

# 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. Scripius members call **800-442-3127**.

## 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 Drug Coverage Exception Form found on our website.

## LEGEND

### (PA) Preauthorization

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

### (M) Maintenance drug

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

### (ST) Step Therapy

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

### (QL) Quantity Limits

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

### (AGE) Age limit

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

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 |
|-------------------------------------------------|-----------|-----------------------|
| <b>ACNE</b>                                     |           |                       |
| Adapalene Gel                                   | 1         | (ST)                  |
| <b>Aklief Cream</b>                             | 3         | (ST)                  |
| Avar Cleanse Liq                                | 1         |                       |
| Azelaic Acid Gel                                | 1         |                       |
| Clindamy/Ben Gel                                | 2         | (ST)                  |
| Ery/Benzoyl Gel                                 | 1         |                       |
| Erythromycin                                    | 1         | (AGE)                 |
| Ivermectin                                      | 1         | (ST)(QL)              |
| Metronidazol                                    | 1         | (QL)                  |
| Neuac Gel                                       | 1         |                       |
| <b>Rhofade Cream</b>                            | 3         | (QL)                  |
| Sod Sul/Sulf                                    | 1         |                       |
| Sulfacetamid Lot                                | 1         |                       |
| Sulfacleanse Suspension                         | 1         |                       |
| Tretinoin Cream                                 | 1         | (AGE)                 |
| <b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>      |           |                       |
| Perampanel Tablet                               | 3         | (ST)(QL)(M)           |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>               |           |                       |
| <b>Auvi-Q Injectable</b>                        | 2         | (QL)                  |
| Epinephrine                                     | 1         | (QL)                  |
| <b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b> |           |                       |
| Acampro Cal Tablet                              | 1         |                       |
| Disulfiram Tablet                               | 1         |                       |
| <b>ANTI-CATAPLECTIC AGENTS</b>                  |           |                       |
| Sod Oxybate Solution                            | 4         | (PA)(QL)(M)           |
| <b>ANTIARRHYTHMICS</b>                          |           |                       |
| Mexiletine Capsule                              | 1         | (M)                   |
| <b>ANTIBIOTICS</b>                              |           |                       |
| Amox/K Clav                                     | 1         |                       |
| Amoxicillin                                     | 1         |                       |
| Ampicillin Capsule                              | 1         |                       |
| Azithromycin                                    | 1         | (QL)                  |
| <b>Causton Inhalation</b>                       | 4         | (PA)(QL)(M)           |
| Cefadroxil Capsule                              | 1         |                       |
| Cefdinir                                        | 1         |                       |
| Cefpodoxime Tablet                              | 1         |                       |
| Cefuroxime Tablet                               | 1         |                       |
| Cephalexin                                      | 1         |                       |
| Ciprofloxacin                                   | 1         |                       |
| Clarithromycin Tablet                           | 1         |                       |
| <b>Cleocin Cream</b>                            | 2         |                       |
| <b>Cleocin Ped Solution</b>                     | 3         |                       |
| Clindamycin                                     | 1         |                       |
| Dicloxacill Capsule                             | 1         |                       |

| Drug Name                          | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| Doxycycl Hyc                       | 1         | (QL)                  |
| Doxycycline Mono Capsule           | 1         |                       |
| 100Mg                              |           |                       |
| Fosfomycin Powder                  | 1         |                       |
| <b>Hiprex Tablet</b>               | 3         |                       |
| Levofloxacin Tablet                | 1         |                       |
| Linezolid Tablet                   | 1         | (QL)                  |
| Methenam Hip Tablet                | 1         |                       |
| Minocycline Capsule                | 1         |                       |
| Moxifloxacin                       | 1         |                       |
| Neomycin Tablet                    | 1         |                       |
| Nitrofur Mac Capsule               | 1         |                       |
| Nitrofurantn Capsule               | 1         |                       |
| Penicillin Vn Tablet               | 1         |                       |
| Smz-Tmp Ds                         | 1         |                       |
| Sulfatrim Pd Suspension            | 1         |                       |
| Tetracycline Capsule               | 1         |                       |
| Tinidazole Tablet                  | 1         |                       |
| Trimethoprim Tablet                | 1         |                       |
| <b>Vancocin Capsule</b>            | 3         | (QL)                  |
| Vancomycin Capsule                 | 1         | (QL)                  |
| <b>Zithromax Tablet</b>            | 3         | (QL)                  |
| <b>Zyvox Tablet</b>                | 4         | (ST)(QL)(M)           |
| <b>ANTIDEPRESSANT COMBINATIONS</b> |           |                       |
| <b>Auvelity Tablet</b>             | 4         | (PA)(QL)(M)           |
| <b>ANTIFIBRINOLYTICS</b>           |           |                       |
| Tranex Acid Tablet                 | 1         | (QL)                  |
| <b>ANTIFUNGALS</b>                 |           |                       |
| Ciclodan Solution                  | 1         | (QL)                  |
| Ciclopirox                         | 1         | (QL)                  |
| Clotrim/Beta                       | 1         |                       |
| Clotrimazole                       | 1         |                       |
| Econazole Cream                    | 1         |                       |
| Fluconazole                        | 1         | (QL)                  |
| Itraconazole Capsule               | 1         | (QL)                  |
| Ketoconazole                       | 1         |                       |
| Klayesta Powder                    | 1         | (QL)                  |
| <b>Noxafil Tablet</b>              | 4         | (PA)(M)               |
| Nyamec Powder                      | 1         | (QL)                  |
| Nystat/Triam                       | 1         |                       |
| Nystatin                           | 1         | (QL)                  |
| Nystop Powder                      | 1         | (QL)                  |
| Posaconazole Tablet                | 1         | (PA)(M)               |
| <b>Sporanox Capsule</b>            | 3         | (QL)                  |
| Terbinafine Tablet                 | 1         | (QL)                  |

| Drug Name                       | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| <b>ANTIMALARIALS</b>            |           |                       |
| Atovaq/Progu Tablet             | 1         |                       |
| Hydroxychlor                    | 1         | (M)                   |
| <b>Malarone Tablet</b>          | 3         | (PA)                  |
| <b>ANTIMYASTHENIC AGENTS</b>    |           |                       |
| Pyridostigm Tablet              | 1         |                       |
| Pyridostigmi Tablet             | 1         | (QL)                  |
| <b>ANTIMYCOBACTERIAL AGENTS</b> |           |                       |
| Ethambutol Tablet               | 1         |                       |
| Isoniazid Tablet                | 1         |                       |
| Rifampin Capsule                | 1         |                       |
| <b>ANTIPROTOZOAL AGENTS</b>     |           |                       |
| Atovaquone Suspension           | 1         |                       |
| <b>Mepron Suspension</b>        | 3         |                       |
| <b>ANTISEBORRHEIC PRODUCTS</b>  |           |                       |
| Sodium Sulfa Liq                | 1         |                       |
| <b>ANTITHYROID AGENTS</b>       |           |                       |
| Methimazole Tablet              | 1         | (M)                   |
| <b>ANTIVIRALS</b>               |           |                       |
| Acyclovir                       | 1         |                       |
| <b>Biktarvy Tablet</b>          | 4         | (QL)(M)               |
| <b>Descovy Tablet</b>           | 4         | (QL)(M)               |
| <b>Dovato Tablet</b>            | 4         | (QL)(M)               |
| Emtr/Ten Df Tablet              | 1         | (QL)(M)               |
| Emtr/Tenofov Tablet             | 1         | (QL)(M)               |
| Famciclovir Tablet              | 1         |                       |
| <b>Genvoya Tablet</b>           | 4         | (QL)(M)               |
| <b>Juluca Tablet</b>            | 4         | (QL)(M)               |
| <b>Odefsey Tablet</b>           | 4         | (QL)(M)               |
| <b>Paxlovid</b>                 | 4         | (QL)                  |
| <b>Prezcobix Tablet</b>         | 4         | (QL)(M)               |
| <b>Symfi Tablet</b>             | 4         | (QL)(M)               |
| <b>Symfi Lo Tablet</b>          | 4         | (QL)(M)               |
| <b>Symtuza Tablet</b>           | 4         | (QL)(M)               |
| Tenofovir Tablet                | 1         | (QL)(M)               |
| <b>Tivicay Tablet</b>           | 4         | (QL)(M)               |
| <b>Triumeq Tablet</b>           | 4         | (QL)(M)               |
| Valacyclovir Tablet             | 1         | (QL)                  |
| <b>Valcyte Tablet</b>           | 4         | (QL)(M)               |
| Valganciclov Tablet             | 1         | (QL)(M)               |
| <b>Valtrex Tablet</b>           | 3         | (QL)                  |
| <b>Viread Tablet</b>            | 4         | (QL)(M)               |
| <b>ANXIETY &amp; SLEEP</b>      |           |                       |
| Alprazolam Tablet               | 1         | (QL)                  |
| <b>Belsomra Tablet</b>          | 3         | (ST)(QL)              |

