(QL)(M)
Omnipod Dash	4	(PA)(QL)(M)
On Call Tes	5	(PA)(QL)(M)
On Call Plus Tes	5	(PA)(QL)(M)
On Call Vivd Tes	5	(PA)(QL)(M)
One Drop Tes	5	(PA)(QL)(M)
Onetouch Tes	5	(PA)(QL)(M)
Optiumez Tes	5	(PA)(QL)(M)
Optumrx Tes	5	(PA)(QL)(M)
Paradigm Rea Mis	5	(PA)(QL)(M)(AGE)
Pen Needles	5	(M)
Perfect Poin Mis	5	(M)
Pharm Syrng Mis	5	(M)
Pharm Tray Mis	5	(M)
Pip Blood Tes	5	(PA)(QL)(M)
Piston Irrig Mis	5	(M)
Pocketchem Tes	5	(PA)(QL)(M)
Poly Hub Mis	5	(M)
Prec Neo Sys Kit	1	(QL)
Precision Tes	4	(QL)(M)
Precisn Xtra Tes	4	(QL)(M)
Premium Bloo Mis	5	(PA)(QL)(M)
Pro Voice Tes	5	(PA)(QL)(M)
Prodigy No Tes	5	(PA)(QL)(M)
Pts Panels Tes	5	(PA)(QL)(M)
Quicktek Tes	5	(PA)(QL)(M)
Quintet Tes	5	(PA)(QL)(M)
Quintet Ac Tes	5	(PA)(QL)(M)
Ra Blood Tes	5	(PA)(QL)(M)
Refuah Plus Tes	5	(PA)(QL)(M)
Relion Tes	5	(PA)(QL)(M)
Relion Platn Tes	5	(PA)(QL)(M)
Relion Premi Tes	5	(PA)(QL)(M)
Relion Prime Tes	5	(PA)(QL)(M)
Relion True Tes	5	(PA)(QL)(M)
Reveal Tes	5	(PA)(QL)(M)
Rightest Tes	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Safetyglide Mis	5	(M)
Safty Needle Mis	5	(M)
Securesafe Mis	5	(M)
Slip Tip 1MI Mis	5	(M)
Slip Tip 3MI Mis	5	(M)
Smart Sense Tes	5	(PA)(QL)(M)
Smartest Tes	5	(PA)(QL)(M)
Solus V2 Tes	5	(PA)(QL)(M)
Supreme Tes	5	(PA)(QL)(M)
Syrg/Ndl 3MI Mis	5	(M)
Syringe 5MI Mis	5	(M)
Syringe Luer Mis	5	(M)
Tb Syringe Mis	5	(M)
Tb Syrng 1MI Mis	5	(M)
Toomey Syrin Mis	2	(M)
Tru Metrix Tes	5	(PA)(QL)(M)
True Focus Mis	5	(PA)(QL)(M)
True Metrix Tes	5	(PA)(QL)(M)
Truetest Tes	5	(PA)(QL)(M)
Truetrack Tes	5	(PA)(QL)(M)
Ultratrak Tes	5	(PA)(QL)(M)
Ultratrak Pro Tes	5	(PA)(QL)(M)
Unistrip1 Tes	5	(PA)(QL)(M)
Vent Needle Mis	5	(M)
Verasens Tes	5	(PA)(QL)(M)
Vivaguard Tes	5	(PA)(QL)(M)
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin	4	(QL)
<b>EMOLLIENTS</b>		
Ammonium Lac Cream	3	
<b>FIDAXOMICIN</b>		
Dificid Tablet	6	(PA)(QL)(M)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	4	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Diphen/Atrop Tablet	2	
Lubiprostone Capsule	4	(QL)(M)(AGE)
Metoclopram Tablet	2	
Xifaxan Tablet	5	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp; VOMITING</b>		
Antivert Tablet	5	
Meclizine Tablet	2	
Ondansetron	2	(QL)
Promethegan Sup	3	

Drug Name	Drug Tier	Requirements & Limits
Scopolamine Dis	4	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Cimetidine Tablet	3	(M)
Famotidine	3	(AGE)(M)
Misoprostol Tablet	1	(M)
Sucralfate	4	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Esomeprazole	2	(QL)(M)
Lansoprazole	2	(ST)(QL)(AGE)(M)
Omeprazole Capsule	2	(QL)(M)
Pantoprazole Tablet	2	(QL)(M)
Rabeprazole Tablet	2	(QL)(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod	4	(M)
<b>GOUT</b>		
Allopurinol Tablet	2	(M)
Colchicine Tablet	3	(QL)
