

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 five 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						
	AMNESTEEM	2				
	AVITA	2	(AGE)			
	CLARAVIS	2				
	ISOTRETINOIN	2				
	MYORISAN	2				
	TRETINOIN	2	(ST)(QL)(AGE)			
				ABSORICA	4	(PA)
ANTI-INFLAMMATORY AGENTS - TOPICAL						
	DICLOFENAC 1% GEL	1		VOLTAREN	4	(ST)(QL)
ANTIBIOTICS						
	AMOX/K CLAV	1		AUGMENTIN	4	
	AMOXICILLIN	1				
	AVIDOXY	1				
	AZITHROMYCIN	1	(QL)	ZITHROMAX	4	(QL)
	CEFDINIR	2				
	CEPHALEXIN	1		KEFLEX	4	
	CIPROFLOXACN	1		CIPRO	4	
	CLINDAMYCIN	1	(ST)	CLEOCIN	4	
	DOXYCYC MONO	1	(PA)(QL)	ADOXA	4	(PA)(QL)
	DOXYCYCLINE	1	(PA)(QL)			
	LEVOFLOXACIN	1		LEVAQUIN	4	
	MINOCYCLINE	1	(PA)(QL)	MINOCIN	4	(ST)
	NITROFURANTN	1		MACROBID	4	
	SMZ-TMP DS	1		BACTRIM DS	4	
ANTIFUNGALS						
	FLUCONAZOLE	1	(QL)	DIFLUCAN	4	(QL)
	TERBINAFINE	1	(QL)			
ANTIMALARIALS						
	HYDROXYCHLOR	1	(M)	PLAQUENIL	4	(M)
ANTISEPTICS - MOUTH/THROAT						
	CHLORHEX GLU	1		PERIDEX	4	
ANTITUSSIVES						
	BENZONATATE	1		TESSALON PER	4	
ANTIVIRALS						
	ACYCLOVIR	1				
	VALACYCLOVIR	1	(QL)	VALTREX	4	(QL)
ANXIETY & SLEEP						
	ALPRAZOLAM	2	(QL)	XANAX	4	
				BELSOMRA	4	(ST)(QL)
	BUSPIRONE	1	(M)			
	DIAZEPAM	2	(QL)	VALIUM	4	
	ESZOPICLONE	1	(QL)			



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	HYDROXYZINE	1		VISTARIL	4	
	LORAZEPAM	2				
	TEMAZEPAM	2	(QL)			
	ZOLPIDEM	1	(QL)			
	ZOLPIDEM ER	1	(QL)			
ASTHMA AND COPD						
	SALMETEROL/ FLUTICASON E INHALER	1	(QL)	AIRDUO	4	(PA)(QL)(M)
				ADVAIR	4	(PA)(QL)(M)
				AEROSPAN	4	(ST)(QL)(M)
	ALBUTEROL	1	(M)			
				ANORO ELLIPT	3	(QL)(M)
				ARCAPTA	4	(M)
				ARNUITY ELPT	3	(QL)(M)
				ASMANEX	3	(QL)(M)
				ATROVENT HFA	4	(M)
				BEVESPI	4	(ST)(QL)(M)
				BREO ELLIPTA	4	(PA)(QL)(M)
	BUDESONIDE	1	(ST)(QL)(M)			
				COMBIVENT	3	(M)
				DALIRESP	3	(QL)(M)
				DULERA	4	(PA)(QL)(M)
				FLOVENT	3	(QL)(M)
	IPRATROPIUM	1	(M)	DUONEB	4	(M)
	LEVALBUTEROL	1	(QL)(M)	XOPENEX HFA	4	(QL)(M)
	MONTELUKAST	1	(QL)(M)	SINGULAIR	4	(ST)(QL)(M)
				PROAIR HFA	4	(ST)(QL)(M)
				PROAIR RESPI	4	(ST)(QL)(M)
				PROVENTIL	4	(ST)(QL)(M)
				PULMICORT INHALER	4	(PA)(QL)(M)
				QVAR	4	(PA)(QL)(M)
				SEREVENT DIS	3	(M)
				SPIRIVA HANDIHALER	3	(QL)(M)
				SPIRIVA RESPIMAT	3	(QL)(M)
				STIOLTO	3	(QL)(M)
				STRIVERDI	3	(QL)(M)
				SYMBICORT	3	(QL)(M)
BLOOD THINNERS						
	CLOPIDOGREL	1	(QL)(M)	PLAVIX	4	(QL)(M)