| Drug Name                              | Drug Tier | Requirements & Limits |
|----------------------------------------|-----------|-----------------------|
| Buspirone Tablet                       | 1         | (M)                   |
| Chlordiazep Capsule                    | 1         |                       |
| Diazepam Tablet                        | 1         |                       |
| Doxepin Tablet                         | 1         | (ST)(QL)              |
| Eszopiclone Tablet                     | 1         | (QL)                  |
| Hydroxyzine                            | 1         |                       |
| Lorazepam Tablet                       | 1         |                       |
| Ramelteon Tablet                       | 1         | (QL)(M)               |
| Temazepam Capsule                      | 1         | (QL)                  |
| Triazolam Tablet                       | 1         | (QL)                  |
| <b>Xanax Xr Tablet</b>                 | 3         | (QL)                  |
| Zaleplon Capsule                       | 1         | (QL)                  |
| Zolpidem Tablet                        | 1         | (QL)                  |
| Zolpidem Er Tablet                     | 1         | (QL)                  |
| <b>ASTHMA AND COPD*</b>                |           |                       |
| <b>Accolate Tablet</b>                 | 3         | (QL)(M)               |
| <b>Airsupra Inhalation</b>             | 2         | (QL)                  |
| Albuterol                              | 1         | (QL)(M)               |
| <b>Alvesco Inhalation</b>              | 3         | (PA)(QL)(M)           |
| <b>Anoro Ellipt Inhalation</b>         | 2         | (QL)(M)               |
| Arformoterol Neb                       | 2         | (QL)(M)               |
| <b>Arnuity Elpt Inhalation</b>         | 2         | (QL)(M)               |
| <b>Asmanex</b>                         | 2         | (QL)(M)               |
| <b>Atrovent Hfa Inhalation</b>         | 3         | (M)                   |
| <b>Bevespi Inhalation</b>              | 3         | (ST)(QL)(M)           |
| <b>Breztri Inhalationno Inhalation</b> | 2         | (QL)(M)(AGE)          |
| Budesonide                             | 1         | (QL)(M)               |
| <b>Combivent Inhalation</b>            | 2         | (QL)(M)               |
| <b>Dulera Inhalation</b>               | 3         | (PA)(QL)(M)           |
| Flutic/Salme                           | 2         | (PA)(QL)(M)           |
| Flutic/Vilan Inhalation                | 2         | (PA)(QL)(M)           |
| Fluticas Hfa Inhalation                | 2         | (QL)(M)               |
| Fluticasone                            | 2         | (QL)(M)               |
| <b>Incruse Elpt Inhalation</b>         | 3         | (ST)(QL)(M)           |
| Ipratropium                            | 1         | (M)                   |
| Kourzeq Pst                            | 1         |                       |
| Levalbuterol                           | 1         | (QL)(M)               |
| Montelukast                            | 1         | (QL)(M)               |
| Oralone Dent Pst                       | 1         |                       |
| <b>Pulmicort Suspension</b>            | 3         | (PA)(QL)(M)           |
| <b>Qvar Rediha Inhalation</b>          | 3         | (PA)(QL)(M)           |
| <b>Qvar Redihal Inhalation</b>         | 3         | (PA)(QL)(M)           |
| Roflumilast Tablet                     | 1         | (QL)(M)               |
| <b>Serevent Dis Inhalation</b>         | 2         | (M)                   |
| <b>Spiriva Handihaler</b>              | 2         | (QL)(M)               |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| <b>Spiriva Respimat</b>              | 2         | (QL)(M)               |
| <b>Stiolto Inhalation</b>            | 2         | (QL)(M)               |
| <b>Striverdi Inhalation</b>          | 2         | (QL)(M)               |
| <b>Symbicort Inhalation</b>          | 1         | (QL)(M)               |
| Terbutaline Tablet                   | 1         | (QL)(M)               |
| Theophylline Tablet                  | 1         | (M)                   |
| <b>Trelegy Inhalation</b>            | 2         | (QL)(M)(AGE)          |
| Triamcinolon                         | 1         |                       |
| <b>Utibron Capsule</b>               | 3         | (ST)(QL)(M)           |
| <b>Ventolin Hfa Inhalation</b>       | 2         | (QL)(M)               |
| Wixela Inhub Inhalation              | 1         | (QL)(M)               |
| Zafirlukast Tablet                   | 1         | (QL)(M)               |
| <b>BLOOD THINNERS</b>                |           |                       |
| Cilostazol Tablet                    | 1         | (M)                   |
| Clopidogrel Tablet                   | 1         | (QL)(M)               |
| Dabigatran Capsule                   | 1         | (QL)(M)               |
| <b>Eliquis Tablet</b>                | 2         | (QL)(M)               |
| <b>Eliquis St P Tablet</b>           | 2         | (QL)                  |
| Enoxaparin Injectable                | 1         |                       |
| <b>Plavix Tablet</b>                 | 3         | (QL)(M)               |
| <b>Pradaxa Capsule</b>               | 3         | (QL)(M)               |
| Prasugrel Tablet                     | 1         | (QL)(M)               |
| <b>Savaysa Tablet</b>                | 3         | (QL)(M)               |
| Ticagrelor Tablet                    | 1         | (QL)(M)               |
| Warfarin                             | 1         | (M)                   |
| <b>Xarelto</b>                       | 2         | (QL)(AGE)(M)          |
| <b>Xarelto Star Tablet</b>           | 2         | (QL)                  |
| <b>BURN PRODUCTS</b>                 |           |                       |
| <b>Silvadene Cream</b>               | 3         |                       |
| Silver Sulfa Cream                   | 1         |                       |
| Ssd Cream                            | 1         |                       |
| <b>CARBONIC ANHYDRASE INHIBITORS</b> |           |                       |
| Acetazolamid                         | 1         | (M)                   |
| <b>CARDIOVASCULAR*</b>               |           |                       |
| Amiloride Tablet                     | 1         | (M)                   |
| Amiodarone Tablet                    | 1         | (M)                   |
| Amlod/Benazp Capsule                 | 1         | (M)                   |
| Amlod/Olmesa Tablet                  | 1         | (M)                   |
| Amlod/Valsar Tablet                  | 1         | (M)                   |
| Amlodipine Tablet                    | 1         | (M)                   |
| <b>Atacand Hct Tablet</b>            | 3         | (ST)(QL)(M)           |
| Atenol/Chlor Tablet                  | 1         | (M)                   |
| Atenolol Tablet                      | 1         | (QL)(M)               |
| <b>Avalide Tablet</b>                | 3         | (ST)(QL)(M)           |
| <b>Azor Tablet</b>                   | 3         | (M)                   |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Benazep/Hctz Tablet        | 1         | (M)                   |
| Benazepril Tablet          | 1         | (M)                   |
| Bisoprl/Hctz Tablet        | 1         | (M)                   |
| Bisoprol Fum Tablet        | 1         | (M)                   |
| Bumetanide Tablet          | 1         | (M)                   |
| Candesza/Hctz Tablet       | 1         | (M)                   |
| Candesartan Tablet         | 1         | (M)                   |
| Cartia Xt Capsule          | 1         | (M)                   |
| Carvedilol                 | 1         | (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        | 1         | (M)                   |
| Dofetilide Capsule         | 1         | (M)                   |
| Doxazosin Tablet           | 1         | (QL)(M)               |
| Enalap/Hctz Tablet         | 1         | (M)                   |
| Enalapril                  | 1         | (QL)(AGE)(M)          |
| <b>Entresto Capsule</b>    | 2         | (QL)(M)               |
| Eplerenone Tablet          | 1         | (M)                   |
| Felodipine Tablet          | 1         | (M)                   |
| Flecainide Tablet          | 1         | (M)                   |
| Furosemide                 | 1         | (M)                   |
| Guanfacine Tablet          | 1         | (M)                   |
| <b>Hemangeol Solution</b>  | 3         | (M)                   |
| <b>Hemiclor Tablet</b>     | 2         | (M)                   |
| Hydralazine Tablet         | 1         | (M)                   |
| Hydrochlorothiazide        | 1         | (M)                   |
| Indapamide Tablet          | 1         | (M)                   |
| <b>Inspra Tablet</b>       | 3         | (ST)(M)               |
| Irbesar/Hctz Tablet        | 1         | (M)                   |
| Irbesartan Tablet          | 1         | (M)                   |
| Isosorb Din Tablet         | 1         | (M)                   |
| Isosorb Mono Tablet        | 1         | (M)                   |
| Labetalol Tablet           | 1         | (M)                   |
| Lisinop/Hctz Tablet        | 1         | (M)                   |
| Lisinopril Tablet          | 1         | (M)                   |
| Losartan Pot Tablet        | 1         | (M)                   |
| Losartan/Hct Tablet        | 1         | (M)                   |
| Matzim La Tablet           | 1         | (M)                   |
| Metolazone Tablet          | 1         | (M)                   |
| Metoprol Suc Tablet        | 1         | (M)                   |
| Metoprolol                 | 1         | (M)                   |
| <b>Micardis Hct Tablet</b> | 3         | (ST)(QL)(M)           |

| Drug Name               | Drug Tier | Requirements & Limits |
|-------------------------|-----------|-----------------------|
| Midodrine Tablet        | 1         |                       |
| Minitran Dis            | 1         | (M)                   |
| Minoxidil Tablet        | 1         | (M)                   |
| <b>Multaq Tablet</b>    | 2         | (M)                   |
| Nadolol Tablet          | 1         | (M)                   |
| Nebivolol Tablet        | 1         | (QL)(M)               |
| Nifedipine              | 1         | (M)                   |
| Nitroglycer Dis         | 1         | (M)                   |
| Nitroglyceri Sub        | 1         | (M)                   |
| Nitroglycern Sub        | 1         | (M)                   |
| Olm Med/Amlo Tablet     | 1         | (M)                   |
| Olm Med/Hctz Tablet     | 1         | (M)                   |
| Olmesa Medox Tablet     | 1         | (M)                   |
| Pacerone Tablet         | 1         | (M)                   |
| Prazosin Hcl Capsule    | 1         | (M)                   |
| Propafenone Tablet      | 1         | (M)                   |
| Propranolol             | 1         | (M)                   |
| <b>Qbrelis Solution</b> | 3         | (QL)(M)(AGE)          |
| Ramipril Capsule        | 1         | (M)                   |
| Ranolazine Tablet       | 1         | (ST)(QL)(M)           |
| Sacub/Valsar Tablet     | 1         | (QL)(M)               |
| Sotalol Tablet          | 1         | (M)                   |
| Sotalol Af Tablet       | 1         | (M)                   |
| Sotalol Hcl Tablet      | 1         | (M)                   |
| Spirono/Hctz Tablet     | 1         | (M)                   |
| Spironolact Tablet      | 1         | (M)                   |
| <b>Tarka Tablet</b>     | 3         | (QL)(M)               |
| Telmis/Amlod Tablet     | 1         | (QL)(M)               |
| Telmisa/Hctz Tablet     | 1         | (M)                   |
| Telmisartan Tablet      | 1         | (M)                   |
| <b>Tenormin Tablet</b>  | 3         | (ST)(QL)(M)           |
| Terazosin Capsule       | 1         | (QL)(M)               |
| <b>Thalitone Tablet</b> | 2         | (M)                   |
| Tiadyt Capsule          | 1         | (M)                   |
| Torse mide Tablet       | 1         | (M)                   |
| Triamt/Hctz             | 1         | (M)                   |
| <b>Tribenzor Tablet</b> | 3         | (ST)(QL)(M)           |
| <b>Twynsta Tablet</b>   | 3         | (QL)(M)               |
| Valsart/Hctz Tablet     | 1         | (M)                   |
| Valsartan Tablet        | 1         | (M)                   |
| Verapamil               | 1         | (M)                   |
| <b>CHOLESTEROL*</b>     |           |                       |
| Atorvastatin Tablet     | 1         | (QL)(AGE)(M)          |
| Cholestyram Powder      | 1         | (QL)(M)               |
| Colesevelam Tablet      | 1         | (QL)(M)               |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| Colestipol                           | 1         | (QL)(M)               |
| Ezetim/Simva Tablet                  | 1         | (QL)(M)               |
| Ezetimibe Tablet                     | 1         | (QL)(M)               |
| Fenofibrate                          | 1         | (QL)(M)               |
| Gemfibrozil Tablet                   | 1         | (QL)(M)               |
| Icosapent Capsule                    | 2         | (ST)(QL)(M)           |
| Lovastatin Tablet                    | 1         | (QL)(M)(AGE)          |
| <b>Nexlizet Tablet</b>               | 2         | (PA)(QL)(M)           |
| Niacin Tablet                        | 1         | (QL)(M)               |
| Niacin Er Tablet                     | 1         | (QL)(M)               |
| Omega-3-Acid Capsule                 | 1         | (QL)(M)               |
| Pitavastatin Tablet                  | 1         | (ST)(QL)(M)           |
| Pravastatin                          | 1         | (QL)(M)(AGE)          |
| <b>Questran Powder</b>               | 3         | (QL)(M)               |
| <b>Repatha Injectable</b>            | 2         | (PA)(QL)(M)           |
| <b>Repatha Push Injectable</b>       | 2         | (PA)(QL)(M)           |
| <b>Repatha Sure Injectable</b>       | 2         | (PA)(QL)(M)           |
| Rosuvastatin Tablet                  | 1         | (QL)(AGE)(M)          |
| Simvastatin Tablet                   | 1         | (QL)(AGE)(M)          |
| <b>CONTRACEPTION (BIRTH CONTROL)</b> |           |                       |
| <b>Brand Contraceptives</b>          | 2         | (M)                   |
| Generic Contraceptives               | 1         | (QL)(M)               |
| Medroxyprogesterone                  | 1         | (QL)(M)               |
| <b>Nuvaring</b>                      | 3         | (QL)(M)               |
| <b>Phexxi Gel</b>                    | 3         | (QL)(M)               |
| <b>COUGH/COLD/ALLERGY PRODUCTS</b>   |           |                       |
| Benzonatate                          | 1         | (ST)(QL)              |
| Brom/Pse/Dm Syrup                    | 1         | (QL)                  |
| Codeine/Gg Solution                  | 1         |                       |
| Cyproheptad                          | 1         | (QL)                  |
| G Tussin Ac Liq                      | 1         |                       |
| <b>Hycodan Syrup</b>                 | 2         |                       |
| Hydromet Syrup                       | 1         |                       |
| Maxi-Tuss Ac Solution                | 1         |                       |
| Prometh/Cod Solution                 | 1         |                       |
| Promethazine                         | 1         |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>        |           |                       |
| Atropine Sul                         | 1         |                       |
| <b>CYSTIC FIBROSIS AGENTS</b>        |           |                       |
| <b>Kalydeco</b>                      | 4         | (PA)(QL)(M)           |
| <b>Kitabis Packet Neb</b>            | 4         | (PA)(QL)(M)           |
| <b>Pulmozyme Solution</b>            | 4         | (QL)(M)               |
| <b>Tobi Podhalr Capsule</b>          | 4         | (PA)(QL)(M)           |
| <b>Trikafta</b>                      | 4         | (PA)(QL)(AGE)(M)      |
| <b>DENTAL PRODUCTS</b>               |           |                       |
| Cavarest Gel                         | 1         | (M)                   |

