

Keystone First  
Community HealthChoices  
Supplemental Formulary

**CURRENT AS OF 1/20/2026**

	<b>Drug Tier</b>	
	<b>T1</b> = Preferred PDL Drug	
<b>lowercase</b>	<b>T2</b> = Non-Preferred PDL Drug	<b>Notes</b>
<b>italics</b> =	<b>T3</b> = Supplemental Formulary Drug	<b>AL</b> = Age Restriction
Generic drugs	<b>T4</b> = Supplemental Specialty	<b>PA</b> = Prior Authorization
<b>UPPERCASE</b> =		<b>QL</b> = Quantity Limit
Brand name drugs		<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant</b>		
<b>*Anti-Obesity - Gip &amp; Glp-1 Receptor Agonists***</b>		
ZEPBOUND	T2	PA; QL (0.08 ML per 1 day)
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>		
WAKIX	T2	PA; SP; QL (2 EA per 1 day)
<b>*Stimulant Combinations***</b>		
AZSTARYS	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<b>Adhd Agent - Selective Alpha Adrenergic Agonists</b>		

Prescription Drug Name	Drug Tier	Notes
<i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

	<b>Drug Tier</b>	<b>Notes</b>
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<b>lowercase italics</b> = Generic drugs	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
<b>UPPERCASE</b> = Brand name drugs	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ONYDA XR	T2	PA; QL (4 ML per 1 day); AL (Min 4 Years and Max 17 Years)
<b>Adhd Agent - Selective Norepinephrine Reuptake Inhibitor</b>		
<i>atomoxetine hcl capsule 10 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>atomoxetine hcl capsule 100 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>atomoxetine hcl capsule 18 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
<i>atomoxetine hcl capsule 25 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>atomoxetine hcl capsule 40 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>atomoxetine hcl capsule 60 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>atomoxetine hcl capsule 80 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T1	QL (3 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<b>Amphetamine Mixtures</b>		
ADDERALL TABLET 10 MG ORAL	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes	Prescription Drug Name	Drug Tier	Notes
ADDERALL TABLET 12.5 MG ORAL	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)	ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADDERALL TABLET 15 MG ORAL	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)	ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADDERALL TABLET 20 MG ORAL	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)	ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADDERALL TABLET 30 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)	ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADDERALL TABLET 5 MG ORAL	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)	ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADDERALL TABLET 7.5 MG ORAL	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)	<i>amphetamine-dextroamphetamine capsule extended release 24 hour 10 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)	<i>amphetamine-dextroamphetamine capsule extended release 24 hour 15 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty Drug	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 20 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphet-dextroamphetamine 3-bead er</i>	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<b>Amphetamines</b>		
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine er oral tablet extended release dispersible</i>	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine sulfate tablet 10 mg oral</i>	T2	PA; QL (180 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine sulfate tablet 5 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	T2	PA; QL (120 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate solution 5 mg/5ml oral</i>	T2	PA; QL (1800 ML per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	T2	PA; QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methamphetamine hcl tablet 5 mg oral</i>	T2	PA; QL (150 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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Prescription Drug Name	Drug Tier	Notes
PROCENTRA SOLUTION 5 MG/5ML ORAL	T1	QL (1800 ML per 30 days); AL (Min 4 Years and Max 17 Years)
VYVANSE ORAL CAPSULE	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 10 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 30 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 40 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
VYVANSE TABLET CHEWABLE 50 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 60 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
XELSTRYM	T2	PA; QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<b>Analeptics</b>		
<i>caffeine citrate intravenous</i>	T3	
<i>caffeine citrate solution 20 mg/ml oral</i>	T3	
<i>caffeine citrate solution 60 mg/3ml oral</i>	T3	
<b>Anorexiants Combinations</b>		
<i>phentermine-topiramate er</i>	T2	PA
<b>Anorexiants Non-Amphetamine</b>		
<i>benzphetamine hcl oral tablet 50 mg</i>	T2	PA; QL (3 EA per 1 day)
<i>diethylpropion hcl er</i>	T2	PA; QL (1 EA per 1 day)
<i>diethylpropion hcl oral</i>	T2	PA; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
LOMAIRA	T2	PA; QL (3 EA per 1 day)
<i>phendimetrazine tartrate</i>	T2	PA; QL (6 EA per 1 day)
<i>phendimetrazine tartrate er</i>	T2	PA; QL (1 EA per 1 day)
<i>phentermine hcl oral capsule</i>	T1	QL (1 EA per 1 day)
<i>phentermine hcl oral tablet 37.5 mg</i>	T1	QL (1 EA per 1 day)
<i>phentermine hcl oral tablet 8 mg</i>	T1	QL (3 EA per 1 day)
<b>Anti-Obesity - Glp-1 Receptor Agonists</b>		
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	T2	PA; QL (0.08 ML per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	T2	PA; QL (0.11 ML per 1 day)
<b>Lipase Inhibitors</b>		
<i>orlistat oral</i>	T2	PA; QL (3 EA per 1 day)
XENICAL	T2	PA; QL (3 EA per 1 day)
<b>Stimulants - Misc.</b>		

Prescription Drug Name	Drug Tier	Notes
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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Prescription Drug Name	Drug Tier	Notes
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>armodafinil tablet 150 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)
<i>armodafinil tablet 200 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)
<i>armodafinil tablet 250 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)
<i>armodafinil tablet 50 mg oral</i>	T1	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 999 Years)
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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Prescription Drug Name	Drug Tier	Notes
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
METHYLIN SOLUTION 10 MG/5ML ORAL	T2	PA; QL (900 ML per 30 days); AL (Min 4 Years and Max 17 Years)
METHYLIN SOLUTION 5 MG/5ML ORAL	T2	PA; QL (450 ML per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	T2	PA; QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr)</i>	T2	PA; QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er tablet extended release 10 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 20 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	T1	QL (900 ML per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	T1	QL (450 ML per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet 10 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet 20 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet 5 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	T2	PA; QL (180 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	T2	PA; QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	T2	PA; QL (90 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>modafinil tablet 100 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>modafinil tablet 200 mg oral</i>	T1	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 999 Years)
NUVIGIL TABLET 150 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)
NUVIGIL TABLET 200 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)
NUVIGIL TABLET 250 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)
NUVIGIL TABLET 50 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 999 Years)
PROVIGIL TABLET 100 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
PROVIGIL TABLET 200 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 999 Years)
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL	T1	QL (45 EA per 30 days); AL (Min 4 Years and Max 17 Years)
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 17 Years)
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL	T1	QL (45 EA per 30 days); AL (Min 4 Years and Max 17 Years)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	T1	QL (360 ML per 30 days); AL (Min 4 Years and Max 17 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG	T2	PA; QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	T2	PA; QL (2 EA per 1 day); AL (Min 4 Years and Max 17 Years)

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**Drug Tier**  
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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<b>Allergenic Extracts/Biologicals Misc</b>		
<b>Allergenic Extracts</b>		
GRASTEK	T3	PA; QL (1 EA per 1 day)
PALFORZIA (1 MG DAILY DOSE)	T3	PA

Prescription Drug Name	Drug Tier	Notes
PALFORZIA (12 MG DAILY DOSE)	T3	PA
PALFORZIA (120 MG DAILY DOSE)	T3	PA
PALFORZIA (160 MG DAILY DOSE)	T3	PA
PALFORZIA (20 MG DAILY DOSE)	T3	PA
PALFORZIA (200 MG DAILY DOSE)	T3	PA
PALFORZIA (240 MG DAILY DOSE)	T3	PA
PALFORZIA (3 MG DAILY DOSE)	T3	PA
PALFORZIA (300 MG MAINTENANCE)	T3	PA
PALFORZIA (300 MG TITRATION)	T3	PA
PALFORZIA (40 MG DAILY DOSE)	T3	PA
PALFORZIA (6 MG DAILY DOSE)	T3	PA
PALFORZIA (80 MG DAILY DOSE)	T3	PA
PALFORZIA INITIAL DOSE 1-3YRS	T3	PA
PALFORZIA INITIAL DOSE 4-17YRS	T3	PA
PALFORZIA INITIAL ESCALATION	T3	PA
RAGWITEK	T3	PA; QL (1 EA per 1 day)
<b>Mixed Allergenic Extracts</b>		
ODACTRA	T3	PA; QL (1 EA per 1 day)

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
ORALAIR	T3	PA
<b>Alternative Medicines</b>		
<b>Alternative Medicine - Me's</b>		
<i>melatonin oral tablet 3 mg, 5 mg</i>	T3	
<b>Aminoglycosides</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	T3	
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	T2	PA; SP
BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION	T2	PA; SP; QL (240 ML per 30 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	T3	
<i>gentamicin sulfate injection</i>	T3	
KITABIS PAK (W/ NEBULIZER) NEBULIZATION SOLUTION 300 MG/5ML INHALATION	T2	PA; SP; QL (300 ML per 30 days)
<i>neomycin sulfate oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>streptomycin sulfate intramuscular</i>	T3	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T2	PA; QL (240 ML per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T1	SP; QL (300 ML per 30 days)
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml</i>	T3	
<i>tobramycin sulfate injection solution reconstituted</i>	T3	
<b>Analgesics - Anti-Inflammatory</b>		
<b>Antirheumatic - Janus Kinase (Jak) Inhibitors</b>		
OLUMIANT ORAL TABLET 1 MG, 4 MG	T2	PA; SP; QL (1 EA per 1 day)
OLUMIANT TABLET 2 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
RINVOQ LQ	T2	PA; SP; QL (12 ML per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	T2	PA; SP; QL (30 EA per 30 days)
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	T2	PA; SP; QL (1 EA per 1 day)
XELJANZ ORAL SOLUTION	T1	PA; SP; QL (300 ML per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
XELJANZ TABLET 10 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
XELJANZ TABLET 5 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	T1	PA; SP; QL (1 EA per 1 day)
<b>Antirheumatic Antimetabolites</b>		
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	T2	PA; QL (0.9 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	T2	PA; QL (1.2 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	T2	PA; QL (1.5 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	T2	PA; QL (1.5 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	T2	PA; QL (1.8 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	T2	PA; QL (2.1 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (2.4 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	T2	PA; QL (2.7 ML per 30 days)
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	T2	PA; QL (0.9 ML per 30 days)
<b>Anti-Tnf-Alpha - Monoclonal Antibodies</b>		
ABRILADA (1 PEN)	T2	PA; SP; QL (0.22 EA per 1 day)
ABRILADA (2 PEN)	T2	PA; SP; QL (0.22 EA per 1 day)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	T2	PA; SP; QL (0.08 EA per 1 day)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T2	PA; SP; QL (0.22 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-aacf (2 pen)</i>	T2	PA; SP; QL (0.11 EA per 1 day)
<i>adalimumab-aacf (2 syringe)</i>	T2	PA; SP; QL (0.11 EA per 1 day)
<i>adalimumab-aacf(cd/uc/hs strt)</i>	T2	PA; SP; QL (0.11 EA per 1 day)
<i>adalimumab-aacf(ps/uv starter)</i>	T2	PA; SP; QL (0.11 EA per 1 day)
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	T1	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-aaty (2 pen)</i>	T1	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	T1	PA; SP; QL (0.04 EA per 1 day)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	T1	PA; SP; QL (0.11 EA per 1 day)
<i>adalimumab-aaty cd/uc/hs start</i>	T1	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	T2	PA; SP; QL (0.09 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	T2	PA; SP; QL (0.18 ML per 1 day)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	T2	PA; SP; QL (0.01 ML per 1 day)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml</i>	T2	PA; SP; QL (0.02 ML per 1 day)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	T2	PA; SP; QL (0.09 ML per 1 day)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	T2	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml</i>	T2	PA; SP; QL (0.08 EA per 1 day)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml</i>	T2	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-fkjp (2 pen)</i>	T1	PA; SP; QL (0.22 EA per 1 day)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	T1	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-ryvk (1 pen)</i>	T2	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-ryvk (2 pen)</i>	T2	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-ryvk (2 syringe)</i>	T2	PA; SP; QL (0.22 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML	T2	PA; SP; QL (0.09 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	T2	PA; SP; QL (0.18 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/0.8ML	T2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T2	PA; SP; QL (0.09 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T2	PA; SP; QL (0.18 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG	T2	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T2	PA; SP; QL (0.02 ML per 1 day)
CYLTEZO (2 PEN)	T2	PA; SP; QL (0.22 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	T2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T2	PA; SP; QL (0.22 EA per 1 day)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T2	PA; SP; QL (0.22 EA per 1 day)

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 drugs

**Drug Tier**  
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 Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T2	PA; SP; QL (0.22 EA per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T2	PA; SP; QL (0.09 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T1	PA; SP; QL (0.18 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T2	PA; SP; QL (0.09 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T1	PA; SP; QL (0.18 ML per 1 day)
HULIO (2 PEN)	T2	PA; SP; QL (0.22 EA per 1 day)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	T2	PA; SP; QL (0.08 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T2	PA; SP
HUMIRA (1 PEN)	T2	PA; SP; QL (3.3 EA per 30 days)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	T2	PA; SP; QL (6.6 EA per 30 days)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T2	PA; SP; QL (6.6 EA per 30 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T2	PA; SP; QL (4.5 EA per 30 days)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	T2	PA; SP; QL (2.4 EA per 30 days)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	T2	PA; SP; QL (2.4 EA per 30 days)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	T2	PA; SP; QL (6.6 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T2	PA; SP
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	T2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-PSORIASIS/VEIT STARTER AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	T2	PA; SP; QL (3 EA per 30 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T2	PA; SP; QL (0.09 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T2	PA; SP; QL (0.18 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T2	PA; SP; QL (0.01 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T2	PA; SP; QL (0.02 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T2	PA; SP; QL (0.09 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER	T2	PA; SP; QL (0.18 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER	T2	PA; SP; QL (0.05 ML per 1 day)
HYRIMOZ-PED>=40KG CROHN START	T2	PA; SP; QL (0.09 ML per 1 day)
HYRIMOZ-PLAQ PSOR/VEIT START	T2	PA; SP; QL (0.05 ML per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T1	PA; SP; QL (0.22 EA per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T1	PA; SP
SIMLANDI (2 PEN)	T1	PA; SP; QL (0.22 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T1	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T1	PA; SP; QL (0.22 EA per 1 day)
SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS	T2	PA; SP
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (4.5 ML per 30 days)
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	T1	PA; SP; QL (0.6 ML per 30 days)
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (4.5 ML per 30 days)
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	T1	PA; SP; QL (0.6 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T2	SP; QL (0.04 EA per 1 day)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T2	PA; SP; QL (0.11 EA per 1 day)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; SP; QL (0.18 ML per 1 day)
<b>Anti-Tnf-Alpha - Monoclonal Antibodies</b>		
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	T1	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	T2	PA; SP; QL (0.22 EA per 1 day)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	T1	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T2	PA; SP; QL (0.22 EA per 1 day)
<b>Cyclooxygenase 2 (Cox-2) Inhibitors</b>		

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Prescription Drug Name	Drug Tier	Notes
CELEBREX CAPSULE 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
CELEBREX CAPSULE 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>celecoxib capsule 100 mg oral</i>	T1	QL (60 EA per 30 days)
<i>celecoxib capsule 200 mg oral</i>	T1	QL (60 EA per 30 days)
<i>celecoxib capsule 400 mg oral</i>	T1	QL (30 EA per 30 days)
<i>celecoxib capsule 50 mg oral</i>	T1	QL (60 EA per 30 days)
VYSCOXA	T2	PA
<b>Interleukin-1 Receptor Antagonist (Il-1Ra)</b>		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	T1	PA; SP
<b>Interleukin-1Beta Blockers</b>		
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (2.4 ML per 30 days)
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	T2	PA; SP; QL (3.9 ML per 30 days)
ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS	T2	PA; SP; QL (2.86 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS	T2	PA; SP; QL (2.86 ML per 1 day)
ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS	T2	PA; SP; QL (2.86 ML per 1 day)
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	T2	PA; SP; QL (3.9 ML per 30 days)
AVTOZMA	T2	PA; SP; QL (2.86 ML per 1 day)
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	T2	PA; SP
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	T2	PA; SP
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	T2	PA; SP; QL (2.7 ML per 30 days)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML	T2	PA; SP; QL (2.86 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
TOFIDENCE INTRAVENOUS SOLUTION 80 MG/4ML	T2	PA; QL (2.86 ML per 1 day)
TYENNE INTRAVENOUS	T1	PA; SP; QL (2.86 ML per 1 day)
TYENNE SUBCUTANEOUS	T1	PA; SP; QL (0.13 ML per 1 day)
<b>Nonsteroidal Anti-Inflammatory Agent Combinations</b>		
ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL	T2	PA; QL (120 EA per 30 days)
ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL	T2	PA; QL (90 EA per 30 days)
<i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i>	T1	QL (120 EA per 30 days)
<i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ibuprofen-famotidine</i>	T2	PA; QL (90 EA per 30 days)
<i>naproxen-esomeprazole mg</i>	T2	PA; QL (60 EA per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents (Nsaids)</b>		

Prescription Drug Name	Drug Tier	Notes
<i>all day pain relief tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
<i>all day relief tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	T3	
<i>childrens ibuprofen suspension 100 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)
<i>childrens ibuprofen suspension 200 mg/10ml oral</i>	T1	QL (1800 ML per 30 days)
COXANTO	T2	PA
<i>diclofenac potassium oral capsule</i>	T2	PA; QL (120 EA per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	T2	PA
<i>diclofenac potassium tablet 50 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>diclofenac sodium tablet delayed release 25 mg oral</i>	T1	QL (5 EA per 1 day)
<i>diclofenac sodium tablet delayed release 50 mg oral</i>	T1	QL (120 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>diclofenac sodium tablet delayed release 75 mg oral</i>	T1	QL (90 EA per 30 days)
<i>etodolac capsule 200 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>etodolac capsule 300 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>etodolac er tablet extended release 24 hour 400 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>etodolac er tablet extended release 24 hour 500 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>etodolac er tablet extended release 24 hour 600 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>etodolac tablet 400 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>etodolac tablet 500 mg oral</i>	T2	PA; QL (60 EA per 30 days)
FENOPRON	T2	PA
<i>flurbiprofen tablet 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>flurbiprofen tablet 50 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ft all day pain relief</i>	T1	QL (120 EA per 30 days)
<i>ft ibuprofen</i>	T1	QL (120 EA per 30 days)
<i>ft ibuprofen childrens</i>	T1	QL (1800 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>ft ibuprofen ib childrens</i>	T1	
<i>ft ibuprofen infants</i>	T1	QL (240 ML per 30 days)
<i>ft ibuprofen minis</i>	T1	QL (120 EA per 30 days)
<i>ft naproxen sodium</i>	T1	QL (120 EA per 30 days)
<i>ft pain relief oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>gnp childrens ibuprofen suspension 100 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)
<i>gnp ibuprofen childrens</i>	T1	
<i>gnp ibuprofen infants suspension 50 mg/1.25ml oral</i>	T1	QL (240 ML per 30 days)
<i>gnp ibuprofen tablet 200 mg oral</i>	T1	QL (120 EA per 30 days)
<i>gnp naproxen sodium tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
<i>goodsense ibuprofen childrens oral tablet chewable</i>	T1	
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)
<i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral</i>	T1	QL (240 ML per 30 days)
<i>goodsense ibuprofen oral capsule</i>	T1	QL (120 EA per 30 days)
<i>goodsense ibuprofen tablet 200 mg oral</i>	T1	QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>goodsense naproxen sodium tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
IBU TABLET 400 MG ORAL	T1	QL (120 EA per 30 days)
IBU TABLET 600 MG ORAL	T1	QL (120 EA per 30 days)
IBU TABLET 800 MG ORAL	T1	QL (120 EA per 30 days)
<i>ibuprofen capsule 200 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ibuprofen childrens suspension 100 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)
<i>ibuprofen infants suspension 50 mg/1.25ml oral</i>	T1	QL (240 ML per 30 days)
<i>ibuprofen junior strength tablet chewable 100 mg oral</i>	T1	
<i>ibuprofen oral suspension</i>	T1	QL (1800 ML per 30 days)
<i>ibuprofen oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>ibuprofen oral tablet 300 mg</i>	T2	PA
<i>ibuprofen tablet 400 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ibuprofen tablet 600 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ibuprofen tablet 800 mg oral</i>	T1	QL (120 EA per 30 days)
<i>indomethacin capsule 25 mg oral</i>	T1	QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>indomethacin capsule 50 mg oral</i>	T1	QL (120 EA per 30 days)
<i>indomethacin er capsule extended release 75 mg oral</i>	T1	QL (60 EA per 30 days)
<i>indomethacin oral suspension</i>	T2	PA; QL (1200 ML per 30 days)
<i>indomethacin rectal suppository 50 mg</i>	T2	PA; QL (120 EA per 30 days)
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	T1	QL (240 ML per 30 days)
<i>ketoprofen er capsule extended release 24 hour 200 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>ketoprofen oral capsule 50 mg</i>	T2	PA; QL (6 EA per 1 day)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T3	
<i>ketorolac tromethamine tablet 10 mg oral</i>	T1	QL (120 EA per 30 days)
LOFENA	T2	PA; QL (8 EA per 1 day)
LURBIRO	T2	PA; QL (90 EA per 30 days)
<i>meclofenamate sodium capsule 100 mg oral</i>	T2	PA; QL (120 EA per 30 days)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>meclofenamate sodium capsule 50 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>mefenamic acid capsule 250 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>meloxicam oral capsule</i>	T2	PA; QL (30 EA per 30 days)
<i>meloxicam tablet 15 mg oral</i>	T1	QL (30 EA per 30 days)
<i>meloxicam tablet 7.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>nabumetone tablet 500 mg oral</i>	T1	QL (120 EA per 30 days)
<i>nabumetone tablet 750 mg oral</i>	T1	QL (60 EA per 30 days)
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL	T2	PA; QL (90 EA per 30 days)
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	T2	PA; QL (90 EA per 30 days)
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>naproxen dr oral tablet delayed release 500 mg</i>	T1	QL (90 EA per 30 days)
<i>naproxen oral suspension</i>	T2	PA; QL (1800 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>naproxen sodium capsule 220 mg oral</i>	T1	QL (4 EA per 1 day)
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>naproxen sodium er tablet extended release 24 hour 375 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>naproxen sodium tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
<i>naproxen sodium tablet 275 mg oral</i>	T1	QL (90 EA per 30 days)
<i>naproxen sodium tablet 550 mg oral</i>	T1	QL (90 EA per 30 days)
<i>naproxen tablet 250 mg oral</i>	T1	QL (120 EA per 30 days)
<i>naproxen tablet 375 mg oral</i>	T1	QL (90 EA per 30 days)
<i>naproxen tablet 500 mg oral</i>	T1	QL (90 EA per 30 days)
<i>naproxen tablet delayed release 375 mg oral</i>	T1	QL (90 EA per 30 days)
<i>naproxen tablet delayed release 500 mg oral</i>	T1	QL (90 EA per 30 days)
<i>oxaprozin tablet 600 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>piroxicam capsule 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>piroxicam capsule 20 mg oral</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>qc ibuprofen childrens</i>	T1	QL (1800 ML per 30 days)
<i>qc ibuprofen infants</i>	T1	QL (240 ML per 30 days)
RELAFEN DS	T2	PA; QL (2 EA per 1 day)
<i>sm ibuprofen ib tablet 200 mg oral</i>	T1	QL (120 EA per 30 days)
<i>sulindac tablet 150 mg oral</i>	T1	QL (60 EA per 30 days)
<i>sulindac tablet 200 mg oral</i>	T1	QL (60 EA per 30 days)
TOLECTIN 600	T2	PA; QL (3 EA per 1 day)
<i>tolmetin sodium oral capsule</i>	T2	PA; QL (4 EA per 1 day)
<b>Phosphodiesterase 4 (Pde4) Inhibitors</b>		
OTEZLA ORAL TABLET 20 MG	T1	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T1	PA; SP
OTEZLA XR	T2	PA; SP; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK	T2	PA; SP; QL (1.47 EA per 1 day)
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide tablet 10 mg oral</i>	T3	
<i>leflunomide tablet 20 mg oral</i>	T3	
<b>Selective Costimulation Modulators</b>		