				ELIQUIS	3	(QL)(M)
				PRADAXA	4	(QL)(M)
	WARFARIN	1	(M)	COUMADIN	3	(M)
				XARELTO	3	(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
CADRIOVASCULAR ANTIADRENERGICS						
	CLONIDINE	1	(M)			
	PRAZOSIN HCL	1	(M)	MINIPRESS	4	(M)
CARDIOVASCULAR						
	AMLODIPINE	1	(M)			
	ATENOLOL	1	(QL)(M)	TENORMIN	3	(ST)(QL)(M)
	CARTIA XT	1	(M)			
	CARVEDILOL	1	(M)	COREG	4	(M)
	CHLORTHALID	1	(M)			
	DILTIAZEM	1	(M)			
	FUROSEMIDE	1	(M)	LASIX	4	(M)
	HYDROCHLOROTHIAZIDE	1		MICROZIDE	4	(M)
	LISINOP/HCTZ	1	(M)	ZESTORETIC	4	(M)
	LISINOPRIL	1	(M)			
	LOSARTAN POT	1	(QL)(M)			
	LOSARTAN/HCT	1	(QL)(M)			
	METOPROLOL	1	(M)	LOPRESSOR	4	(M)
	METOPROLOL	1	(M)	TOPROL XL	4	(M)
	PROPRANOLOL	1	(M)			
	SPIRONOLACT	1	(M)	ALDACTONE	4	(M)
	TRIAMT/HCTZ	1	(M)	MAXZIDE	4	(M)
CHOLESTEROL						
	ATORVASTATIN	1	(QL)(AGE)(M)			
	FENOFIBRATE	1	(QL)(M)			
				PRALUENT	5	(PA)(QL)(M)
				REPATHA	5	(PA)(QL)
				REPATHA PUSH	5	(PA)(QL)
				REPATHA SURE	5	(PA)(QL)
	PRAVASTATIN	1	(QL)(AGE)(M)			
	ROSUVASTATIN	1	(QL)(AGE)(M)			
	SIMVASTATIN	1	(QL)(AGE)(M)			
COBALAMINS						
	CYANOCOBALAM	1	(M)			
				NASCOBAL	4	
CONTRACEPTION (BIRTH CONTROL)						
	GENERIC CONTRACEPTIVES	1		BRAND CONTRACEPTIVES	4	
	MEDROXYPROGESTERONE	1		PROVERA	4	(QL)(M)
				NUVARING	3	(QL)(M)
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS						
	MUPIROCIN OINTMENT	1				
DERMATOLOGICALS (SKIN) STEROIDS						
	TRIAMCINOLON	1	(ST)(QL)			
	TRIDERM	1				



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
DIABETES - INSULIN						
				BASAGLAR	4	(M)
				LANTUS	3	(M)
				NOVOLOG	3	(M)
				NOVOLOG MIX	3	(M)
				NOVOLIN	3	(M)
				TOUJEO SOLOSTAR	3	(M)
DIABETES - NON-INSULIN						
	ALOGLIPTIN	1	(ST)(QL)(M)			
	GLIMEPIRIDE	1	(M)			
				JARDIANCE	3	(ST)(QL)
	METFORMIN	1	(M)			
				GLUCAGEN	3	(M)
				GLUCAGON	3	(M)
				GLYXAMBI	3	(ST)(QL)(M)
				INVOKAMET	3	(ST)(QL)(M)
				INVOKAMET XR	3	(ST)(QL)(M)
				INVOKANA	3	(ST)(QL)(M)
	PIOGLITAZONE	1	(QL)(M)			
				JENTADUETO	3	(ST)(QL)(M)
				TRULICITY	3	(ST)(QL)
				VICTOZA	3	(ST)(QL)
DIABETES - TESTING AND SUPPLIES						
				DEXCOM	3	(PA)(QL)
				FREESTYLE LIBRE	3	(PA)(QL)
				FREESTYLE TEST STRIPS	3	(QL)
				MINIMED	3	(PA)(QL)
	PEN NEEDLES	1	(M)			
				PRECISON XTRA	3	(QL)
FLUORIDE						
	FLUORIDE	1	(QL)(AGE)(M)			
FOLIC ACID/FOLATES						
	FOLIC ACID	1	(M)			