| Drug Name                                           | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| Chlorhex Glu Solution                               | 1         |                       |
| Dentagel Gel                                        | 1         | (M)                   |
| Fraiche 5000 Gel                                    | 1         | (M)                   |
| <b>Peridex Solution</b>                             | 3         |                       |
| Periogard Solution                                  | 1         |                       |
| Sf Gel                                              | 1         | (M)                   |
| Sodium Fluor Gel                                    | 1         | (M)                   |
| <b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b> |           |                       |
| Acitretin Capsule                                   | 1         | (QL)                  |
| Calcipotrien Cream                                  | 1         |                       |
| Diclofenac 1%                                       | 1         | (PA)(M)               |
| <b>Finacea Gel</b>                                  | 3         | (QL)                  |
| Fluorouracil Cream                                  | 1         | (PA)(QL)              |
| Gentamicin                                          | 1         |                       |
| Mupirocin Oin                                       | 1         |                       |
| <b>Tazorac</b>                                      | 3         | (ST)(AGE)             |
| <b>Tolak Cream</b>                                  | 3         | (QL)                  |
| <b>DERMATOLOGICALS (SKIN) STEROIDS</b>              |           |                       |
| Ala-Cort Cream                                      | 1         |                       |
| Beta Diprop                                         | 1         |                       |
| Betameth Dip                                        | 1         |                       |
| Betameth Val Cream                                  | 1         |                       |
| Clobetasol                                          | 1         | (QL)                  |
| <b>Derma-Smooth Oil</b>                             | 3         |                       |
| Desonide                                            | 1         |                       |
| Fluocin Acet                                        | 1         |                       |
| Fluocinonide                                        | 1         | (ST)(QL)              |
| Hydrocort                                           | 1         | (M)                   |
| Mometasone                                          | 1         | (QL)(M)               |
| <b>DIABETES - INSULIN*</b>                          |           |                       |
| <b>Fiasp Injectable</b>                             | 2         | (M)                   |
| <b>Fiasp Flex Injectable</b>                        | 2         | (M)                   |
| <b>Humulin R U-500</b>                              | 2         | (PA)(QL)(M)           |
| Ins Asp Prot Injectable                             | 1         | (M)                   |
| Insulin Aspa Injectable                             | 1         | (M)                   |
| <b>Lantus Injectable</b>                            | 2         | (M)                   |
| <b>Lantus Solos Injectable</b>                      | 2         | (M)                   |
| Novolin Injectable                                  | 1         | (M)                   |
| Novolin N Injectable                                | 1         | (M)                   |
| <b>Novolog Injectable</b>                           | 2         | (M)                   |
| <b>Novolog Mix Injectable</b>                       | 2         | (M)                   |
| <b>Toujeo Max Injectable</b>                        | 2         | (M)                   |
| <b>Toujeo Solo Injectable</b>                       | 2         | (M)                   |
| <b>DIABETES - NON-INSULIN*</b>                      |           |                       |
| Acarbose Tablet                                     | 1         | (M)                   |

| Drug Name                              | Drug Tier | Requirements & Limits |
|----------------------------------------|-----------|-----------------------|
| <b>Actos Tablet</b>                    | 3         | (QL)(M)               |
| Alogliptin Tablet                      | 1         | (QL)(M)               |
| Alogliptin/Metformin                   | 1         | (QL)(M)               |
| <b>Baqsimi One Powder</b>              | 2         |                       |
| <b>Baqsimi Two Powder</b>              | 2         |                       |
| <b>Brenzavvy Tablet</b>                | 2         | (QL)(M)               |
| <b>Farxiga Tablet</b>                  | 2         | (QL)(M)               |
| Glimepiride Tablet                     | 1         | (M)                   |
| Glip/Metform Tablet                    | 1         | (M)                   |
| Glipizide                              | 1         | (M)                   |
| Glucagon Injectable                    | 1         |                       |
| Glyb/Metform Tablet                    | 1         | (M)                   |
| Glyburide Tablet                       | 1         | (M)                   |
| <b>Gvoke Hypo 1 Injectable</b>         | 2         |                       |
| <b>Gvoke Hypo 2 Injectable</b>         | 2         |                       |
| <b>Gvoke Kit Solution</b>              | 2         |                       |
| <b>Gvoke Pfs Injectable</b>            | 2         |                       |
| Metformin Tablet                       | 1         | (M)                   |
| <b>Mounjaro Injectable</b>             | 2         | (PA)(QL)(M)           |
| Pioglitazone Tablet                    | 1         | (QL)(M)               |
| Saxa/Metfor Tablet                     | 1         | (QL)(M)               |
| Saxagliptin Tablet                     | 1         | (QL)(M)               |
| <b>Segluromet Tablet</b>               | 3         | (ST)(QL)(M)           |
| <b>Soliqua Injectable</b>              | 2         | (ST)(QL)(M)           |
| <b>Steglatro Tablet</b>                | 3         | (ST)(QL)(M)           |
| <b>Symlin</b>                          | 3         | (PA)(QL)(M)           |
| <b>Trulicity Injectable</b>            | 2         | (PA)(QL)(M)           |
| <b>Xigduo Xr Tablet</b>                | 2         | (QL)(M)               |
| <b>DIABETES - TESTING AND SUPPLIES</b> |           |                       |
| <b>1/2MI Tb Syr Mis</b>                | 3         | (M)                   |
| <b>10MI LI Syrg Mis</b>                | 3         | (M)                   |
| 10MI Syringe Mis                       | 1         | (M)                   |
| <b>12MI Syringe Mis</b>                | 3         | (M)                   |
| <b>140MI Syring Mis</b>                | 3         | (M)                   |
| <b>1MI Allr Syr Mis</b>                | 3         | (M)                   |
| <b>1MI Slip Tip Mis</b>                | 3         | (M)                   |
| 1MI Syringe Mis                        | 1         | (M)                   |
| <b>1MI Tb Syrng Mis</b>                | 3         | (M)                   |
| 20MI Syringe Mis                       | 1         | (M)                   |
| <b>3MI Syringe Mis</b>                 | 3         | (M)                   |
| 30MI Syringe Mis                       | 1         | (M)                   |
| 35MI Syringe Mis                       | 1         | (M)                   |
| <b>3MI LI Syrg Mis</b>                 | 3         | (M)                   |
| <b>3MI Luer Loc Mis</b>                | 3         | (M)                   |
| 3MI Syringe Mis                        | 1         | (M)                   |

| Drug Name        | Drug Tier | Requirements & Limits |
|------------------|-----------|-----------------------|
| 5MI Syringe Mis  | 1         | (M)                   |
| 60MI Syringe Mis | 1         | (M)                   |
| 6MI Syringe Mis  | 3         | (M)                   |
| Accu-Chek Tes    | 3         | (PA)(QL)(M)           |
| Admix Needle Mis | 3         | (M)                   |
| Allergy Syrg Mis | 3         | (M)                   |
| Bd 20MI Syrg Mis | 3         | (M)                   |
| Bd 50MI Syrg Mis | 3         | (M)                   |
| Bd 5MI Syrg Mis  | 3         | (M)                   |
| Bd Blnt Fill Mis | 3         | (M)                   |
| Bd Eclipse Mis   | 3         | (M)                   |
| Bd Hypo Need Mis | 3         | (M)                   |
| Bd Integra Mis   | 3         | (M)                   |
| Bd Luer-Lok Mis  | 3         | (M)                   |
| Bd Needle Mis    | 3         | (M)                   |
| Bd Needles Mis   | 3         | (M)                   |
| Bd Plastipak Mis | 3         | (M)                   |
| Bd Precision Mis | 3         | (M)                   |
| Bd Safety Mis    | 3         | (M)                   |
| Bd Syr 50MI Mis  | 3         | (M)                   |
| Bd Tb 1MI Mis    | 3         | (M)                   |
| Bulb Irr Syr Mis | 3         | (M)                   |
| Carepoint Sa Mis | 3         | (M)                   |
| Carepoint Sy Mis | 3         | (M)                   |
| Carepoint Tu Mis | 3         | (M)                   |
| Catheter/Tip Mis | 3         | (M)                   |
| Deflux Needl Mis | 3         | (M)                   |
| Dexcom G6 Mis    | 2         | (ST)(QL)(M)(AGE)      |
| Dexcom G7 Mis    | 2         | (ST)(QL)(M)(AGE)      |
| Dropsafe Mis     | 3         | (M)                   |
| Easy Glide Mis   | 3         | (M)                   |
| Easy Touch Mis   | 3         | (M)                   |
| Easypoint Mis    | 3         | (M)                   |
| Eclipse Ndle Mis | 3         | (M)                   |
| Enlite Gluco Mis | 3         | (PA)(QL)(M)           |
| Fill Needle Mis  | 3         | (M)                   |
| Free Libre2 Kit  | 2         | (ST)(QL)(M)(AGE)      |
| Free Libre3 Kit  | 2         | (ST)(QL)(M)           |
| Freesty Libr     | 2         | (ST)(QL)(M)(AGE)      |
| Freestyle        | 2         | (ST)(QL)(AGE)(M)      |
| Guardian Mis     | 3         | (PA)(QL)(M)(AGE)      |
| Guardian 4 Mis   | 3         | (PA)(QL)(M)(AGE)      |
| Guardian Con Mis | 3         | (PA)(QL)(M)(AGE)      |
| Guardian Rt Mis  | 3         | (PA)(QL)(M)(AGE)      |
| Hypo Needle Mis  | 1         | (M)                   |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| Insulin Syringes                     | 1         | (M)                   |
| Lancets                              | 1         | (M)                   |
| Luer-Lock Mis                        | 3         | (M)                   |
| Luer-Lok Mis                         | 3         | (M)                   |
| Minilink Rt Mis                      | 3         | (PA)(QL)(M)(AGE)      |
| Minimed 630G Mis                     | 3         | (PA)(QL)(M)(AGE)      |
| Monoject S/P Mis                     | 3         | (M)                   |
| Needles Mis                          | 3         | (M)                   |
| Norm-Ject Mis                        | 3         | (M)                   |
| Omnipod 5 Dx                         | 2         | (PA)(QL)(M)           |
| Omnipod 5 L2                         | 2         | (PA)(QL)(M)           |
| Omnipod Dash                         | 2         | (PA)(QL)(M)           |
| Onetouch Tes                         | 3         | (PA)(QL)(M)           |
| Paradigm Rea Mis                     | 3         | (PA)(QL)(M)(AGE)      |
| Pen Needles                          | 2         | (M)                   |
| Perfect Poin Mis                     | 3         | (M)                   |
| Pharm Syrng Mis                      | 3         | (M)                   |
| Pharm Tray Mis                       | 3         | (M)                   |
| Piston Irrig Mis                     | 3         | (M)                   |
| Poly Hub Mis                         | 3         | (M)                   |
| Prec Neo Sys Kit                     | 2         | (QL)                  |
| Precision Tes                        | 2         | (QL)(M)               |
| Precisn Xtra Tes                     | 2         | (QL)(M)               |
| Safetyglide Mis                      | 3         | (M)                   |
| Safty Needle Mis                     | 3         | (M)                   |
| Securesafe Mis                       | 3         | (M)                   |
| Slip Tip 1MI Mis                     | 3         | (M)                   |
| Slip Tip 3MI Mis                     | 3         | (M)                   |
| Syrg/Ndl 3MI Mis                     | 3         | (M)                   |
| Syringe 5MI Mis                      | 3         | (M)                   |
| Syringe Barr Mis                     | 3         | (M)                   |
| Syringe Luer Mis                     | 3         | (M)                   |
| Tb Syringe Mis                       | 3         | (M)                   |
| Tb Syrng 1MI Mis                     | 3         | (M)                   |
| Toomey Syrin Mis                     | 1         | (M)                   |
| Vent Needle Mis                      | 3         | (M)                   |
| Verisafe Mis                         | 3         | (M)                   |
| <b>ECZEMA AGENTS - TOPICAL</b>       |           |                       |
| Eucrisa Oin                          | 2         | (QL)                  |
| <b>EMOLLIENTS</b>                    |           |                       |
| Ammonium Lac Cream                   | 1         |                       |
| <b>FLUORIDE</b>                      |           |                       |
| Fluoride                             | 1         | (QL)(M)(AGE)          |
| <b>GALLSTONE SOLUBILIZING AGENTS</b> |           |                       |
| Ursodiol                             | 1         | (M)                   |