Prescription Drug Name	Drug Tier	Notes
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (4.5 ML per 30 days)
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (4.5 ML per 30 days)
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	T2	PA; SP; QL (1.8 ML per 30 days)
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	T2	PA; SP; QL (3 ML per 30 days)
ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	T1	PA; SP; QL (120 EA per 30 days)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (8.7 ML per 30 days)

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**Drug Tier**  
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**T4** = Supplemental Specialty

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**SP** = Specialty  
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Prescription Drug Name	Drug Tier	Notes
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	T1	PA; SP; QL (0.15 ML per 1 day)
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (8.7 ML per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T1	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (8.7 ML per 30 days)
<b>Analgesics - Nonnarcotic</b>		
<b>*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***</b>		
JOURNAVX	T2	PA
<b>Analgesics Other</b>		
<i>acetaminophen childrens suspension 160 mg/5ml oral</i>	T3	
<i>acetaminophen childrens tablet chewable 160 mg oral</i>	T3	
<i>acetaminophen extra strength tablet 500 mg oral</i>	T3	
<i>acetaminophen suppository 120 mg rectal</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>acetaminophen suppository 650 mg rectal</i>	T3	
<i>acetaminophen tablet 325 mg oral</i>	T3	
<i>acetaminophen tablet 500 mg oral</i>	T3	
<i>clonidine hcl (analgesia)</i>	T3	
<i>ed-apap liquid 160 mg/5ml oral</i>	T3	
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL	T3	
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	T3	
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	T3	
<i>gnp acetaminophen tablet 325 mg oral</i>	T3	
<i>gnp acetaminophen tablet chewable 160 mg oral</i>	T3	
<i>gnp infants pain/fever suspension 160 mg/5ml oral</i>	T3	
<i>gnp pain relief extra strength tablet 500 mg oral</i>	T3	
<i>gnp pain relief tablet 325 mg oral</i>	T3	

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>goodsense arthritis pain tablet extended release 650 mg oral</i>	T3	
<i>goodsense pain &amp; fever child suspension 160 mg/5ml oral</i>	T3	
<i>goodsense pain relief extra st tablet 500 mg oral</i>	T3	
<i>goodsense pain relief tablet 325 mg oral</i>	T3	
MAPAP CHILDRENS TABLET CHEWABLE 160 MG ORAL	T3	
<i>pain &amp; fever childrens suspension 160 mg/5ml oral</i>	T3	
<b>Analgesics-Sedatives</b>		
BAC (BUTALBITAL-ACETAMIN-CAFF) TABLET 50-325-40 MG ORAL	T1	PA; QL (18 EA per 30 days)
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	T2	PA; QL (18 EA per 30 days)
<i>butalbital-acetaminophen tablet 50-300 mg oral</i>	T2	PA; QL (18 EA per 30 days)
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	T2	PA; QL (18 EA per 30 days)
<i>butalbital-apap-caffeine capsule 50-300-40 mg oral</i>	T2	PA; QL (18 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>butalbital-apap-caffeine capsule 50-325-40 mg oral</i>	T2	PA
<i>butalbital-apap-caffeine tablet 50-325-40 mg oral</i>	T1	PA; QL (18 EA per 30 days)
<i>butalbital-aspirin-caffeine capsule 50-325-40 mg oral</i>	T1	PA; QL (18 EA per 30 days)
FIORICET CAPSULE 50-300-40 MG ORAL	T2	PA; QL (18 EA per 30 days)
<b>Salicylates</b>		
<i>aspirin low dose tablet chewable 81 mg oral</i>	T3	
<i>aspirin low dose tablet delayed release 81 mg oral</i>	T3	
<i>aspirin suppository 300 mg rectal</i>	T3	QL (180 EA per 30 days)
<i>aspirin tablet 325 mg oral</i>	T3	QL (360 EA per 30 days)
<i>aspirin tablet chewable 81 mg oral</i>	T3	QL (12 EA per 1 day)
<i>aspirin tablet delayed release 325 mg oral</i>	T3	
<i>aspirin tablet delayed release 81 mg oral</i>	T3	
<i>diflunisal tablet 500 mg oral</i>	T2	PA; QL (90 EA per 30 days)
DOLOBID ORAL TABLET 250 MG	T2	PA; QL (3 EA per 1 day)
DOLOBID ORAL TABLET 375 MG	T2	PA

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**Drug Tier**  
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**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>gnp adult aspirin low strength tablet chewable 81 mg oral</i>	T3	
<i>goodsense aspirin tablet chewable 81 mg oral</i>	T3	
<b>Analgesics - Opioid</b>		
<b>Codeine Combinations</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	T1	QL (2700 ML per 30 days); AL (Min 18 Years and Max 999 Years)
<i>acetaminophen-codeine oral solution 300-30 mg/12.5ml</i>	T1	QL (2700 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine tablet 300-15 mg oral</i>	T1	QL (300 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>acetaminophen-codeine tablet 300-30 mg oral</i>	T1	QL (300 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>acetaminophen-codeine tablet 300-60 mg oral</i>	T1	QL (150 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>ASCOMP-CODEINE CAPSULE 50-325-40-30 MG ORAL</i>	T2	PA; QL (18 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i>	T2	PA; QL (18 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i>	T2	PA; QL (18 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i>	T2	PA; QL (18 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Dihydrocodeine Combinations</b>		
<i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i>	T2	PA; QL (300 EA per 30 days)
<b>Hydrocodone Combinations</b>		
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	T2	PA; QL (2250 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	T1	QL (75 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml</i>	T1	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	T1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	T1	QL (3000 ML per 30 days)
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	T1	QL (3000 ML per 30 days)
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	T1	QL (150 EA per 30 days)
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	T1	QL (150 EA per 30 days)
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	T1	QL (300 EA per 30 days)
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	T1	QL (300 EA per 30 days)
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	T1	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	T1	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen tablet 10-200 mg oral</i>	T2	PA; QL (150 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>	T2	PA; QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>	T2	PA; QL (150 EA per 30 days)
<b>Opioid Agonists</b>		
<i>codeine sulfate tablet 15 mg oral</i>	T2	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>codeine sulfate tablet 30 mg oral</i>	T2	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>codeine sulfate tablet 60 mg oral</i>	T2	PA; QL (150 EA per 30 days); AL (Min 18 Years and Max 999 Years)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)

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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
DILAUDID LIQUID 1 MG/ML ORAL	T2	PA; QL (2400 ML per 30 days)
DILAUDID TABLET 2 MG ORAL	T2	PA; QL (180 EA per 30 days)
DILAUDID TABLET 4 MG ORAL	T2	PA; QL (120 EA per 30 days)
DILAUDID TABLET 8 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>fentanyl patch 72 hour 100 mcg/hr transdermal</i>	T1	PA; QL (10.2 EA per 30 days)
<i>fentanyl patch 72 hour 12 mcg/hr transdermal</i>	T1	PA; QL (10.2 EA per 30 days)
<i>fentanyl patch 72 hour 25 mcg/hr transdermal</i>	T1	PA; QL (10.2 EA per 30 days)
<i>fentanyl patch 72 hour 37.5 mcg/hr transdermal</i>	T2	PA; QL (10.2 EA per 30 days)
<i>fentanyl patch 72 hour 50 mcg/hr transdermal</i>	T1	PA; QL (10.2 EA per 30 days)
<i>fentanyl patch 72 hour 62.5 mcg/hr transdermal</i>	T2	PA; QL (10.2 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>fentanyl patch 72 hour 75 mcg/hr transdermal</i>	T1	PA; QL (10.2 EA per 30 days)
<i>fentanyl patch 72 hour 87.5 mcg/hr transdermal</i>	T2	PA; QL (10.2 EA per 30 days)
<i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i>	T2	PA
<i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i>	T2	PA
<i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i>	T2	PA
<i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i>	T2	PA
<i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i>	T2	PA
<i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i>	T2	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl liquid 1 mg/ml oral</i>	T2	PA; QL (2400 ML per 30 days)
<i>hydromorphone hcl suppository 3 mg rectal</i>	T2	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl tablet 2 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>hydromorphone hcl tablet 4 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl tablet 8 mg oral</i>	T2	PA; QL (120 EA per 30 days)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL	T2	PA; QL (30 EA per 30 days)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL	T2	PA; QL (30 EA per 30 days)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate tablet 2 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>meperidine hcl solution 50 mg/5ml oral</i>	T2	PA; QL (1500 ML per 30 days)
<i>meperidine hcl tablet 50 mg oral</i>	T2	PA; QL (300 EA per 30 days)
<i>methadone hcl concentrate 10 mg/ml oral</i>	T2	PA

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Prescription Drug Name	Drug Tier	Notes
METHADONE HCL INTENSOL	T2	PA
<i>methadone hcl solution 10 mg/5ml oral</i>	T2	PA; QL (300 ML per 30 days)
<i>methadone hcl solution 5 mg/5ml oral</i>	T2	PA; QL (300 ML per 30 days)
<i>methadone hcl tablet 10 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>methadone hcl tablet 5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
METHADOSE CONCENTRATE 10 MG/ML ORAL	T2	PA; QL (60 ML per 30 days)
METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL	T2	PA; QL (60 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	T1	QL (3 ML per 1 day)
<i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i>	T1	QL (270 ML per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	T1	PA; QL (60 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	T1	PA; QL (30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	T1	PA; QL (30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	T1	PA; QL (30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	T1	PA; QL (30 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	T1	PA; QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg</i>	T1	PA; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	T1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	T1	PA; QL (3 EA per 1 day)
<i>morphine sulfate solution 10 mg/5ml oral</i>	T1	QL (900 ML per 30 days)
<i>morphine sulfate solution 20 mg/5ml oral</i>	T1	QL (450 ML per 30 days)
<i>morphine sulfate suppository 10 mg rectal</i>	T2	PA; QL (180 EA per 30 days)
<i>morphine sulfate suppository 20 mg rectal</i>	T2	PA; QL (180 EA per 30 days)
<i>morphine sulfate suppository 30 mg rectal</i>	T2	PA; QL (120 EA per 30 days)
<i>morphine sulfate suppository 5 mg rectal</i>	T2	PA; QL (300 EA per 30 days)
<i>morphine sulfate tablet 15 mg oral</i>	T1	QL (180 EA per 30 days)
<i>morphine sulfate tablet 30 mg oral</i>	T1	QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG	T2	PA; QL (3 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	T2	PA; QL (2 EA per 1 day)
<i>oxycodone hcl capsule 5 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	T2	PA; QL (270 ML per 30 days)
<i>oxycodone hcl oral solution</i>	T1	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	T1	QL (180 EA per 30 days)
<i>oxycodone hcl tablet 10 mg oral</i>	T1	QL (120 EA per 30 days)
<i>oxycodone hcl tablet 15 mg oral</i>	T1	QL (120 EA per 30 days)
<i>oxycodone hcl tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>oxycodone hcl tablet 30 mg oral</i>	T1	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T1	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	T2	PA; QL (60 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl tablet 10 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>oxymorphone hcl tablet 5 mg oral</i>	T2	PA; QL (120 EA per 30 days)
ROXICODONE TABLET 15 MG ORAL	T2	PA; QL (120 EA per 30 days)
ROXICODONE TABLET 30 MG ORAL	T2	PA; QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	T2	PA
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i>	T1	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl oral solution</i>	T2	PA; AL (Min 18 Years)
<i>tramadol hcl oral tablet 25 mg, 75 mg</i>	T2	PA; QL (4 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl tablet 50 mg oral</i>	T1	QL (240 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Opioid Combinations</b>		
ENDOCET TABLET 10-325 MG ORAL	T1	QL (120 EA per 30 days)
ENDOCET TABLET 5-325 MG ORAL	T1	QL (180 EA per 30 days)
ENDOCET TABLET 7.5-325 MG ORAL	T1	QL (120 EA per 30 days)
<i>nalocet</i>	T2	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	T1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	T1	QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	T1	QL (300 EA per 30 days)
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	T1	QL (120 EA per 30 days)
PERCOCET TABLET 10-325 MG ORAL	T2	PA; QL (120 EA per 30 days)
PERCOCET TABLET 5-325 MG ORAL	T2	PA; QL (180 EA per 30 days)
PERCOCET TABLET 7.5-325 MG ORAL	T2	PA; QL (120 EA per 30 days)
PROLATE ORAL SOLUTION	T2	PA; QL (20 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 7.5-300 MG	T2	PA; QL (4 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG	T2	PA; QL (6 EA per 1 day)
<b>Opioid Partial Agonists</b>		
BELBUCA FILM 150 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)
BELBUCA FILM 300 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)
BELBUCA FILM 450 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)
BELBUCA FILM 600 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
BELBUCA FILM 75 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)
BELBUCA FILM 750 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)
BELBUCA FILM 900 MCG BUCCAL	T1	PA; QL (60 EA per 30 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 8 MG/0.16ML	T1	QL (0.05 ML per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 24 MG/0.48ML	T1	QL (0.07 ML per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32 MG/0.64ML	T1	QL (0.1 ML per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML	T1	QL (0.02 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 64 MG/0.18ML, 96 MG/0.27ML	T1	QL (0.01 ML per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	T1	QL (120 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	T1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	T1	
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	T1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	T1	QL (4 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	T1	
<i>buprenorphine transdermal</i>	T1	PA; QL (4.5 EA per 30 days)
<i>butorphanol tartrate solution 10 mg/ml nasal</i>	T2	PA; QL (5.1 ML per 30 days)

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**AL** = Age Restriction  
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**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
<i>nalbuphine hcl injection</i>	T3	
<i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i>	T2	PA; QL (90 EA per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML	T1	QL (0.6 ML per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.5ML	T1	QL (1.8 ML per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	T2	PA

Prescription Drug Name	Drug Tier	Notes
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	T2	PA; QL (4 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG	T2	PA
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	T2	PA; QL (90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	T2	PA; QL (90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	T2	PA; QL (30 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	T2	PA; QL (30 EA per 30 days)
<b>Tramadol Combinations</b>		
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>	T1	QL (240 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Androgens-Anabolic</b>		
<b>Androgens</b>		
AVEED SOLUTION 750 MG/3ML INTRAMUSCULAR	T2	PA; SP; QL (3.3 ML per 30 days)
AZMIRO	T2	PA

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>danazol capsule 100 mg oral</i>	T3	PA
<i>danazol capsule 200 mg oral</i>	T3	PA
<i>danazol capsule 50 mg oral</i>	T3	PA
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	T1	PA; QL (10 ML per 30 days)
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	T1	PA; QL (4.5 ML per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	T2	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG	T2	PA; QL (2 EA per 1 day)
<i>methitest tablet 10 mg oral</i>	T2	PA; QL (150 EA per 30 days)
<i>methyltestosterone capsule 10 mg oral</i>	T2	PA; QL (150 EA per 30 days)
TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL	T2	PA; QL (300 GM per 30 days)
TESTOPEL PELLETT 75 MG IMPLANT	T1	PA; QL (6 EA per 30 days)
<i>testosterone cypionate solution 100 mg/ml intramuscular</i>	T1	PA; QL (10 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	T1	PA; QL (4.5 ML per 30 days)
<i>testosterone enanthate intramuscular solution</i>	T2	PA; QL (5 ML per 30 days)
<i>testosterone gel 1.62 % transdermal</i>	T1	PA; QL (150 GM per 30 days)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	T2	PA
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	T2	PA; QL (37.5 GM per 30 days)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	T1	PA; QL (150 GM per 30 days)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	T2	PA; QL (225 GM per 30 days)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone solution 30 mg/act transdermal</i>	T2	PA; QL (180 ML per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	T2	PA; QL (300 GM per 30 days)
TLANDO	T2	PA; QL (4 EA per 1 day)
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL	T2	PA; QL (300 GM per 30 days)

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Prescription Drug Name	Drug Tier	Notes
VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL	T2	PA
XYOSTED SOLUTION AUTO-INJECTOR 100 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (2.4 ML per 30 days)
XYOSTED SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (2.4 ML per 30 days)
XYOSTED SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (2.4 ML per 30 days)
<b>Anorectal Agents</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide rectal foam 2 mg</i>	T2	PA; QL (143.4 GM per 30 days)
<b>Rectal Anesthetic/Steroids</b>		
PROCTOFOAM HC FOAM 1-1 % EXTERNAL	T3	
<b>Antacids</b>		
<b>Antacid &amp; Simethicone</b>		
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gnp antacid &amp; anti-gas suspension 400-400-40 mg/5ml oral</i>	T3	
<i>mag-al plus xs liquid 400-400-40 mg/5ml oral</i>	T3	
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral</i>	T3	
<b>Antacid Combinations</b>		
ACID GONE SUSPENSION 95-358 MG/15ML ORAL	T3	
<b>Antacids - Aluminum Salts</b>		
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	T3	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate tablet 325 mg oral</i>	T3	
<i>sodium bicarbonate tablet 650 mg oral</i>	T3	
<b>Antacids - Calcium Salts</b>		
<i>antacid calcium tablet chewable 500 mg oral</i>	T3	
<i>antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>antacid tablet chewable 500 mg oral</i>	T3	
<i>antacid ultra strength tablet chewable 1000 mg oral</i>	T3	
<i>calcium antacid</i>	T3	

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>calcium antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	T3	
<i>calcium carbonate antacid tablet chewable 500 mg oral</i>	T3	
CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL	T3	
<i>gnp antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>gnp antacid tablet chewable 500 mg oral</i>	T3	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tablet 400 mg oral</i>	T3	
<i>magnesium oxide tablet 420 mg oral</i>	T3	
<b>Anthelmintics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet 200 mg oral</i>	T3	QL (120 EA per 30 days)
EMVERM TABLET CHEWABLE 100 MG ORAL	T3	QL (60 EA per 30 days)
<i>ivermectin oral tablet 6 mg</i>	T3	
<i>ivermectin tablet 3 mg oral</i>	T3	QL (10 EA per 30 days)
<i>praziquantel tablet 600 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<b>Antianginal Agents</b>		
<b>Antianginals-Other</b>		
<i>ranolazine er tablet extended release 12 hour 1000 mg oral</i>	T1	QL (60 EA per 30 days)
<i>ranolazine er tablet extended release 12 hour 500 mg oral</i>	T1	QL (60 EA per 30 days)
<b>Nitrates</b>		
<i>isosorbide dinitrate tablet 10 mg oral</i>	T2	PA
<i>isosorbide dinitrate tablet 20 mg oral</i>	T2	PA
<i>isosorbide dinitrate tablet 30 mg oral</i>	T2	PA
<i>isosorbide dinitrate tablet 40 mg oral</i>	T2	PA
<i>isosorbide dinitrate tablet 5 mg oral</i>	T2	PA
<i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i>	T1	
<i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>	T1	
<i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>	T1	
NITRO-BID OINTMENT 2 % TRANSDERMAL	T1	

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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	T2	PA
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	T2	PA
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	T2	PA
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	T2	PA
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	T2	PA
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	T2	PA
<i>nitroglycerin in d5w</i>	T3	
<i>nitroglycerin intravenous</i>	T3	
<i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i>	T1	
<i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i>	T1	
<i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i>	T1	
<i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i>	T1	
<i>nitroglycerin tablet sublingual 0.3 mg sublingual</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>nitroglycerin tablet sublingual 0.4 mg sublingual</i>	T1	
<i>nitroglycerin tablet sublingual 0.6 mg sublingual</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	PA
NITROLINGUAL	T2	PA
NITROSTAT TABLET SUBLINGUAL 0.3 MG SUBLINGUAL	T2	PA
NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL	T2	PA
<b>Antianxiety Agents</b>		
<b>Antianxiety Agents - Misc.</b>		
BUCAPSOL	T2	PA
<i>bupirone hcl tablet 10 mg oral</i>	T1	
<i>bupirone hcl tablet 15 mg oral</i>	T1	
<i>bupirone hcl tablet 30 mg oral</i>	T1	
<i>bupirone hcl tablet 5 mg oral</i>	T1	
<i>bupirone hcl tablet 7.5 mg oral</i>	T1	
<i>droperidol solution 2.5 mg/ml injection</i>	T3	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>hydroxyzine pamoate capsule 100 mg oral</i>	T1	
<i>hydroxyzine pamoate capsule 25 mg oral</i>	T1	
<i>hydroxyzine pamoate capsule 50 mg oral</i>	T1	
<i>meprobamate tablet 200 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>meprobamate tablet 400 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<b>Benzodiazepines</b>		
<i>alprazolam er tablet extended release 24 hour 0.5 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam er tablet extended release 24 hour 1 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam er tablet extended release 24 hour 2 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam er tablet extended release 24 hour 3 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
ALPRAZOLAM INTENSOL CONCENTRATE 1 MG/ML ORAL	T2	PA; QL (180 ML per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet 0.25 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet 0.5 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet 1 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet 2 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet dispersible 0.25 mg oral</i>	T2	PA; QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>alprazolam tablet dispersible 0.5 mg oral</i>	T2	PA; QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet dispersible 1 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam tablet dispersible 2 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 0.5 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 1 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 2 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>alprazolam xr tablet extended release 24 hour 3 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
ATIVAN INJECTION	T2	PA
<i>chlordiazepoxide hcl capsule 10 mg oral</i>	T1	QL (240 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>chlordiazepoxide hcl capsule 25 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>chlordiazepoxide hcl capsule 5 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>clorazepate dipotassium tablet 15 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>clorazepate dipotassium tablet 3.75 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>clorazepate dipotassium tablet 7.5 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>diazepam injection solution 10 mg/2ml</i>	T2	PA; AL (Min 21 Years)
<i>diazepam injection solution 5 mg/ml</i>	T1	AL (Min 21 Years)
DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL	T2	PA; QL (240 ML per 30 days); AL (Min 21 Years and Max 999 Years)
<i>diazepam solution 5 mg/5ml oral</i>	T1	QL (1200 ML per 30 days); AL (Min 21 Years and Max 999 Years)
<i>diazepam tablet 10 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>diazepam tablet 2 mg oral</i>	T1	QL (240 EA per 30 days); AL (Min 21 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>diazepam tablet 5 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>lorazepam injection solution 2 mg/ml</i>	T1	AL (Min 21 Years and Max 999 Years)
<i>lorazepam injection solution 4 mg/ml</i>	T1	
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	T2	PA; QL (150 ML per 30 days); AL (Min 21 Years and Max 999 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	T2	PA; QL (150 ML per 30 days); AL (Min 21 Years and Max 999 Years)
<i>lorazepam tablet 0.5 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>lorazepam tablet 1 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>lorazepam tablet 2 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 21 Years and Max 999 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years)
<i>oxazepam capsule 10 mg oral</i>	T2	PA; QL (240 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>oxazepam capsule 15 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>oxazepam capsule 30 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
XANAX TABLET 0.25 MG ORAL	T2	PA; QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
XANAX TABLET 0.5 MG ORAL	T2	PA; QL (180 EA per 30 days); AL (Min 21 Years and Max 999 Years)
XANAX TABLET 1 MG ORAL	T2	PA; QL (120 EA per 30 days); AL (Min 21 Years and Max 999 Years)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)

### Antiarrhythmics

#### Antiarrhythmics - Misc.

<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	T3	
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#### Antiarrhythmics Type I-A

<i>disopyramide phosphate capsule 100 mg oral</i>	T3	
<i>disopyramide phosphate capsule 150 mg oral</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	T3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	T3	
<i>procainamide hcl injection</i>	T3	
<i>quinidine gluconate er tablet extended release 324 mg oral</i>	T3	
<b>Antiarrhythmics Type I-B</b>		
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	T3	
<i>mexiletine hcl capsule 150 mg oral</i>	T3	
<i>mexiletine hcl capsule 200 mg oral</i>	T3	
<i>mexiletine hcl capsule 250 mg oral</i>	T3	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tablet 100 mg oral</i>	T3	
<i>flecainide acetate tablet 150 mg oral</i>	T3	
<i>flecainide acetate tablet 50 mg oral</i>	T3	
<i>propafenone hcl tablet 150 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>propafenone hcl tablet 225 mg oral</i>	T3	
<i>propafenone hcl tablet 300 mg oral</i>	T3	
<b>Antiarrhythmics Type Iii</b>		
<i>amiodarone hcl tablet 100 mg oral</i>	T3	
<i>amiodarone hcl tablet 200 mg oral</i>	T3	
MULTAQ TABLET 400 MG ORAL	T3	PA; QL (60 EA per 30 days)
PACERONE TABLET 100 MG ORAL	T3	
PACERONE TABLET 200 MG ORAL	T3	
<b>Antiasthmatic And Bronchodilator Agents</b>		
<b>*Phosphodiesterase 3 &amp; 4 (Pde3 &amp; Pde4) Inhibitors***</b>		
OHTUVAYRE	T2	PA; QL (5 ML per 1 day)
<b>*Thymic Stromal Lymphopoietin (Tslp) Antagonists***</b>		
TEZSPIRE	T1	PA; SP; QL (0.07 ML per 1 day)
<b>5-Lipoxygenase Inhibitors</b>		
<i>zileuton er tablet extended release 12 hour 600 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<b>Adrenergic Combinations</b>		