Febuxostat Tablet	3	(QL)(M)
Probenecid Tablet	3	(M)
<b>GROWTH HORMONES</b>		
<b>Genotropin Injectable</b>	6	(PA)(QL)(M)
<b>Humatrope Injectable</b>	6	(PA)(QL)(M)
<b>Zomacton Injectable</b>	6	(PA)(QL)(M)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	2	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	3	(QL)(M)
<b>Mavyret Tablet</b>	4	(PA)(QL)(M)
<b>Sofos/Velpat Tablet</b>	4	(PA)(QL)(M)
<b>HORMONE RECEPTOR MODULATORS</b>		
<b>Osphena Tablet</b>	5	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Amabelz Tablet	2	(QL)(M)
Covaryx Tablet	3	(QL)(M)
Covaryx Hs Tablet	3	(QL)(M)
<b>Delestrogen Injectable</b>	5	
Dotti Dis	3	(QL)(M)
Eemt Tablet	3	(QL)(M)
Eemt Hs Tablet	3	(QL)(M)
Est Estrogen Tablet	3	(QL)(M)
Estra/Noreth Tablet	2	(QL)(M)
Estrad Val Injectable	3	
Estradiol	3	(QL)(M)
Estratest Fs Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Estratest Hs Tablet	3	(QL)(M)
Estrog/Mtest Tablet	3	(QL)(M)
Fyavolv Tablet	1	(M)
Gallifrey Tablet	3	(M)
<b>Imvexxy Main Sup</b>	5	(ST)(QL)(M)
<b>Imvexxy Strt Sup</b>	5	(ST)(QL)(M)
Jinteli Tablet	1	(M)
Lopreeza Tablet	2	(QL)(M)
Lyllana Dis	3	(QL)(M)
Mimvey Tablet	2	(QL)(M)
Noreth/Ethin Tablet	1	(M)
Norethin Ace Tablet	3	(M)
<b>Premarin Tablet</b>	4	(QL)(M)
<b>Premarin Vag Cream</b>	5	(ST)(QL)(M)
<b>Premphase Tablet</b>	5	(ST)(QL)(M)
<b>Prempro Tablet</b>	5	(ST)(QL)(M)
Progesterone	3	(QL)(M)
Yuvaferm Tablet	4	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	3	(QL)(M)
Testost Cyp Injectable	3	(QL)(M)
Testost Enan Injectable	3	(QL)(M)
Testosterone Gel	4	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Adbry Injectable</b>	6	(PA)(QL)(M)
<b>Amjevita Injectable</b>	6	(PA)(QL)(M)
<b>Cibinqo Tablet</b>	6	(PA)(QL)(M)
<b>Cosentyx</b>	6	(PA)(QL)(M)
<b>Hadlima Injectable</b>	6	(PA)(QL)(M)
<b>Hadlima Push Injectable</b>	6	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	6	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	6	(PA)(QL)(M)
<b>Skyrizi Pen Injectable</b>	6	(PA)(QL)(M)
<b>Stelara Injectable</b>	6	(PA)(QL)(M)
<b>Tyenne Injectable</b>	6	(PA)(QL)(M)
<b>Xolair Injectable</b>	6	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	3	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	3	(M)
Azathioprine Tablet	3	(M)
Cyclosporine	3	(M)
<b>Envarsus Xr Tablet</b>	5	(ST)(M)
Everolimus Tablet	6	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Gengraf Capsule	3	(M)
Mycophenolat	3	(M)
Mycophenolic Tablet	3	(QL)(M)
Sirolimus Tablet	4	(M)
Tacrolimus	3	(QL)(M)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Balsalazide Capsule	4	(M)
<b>Cimzia</b>	6	(PA)(QL)(M)
Mesalamine	4	(QL)(M)
Sulfasalazin Tablet	2	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	3	(QL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>Elmiron Capsule</b>	5	