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING						
				AKYNZEO	3	(QL)
	ONDANSETRON	1	(PA)(QL)	ZOFRAN	4	(QL)
	PROMETHAZINE	1				
GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL						
				AMITIZA	4	(ST)(QL)(AGE)(M)
				LINZESS	3	(QL)(M)
				MOVANTIK	3	(QL)
				SYMPROIC	4	(ST)(QL)
				TRULANCE	4	(ST)(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS						
				DEXILANT	4	(ST)(QL)
	LANSOPRAZOLE	1	(QL)(AGE)(M)	PREVACID	4	(ST)(QL)(AGE)(M)
	OMEPRAZOLE	1	(QL)(M)			
	PANTOPRAZOLE	1	(QL)(M)	PROTONIX	4	(ST)(QL)(M)
	RANITIDINE	1	(QL)(M)			
GOUT						
	ALLOPURINOL	1	(M)	ZYLOPRIM	4	(M)
	COLCHICINE	1	(QL)			
GROWTH HORMONES						
				GENOTROPIN	5	(PA)(QL)
				HUMATROPE	5	(PA)(QL)
				NORDITROPIN	5	(PA)(QL)
				OMNITROPE	5	(PA)(QL)
				SAIZEN	5	(PA)(QL)
				SAIZENPREP	5	(PA)(QL)
				SEROSTIM	5	(PA)(QL)
				ZORBTIVE	5	(PA)(QL)
HEPATITIS THERAPIES						
				EPCLUSA	5	(PA)(QL)
				HARVONI	5	(PA)(QL)
				MAVYRET	5	(PA)(QL)
				VOSEVI	5	(PA)(QL)
HORMONE REPLACEMENT THERAPY FEMALE						
	ESTRADIOL	1	(QL)(M)	ALORA	4	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ESTRACE	4	(QL)(M)
	ESTRADIOL	1	(QL)(M)	MINIVELLE	4	(QL)(M)
				VIVELLE-DOT	4	(QL)(M)
HORMONE REPLACEMENT THERAPY MALE						
	TESTOST CYPIONATE	1	(QL)(M)	DEPO-TESTOST	4	(QL)(M)
IMMUNOSUPPRESSANTS						
	TACROLIMUS	1	(M)	PROGRAF	4	(M)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL						
				ELIDEL	4	(ST)(QL)
	TACROLIMUS OINTMENT	2	(ST)(QL)	PROTOPIC	3	(ST)(QL)
INFLAMMATORY BIOLOGIC AGENTS						
				ACTEMRA	5	(PA)(QL)
				CIMZIA	5	(PA)(QL)
				COSENTYX	5	(PA)(QL)
				ENBREL	5	(PA)(QL)
				HUMIRA	5	(PA)(QL)
				KEVZARA	5	(PA)(QL)
				KINERET	5	(PA)(QL)
				ORENCIA	5	(PA)(QL)
				OTEZLA	5	(PA)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
				SIMPONI	5	(PA)(QL)
				STELARA	5	(PA)(QL)
				XELJANZ	5	(PA)(QL)
				XELJANZ XR	5	(PA)(QL)
INFLAMMATORY NON-BIOLOGIC						
	METHOTREXATE	1	(M)			
LAXATIVE COMBINATIONS						
				SUPREP BOWEL	3	
LAXATIVES						
	PEG 3350	1				
	POLYETH GLYC	1				
MENTAL HEALTH						
	AMITRIPTYLIN	1	(M)	ELAVIL	3	(M)
	ARIPIRAZOLE	2	(ST)(QL)(M)			
	BUPROPION	1	(QL)(AGE)(M)	WELLBUTRIN	4	(ST)(QL)(M)
	BUPROPN HCL	1	(QL)(M)			
	CITALOPRAM	1	(QL)(M)	CELEXA	4	(ST)(QL)(M)
	DULOXETINE	1	(QL)(M)	CYMBALTA	4	(ST)(QL)(M)
	ESCITALOPRAM	1	(QL)(M)	LEXAPRO	4	(ST)(QL)(M)
	FLUOXETINE	1	(ST)(QL)(M)	PROZAC	4	(ST)(QL)(M)