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Prescription Drug Name	Drug Tier	Notes
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T1	QL (60 EA per 30 days)
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	T1	QL (12 GM per 30 days)
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	T1	QL (12 GM per 30 days)
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	T1	QL (12 GM per 30 days)
AIRSUPRA	T2	PA; QL (1.07 GM per 1 day)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	T1	QL (60 EA per 30 days)
BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION	T1	QL (10.8 GM per 30 days)

Prescription Drug Name	Drug Tier	Notes
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	T2	PA; QL (60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	T2	PA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	PA; QL (2 EA per 1 day)
BREYNA	T2	PA; QL (0.46 GM per 1 day)
BREZTRI AEROSPHERE	T2	PA; QL (0.36 GM per 1 day)
<i>budesonide- formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	T2	PA; QL (0.46 GM per 1 day)
<i>budesonide- formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	T2	PA; QL (0.46 GM per 1 day)
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	T1	QL (6 GM per 30 days)

**lowercase italics** = Generic drugs  
**UPPERCASE** = Brand name  
drugs

**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary  
Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DULERA AEROSOL 200-5 MCG/ACT INHALATION	T1	QL (0.58 GM per 1 day)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	T1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	T1	QL (1.2 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	T1	QL (1.2 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	T1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	T1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	T1	QL (1.2 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	T2	PA; QL (12 GM per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	QL (540 ML per 30 days)
<i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i>	T1	QL (540 ML per 30 days)
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	T1	QL (4.2 GM per 30 days)
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	T1	QL (0.46 GM per 1 day)
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	T1	QL (0.46 GM per 1 day)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	T1	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T1	QL (2 EA per 1 day)
<i>umeclidinium-vilanterol</i>	T2	PA; QL (60 EA per 30 days)

	<b>Drug Tier</b>	<b>Notes</b>
<b>lowercase italics</b> = Generic drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
<b>UPPERCASE</b> = Brand name drugs	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	T2	PA; QL (60 EA per 30 days)
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	T2	PA; QL (60 EA per 30 days)
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	T2	PA; QL (60 EA per 30 days)
<b>Anti-Ige Monoclonal Antibodies</b>		
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	T1	PA; SP; QL (1.2 ML per 30 days)
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	T1	PA; SP; QL (8.7 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T1	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T1	PA; SP; QL (0.29 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	T1	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T1	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T1	PA; SP; QL (0.29 ML per 1 day)
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium inhalation</i>	T3	
<b>Beta Adrenergics</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	T1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	T1	
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	T1	
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	T1	

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	T1	
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>	T1	
<i>albuterol sulfate oral syrup</i>	T1	
<i>albuterol sulfate tablet 2 mg oral</i>	T2	PA
<i>albuterol sulfate tablet 4 mg oral</i>	T2	PA
<i>arformoterol tartrate</i>	T2	PA; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation</i>	T2	PA; QL (120 ML per 30 days)
<i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i>	T1	QL (270 ML per 30 days)
<i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i>	T1	QL (270 ML per 30 days)
<i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i>	T2	PA; QL (90 EA per 30 days)
<i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i>	T1	QL (270 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i>	T1	QL (30 GM per 30 days)
PERFOROMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	T2	PA; QL (120 ML per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	T1	QL (2.1 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	T1	QL (60 EA per 30 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	T1	QL (4.2 GM per 30 days)
<i>terbutaline sulfate injection</i>	T3	
<i>terbutaline sulfate tablet 2.5 mg oral</i>	T2	PA
<i>terbutaline sulfate tablet 5 mg oral</i>	T2	PA
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T1	QL (36 GM per 30 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	T1	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	T1	QL (30 EA per 30 days)
<i>ipratropium bromide solution 0.02 % inhalation</i>	T1	
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	T1	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	T1	QL (4.2 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	T1	QL (4.2 GM per 30 days)
<i>tiotropium bromide</i>	T2	PA; QL (30 EA per 30 days)
YUPELRI SOLUTION 175 MCG/3ML INHALATION	T2	PA; QL (90 ML per 30 days)
<b>Interleukin-5 Antagonists (Igg1 Kappa)</b>		

Prescription Drug Name	Drug Tier	Notes
FASENRA PEN	T1	PA; SP; QL (0.04 ML per 1 day)
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (1.2 ML per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	T1	PA; SP
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (0.11 ML per 1 day)
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (0.11 ML per 1 day)
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	T1	PA; SP; QL (3.3 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T1	PA; SP; QL (0.02 ML per 1 day)
<b>Interleukin-5 Antagonists (Igg4 Kappa)</b>		
CINQAIR SOLUTION 100 MG/10ML INTRAVENOUS	T2	PA; SP

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	T1 = Preferred PDL Drug	AL = Age Restriction
	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast sodium packet 4 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Max 2 Years)
<i>montelukast sodium tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>montelukast sodium tablet chewable 4 mg oral</i>	T1	QL (30 EA per 30 days)
<i>montelukast sodium tablet chewable 5 mg oral</i>	T1	QL (30 EA per 30 days)
SINGULAIR TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)
SINGULAIR TABLET CHEWABLE 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>zafirlukast tablet 10 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>zafirlukast tablet 20 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<b>Selective Phosphodiesterase 4 (Pde4) Inhibitors</b>		
DALIRESP TABLET 250 MCG ORAL	T2	PA; QL (30 EA per 30 days)
DALIRESP TABLET 500 MCG ORAL	T2	PA; QL (30 EA per 30 days)
<i>roflumilast</i>	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<b>Steroid Inhalants</b>		
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION	T2	PA; QL (12.3 GM per 30 days)
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION	T2	PA; QL (6.3 GM per 30 days)
ARNUITY ELLIPTA	T1	QL (30 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T1	QL (13.2 GM per 30 days)
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	T1	QL (0.44 GM per 1 day)
<i>budesonide suspension 0.25 mg/2ml inhalation</i>	T1	QL (120 ML per 30 days)
<i>budesonide suspension 0.5 mg/2ml inhalation</i>	T1	QL (120 ML per 30 days)
<i>budesonide suspension 1 mg/2ml inhalation</i>	T2	PA; QL (60 ML per 30 days)
<i>fluticasone furoate ellipta</i>	T2	PA; QL (30 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	T2	PA; QL (60 EA per 30 days)

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**Drug Tier**  
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**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	T2	PA; QL (240 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	PA; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	PA; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	PA; QL (10.8 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T1	QL (2.1 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T1	QL (1.2 EA per 30 days)
PULMICORT SUSPENSION 0.25 MG/2ML INHALATION	T2	PA; QL (120 ML per 30 days)
PULMICORT SUSPENSION 0.5 MG/2ML INHALATION	T2	PA; QL (120 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
PULMICORT SUSPENSION 1 MG/2ML INHALATION	T2	PA; QL (60 ML per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	T1	QL (10.8 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	T1	QL (21.3 GM per 30 days)
<b>Xanthines</b>		
<i>aminophylline intravenous</i>	T3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	T3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	T3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	T3	
<i>theophylline er tablet extended release 12 hour 300 mg oral</i>	T3	
<i>theophylline er tablet extended release 24 hour 400 mg oral</i>	T3	

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>theophylline er tablet extended release 24 hour 600 mg oral</i>	T3	
<b>Anticoagulants</b>		
<b>Coumarin Anticoagulants</b>		
JANTOVEN TABLET 1 MG ORAL	T1	
JANTOVEN TABLET 10 MG ORAL	T1	
JANTOVEN TABLET 2 MG ORAL	T1	
JANTOVEN TABLET 2.5 MG ORAL	T1	
JANTOVEN TABLET 3 MG ORAL	T1	
JANTOVEN TABLET 4 MG ORAL	T1	
JANTOVEN TABLET 5 MG ORAL	T1	
JANTOVEN TABLET 6 MG ORAL	T1	
JANTOVEN TABLET 7.5 MG ORAL	T1	
<i>warfarin sodium tablet 1 mg oral</i>	T1	
<i>warfarin sodium tablet 10 mg oral</i>	T1	
<i>warfarin sodium tablet 2 mg oral</i>	T1	
<i>warfarin sodium tablet 2.5 mg oral</i>	T1	
<i>warfarin sodium tablet 3 mg oral</i>	T1	
<i>warfarin sodium tablet 4 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>warfarin sodium tablet 5 mg oral</i>	T1	
<i>warfarin sodium tablet 6 mg oral</i>	T1	
<i>warfarin sodium tablet 7.5 mg oral</i>	T1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS (1.5 MG PACK)	T2	PA
ELIQUIS (2 MG PACK)	T2	PA
ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL	T1	QL (74.1 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	PA
ELIQUIS ORAL TABLET SOLUBLE	T2	PA
ELIQUIS TABLET 2.5 MG ORAL	T1	QL (60 EA per 30 days)
ELIQUIS TABLET 5 MG ORAL	T1	QL (120 EA per 30 days)
<i>rivaroxaban oral suspension reconstituted</i>	T2	PA; QL (20 ML per 1 day)
<i>rivaroxaban oral tablet</i>	T1	QL (60 EA per 30 days)
SAVAYSA TABLET 15 MG ORAL	T2	PA; QL (30 EA per 30 days)
SAVAYSA TABLET 30 MG ORAL	T2	PA; QL (30 EA per 30 days)

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
SAVAYSA TABLET 60 MG ORAL	T2	PA; QL (30 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	PA; QL (600 ML per 30 days)
XARELTO ORAL TABLET 2.5 MG	T2	PA; QL (60 EA per 30 days)
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL	T1	QL (51 EA per 30 days)
XARELTO TABLET 10 MG ORAL	T1	QL (30 EA per 30 days)
XARELTO TABLET 15 MG ORAL	T1	QL (60 EA per 30 days)
XARELTO TABLET 20 MG ORAL	T1	QL (30 EA per 30 days)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>heparin na (pork) lock flush pf intravenous solution 10 unit/ml, 100 unit/ml</i>	T3	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	T3	
<i>heparin sodium (porcine) solution 10000 unit/ml injection</i>	T3	
<i>heparin sodium (porcine) solution 5000 unit/ml injection</i>	T3	
<b>Low Molecular Weight Heparins</b>		

Prescription Drug Name	Drug Tier	Notes
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T1	
<i>enoxaparin sodium injection solution prefilled syringe</i>	T1	
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS	T2	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS	T2	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS	T2	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS	T2	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS	T2	PA

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 drugs

**Drug Tier**  
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**T3** = Supplemental Formulary  
 Drug  
**T4** = Supplemental Specialty

**Notes**  
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**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS	T2	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS	T2	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS	T2	PA
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T2	PA
LOVENOX INJECTION	T2	PA
<b>Synthetic Heparinoid-Like Agents</b>		
ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS	T2	PA
ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	T2	PA
ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS	T2	PA
ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i>	T2	PA
<i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i>	T2	PA
<i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i>	T2	PA
<i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i>	T2	PA
<b>Thrombin Inhibitors - Selective Direct &amp; Reversible</b>		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	T1	QL (120 EA per 30 days)
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	T1	QL (60 EA per 30 days)
PRADAXA CAPSULE 110 MG ORAL	T2	PA; QL (120 EA per 30 days)
PRADAXA CAPSULE 150 MG ORAL	T2	PA; QL (60 EA per 30 days)
PRADAXA CAPSULE 75 MG ORAL	T2	PA; QL (60 EA per 30 days)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG	T2	PA; QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG	T2	PA; QL (2 EA per 1 day)
<b>Anticonvulsants</b>		

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	T1 = Preferred PDL Drug	AL = Age Restriction
	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Ampa Glutamate Receptor Antagonists</b>		
<i>perampanel oral suspension</i>	T2	PA; QL (720 ML per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	T2	PA; QL (60 EA per 30 days)
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam oral suspension 10 mg/4ml</i>	T1	QL (480 ML per 30 days)
<i>clobazam suspension 2.5 mg/ml oral</i>	T1	QL (480 ML per 30 days)
<i>clobazam tablet 10 mg oral</i>	T1	QL (90 EA per 30 days)
<i>clobazam tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>clonazepam tablet 0.5 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years)
<i>clonazepam tablet 1 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 21 Years)
<i>clonazepam tablet 2 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 21 Years)
<i>clonazepam tablet dispersible 0.125 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years)

Prescription Drug Name	Drug Tier	Notes
<i>clonazepam tablet dispersible 0.25 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years)
<i>clonazepam tablet dispersible 0.5 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 21 Years)
<i>clonazepam tablet dispersible 1 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 21 Years)
<i>clonazepam tablet dispersible 2 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 21 Years)
<i>diazepam gel 10 mg rectal</i>	T1	
<i>diazepam gel 2.5 mg rectal</i>	T1	
<i>diazepam gel 20 mg rectal</i>	T1	
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	T1	
ONFI SUSPENSION 2.5 MG/ML ORAL	T2	PA; QL (480 ML per 30 days)
ONFI TABLET 10 MG ORAL	T2	PA; QL (90 EA per 30 days)
ONFI TABLET 20 MG ORAL	T2	PA; QL (60 EA per 30 days)
SYMPAZAN FILM 10 MG ORAL	T2	PA; QL (60 EA per 30 days)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
SYMPAZAN FILM 20 MG ORAL	T2	PA; QL (60 EA per 30 days)
SYMPAZAN FILM 5 MG ORAL	T2	PA; QL (60 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T1	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T1	
<b>Anticonvulsants - Misc.</b>		
APTIOM TABLET 200 MG ORAL	T2	PA; QL (30 EA per 30 days)
APTIOM TABLET 400 MG ORAL	T2	PA; QL (30 EA per 30 days)
APTIOM TABLET 600 MG ORAL	T2	PA; QL (60 EA per 30 days)
APTIOM TABLET 800 MG ORAL	T2	PA; QL (60 EA per 30 days)
BANZEL SUSPENSION 40 MG/ML ORAL	T2	PA; QL (2400 ML per 30 days)
BANZEL TABLET 200 MG ORAL	T2	PA; QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
BANZEL TABLET 400 MG ORAL	T2	PA; QL (240 EA per 30 days)
BRIVIACT SOLUTION 10 MG/ML ORAL	T2	PA; QL (600 ML per 30 days)
BRIVIACT TABLET 10 MG ORAL	T1	QL (120 EA per 30 days)
BRIVIACT TABLET 100 MG ORAL	T1	QL (60 EA per 30 days)
BRIVIACT TABLET 25 MG ORAL	T1	QL (120 EA per 30 days)
BRIVIACT TABLET 50 MG ORAL	T1	QL (120 EA per 30 days)
BRIVIACT TABLET 75 MG ORAL	T1	QL (60 EA per 30 days)
<i>carbamazepine er capsule extended release 12 hour 100 mg oral</i>	T1	QL (180 EA per 30 days)
<i>carbamazepine er capsule extended release 12 hour 200 mg oral</i>	T1	QL (240 EA per 30 days)
<i>carbamazepine er capsule extended release 12 hour 300 mg oral</i>	T1	QL (150 EA per 30 days)
<i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>	T1	QL (180 EA per 30 days)
<i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>	T1	QL (240 EA per 30 days)

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>	T1	QL (120 EA per 30 days)
<i>carbamazepine oral suspension 200 mg/10ml</i>	T1	QL (2400 ML per 30 days)
<i>carbamazepine oral tablet chewable 200 mg</i>	T2	PA; QL (8 EA per 1 day)
<i>carbamazepine tablet 200 mg oral</i>	T1	QL (240 EA per 30 days)
<i>carbamazepine tablet chewable 100 mg oral</i>	T1	QL (180 EA per 30 days)
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	T2	PA; QL (180 EA per 30 days)
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	T2	PA; QL (240 EA per 30 days)
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	T2	PA; QL (150 EA per 30 days)
DIACOMIT CAPSULE 250 MG ORAL	T2	PA; SP
DIACOMIT CAPSULE 500 MG ORAL	T2	PA; SP
DIACOMIT PACKET 250 MG ORAL	T2	PA; SP
DIACOMIT PACKET 500 MG ORAL	T2	PA; SP

Prescription Drug Name	Drug Tier	Notes
ELEPSIA XR	T2	PA; QL (60 EA per 30 days)
EPIDIOLEX SOLUTION 100 MG/ML ORAL	T1	PA; SP
EPRONTIA	T2	PA; QL (16 ML per 1 day)
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	T2	PA; QL (60 EA per 30 days)
FINTEPLA	T2	PA; SP; QL (11.82 ML per 1 day)
<i>gabapentin capsule 100 mg oral</i>	T1	QL (180 EA per 30 days)
<i>gabapentin capsule 300 mg oral</i>	T1	QL (360 EA per 30 days)
<i>gabapentin capsule 400 mg oral</i>	T1	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin tablet 600 mg oral</i>	T1	QL (180 EA per 30 days)
<i>gabapentin tablet 800 mg oral</i>	T1	QL (120 EA per 30 days)
GABARONE	T2	PA; QL (9 EA per 1 day)
KEPPRA SOLUTION 100 MG/ML ORAL	T2	PA; QL (1200 ML per 30 days)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
KEPPRA TABLET 1000 MG ORAL	T2	PA; QL (90 EA per 30 days)
KEPPRA TABLET 250 MG ORAL	T2	PA; QL (180 EA per 30 days)
KEPPRA TABLET 500 MG ORAL	T2	PA; QL (180 EA per 30 days)
KEPPRA TABLET 750 MG ORAL	T2	PA; QL (120 EA per 30 days)
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	T2	PA; QL (180 EA per 30 days)
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>lacosamide intravenous</i>	T3	
<i>lacosamide oral solution</i>	T1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	T1	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	T1	QL (120 EA per 30 days)
LAMICTAL ODT KIT 21 X 25 MG & 7 X 50 MG ORAL	T2	PA
LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL	T2	PA
LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL	T2	PA
LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL	T2	PA
LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL	T2	PA
LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL	T2	PA
LAMICTAL STARTER KIT 35 X 25 MG ORAL	T2	PA
LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL	T2	PA
LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL	T2	PA
LAMICTAL TABLET 100 MG ORAL	T2	PA
LAMICTAL TABLET 150 MG ORAL	T2	PA
LAMICTAL TABLET 200 MG ORAL	T2	PA
LAMICTAL TABLET 25 MG ORAL	T2	PA

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty Drug	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
LAMICTAL TABLET CHEWABLE 25 MG ORAL	T2	PA
LAMICTAL TABLET CHEWABLE 5 MG ORAL	T2	PA
LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL	T2	PA
LAMICTAL XR KIT 25 & 50 & 100 MG ORAL	T2	PA
LAMICTAL XR KIT 50 & 100 & 200 MG ORAL	T2	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	T2	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	T2	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	T2	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	T2	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA
<i>lamotrigine er tablet extended release 24 hour 100 mg oral</i>	T2	PA
<i>lamotrigine er tablet extended release 24 hour 200 mg oral</i>	T2	PA
<i>lamotrigine er tablet extended release 24 hour 25 mg oral</i>	T2	PA
<i>lamotrigine er tablet extended release 24 hour 250 mg oral</i>	T2	PA
<i>lamotrigine er tablet extended release 24 hour 300 mg oral</i>	T2	PA
<i>lamotrigine er tablet extended release 24 hour 50 mg oral</i>	T2	PA
<i>lamotrigine kit 25 &amp; 50 &amp; 100 mg oral</i>	T2	PA
<i>lamotrigine starter kit-blue kit 35 x 25 mg oral</i>	T2	PA
<i>lamotrigine starter kit-green kit 84 x 25 mg &amp; 14x100 mg oral</i>	T2	PA
<i>lamotrigine starter kit-orange kit 42 x 25 mg &amp; 7 x 100 mg oral</i>	T2	PA
<i>lamotrigine tablet 100 mg oral</i>	T1	

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>lamotrigine tablet 150 mg oral</i>	T1	
<i>lamotrigine tablet 200 mg oral</i>	T1	
<i>lamotrigine tablet 25 mg oral</i>	T1	
<i>lamotrigine tablet chewable 25 mg oral</i>	T2	PA
<i>lamotrigine tablet chewable 5 mg oral</i>	T2	PA
<i>lamotrigine tablet dispersible 100 mg oral</i>	T2	PA
<i>lamotrigine tablet dispersible 200 mg oral</i>	T2	PA
<i>lamotrigine tablet dispersible 25 mg oral</i>	T2	PA
<i>lamotrigine tablet dispersible 50 mg oral</i>	T2	PA
<i>levetiracetam er tablet extended release 24 hour 500 mg oral</i>	T1	QL (180 EA per 30 days)
<i>levetiracetam er tablet extended release 24 hour 750 mg oral</i>	T1	QL (120 EA per 30 days)
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	T3	
<i>levetiracetam intravenous</i>	T3	
<i>levetiracetam oral solution</i>	T1	QL (1200 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>levetiracetam oral tablet disintegrating soluble</i>	T2	PA; QL (180 EA per 30 days)
<i>levetiracetam tablet 1000 mg oral</i>	T1	QL (90 EA per 30 days)
<i>levetiracetam tablet 250 mg oral</i>	T1	QL (180 EA per 30 days)
<i>levetiracetam tablet 500 mg oral</i>	T1	QL (180 EA per 30 days)
<i>levetiracetam tablet 750 mg oral</i>	T1	QL (120 EA per 30 days)
LYRICA CAPSULE 100 MG ORAL	T2	PA; QL (90 EA per 30 days)
LYRICA CAPSULE 150 MG ORAL	T2	PA; QL (90 EA per 30 days)
LYRICA CAPSULE 200 MG ORAL	T2	PA; QL (90 EA per 30 days)
LYRICA CAPSULE 225 MG ORAL	T2	PA; QL (60 EA per 30 days)
LYRICA CAPSULE 25 MG ORAL	T2	PA; QL (90 EA per 30 days)
LYRICA CAPSULE 300 MG ORAL	T2	PA; QL (60 EA per 30 days)
LYRICA CAPSULE 50 MG ORAL	T2	PA; QL (90 EA per 30 days)
LYRICA CAPSULE 75 MG ORAL	T2	PA; QL (90 EA per 30 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T2	PA; QL (1 EA per 1 day)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T2	PA; QL (2 EA per 1 day)
NEURONTIN CAPSULE 100 MG ORAL	T2	PA; QL (180 EA per 30 days)
NEURONTIN CAPSULE 300 MG ORAL	T2	PA; QL (360 EA per 30 days)
NEURONTIN CAPSULE 400 MG ORAL	T2	PA; QL (270 EA per 30 days)
NEURONTIN TABLET 600 MG ORAL	T2	PA; QL (180 EA per 30 days)
NEURONTIN TABLET 800 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T2	PA; QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>oxcarbazepine tablet 150 mg oral</i>	T1	QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>oxcarbazepine tablet 300 mg oral</i>	T1	QL (210 EA per 30 days)
<i>oxcarbazepine tablet 600 mg oral</i>	T1	QL (120 EA per 30 days)
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	T2	PA; QL (90 EA per 30 days)
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	T2	PA; QL (90 EA per 30 days)
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>pregabalin capsule 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pregabalin capsule 150 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pregabalin capsule 200 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pregabalin capsule 225 mg oral</i>	T1	QL (60 EA per 30 days)
<i>pregabalin capsule 25 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pregabalin capsule 300 mg oral</i>	T1	QL (60 EA per 30 days)
<i>pregabalin capsule 50 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pregabalin capsule 75 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pregabalin solution 20 mg/ml oral</i>	T1	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg</i>	T1	