| Drug Name                                           | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>           |           |                       |
| <b>GASTROINTESTINAL</b>                             |           |                       |
| <b>Amitiza Capsule</b>                              | 3         | (ST)(QL)(M)(AGE)      |
| Diphen/Atrop Tablet                                 | 1         |                       |
| <b>Linzess Capsule</b>                              | 2         | (QL)(M)               |
| Lubiprostone Capsule                                | 1         | (QL)(M)(AGE)          |
| Metoclopram Tablet                                  | 1         | (M)                   |
| <b>Motegrity Tablet</b>                             | 3         | (ST)(QL)              |
| <b>Movantik Tablet</b>                              | 2         | (QL)                  |
| <b>Relistor</b>                                     | 4         | (PA)(QL)(M)           |
| <b>Symproic Tablet</b>                              | 2         | (QL)                  |
| <b>Trulance Tablet</b>                              | 3         | (ST)(QL)(M)           |
| <b>Xifaxan Tablet</b>                               | 3         | (PA)                  |
| <b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>    |           |                       |
| <b>Akynzeo Capsule</b>                              | 2         | (QL)                  |
| <b>Emend Suspension</b>                             | 3         | (QL)                  |
| Ondansetron                                         | 1         | (PA)(QL)              |
| Promethegan Sup                                     | 1         |                       |
| Scopolamine Dis                                     | 1         |                       |
| <b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b> |           |                       |
| Famotidine Suspension                               | 1         | (M)(AGE)              |
| Misoprostol Tablet                                  | 1         | (M)                   |
| Sucralfate                                          | 1         | (M)                   |
| <b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b> |           |                       |
| First-Omepra Suspension                             | 1         | (QL)(M)(AGE)          |
| Lansoprazole Suspension                             | 1         | (M)(AGE)              |
| Omeprazole + Suspension                             | 1         | (QL)(M)(AGE)          |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>          |           |                       |
| Cromolyn Sod                                        | 1         | (M)                   |
| <b>GNRH/LHRH ANTAGONISTS</b>                        |           |                       |
| <b>Orilissa Tablet</b>                              | 4         | (PA)(QL)(M)           |
| <b>GOUT</b>                                         |           |                       |
| Allopurinol Tablet                                  | 1         | (M)                   |
| Colchicine Tablet                                   | 1         | (QL)                  |
| Febuxostat Tablet                                   | 1         | (QL)(M)               |
| <b>GROWTH HORMONES</b>                              |           |                       |
| <b>Genotropin Injectable</b>                        | 4         | (PA)(QL)(M)           |
| <b>Zomacton Injectable</b>                          | 4         | (PA)(QL)(M)           |
| <b>HEMATORHEOLOGIC AGENTS</b>                       |           |                       |
| Pentoxifylli Tablet                                 | 1         | (M)                   |
| <b>HEPATITIS THERAPIES</b>                          |           |                       |
| Entecavir Tablet                                    | 1         | (QL)(M)               |
| <b>Harvoni Packet</b>                               | 4         | (PA)(QL)(M)           |
| <b>Ledip-Sofosb Tablet</b>                          | 4         | (PA)(QL)(M)           |
| <b>Mavyret</b>                                      | 4         | (PA)(QL)(M)           |

| Drug Name                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|
| <b>Sofos/Velpat Tablet</b>                | 4         | (PA)(QL)(M)           |
| <b>Vosevi Tablet</b>                      | 4         | (PA)(QL)(M)           |
| <b>HORMONE RECEPTOR MODULATORS</b>        |           |                       |
| <b>Osphena Tablet</b>                     | 3         | (QL)(M)               |
| Raloxifene Tablet                         | 1         | (QL)(M)               |
| <b>HORMONE REPLACEMENT THERAPY FEMALE</b> |           |                       |
| Abigale Tablet                            | 1         | (QL)(M)               |
| Abigale Lo Tablet                         | 1         | (QL)(M)               |
| <b>Activella Tablet</b>                   | 3         | (QL)(M)               |
| <b>Alora Dis</b>                          | 3         | (QL)(M)               |
| <b>Climara Dis</b>                        | 3         | (QL)(M)               |
| <b>Climara Pro Dis</b>                    | 3         | (QL)(M)               |
| <b>Combipatch Dis</b>                     | 2         | (QL)(M)               |
| Covaryx Tablet                            | 1         | (QL)(M)               |
| Covaryx Hs Tablet                         | 1         | (QL)(M)               |
| <b>Delestrogen Injectable</b>             | 3         |                       |
| <b>Divigel Gel</b>                        | 3         | (QL)(M)               |
| Dotti Dis                                 | 1         | (QL)(M)               |
| <b>Duavee Tablet</b>                      | 2         | (QL)(M)               |
| Eemt Tablet                               | 1         | (QL)(M)               |
| Eemt Hs Tablet                            | 1         | (QL)(M)               |
| <b>Elestrin Gel</b>                       | 3         | (QL)(M)               |
| Est Estrogen Tablet                       | 1         | (QL)(M)               |
| Estra/Noreth Tablet                       | 1         | (QL)(M)               |
| <b>Estrace Tablet</b>                     | 3         | (QL)(M)               |
| <b>Estrace Vag Cream</b>                  | 3         | (ST)(QL)(M)           |
| Estrad Val Injectable                     | 1         |                       |
| Estradiol                                 | 1         | (QL)(M)               |
| Estratest Fs Tablet                       | 1         | (QL)(M)               |
| Estratest Hs Tablet                       | 1         | (QL)(M)               |
| <b>Estring Mis</b>                        | 3         | (ST)(QL)(M)           |
| Estrog/Mtest Tablet                       | 1         | (QL)(M)               |
| <b>Estrogel Gel</b>                       | 3         | (QL)(M)               |
| <b>Femring Mis</b>                        | 3         | (ST)(QL)(M)           |
| Fyavolv Tablet                            | 1         | (M)                   |
| Gallifrey Tablet                          | 1         | (M)                   |
| Jinteli Tablet                            | 1         | (M)                   |
| Lyllana Dis                               | 1         | (QL)(M)               |
| <b>Menostar Dis</b>                       | 3         | (QL)(M)               |
| Mimvey Tablet                             | 1         | (QL)(M)               |
| <b>Minivelle Dis</b>                      | 3         | (QL)(M)               |
| Noreth/Ethin Tablet                       | 1         | (M)                   |
| Norethin Ace Tablet                       | 1         | (M)                   |
| <b>Premarin Tablet</b>                    | 2         | (QL)(M)               |
| <b>Premarin Vag Cream</b>                 | 3         | (ST)(QL)(M)           |

| Drug Name                                                              | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| Premphase Tablet                                                       | 3         | (QL)(M)               |
| Prempro Tablet                                                         | 3         | (QL)(M)               |
| Prometrium Capsule                                                     | 3         | (QL)(M)               |
| Vagifem Tablet                                                         | 3         | (ST)(QL)(M)           |
| Vivelle-Dot Dis                                                        | 3         | (QL)(M)               |
| Yuvaferm Tablet                                                        | 1         | (QL)(M)               |
| <b>HORMONE REPLACEMENT THERAPY MALE</b>                                |           |                       |
| Depo-Testost Injectable                                                | 1         | (QL)(M)               |
| Natesto Gel                                                            | 3         | (PA)(QL)(M)           |
| Testost Cyp Injectable                                                 | 1         | (QL)(M)               |
| Testost Enan Injectable                                                | 1         | (QL)(M)               |
| Testosterone Gel                                                       | 1         | (QL)(M)               |
| <b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b> |           |                       |
| Adbry Injectable                                                       | 4         | (PA)(QL)(M)           |
| Amjevita Injectable                                                    | 1         | (PA)(QL)(M)           |
| Cibinqo Tablet                                                         | 4         | (PA)(QL)(M)           |
| Cimzia                                                                 | 4         | (PA)(QL)(M)           |
| Cosentyx                                                               | 4         | (PA)(QL)(M)           |
| Ebglyss Injectable                                                     | 4         | (PA)(QL)(M)           |
| Enbrel                                                                 | 4         | (PA)(QL)(M)           |
| Hadlima Injectable                                                     | 1         | (PA)(QL)(M)           |
| Hadlima Push Injectable                                                | 1         | (PA)(QL)(M)           |
| Kineret Injectable                                                     | 4         | (PA)(QL)(M)           |
| Olumiant Tablet                                                        | 4         | (PA)(QL)(M)           |
| Orencia Injectable                                                     | 4         | (PA)(QL)(M)           |
| Orencia Clk Injectable                                                 | 4         | (PA)(QL)(M)           |
| Otezla Tablet                                                          | 4         | (PA)(QL)(M)           |
| Rinvoq Tablet                                                          | 4         | (PA)(QL)(M)           |
| Selarsdi Injectable                                                    | 1         | (PA)(QL)(M)           |
| Skyrizi Injectable                                                     | 4         | (PA)(QL)(M)           |
| Skyrizi Pen Injectable                                                 | 4         | (PA)(QL)(M)           |
| Taltz Injectable                                                       | 4         | (PA)(M)               |
| Tyenne Injectable                                                      | 1         | (PA)(QL)(M)           |
| Vtama Cream                                                            | 3         | (ST)(QL)              |
| Xeljanz Tablet                                                         | 4         | (PA)(QL)(M)           |
| Xeljanz Xr Tablet                                                      | 4         | (PA)(QL)(M)           |
| Xolair                                                                 | 4         | (PA)(QL)(M)           |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>                               |           |                       |
| Imiquimod Cream                                                        | 1         |                       |
| <b>IMMUNOSUPPRESSANTS</b>                                              |           |                       |
| Azathioprine Tablet                                                    | 1         | (M)                   |
| Cellcept                                                               | 3         | (M)                   |
| Cyclosporine                                                           | 1         | (M)                   |
| Envarsus Xr Tablet                                                     | 3         | (ST)(M)               |