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	3	
Generlac Solution	3	
Lactulose Solution	3	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>	4	
Gavilyte	1	
Peg 3350	1	
Peg/Nasul/C/ Solution	1	
<b>Plenvu Solution</b>	5	
Sodium/Potas Solution	1	
<b>Suprep Bowel Solution</b>	4	
<b>LAXATIVES</b>		
Constulose Solution	3	
<b>LEPROSTATICS</b>		
Dapsone Tablet	3	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lido/Prilocn Cream	2	
Lidocaine	3	
<b>MENTAL HEALTH</b>		
<b>Abilify Asim Injectable</b>	6	(QL)(M)
<b>Abilify Main Injectable</b>	6	(M)
Amitriptylin Tablet	2	(M)
Aripiprazole Tablet	3	(M)
Asenapine Sub	4	(QL)(M)
Bupropion Tablet	2	(QL)(AGE)(M)
Bupropn Hcl Tablet	2	(QL)(M)
Citalopram	2	(QL)(M)
Clomipramine Capsule	3	(QL)(M)
Clozapine Tablet	2	(QL)(M)
Desvenlafax Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Donepezil Tablet	2	(ST)(M)
Doxepin Hcl Capsule	2	(M)
Duloxetine	2	(QL)(M)
<b>Erzofri Injectable</b>	6	(M)
Escitalopram	2	(QL)(M)
Fluoxetine	2	(QL)(M)
Fluvoxamine	4	(QL)(M)
Galantamine Capsule	2	(M)
Haloperidol Tablet	2	(M)
Imipram Hcl Tablet	2	(M)
<b>Invega Hafye Injectable</b>	6	(QL)(M)
<b>Invega Sust Injectable</b>	6	(M)
<b>Invega Trinz Injectable</b>	6	(M)
Lithium Carb	2	(M)
Loxapine Capsule	2	
Lurasidone Tablet	3	(QL)(M)
Memant Titra Packet	2	(QL)
Memantine Tablet	2	(QL)(M)
Memantine Hc Capsule	2	(QL)(M)
Mirtazapine	2	(M)
Nortriptylin Capsule	2	(M)
Olanzapine Tablet	2	(M)
Paliperidone Tablet	3	(QL)(M)
Paroxetine Er Tablet	3	(QL)(M)
Paroxetine Tablet	2	(QL)(M)
Quetiapine Er	2	(QL)(M)
Risperidone	2	(QL)(M)
Rivastigmine	3	(M)
<b>Savella Tablet</b>	4	(ST)(QL)(M)
Sertraline	2	(QL)(M)
Trazodone Tablet	2	(QL)(M)
Venlafaxine	2	(QL)(M)
Vilazodone Tablet	3	(QL)(M)
Ziprasidone Capsule	2	(QL)(M)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	2	(M)
Cinacalcet Tablet	3	(QL)(M)
Javygtor	6	(PA)(QL)(M)
Levocarnitin	4	
Sapropterin	6	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	4	(QL)(M)
Aprepitant Capsule	3	(QL)
Eletriptan Tablet	3	(QL)
<b>Emgality Injectable</b>	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Frovatriptan Tablet	3	(QL)
Naratriptan Tablet	2	(QL)(M)
<b>Nurtec Tablet</b>	4	(PA)(QL)
<b>Reyvow Tablet</b>	5	(PA)(QL)
Rizatriptan Tablet	2	(M)
Sumatriptan	4	(QL)(M)
<b>Ubrelvy Tablet</b>	4	(PA)(QL)
Zolmitriptan	4	(QL)
Zomig Tablet	3	(QL)
<b>MINERALOCORTICIDS</b>		
Fludrocort Tablet	2	(M)
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>Hypersal Neb</b>	5	
Nebusal Neb	2	
Pulmosal Neb	2	
Sod Chloride	2	(PA)
Sodium Chlor Neb	2	
<b>MISC. TOPICAL</b>		
<b>Drysol Solution</b>	5	
<b>MOVEMENT DISORDER</b>		
Tetrabenazin Tablet	6	(PA)(QL)(M)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>Avonex</b>	5	(PA)(QL)(M)