	MIRTAZAPINE	1	(M)	REMERON	4	(ST)(QL)(M)
	OLANZAPINE	1	(QL)(M)	ZYPREXA	4	(ST)(QL)(M)
	PAROXETINE	1	(ST)(QL)(M)	PAXIL	4	(ST)(QL)(M)
	QUETIAPINE ER	1		SEROQUEL	4	(ST)(QL)(M)
	RISPERIDONE	1	(QL)(M)	RISPERDAL	4	(ST)(QL)(M)
	SERTRALINE	1	(QL)(M)	ZOLOFT	4	(ST)(QL)(M)
	TRAZODONE	1	(QL)(M)			
	VENLAFAXINE	1	(QL)(M)	EFFEXOR XR	4	(ST)(QL)(M)
MULTIPLE SCLEROSIS AGENTS						
	DALFAMPRADINE	2	(PA)(QL)			
				AUBAGIO	5	(PA)(QL)
				AVONEX	5	(PA)(QL)
				EXTAVIA	5	(PA)(QL)
				GILENYA	5	(PA)(QL)
	GLATIRAMER	2	(PA)(QL)			
				PLEGRIDY	5	(PA)(QL)
				REBIF	5	(PA)(QL)
				TECFIDERA	5	(PA)(QL)
MIGRAINE						
	RIZATRIPTAN	1	(QL)(M)	MAXALT	4	(ST)(QL)(M)
	SUMATRIPTAN	1	(ST)(QL)(M)	IMITREX	4	(ST)(QL)(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
MUSCLE RELAXANTS						
	BACLOFEN	2	(M)			
	CARISOPRODOL	1	(QL)			
	CYCLOBENZAPRINE	2				
	METHOCARBAM	2				
	TIZANIDINE	2	(ST)(QL)	ZANAFLEX	4	(ST)(QL)
NASAL ALLERGY						
	FLUTICASONE	1	(QL)(M)			
				DYMISTA	3	(QL)
OIL SOLUBLE VITAMINS						
	VITAMIN D	1	(M)	DRISDOL	3	(M)
ONCOLOGY/HEMATOLOGY						
	ANASTROZOLE	1	(QL)(M)			
				BOSULIF	5	(PA)(QL)
				ICLUSIG	5	(PA)(QL)
	IMATINIB	2	(PA)(QL)			
				NERLYNX	5	(PA)(QL)
				NEULASTA	5	(PA)(QL)
				SPRYCEL	5	(PA)(QL)
				TASIGNA	5	(PA)(QL)
				TYKERB	5	(PA)(QL)
				ZYTIGA	5	(PA)(QL)
OPHTHALMIC STEROIDS						
				LOTEMAX	4	(QL)
				PRED FORTE	4	
				PRED MILD	4	
	PREDNISOLONE	1	(QL)	OMNIPRED	4	(QL)
				PREDNISOLONE	4	(QL)
OPHTHALMICS (EYE) ANTI-INFECTIVES						
				BESIVANCE	4	(QL)
	OFLOXACIN	1		OCUFLOX	4	
	TRIMETHOPRIM	1		POLYTRIM	4	
OPHTHALMICS (EYE) PROSTGLANDINS						
	LATANOPROST	1	(QL)(M)	XALATAN	4	(QL)(M)
				LUMIGAN	3	(QL)(M)
OPHTHALMICS (EYE) MISC. OPHTHALMICS						
				ALPHAGAN P 0.1%	4	
				ALPHAGAN P 0.15%	4	
				COMBIGAN	3	(QL)(M)
				RESTASIS	4	(PA)
				XIIDRA	4	(PA)(QL)
OPIOID ANTAGONISTS						
				NARCAN	3	(QL)
				VIVITROL	5	(PA)(QL)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
OPIOID PARTIAL AGONISTS						
	BUPRENORPHIN	2	(QL)			
	BUPREN/NALOX	2	(QL)	SUBOXONE	4	(QL)
OSTEOPOROSIS						
	ALENDRONATE	1	(QL)(M)	FOSAMAX	4	(QL)(M)
PAIN MEDICATIONS - NARCOTICS						
	APAP/CODEINE	2	(ST)(QL)			
	BUT/APAP/CAF	1	(QL)			
	ENDOCET	2	(ST)(QL)			
	FENTANYL	2	(QL)			
	HYDROCO/APAP	2	(ST)(QL)			
	LORCET	2	(ST)(QL)			
	LORCET HD	2	(ST)(QL)			
	LORCET PLUS	2	(ST)(QL)			
	MORPHINE SUL	2	(ST)(QL)			
