

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

Drug Name	Drug Tier	Requirements & Limits
ACNE		
Adapalene Gel	2	(ST)
Amnesteem Capsule	3	
Azelaic Acid Gel	2	
Claravis Capsule	3	
Clindam/Benz Gel	3	(ST)
Clindamy/Ben Gel	3	(ST)
Dapsone	3	(ST)
Erythromycin	1	(AGE)
Isotretinoin Capsule	3	
Metronidazol	2	(QL)
Sod Sul/Sulf	2	
Sod Sulf/Sul Liq	2	
Sodium Sulf Suspension	3	
Sulfacetamid Lot	3	
Sulfacleanse Suspension	3	
Tretinoin Cream	3	(AGE)
Zenatane Capsule	3	
ALS AGENTS		
Riluzole Tablet	2	(M)
ANAPHYLAXIS THERAPY AGENTS		
Auvi-Q Injectable	3	(QL)
Epinephrine Injectable	2	(QL)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT		
Acampro Cal Tablet	2	
Disulfiram Tablet	1	
ANTIARRHYTHMICS		
Mexiletine Capsule	2	(M)
ANTIBIOTICS		
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	2	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacn	1	
Clarithromyc Tablet	1	
Clindamycin	1	
Dicloxacill Capsule	2	
Doxycycl Hyc	1	(QL)
Doxycycline Mono Capsule 100Mg	1	