Dalfampridin Tablet	3	(QL)(M)
Dimethyl Fum Capsule	3	(QL)(M)
Glatiramer Injectable	6	(QL)(M)
Glatopa Injectable	6	(QL)(M)
Teriflunomid Tablet	3	(QL)(M)
<b>Vumerity Capsule</b>	5	(PA)(QL)(M)
<b>Zeposia Capsule</b>	6	(PA)(QL)(M)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	3	(M)
Carisoprodol Tablet	2	(QL)
Chlorzoxazon Tablet	3	
Cyclobenzaprine	3	
Metaxalone Tablet	4	
Methocarbam Tablet	3	
Orphenadrine Tablet	3	
Tizanidine	3	(QL)
<b>NASAL ALLERGY</b>		
<b>Azel/Flutic Spr</b>	4	(QL)
Azelastine	2	(QL)(M)
<b>Dymista Spr</b>	4	(QL)
Flunisolide Spr	3	(QL)
<b>Xhance Mis</b>	4	(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	5	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	2	(QL)
<b>Cabometyx Tablet</b>	6	(PA)(QL)(M)
<b>Calquence Tablet</b>	6	(PA)(QL)(M)
Capecitabine Tablet	3	
Dasatinib Tablet	6	(PA)(QL)(M)
Exemestane Tablet	1	(QL)(M)
Hydroxyurea Capsule	2	
<b>Ibrance</b>	6	(PA)(QL)(M)
Imatinib	3	(QL)
<b>Jakafi Tablet</b>	6	(PA)(QL)(M)
<b>Kisqali Tablet</b>	6	(PA)(QL)(M)
Lenalidomide Capsule	6	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	2	(QL)
<b>Lynparza Tablet</b>	5	(PA)(QL)(M)
Megestrol Ac	2	
<b>Mekinist Tablet</b>	6	(PA)(QL)(M)
Mercaptopur Tablet	3	
Methotrexate	2	(M)
<b>Revlimid Capsule</b>	6	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
<b>Tasigna Capsule</b>	6	(PA)(QL)(M)
Temozolomide Capsule	5	(QL)
Torpenz Tablet	3	(PA)(QL)(M)
<b>Venclexta Tablet</b>	6	(PA)(QL)(M)
<b>Verzenio Tablet</b>	6	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	3	
Difluprednat Emu	4	(QL)
Fluoromethol Suspension	3	
<b>Lotemax Sm Gel</b>	5	(QL)
Loteprednol	4	(QL)
Neo/Poly/Dex	2	
Prednisolone	3	(QL)
Tobra/Dexame Suspension	3	
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Ofloxacin Dro	2	
Polymyxin B/ Solution	2	
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	2	(M)
Brinzolamide Suspension	4	(QL)(M)
Bromfenac	4	

Drug Name	Drug Tier	Requirements & Limits
Combigan Solution	3	(QL)(M)
Diclofenac 3%	2	(M)
Dorzol/Timol Solution	3	(QL)(M)
Dorzolamide Solution	2	(M)
Ketorolac	2	(QL)
<b>Klarity-C Emu</b>	6	(PA)(QL)(M)
<b>Simbrinza Suspension</b>	5	(QL)(M)
Timolol Gel Solution	4	(M)
Timolol Mal Solution	2	(M)
Timolol Male Solution	4	(M)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	4	(QL)(M)
Latanoprost Solution	2	(QL)(M)
<b>Lumigan Solution</b>	4	(QL)(M)
Travoprost Dro	4	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naltrexone Tablet	2	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	4	(QL)
<b>Brixadi Solution</b>	6	(QL)(M)
Bupren/Nalox	3	(QL)
Buprenorphin	4	(QL)
<b>Sublocade Injectable</b>	6	(QL)(M)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	2	(QL)(M)
Calcitonin Spr	3	(M)
Ibandronate Tablet	2	(QL)(M)