| Drug Name                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|
| Everolimus Tablet                         | 1         | (QL)(M)               |
| Gengraf Capsule                           | 1         | (M)                   |
| Mycophenolat                              | 1         | (M)                   |
| Mycophenolic Tablet                       | 1         | (QL)(M)               |
| Myfortic Tablet                           | 3         | (QL)(M)               |
| Neoral Capsule                            | 2         | (M)                   |
| Prograf Capsule                           | 3         | (M)                   |
| Rapamune Tablet                           | 3         | (M)                   |
| Sirolimus Tablet                          | 1         | (M)                   |
| Tacrolimus                                | 1         | (QL)(M)               |
| Zortress Tablet                           | 4         | (QL)(M)               |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b> |           |                       |
| Elidel Cream                              | 3         | (ST)(QL)              |
| Pimecrolimus Cream                        | 1         | (ST)(QL)              |
| <b>INFLAMMATORY BOWEL AGENTS</b>          |           |                       |
| Balsalazide Capsule                       | 1         | (M)                   |
| Entyvio Pen Injectable                    | 4         | (PA)(QL)(M)           |
| Mesalamine                                | 1         | (QL)(M)               |
| Pentasa Capsule                           | 2         | (QL)(M)               |
| Sulfasalazin Tablet                       | 1         | (M)                   |
| <b>INFLUENZA AGENTS</b>                   |           |                       |
| Oseltamivir Capsule                       | 1         | (QL)                  |
| Tamiflu Capsule                           | 3         | (QL)                  |
| <b>INTESTINAL ACIDIFIERS</b>              |           |                       |
| Enulose Solution                          | 1         |                       |
| Generlac Solution                         | 1         |                       |
| Lactulose Solution                        | 1         |                       |
| <b>LAXATIVE COMBINATIONS</b>              |           |                       |
| Clenpiq Solution                          | 2         |                       |
| Gavilyte                                  | 1         |                       |
| Peg 3350                                  | 1         |                       |
| Sodium/Potas Solution                     | 1         |                       |
| Suprep Bowel Solution                     | 2         |                       |
| <b>LAXATIVES</b>                          |           |                       |
| Constulose Solution                       | 1         |                       |
| <b>LEPROSTATICS</b>                       |           |                       |
| Dapsone Tablet                            | 1         |                       |
| <b>LOCAL ANESTHETICS - TOPICAL</b>        |           |                       |
| Lido/Prilocn Cream                        | 1         |                       |
| Lidocaine                                 | 1         |                       |
| <b>MENTAL HEALTH</b>                      |           |                       |
| Abilify Asim Injectable                   | 4         | (QL)(M)               |
| Abilify Main Injectable                   | 4         | (M)                   |
| Amitriptylin Tablet                       | 1         | (M)                   |
| Anafranil Capsule                         | 3         | (QL)(M)               |

| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Aripiprazole Tablet            | 1         | (M)                   |
| <b>Aristada Injectable</b>     | 4         | (QL)(M)               |
| Asenapine Sub                  | 1         | (ST)(QL)(M)           |
| Bupropion Tablet               | 1         | (M)                   |
| Citalopram                     | 1         | (QL)(M)               |
| Clomipramine Capsule           | 1         | (QL)(M)               |
| Clozapine Tablet               | 1         | (QL)(M)               |
| <b>Clozaril Tablet</b>         | 3         | (ST)(QL)(M)           |
| Desipramine Tablet             | 1         | (M)                   |
| Desvenlafax Tablet             | 1         | (QL)(M)               |
| Donepezil Tablet               | 1         | (ST)(M)               |
| Doxepin Hcl                    | 1         | (M)                   |
| Duloxetine                     | 1         | (QL)(M)               |
| <b>Effexor Xr Capsule</b>      | 3         | (ST)(QL)(M)           |
| <b>Erzofri Injectable</b>      | 4         | (M)                   |
| Escitalopram                   | 1         | (QL)(M)               |
| <b>Fanapt</b>                  | 4         | (PA)(QL)(M)           |
| <b>Fetzima Capsule</b>         | 3         | (PA)(QL)(M)           |
| Fluoxetine                     | 1         | (M)                   |
| Fluvoxamine                    | 1         | (ST)(QL)(M)           |
| <b>Geodon Capsule</b>          | 3         | (ST)(QL)(M)           |
| Haloperidol Tablet             | 1         | (M)                   |
| Imipram Hcl Tablet             | 1         | (M)                   |
| <b>Invega Hafye Injectable</b> | 4         | (QL)(M)               |
| <b>Invega Sust Injectable</b>  | 4         | (M)                   |
| <b>Invega Trinz Injectable</b> | 4         | (M)                   |
| <b>Lexapro Tablet</b>          | 3         | (ST)(QL)(M)           |
| Lithium Carb                   | 1         | (M)                   |
| Lurasidone Tablet              | 1         | (M)                   |
| Memant Titra Packet            | 1         | (QL)(M)               |
| Memantine Tablet               | 1         | (QL)(M)               |
| Memantine Hc Capsule           | 1         | (QL)(M)               |
| Mirtazapine                    | 1         | (M)                   |
| <b>Namenda Tablet</b>          | 3         | (QL)(M)               |
| Nortriptylin Capsule           | 1         | (M)                   |
| <b>Nuplazid Capsule</b>        | 4         | (PA)(QL)(M)           |
| Olanzapine Tablet              | 1         | (M)                   |
| Paliperidone Tablet            | 1         | (ST)(QL)(M)           |
| Paroxetine Er Tablet           | 1         | (M)                   |
| Paroxetine Tablet              | 1         | (M)                   |
| <b>Paxil Tablet</b>            | 3         | (ST)(M)               |
| <b>Paxil Cr Tablet</b>         | 3         | (ST)(M)               |
| <b>Pristiq Tablet</b>          | 3         | (ST)(QL)(M)           |
| <b>Prozac Capsule</b>          | 3         | (ST)(QL)(M)           |
| Quetiapine Er                  | 1         | (M)                   |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| <b>Rexulti Tablet</b>      | 4         | (PA)(QL)(M)           |
| <b>Risperdal</b>           | 4         | (ST)(QL)(M)           |
| Risperidone Tablet         | 1         | (M)                   |
| Rivastigmine Capsule       | 1         | (M)                   |
| Sertraline                 | 1         | (QL)(M)               |
| <b>Spravato Solution</b>   | 4         | (PA)(M)               |
| Trazodone Tablet           | 1         | (M)                   |
| <b>Trintellix Tablet</b>   | 3         | (ST)(QL)(M)           |
| Venlafaxine                | 1         | (QL)(M)               |
| <b>Viibryd Tablet</b>      | 3         | (PA)(QL)(M)           |
| Vilazodone Tablet          | 1         | (M)                   |
| <b>Vraylar Capsule</b>     | 4         | (PA)(QL)(M)           |
| <b>Wellbutrin Tablet</b>   | 3         | (ST)(M)               |
| Ziprasidone Capsule        | 1         | (M)                   |
| <b>Zoloft</b>              | 3         | (ST)(QL)(M)           |
| <b>Zyprexa</b>             | 4         | (ST)(QL)(M)           |
| <b>Zyprexa Zydi Tablet</b> | 3         | (ST)(QL)(M)           |
| <b>METABOLIC MODIFIERS</b> |           |                       |
| Calcitriol Capsule         | 1         | (M)                   |
| Cinacalcet Tablet          | 1         | (QL)(M)               |
| Javygtor                   | 4         | (PA)(QL)(M)           |
| Levocarnitin               | 1         |                       |
| <b>Nityr Tablet</b>        | 4         | (PA)(QL)(M)           |
| <b>Olpruva Packet</b>      | 4         | (PA)(QL)(M)           |
| <b>Orfadin</b>             | 4         | (PA)(QL)(M)           |
| <b>Pheburane Mis</b>       | 4         | (PA)(QL)(M)           |
| Sapropterin Powder         | 4         | (PA)(QL)(M)           |
| <b>Strensiq Injectable</b> | 4         | (PA)(QL)(M)           |
| Zelvysia Powder            | 4         | (PA)(QL)(M)           |
| <b>MIGRAINE</b>            |           |                       |
| <b>Ajovy Injectable</b>    | 2         | (QL)(M)               |
| Aprepitant Capsule         | 1         | (QL)                  |
| Eletriptan Tablet          | 1         | (QL)                  |
| <b>Emgality Injectable</b> | 3         | (PA)(QL)(M)           |
| <b>Frova Tablet</b>        | 3         | (ST)(QL)              |
| Frovatriptan Tablet        | 1         | (ST)(QL)              |
| <b>Imitrex</b>             | 3         | (ST)(QL)(M)           |
| <b>Maxalt Tablet</b>       | 3         | (ST)(QL)(M)           |
| <b>Maxalt-Mlt Tablet</b>   | 3         | (ST)(QL)(M)           |
| Naratriptan Tablet         | 1         | (QL)(M)               |
| <b>Nurtec Tablet</b>       | 2         | (PA)(QL)              |
| <b>Relpax Tablet</b>       | 3         | (ST)(QL)              |
| <b>Reyvow Tablet</b>       | 3         | (PA)(QL)              |
| Rizatriptan Tablet         | 1         | (M)                   |
| Sumatriptan                | 1         | (ST)(QL)(M)           |