Drug Name	Drug Tier	Requirements & Limits
Levofloxacin Tablet	1	
Linezolid Tablet	2	(QL)
Methenam Hip Tablet	2	
Minocycline Capsule	1	
Moxifloxacin	2	
Neomycin Tablet	2	
Nitrofur Mac Capsule	1	
Nitrofurantn Capsule	1	
Penicilln Vk	1	
Smz-Tmp Ds	1	
Tetracycline Capsule	2	
Tinidazole Tablet	2	
Tobramycin	5	(QL)(M)
Trimethoprim Tablet	2	
Vancomycin Capsule	3	(QL)
ANTIFIBRINOLYTICS		
Tranex Acid Tablet	2	(QL)
ANTIFUNGALS		
Ciclodan Solution	2	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta	1	
Clotrimazole	1	
Econazole Cream	2	
Fluconazole	1	(QL)
Griseofulvin Suspension	2	
Itraconazole Capsule	2	(QL)
Ketoconazole	2	
Klayesta Powder	1	(QL)
Nyamyc Powder	1	(QL)
Nystat/Triam	2	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Posaconazole Tablet	5	(PA)(M)
Terbinafine Tablet	1	(QL)
ANTHELMINTICS		
Ivermectin Tablet	3	
ANTIMALARIALS		
Atovaq/Progu Tablet	2	
Hydroxychlor	2	(M)
ANTIMYASTHENIC AGENTS		
Pyridostigm Tablet	2	
Pyridostigmi Tablet	3	(QL)
ANTIMYCOBACTERIAL AGENTS		
Ethambutol Tablet	2	
Isoniazid Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Rifampin Capsule	1	
ANTIPROTOZOAL AGENTS		
Atovaquone Suspension	3	
ANTISEBORRHEIC PRODUCTS		
Sodium Sulfa Liq	2	
ANTITHYROID AGENTS		
Methimazole Tablet	1	(M)
Propylthiour Tablet	2	(M)
ANTIVIRALS		
Acyclovir	1	
Biktarvy Tablet	5	(QL)(M)
Descovy Tablet	5	(PA)(QL)(M)
Dovato Tablet	5	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofov Tablet	1	(QL)(M)
Famciclovir Tablet	1	
Genvoya Tablet	5	(QL)(M)
Juluca Tablet	5	(QL)(M)
Odefsey Tablet	5	(QL)(M)
Paxlovid Tablet	5	(QL)(M)
Ritonavir Tablet	2	(QL)(M)
Symtuza Tablet	5	(QL)(M)
Tenofovir Tablet	2	(QL)(M)
Tivicay Tablet	5	(QL)(M)
Triumeq Tablet	5	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclov Tablet	5	(QL)(M)
Viread Tablet	5	(QL)(M)
ANXIETY & SLEEP		
Alprazolam Tablet	2	(QL)
Bupirone Tablet	1	(M)
Chlordiazep Capsule	2	
Diazepam	2	
Eszopiclone Tablet	2	(QL)
Hydroxyzine	1	
Lorazepam Tablet	2	
Ramelteon Tablet	2	(QL)(M)
Temazepam Capsule	2	(QL)
Triazolam Tablet	2	(QL)
Zaleplon Capsule	2	(QL)
Zolpidem Tablet	2	(QL)
Zolpidem Er Tablet	2	(QL)
ASTHMA AND COPD*		
Albuterol	1	(QL)(M)
Anoro Ellipt Inhalation	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Arformoterol Neb	3	(QL)(M)
Arnuity Elpt Inhalation	3	(QL)(M)
Asmanex	3	(QL)(M)
Atrovent Hfa Inhalation	4	(M)
Breztri Inhalationo Inhalation	3	(QL)(M)(AGE)
Budesonide	3	(QL)(M)
Combivent Inhalation	3	(QL)(M)
Flutic/Salme	2	(PA)(QL)(M)
Flutic/Vilan Inhalation	2	(PA)(QL)(M)
Fluticas Hfa Inhalation	3	(QL)(M)
Fluticasone	3	(QL)(M)
Ipratropium	1	(M)
Kourzeq Pst	2	
Levalbuterol	2	(QL)(M)
Montelukast	1	(QL)(M)
Oralone Dent Pst	2	
Roflumilast Tablet	2	(QL)(M)
Serevent Dis Inhalation	3	(M)
Spiriva Handihaler	3	(QL)(M)
Spiriva Respimat	3	(QL)(M)
Stiolto Inhalation	3	(QL)(M)
Symbicort Inhalation	2	(QL)(M)
Trelegy Inhalation	3	(QL)(M)(AGE)
Triamcinolon	2	
Ventolin Hfa Inhalation	3	(QL)(M)
Wixela Inhub Inhalation	2	(QL)(M)
Zafirlukast Tablet	2	(QL)(M)
BLOOD THINNERS		
Brilinta Tablet	3	(QL)(M)
Cilostazol Tablet	1	(M)
Clopidogrel Tablet	1	(QL)(M)
Dabigatran Capsule	2	(QL)(M)
Eliquis Tablet	3	(QL)(M)
Eliquis St P Tablet	3	(QL)
Enoxaparin Injectable	3	
Prasugrel Tablet	2	(QL)(M)
Warfarin	1	(M)
Xarelto	3	(QL)(M)
BURN PRODUCTS		
Silver Sulfa Cream	1	
Ssd Cream	1	
CARBONIC ANHYDRASE INHIBITORS		
Acetazolamid	2	(M)
Methazolamid Tablet	3	(M)
CARDIOVASCULAR*		
Amilor/Hctz Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
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)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(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)
Candes/Hctz Tablet	1	(QL)(M)
Candesartan Tablet	1	(QL)(M)
Captopril Tablet	1	(M)
Cartia Xt Capsule	1	(M)