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>primidone tablet 250 mg oral</i>	T1	QL (240 EA per 30 days)
<i>primidone tablet 50 mg oral</i>	T1	QL (240 EA per 30 days)
<i>rufinamide oral suspension</i>	T2	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	T2	PA; QL (120 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	T2	PA; QL (240 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	T2	PA; QL (180 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL	T2	PA; QL (180 EA per 30 days)
SUBVENITE ORAL SUSPENSION	T2	PA
SUBVENITE STARTER KIT-BLUE KIT 35 X 25 MG ORAL	T2	PA
SUBVENITE STARTER KIT-GREEN KIT 84 X 25 MG & 14X100 MG ORAL	T2	PA
SUBVENITE STARTER KIT-ORANGE KIT 42 X 25 MG & 7 X 100 MG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
SUBVENITE TABLET 100 MG ORAL	T1	
SUBVENITE TABLET 150 MG ORAL	T1	
SUBVENITE TABLET 200 MG ORAL	T1	
SUBVENITE TABLET 25 MG ORAL	T1	
TEGRETOL SUSPENSION 100 MG/5ML ORAL	T2	PA; QL (2400 ML per 30 days)
TEGRETOL TABLET 200 MG ORAL	T2	PA; QL (240 EA per 30 days)
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	T2	PA; QL (180 EA per 30 days)
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	T2	PA; QL (240 EA per 30 days)
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 400 MG ORAL	T2	PA; QL (120 EA per 30 days)
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL	T2	PA; QL (180 EA per 30 days)
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL	T2	PA; QL (180 EA per 30 days)
TOPAMAX TABLET 100 MG ORAL	T2	PA; QL (90 EA per 30 days)

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**T4** = Supplemental Specialty

**Notes**  
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**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TOPAMAX TABLET 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
TOPAMAX TABLET 25 MG ORAL	T2	PA; QL (180 EA per 30 days)
TOPAMAX TABLET 50 MG ORAL	T2	PA; QL (180 EA per 30 days)
<i>topiramate capsule sprinkle 15 mg oral</i>	T1	QL (180 EA per 30 days)
<i>topiramate capsule sprinkle 25 mg oral</i>	T1	QL (180 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i>	T1	QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i>	T1	QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i>	T1	QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i>	T1	QL (120 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i>	T1	QL (120 EA per 30 days)
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	T2	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	T2	PA; QL (120 EA per 30 days)
<i>topiramate oral capsule sprinkle 50 mg</i>	T2	PA; QL (8 EA per 1 day)
<i>topiramate oral solution</i>	T2	PA; QL (16 ML per 1 day)
<i>topiramate tablet 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>topiramate tablet 200 mg oral</i>	T1	QL (60 EA per 30 days)
<i>topiramate tablet 25 mg oral</i>	T1	QL (180 EA per 30 days)
<i>topiramate tablet 50 mg oral</i>	T1	QL (180 EA per 30 days)
TRILEPTAL SUSPENSION 300 MG/5ML ORAL	T2	PA; QL (1200 ML per 30 days)
TRILEPTAL TABLET 150 MG ORAL	T2	PA; QL (180 EA per 30 days)
TRILEPTAL TABLET 300 MG ORAL	T2	PA; QL (210 EA per 30 days)
TRILEPTAL TABLET 600 MG ORAL	T2	PA; QL (120 EA per 30 days)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	T2	PA; QL (90 EA per 30 days)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	T2	PA; QL (120 EA per 30 days)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA; QL (120 EA per 30 days)
VIMPAT TABLET 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
VIMPAT TABLET 150 MG ORAL	T2	PA; QL (60 EA per 30 days)
VIMPAT TABLET 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
VIMPAT TABLET 50 MG ORAL	T2	PA; QL (120 EA per 30 days)
ZONISADE	T2	PA; QL (30 ML per 1 day)
<i>zonisamide capsule 100 mg oral</i>	T1	QL (180 EA per 30 days)
<i>zonisamide capsule 25 mg oral</i>	T1	QL (180 EA per 30 days)
<i>zonisamide capsule 50 mg oral</i>	T1	QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
ZTALMY	T2	PA; SP; QL (36 ML per 1 day)
<b>Carbamates</b>		
<i>felbamate suspension 600 mg/5ml oral</i>	T2	PA
<i>felbamate tablet 400 mg oral</i>	T2	PA
<i>felbamate tablet 600 mg oral</i>	T2	PA
FELBATOL TABLET 400 MG ORAL	T2	PA
FELBATOL TABLET 600 MG ORAL	T2	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T2	PA
XCOPRI (350 MG DAILY DOSE)	T2	PA; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 50 MG	T2	PA; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 150 MG, 200 MG	T2	PA; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 25 MG	T2	PA
XCOPRI ORAL TABLET THERAPY PACK	T2	PA; QL (1 EA per 1 day)
<b>Gaba Modulators</b>		
SABRIL PACKET 500 MG ORAL	T2	PA; SP; QL (180 EA per 30 days)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
SABRIL TABLET 500 MG ORAL	T2	PA; SP; QL (180 EA per 30 days)
<i>tiagabine hcl tablet 12 mg oral</i>	T2	PA
<i>tiagabine hcl tablet 16 mg oral</i>	T2	PA
<i>tiagabine hcl tablet 2 mg oral</i>	T2	PA
<i>tiagabine hcl tablet 4 mg oral</i>	T2	PA
<i>vigabatrin packet 500 mg oral</i>	T2	PA; SP; QL (180 EA per 30 days)
<i>vigabatrin tablet 500 mg oral</i>	T2	PA; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET	T2	PA; QL (180 EA per 30 days)
VIGADRONE PACKET 500 MG ORAL	T2	PA; QL (180 EA per 30 days)
VIGAFYDE	T2	PA; SP; QL (24 ML per 1 day)
<b>Hydantoins</b>		
DILANTIN CAPSULE 100 MG ORAL	T2	PA; QL (180 EA per 30 days)
DILANTIN CAPSULE 30 MG ORAL	T1	QL (180 EA per 30 days)
DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL	T2	PA; QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
DILANTIN-125	T2	PA; QL (720 ML per 30 days)
<i>fosphenytoin sodium</i>	T3	
PHENYTEK CAPSULE 200 MG ORAL	T2	PA; QL (90 EA per 30 days)
PHENYTEK CAPSULE 300 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>phenytoin sodium extended capsule 100 mg oral</i>	T1	QL (180 EA per 30 days)
<i>phenytoin sodium extended capsule 200 mg oral</i>	T1	QL (90 EA per 30 days)
<i>phenytoin sodium extended capsule 300 mg oral</i>	T1	QL (60 EA per 30 days)
<i>phenytoin suspension 100 mg/4ml oral</i>	T1	QL (720 ML per 30 days)
<i>phenytoin tablet chewable 50 mg oral</i>	T1	QL (180 EA per 30 days)
<b>Succinimides</b>		
CELONTIN CAPSULE 300 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>ethosuximide oral capsule</i>	T1	QL (180 EA per 30 days)
<i>ethosuximide oral solution</i>	T1	QL (900 ML per 30 days)
<i>methsuximide</i>	T2	PA; QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
ZARONTIN CAPSULE 250 MG ORAL	T2	PA; QL (180 EA per 30 days)
<b>Valproic Acid</b>		
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL	T2	PA
<i>divalproex sodium capsule delayed release sprinkle 125 mg oral</i>	T1	
<i>divalproex sodium er tablet extended release 24 hour 250 mg oral</i>	T1	
<i>divalproex sodium er tablet extended release 24 hour 500 mg oral</i>	T1	
<i>divalproex sodium tablet delayed release 125 mg oral</i>	T1	
<i>divalproex sodium tablet delayed release 250 mg oral</i>	T1	
<i>divalproex sodium tablet delayed release 500 mg oral</i>	T1	
<i>valproic acid capsule 250 mg oral</i>	T1	
<i>valproic acid oral solution</i>	T1	
<b>Antidepressants</b>		

Prescription Drug Name	Drug Tier	Notes
<b>*Antidepressant - Miscellaneous Combinations***</b>		
AUVELITY	T2	PA; QL (2 EA per 1 day)
<b>*Gaba Receptor Modulator - Neuroactive Steroid***</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T2	PA; QL (2 EA per 1 day)
ZURZUVAE ORAL CAPSULE 30 MG	T2	PA; QL (1 EA per 1 day)
<b>*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists***</b>		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	T2	PA; SP; QL (17.4 EA per 30 days)
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	T2	PA; SP; QL (25.8 EA per 30 days)
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tablet 15 mg oral</i>	T1	QL (30 EA per 30 days)
<i>mirtazapine tablet 30 mg oral</i>	T1	QL (30 EA per 30 days)
<i>mirtazapine tablet 45 mg oral</i>	T1	QL (30 EA per 30 days)
<i>mirtazapine tablet 7.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>mirtazapine tablet dispersible 15 mg oral</i>	T1	QL (30 EA per 30 days)
<i>mirtazapine tablet dispersible 30 mg oral</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>mirtazapine tablet dispersible 45 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl er (sr)</i>	T1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	T1	QL (30 EA per 30 days)
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	T1	QL (30 EA per 30 days)
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	T1	QL (30 EA per 30 days)
<i>bupropion hcl tablet 100 mg oral</i>	T1	
<i>bupropion hcl tablet 75 mg oral</i>	T1	
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	T2	PA; QL (60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
<b>Modified Cyclics</b>		
EXXUA	T2	PA

Prescription Drug Name	Drug Tier	Notes
EXXUA TITRATION PACK	T2	PA
<i>nefazodone hcl tablet 100 mg oral</i>	T2	PA
<i>nefazodone hcl tablet 150 mg oral</i>	T2	PA
<i>nefazodone hcl tablet 200 mg oral</i>	T2	PA
<i>nefazodone hcl tablet 250 mg oral</i>	T2	PA
<i>nefazodone hcl tablet 50 mg oral</i>	T2	PA
RALDESY	T2	PA
<i>trazodone hcl tablet 100 mg oral</i>	T1	
<i>trazodone hcl tablet 150 mg oral</i>	T1	
<i>trazodone hcl tablet 300 mg oral</i>	T1	
<i>trazodone hcl tablet 50 mg oral</i>	T1	
TRINTELLIX TABLET 10 MG ORAL	T2	PA; QL (60 EA per 30 days)
TRINTELLIX TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
TRINTELLIX TABLET 5 MG ORAL	T2	PA; QL (60 EA per 30 days)
VIIBRYD TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
VIIBRYD TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
VIIBRYD TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>vilazodone hcl</i>	T1	QL (30 EA per 30 days)
<b>Monoamine Oxidase Inhibitors (Maois)</b>		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
MARPLAN TABLET 10 MG ORAL	T2	PA
NARDIL TABLET 15 MG ORAL	T2	PA
<i>phenelzine sulfate tablet 15 mg oral</i>	T1	
<i>tranylcypromine sulfate tablet 10 mg oral</i>	T2	PA
<b>Selective Serotonin Reuptake Inhibitors (Ssrís)</b>		
CELEXA TABLET 10 MG ORAL	T2	PA; QL (45 EA per 30 days)
CELEXA TABLET 20 MG ORAL	T2	PA; QL (45 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
CELEXA TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral capsule</i>	T2	PA; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	T2	PA; QL (600 ML per 300 days)
<i>citalopram hydrobromide solution 10 mg/5ml oral</i>	T1	QL (600 ML per 30 days)
<i>citalopram hydrobromide tablet 10 mg oral</i>	T1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tablet 20 mg oral</i>	T1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral capsule</i>	T2	PA
<i>escitalopram oxalate oral solution 10 mg/10ml</i>	T2	PA; QL (600 ML per 30 days)
<i>escitalopram oxalate solution 5 mg/5ml oral</i>	T2	PA; QL (600 ML per 30 days)
<i>escitalopram oxalate tablet 10 mg oral</i>	T1	QL (45 EA per 30 days)
<i>escitalopram oxalate tablet 20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>escitalopram oxalate tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>fluoxetine hcl capsule 10 mg oral</i>	T1	QL (180 EA per 30 days)
<i>fluoxetine hcl capsule 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>fluoxetine hcl capsule 40 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fluoxetine hcl capsule delayed release 90 mg oral</i>	T2	PA; QL (4.5 EA per 30 days)
<i>fluoxetine hcl solution 20 mg/5ml oral</i>	T1	QL (600 ML per 30 days)
<i>fluoxetine hcl tablet 10 mg oral</i>	T1	QL (180 EA per 30 days)
<i>fluoxetine hcl tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>fluoxetine hcl tablet 60 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>fluvoxamine maleate tablet 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>fluvoxamine maleate tablet 25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fluvoxamine maleate tablet 50 mg oral</i>	T1	QL (45 EA per 30 days)
LEXAPRO TABLET 10 MG ORAL	T2	PA; QL (45 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
LEXAPRO TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
LEXAPRO TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	PA; QL (900 ML per 30 days)
<i>paroxetine hcl tablet 10 mg oral</i>	T1	QL (90 EA per 30 days)
<i>paroxetine hcl tablet 20 mg oral</i>	T1	QL (90 EA per 30 days)
<i>paroxetine hcl tablet 30 mg oral</i>	T1	QL (60 EA per 30 days)
<i>paroxetine hcl tablet 40 mg oral</i>	T1	QL (45 EA per 30 days)
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
PAXIL TABLET 10 MG ORAL	T2	PA; QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
PAXIL TABLET 20 MG ORAL	T2	PA; QL (90 EA per 30 days)
PAXIL TABLET 30 MG ORAL	T2	PA; QL (60 EA per 30 days)
PAXIL TABLET 40 MG ORAL	T2	PA; QL (45 EA per 30 days)
<i>sertraline hcl concentrate 20 mg/ml oral</i>	T1	QL (300 ML per 30 days)
<i>sertraline hcl oral capsule</i>	T2	PA; QL (30 EA per 30 days)
<i>sertraline hcl tablet 100 mg oral</i>	T1	QL (60 EA per 30 days)
<i>sertraline hcl tablet 25 mg oral</i>	T1	QL (90 EA per 30 days)
<i>sertraline hcl tablet 50 mg oral</i>	T1	QL (90 EA per 30 days)
ZOLOFT CONCENTRATE 20 MG/ML ORAL	T2	PA; QL (300 ML per 30 days)
ZOLOFT TABLET 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
ZOLOFT TABLET 25 MG ORAL	T2	PA; QL (90 EA per 30 days)
ZOLOFT TABLET 50 MG ORAL	T2	PA; QL (90 EA per 30 days)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (Snris)</b>		

Prescription Drug Name	Drug Tier	Notes
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i>	T1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i>	T1	
<i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i>	T1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	T2	PA; QL (2 EA per 1 day)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	T2	PA; QL (2 EA per 1 day)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	T2	PA; QL (1 EA per 1 day)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	T2	PA; QL (1 EA per 1 day)
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	T1	QL (60 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	T1	QL (60 EA per 30 days)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	T2	PA; QL (60 EA per 30 days)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	T2	PA; QL (90 EA per 30 days)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	T2	PA; QL (30 EA per 30 days)
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL	T2	PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	T2	PA; QL (30 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	T2	PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>venlafaxine besylate er</i>	T2	PA; QL (2 EA per 1 day)
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	T1	QL (90 EA per 30 days)
<i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i>	T1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i>	T1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i>	T1	QL (30 EA per 30 days)
<i>venlafaxine hcl tablet 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>venlafaxine hcl tablet 25 mg oral</i>	T1	QL (90 EA per 30 days)
<i>venlafaxine hcl tablet 37.5 mg oral</i>	T1	QL (90 EA per 30 days)
<i>venlafaxine hcl tablet 50 mg oral</i>	T1	QL (90 EA per 30 days)
<i>venlafaxine hcl tablet 75 mg oral</i>	T1	QL (90 EA per 30 days)
<b>Tricyclic Agents</b>		

Prescription Drug Name	Drug Tier	Notes
<i>amitriptyline hcl tablet 10 mg oral</i>	T1	
<i>amitriptyline hcl tablet 100 mg oral</i>	T1	
<i>amitriptyline hcl tablet 150 mg oral</i>	T1	
<i>amitriptyline hcl tablet 25 mg oral</i>	T1	
<i>amitriptyline hcl tablet 50 mg oral</i>	T1	
<i>amitriptyline hcl tablet 75 mg oral</i>	T1	
<i>amoxapine tablet 100 mg oral</i>	T1	
<i>amoxapine tablet 150 mg oral</i>	T1	
<i>amoxapine tablet 25 mg oral</i>	T1	
<i>amoxapine tablet 50 mg oral</i>	T1	
ANAFRANIL CAPSULE 25 MG ORAL	T2	PA
ANAFRANIL CAPSULE 50 MG ORAL	T2	PA
ANAFRANIL CAPSULE 75 MG ORAL	T2	PA
<i>clomipramine hcl capsule 25 mg oral</i>	T1	
<i>clomipramine hcl capsule 50 mg oral</i>	T1	
<i>clomipramine hcl capsule 75 mg oral</i>	T1	

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty Drug	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>desipramine hcl tablet 10 mg oral</i>	T2	PA
<i>desipramine hcl tablet 100 mg oral</i>	T2	PA
<i>desipramine hcl tablet 150 mg oral</i>	T2	PA
<i>desipramine hcl tablet 25 mg oral</i>	T2	PA
<i>desipramine hcl tablet 50 mg oral</i>	T2	PA
<i>desipramine hcl tablet 75 mg oral</i>	T2	PA
<i>doxepin hcl capsule 10 mg oral</i>	T1	
<i>doxepin hcl capsule 100 mg oral</i>	T1	
<i>doxepin hcl capsule 150 mg oral</i>	T1	
<i>doxepin hcl capsule 25 mg oral</i>	T1	
<i>doxepin hcl capsule 50 mg oral</i>	T1	
<i>doxepin hcl capsule 75 mg oral</i>	T1	
<i>doxepin hcl concentrate 10 mg/ml oral</i>	T1	
<i>imipramine hcl tablet 10 mg oral</i>	T1	
<i>imipramine hcl tablet 25 mg oral</i>	T1	
<i>imipramine hcl tablet 50 mg oral</i>	T1	
<i>imipramine pamoate capsule 100 mg oral</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>imipramine pamoate capsule 125 mg oral</i>	T2	PA
<i>imipramine pamoate capsule 150 mg oral</i>	T2	PA
<i>imipramine pamoate capsule 75 mg oral</i>	T2	PA
NORPRAMIN TABLET 10 MG ORAL	T2	PA
NORPRAMIN TABLET 25 MG ORAL	T2	PA
<i>nortriptyline hcl capsule 10 mg oral</i>	T1	
<i>nortriptyline hcl capsule 25 mg oral</i>	T1	
<i>nortriptyline hcl capsule 50 mg oral</i>	T1	
<i>nortriptyline hcl capsule 75 mg oral</i>	T1	
<i>nortriptyline hcl solution 10 mg/5ml oral</i>	T2	PA
PAMELOR CAPSULE 10 MG ORAL	T2	PA
PAMELOR CAPSULE 25 MG ORAL	T2	PA
PAMELOR CAPSULE 50 MG ORAL	T2	PA
PAMELOR CAPSULE 75 MG ORAL	T2	PA
<i>protriptyline hcl</i>	T2	ST
<i>trimipramine maleate capsule 100 mg oral</i>	T2	PA

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>trimipramine maleate capsule 25 mg oral</i>	T2	PA
<i>trimipramine maleate capsule 50 mg oral</i>	T2	PA
<b>Antidiabetics</b>		
<b>*Antidiabetic - Allogeneic Cellular Therapy***</b>		
LANTIDRA	T4	PA
<b>*Antidiabetic-Anti-Cd3 Antibodies***</b>		
TZIELD	T4	PA
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2.4 ML per 30 days)
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	PA; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	PA; QL (2 EA per 1 day)
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tablet 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>acarbose tablet 25 mg oral</i>	T1	QL (90 EA per 30 days)
<i>acarbose tablet 50 mg oral</i>	T1	QL (90 EA per 30 days)
<b>Biguanides</b>		

Prescription Drug Name	Drug Tier	Notes
<i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>	T1	QL (150 EA per 30 days)
<i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>	T1	QL (90 EA per 30 days)
<i>metformin hcl oral solution</i>	T2	PA; QL (750 ML per 30 days)
<i>metformin hcl oral tablet 625 mg</i>	T2	PA; QL (4 EA per 1 day)
<i>metformin hcl oral tablet 750 mg</i>	T2	PA
<i>metformin hcl tablet 1000 mg oral</i>	T1	QL (75 EA per 30 days)
<i>metformin hcl tablet 500 mg oral</i>	T1	QL (150 EA per 30 days)
<i>metformin hcl tablet 850 mg oral</i>	T1	QL (90 EA per 30 days)

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
RIOMET SOLUTION 500 MG/5ML ORAL	T2	PA; QL (750 ML per 30 days)
<b>Diabetic Other</b>		
BAQSIMI ONE PACK	T1	QL (2 EA per 30 days); AL (Min 4 Years)
BAQSIMI TWO PACK	T1	QL (2 EA per 30 days); AL (Min 4 Years)
<i>glucagon emergency injection solution reconstituted</i>	T1	
<i>glucose tablet chewable 4 gm oral</i>	T3	
GVOKE HYPOPEN 1-PACK	T1	
GVOKE HYPOPEN 2-PACK	T1	
GVOKE KIT	T1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T1	
TRUEPLUS GLUCOSE TABLET CHEWABLE 4 GM ORAL	T3	
<b>Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>		
<i>alogliptin benzoate tablet 12.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>alogliptin benzoate tablet 25 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>alogliptin benzoate tablet 6.25 mg oral</i>	T2	PA; QL (30 EA per 30 days)
BRYNOVIN	T2	PA; QL (4 ML per 1 day)
JANUVIA TABLET 100 MG ORAL	T1	PA; QL (30 EA per 30 days)
JANUVIA TABLET 25 MG ORAL	T1	PA; QL (30 EA per 30 days)
JANUVIA TABLET 50 MG ORAL	T1	PA; QL (30 EA per 30 days)
ONGLYZA TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>saxagliptin hcl</i>	T2	PA; QL (30 EA per 30 days)
<i>sitagliptin</i>	T2	PA
TRADJENTA	T1	PA; QL (30 EA per 30 days)
ZITUVIO	T2	PA; QL (1 EA per 1 day)
<b>Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations</b>		
<i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i>	T2	PA; QL (60 EA per 30 days)

**lowercase italics** = Generic drugs  
**UPPERCASE** = Brand name drugs

**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i>	T2	PA; QL (60 EA per 30 days)
JANUMET TABLET 50-1000 MG ORAL	T1	PA; QL (60 EA per 30 days)
JANUMET TABLET 50-500 MG ORAL	T1	PA; QL (60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	T1	PA; QL (30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	T1	PA; QL (60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	T1	PA; QL (30 EA per 30 days)
JENTADUETO TABLET 2.5-1000 MG ORAL	T1	PA; QL (60 EA per 30 days)
JENTADUETO TABLET 2.5-500 MG ORAL	T1	PA; QL (60 EA per 30 days)
JENTADUETO TABLET 2.5-850 MG ORAL	T1	PA; QL (60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	T1	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	T1	PA; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>sitaglipt base-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-500 mg</i>	T2	PA; QL (1 EA per 1 day)
<i>sitaglipt base-metformin hcl er oral tablet extended release 24 hour 50-1000 mg</i>	T2	PA; QL (2 EA per 1 day)
<i>sitagliptin base-metformin hcl</i>	T2	PA
ZITUVIMET	T2	PA; QL (2 EA per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	T2	PA; QL (1 EA per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	T2	PA; QL (2 EA per 1 day)