| Drug Name                             | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| <b>Ubrelvy Tablet</b>                 | 2         | (PA)(QL)              |
| Zolmitriptan                          | 1         | (ST)(QL)              |
| Zomig Tablet                          | 1         | (QL)                  |
| <b>Zomig Zmt Tablet</b>               | 3         | (ST)(QL)              |
| <b>MINERALOCORTICIDS</b>              |           |                       |
| Fludrocort Tablet                     | 1         | (M)                   |
| <b>MIOTICS</b>                        |           |                       |
| Pilocarpine                           | 1         |                       |
| <b>MISC. RESPIRATORY INHALANTS</b>    |           |                       |
| <b>Hypersal Neb</b>                   | 3         |                       |
| Nebusal Neb                           | 1         |                       |
| Pulmosal Neb                          | 1         |                       |
| Sod Chloride                          | 1         | (PA)                  |
| <b>MISC. TOPICAL</b>                  |           |                       |
| <b>Drysol Solution</b>                | 3         |                       |
| <b>Qbrexza Pad</b>                    | 3         | (QL)                  |
| <b>MISCELLANEOUS VAGINAL PRODUCTS</b> |           |                       |
| <b>Intrarosa Sup</b>                  | 3         | (QL)(M)               |
| <b>MOVEMENT DISORDER</b>              |           |                       |
| <b>Austedo Tablet</b>                 | 4         | (PA)(QL)(M)           |
| <b>Austedo Xr Tablet</b>              | 4         | (PA)(QL)(M)           |
| Tetrabenazin Tablet                   | 1         | (PA)(QL)(M)           |
| <b>MUCOLYTICS</b>                     |           |                       |
| Acetylcyst Solution                   | 1         |                       |
| <b>MULTIPLE SCLEROSIS AGENTS</b>      |           |                       |
| <b>Avonex</b>                         | 4         | (PA)(QL)(M)           |
| Dalfampridin Tablet                   | 1         | (QL)(M)               |
| Dimethyl Fum Capsule                  | 1         | (QL)(M)               |
| <b>Extavia Injectable</b>             | 4         | (PA)(QL)(M)           |
| Glatiramer Injectable                 | 4         | (QL)(M)               |
| Glatopa Injectable                    | 4         | (QL)(M)               |
| <b>Kesimpta Injectable</b>            | 4         | (PA)(QL)(M)           |
| <b>Plegridy</b>                       | 4         | (PA)(QL)(M)           |
| Teriflunomid Tablet                   | 1         | (QL)(M)               |
| <b>Vumerity Capsule</b>               | 4         | (PA)(QL)(M)           |
| <b>Zeposia Capsule</b>                | 4         | (PA)(QL)(M)           |
| <b>Zeposia 7Day Capsule</b>           | 4         | (PA)(QL)(M)           |
| <b>MUSCLE RELAXANTS</b>               |           |                       |
| Baclofen Tablet                       | 1         | (M)                   |
| Carisoprodol Tablet                   | 1         | (QL)                  |
| Chlorzoxazon Tablet                   | 1         |                       |
| Cyclobenzaprine                       | 1         |                       |
| Metaxalone Tablet                     | 1         | (ST)                  |
| Methocarbam Tablet                    | 1         |                       |
| Orphenadrine Tablet                   | 1         |                       |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Tizanidine                 | 1         | (ST)(QL)              |
| <b>Zanaflex</b>            | 3         | (ST)(QL)              |
| <b>NASAL ALLERGY</b>       |           |                       |
| <b>Azel/Flutic Spr</b>     | 2         | (ST)(QL)              |
| Azelastine                 | 1         | (QL)(M)               |
| <b>Dymista Spr</b>         | 2         | (QL)                  |
| <b>Xhance Mis</b>          | 2         | (PA)(QL)              |
| <b>ONCOLOGY/HEMATOLOGY</b> |           |                       |
| Abiraterone Tablet         | 1         | (QL)(M)               |
| Abirtega Tablet            | 1         | (QL)(M)               |
| Anastrozole Tablet         | 1         | (QL)(M)               |
| Bicalutamide Tablet        | 1         | (QL)                  |
| <b>Bosulif</b>             | 4         | (PA)(QL)(M)           |
| <b>Brukinsa Capsule</b>    | 4         | (PA)(QL)(M)           |
| <b>Cabometyx Tablet</b>    | 4         | (PA)(QL)(M)           |
| <b>Calquence Tablet</b>    | 4         | (PA)(QL)(M)           |
| Capecitabine Tablet        | 1         |                       |
| Dasatinib Tablet           | 4         | (PA)(QL)(M)           |
| Eltrombopag Tablet         | 4         | (PA)(QL)(M)           |
| Exemestane Tablet          | 1         | (QL)(M)               |
| <b>Hydrea Capsule</b>      | 2         |                       |
| Hydroxyurea Capsule        | 1         |                       |
| <b>Ibrance Tablet</b>      | 4         | (PA)(QL)(M)           |
| <b>Iclusig Tablet</b>      | 4         | (PA)(QL)(M)           |
| Imatinib                   | 1         | (QL)                  |
| <b>Imbruvica</b>           | 4         | (PA)(QL)(M)           |
| <b>Jakafi Tablet</b>       | 4         | (PA)(QL)(M)           |
| <b>Kisqali Tablet</b>      | 4         | (PA)(QL)(M)           |
| Lenalidomide Capsule       | 4         | (PA)(QL)(M)           |
| Letrozole Tablet           | 1         | (QL)(M)               |
| Leucovor Ca Tablet         | 1         | (QL)                  |
| <b>Lynparza Tablet</b>     | 4         | (PA)(QL)(M)           |
| Megestrol Ac Tablet        | 1         |                       |
| Mercaptopur Tablet         | 1         | (M)                   |
| Methotrexate               | 1         | (M)                   |
| <b>Nerlynx Tablet</b>      | 4         | (PA)(QL)(M)           |
| <b>Nubeqa Tablet</b>       | 4         | (PA)(QL)(M)           |
| <b>Otrexup Injectable</b>  | 4         | (PA)(QL)(M)           |
| <b>Promacta Tablet</b>     | 4         | (PA)(QL)(M)           |
| <b>Rasuvo Injectable</b>   | 2         | (ST)(QL)              |
| <b>Tagrisso Tablet</b>     | 4         | (PA)(QL)(M)           |
| Tamoxifen Tablet           | 1         | (QL)(M)               |
| <b>Tasigna Capsule</b>     | 4         | (PA)(QL)(M)           |
| Temozolomide Capsule       | 1         | (QL)                  |
| <b>Verzenio Tablet</b>     | 4         | (PA)(QL)(M)           |

| Drug Name                                  | Drug Tier | Requirements & Limits |
|--------------------------------------------|-----------|-----------------------|
| <b>Xeloda Tablet</b>                       | 4         | (QL)                  |
| <b>Xtandi</b>                              | 4         | (PA)(QL)(M)           |
| <b>OPHTHALMIC STEROIDS</b>                 |           |                       |
| <b>Alrex Suspension</b>                    | 3         | (ST)(QL)              |
| Dexameth Pho Solution                      | 1         |                       |
| Difluprednat Emu                           | 1         | (QL)                  |
| <b>Durezol Emu</b>                         | 3         | (QL)                  |
| Fluoromethol Suspension                    | 1         |                       |
| <b>Fml Forte Suspension</b>                | 3         |                       |
| <b>Lotemax</b>                             | 3         | (QL)                  |
| <b>Lotemax Sm Gel</b>                      | 3         | (QL)                  |
| Loteprednol                                | 1         | (ST)(QL)              |
| Neo/Poly/Dex                               | 1         |                       |
| <b>Pred Mild Suspension</b>                | 3         |                       |
| Prednisolone                               | 1         | (QL)                  |
| Tobra/Dexame Suspension                    | 1         |                       |
| <b>Tobradex St Suspension</b>              | 3         |                       |
| <b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>   |           |                       |
| <b>Besivance Suspension</b>                | 3         | (QL)                  |
| Ofloxacin Dro                              | 1         |                       |
| Polymyxin B/ Solution                      | 1         |                       |
| Tobramycin Solution                        | 1         |                       |
| <b>Vigamox Dro</b>                         | 3         | (QL)                  |
| <b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b> |           |                       |
| <b>Acuvail Solution</b>                    | 3         | (QL)                  |
| <b>Alphagan P 0.15%</b>                    | 2         | (ST)(QL)(M)           |
| Brimonidine 0.15%                          | 1         | (ST)(QL)(M)           |
| Bromfenac Dro                              | 1         | (ST)(QL)              |
| <b>Cequa Solution</b>                      | 3         | (ST)(QL)(M)           |
| Combigan Solution                          | 1         | (QL)(M)               |
| <b>Cosopt Solution</b>                     | 3         | (QL)(M)               |
| <b>Cosopt Pf Solution</b>                  | 3         | (QL)(M)               |
| Diclofenac 3%                              | 1         | (M)                   |
| Dorzol/Timol Solution                      | 1         | (QL)(M)               |
| Dorzolamide Solution                       | 1         | (M)                   |
| Ketorolac                                  | 1         | (QL)                  |
| <b>Klarity-C Emu</b>                       | 4         | (PA)(QL)(M)           |
| <b>Prolensa Dro</b>                        | 3         | (ST)(QL)              |
| Timolol Mal Solution                       | 1         | (M)                   |
| Timolol Male Solution                      | 2         | (M)                   |
| <b>Timoptic Ocu Solution</b>               | 3         | (ST)(M)               |
| <b>Verkazia Emu</b>                        | 4         | (PA)(QL)(M)           |
| <b>OPHTHALMICS (EYE) PROSTGLANDINS</b>     |           |                       |
| Bimatoprost Solution                       | 1         | (QL)(M)               |
| Latanoprost Solution                       | 1         | (QL)(M)               |

| Drug Name                           | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| <b>Lumigan Solution</b>             | 2         | (QL)(M)               |
| <b>Travatan Z Dro</b>               | 3         | (ST)(QL)(M)           |
| Travoprost Dro                      | 1         | (ST)(QL)(M)           |
| <b>Xalatan Solution</b>             | 3         | (QL)(M)               |
| <b>Zioptan Dro</b>                  | 3         | (ST)(QL)(M)           |
| <b>OPIOID ANTAGONISTS</b>           |           |                       |
| Naloxone Injectable                 | 1         | (QL)                  |
| Naltrexone Tablet                   | 1         |                       |
| <b>Vivitrol Injectable</b>          | 4         | (QL)(M)               |
| <b>OPIOID PARTIAL AGONISTS</b>      |           |                       |
| <b>Belbuca Mis</b>                  | 2         | (QL)                  |
| <b>Brixadi Solution</b>             | 4         | (QL)(M)               |
| Bupren/Nalox                        | 1         | (QL)                  |
| Buprenorphin                        | 2         | (QL)                  |
| Butorphanol Solution                | 1         | (QL)                  |
| <b>Sublocade Injectable</b>         | 4         | (QL)(M)               |
| <b>OSTEOPOROSIS*</b>                |           |                       |
| Alendronate Tablet                  | 1         | (QL)(M)               |
| Calcitonin Spr                      | 1         | (M)                   |
| Ibandronate Tablet                  | 1         | (QL)(M)               |
| <b>Prolia Injectable</b>            | 4         | (QL)(M)               |
| Risedronate Tablet                  | 1         | (ST)(QL)(M)           |
| <b>Tymlos Injectable</b>            | 4         | (PA)(M)               |
| <b>OTIC PREPARATIONS (EAR)</b>      |           |                       |
| Cipro/Dexa Suspension               | 1         |                       |
| Neo/Poly/Hc                         | 1         |                       |
| <b>OTIC STEROIDS</b>                |           |                       |
| <b>Dermotic Oil</b>                 | 3         |                       |
| Flac Oil                            | 1         |                       |
| Hc/Acet Acid Solution               | 1         |                       |
| <b>PAIN MEDICATIONS - NARCOTICS</b> |           |                       |
| Apap/Codeine Tablet                 | 1         | (QL)                  |
| Bac Tablet                          | 1         | (QL)                  |
| But/Apap/Caf                        | 1         | (QL)                  |
| But/Asa/Caff Capsule                | 1         | (QL)                  |
| Butal/Apap Tablet                   | 1         | (QL)                  |
| Butalb/Aceta Tablet                 | 1         | (QL)                  |
| Endocet Tablet                      | 1         | (QL)                  |
| Fentanyl Dis                        | 3         | (PA)(QL)              |
| <b>Fioricet Capsule</b>             | 3         | (QL)                  |
| Hydro/Aceta Solution                | 1         |                       |
| Hydroco/Apap                        | 1         | (QL)                  |
| Hydromorphon Tablet                 | 1         | (QL)                  |
| Methadone Tablet                    | 1         | (QL)                  |
| Morphine Sul Tablet                 | 1         | (QL)                  |

| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| Oxy-Acetamin Tablet            | 1         | (QL)                  |
| Oxycod-Apap Tablet             | 1         | (QL)                  |
| Oxycod/Apap Tablet             | 1         | (QL)                  |
| Oxycodone                      | 1         | (QL)                  |
| Oxymorphone Tablet             | 1         | (ST)(QL)              |
| Tramadol/Apap Tablet           | 1         | (QL)                  |
| Tramadol                       | 1         | (QL)                  |
| <b>Xtampza Er Capsule</b>      | 2         | (ST)(QL)              |
| <b>PAIN MEDICATIONS NSAIDS</b> |           |                       |
| Celecoxib Capsule              | 1         | (QL)(M)               |
| Diclofen Pot Tablet            | 1         |                       |
| Etodolac Tablet                | 1         | (M)                   |
| Ibuprofen                      | 1         | (M)                   |
| Indomethacin Capsule           | 1         | (M)                   |
| Meloxicam Tablet               | 1         | (M)                   |
| Nabumetone Tablet              | 1         | (M)                   |
| Naproxen Tablet                | 1         | (M)                   |
| Piroxicam Capsule              | 1         | (M)                   |
| Sulindac Tablet                | 1         | (M)                   |
| <b>PANCREATIC ENZYME</b>       |           |                       |
| <b>Creon Capsule</b>           | 2         | (QL)(M)               |
| <b>Pancreaze Capsule</b>       | 2         | (QL)(M)               |
| <b>Pertzye Capsule</b>         | 2         | (QL)(M)               |
| <b>Zenpep Capsule</b>          | 2         | (QL)(M)               |
| <b>PARKINSON'S</b>             |           |                       |
| Amantadine                     | 1         | (QL)(M)               |
| Benzotropine Tablet            | 1         | (QL)(M)               |
| Bromocriptin Tablet            | 1         | (QL)(M)               |
| Carb/Levo Tablet               | 1         | (QL)(M)               |
| Carb/Levo 50 Tablet            | 1         | (M)                   |
| Carb/Levo 75 Tablet            | 1         | (M)                   |
| Carb/Levo Er Tablet            | 1         | (QL)(M)               |
| Carb/Levo100 Tablet            | 1         | (M)                   |
| Carb/Levo125 Tablet            | 1         | (M)                   |
| Carb/Levo150 Tablet            | 1         | (M)                   |
| Carb/Levo200 Tablet            | 1         | (M)                   |
| Pramipexole Tablet             | 1         | (ST)(QL)(M)           |
| Ropinirole Tablet              | 1         | (QL)(M)               |
| <b>Rytary Capsule</b>          | 3         | (ST)(QL)(M)           |
| Trihexyphen Tablet             | 1         | (QL)(M)               |
| <b>PHENOTHIAZINES</b>          |           |                       |
| Chlorpromaz Tablet             | 1         | (M)                   |
| Perphenazine Tablet            | 1         | (M)                   |
| Prochlorper Tablet             | 1         | (M)                   |
| <b>PHOSPHATE</b>               |           |                       |
| <b>K-Phos Tablet</b>           | 3         |                       |

| Drug Name                              | Drug Tier | Requirements & Limits |
|----------------------------------------|-----------|-----------------------|
| Phospha 250 Tablet                     | 1         |                       |
| Phospho-Trin Tablet                    | 1         |                       |
| Phosphorous Tablet                     | 1         |                       |
| Wes-Phos 250 Tablet                    | 1         |                       |
| <b>PHOSPHATE BINDING AGENTS</b>        |           |                       |
| Calc Acetate Capsule                   | 1         | (M)                   |
| Sevelam Carb Tablet                    | 1         | (M)                   |
| <b>POSTERIOR PITUITARY HORMONES</b>    |           |                       |
| <b>Ddavp Tablet</b>                    | 3         | (QL)(M)               |
| Desmopressin                           | 1         | (QL)(M)               |
| <b>POTASSIUM</b>                       |           |                       |
| Potassium Chloride                     | 1         | (M)                   |
| <b>POTASSIUM REMOVING RESINS</b>       |           |                       |
| <b>Lokelma Packet</b>                  | 2         | (QL)(M)               |
| <b>PRENATAL VITAMINS</b>               |           |                       |
| <b>Co-Natal Fa Tablet</b>              | 3         |                       |
| Complete Nat Packet                    | 1         |                       |
| <b>M-Natal Plus Tablet</b>             | 3         |                       |
| <b>Natalvit Tablet</b>                 | 3         |                       |
| <b>Neonatal Tablet</b>                 | 3         |                       |
| <b>Neonatal Pls Tablet</b>             | 3         |                       |
| <b>Niva-Plus Tablet</b>                | 3         |                       |
| <b>One Vite Tablet</b>                 | 3         |                       |
| <b>Pnv 27-Ca/Fe Tablet</b>             | 3         |                       |
| Prenatal Tablet                        | 1         |                       |
| Trinatal Rx Tablet                     | 1         |                       |
| Triveen-Duo Packet                     | 1         |                       |
| <b>Vitathely Tablet</b>                | 3         |                       |
| <b>Wesnatal Dha Packet</b>             | 3         |                       |
| <b>Westab Plus Tablet</b>              | 3         |                       |
| <b>PROLACTIN INHIBITORS</b>            |           |                       |
| Cabergoline Tablet                     | 1         | (QL)(M)               |
| <b>PROSTATE</b>                        |           |                       |
| Alfuzosin Tablet                       | 1         | (QL)(M)               |
| Dutasteride Capsule                    | 1         | (QL)(M)               |
| Finasteride                            | 1         | (QL)(M)               |
| Silodosin Capsule                      | 1         | (ST)(QL)(M)           |
| Tadalafil Tablet                       | 1         | (PA)(ST)(QL)(M)       |
| Tamsulosin Capsule                     | 1         | (QL)(M)               |
| <b>Uroxatral Tablet</b>                | 3         | (QL)(M)               |
| <b>PULMONARY ARTERIAL HYPERTENSION</b> |           |                       |
| <b>Adempas Tablet</b>                  | 4         | (PA)(QL)(M)           |
| Alyq Tablet                            | 1         | (PA)(QL)(M)           |
| <b>Ambrisentan Tablet</b>              | 4         | (PA)(QL)(M)           |
| <b>Opsumit Tablet</b>                  | 4         | (PA)(QL)(M)           |

| Drug Name                              | Drug Tier | Requirements & Limits |
|----------------------------------------|-----------|-----------------------|
| <b>Orenitram Tablet</b>                | 4         | (PA)(QL)(M)           |
| Sildenafil Tablet                      | 1         | (PA)(QL)              |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b> |           |                       |
| Leflunomide Tablet                     | 1         | (M)                   |
| <b>RECTAL STEROIDS</b>                 |           |                       |
| Anucort-Hc Sup                         | 1         |                       |
| Anusol-Hc Sup                          | 1         |                       |
| Hemmorex-Hc Sup                        | 1         |                       |
| Hydrocort Ac Sup                       | 1         |                       |
| Hydrocortiso Cream                     | 1         |                       |
| Procto-Med Cream                       | 1         |                       |
| Proctosol Hc Cream                     | 1         |                       |
| Proctozone Cream                       | 1         |                       |
| <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                       | 1         |                       |
| <b>SEIZURE DISORDER</b>                |           |                       |
| <b>Aptiom Tablet</b>                   | 3         | (ST)(QL)(M)           |
| <b>Briviact</b>                        | 3         | (QL)(M)               |
| Carbamazepin                           | 1         | (QL)(M)               |
| <b>Carbatrol Capsule</b>               | 3         | (QL)(M)               |
| Clobazam                               | 1         | (QL)(M)               |
| Clonazep Odt Tablet                    | 1         | (QL)(M)               |
| Clonazepam Tablet                      | 1         | (QL)(M)               |
| <b>Dilantin Capsule</b>                | 3         | (ST)(QL)(M)           |
| Divalproex Er                          | 1         | (QL)(M)               |
| <b>Epidiolex Solution</b>              | 4         | (PA)(QL)(M)(AGE)      |
| Epitol Tablet                          | 1         | (QL)(M)               |
| Eslicarbazep Tablet                    | 1         | (ST)(QL)(M)           |
| Ethosuximide                           | 1         | (QL)(M)               |
| <b>Fycompa</b>                         | 3         | (ST)(QL)(M)           |
| Gabapentin                             | 1         | (QL)(M)               |
| <b>Keppra</b>                          | 3         | (ST)(QL)(M)           |
| <b>Keppra Xr Tablet</b>                | 3         | (ST)(QL)(M)           |
| <b>Klonopin Tablet</b>                 | 3         | (ST)(QL)(M)           |
| <b>Lamictal</b>                        | 3         | (ST)(QL)(M)           |
| <b>Lamictal Xr Tablet</b>              | 3         | (ST)(QL)(M)           |
| Lamotrigine                            | 1         | (ST)(QL)(M)           |
| Levetiraceta                           | 1         | (QL)(M)               |
| <b>Mysoline Tablet</b>                 | 3         | (ST)(QL)(M)           |
| <b>Nayzilam Spr</b>                    | 3         | (QL)                  |
| <b>Onfi</b>                            | 3         | (PA)(QL)(M)           |

| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| Oxcarbazepin                                             | 1         | (ST)(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)               |
| <b>Tegretol Tablet</b>                                   | 3         | (ST)(QL)(M)           |
| <b>Tegretol-Xr Tablet</b>                                | 3         | (ST)(QL)(M)           |
| <b>Topamax Tablet</b>                                    | 3         | (ST)(QL)(M)           |
| <b>Topamax Spr Capsule</b>                               | 3         | (ST)(QL)(M)           |
| Topiramate                                               | 1         | (PA)(QL)(M)           |
| <b>Trileptal</b>                                         | 3         | (ST)(QL)(M)           |
| <b>Trokendi Xr Capsule</b>                               | 3         | (PA)(QL)(M)           |
| Valproic Acd                                             | 1         | (QL)(M)               |
| <b>Vimpat Solution</b>                                   | 3         | (ST)(QL)(M)           |
| <b>Vimpat Tablets</b>                                    | 3         | (ST)(QL)(M)           |
| <b>Xcopri</b>                                            | 3         | (QL)(M)               |
| <b>Zarontin</b>                                          | 3         | (ST)(QL)(M)           |
| <b>Zonegran Capsule</b>                                  | 3         | (ST)(QL)(M)           |
| Zonisamide Capsule                                       | 1         | (QL)(M)               |
| <b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b> |           |                       |
| Chor Gonadot Injectable                                  | 1         | (PA)                  |
| <b>Novarel Injectable</b>                                | 3         | (PA)                  |
| <b>Pregnyl Injectable</b>                                | 3         | (PA)                  |
| <b>SMOKING CESSATION</b>                                 |           |                       |
| <b>Chantix</b>                                           | 2         | (QL)(M)(AGE)          |
| <b>Commit Loz</b>                                        | 2         | (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)          |
| <b>Nicoderm Cq Dis</b>                                   | 2         | (QL)(M)(AGE)          |
| <b>Nicorette</b>                                         | 2         | (QL)(M)(AGE)          |
| <b>Nicorette St Gum</b>                                  | 2         | (QL)(M)(AGE)          |
| Nicotine                                                 | 1         | (QL)(M)(AGE)          |
| Nicotine Pol                                             | 1         | (QL)(M)(AGE)          |
| Nicotine Td Dis                                          | 1         | (QL)(M)(AGE)          |
| Qc Nicotine Dis                                          | 1         | (QL)(M)(AGE)          |
| Ra Nicotine                                              | 1         | (QL)(M)(AGE)          |