<b>Prolia Injectable</b>	6	(M)
Risedronate Tablet	3	(ST)(QL)(M)
<b>Tymlos Injectable</b>	6	(PA)(M)
<b>OTIC AGENTS - MISCELLANEOUS</b>		
Acetic Acid Solution	3	
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	4	
Neo/Poly/Hc	3	
<b>OTIC STEROIDS</b>		
Flac Oil	3	
Hc/Acet Acid Solution	3	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	3	(QL)
Ascomp/Cod Capsule	4	(QL)
Bac Tablet	3	(QL)
Bupap Tablet	3	(QL)
But/Apap/Caf	3	(QL)
But/Asa/Caf/ Capsule	4	(QL)

Drug Name	Drug Tier	Requirements & Limits
But/Asa/Caff Capsule	3	(QL)
Butal/Apap Tablet	3	(QL)
Butalb/Aceta Tablet	3	(QL)
Endocet Tablet	3	(QL)
Fentanyl Dis	5	(PA)(QL)
Hydro/Aceta Solution	3	
Hydroco/Apap	3	(QL)
Hydromorphon Tablet	3	(QL)
Lorcet Tablet	3	(QL)
Lorcet Hd Tablet	3	(QL)
Meperidine Solution	3	(QL)
Methadone Tablet	3	(QL)
Morphine Sul	4	(QL)
Oxy-Acetamin Tablet	3	(QL)
Oxycod-Apap Tablet	3	(QL)
Oxycod/Apap Tablet	3	(QL)
Oxycodone	3	(QL)
Oxymorphone Tablet	5	(QL)
Tramadl/Apap Tablet	3	(QL)
Tramadol	2	(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
Celecoxib Capsule	2	(QL)(M)
Etodolac Tablet	2	
Ibu Tablet	2	(M)
Ibuprofen	2	(M)
Indomethacin Capsule	2	(M)
Meloxicam Tablet	2	(M)
Nabumetone Tablet	2	(M)
Naproxen Tablet	2	(M)
Naproxen Sod Tablet	2	(M)
Piroxicam Capsule	3	(M)
Sulindac Tablet	2	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	4	(QL)(M)
<b>Pancreaze Capsule</b>	4	(QL)(M)
<b>Zenpep Capsule</b>	4	(QL)(M)
<b>PARKINSON'S</b>		
Amantadine	3	(QL)(M)
Benzotropine Tablet	2	(QL)(M)
Bromocriptin Tablet	4	(QL)(M)
Carb/Levo Tablet	3	(QL)(M)
Carb/Levo Er Tablet	3	(QL)(M)
Pramipexole Tablet	2	(ST)(QL)(M)
Ropinirole Tablet	2	(QL)(M)
Trihexyphen Tablet	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PHENOTHIAZINES</b>		
Chlorpromaz Tablet	3	(M)
Perphenazine Tablet	2	(M)
Prochlorper Tablet	2	(M)
<b>PHOSPHATE</b>		
Phospha 250 Tablet	2	
Phospho-Trin Tablet	2	
Phosphorous Tablet	2	
Wes-Phos 250 Tablet	2	
<b>PHOSPHATE BINDING AGENTS</b>		
Lanthanum Chw	6	(PA)(QL)
Sevelam Carb Tablet	3	(M)
Sevelam Hcl Tablet	6	(ST)(M)
<b>POSTERIOR PITUITARY HORMONES</b>		
Desmopressin	3	(QL)(M)
<b>POTASSIUM</b>		
Potassium Chloride	2	(M)
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>	4	(PA)(QL)(M)
<b>PRENATAL VITAMINS</b>		
<b>Co-Natal Fa Tablet</b>	5	
Complete Nat Packet	2	
<b>M-Natal Plus Tablet</b>	5	
<b>Natalvit Tablet</b>	5	
<b>Neonatal Tablet</b>	5	
<b>Neonatal Pls Tablet</b>	5	
<b>Niva-Plus Tablet</b>	5	
<b>O-Cal Tablet</b>	5	
<b>One Vite Tablet</b>	5	
Pr Natal 400 Packet	2	
<b>Pr Natal 430 Packet</b>	5	
Prenatal Tablet	2	
<b>Prenatol-M Tablet</b>	5	
<b>Prenatrix Tablet</b>	5	
<b>Prenatryl Tablet</b>	5	
<b>Tricare Tablet</b>	5	
Trinatal Rx Tablet	2	
<b>Trinate Tablet</b>	5	
<b>Vinate One Tablet</b>	5	