<p><b>lowercase italics</b> = Generic drugs  <b>UPPERCASE</b> = Brand name drugs</p>	<b>Drug Tier</b>	<b>Notes</b>
	T1 = Preferred PDL Drug	AL = Age Restriction
	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Dpp-4 Inhibitor-Thiazolidinedione Combinations</b>		
<i>alogliptin-pioglitazone tablet 12.5-30 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>alogliptin-pioglitazone tablet 25-15 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>alogliptin-pioglitazone tablet 25-30 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>alogliptin-pioglitazone tablet 25-45 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Human Insulin</b>		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA
ADMELOG SOLUTION 100 UNIT/ML INJECTION	T2	PA
AFREZZA POWDER 12 UNIT INHALATION	T2	PA; AL (Min 18 Years and Max 999 Years)
AFREZZA POWDER 4 UNIT INHALATION	T2	PA; AL (Min 18 Years and Max 999 Years)
AFREZZA POWDER 60X4 & 60X8 & 60X12 UNIT INHALATION	T2	PA; AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
AFREZZA POWDER 8 UNIT INHALATION	T2	PA; AL (Min 18 Years and Max 999 Years)
AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION	T2	PA; AL (Min 18 Years and Max 999 Years)
AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION	T2	PA; AL (Min 18 Years and Max 999 Years)
APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T1	
APIDRA SOLUTION 100 UNIT/ML INJECTION	T1	
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA
FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	T2	PA
FIASP PUMPCART	T2	PA

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
FIASP SOLUTION 100 UNIT/ML INJECTION	T2	PA
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	T2	PA
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS	T1	
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	T2	PA
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	T1	

Prescription Drug Name	Drug Tier	Notes
HUMALOG SOLUTION 100 UNIT/ML INJECTION	T2	PA
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	T2	PA
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	T1	
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T1	
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	T1	
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	T1	
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	T1	

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>insulin asp prot &amp; asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	T1	
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i>	T1	
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i>	T1	
<i>insulin aspart prot &amp; aspart suspension (70-30) 100 unit/ml subcutaneous</i>	T1	
<i>insulin aspart solution 100 unit/ml injection</i>	T1	
<i>insulin degludec</i>	T2	PA
<i>insulin degludec flextouch</i>	T2	PA
<i>insulin glargine max solostar</i>	T1	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T1	
<i>insulin glargine-yfgn</i>	T2	PA
<i>insulin lispro junior kwikpen</i>	T1	
<i>insulin lispro prot &amp; lispro</i>	T1	
KIRSTY	T2	PA

Prescription Drug Name	Drug Tier	Notes
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T1	
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	T1	
LYUMJEV	T2	PA
LYUMJEV KWIKPEN	T2	PA
MERILOG	T2	PA
MERILOG SOLOSTAR	T2	PA
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLIN N FLEXPEN RELION	T1	

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T1	
NOVOLIN N RELION	T1	
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	T1	
NOVOLIN R FLEXPEN	T1	
NOVOLIN R FLEXPEN RELION	T1	PA
NOVOLIN R RELION	T1	
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	T1	
NOVOLOG 70/30 FLEXPEN RELION	T2	PA
NOVOLOG FLEXPEN RELION	T2	PA
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLOG MIX 70/30 RELION	T2	PA

Prescription Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	T2	PA
NOVOLOG RELION INJECTION	T2	PA
NOVOLOG SOLUTION 100 UNIT/ML INJECTION	T2	PA
REZVOGLAR KWIKPEN	T2	PA
SEMGLEE (YFGN)	T2	PA
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	T1	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	T1	
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	T2	PA

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	T2	PA
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS	T2	PA
<b>Incretin Mimetic Agents (Glp-1 Receptor Agonists)</b>		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	T2	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>	T2	PA; QL (1.2 ML per 30 days)
<i>liraglutide</i>	T2	PA; QL (9 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T1	PA; QL (0.11 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T1	PA; QL (0.11 ML per 1 day)
OZEMPIC (2 MG/DOSE)	T1	PA; QL (3.3 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T1	PA; QL (2.4 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T1	PA; QL (0.08 ML per 1 day)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	PA; QL (9 ML per 30 days)
<b>Insulin-Incretin Mimetic Combinations</b>		
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	T2	PA; QL (18 ML per 30 days)
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	T2	PA; QL (15 ML per 30 days)
<b>Meglitinide Analogues</b>		
<i>nateglinide tablet 120 mg oral</i>	T1	QL (90 EA per 30 days)
<i>nateglinide tablet 60 mg oral</i>	T1	QL (90 EA per 30 days)
<i>repaglinide tablet 0.5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>repaglinide tablet 1 mg oral</i>	T1	QL (120 EA per 30 days)
<i>repaglinide tablet 2 mg oral</i>	T1	QL (240 EA per 30 days)

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations</b>		
GLYXAMBI TABLET 10-5 MG ORAL	T2	PA; QL (30 EA per 30 days)
GLYXAMBI TABLET 25-5 MG ORAL	T2	PA; QL (30 EA per 30 days)
STEGLUJAN TABLET 15-100 MG ORAL	T2	PA; QL (30 EA per 30 days)
STEGLUJAN TABLET 5-100 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors</b>		
<i>dapagliflozin propanediol</i>	T2	PA; QL (30 EA per 30 days)
FARXIGA TABLET 10 MG ORAL	T1	QL (30 EA per 30 days)
FARXIGA TABLET 5 MG ORAL	T1	QL (30 EA per 30 days)
INVOKANA TABLET 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
INVOKANA TABLET 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
JARDIANCE TABLET 10 MG ORAL	T1	QL (30 EA per 30 days)
JARDIANCE TABLET 25 MG ORAL	T1	QL (30 EA per 30 days)
STEGLATRO TABLET 15 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
STEGLATRO TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb</b>		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	T2	PA; QL (60 EA per 30 days)
INVOKAMET TABLET 150-1000 MG ORAL	T2	PA; QL (60 EA per 30 days)
INVOKAMET TABLET 150-500 MG ORAL	T2	PA; QL (60 EA per 30 days)
INVOKAMET TABLET 50-1000 MG ORAL	T2	PA; QL (60 EA per 30 days)
INVOKAMET TABLET 50-500 MG ORAL	T2	PA; QL (90 EA per 30 days)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	T2	PA; QL (60 EA per 30 days)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	T2	PA; QL (60 EA per 30 days)

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	T2	PA; QL (60 EA per 30 days)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	T2	PA; QL (60 EA per 30 days)
SEGLUROMET TABLET 2.5-1000 MG ORAL	T2	PA; QL (60 EA per 30 days)
SEGLUROMET TABLET 2.5-500 MG ORAL	T2	PA; QL (60 EA per 30 days)
SEGLUROMET TABLET 7.5-1000 MG ORAL	T2	PA; QL (60 EA per 30 days)
SEGLUROMET TABLET 7.5-500 MG ORAL	T2	PA; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-500 MG	T1	QL (60 EA per 30 days)
SYNJARDY TABLET 12.5-1000 MG ORAL	T1	QL (60 EA per 30 days)
SYNJARDY TABLET 5-1000 MG ORAL	T1	QL (60 EA per 30 days)
SYNJARDY TABLET 5-500 MG ORAL	T1	QL (120 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	T1	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	T1	QL (30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	T1	QL (60 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	T1	QL (30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	T1	QL (30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	T1	QL (60 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	T1	QL (60 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	T1	QL (30 EA per 30 days)
<b>Sulfonylurea-Biguanide Combinations</b>		
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>	T1	QL (120 EA per 30 days)

<b>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b>	<b>Notes</b>
	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glyburide-metformin tablet 1.25-250 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glyburide-metformin tablet 2.5-500 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glyburide-metformin tablet 5-500 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 2 mg</i>	T1	QL (3 EA per 1 day)
<i>glimepiride oral tablet 3 mg</i>	T2	PA; QL (1 EA per 1 day)
<i>glimepiride tablet 1 mg oral</i>	T1	QL (60 EA per 30 days)
<i>glimepiride tablet 4 mg oral</i>	T1	QL (60 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	T2	PA; QL (6 EA per 1 day)
<i>glipizide tablet 10 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glipizide tablet 5 mg oral</i>	T1	QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	T2	PA; QL (60 EA per 30 days)
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>glyburide micronized tablet 1.5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glyburide micronized tablet 3 mg oral</i>	T1	QL (120 EA per 30 days)
<i>glyburide micronized tablet 6 mg oral</i>	T1	QL (60 EA per 30 days)
<i>glyburide tablet 1.25 mg oral</i>	T1	QL (60 EA per 30 days)
<i>glyburide tablet 2.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>glyburide tablet 5 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Sulfonylurea-Thiazolidinedione Combinations</b>		
DUETACT TABLET 30-2 MG ORAL	T2	PA; QL (30 EA per 30 days)
DUETACT TABLET 30-4 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride tablet 30-2 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride tablet 30-4 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Thiazolidinedione-Biguanide Combinations</b>		

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Prescription Drug Name	Drug Tier	Notes
ACTOPLUS MET TABLET 15-850 MG ORAL	T2	PA; QL (90 EA per 30 days)
<i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<b>Thiazolidinediones</b>		
ACTOS TABLET 15 MG ORAL	T2	PA; QL (30 EA per 30 days)
ACTOS TABLET 30 MG ORAL	T2	PA; QL (30 EA per 30 days)
ACTOS TABLET 45 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>pioglitazone hcl tablet 15 mg oral</i>	T1	QL (30 EA per 30 days)
<i>pioglitazone hcl tablet 30 mg oral</i>	T1	QL (30 EA per 30 days)
<i>pioglitazone hcl tablet 45 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Antidiarrheal/Probiotic Agents</b>		
<b>Antidiarrheal Agents - Misc.</b>		
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<b>Antiperistaltic Agents</b>		
<i>anti-diarrheal tablet 2 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>diphenoxylate-atropine tablet 2.5-0.025 mg oral</i>	T3	
<i>gnp anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<i>gnp anti-diarrheal tablet 2 mg oral</i>	T3	
<i>loperamide hcl capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<i>loperamide hcl tablet 2 mg oral</i>	T3	
<b>Antidotes</b>		
<b>Antidotes</b>		
<i>acetylcysteine intravenous</i>	T3	
<i>deferoxamine mesylate</i>	T3	
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	T3	
PROTOPAM CHLORIDE	T3	
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPSULE 100 MG ORAL	T3	QL (19 Day Supply per 1 Fill)
<i>deferasirox granules</i>	T1	PA; SP
<i>deferasirox oral packet</i>	T1	PA; SP
<i>deferasirox oral tablet 180 mg</i>	T1	PA; SP
<i>deferasirox tablet 360 mg oral</i>	T1	PA; SP
<i>deferasirox tablet 90 mg oral</i>	T1	PA; SP

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Prescription Drug Name	Drug Tier	Notes
<i>deferasirox tablet soluble 125 mg oral</i>	T1	PA; SP
<i>deferasirox tablet soluble 250 mg oral</i>	T1	PA; SP
<i>deferasirox tablet soluble 500 mg oral</i>	T1	PA; SP
<i>deferiprone</i>	T2	PA
EXJADE TABLET SOLUBLE 125 MG ORAL	T2	PA; SP
EXJADE TABLET SOLUBLE 250 MG ORAL	T2	PA; SP
EXJADE TABLET SOLUBLE 500 MG ORAL	T2	PA; SP
FERRIPROX TWICE-A-DAY	T2	PA
JADENU SPRINKLE PACKET 180 MG ORAL	T2	PA; SP
JADENU SPRINKLE PACKET 360 MG ORAL	T2	PA; SP
JADENU SPRINKLE PACKET 90 MG ORAL	T2	PA; SP
JADENU TABLET 180 MG ORAL	T2	PA; SP
JADENU TABLET 360 MG ORAL	T2	PA; SP
JADENU TABLET 90 MG ORAL	T2	PA; SP
<b>Opioid Antagonists</b>		
<i>ft naloxone hcl</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>gnp naloxone hcl</i>	T1	
KLOXXADO	T1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	T1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	T1	
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	T1	
<i>naltrexone hcl tablet 50 mg oral</i>	T1	
OPVEE	T1	
REXTOVY	T1	
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	T1	QL (1 EA per 28 days)
ZURNAI	T1	
<b>Antiemetics</b>		
<b>5-Ht3 Receptor Antagonists</b>		
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	T1	
<i>granisetron hcl tablet 1 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>ondansetron hcl +rfid injection solution</i>	T1	QL (24 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<i>ondansetron hcl solution 4 mg/2ml injection</i>	T1	
<i>ondansetron hcl solution 4 mg/5ml oral</i>	T1	QL (900 ML per 30 days)
<i>ondansetron hcl solution 40 mg/20ml injection</i>	T1	
<i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i>	T1	
<i>ondansetron hcl tablet 4 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ondansetron hcl tablet 8 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	T2	PA; QL (1 EA per 1 day)
<i>ondansetron tablet dispersible 4 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ondansetron tablet dispersible 8 mg oral</i>	T1	QL (90 EA per 30 days)
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	T1	QL (0.72 ML per 1 day)
<i>palonosetron hcl intravenous solution prefilled syringe</i>	T1	QL (0.72 ML per 1 day)
POSFREA	T1	QL (0.36 ML per 1 day)
SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS	T2	PA; SP; QL (1.8 ML per 30 days)
<b>Antiemetic Combinations</b>		

Prescription Drug Name	Drug Tier	Notes
AKYNZEO (READY-TO-USE)	T2	PA; QL (1.43 ML per 1 day)
AKYNZEO (TO-BE-DILUTED)	T2	PA; QL (1.43 ML per 1 day)
AKYNZEO CAPSULE 300-0.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS	T2	PA; QL (0.08 EA per 1 day)
<i>anti-nausea</i>	T2	PA
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL	T2	PA; QL (60 EA per 30 days)
DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i>	T1	QL (120 EA per 30 days)
<i>gnp anti-nausea relief</i>	T1	
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate solution 50 mg/ml injection</i>	T2	PA
DRIMINATE TABLET 50 MG ORAL	T1	
<i>ft motion sickness</i>	T1	
<i>gnp motion sickness relief oral tablet chewable</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>meclizine hcl oral tablet 50 mg</i>	T2	PA
<i>meclizine hcl tablet 12.5 mg oral (otc)</i>	T1	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1	
<i>meclizine hcl tablet 25 mg oral (otc)</i>	T1	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1	
<i>meclizine hcl tablet chewable 25 mg oral (otc)</i>	T1	
<i>motion sickness relief oral tablet 25 mg</i>	T1	
<i>motion sickness relief tablet 50 mg oral</i>	T1	
<i>motion-time tablet chewable 25 mg oral</i>	T1	
<i>scopolamine</i>	T1	QL (0.34 EA per 1 day)
TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR	T2	PA; QL (240 ML per 30 days)
<i>trimethobenzamide hcl oral</i>	T2	PA; QL (120 EA per 30 days)
<b>Antiemetics - Miscellaneous</b>		
<i>dronabinol oral capsule 10 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T2	PA; QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<b>Substance P/Neurokinin 1 (Nk1) Receptor Antagonists</b>		
<i>aprepitant oral capsule 125 mg</i>	T1	QL (10.2 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 &amp; 125 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
CINVANTI EMULSION 130 MG/18ML INTRAVENOUS	T2	PA; SP; QL (38.7 ML per 30 days)
EMEND BIPACK	T2	PA; QL (30 EA per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	T2	PA; QL (0.15 EA per 1 day)
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	T2	PA; QL (30 EA per 30 days)
EMEND TRIPACK	T2	PA; QL (30 EA per 30 days)
<i>focinvez</i>	T2	PA; QL (3.58 ML per 1 day)
<i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i>	T1	QL (2.4 EA per 30 days)
VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL	T2	PA

### Antifungals

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<b>*Tetrazoles***</b>		
VIVJOA	T2	PA
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>		
<i>micafungin sodium</i>	T3	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>	T3	
<b>Antifungals</b>		
<i>flucytosine capsule 250 mg oral</i>	T2	PA
<i>flucytosine capsule 500 mg oral</i>	T2	PA
<i>griseofulvin microsize suspension 125 mg/5ml oral</i>	T1	
<i>griseofulvin microsize tablet 500 mg oral</i>	T2	PA
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	T2	PA
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	T2	PA
<i>nystatin tablet 500000 unit oral</i>	T1	
<i>terbinafine hcl oral</i>	T1	QL (30 EA per 30 days)
<b>Imidazoles</b>		
<i>ketoconazole tablet 200 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Triazoles</b>		

Prescription Drug Name	Drug Tier	Notes
CRESEMBA ORAL CAPSULE 74.5 MG	T2	PA; QL (5.67 EA per 1 day)
DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL	T2	PA; QL (300 ML per 30 days)
DIFLUCAN TABLET 150 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	T3	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	T1	QL (30 EA per 30 days)
<i>fluconazole suspension reconstituted 10 mg/ml oral</i>	T1	QL (300 ML per 30 days)
<i>fluconazole suspension reconstituted 40 mg/ml oral</i>	T1	QL (300 ML per 30 days)
<i>itraconazole capsule 100 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>itraconazole solution 10 mg/ml oral</i>	T2	PA; QL (600 ML per 30 days)
NOXAFIL ORAL PACKET	T2	PA; QL (1.04 EA per 1 day)
NOXAFIL SUSPENSION 40 MG/ML ORAL	T2	PA; QL (600 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>posaconazole oral suspension</i>	T2	PA; QL (600 ML per 30 days)
<i>posaconazole tablet delayed release 100 mg oral</i>	T1	QL (96.6 EA per 30 days)
SPORANOX CAPSULE 100 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>tolsura capsule 65 mg oral</i>	T2	PA; QL (137.4 EA per 30 days)
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL	T2	PA
<i>voriconazole suspension reconstituted 40 mg/ml oral</i>	T2	PA
<i>voriconazole tablet 200 mg oral</i>	T1	
<i>voriconazole tablet 50 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>allergy relief tablet 25 mg oral</i>	T3	
BANOPHEN TABLET 25 MG ORAL	T3	
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	T3	
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	T3	
<i>diphenhydramine hcl solution 50 mg/ml injection</i>	T3	
<i>diphenhydramine hcl tablet 25 mg oral</i>	T3	
<i>gnp allergy relief capsule 25 mg oral</i>	T3	
<i>gnp allergy relief tablet chewable 12.5 mg oral</i>	T3	
<i>gnp allergy tablet 25 mg oral</i>	T3	

Antihistamines - Non-Sedating		
<i>12hr allergy relief</i>	T1	QL (60 EA per 30 days)
<i>24hr allergy relief tablet 180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>all day allergy childrens solution 5 mg/5ml oral</i>	T1	
<i>all day allergy tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy childrens oral suspension</i>	T1	QL (300 ML per 30 days)

Antihistamines		
Antihistamines - Alkylamines		
<i>aller-chlor tablet 4 mg oral</i>	T3	
<i>allergy relief tablet 4 mg oral</i>	T3	
<i>allergy tablet 4 mg oral</i>	T3	
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	T3	
Antihistamines - Ethanolamines		

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>allergy childrens solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>allergy relief (cetirizine) tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy relief (loratadine) oral tablet</i>	T1	QL (30 EA per 30 days)
<i>allergy relief cetirizine oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>allergy relief cetirizine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy relief childrens solution 1 mg/ml oral</i>	T1	
<i>allergy relief tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy relief tablet 180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy relief tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc)</i>	T1	
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i>	T1	
<i>cetirizine hcl childrens solution 5 mg/5ml oral</i>	T1	
<i>cetirizine hcl oral solution</i>	T1	
<i>cetirizine hcl tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>cetirizine hcl tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>cetirizine hcl tablet chewable 10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>cetirizine hcl tablet chewable 5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>childrens loratadine oral solution</i>	T1	QL (300 ML per 30 days)
CLARINEX TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>desloratadine oral solution</i>	T2	PA
<i>desloratadine tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>desloratadine tablet dispersible 2.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>desloratadine tablet dispersible 5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	T1	QL (30 EA per 30 days)
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	T1	QL (60 EA per 30 days)
<i>ft all day allergy</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy 24 hour</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy childrens</i>	T1	
<i>ft all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>ft allergy childrens</i>	T1	QL (300 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>ft allergy relief 12 hour</i>	T1	QL (60 EA per 30 days)
<i>ft allergy relief 24 hour</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief cetirizine</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief childrens oral solution</i>	T1	
<i>ft allergy relief childrens oral tablet chewable</i>	T1	QL (60 EA per 30 days)
<i>ft allergy relief loratadine</i>	T1	
<i>ft allergy relief oral tablet 10 mg, 180 mg</i>	T1	QL (30 EA per 30 days)
<i>gnp all day allergy childrens solution 1 mg/ml oral</i>	T1	
<i>gnp all day allergy childrens solution 5 mg/5ml oral</i>	T1	
<i>gnp all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>gnp all day allergy tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>gnp allergy relief 24 hr</i>	T1	QL (30 EA per 30 days)
<i>gnp allergy relief tablet 180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>gnp fexofenadine hcl</i>	T1	QL (30 EA per 30 days)
<i>gnp loratadine childrens solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>gnp loratadine oral tablet dispersible</i>	T1	QL (30 EA per 30 days)
<i>gnp loratadine solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>gnp loratadine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>goodsense all day allergy solution 5 mg/5ml oral</i>	T1	
<i>goodsense all day allergy tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>goodsense allergy relief child</i>	T1	QL (300 ML per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	T1	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>loratadine capsule 10 mg oral</i>	T2	PA
<i>loratadine childrens oral tablet chewable</i>	T1	QL (60 EA per 30 days)
<i>loratadine childrens solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>loratadine oral solution</i>	T1	QL (300 ML per 30 days)
<i>loratadine oral tablet dispersible 10 mg</i>	T1	QL (30 EA per 30 days)
<i>loratadine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief (cetirizine)</i>	T1	QL (30 EA per 30 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>qc allergy relief oral capsule 10 mg</i>	T2	PA; QL (1 EA per 1 day)
<i>qc allergy relief oral tablet 10 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 180 mg</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 60 mg</i>	T1	QL (60 EA per 30 days)
<i>sm loratadine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Antihistamines - Phenothiazines</b>		
PHENERGAN SOLUTION 25 MG/ML INJECTION	T2	PA; AL (Min 6 Years and Max 999 Years)
PHENERGAN SOLUTION 50 MG/ML INJECTION	T2	PA; AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl oral solution 12.5 mg/10ml</i>	T1	AL (Min 6 Years)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl solution 25 mg/ml injection</i>	T1	AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl solution 50 mg/ml injection</i>	T1	AL (Min 6 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>promethazine hcl suppository 12.5 mg rectal</i>	T1	QL (180 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl suppository 25 mg rectal</i>	T1	QL (180 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl tablet 12.5 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl tablet 25 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>promethazine hcl tablet 50 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 999 Years)
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	T1	QL (180 EA per 30 days); AL (Min 6 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	T1	QL (180 EA per 30 days); AL (Min 6 Years and Max 999 Years)
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml oral</i>	T3	
<i>cyproheptadine hcl tablet 4 mg oral</i>	T3	
<b>Antihyperlipidemics</b>		
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</b>		
NEXLIZET	T1	PA; QL (1 EA per 1 day)
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>		
NEXLETOL	T1	PA; QL (1 EA per 1 day)
<b>*Angiopoietin-Like Protein 3 (Angptl3) Inhibitors***</b>		
EVKEEZA	T2	PA; SP
<b>*Small Interfering Rna (Sirna) Pcsk9 Inhibitors***</b>		
LEQVIO	T2	PA; SP; QL (0.02 ML per 1 day)
<b>Antihyperlipidemics - Misc.</b>		

Prescription Drug Name	Drug Tier	Notes
<i>icosapent ethyl oral capsule 0.5 gm</i>	T2	PA; QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	T2	PA; QL (120 EA per 30 days)
<i>omega-3-acid ethyl esters capsule 1 gm oral</i>	T1	QL (120 EA per 30 days)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light packet 4 gm oral</i>	T1	
<i>cholestyramine light powder 4 gm/dose oral</i>	T1	
<i>cholestyramine packet 4 gm oral</i>	T1	
<i>cholestyramine powder 4 gm/dose oral</i>	T1	
<i>colesevelam hcl packet 3.75 gm oral</i>	T2	PA; QL (30 EA per 30 days)
<i>colesevelam hcl tablet 625 mg oral</i>	T2	PA; QL (180 EA per 30 days)
COLESTID GRANULES 5 GM ORAL	T2	PA
COLESTID TABLET 1 GM ORAL	T2	PA; QL (480 EA per 30 days)
<i>colestipol hcl granules 5 gm oral</i>	T2	PA
<i>colestipol hcl packet 5 gm oral</i>	T2	PA