Carvedilol	2	(QL)(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(QL)(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	2	(M)
Dofetilide Capsule	2	(M)
Doxazosin Tablet	1	(QL)(M)
Enalap/Hctz Tablet	1	(M)
Enalapril	3	(QL)(AGE)(M)
Entresto Tablet	3	(QL)(M)
Eplerenone Tablet	1	(M)
Felodipine Tablet	1	(M)
Flecainide Tablet	2	(M)
Fosinopril Tablet	1	(M)
Furosemide	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Irbesar/Hctz Tablet	1	(QL)(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Losartan Pot Tablet	1	(QL)(M)
Losartan/Hct Tablet	1	(QL)(M)
Matzim La Tablet	2	(M)
Metolazone Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
Midodrine Tablet	2	
Minoxidil Tablet	1	(M)
Multaq Tablet	3	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine	1	(M)
Nitroglycer Dis	1	(M)
Nitroglyceri Sub	1	(M)
Nitroglycer Sub	1	(M)
Olm Med/Amlol Tablet	1	(ST)(QL)(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Pindolol Tablet	2	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone	2	(M)
Propranolol	1	(M)
Ramipril Capsule	1	(M)
Ranolazine Tablet	2	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spiro/Hctz Tablet	1	(M)
Spironolact Tablet	1	(M)
Taztia Xt Capsule	1	(M)
Telmis/Amlod Tablet	1	(QL)(M)
Telmisa/Hctz Tablet	1	(QL)(M)
Telmisartan Tablet	1	(QL)(M)
Terazosin Capsule	1	(QL)(M)
Tiadyt Capsule	1	(M)
Torseamide Tablet	1	(M)
Triamt/Hctz	1	(M)
Triamterene Capsule	3	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	2	(M)
Verelan Pm Capsule	4	(M)
CHOLESTEROL*		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Colesevelam Tablet	3	(QL)(M)
Colestipol Tablet	2	(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	3	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	2	(QL)(M)
Pitavastatin Tablet	2	(ST)(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
Prevalite Powder	3	(QL)(M)
Repatha Injectable	3	(PA)(QL)(M)
Repatha Sure Injectable	3	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
CONTRACEPTION (BIRTH CONTROL)		
Brand Contraceptives	4	(QL)(M)
Generic Contraceptives	1	(QL)(M)
Medroxyprogesterone	1	(QL)(M)
Phexxi Gel	4	(QL)(M)
COUGH/COLD/ALLERGY PRODUCTS		
Benzonatate	1	(ST)(QL)
Brom/Pse/Dm Syrup	2	(QL)
Bromfed Dm Solution	2	(QL)
Codeine/Gg Solution	1	
Cyproheptad	1	(QL)
G Tussin Ac Liq	1	
Gg/Codeine Solution	1	
Guaifenesin Syrup	1	
Hydrocod/Hom	1	
Hydromet Syrup	1	
Maxi-Tuss Ac Solution	1	
Prometh/Cod Solution	1	
Promethazine	1	
CYCLOPLEGIC MYDRIATICS		
Atropine Sul	2	
Cyclopentol Solution	2	
CYSTIC FIBROSIS AGENTS		
Pulmozyme Solution	5	(QL)(M)
Trikafta	5	(PA)(QL)(AGE)(M)
DENTAL PRODUCTS		
Chlorhex Glu Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Fluoride	1	(QL)(AGE)(M)
Paroex Solution	1	
Periogard Solution	1	
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Acitretin Capsule	4	(QL)
Calcipotrien Cream	3	
Diclofenac 1%	3	(PA)(M)
Fluorouracil Cream	2	(PA)(QL)
Gentamicin	2	
Mupirocin Oin	1	
Tolak Cream	4	(QL)
DERMATOLOGICALS (SKIN) STEROIDS		
Ala-Cort Cream	2	
Alclometason Cream	2	
Beta Diprop	2	
Betameth Dip	2	
Betameth Val Cream	2	
Clobetasol	2	(QL)
Desonide	2	
Fluocin Acet	2	
Fluocinonide	2	(ST)(QL)
Hydrocort	2	(M)
Hydrocortiso	2	
Mometasone	1	
Triderm Cream	3	
DIABETES - INSULIN*		
Fiasp Injectable	3	(M)
Fiasp Flex Injectable	3	(M)
Fiasp Penfil Injectable	3	(M)
Fiasp Pmpcrt Injectable	3	(M)
Humulin R U-500	3	(PA)(QL)(M)
Ins Asp Prot Injectable	1	(M)
Insulin Aspa Injectable	1	(M)
Lantus Injectable	3	(M)
Lantus Solos Injectable	3	(M)
Novolin Injectable	1	(M)
Novolin N Injectable	1	(M)
Novolog Injectable	3	(M)
Novolog Mix Injectable	3	(M)
Toujeo Max Injectable	3	(M)
Toujeo Solo Injectable	3	(M)
DIABETES - NON-INSULIN*		
Acarbose Tablet	1	(M)
Alogliptin Tablet	1	(QL)(M)
Alogliptin/Metformin	1	(QL)(M)