<b>Vitafol-Ob Tablet</b>	5	
<b>Vitathely Tablet</b>	5	
<b>Vol-Plus Tablet</b>	5	
<b>Wesnatal Dha Packet</b>	5	
<b>Westab Plus Tablet</b>	5	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>PROSTATE</b>		
Alfuzosin Tablet	2	(QL)(M)
Dutast/Tamsu Capsule	3	(QL)(M)
Dutasteride Capsule	2	(QL)(M)
Finasteride	2	(QL)(M)
Silodosin Capsule	3	(ST)(QL)(M)
Tadalafil Tablet	4	(PA)(QL)(M)
Tamsulosin Capsule	2	(QL)(M)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
Alyq Tablet	4	(PA)(QL)(M)
<b>Ambrisentan Tablet</b>	6	(PA)(QL)(M)
Sildenafil	6	(PA)(QL)(M)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	3	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	3	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	3	
Anusol-Hc Sup	3	
Hemmorex-Hc Sup	3	
Hydrocort Ac Sup	3	
Procto-Med Cream	3	
Proctocort Cream	3	
Proctosol Hc Cream	3	
Proctozone Cream	3	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	2	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Permethrin Cream	3	
<b>SEIZURE DISORDER</b>		
Carbamazepin	3	(QL)(M)
Clobazam	3	(QL)(M)
Clonazep Odt Tablet	2	(QL)(M)
Clonazepam Tablet	2	(QL)(M)
<b>Dilantin Capsule</b>	5	(ST)(QL)(M)
Divalproex Er	2	(QL)(M)
Epitol Tablet	2	(QL)(M)
Ethosuximide	3	(QL)(M)
Gabapentin	2	(QL)(M)
Lacosamide Tablet	2	(QL)(M)
Lamotrigine	2	(ST)(QL)(M)
Levetiraceta	2	(QL)(M)
<b>Mysoline Tablet</b>	5	(ST)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Nayzilam Spr</b>	5	(QL)
Oxcarbazepin	2	(QL)(M)
Phenobarb Tablet	2	(M)
Phenytek Capsule	2	(QL)(M)
Phenytoin Ex Capsule	2	(QL)(M)
Pregabalin Capsule	2	(QL)(M)
Primidone Tablet	2	(QL)(M)
Roweepra Tablet	2	(QL)(M)
Roweepra Xr Tablet	2	(QL)(M)
Subvenite Tablet	2	(QL)(M)
<b>Tegretol-Xr Tablet</b>	5	(ST)(QL)(M)
<b>Topamax Spr Capsule</b>	5	(ST)(QL)(M)
Topiramate	2	(QL)(M)
Valproic Acd	2	(QL)(M)
<b>Xcopri</b>	5	(QL)(M)
Zonisamide Capsule	2	(QL)(M)
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable	4	(PA)
<b>Novarel Injectable</b>	5	(PA)
<b>Pregnyl Injectable</b>	5	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicl Tablet</b>	1	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
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)
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)
Tgt Nicotine	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	1	(QL)(M)(AGE)
<b>STEROIDS</b>		
Dexamethason	2	
Methylpred Tablet	3	
Pred Sod Pho Solution	3	
Prednisone	2	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Amphet/Dextr	3	(QL)
Armodafinil Tablet	3	(QL)
Atomoxetine Capsule	3	(QL)(M)
Dexmethylphenidate Er	3	(QL)
Dextroamphet	3	(QL)
Lisdexamfeta Capsule	3	(QL)
Methylphenid	3	(QL)
Modafinil Tablet	3	(QL)
<b>Vyvanse Capsule</b>	4	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	4	