| Drug Name                                  | Drug Tier | Requirements & Limits |
|--------------------------------------------|-----------|-----------------------|
| Sm Nicotine                                | 1         | (QL)(M)(AGE)          |
| Thrive Gum                                 | 1         | (QL)(M)(AGE)          |
| Varenicline Tablet                         | 1         | (QL)(M)(AGE)          |
| <b>SODIUM</b>                              |           |                       |
| Sodium Chlor Solution                      | 1         | (PA)                  |
| <b>SOMATOSTATIC AGENTS</b>                 |           |                       |
| <b>Somatuline Injectable</b>               | 4         | (PA)(QL)(M)           |
| <b>STEROIDS</b>                            |           |                       |
| Dexamethason                               | 1         |                       |
| Hydro Sod Su Injectable                    | 1         |                       |
| <b>Medrol Tablet</b>                       | 3         |                       |
| Methylpred Tablet                          | 1         |                       |
| Pred Sod Pho Solution                      | 1         |                       |
| Prednisone Tablet                          | 1         | (M)                   |
| <b>Solu-Cortef Injectable</b>              | 3         |                       |
| <b>STIMULANTS - ADHD/WAKEFULNESS</b>       |           |                       |
| Amphet/Dextr                               | 1         | (QL)                  |
| Armodafinil Tablet                         | 1         | (QL)                  |
| Atomoxetine Capsule                        | 1         | (QL)(M)               |
| <b>Daytrana Dis</b>                        | 3         | (ST)                  |
| Dexmethylphenidate Er                      | 1         | (QL)                  |
| Dextroamphet                               | 1         | (QL)                  |
| <b>Dyanavel Xr</b>                         | 2         | (ST)(QL)(M)           |
| <b>Jornay Pm Capsule</b>                   | 3         | (ST)(QL)(M)           |
| Lisdexamfeta Capsule                       | 1         | (QL)                  |
| <b>Methylin Solution</b>                   | 3         | (QL)                  |
| Methylphenid                               | 1         | (QL)                  |
| Modafinil Tablet                           | 1         | (QL)                  |
| <b>Qelbree Capsule</b>                     | 3         | (ST)(QL)(M)           |
| <b>Quillichew Chw</b>                      | 2         | (QL)                  |
| <b>Quillivant Suspension</b>               | 2         | (QL)                  |
| <b>Sunosi Tablet</b>                       | 3         | (ST)(QL)              |
| <b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b> |           |                       |
| <b>Benlysta Injectable</b>                 | 4         | (PA)(QL)(M)           |
| <b>THROAT PRODUCTS - MISC.</b>             |           |                       |
| Cevimeline Capsule                         | 1         |                       |
| <b>THYROID</b>                             |           |                       |
| <b>Adthyza Tablet</b>                      | 3         | (M)                   |
| <b>Armour Thyro Tablet</b>                 | 3         | (M)                   |
| <b>Cytomel Tablet</b>                      | 2         | (M)                   |
| Euthyrox Tablet                            | 1         | (M)                   |
| Levo-T Tablet                              | 1         | (M)                   |
| Levothyroxin                               | 3         | (ST)(QL)(M)           |
| Levoxyl Tablet                             | 1         | (M)                   |
| Liomny Tablet                              | 1         | (M)                   |

| Drug Name                                                  | Drug Tier | Requirements & Limits |
|------------------------------------------------------------|-----------|-----------------------|
| Liothyronine Tablet                                        | 1         | (M)                   |
| <b>Niva Thyroid Tablet</b>                                 | 3         | (M)                   |
| <b>Np Thyroid Tablet</b>                                   | 3         | (M)                   |
| <b>Renthyroid Tablet</b>                                   | 3         | (M)                   |
| <b>Synthroid Tablet</b>                                    | 3         | (M)                   |
| Thyroid Tablet                                             | 3         | (M)                   |
| <b>UNCATEGORIZED</b>                                       |           |                       |
| <b>Fasenra Pen Injectable</b>                              | 4         | (PA)(QL)(M)           |
| Ivabradine Tablet                                          | 2         | (ST)(QL)(M)           |
| <b>Kerendia Tablet</b>                                     | 3         | (PA)(QL)(M)           |
| <b>Nemluvio Injectable</b>                                 | 4         | (PA)(QL)(M)           |
| <b>Nexletol Tablet</b>                                     | 2         | (PA)(QL)(M)           |
| <b>Ofev Capsule</b>                                        | 4         | (PA)(QL)(M)           |
| <b>Oxervate Solution</b>                                   | 4         | (PA)(QL)(M)           |
| <b>Tezspire</b>                                            | 4         | (PA)(QL)(M)           |
| <b>Tyrvaya Solution</b>                                    | 3         | (ST)(QL)(M)           |
| <b>Vyndamax Capsule</b>                                    | 4         | (PA)(QL)(M)           |
| <b>Winrevair Injectable</b>                                | 4         | (PA)(M)               |
| <b>URINARY ANALGESICS</b>                                  |           |                       |
| Phenazopyridine                                            | 1         |                       |
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b> |           |                       |
| <b>Gemtesa Tablet</b>                                      | 3         | (PA)(QL)(M)           |
| Mirabegron Tablet                                          | 3         | (ST)(QL)(M)           |
| <b>Myrbetriq</b>                                           | 3         | (ST)(QL)(AGE)(M)      |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>       |           |                       |
| Bethanechol Tablet                                         | 1         | (M)                   |
| <b>URINARY INCONTINENCE</b>                                |           |                       |
| <b>Cuvposa Solution</b>                                    | 3         | (ST)(QL)(M)           |
| Dicyclomine                                                | 1         | (M)                   |
| Fesoterodine Tablet                                        | 1         | (QL)(M)               |
| <b>Glycate Tablet</b>                                      | 3         | (M)                   |
| Glycopyrrol Tablet                                         | 1         | (M)                   |
| Glycopyrrola Solution                                      | 1         | (ST)(QL)(M)           |
| Hyoscyamine                                                | 1         | (M)                   |
| Nulev Tablet                                               | 1         | (M)                   |
| Oscimin                                                    | 1         | (M)                   |
| Oxybutynin Tablet                                          | 1         | (QL)(M)               |
| <b>Robinul Tablet</b>                                      | 3         | (M)                   |
| <b>Robinul Fort Tablet</b>                                 | 3         | (M)                   |
| Solifenacin Tablet                                         | 1         | (QL)(M)               |
| Symax-SI Sub                                               | 1         | (M)                   |
| Tolterodine                                                | 1         | (QL)(M)               |
| Trospium Chl Capsule                                       | 1         | (QL)(M)               |
| Trospium Cl Tablet                                         | 1         | (QL)(M)               |

| Drug Name                               | Drug Tier | Requirements & Limits |
|-----------------------------------------|-----------|-----------------------|
| <b>VACCINES</b>                         |           |                       |
| Abrysvo Injectable                      | 2         | (QL)                  |
| Arexvy Injectable                       | 2         | (QL)(AGE)             |
| Bexsero Injectable                      | 2         |                       |
| Capvaxive Injectable                    | 2         | (AGE)                 |
| Comirnaty Injectable                    | 2         | (QL)                  |
| Comirnaty 5- Injectable                 | 2         | (QL)                  |
| Engerix-B Injectable                    | 2         |                       |
| Fluad Injectable                        | 2         | (M)                   |
| Flublok Injectable                      | 2         |                       |
| Flumist Nasa Liq                        | 2         | (M)                   |
| Gardasil 9 Injectable                   | 2         | (AGE)                 |
| Havrix Injectable                       | 2         |                       |
| Heplisav-B Injectable                   | 2         | (QL)                  |
| Ipol Injectable                         | 2         | (AGE)                 |
| M-M-R II Injectable                     | 2         |                       |
| Menquadfi Injectable                    | 2         |                       |
| Menveo                                  | 2         |                       |
| Mnexspike Injectable                    | 2         | (QL)                  |
| Moderna Injectable                      | 2         | (QL)(AGE)             |
| Novavax Injectable                      | 2         | (QL)                  |
| Nuvaxovid Injectable                    | 2         | (QL)                  |
| Pfizer 5-11Y Injectable                 | 2         | (QL)                  |
| Pfizer 6M-4Y Injectable                 | 2         | (QL)                  |
| Pneumovax 23 Injectable                 | 2         | (AGE)                 |
| Prevnar 20 Injectable                   | 1         |                       |
| Priorix Injectable                      | 2         |                       |
| Recombiva Hb Injectable                 | 2         |                       |
| Shingrix Injectable                     | 2         | (QL)(AGE)             |
| Spikevax Injectable                     | 2         | (QL)(AGE)             |
| Twinrix Injectable                      | 2         |                       |
| Vaqta Injectable                        | 2         |                       |
| Varivax Injectable                      | 2         |                       |
| <b>VAGINAL ANTI-INFECTIVES</b>          |           |                       |
| Nuessa Gel                              | 3         | (QL)                  |
| Terconazole Cream                       | 1         |                       |
| Vandazole Gel                           | 3         |                       |
| <b>VASOPRESSIN RECEPTOR ANTAGONISTS</b> |           |                       |
| Jynarque Packet                         | 4         | (PA)(QL)(M)           |
| Tolvaptan Packet                        | 4         | (PA)(QL)(M)           |
| <b>VITAMINS/ELECTROLYTES</b>            |           |                       |
| Dodex Injectable                        | 1         | (M)                   |
| Fe-Vite Iron Solution                   | 1         | (QL)(AGE)             |
| Ferrous Sul Solution                    | 1         | (QL)(AGE)             |
| Ferrous Sulf                            | 1         | (QL)(AGE)             |

| Drug Name             | Drug Tier | Requirements & Limits |
|-----------------------|-----------|-----------------------|
| 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)                   |
| Pedia Iron Dro        | 1         | (QL)(AGE)             |
| Pediatric Dro         | 1         | (QL)(AGE)             |
| Pot Citra Er Tablet   | 1         |                       |
| Sm Folic Acd Tablet   | 1         | (M)                   |
| Sod Citrate Solution  | 1         |                       |
| Vitamin D             | 1         | (M)                   |
| YI Folic Aci Tablet   | 1         | (M)                   |