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>colestipol hcl tablet 1 gm oral</i>	T1	QL (480 EA per 30 days)
PREVALITE PACKET 4 GM ORAL	T1	
PREVALITE POWDER 4 GM/DOSE ORAL	T1	
QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL	T2	PA
QUESTRAN PACKET 4 GM ORAL	T2	PA
QUESTRAN POWDER 4 GM/DOSE ORAL	T2	PA
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate capsule 134 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate capsule 150 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>fenofibrate capsule 200 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate capsule 50 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>fenofibrate capsule 67 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate micronized capsule 130 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate micronized capsule 134 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate micronized capsule 200 mg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>fenofibrate micronized capsule 43 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fenofibrate micronized capsule 67 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate tablet 120 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>fenofibrate tablet 145 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate tablet 160 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate tablet 40 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>fenofibrate tablet 48 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fenofibrate tablet 54 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibric acid capsule delayed release 135 mg oral</i>	T1	QL (30 EA per 30 days)
<i>fenofibric acid capsule delayed release 45 mg oral</i>	T1	QL (60 EA per 30 days)
<i>gemfibrozil tablet 600 mg oral</i>	T1	QL (60 EA per 30 days)
LOPID TABLET 600 MG ORAL	T2	PA; QL (60 EA per 30 days)
TRICOR TABLET 145 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Hmg Coa Reductase Inhibitors</b>		
ATORVALIQ	T2	PA; QL (20 ML per 1 day)

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>atorvastatin calcium tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>atorvastatin calcium tablet 20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>atorvastatin calcium tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>atorvastatin calcium tablet 80 mg oral</i>	T1	QL (30 EA per 30 days)
CRESTOR TABLET 10 MG ORAL	T2	PA; QL (45 EA per 30 days)
CRESTOR TABLET 20 MG ORAL	T2	PA; QL (45 EA per 30 days)
CRESTOR TABLET 5 MG ORAL	T2	PA; QL (45 EA per 30 days)
EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	T2	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL	T2	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL	T2	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	T2	PA; QL (1 EA per 1 day)
<i>fluvastatin sodium capsule 20 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>fluvastatin sodium capsule 40 mg oral</i>	T2	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>fluvastatin sodium er tablet extended release 24 hour 80 mg oral</i>	T2	PA; QL (30 EA per 30 days)
LIPITOR TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
LIPITOR TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
LIVALO TABLET 1 MG ORAL	T2	PA; QL (30 EA per 30 days)
LIVALO TABLET 2 MG ORAL	T2	PA; QL (30 EA per 30 days)
LIVALO TABLET 4 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>lovastatin tablet 10 mg oral</i>	T1	QL (45 EA per 30 days)
<i>lovastatin tablet 20 mg oral</i>	T1	QL (45 EA per 30 days)
<i>lovastatin tablet 40 mg oral</i>	T1	QL (60 EA per 30 days)
<i>pitavastatin calcium</i>	T2	PA; QL (30 EA per 30 days)
<i>pravastatin sodium tablet 10 mg oral</i>	T1	QL (45 EA per 30 days)
<i>pravastatin sodium tablet 20 mg oral</i>	T1	QL (45 EA per 30 days)
<i>pravastatin sodium tablet 40 mg oral</i>	T1	QL (45 EA per 30 days)
<i>pravastatin sodium tablet 80 mg oral</i>	T1	QL (30 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>rosuvastatin calcium tablet 10 mg oral</i>	T1	QL (45 EA per 30 days)
<i>rosuvastatin calcium tablet 20 mg oral</i>	T1	QL (45 EA per 30 days)
<i>rosuvastatin calcium tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>rosuvastatin calcium tablet 5 mg oral</i>	T1	QL (45 EA per 30 days)
<i>simvastatin tablet 10 mg oral</i>	T1	QL (45 EA per 30 days)
<i>simvastatin tablet 20 mg oral</i>	T1	QL (45 EA per 30 days)
<i>simvastatin tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>simvastatin tablet 5 mg oral</i>	T1	QL (45 EA per 30 days)
<i>simvastatin tablet 80 mg oral</i>	T1	QL (30 EA per 30 days)
ZOCOR TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
ZYPITAMAG TABLET 2 MG ORAL	T2	PA; QL (30 EA per 30 days)
ZYPITAMAG TABLET 4 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb</b>		
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>ezetimibe-simvastatin tablet 10-80 mg oral</i>	T2	PA; QL (30 EA per 30 days)
VYTORIN TABLET 10-20 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
ZETIA TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Microsomal Triglyceride Transfer Protein Inhibitors</b>		
JUXTAPID CAPSULE 10 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
JUXTAPID CAPSULE 20 MG ORAL	T2	PA; SP; QL (2 EA per 1 day)
JUXTAPID CAPSULE 30 MG ORAL	T2	PA; SP; QL (2 EA per 1 day)
JUXTAPID CAPSULE 5 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i>	T2	PA
<i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i>	T2	PA

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i>	T2	PA
<b>Pcsk9 Inhibitors</b>		
REPATHA SURECLICK SOLUTION AUTO- INJECTOR 140 MG/ML SUBCUTANEOUS	T1	PA; QL (0.08 ML per 1 day)
<b>Antihypertensives</b>		
<b>Ace Inhibitor &amp; Calcium Channel Blocker Combinations</b>		
<i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i>	T1	QL (30 EA per 30 days)
LOTREL CAPSULE 10-20 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
LOTREL CAPSULE 10-40 MG ORAL	T2	PA; QL (30 EA per 30 days)
LOTREL CAPSULE 5-10 MG ORAL	T2	PA; QL (30 EA per 30 days)
LOTREL CAPSULE 5-20 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er tablet extended release 1-240 mg oral</i>	T1	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er tablet extended release 2-180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er tablet extended release 2-240 mg oral</i>	T1	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er tablet extended release 4-240 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Ace Inhibitors</b>		
<i>benazepril hcl tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>benazepril hcl tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>benazepril hcl tablet 40 mg oral</i>	T1	QL (60 EA per 30 days)
<i>benazepril hcl tablet 5 mg oral</i>	T1	QL (2 EA per 1 day)
<i>captopril tablet 100 mg oral</i>	T1	QL (90 EA per 30 days)
<i>captopril tablet 12.5 mg oral</i>	T1	QL (90 EA per 30 days)
<i>captopril tablet 25 mg oral</i>	T1	QL (90 EA per 30 days)

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	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
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Prescription Drug Name	Drug Tier	Notes
<i>captopril tablet 50 mg oral</i>	T1	QL (90 EA per 30 days)
<i>enalapril maleate oral solution</i>	T2	PA; QL (1200 ML per 30 days); AL (Max 8 Years)
<i>enalapril maleate tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>enalapril maleate tablet 2.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>enalapril maleate tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>enalapril maleate tablet 5 mg oral</i>	T1	QL (60 EA per 30 days)
EPANED SOLUTION 1 MG/ML ORAL	T2	PA; QL (1200 ML per 30 days); AL (Max 8 Years)
<i>fosinopril sodium tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fosinopril sodium tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fosinopril sodium tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>lisinopril tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril tablet 2.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril tablet 30 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril tablet 40 mg oral</i>	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>lisinopril tablet 5 mg oral</i>	T1	QL (60 EA per 30 days)
LOTENSIN TABLET 10 MG ORAL	T2	PA; QL (60 EA per 30 days)
LOTENSIN TABLET 20 MG ORAL	T2	PA; QL (60 EA per 30 days)
LOTENSIN TABLET 40 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>moexipril hcl tablet 7.5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>perindopril erbumine tablet 2 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>perindopril erbumine tablet 4 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>perindopril erbumine tablet 8 mg oral</i>	T2	PA; QL (60 EA per 30 days)
QBRELIS SOLUTION 1 MG/ML ORAL	T2	PA; QL (1200 ML per 30 days); AL (Max 8 Years)
<i>quinapril hcl tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>quinapril hcl tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>quinapril hcl tablet 40 mg oral</i>	T1	QL (60 EA per 30 days)
<i>quinapril hcl tablet 5 mg oral</i>	T1	QL (60 EA per 30 days)

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>ramipril capsule 1.25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>ramipril capsule 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>ramipril capsule 2.5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ramipril capsule 5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>trandolapril tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
<i>trandolapril tablet 2 mg oral</i>	T1	QL (30 EA per 30 days)
<i>trandolapril tablet 4 mg oral</i>	T1	QL (60 EA per 30 days)
<b>Ace Inhibitors &amp; Thiazide/Thiazide-Like</b>		
<i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i>	T1	QL (1 EA per 1 day)
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	T1	QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i>	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	T1	QL (60 EA per 30 days)
LOTENSIN HCT TABLET 10-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
LOTENSIN HCT TABLET 20-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
LOTENSIN HCT TABLET 20-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	T2	PA; QL (60 EA per 30 days)
ZESTORETIC TABLET 10-12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
ZESTORETIC TABLET 20-12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
ZESTORETIC TABLET 20-25 MG ORAL	T2	PA; QL (60 EA per 30 days)

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty Drug	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Agents For Pheochromocytoma</b>		
<i>metirosine</i>	T4	PA; QL (480 EA per 30 days)
<b>Angiotensin li Receptor Antag &amp; Ca Channel Blocker Comb</b>		
<i>amlodipine besylate-valsartan tablet 10-160 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan tablet 10-320 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan tablet 5-160 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan tablet 5-320 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan tablet 10-20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan tablet 10-40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan tablet 5-20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan tablet 5-40 mg oral</i>	T1	QL (30 EA per 30 days)
EXFORGE TABLET 10-160 MG ORAL	T2	PA; QL (30 EA per 30 days)
EXFORGE TABLET 10-320 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
EXFORGE TABLET 5-160 MG ORAL	T2	PA; QL (30 EA per 30 days)
EXFORGE TABLET 5-320 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>telmisartan-amlodipine tablet 40-10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine tablet 40-5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine tablet 80-10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine tablet 80-5 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Angiotensin li Receptor Antag &amp; Thiazide/Thiazide-Like</b>		
ATACAND HCT TABLET 16-12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
ATACAND HCT TABLET 32-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
ATACAND HCT TABLET 32-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
AVALIDE TABLET 150-12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
AVALIDE TABLET 300-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BENICAR HCT TABLET 40-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	T1	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz tablet 32-25 mg oral</i>	T1	QL (30 EA per 30 days)
DIOVAN HCT TABLET 160-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
DIOVAN HCT TABLET 160-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
DIOVAN HCT TABLET 320-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
DIOVAN HCT TABLET 320-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
DIOVAN HCT TABLET 80-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
EDARBYCLOR TABLET 40-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
EDARBYCLOR TABLET 40-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
HYZAAR TABLET 100-25 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
HYZAAR TABLET 50-12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>losartan potassium-hctz tablet 100-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>losartan potassium-hctz tablet 100-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>losartan potassium-hctz tablet 50-12.5 mg oral</i>	T1	QL (60 EA per 30 days)
MICARDIS HCT TABLET 40-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
MICARDIS HCT TABLET 80-12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
MICARDIS HCT TABLET 80-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i>	T1	QL (30 EA per 30 days)

<p><b>lowercase italics</b> = Generic drugs  <b>UPPERCASE</b> = Brand name drugs</p>	<b>Drug Tier</b>	<b>Notes</b>
	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>telmisartan-hctz tablet 80-25 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABLET 16 MG ORAL	T2	PA; QL (60 EA per 30 days)
ATACAND TABLET 32 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
ATACAND TABLET 4 MG ORAL	T2	PA; QL (60 EA per 30 days)
ATACAND TABLET 8 MG ORAL	T2	PA; QL (60 EA per 30 days)
AVAPRO TABLET 150 MG ORAL	T2	PA; QL (30 EA per 30 days)
AVAPRO TABLET 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
BENICAR TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	T1	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	T1	QL (30 EA per 30 days)
COZAAR TABLET 50 MG ORAL	T2	PA; QL (60 EA per 30 days)
DIOVAN TABLET 160 MG ORAL	T2	PA; QL (60 EA per 30 days)
DIOVAN TABLET 320 MG ORAL	T2	PA; QL (30 EA per 30 days)
DIOVAN TABLET 40 MG ORAL	T2	PA; QL (60 EA per 30 days)
DIOVAN TABLET 80 MG ORAL	T2	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
EDARBI TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
EDARBI TABLET 80 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>irbesartan tablet 150 mg oral</i>	T1	QL (30 EA per 30 days)
<i>irbesartan tablet 300 mg oral</i>	T1	QL (30 EA per 30 days)
<i>irbesartan tablet 75 mg oral</i>	T1	QL (30 EA per 30 days)
<i>losartan potassium tablet 100 mg oral</i>	T1	QL (30 EA per 30 days)
<i>losartan potassium tablet 25 mg oral</i>	T1	QL (60 EA per 30 days)
<i>losartan potassium tablet 50 mg oral</i>	T1	QL (60 EA per 30 days)
MICARDIS TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
MICARDIS TABLET 80 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil tablet 20 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan medoxomil tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan medoxomil tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>telmisartan tablet 20 mg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>telmisartan tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>telmisartan tablet 80 mg oral</i>	T1	QL (30 EA per 30 days)
<i>valsartan oral solution</i>	T2	PA; QL (80 ML per 1 day)
<i>valsartan tablet 160 mg oral</i>	T1	QL (60 EA per 30 days)
<i>valsartan tablet 320 mg oral</i>	T1	QL (30 EA per 30 days)
<i>valsartan tablet 40 mg oral</i>	T1	QL (60 EA per 30 days)
<i>valsartan tablet 80 mg oral</i>	T1	QL (60 EA per 30 days)
<b>Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides</b>		
<i>amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz tablet 10-160-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz tablet 10-320-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz tablet 5-160-25 mg oral</i>	T1	QL (30 EA per 30 days)
EXFORGE HCT TABLET 10-160-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
EXFORGE HCT TABLET 10-160-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
EXFORGE HCT TABLET 10-320-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
EXFORGE HCT TABLET 5-160-12.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
EXFORGE HCT TABLET 5-160-25 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Antiadrenergics - Centrally Acting</b>		
<i>clonidine er</i>	T2	PA; QL (3 EA per 1 day)
<i>clonidine hcl tablet 0.1 mg oral</i>	T1	
<i>clonidine hcl tablet 0.2 mg oral</i>	T1	
<i>clonidine hcl tablet 0.3 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>clonidine patch weekly 0.1 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>clonidine patch weekly 0.2 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>clonidine patch weekly 0.3 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>guanfacine hcl tablet 1 mg oral</i>	T1	QL (90 EA per 30 days)
<i>guanfacine hcl tablet 2 mg oral</i>	T1	QL (60 EA per 30 days)
JAVADIN	T2	PA
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	PA; QL (3 EA per 1 day)
<b>Antiadrenergics - Peripherally Acting</b>		
<i>doxazosin mesylate tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
<i>doxazosin mesylate tablet 2 mg oral</i>	T1	QL (30 EA per 30 days)
<i>doxazosin mesylate tablet 4 mg oral</i>	T1	QL (30 EA per 30 days)
<i>doxazosin mesylate tablet 8 mg oral</i>	T1	QL (60 EA per 30 days)
<i>prazosin hcl capsule 1 mg oral</i>	T1	
<i>prazosin hcl capsule 2 mg oral</i>	T1	
<i>prazosin hcl capsule 5 mg oral</i>	T1	
<i>terazosin hcl capsule 1 mg oral</i>	T1	QL (30 EA per 30 days)

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>terazosin hcl capsule 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>terazosin hcl capsule 2 mg oral</i>	T1	QL (30 EA per 30 days)
<i>terazosin hcl capsule 5 mg oral</i>	T1	QL (30 EA per 30 days)
TEZRULY	T2	PA
<b>Beta Blocker &amp; Diuretic Combinations</b>		
<i>atenolol-chlorthalidone tablet 100-25 mg oral</i>	T1	
<i>atenolol-chlorthalidone tablet 50-25 mg oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i>	T1	
<i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i>	T2	PA
<i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i>	T2	PA
<i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i>	T2	PA
<b>Direct Renin Inhibitors</b>		

Prescription Drug Name	Drug Tier	Notes
<i>aliskiren fumarate tablet 150 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>aliskiren fumarate tablet 300 mg oral</i>	T2	PA; QL (30 EA per 30 days)
TEKTURNA TABLET 150 MG ORAL	T2	PA; QL (30 EA per 30 days)
TEKTURNA TABLET 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Vasodilators</b>		
<i>hydralazine hcl injection</i>	T3	
<i>hydralazine hcl tablet 10 mg oral</i>	T3	
<i>hydralazine hcl tablet 100 mg oral</i>	T3	
<i>hydralazine hcl tablet 25 mg oral</i>	T3	
<i>hydralazine hcl tablet 50 mg oral</i>	T3	
<i>minoxidil tablet 10 mg oral</i>	T3	
<i>minoxidil tablet 2.5 mg oral</i>	T3	
<b>Anti-Infective Agents - Misc.</b>		
<b>*Penem Combinations**</b>		
ORLYNVAH	T2	PA; SP
<b>*Urinary Anti-Infectives***</b>		
BLUJEPA	T2	PA
<i>fosfomycin tromethamine</i>	T2	PA; QL (30 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MACROBID CAPSULE 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
MACRODANTIN CAPSULE 100 MG ORAL	T2	PA; QL (120 EA per 30 days)
MACRODANTIN CAPSULE 25 MG ORAL	T2	PA; QL (30 EA per 30 days)
MACRODANTIN CAPSULE 50 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>methenamine hippurate tablet 1 gm oral</i>	T1	QL (60 EA per 30 days)
<i>methenamine mandelate tablet 0.5 gm oral</i>	T2	PA
<i>methenamine mandelate tablet 1 gm oral</i>	T2	PA
<i>nitrofurantoin macrocrystal capsule 100 mg oral</i>	T1	QL (120 EA per 30 days)
<i>nitrofurantoin macrocrystal capsule 25 mg oral</i>	T1	QL (30 EA per 30 days)
<i>nitrofurantoin macrocrystal capsule 50 mg oral</i>	T1	QL (120 EA per 30 days)
<i>nitrofurantoin monohyd macro capsule 100 mg oral</i>	T1	QL (60 EA per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T2	PA; QL (2400 ML per 30 days); AL (Max 8 Years)

Prescription Drug Name	Drug Tier	Notes
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T2	PA; QL (40 ML per 1 day)
<b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics***</b>		
<i>mb caps</i>	T2	PA
<i>me/naphos/mb/hyo1 tablet 81.6 mg oral</i>	T2	PA; QL (120 EA per 30 days)
URELLE	T2	PA; QL (120 EA per 30 days)
URIBEL ORAL TABLET	T2	PA
URIMAR-T ORAL CAPSULE	T2	PA
<i>uro-mp</i>	T2	PA
<b>Anti-Infective Agents - Misc.</b>		
LIKMEZ	T2	PA; QL (40 ML per 1 day)
<i>metronidazole capsule 375 mg oral</i>	T2	PA
<i>metronidazole intravenous solution 500 mg/100ml</i>	T3	
<i>metronidazole oral tablet 125 mg</i>	T2	PA
<i>metronidazole tablet 250 mg oral</i>	T1	
<i>metronidazole tablet 500 mg oral</i>	T1	
<i>pentamidine isethionate inhalation</i>	T3	
<i>tinidazole tablet 250 mg oral</i>	T1	QL (240 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>tinidazole tablet 500 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Anti-Infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	T3	
<i>sulfamethoxazole-trimethoprim tablet 400-80 mg oral</i>	T3	
<i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i>	T3	
SULFATRIM PEDIATRIC SUSPENSION 200-40 MG/5ML ORAL	T3	
<b>Antiprotozoal Agents</b>		
<i>atovaquone suspension 750 mg/5ml oral</i>	T3	PA; QL (600 ML per 30 days)
<i>nitazoxanide oral</i>	T2	PA; QL (60 EA per 30 days)
<b>Carbapenem Combinations</b>		
VABOMERE	T3	
<b>Carbapenems</b>		
<i>ertapenem sodium solution reconstituted 1 gm injection</i>	T3	PA; QL (30 EA per 30 days)
<i>meropenem</i>	T3	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<b>Chloramphenicals</b>		
<i>chloramphenicol sod succinate solution reconstituted 1 gm intravenous</i>	T3	
<b>Glycopeptides</b>		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	T2	PA
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	T2	PA
VANCOCIN CAPSULE 125 MG ORAL	T2	PA
VANCOCIN CAPSULE 250 MG ORAL	T2	PA
<i>vancomycin hcl oral</i>	T1	
<b>Leprostotics</b>		
<i>dapsone tablet 100 mg oral</i>	T3	
<i>dapsone tablet 25 mg oral</i>	T3	
<b>Lincosamides</b>		
CLEOCIN PHOSPHATE INJECTION	T3	
<i>clindamycin hcl capsule 150 mg oral</i>	T3	
<i>clindamycin hcl capsule 300 mg oral</i>	T3	
<i>clindamycin hcl capsule 75 mg oral</i>	T3	

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral</i>	T3	
<i>clindamycin phosphate in d5w</i>	T3	
<i>clindamycin phosphate in nacl</i>	T3	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	T3	
<i>lincomycin hcl injection</i>	T3	
<b>Monobactams</b>		
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION	T2	PA; SP; QL (90 ML per 30 days)
<b>Oxazolidinones</b>		
SIVEXTRO ORAL	T3	PA; QL (30 EA per 30 days)
<b>Polymyxins</b>		
<i>colistimethate sodium (cba)</i>	T4	PA
COLY-MYCIN M SOLUTION RECONSTITUTED 150 MG INJECTION	T4	PA
<b>Antimalarials</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tablet 250-100 mg oral</i>	T1	QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>atovaquone-proguanil hcl tablet 62.5-25 mg oral</i>	T1	QL (90 EA per 30 days)
COARTEM TABLET 20-120 MG ORAL	T1	
MALARONE TABLET 250-100 MG ORAL	T2	PA; QL (120 EA per 30 days)
MALARONE TABLET 62.5-25 MG ORAL	T2	PA; QL (90 EA per 30 days)
<b>Antimalarials</b>		
<i>chloroquine phosphate tablet 250 mg oral</i>	T1	
<i>chloroquine phosphate tablet 500 mg oral</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T1	
<i>hydroxychloroquine sulfate tablet 200 mg oral</i>	T1	
KRINTAFEL TABLET 150 MG ORAL	T1	
<i>mefloquine hcl tablet 250 mg oral</i>	T1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	T1	
<i>pyrimethamine oral</i>	T4	PA
<i>quinine sulfate capsule 324 mg oral</i>	T2	PA
SOVUNA	T2	

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<b>Antimyasthenic Agents</b>		
<b>Antimyasthenic Agents</b>		
FIRDAPSE TABLET 10 MG ORAL	T4	PA
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	T3	
<i>neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml</i>	T3	
<i>pyridostigmine bromide er tablet extended release 180 mg oral</i>	T3	AL (Min 18 Years and Max 999 Years)
<i>pyridostigmine bromide solution 60 mg/5ml oral</i>	T3	
<i>pyridostigmine bromide tablet 60 mg oral</i>	T3	AL (Min 18 Years and Max 999 Years)
<b>Antimycobacterial Agents</b>		
<b>Antimycobacterial Agents</b>		
<i>ethambutol hcl oral</i>	T3	
<i>isoniazid tablet 300 mg oral</i>	T3	
<i>pyrazinamide oral</i>	T3	
<i>rifabutin capsule 150 mg oral</i>	T3	
RIFADIN INTRAVENOUS	T3	PA