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

Drug Name	Drug Tier	Requirements & Limits
Allergy Syrg Mis	4	(M)
Bd 20MI Syrg Mis	4	(M)
Bd 50MI Syrg Mis	4	(M)
Bd 5MI Syrg Mis	4	(M)
Bd Blnt Fill Mis	4	(M)
Bd Eclipse Mis	4	(M)
Bd Hypo Need Mis	4	(M)
Bd Integra Mis	4	(M)
Bd Luer-Lok Mis	4	(M)
Bd Needle Mis	4	(M)
Bd Needles Mis	4	(M)
Bd Plastipak Mis	4	(M)
Bd Precision Mis	4	(M)
Bd Safety Mis	4	(M)
Bd Syr 50MI Mis	4	(M)
Bd Tb 1MI Mis	4	(M)
Bulb Irr Syr Mis	4	(M)
Carepoint Sa Mis	4	(M)
Carepoint Sy Mis	4	(M)
Carepoint Tu Mis	4	(M)
Catheter/Tip Mis	4	(M)
Deflux Needl Mis	4	(M)
Dexcom G6 Mis	3	(ST)(QL)(M)(AGE)
Dexcom G7 Mis	3	(ST)(QL)(M)(AGE)
Dropsafe Mis	4	(M)
Easy Glide Mis	4	(M)
Easy Touch Mis	4	(M)
Easypoint Mis	4	(M)
Eclipse Ndle Mis	4	(M)
Enlite Gluco Mis	4	(PA)(QL)(M)
Fill Needle Mis	4	(M)
Free Libre3 Kit	3	(ST)(QL)(M)
Freesty Libr	3	(ST)(QL)(M)(AGE)
Freestyle	3	(ST)(QL)(AGE)(M)
Guardian Mis	4	(PA)(QL)(AGE)(M)
Guardian 4 Mis	4	(PA)(QL)(M)(AGE)
Guardian Con Mis	4	(PA)(QL)(M)(AGE)
Guardian Rt Mis	4	(PA)(QL)(AGE)(M)
Hypo Needle Mis	2	(M)
Insulin Syringes	1	(M)
Lancets	1	(M)
Luer-Lock Mis	4	(M)
Luer-Lok Mis	4	(M)
Minilink Rt Mis	4	(PA)(QL)(M)(AGE)
Minimed 630G Mis	4	(PA)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Monoject S/P Mis	4	(M)
Needles Mis	4	(M)
Norm-Ject Mis	4	(M)
Omnipod 5 Dx	3	(PA)(QL)(M)
Omnipod 5 Lb	3	(PA)(QL)(M)
Omnipod Dash	3	(PA)(QL)(M)
Onetouch Tes	4	(PA)(QL)(M)
Paradigm Rea Mis	4	(PA)(QL)(M)(AGE)
Pen Needles	4	(M)
Perfect Poin Mis	4	(M)
Pharm Syrng Mis	4	(M)
Pharm Tray Mis	4	(M)
Piston Irrig Mis	4	(M)
Poly Hub Mis	4	(M)
Prec Neo Sys Kit	3	(QL)
Precision Tes	3	(QL)(M)
Precisn Xtra Tes	3	(QL)(M)
Safetyglide Mis	4	(M)
Safty Needle Mis	4	(M)
Securesafe Mis	4	(M)
Slip Tip 1MI Mis	4	(M)
Slip Tip 3MI Mis	4	(M)
Syrg/Ndl 3MI Mis	4	(M)
Syringe 5MI Mis	4	(M)
Syringe Luer Mis	4	(M)
Tb Syringe Mis	4	(M)
Tb Syrng 1MI Mis	4	(M)
Toomey Syrin Mis	1	(M)
Vent Needle Mis	4	(M)
ECZEMA AGENTS - TOPICAL		
Eucrisa Oin	3	(QL)
EMOLLIENTS		
Ammonium Lac Cream	2	
ENZYMES - TOPICAL		
Santyl Oin	4	
FIDAXOMICIN		
Dificid Tablet	5	(PA)(QL)(M)
GALLSTONE SOLUBILIZING AGENTS		
Ursodiol	3	(M)
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Diphen/Atrop Tablet	1	
Lubiprostone Capsule	3	(QL)(M)(AGE)
Metoclopram Tablet	1	
Xifaxan Tablet	4	(PA)

Drug Name	Drug Tier	Requirements & Limits
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING		
Antivert Tablet	4	
Meclizine Tablet	1	
Ondansetron	1	(QL)
Promethegan Sup	2	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS		
Cimetidine Tablet	2	(M)
Famotidine	2	(AGE)(M)
Misoprostol Tablet	1	(M)
Sucralfate	3	(M)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS		
Esomeprazole	1	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
GASTROINTESTINAL ANTIALLERGY AGENTS		
Cromolyn Sod	3	(M)
GOUT		
Allopurinol Tablet	1	(M)
Colchicine Tablet	2	(QL)
Febuxostat Tablet	2	(QL)(M)
Probenecid Tablet	2	(M)
GROWTH HORMONES		
Genotropin Injectable	5	(PA)(QL)(M)
HEMATORHEOLOGIC AGENTS		
Pentoxifylli Tablet	1	(M)
HEPATITIS THERAPIES		
Entecavir Tablet	2	(QL)(M)
Mavyret Tablet	3	(PA)(QL)(M)
Sofos/Velpat Tablet	3	(PA)(QL)(M)
HORMONE RECEPTOR MODULATORS		
Osphena Tablet	4	(QL)(M)
Raloxifene Tablet	1	(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE		
Amabelz Tablet	1	(QL)(M)
Covaryx Tablet	2	(QL)(M)
Covaryx Hs Tablet	2	(QL)(M)
Delestrogen Injectable	4	
Dotti Dis	2	(QL)(M)
Duavee Tablet	3	(QL)(M)
Eemt Tablet	2	(QL)(M)
Eemt Hs Tablet	2	(QL)(M)
Est Estrogen Tablet	2	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrad Val Injectable	2	