	OXYCOD/APAP	2	(ST)(QL)			
	OXYCODONE	2	(ST)(QL)			
	ROXICET	2	(ST)(QL)			
	TRAMADOL HCL	2	(ST)(QL)			
PAIN MEDICATIONS NSAIDS						
	CELECOXIB	1	(QL)(M)	CELEBREX	4	(ST)(QL)(M)
	DICLOFENAC TABLETS	1	(QL)(M)			
	IBU	1	(M)			
	IBUPROFEN	1	(M)			
	MELOXICAM	1	(M)			
	NAPROXEN	1	(M)			
PANCREATIC ENZYME						
				CREON	3	(QL)(M)
				PANCREAZE	3	(QL)(M)
				PERTZYE	3	(QL)(M)
				ZENPEP	3	(QL)(M)
PARKINSON'S						
	PRAMIPEXOLE	1	(ST)(QL)(M)	MIRAPEX	4	(QL)(M)
	ROPINIROLE	1	(QL)(M)	REQUIP	4	(QL)(M)
PEDIATRIC MULTIPLE VITAMINS						
	MULTI-VIT/FL	2	(M)	MULTI VIT/FL	4	(M)
POTASSIUM						
	POTASSIUM CHLORIDE	1				
PROSTATE						
	FINASTERIDE	1	(QL)(M)	PROSCAR	4	(QL)(M)
	TAMSULOSIN	1	(QL)(M)	FLOMAX	4	(QL)(M)
PULMONARY ARTERIAL HYPERTENSION						
				LETAIRIS	5	(PA)(QL)
				OPSUMIT	5	(PA)(QL)
				ORENITRAM	5	(PA)(QL)
				TRACLEER	5	(PA)(QL)
				ADEMPAS	5	(PA)(QL)



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SEIZURE DISORDER						
				BRIVIACT	3	(QL)(M)
	CLONAZEPAM	1	(QL)(M)	KLONOPIN	4	(ST)(QL)(M)
	GABAPENTIN	1	(QL)(M)	NEURONTIN	4	(QL)(M)
	LAMOTRIGINE	1	(ST)(QL)(M)	LAMICTAL	4	(ST)(QL)(M)
	LEVETIRACETA	1	(QL)(M)	KEPPRA	4	(ST)(QL)(M)
				LYRICA	4	(QL)(M)
				VIMPAT SOLUTION	3	
				VIMPAT TABLETS	3	
	TOPIRAMATE	1	(PA)(QL)(M)	TOPAMAX	4	(ST)(QL)(M)
				FYCOMPA	3	(QL)(M)
STEROIDS						
	DECADRON	1				
	DELTASONE	1	(M)			
	DEXAMETHASON	1				
	METHYLPRED	1		MEDROL	4	
	PREDNISONE	1	(M)			
STIMULANTS - ADHD/WAKEFULNESS						
	AMPHET/DEXTR	1	(QL)			
	METADATE	1	(QL)	RITALIN	4	(QL)
	METHYLPHENID	1	(QL)	RITALIN	4	(QL)
				QUILLIVANT	3	(QL)
				VYVANSE	3	(QL)
				APTENSIO XR	4	(QL)
				QUILLICHEW	3	(QL)
	DEXMETHYLPHENIDATE	1				
	DEXMETHYLPHENIDATE ER	2				
	DEXTROAMPHETAMINE	1	(QL)			
THYROID						
	LEVOTHYROXIN	1	(QL)(M)	LEVO-T	3	(QL)(M)
				LEVOXYL	3	(QL)(M)
	LIOTHYRONINE	1	(M)	CYTOMEL	3	(M)
				NATURE THROID	4	
				SYNTHROID	4	(QL)(M)
				UNITH DIRECT	3	(QL)(M)
				UNITHROID	3	(QL)(M)
UNCATEGORIZED						
				DUPIXENT	5	(PA)(QL)
	EPINEPHRINE	1	(QL)	FLAGYL	4	(QL)
				EUCRISA	3	(ST)(QL)
	METRONIDAZOL	1	(QL)			
				NITYR	5	(PA)(QL)
				ORFADIN	5	(PA)(QL)
	SEVELAMER	2	(M)	RENVELA	3	(M)



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
URINARY INCONTINENCE						
	OXYBUTYNIN	1	(QL)(M)	DITROPAN XL	4	(ST)(QL)(M)
VIRAL VACCINES						
				FLU	3	(M)
				SHINGRIX	3	(QL)(AGE)