Prescription Drug Name	Drug Tier	Notes
<i>rifampin intravenous</i>	T3	PA
<i>rifampin oral</i>	T3	
SIRTURO ORAL TABLET 100 MG	T4	PA; QL (120 EA per 30 days)
SIRTURO ORAL TABLET 20 MG	T4	PA; QL (300 EA per 30 days)
<b>Antineoplastics And Adjunctive Therapies</b>		
<b>*Antineoplastic - Akt Inhibitors***</b>		
TRUQAP ORAL TABLET 200 MG	T1	PA; SP; QL (2.29 EA per 1 day)
TRUQAP ORAL TABLET THERAPY PACK	T1	PA; SP
<b>*Antineoplastic - Alk Inhibitors***</b>		
ALECENSA CAPSULE 150 MG ORAL	T1	PA; SP; QL (240 EA per 30 days)
ALUNBRIG TABLET 180 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
ALUNBRIG TABLET 30 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
ALUNBRIG TABLET 90 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
LORBRENA TABLET 100 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
LORBRENA TABLET 25 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
XALKORI CAPSULE 200 MG ORAL	T1	PA; SP; QL (4 EA per 1 day)
XALKORI CAPSULE 250 MG ORAL	T1	PA; SP; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	T1	PA; SP; QL (6 EA per 1 day)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	T1	PA; SP; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	T1	PA; SP; QL (4 EA per 1 day)
ZYKADIA TABLET 150 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
<b>*Antineoplastic - Allogeneic Cellular Immunotherapy***</b>		
OMISIRGE	T4	PA; SP
<b>*Antineoplastic - Antibody Combinations***</b>		
OPDUALAG	T4	PA
<b>*Antineoplastic - Anti-Ccr4 Antibodies***</b>		
POTELIGEO SOLUTION 20 MG/5ML INTRAVENOUS	T4	PA
<b>*Antineoplastic - Anti-Cd19 Antibodies***</b>		
MONJUVI	T4	PA
<b>*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***</b>		
ZYNLONTA	T4	PA
<b>*Antineoplastic - Anti-Cd20 Antibodies***</b>		

Prescription Drug Name	Drug Tier	Notes
ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS	T4	PA
ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS	T4	PA
GAZYVA SOLUTION 1000 MG/40ML INTRAVENOUS	T4	PA
RIABNI	T4	PA
RITUXAN SOLUTION 500 MG/50ML INTRAVENOUS	T4	PA
RUXIENCE	T4	PA
<b>*Antineoplastic - Anti-Cd22 Antibody-Drug Complex***</b>		
BESPONSA SOLUTION RECONSTITUTED 0.9 MG INTRAVENOUS	T4	PA
<b>*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***</b>		
ADCETRIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	T4	PA; QL (6.6 EA per 30 days)
<b>*Antineoplastic - Anti-Cd33 Antibody-Drug Complex***</b>		
MYLOTARG SOLUTION RECONSTITUTED 4.5 MG INTRAVENOUS	T4	PA

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Prescription Drug Name	Drug Tier	Notes
<b>*Antineoplastic - Anti-Cd38 Antibodies***</b>		
SARCLISA	T4	PA
<b>*Antineoplastic - Anti-Cd79b Antibody-Drug Complex***</b>		
POLIVY	T4	PA
<b>*Antineoplastic - Anti-Ctla-4 Antibodies***</b>		
IMJUDO	T4	PA
YERVOY SOLUTION 200 MG/40ML INTRAVENOUS	T4	PA
YERVOY SOLUTION 50 MG/10ML INTRAVENOUS	T4	PA
<b>*Antineoplastic - Anti-Gd2 Antibodies***</b>		
DANYELZA	T4	PA
UNITUXIN SOLUTION 17.5 MG/5ML INTRAVENOUS	T4	PA
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
HERCEPTIN SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	T4	PA
HERNEXEOS	T2	PA; SP
HERZUMA	T4	PA
KANJINTI	T4	PA
OGIVRI	T4	PA
ONTRUZANT	T4	PA
PERJETA SOLUTION 420 MG/14ML INTRAVENOUS	T4	PA; QL (40.2 ML per 30 days)
TRAZIMERA	T4	PA

Prescription Drug Name	Drug Tier	Notes
TUKYSA	T1	PA; SP; QL (4 EA per 1 day)
ZIIHERA	T4	PA
<b>*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***</b>		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	T4	PA
<b>*Antineoplastic - Anti-Pd-1 Antibodies***</b>		
JEMPERLI	T4	PA
KEYTRUDA SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA
LIBTAYO SOLUTION 350 MG/7ML INTRAVENOUS	T4	PA
LOQTORZI	T4	PA
OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML	T4	PA
OPDIVO SOLUTION 100 MG/10ML INTRAVENOUS	T4	PA
OPDIVO SOLUTION 240 MG/24ML INTRAVENOUS	T4	PA
OPDIVO SOLUTION 40 MG/4ML INTRAVENOUS	T4	PA
<b>*Antineoplastic - Anti-Pd-L1 Antibodies***</b>		

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Prescription Drug Name	Drug Tier	Notes
BAVENCIO SOLUTION 200 MG/10ML INTRAVENOUS	T4	PA
IMFINZI SOLUTION 120 MG/2.4ML INTRAVENOUS	T4	PA
TECENTRIQ SOLUTION 1200 MG/20ML INTRAVENOUS	T4	PA
TECENTRIQ SOLUTION 840 MG/14ML INTRAVENOUS	T4	PA
<b>*Antineoplastic - Anti-Slamf7 Antibodies***</b>		
EMPLICITI SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	T4	PA
EMPLICITI SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	T4	PA
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
BOSULIF ORAL CAPSULE 100 MG	T1	PA; SP; QL (6 EA per 1 day)
BOSULIF ORAL CAPSULE 50 MG	T1	PA; SP; QL (1 EA per 1 day)
BOSULIF TABLET 100 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
BOSULIF TABLET 400 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
BOSULIF TABLET 500 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
DANZITEN	T2	PA; QL (4 EA per 1 day)
<i>dasatinib</i>	T1	PA; SP; QL (30 EA per 30 days)
GLEEVEC TABLET 100 MG ORAL	T2	PA; SP; QL (180 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG	T1	PA; SP; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG	T2	PA; SP; QL (30 EA per 30 days)
ICLUSIG TABLET 15 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
ICLUSIG TABLET 45 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T1	PA; SP; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T1	PA; SP; QL (60 EA per 30 days)
<i>imkeldi</i>	T2	PA; SP; QL (10 ML per 1 day)
<i>nilotinib d-tartrate</i>	T2	PA; SP
<i>nilotinib hcl</i>	T1	PA; SP; QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
PHYRAGO	T2	PA; SP; QL (30 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG	T1	SP; QL (4 EA per 1 day)
SCEMBLIX ORAL TABLET 20 MG	T1	PA; SP; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	T1	PA; SP; QL (8 EA per 1 day)
SPRYCEL TABLET 100 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
SPRYCEL TABLET 140 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
SPRYCEL TABLET 20 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
SPRYCEL TABLET 50 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
SPRYCEL TABLET 70 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
SPRYCEL TABLET 80 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
TASIGNA CAPSULE 150 MG ORAL	T2	PA; SP; QL (120 EA per 30 days)
TASIGNA CAPSULE 200 MG ORAL	T2	PA; SP; QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
TASIGNA CAPSULE 50 MG ORAL	T2	PA; SP; QL (120 EA per 30 days)
<b>*Antineoplastic - Btk Inhibitors***</b>		
BRUKINSA CAPSULE 80 MG ORAL	T1	PA; SP; QL (4 EA per 1 day)
BRUKINSA ORAL TABLET	T1	PA; SP
CALQUENCE ORAL TABLET	T1	PA; SP; QL (2 EA per 1 day)
IMBRUVICA CAPSULE 70 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T1	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	T2	PA; SP; QL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG	T2	PA; SP; QL (30 EA per 30 days)
IMBRUVICA TABLET 280 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
IMBRUVICA TABLET 420 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	T1	PA; SP; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 50 MG	T1	PA; SP; QL (1 EA per 1 day)
<b>*Antineoplastic - Csf1r Kinase Inhibitors***</b>		
ROMVIMZA	T1	PA; SP; QL (0.29 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<b>*Antineoplastic - Egfr Inhibitors***</b>		
ERBITUX SOLUTION 100 MG/50ML INTRAVENOUS	T4	PA
ERBITUX SOLUTION 200 MG/100ML INTRAVENOUS	T4	PA
<i>erlotinib hcl oral tablet 100 mg</i>	T1	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	T1	PA; SP; QL (60 EA per 30 days)
<i>gefitinib</i>	T2	PA; SP; QL (30 EA per 30 days)
GILOTRIF TABLET 20 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
GILOTRIF TABLET 30 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
GILOTRIF TABLET 40 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
IRESSA TABLET 250 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	T1	PA; SP; QL (1 EA per 1 day)
LAZCLUZE ORAL TABLET 80 MG	T1	PA; SP; QL (2 EA per 1 day)
PORTRAZZA SOLUTION 800 MG/50ML INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
TAGRISSO TABLET 40 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
TAGRISSO TABLET 80 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
VECTIBIX SOLUTION 100 MG/5ML INTRAVENOUS	T4	PA
VECTIBIX SOLUTION 400 MG/20ML INTRAVENOUS	T4	PA
VIZIMPRO TABLET 15 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
VIZIMPRO TABLET 30 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
VIZIMPRO TABLET 45 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>		
BALVERSA TABLET 3 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
BALVERSA TABLET 4 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
BALVERSA TABLET 5 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE)	T1	PA; SP; QL (5 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
LYTGOBI (16 MG DAILY DOSE)	T1	PA; SP; QL (5 EA per 1 day)
LYTGOBI (20 MG DAILY DOSE)	T1	PA; SP
PEMAZYRE	T1	PA; SP; QL (1 EA per 1 day)
<b>*Antineoplastic - Gamma Secretase Inhibitors***</b>		
OGSIVEO ORAL TABLET 100 MG, 150 MG	T1	PA; SP; QL (2 EA per 1 day)
OGSIVEO ORAL TABLET 50 MG	T1	PA; SP; QL (6 EA per 1 day)
<b>*Antineoplastic - Gene Therapy Agents***</b>		
ADSTILADRIN	T4	PA
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>		
WELIREG	T1	PA; SP; QL (90 EA per 30 days)
<b>*Antineoplastic - Kras Inhibitors***</b>		
KRAZATI	T1	PA; SP; QL (6 EA per 1 day)
LUMAKRAS ORAL TABLET 120 MG	T1	PA; SP; QL (4 EA per 1 day)
LUMAKRAS ORAL TABLET 240 MG	T1	SP; QL (4 EA per 1 day)
LUMAKRAS ORAL TABLET 320 MG	T1	PA; SP; QL (3 EA per 1 day)
<b>*Antineoplastic - Menin Inhibitors***</b>		
REVUFORJ ORAL TABLET 110 MG	T1	PA; SP; QL (4 EA per 1 day)
REVUFORJ ORAL TABLET 160 MG	T1	PA; SP; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
REVUFORJ ORAL TABLET 25 MG	T1	PA; SP; QL (8 EA per 1 day)
<b>*Antineoplastic - Met Inhibitors***</b>		
TABRECTA	T1	PA; SP; QL (4 EA per 1 day)
TEPMETKO	T1	PA; SP; QL (60 EA per 30 days)
<b>*Antineoplastic - Methyltransferase Inhibitors***</b>		
TAZVERIK TABLET 200 MG ORAL	T1	PA; SP; QL (8 EA per 1 day)
<b>*Antineoplastic - Multiple Receptor Antibodies***</b>		
BIZENGRI (750 MG DOSE)	T4	PA
RYBREVANT	T4	PA
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>		
AYVAKIT ORAL TABLET 25 MG, 50 MG	T1	PA; SP; QL (30 EA per 30 days)
AYVAKIT TABLET 100 MG ORAL	T1	PA; SP; QL (1 EA per 1 day)
AYVAKIT TABLET 200 MG ORAL	T1	PA; SP; QL (1 EA per 1 day)
AYVAKIT TABLET 300 MG ORAL	T1	PA; SP; QL (1 EA per 1 day)
<b>*Antineoplastic - Protease Activators***</b>		
MODEYSO	T2	PA; SP
<b>*Antineoplastic - Ret Inhibitors***</b>		
GAVRETO	T1	PA; SP; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T1	PA; SP; QL (2 EA per 1 day)
RETEVMO ORAL TABLET 40 MG	T1	PA; SP; QL (3 EA per 1 day)
<b>*Antineoplastic - Xpo1 Inhibitors***</b>		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1	PA; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	T1	SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1	PA; SP; QL (17.4 EA per 30 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1	PA; SP
XPOVIO (60 MG TWICE WEEKLY)	T1	PA; SP; QL (25.8 EA per 30 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	T1	PA; SP; QL (34.5 EA per 30 days)
<b>*Isocitrate Dehydrogenase 1 &amp; 2 (Idh1 &amp; Idh2) Inhibitors***</b>		
VORANIGO ORAL TABLET 10 MG	T1	PA; SP; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	T1	PA; SP; QL (1 EA per 1 day)
<b>*Myeloprotective Agents***</b>		
COSELA	T4	PA
<b>*Oligonucleotide Telomerase Inhibitors***</b>		
RYTELO	T4	PA
<b>*Ornithine Decarboxylase (Odc) Inhibitors***</b>		
IWILFIN	T1	PA; SP; QL (8 EA per 1 day)
<b>*Otoprotective Agents***</b>		
PEDMARK	T3	
<b>*Selective Estrogen Receptor Degradors***</b>		
ORSERDU ORAL TABLET 345 MG	T2	PA; SP; QL (1 EA per 1 day)
ORSERDU ORAL TABLET 86 MG	T2	PA; SP; QL (3 EA per 1 day)
<b>*Topoisomerase I Inhibitors - Antibody-Drug Complex***</b>		
DATROWAY	T4	PA
TRODELVY	T4	PA
<b>Alkylating Agents</b>		
BELRAPZO SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA

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Prescription Drug Name	Drug Tier	Notes
<i>bendamustine hcl intravenous solution reconstituted</i>	T4	PA
BENDEKA SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA
<i>busulfan solution 6 mg/ml intravenous</i>	T4	PA
BUSULFEX SOLUTION 6 MG/ML INTRAVENOUS	T4	PA
<i>carboplatin intravenous solution 150 mg/15ml, 50 mg/5ml, 600 mg/60ml</i>	T4	
<i>cisplatin intravenous solution 100 mg/100ml</i>	T3	
<i>cisplatin intravenous solution 200 mg/200ml, 50 mg/50ml</i>	T4	
<i>cisplatin intravenous solution reconstituted</i>	T4	
<i>cisplatin solution 200 mg/200ml intravenous</i>	T4	
<i>cisplatin solution 50 mg/50ml intravenous</i>	T4	
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	T4	
<i>oxaliplatin intravenous solution reconstituted</i>	T4	

Prescription Drug Name	Drug Tier	Notes
<i>oxaliplatin solution 100 mg/20ml intravenous</i>	T4	
<i>oxaliplatin solution 50 mg/10ml intravenous</i>	T4	
TEPADINA INTRAVENOUS	T4	PA
TEPADINA SOLUTION RECONSTITUTED 100 MG INJECTION	T4	PA
TEPADINA SOLUTION RECONSTITUTED 15 MG INJECTION	T4	PA
<i>thiotepa injection</i>	T4	
TREANDA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA
TREANDA SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	T4	PA
ZEPZELCA	T4	PA
<b>Androgen Biosynthesis Inhibitors</b>		
<i>abiraterone acetate oral tablet 500 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>abiraterone acetate tablet 250 mg oral</i>	T1	PA; SP; QL (120 EA per 30 days)
ABIRTEGA	T1	PA; QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
YONSA TABLET 125 MG ORAL	T2	PA; SP; QL (120 EA per 30 days)
ZYTIGA TABLET 250 MG ORAL	T2	PA; SP; QL (120 EA per 30 days)
ZYTIGA TABLET 500 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
<b>Antiandrogens</b>		
<i>bicalutamide tablet 50 mg oral</i>	T1	PA
CASODEX TABLET 50 MG ORAL	T2	PA; QL (1 EA per 1 day)
ERLEADA ORAL TABLET 240 MG	T1	PA; SP; QL (1 EA per 1 day)
ERLEADA ORAL TABLET 60 MG	T2	PA; QL (3 EA per 1 day)
NUBEQA TABLET 300 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
XTANDI CAPSULE 40 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	T1	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	T1	PA; SP; QL (60 EA per 30 days)
<b>Antiestrogens</b>		
FARESTON TABLET 60 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<i>tamoxifen citrate tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>tamoxifen citrate tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
<i>toremifene citrate tablet 60 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Antimetabolites</b>		
ALIMTA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA
ALIMTA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
AVGEMSI	T4	PA
<i>azacitidine suspension reconstituted 100 mg injection</i>	T4	PA
<i>capecitabine tablet 150 mg oral</i>	T1	PA
<i>capecitabine tablet 500 mg oral</i>	T1	PA
<i>cladribine intravenous solution 10 mg/10ml</i>	T4	
<i>cytarabine (pf)</i>	T4	
<i>cytarabine injection solution</i>	T4	
<i>decitabine solution reconstituted 50 mg intravenous</i>	T4	PA
<i>floxuridine injection</i>	T4	
<i>fludarabine phosphate solution 50 mg/2ml intravenous</i>	T4	PA

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>fludarabine phosphate solution reconstituted 50 mg intravenous</i>	T4	PA
<i>fluorouracil intravenous</i>	T3	
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 200 mg/2ml</i>	T4	
<i>gemcitabine hcl intravenous solution reconstituted</i>	T4	
<i>gemcitabine hcl solution 1 gm/10ml intravenous</i>	T4	
<i>gemcitabine hcl solution 1 gm/26.3ml intravenous</i>	T4	PA
<i>gemcitabine hcl solution 2 gm/52.6ml intravenous</i>	T4	PA
<i>gemcitabine hcl solution 200 mg/2ml intravenous</i>	T4	
<i>gemcitabine hcl solution 200 mg/5.26ml intravenous</i>	T4	PA
JYLAMVO	T2	PA
<i>mercaptopurine tablet 50 mg oral</i>	T3	
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml</i>	T1	
<i>methotrexate sodium (pf) solution 1 gm/40ml injection</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>methotrexate sodium (pf) solution 250 mg/10ml injection</i>	T1	
<i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>	T1	
<i>methotrexate sodium solution 250 mg/10ml injection</i>	T1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	T1	
<i>methotrexate sodium solution reconstituted 1 gm injection</i>	T1	
<i>methotrexate sodium tablet 2.5 mg oral</i>	T1	
ONUREG	T4	PA; QL (15 EA per 30 days)
PEMFEXY	T4	PA
TREXALL TABLET 10 MG ORAL	T2	PA
TREXALL TABLET 15 MG ORAL	T2	PA
TREXALL TABLET 5 MG ORAL	T2	PA
TREXALL TABLET 7.5 MG ORAL	T2	PA
VIDAZA SUSPENSION RECONSTITUTED 100 MG INJECTION	T4	PA
XATMEP SOLUTION 2.5 MG/ML ORAL	T2	PA

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Prescription Drug Name	Drug Tier	Notes
<b>Antineoplastic - Autologous Cellular Immunotherapy</b>		
ABECMA	T4	PA
AUCATZYL	T4	PA
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	T4	PA
CARVYKTI	T4	PA
KYMRIAH SUSPENSION 250000000 CELLS INTRAVENOUS	T4	PA
KYMRIAH SUSPENSION 600000000 CELLS INTRAVENOUS	T4	PA
PROVENGE SUSPENSION 50000000 CELLS INTRAVENOUS	T4	PA; QL (810 ML per 30 days)
TECARTUS	T4	PA
TECELRA	T4	PA
YESCARTA SUSPENSION 200000000 CELLS INTRAVENOUS	T4	PA
<b>Antineoplastic - Bcl-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	T1	PA; SP; QL (45 EA per 30 days)
VENCLEXTA TABLET 10 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
VENCLEXTA TABLET 100 MG ORAL	T1	PA; SP; QL (180 EA per 30 days)
VENCLEXTA TABLET 50 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic - Bispecific T-Cell Engagers</b>		
BLINCYTO SOLUTION RECONSTITUTED 35 MCG INTRAVENOUS	T4	PA
ELREXFIO	T4	PA
EPKINLY	T4	PA; SP
KIMMTRAK	T4	PA
LUNSUMIO	T4	PA
TALVEY	T4	PA
TECVAYLI	T4	PA
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI CAPSULE 75 MG ORAL	T1	PA; SP; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T1	PA; SP; QL (3.43 ML per 1 day)
OJEMDA ORAL TABLET 100 MG	T1	PA; SP
TAFINLAR CAPSULE 50 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
TAFINLAR CAPSULE 75 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	T2	PA; SP; QL (30 EA per 1 day)

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ZELBORAF TABLET 240 MG ORAL	T1	PA; SP; QL (240 EA per 30 days)
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABLET 100 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
DAURISMO TABLET 25 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
ERIVEDGE CAPSULE 150 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
ODOMZO CAPSULE 200 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic - Histone Deacetylase Inhibitors</b>		
ISTODAX SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	T4	PA
ZOLINZA CAPSULE 100 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
<b>Antineoplastic - Hormonal And Related Agent Combinations</b>		
AKEEGA	T1	PA; SP; QL (2 EA per 1 day)
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPSULE 1 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
POMALYST CAPSULE 2 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
POMALYST CAPSULE 3 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
POMALYST CAPSULE 4 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic - Mek Inhibitors</b>		
COTELLIC TABLET 20 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	T1	PA; SP; QL (1.5 EA per 1 day)
GOMEKLI ORAL CAPSULE 2 MG	T1	PA; SP; QL (3 EA per 1 day)
GOMEKLI ORAL TABLET SOLUBLE	T1	PA; SP; QL (6 EA per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	T1	PA; SP; QL (8 EA per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	T1	PA; SP; QL (120 EA per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE	T2	PA; SP
MEKINIST ORAL SOLUTION RECONSTITUTED	T2	PA; SP; QL (40.35 ML per 1 day)
MEKTOVI TABLET 15 MG ORAL	T1	PA; SP; QL (180 EA per 30 days)
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL	T1	PA; SP

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 Drug  
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Prescription Drug Name	Drug Tier	Notes
AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL	T1	PA; SP
AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL	T1	PA; SP
AFINITOR TABLET 10 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
AFINITOR TABLET 2.5 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
AFINITOR TABLET 5 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
AFINITOR TABLET 7.5 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet 10 mg</i>	T1	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 3 mg, 5 mg</i>	T2	PA; SP
<i>everolimus tablet 2.5 mg oral</i>	T1	PA; SP; QL (30 EA per 30 days)
<i>everolimus tablet 5 mg oral</i>	T1	PA; SP; QL (30 EA per 30 days)
<i>everolimus tablet 7.5 mg oral</i>	T1	PA; SP; QL (30 EA per 30 days)
FYARRO	T4	PA
TORPENZ	T1	PA; SP; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<b>Antineoplastic - Multikinase Inhibitors</b>		
CABOMETYX TABLET 20 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
CABOMETYX TABLET 40 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
CABOMETYX TABLET 60 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
CAPRELSA TABLET 100 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
CAPRELSA TABLET 300 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
FOTIVDA	T1	PA; SP; QL (22.5 EA per 30 days)
HYRNUO	T2	PA
<i>lapatinib ditosylate</i>	T2	PA
NERLYNX TABLET 40 MG ORAL	T1	PA; SP; QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>pazopanib hcl oral tablet 200 mg</i>	T2	PA; SP; QL (120 EA per 30 days)
<i>pazopanib hcl oral tablet 400 mg</i>	T2	PA; SP
QINLOCK	T2	PA; SP; QL (3 EA per 1 day)
RYDAPT CAPSULE 25 MG ORAL	T1	PA; SP; QL (240 EA per 30 days)
<i>sorafenib tosylate</i>	T2	PA; QL (120 EA per 30 days)
STIVARGA TABLET 40 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
<i>sunitinib malate</i>	T2	PA; QL (30 EA per 30 days)
SUTENT CAPSULE 12.5 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
SUTENT CAPSULE 25 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
SUTENT CAPSULE 37.5 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
SUTENT CAPSULE 50 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	T1	PA; SP; QL (4 EA per 1 day)
TYKERB TABLET 250 MG ORAL	T1	PA; SP; QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
VANFLYTA ORAL TABLET 17.7 MG	T2	PA; SP; QL (1 EA per 1 day)
VANFLYTA ORAL TABLET 26.5 MG	T2	PA; SP; QL (2 EA per 1 day)
XOSPATA TABLET 40 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
<b>Antineoplastic - Proteasome Inhibitors</b>		
<i>bortezomib injection</i>	T4	PA
KYPROLIS SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	T4	PA
KYPROLIS SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	T4	PA
KYPROLIS SOLUTION RECONSTITUTED 60 MG INTRAVENOUS	T4	PA
VELCADE INJECTION	T4	PA
<b>Antineoplastic - Tropomyosin Receptor Kinase Inhibitors</b>		
AUGTYRO ORAL CAPSULE 160 MG	T1	PA; SP; QL (2 EA per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	T1	PA; SP; QL (6 EA per 1 day)
IBTROZI	T2	PA; SP
ROZLYTREK CAPSULE 100 MG ORAL	T1	PA; SP; QL (1 EA per 1 day)
ROZLYTREK CAPSULE 200 MG ORAL	T1	PA; SP; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
ROZLYTREK ORAL PACKET	T1	PA; SP; QL (12 EA per 1 day)
VITRAKVI CAPSULE 100 MG ORAL	T1	PA; SP; QL (2 EA per 1 day)
VITRAKVI SOLUTION 20 MG/ML ORAL	T1	PA; SP; QL (10 ML per 1 day)
<b>Antineoplastic Antibiotics</b>		
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T4	
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	T4	
<i>bleomycin sulfate</i>	T4	
<i>dactinomycin</i>	T4	
<i>daunorubicin hcl intravenous solution</i>	T4	
DOXIL SUSPENSION 2 MG/ML INTRAVENOUS	T4	PA
<i>doxorubicin hcl intravenous solution</i>	T4	
<i>doxorubicin hcl liposomal intravenous suspension</i>	T4	
<i>doxorubicin hcl solution reconstituted 50 mg intravenous</i>	T4	PA