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

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

Drug Name	Drug Tier	Requirements & Limits
Clomipramine Capsule	2	(QL)(M)
Clozapine Tablet	1	(QL)(M)
Desipramine Tablet	2	(M)
Desvenlafaxin Tablet	2	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Erzofri Injectable	5	(M)
Escitalopram	1	(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	3	(ST)(QL)(M)
Galantamine Capsule	1	(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
Invega Hafye Injectable	5	(QL)(M)
Invega Sust Injectable	5	(M)
Invega Trinz Injectable	5	(M)
Lithium Carb	1	(M)
Loxapine Capsule	1	
Lurasidone Tablet	2	(QL)(M)
Memant Titra Packet	1	(QL)
Memantine Tablet	1	(QL)(M)
Memantine Hc Capsule	1	(QL)(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine Tablet	1	(M)
Paliperidone Tablet	2	(ST)(QL)(M)
Paroxetine Er Tablet	2	(QL)(M)
Paroxetine Tablet	1	(QL)(M)
Quetiapine Er	1	(QL)(M)
Risperidone	1	(QL)(M)
Rivastigmine	2	(M)
Savella Tablet	3	(ST)(QL)(M)
Sertraline	1	(QL)(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	2	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
METABOLIC MODIFIERS		
Calcitriol Capsule	1	(M)
Cinacalcet Tablet	2	(QL)(M)
Javygtor	5	(PA)(QL)(M)
Levocarnitin	3	
Olpruva Packet	5	(PA)(QL)(M)
Pheburane Mis	5	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Sapropterin	5	(PA)(QL)(M)
Strensiq Injectable	5	(PA)(QL)(M)
MIGRAINE		
Ajovy Injectable	3	(QL)(M)
Aprepitant Capsule	2	(QL)
Eletriptan Tablet	2	(QL)
Emgality Injectable	4	(PA)(QL)(M)
Frovatriptan Tablet	2	(ST)(QL)
Naratriptan Tablet	1	(QL)(M)
Nurtec Tablet	3	(PA)(QL)
Reyvow Tablet	4	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	3	(ST)(QL)(M)
Ubrelvy Tablet	3	(PA)(QL)
Zolmitriptan	3	(ST)(QL)
Zomig Tablet	2	(QL)
MINERALOCORTICIDS		
Fludrocort Tablet	1	(M)
MISC. RESPIRATORY INHALANTS		
Hypersal Neb	4	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride	1	(PA)
Sodium Chlor Neb	1	
MISC. TOPICAL		
Drysol Solution	4	
MISCELLANEOUS VAGINAL PRODUCTS		
Intrarosa Sup	4	(QL)(M)
MOVEMENT DISORDER		
Tetrabenazin Tablet	5	(PA)(QL)(M)
MULTIPLE SCLEROSIS AGENTS		
Dalfampridin Tablet	2	(QL)(M)
Dimethyl Fum Capsule	2	(QL)(M)
Glatiramer Injectable	5	(QL)(M)
Glatopa Injectable	5	(QL)(M)
Teriflunomid Tablet	2	(QL)(M)
Vumerity Capsule	5	(PA)(QL)(M)
Zeposia Capsule	5	(PA)(QL)(M)
Zeposia 7Day Capsule	5	(PA)(QL)(M)
MUSCLE RELAXANTS		
Baclofen Tablet	2	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazone Tablet	2	
Cyclobenzaprine	2	
Metaxalone Tablet	3	(ST)

Drug Name	Drug Tier	Requirements & Limits
Methocarbam Tablet	2	
Orphenadrine Tablet	2	
Tizanidine	2	(ST)(QL)
NASAL ALLERGY		
Azel/Flutic Spr	3	(ST)(QL)
Azelastine	1	(QL)(M)
Dymista Spr	3	(QL)
Flunisolide Spr	2	(QL)
Xhance Mis	3	(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Abiraterone Tablet	4	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Cabometyx Tablet	5	(PA)(QL)(M)
Calquence Tablet	5	(PA)(QL)(M)
Capecitabine Tablet	2	
Dasatinib Tablet	5	(PA)(QL)(M)
Exemestane Tablet	2	(QL)(M)
Hydroxyurea Capsule	1	
Ibrance	5	(PA)(QL)(M)
Imatinib	2	(QL)
Imbruvica	5	(PA)(QL)(M)
Jakafi Tablet	5	(PA)(QL)(M)
Kisqali Tablet	5	(PA)(QL)(M)
Lenalidomide Capsule	5	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
Lynparza Tablet	5	(PA)(QL)(M)
Megestrol Ac	1	
Mekinist Tablet	5	(PA)(QL)(M)
Mercaptopur Tablet	2	
Methotrexate	1	(M)
Revlimid Capsule	5	(PA)(QL)(M)
Tamoxifen Tablet	1	(QL)(M)
Tasigna Capsule	5	(PA)(QL)(M)
Temozolomide Capsule	4	(QL)
Torpenz Tablet	2	(PA)(QL)(M)
Venclexta Tablet	5	(PA)(QL)(M)
Verzenio Tablet	5	(PA)(QL)(M)
Xtandi	5	(PA)(QL)(M)
OPHTHALMIC STEROIDS		
Dexameth Pho Solution	2	
Difluprednat Emu	3	(QL)
Fluoromethol Suspension	2	
Lotemax Sm Gel	4	(QL)