Pilocarpine Tablet	3	
<b>THYROID</b>		
Euthyrox Tablet	2	(M)
Levo-T Tablet	2	(M)
Levothyroxin	5	(ST)(QL)(M)
Levoxyl Tablet	2	(M)
Liothyronine Tablet	2	(M)
<b>Nature Throid</b>	5	(M)
Unithroid Tablet	2	(M)
<b>UNCATEGORIZED</b>		
Droxidopa Capsule	5	(PA)(QL)
<b>Fasenra Pen Injectable</b>	6	(PA)(QL)(M)
Ivabradine Tablet	4	(ST)(QL)(M)
<b>Nexletol Tablet</b>	4	(PA)(QL)(M)
<b>Ofev Capsule</b>	6	(PA)(QL)(M)
<b>Tezspire</b>	6	(PA)(QL)(M)
<b>Tyrvaya Solution</b>	5	(ST)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	3	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
Bethanechol Tablet	3	(M)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	2	(M)
Fesoterodine Tablet	4	(QL)(M)
<b>Glycate Tablet</b>	5	
Glycopyrrol Tablet	2	(M)
Hyoscyamine	2	(M)
Nulev Tablet	2	(M)
Oscimin	2	(M)
Oxybutynin	2	(QL)(M)
Solifenacin Tablet	2	(QL)(M)
Tolterodine	3	(QL)(M)
Trospium Chl Capsule	4	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Trospium Cl Tablet	3	(QL)(M)
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	4	(QL)
<b>Adacel Injectable</b>	1	
<b>Afluria Injectable</b>	1	(M)
<b>Arexvy Injectable</b>	4	(QL)(AGE)
<b>Boostrix Injectable</b>	1	
<b>Capvaxive Injectable</b>	1	(AGE)
<b>Comirnaty Injectable</b>	1	(QL)
<b>Engerix-B Injectable</b>	1	
<b>Fluad Injectable</b>	1	(M)
<b>Fluarix Injectable</b>	1	(M)
<b>Flublok Injectable</b>	1	
<b>Flucelvax Injectable</b>	1	(M)
<b>Flulaval Injectable</b>	1	(M)
<b>Flumist Nasa Liq</b>	1	(M)
<b>Fluzone Injectable</b>	1	(M)
<b>Fluzone Hd Injectable</b>	1	(M)
<b>Gardasil 9 Injectable</b>	1	(AGE)
<b>Havrix Injectable</b>	1	
<b>Hepelisav-B Injectable</b>	1	(QL)
<b>Ipol Injectable</b>	1	(AGE)
<b>M-M-R li Injectable</b>	1	
<b>Menquadfi Injectable</b>	1	
<b>Menveo Solution</b>	1	
<b>Moderna Injectable</b>	1	(QL)(AGE)
<b>Novavax Injectable</b>	1	(QL)
<b>Pfizer 5-11Y Injectable</b>	1	(QL)
<b>Pfizer 6M-4Y Injectable</b>	1	(QL)
<b>Pneumovax 23 Injectable</b>	1	(AGE)
<b>Pevnar 20 Injectable</b>	1	
<b>Recombiva Hb Injectable</b>	1	
<b>Shingrix Injectable</b>	1	(QL)(AGE)
<b>Spikevax Injectable</b>	1	(QL)
<b>Tenivac Injectable</b>	1	
<b>Twinrix Injectable</b>	1	
<b>Vaqta Injectable</b>	1	
<b>Varivax Injectable</b>	1	
<b>VAGINAL ANTI-INFECTIVES</b>		
Terconazole Cream	3	
<b>VITAMINS/ELECTROLYTES</b>		
Cyanocobalam	2	(M)
Dodex Injectable	2	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Ferrous Sulf	1	(QL)(AGE)
<b>Florafol Ped Solution</b>	5	(M)
<b>Floriva Dro</b>	5	(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)
Multi-Vit/FI	2	(M)
<b>Multivit/FI Dro</b>	5	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	3	
<b>Quflora Ped Dro</b>	5	(M)
Sm Folic Acd Tablet	1	(M)
<b>Tri-Vit/Fluo Dro</b>	5	(M)
Vitamin D	2	(M)
Yl Folic Aci Tablet	1	(M)