Drug Name	Drug Tier	Requirements & Limits
Loteprednol	3	(QL)
Neo/Poly/Dex	1	
Prednisolone	2	(QL)
Tobra/Dexame Suspension	2	
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Ofloxacin Dro	1	
Polymyxin B/ Solution	1	
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Brimonidine 0.15%	1	(M)
Brinzolamide Suspension	3	(QL)(M)
Bromfenac	3	
Combigan Solution	2	(QL)(M)
Diclofenac 3%	1	(M)
Dorzol/Timol Solution	2	(QL)(M)
Dorzolamide Solution	1	(M)
Ketorolac	1	(QL)
Klarity-C Emu	5	(PA)(QL)(M)
Simbrinza Suspension	4	(QL)(M)
Timolol Gel Solution	3	(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	3	(M)
OPHTHALMICS (EYE) PROSTGLANDINS		
Bimatoprost Solution	3	(QL)(M)
Latanoprost Solution	1	(QL)(M)
Lumigan Solution	3	(QL)(M)
Travoprost Dro	3	(ST)(QL)(M)
OPIOID ANTAGONISTS		
Naltrexone Tablet	1	
OPIOID PARTIAL AGONISTS		
Belbuca Mis	3	(QL)
Brixadi Solution	5	(QL)(M)
Bupren/Nalox	2	(QL)
Buprenorphin	3	(QL)
Butorphanol Solution	2	(QL)
Sublocade Injectable	5	(QL)(M)
OSTEOPOROSIS*		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	2	(M)
Ibandronate Tablet	1	(QL)(M)
Prolia Injectable	5	(M)
Risedronate Tablet	2	(ST)(QL)(M)
Tymlos Injectable	5	(PA)(M)
OTIC PREPARATIONS (EAR)		
Cipro/Dexa Suspension	3	
Neo/Poly/Hc	2	

Drug Name	Drug Tier	Requirements & Limits
OTIC STEROIDS		
Flac Oil	2	
Hc/Acet Acid Solution	2	
PAIN MEDICATIONS - NARCOTICS		
Apap/Codeine Tablet	2	(QL)
Ascomp/Cod Capsule	3	(QL)
Bac Tablet	2	(QL)
But/Apap/Caf	2	(QL)
But/Asa/Caf/ Capsule	3	(QL)
But/Asa/Caff Capsule	2	(QL)
Butal/Apap Tablet	2	(QL)
Butalb/Aceta Tablet	2	(QL)
Endocet Tablet	2	(QL)
Fentanyl Dis	4	(PA)(QL)
Hydro/Aceta Solution	2	
Hydroco/Apap	2	(QL)
Hydromorphon Tablet	2	(QL)
Lorcet Tablet	2	(QL)
Lorcet Hd Tablet	2	(QL)
Meperidine Solution	2	(QL)
Methadone Tablet	2	(QL)
Morphine Sul	3	(ST)(QL)
Oxy-Acetamin Tablet	2	(QL)
Oxycod-Apap Tablet	2	(QL)
Oxycod/Apap Tablet	2	(QL)
Oxycodone	2	(QL)
Oxymorphone Tablet	4	(ST)(QL)
Tramadl/Apap Tablet	2	(QL)
Tramadol	1	(QL)
PAIN MEDICATIONS NSAIDS		
Celecoxib Capsule	1	(QL)(M)
Etodolac Tablet	1	
Ibu Tablet	1	(M)
Ibuprofen	1	(M)
Indomethacin Capsule	1	(M)
Meloxicam Tablet	1	(M)
Nabumetone Tablet	1	(M)
Naproxen Tablet	1	(M)
Naproxen Sod Tablet	1	(M)
Piroxicam Capsule	2	(M)
Sulindac Tablet	1	
PANCREATIC ENZYME		
Creon Capsule	3	(QL)(M)
Pancreaze Capsule	3	(QL)(M)
Zenpep Capsule	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
PARKINSON'S		
Amantadine	2	(QL)(M)
Benzotropine Tablet	1	(QL)(M)
Bromocriptin Tablet	3	(QL)(M)
Carb/Levo Tablet	2	(QL)(M)
Carb/Levo Er Tablet	2	(QL)(M)
Pramipexole Tablet	1	(ST)(QL)(M)
Ropinirole Tablet	1	(QL)(M)
Trihexyphen Tablet	1	(QL)(M)
PHENOTHIAZINES		
Chlorpromaz Tablet	2	(M)
Perphenazine Tablet	1	(M)
Prochlorper Tablet	1	(M)
PHOSPHATE		
Phospha 250 Tablet	1	
Phospho-Trin Tablet	1	
Phosphorous Tablet	1	
Wes-Phos 250 Tablet	1	
PHOSPHATE BINDING AGENTS		
Lanthanum Chw	5	(PA)(QL)
Sevelam Carb Tablet	2	(M)
Sevelam Hcl Tablet	5	(ST)(M)
POSTERIOR PITUITARY HORMONES		
Desmopressin	2	(QL)(M)
POTASSIUM		
Potassium Chloride	1	(M)
POTASSIUM REMOVING RESINS		
Lokelma Packet	3	(PA)(QL)(M)
PRENATAL VITAMINS		
Co-Natal Fa Tablet	4	
Complete Nat Packet	1	
Concept Ob Capsule	4	
Folivane-Ob Capsule	4	
M-Natal Plus Tablet	4	
Natalvit Tablet	4	
Neonatal Tablet	4	
Neonatal Pls Tablet	4	
Niva-Plus Tablet	4	
O-Cal Tablet	4	
One Vite Tablet	4	
Pr Natal 400 Packet	1	
Pr Natal 430 Packet	4	
Prenatal Tablet	1	
Provida Ob Capsule	4	
Tricare Tablet	4	

Drug Name	Drug Tier	Requirements & Limits
Trinatal Rx Tablet	1	
Trinate Tablet	4	
Vinate One Tablet	4	
Vitafol-Ob Tablet	4	
Vitathely Tablet	4	
Vol-Plus Tablet	4	
Wesnatal Dha Packet	4	
Westab Plus Tablet	4	
PROLACTIN INHIBITORS		
Cabergoline Tablet	2	(QL)(M)
PROSTATE		
Alfuzosin Tablet	1	(QL)(M)
Dutast/Tamsu Capsule	2	(QL)(M)
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Silodosin Capsule	2	(ST)(QL)(M)
Tadalafil Tablet	3	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
PULMONARY ARTERIAL HYPERTENSION		
Alyq Tablet	3	(PA)(QL)(M)
Ambrisentan Tablet	5	(PA)(QL)(M)
Sildenafil	5	(PA)(QL)(M)
PYRIMIDINE SYNTHESIS INHIBITORS		
Leflunomide Tablet	2	(M)
RECTAL COMBINATIONS		
Hc Pramoxine Cream	2	
RECTAL STEROIDS		
Anucort-Hc Sup	2	
Anusol-Hc Sup	2	
Hemmorex-Hc Sup	2	
Hydrocort Ac Sup	2	
Procto-Med Cream	2	
Proctocort Cream	2	
Proctosol Hc Cream	2	
Proctozone Cream	2	
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	1	(QL)
SALICYLATES		
Aspirin	1	(QL)(M)(AGE)
SCABICIDES & PEDICULICIDES		
Permethrin Cream	2	
SEIZURE DISORDER		
Carbamazepin	2	(QL)(M)
Clobazam	2	(QL)(M)
Clonazep Odt Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Dilantin Capsule	4	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epitol Tablet	1	(QL)(M)
Ethosuximide	2	(QL)(M)
Gabapentin	1	(QL)(M)
Lacosamide	2	(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
Mysoline Tablet	4	(ST)(QL)(M)
Nayzilam Spr	4	(QL)
Oxcarbazepin	1	(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	1	(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Roweepra Xr Tablet	1	(QL)(M)
Subvenite Tablet	1	(QL)(M)
Tegretol-Xr Tablet	4	(ST)(QL)(M)
Topamax Spr Capsule	4	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Valproic Acd	1	(QL)(M)
Xcopri	4	(QL)(M)
Zonisamide Capsule	1	(QL)(M)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM		
Chor Gonadot Injectable	3	(PA)
Novarel Injectable	4	(PA)
Pregnyl Injectable	4	(PA)
SMOKING CESSATION		
Apo-Varenicl Tablet	4	(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)

Drug Name	Drug Tier	Requirements & Limits
Sm Nicotine	1	(QL)(M)(AGE)
Tgt Nicotine	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)
Varenicline Tablet	4	(QL)(M)(AGE)
STEROIDS		
Dexamethason	1	
Methylpred Tablet	2	
Pred Sod Pho Solution	2	
Prednisone	1	(M)
STIMULANTS - ADHD/WAKEFULNESS		
Amphet/Dextr	2	(QL)
Armodafinil Tablet	2	(QL)
Atomoxetine Capsule	2	(QL)(M)
Dexmethylphenidate Er	2	(QL)
Dextroamphet	2	(QL)
Lisdexamfeta Capsule	2	(QL)
Methylphenid	2	(QL)
Modafinil Tablet	2	(QL)
Vyvanse Capsule	3	(QL)
THROAT PRODUCTS - MISC.		
Cevimeline Capsule	3	
Pilocarpine Tablet	2	
THYROID		
Euthyrox Tablet	1	(M)
Levo-T Tablet	1	(M)
Levothyroxin	4	(ST)(QL)(M)
Levoxyl Tablet	1	(M)
Liothyronine Tablet	1	(M)
Nature Throid	4	(M)
Unithroid Tablet	1	(M)
UNCATEGORIZED		
Droxidopa Capsule	4	(PA)(QL)
Fasenra Pen Injectable	5	(PA)(QL)(M)
Ivabradine Tablet	3	(ST)(QL)(M)
Nexletol Tablet	3	(PA)(QL)(M)
Ofev Capsule	5	(PA)(QL)(M)
Tezspire	5	(PA)(QL)(M)
Tyvaya Solution	4	(ST)(QL)(M)
URINARY ANALGESICS		
Phenazopyridine	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONIS		
Bethanechol Tablet	2	(M)
URINARY INCONTINENCE		
Dicyclomine	1	(M)
Fesoterodine Tablet	3	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Glycate Tablet	4	
Glycopyrrol Tablet	1	(M)
Glycopyrrola Solution	1	(ST)(QL)(M)
Hyoscyamine	1	(M)
Nulev Tablet	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	2	(QL)(M)
Tropium Chl Capsule	3	(QL)(M)
Tropium Cl Tablet	2	(QL)(M)
VACCINES		
Abrysvo Injectable	3	(QL)
Adacel Injectable	3	
Afluria Injectable	3	(M)
Arexvy Injectable	3	(QL)(AGE)
Bexsero Injectable	3	
Boostrix Injectable	3	
Capvaxive Injectable	3	(AGE)
Comirnaty Injectable	3	(QL)
Engerix-B Injectable	3	
Fluad Injectable	3	(M)
Fluarix Injectable	3	(M)
Flublok Injectable	3	
Flucelvax Injectable	3	(M)
Flulaval Injectable	3	(M)
Flumist Nasa Liq	3	(M)
Fluzone Injectable	3	(M)
Fluzone Hd Injectable	3	(M)
Gardasil 9 Injectable	3	(AGE)
Havrix Injectable	3	
Hepelisav-B Injectable	3	(QL)
Ipol Injectable	3	(AGE)
M-M-R li Injectable	3	
Menquadfi Injectable	3	
Menveo Solution	3	
Moderna Injectable	3	(QL)(AGE)
Novavax Injectable	3	(QL)
Pfizer 5-11Y Injectable	3	(QL)
Pfizer 6M-4Y Injectable	3	(QL)
Pprevnar 20 Injectable	2	
Recombiva Hb Injectable	3	
Shingrix Injectable	3	(QL)(AGE)
Spikevax Injectable	3	(QL)
Tenivac Injectable	3	

Drug Name	Drug Tier	Requirements & Limits
Twinrix Injectable	3	
Vaqta Injectable	3	
Varivax Injectable	3	
VAGINAL ANTI-INFECTIVES		
Terconazole Cream	2	
VITAMINS/ELECTROLYTES		
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Florafol Ped Solution	4	(M)
Floriva Dro	4	(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	1	(M)
Multivit/FI Dro	4	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Pot Citra Er Tablet	2	
Quflora Ped Dro	4	(M)
Sm Folic Acid Tablet	1	(M)
Tri-Vit/Fluo Dro	4	(M)
Vitamin D	1	(M)
Yl Folic Aci Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
-----------	-----------	-----------------------