Prescription Drug Name	Drug Tier	Notes
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml</i>	T3	
<i>idarubicin hcl intravenous solution 5 mg/5ml</i>	T4	
<i>idarubicin hcl solution 5 mg/5ml intravenous</i>	T4	
JELMYTO	T4	PA
<i>mitomycin intravenous</i>	T4	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 30 mg/15ml</i>	T3	
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	T4	
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG, 5 MG	T4	
MUTAMYCIN SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	T4	
MUTAMYCIN SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	T4	
<i>valrubicin</i>	T4	

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Prescription Drug Name	Drug Tier	Notes
VALSTAR SOLUTION 40 MG/ML INTRAVESICAL	T4	PA
<b>Antineoplastic Antibody-Drug Complexes</b>		
ELAHERE	T4	PA
ENHERTU	T4	PA
KADCYLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA
KADCYLA SOLUTION RECONSTITUTED 160 MG INTRAVENOUS	T4	PA
<b>Antineoplastic Combinations</b>		
AVMAPKI FAKZYNJA CO-PACK	T1	PA; SP; QL (2.36 EA per 1 day)
DARZALEX FASPRO	T4	PA
LONSURF TABLET 15-6.14 MG ORAL	T1	PA; SP; QL (64.5 EA per 30 days)
LONSURF TABLET 20-8.19 MG ORAL	T1	PA; SP; QL (85.8 EA per 30 days)
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	T4	PA
PHESGO	T4	PA

Prescription Drug Name	Drug Tier	Notes
RITUXAN HYCELA SOLUTION 1400-23400 MG - UT/11.7ML SUBCUTANEOUS	T4	PA
RITUXAN HYCELA SOLUTION 1600-26800 MG - UT/13.4ML SUBCUTANEOUS	T4	PA
VYXEOS SUSPENSION RECONSTITUTED 44-100 MG INTRAVENOUS	T4	PA
<b>Antineoplastic Enzymes</b>		
ASPARLAS	T4	PA
RYLAZE	T4	PA
<b>Antineoplastic Radiopharmaceuticals</b>		
PLUVICTO	T4	PA
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	T3	PA
<b>Antineoplastics - Interleukins</b>		
ELZONRIS SOLUTION 1000 MCG/ML INTRAVENOUS	T4	PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	T4	PA
<i>arsenic trioxide intravenous</i>	T4	

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BESREMI	T4	PA
<i>dacarbazine intravenous</i>	T4	
HYDREA	T2	PA
<i>hydroxyurea capsule 500 mg oral</i>	T1	
NIPENT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	T4	PA
TICE BCG	T4	
TRISENOX SOLUTION 12 MG/6ML INTRAVENOUS	T4	PA
<b>Aromatase Inhibitors</b>		
<i>anastrozole tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
ARIMIDEX TABLET 1 MG ORAL	T2	PA; QL (30 EA per 30 days)
AROMASIN TABLET 25 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>exemestane tablet 25 mg oral</i>	T1	QL (60 EA per 30 days)
FEMARA TABLET 2.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>letrozole tablet 2.5 mg oral</i>	T1	PA; QL (30 EA per 30 days)
<b>Cardiac Protective Agents</b>		
<i>dexrazoxane hcl</i>	T4	
<b>Chemotherapy Adjuncts - Hyperuricemia Agents</b>		

Prescription Drug Name	Drug Tier	Notes
ELITEK SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	T4	PA
ELITEK SOLUTION RECONSTITUTED 7.5 MG INTRAVENOUS	T4	PA
<b>Chemotherapy Adjuncts - Keratinocyte Growth Factors</b>		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	T4	PA
<b>Cyclin-Dependent Kinases (Cdk) Inhibitors</b>		
IBRANCE CAPSULE 100 MG ORAL	T1	PA; SP; QL (0.75 EA per 1 day)
IBRANCE CAPSULE 125 MG ORAL	T1	PA; SP; QL (0.75 EA per 1 day)
IBRANCE CAPSULE 75 MG ORAL	T1	PA; SP; QL (0.75 EA per 1 day)
IBRANCE ORAL TABLET	T1	PA; SP; QL (0.75 EA per 1 day)
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	T1	PA; SP; QL (22.5 EA per 30 days)
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	T1	PA; SP; QL (45 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	T1	PA; SP; QL (67.5 EA per 30 days)
VERZENIO TABLET 100 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
VERZENIO TABLET 150 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
VERZENIO TABLET 200 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
VERZENIO TABLET 50 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
<b>Estrogen Receptor Antagonist</b>		
FASLODEX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	T4	PA
<i>fulvestrant intramuscular solution prefilled syringe</i>	T4	
INLURIYO	T2	PA; SP
<b>Folic Acid Antagonists Rescue Agents</b>		
<i>levoleucovorin calcium solution reconstituted 50 mg intravenous</i>	T4	PA
<b>Gonadotropin Releasing Hormone (Gnrh) Antagonists</b>		

Prescription Drug Name	Drug Tier	Notes
FIRMAGON (240 MG DOSE) SOLUTION RECONSTITUTED 120 MG/VIAL SUBCUTANEOUS	T1	PA; SP; QL (2.4 EA per 30 days)
FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS	T1	PA; SP; QL (1.2 EA per 30 days)
ORGOVYX	T2	PA; SP; QL (60 EA per 30 days)
<b>Imidazotetrazines</b>		
TEMODAR INTRAVENOUS	T4	
<i>temozolomide capsule 100 mg oral</i>	T1	PA
<i>temozolomide capsule 140 mg oral</i>	T1	PA
<i>temozolomide capsule 180 mg oral</i>	T1	PA
<i>temozolomide capsule 20 mg oral</i>	T1	PA
<i>temozolomide capsule 250 mg oral</i>	T1	PA
<i>temozolomide capsule 5 mg oral</i>	T1	PA
<b>Isocitrate Dehydrogenase-1 (Idh1) Inhibitors</b>		
REZLIDHIA	T1	PA; SP; QL (2 EA per 1 day)
<b>Isocitrate Dehydrogenase-2 (Idh2) Inhibitors</b>		
IDHIFA TABLET 100 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)

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**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
IDHIFA TABLET 50 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>Janus Associated Kinase (Jak) Inhibitors</b>		
INREBIC CAPSULE 100 MG ORAL	T1	PA; SP; QL (4 EA per 1 day)
JAKAFI TABLET 10 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
JAKAFI TABLET 15 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
JAKAFI TABLET 20 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
JAKAFI TABLET 25 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
JAKAFI TABLET 5 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
OJJAARA	T1	PA; SP; QL (1 EA per 1 day)
VONJO	T1	PA; SP; QL (120 EA per 30 days)
<b>Lhrh Analogs</b>		
CAMCEVI	T2	PA; SP; QL (0.3 EA per 30 days)
ELIGARD KIT 22.5 MG SUBCUTANEOUS	T1	PA; SP; QL (6 EA per 30 days)
ELIGARD KIT 30 MG SUBCUTANEOUS	T1	PA; SP; QL (1 EA per 4 Months)

Prescription Drug Name	Drug Tier	Notes
ELIGARD KIT 45 MG SUBCUTANEOUS	T1	PA; SP; QL (1 EA per 6 Months)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	T1	PA; SP; QL (12 EA per 30 days)
<i>leuprolide acetate kit 1 mg/0.2ml injection</i>	T1	PA; SP
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	T1	PA; SP; QL (12 EA per 30 days)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	T1	PA; SP; QL (12 EA per 30 days)
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	T1	PA; SP; QL (6 EA per 30 days)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	T1	PA; SP; QL (6 EA per 30 days)
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	T1	PA; SP; QL (0.3 EA per 30 days)
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	T1	PA; SP; QL (0.3 EA per 30 days)
LUTRATE DEPOT	T1	PA; SP
<b>Mitotic Inhibitors</b>		
ABRAXANE SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA

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Prescription Drug Name	Drug Tier	Notes
<i>docetaxel concentrate 160 mg/8ml intravenous</i>	T4	
<i>docetaxel concentrate 20 mg/ml intravenous</i>	T4	
<i>docetaxel concentrate 80 mg/4ml intravenous</i>	T4	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	T4	
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	T4	
<i>docetaxel solution 20 mg/2ml intravenous</i>	T4	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	T4	
<i>etoposide solution 1 gm/50ml intravenous</i>	T4	
HALAVEN SOLUTION 1 MG/2ML INTRAVENOUS	T4	PA
IXEMPRA KIT SOLUTION RECONSTITUTED 15 MG INTRAVENOUS	T4	PA
IXEMPRA KIT SOLUTION RECONSTITUTED 45 MG INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
JEVTANA SOLUTION 60 MG/1.5ML INTRAVENOUS	T4	PA
<i>paclitaxel concentrate 100 mg/16.7ml intravenous</i>	T4	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	T4	
<i>vinblastine sulfate intravenous solution</i>	T4	
<i>vincristine sulfate intravenous</i>	T4	
<i>vinorelbine tartrate</i>	T4	
<b>Nitrogen Mustards</b>		
<i>cyclophosphamide capsule 50 mg oral</i>	T3	
<i>cyclophosphamide solution reconstituted 1 gm injection</i>	T4	PA
<i>cyclophosphamide solution reconstituted 2 gm injection</i>	T4	PA
<i>cyclophosphamide solution reconstituted 500 mg injection</i>	T4	PA
EVOMELA	T4	
IFEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	T4	PA
IFEX SOLUTION RECONSTITUTED 3 GM INTRAVENOUS	T4	PA

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Prescription Drug Name	Drug Tier	Notes
<i>ifosfamide intravenous solution</i>	T4	
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	T4	
<i>ifosfamide solution reconstituted 1 gm intravenous</i>	T4	
<i>ifosfamide solution reconstituted 3 gm intravenous</i>	T4	PA
<i>melphalan hcl</i>	T4	
<b>Nitrosoureas</b>		
<i>carmustine intravenous solution reconstituted 100 mg</i>	T4	PA
<i>carmustine solution reconstituted 100 mg intravenous</i>	T4	PA
<b>Oncolytic Viral Agents - Hsv1</b>		
IMLYGIC SUSPENSION 1000000 UNIT/ML INTRALESIONAL	T4	PA
IMLYGIC SUSPENSION 100000000 UNIT/ML INTRALESIONAL	T4	PA
<b>Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors</b>		
ITOVEBI ORAL TABLET 3 MG	T1	PA; SP; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG	T1	PA; SP; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	T1	PA; SP; QL (1 EA per 1 day)
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	T1	PA; SP; QL (2 EA per 1 day)
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	T1	PA; SP; QL (2 EA per 1 day)
ZYDELIG TABLET 100 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
ZYDELIG TABLET 150 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
<b>Poly (Adp-Ribose) Polymerase (Parp) Inhibitors</b>		
LYNPARZA TABLET 100 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
LYNPARZA TABLET 150 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T1	PA; SP; QL (1 EA per 1 day)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	T1	PA; SP; QL (30 EA per 30 days)
ZEJULA ORAL TABLET	T1	PA; SP; QL (1 EA per 1 day)
<b>Tetrahydroisoquinolines</b>		

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
YONDELIS SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	T4	PA
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	T4	PA
<i>irinotecan hcl</i>	T4	
ONIVYDE INTRAVENOUS SUSPENSION	T4	
<i>topotecan hcl</i>	T4	
<b>Urinary Tract Protective Agents</b>		
<i>mesna intravenous</i>	T3	
<b>Vascular Endothelial Growth Factor (Vegf) Inhibitors</b>		
AVASTIN SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA; QL (195 ML per 30 days)
AVASTIN SOLUTION 400 MG/16ML INTRAVENOUS	T4	PA; QL (195 ML per 30 days)
CYRAMZA SOLUTION 100 MG/10ML INTRAVENOUS	T4	PA
FRUZAQLA ORAL CAPSULE 1 MG	T1	PA; SP; QL (3 EA per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	T1	PA; SP; QL (0.75 EA per 1 day)
INLYTA TABLET 1 MG ORAL	T1	PA; SP; QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
INLYTA TABLET 5 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	T1	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	T1	PA; SP; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
ZALTRAP SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA
ZALTRAP SOLUTION 200 MG/8ML INTRAVENOUS	T4	PA
ZIRABEV	T4	PA
<b>Antiparkinson Agents</b>		
<b>*Adenosine Receptor Antagonist***</b>		
NOURIANZ TABLET 20 MG ORAL	T2	PA; QL (1 EA per 1 day)
NOURIANZ TABLET 40 MG ORAL	T2	PA; QL (1 EA per 1 day)
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate injection</i>	T3	
<i>benztropine mesylate tablet 0.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>benztropine mesylate tablet 1 mg oral</i>	T1	QL (120 EA per 30 days)
<i>benztropine mesylate tablet 2 mg oral</i>	T1	QL (90 EA per 30 days)
<i>trihexyphenidyl hcl oral solution</i>	T1	QL (1200 ML per 30 days)
<i>trihexyphenidyl hcl tablet 2 mg oral</i>	T1	QL (180 EA per 30 days)
<i>trihexyphenidyl hcl tablet 5 mg oral</i>	T1	QL (90 EA per 30 days)
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl capsule 100 mg oral</i>	T1	
<i>amantadine hcl oral solution</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>amantadine hcl tablet 100 mg oral</i>	T1	
<i>bromocriptine mesylate capsule 5 mg oral</i>	T1	QL (300 EA per 30 days)
<i>bromocriptine mesylate tablet 2.5 mg oral</i>	T1	QL (600 EA per 30 days)
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137 MG ORAL	T2	PA; QL (60 EA per 30 days)
INBRIJA CAPSULE 42 MG INHALATION	T2	PA; QL (300 EA per 30 days)
PARLODEL CAPSULE 5 MG ORAL	T1	QL (300 EA per 30 days)
PARLODEL TABLET 2.5 MG ORAL	T1	QL (600 EA per 30 days)
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABLET 0.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
AZILECT TABLET 1 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>rasagiline mesylate tablet 0.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>rasagiline mesylate tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
<i>selegiline hcl capsule 5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>selegiline hcl tablet 5 mg oral</i>	T1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
XADAGO TABLET 100 MG ORAL	T2	PA; QL (30 EA per 30 days)
XADAGO TABLET 50 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Central/Peripheral Comt Inhibitors</b>		
<i>tolcapone tablet 100 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<b>Levodopa Combinations</b>		
<i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 48.75-195 mg</i>	T2	PA; QL (360 EA per 30 days)
<i>carbidopa-levodopa er oral capsule extended release 36.25-145 mg</i>	T2	PA; QL (270 EA per 30 days)
<i>carbidopa-levodopa er oral capsule extended release 61.25-245 mg</i>	T2	PA; QL (300 EA per 30 days)
<i>carbidopa-levodopa er tablet extended release 25-100 mg oral</i>	T1	QL (240 EA per 30 days)
<i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i>	T1	QL (240 EA per 30 days)
<i>carbidopa-levodopa tablet 10-100 mg oral</i>	T1	QL (240 EA per 30 days)
<i>carbidopa-levodopa tablet 25-100 mg oral</i>	T1	QL (240 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	T2	PA; QL (180 EA per 30 days)
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG	T2	PA; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
CREXONT ORAL CAPSULE EXTENDED RELEASE 52.5-210 MG, 70-280 MG, 87.5-350 MG	T2	PA; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG	T2	PA; QL (8 EA per 1 day)
DUOPA SUSPENSION 4.63-20 MG/ML ENTERAL	T2	PA; QL (3000 ML per 30 days)
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	T2	PA; QL (360 EA per 30 days)
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	T2	PA; QL (270 EA per 30 days)
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	T2	PA; QL (360 EA per 30 days)
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	T2	PA; QL (300 EA per 30 days)
SINEMET TABLET 10-100 MG ORAL	T2	PA; QL (240 EA per 30 days)
<b>Nonergoline Dopamine Receptor Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T3	PA
<i>apomorphine hcl subcutaneous</i>	T3	PA

Prescription Drug Name	Drug Tier	Notes
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i>	T2	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride tablet 0.125 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pramipexole dihydrochloride tablet 0.5 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pramipexole dihydrochloride tablet 0.75 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pramipexole dihydrochloride tablet 1 mg oral</i>	T1	QL (90 EA per 30 days)
<i>pramipexole dihydrochloride tablet 1.5 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i>	T2	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>ropinirole hcl tablet 0.25 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ropinirole hcl tablet 0.5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ropinirole hcl tablet 1 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ropinirole hcl tablet 2 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ropinirole hcl tablet 3 mg oral</i>	T1	QL (180 EA per 30 days)
<i>ropinirole hcl tablet 4 mg oral</i>	T1	QL (180 EA per 30 days)
<i>ropinirole hcl tablet 5 mg oral</i>	T1	QL (120 EA per 30 days)

Peripheral Comt Inhibitors		
<i>entacapone tablet 200 mg oral</i>	T1	QL (240 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG	T2	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 50 MG	T2	PA; QL (1 EA per 1 day)

### Antiparkinson And Related Therapy Agents

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl capsule 100 mg oral</i>	T1	
<i>bromocriptine mesylate capsule 5 mg oral</i>	T1	QL (300 EA per 30 days)
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa tablet 25 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<b>Levodopa Combinations</b>		
<i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i>	T1	QL (240 EA per 30 days)
<b>Nonergoline Dopamine Receptor Agonists</b>		
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>	T1	QL (90 EA per 30 days)
<b>Antipsychotics/Antimanic Agents</b>		
<b>*Muscarinic Agent - Combinations***</b>		
COBENFY	T2	PA; QL (2 EA per 1 day); AL (Min 18 Years)

Prescription Drug Name	Drug Tier	Notes
COBENFY STARTER PACK	T2	PA; QL (2 EA per 1 day); AL (Min 18 Years)
<b>Antimanic Agents</b>		
<i>lithium carbonate capsule 150 mg oral</i>	T3	
<i>lithium carbonate capsule 300 mg oral</i>	T3	
<i>lithium carbonate capsule 600 mg oral</i>	T3	
<i>lithium carbonate er tablet extended release 300 mg oral</i>	T3	
<i>lithium carbonate er tablet extended release 450 mg oral</i>	T3	
<i>lithium carbonate tablet 300 mg oral</i>	T3	
<b>Antipsychotics - Misc.</b>		
CAPLYTA ORAL CAPSULE 10.5 MG, 42 MG	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years)
CAPLYTA ORAL CAPSULE 21 MG	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years and Max 150 Years)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	T1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	T1	QL (240 EA per 30 days)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	T1	QL (150 EA per 30 days)
GEODON CAPSULE 20 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
GEODON CAPSULE 40 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
GEODON ORAL CAPSULE 60 MG, 80 MG	T2	PA; QL (60 EA per 30 days)
LATUDA TABLET 120 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
LATUDA TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
LATUDA TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
LATUDA TABLET 60 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
LATUDA TABLET 80 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years)
<i>lurasidone hcl oral tablet 80 mg</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years)
NUPLAZID CAPSULE 34 MG ORAL	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years and Max 150 Years)
NUPLAZID TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 150 Years)

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**Drug Tier**  
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**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
VRAYLAR CAPSULE 1.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
VRAYLAR CAPSULE 3 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
VRAYLAR CAPSULE 4.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
VRAYLAR CAPSULE 6 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>ziprasidone hcl capsule 20 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>ziprasidone hcl capsule 40 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>ziprasidone hcl capsule 60 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>ziprasidone hcl capsule 80 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Benzisoxazoles</b>		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T2	PA; QL (0.9 ML per 30 days); AL (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T2	PA; QL (1.5 ML per 30 days); AL (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T2	PA; QL (2.4 ML per 30 days); AL (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	T2	PA; QL (0.08 ML per 1 day); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Notes
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T2	PA; QL (0.3 ML per 30 days); AL (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T2	PA; QL (0.6 ML per 30 days); AL (Min 18 Years)
FANAPT TABLET 1 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TABLET 10 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TABLET 12 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TABLET 2 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
FANAPT TABLET 4 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TABLET 6 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TABLET 8 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
FANAPT TITRATION PACK B ORAL TABLET	T2	PA; QL (3 EA per 1 day); AL (Min 18 Years)
FANAPT TITRATION PACK C ORAL TABLET	T2	PA; QL (3 EA per 1 day); AL (Min 18 Years)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T1	QL (3.5 ML per 180 days); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Notes
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T1	QL (5 ML per 180 days); AL (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	T1	QL (0.9 ML per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	T1	QL (1.5 ML per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	T1	QL (2.4 ML per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	T1	QL (0.3 ML per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	T1	QL (0.6 ML per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	T1	QL (1 EA per 84 days); AL (Min 18 Years and Max 999 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	T1	QL (1 EA per 84 days); AL (Min 18 Years and Max 999 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	T1	QL (1 EA per 84 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	T1	QL (1 EA per 84 days); AL (Min 18 Years and Max 999 Years)
<i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>paliperidone er tablet extended release 24 hour 3 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>paliperidone er tablet extended release 24 hour 6 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>paliperidone er tablet extended release 24 hour 9 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	T1	QL (1.2 EA per 30 days); AL (Min 18 Years and Max 999 Years)
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	T1	QL (1.2 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T1	QL (0.08 EA per 1 day); AL (Min 18 Years and Max 150 Years)
RISPERDAL SOLUTION 1 MG/ML ORAL	T2	PA; QL (240 ML per 30 days); AL (Min 18 Years and Max 999 Years)
RISPERDAL TABLET 0.5 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
RISPERDAL TABLET 1 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
RISPERDAL TABLET 2 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
RISPERDAL TABLET 3 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
RISPERDAL TABLET 4 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone microspheres er</i>	T1	QL (0.08 EA per 1 day); AL (Min 18 Years)
<i>risperidone solution 1 mg/ml oral</i>	T1	QL (240 ML per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet 0.25 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet 0.5 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet 1 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet 2 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>risperidone tablet 3 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet 4 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet dispersible 0.25 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet dispersible 0.5 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet dispersible 1 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet dispersible 2 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>risperidone tablet dispersible 3 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>risperidone tablet dispersible 4 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
RYKINDO	T1	QL (0.08 EA per 1 day); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 50 MG/0.14ML, 75 MG/0.21ML	T1	QL (0.01 ML per 1 day); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML, 250 MG/0.7ML	T1	QL (0.02 ML per 1 day); AL (Min 18 Years)
<b>Butyrophenones</b>		
<i>haloperidol decanoate solution 100 mg/ml intramuscular</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol decanoate solution 50 mg/ml intramuscular</i>	T1	AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol lactate oral concentrate 10 mg/5ml</i>	T1	AL (Min 18 Years)
<i>haloperidol lactate solution 5 mg/ml injection</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol tablet 0.5 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol tablet 1 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol tablet 10 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol tablet 2 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol tablet 20 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>haloperidol tablet 5 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<b>Dibenzodiazepines</b>		

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	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>clozapine tablet 100 mg oral</i>	T1	QL (270 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>clozapine tablet 200 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>clozapine tablet 25 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>clozapine tablet 50 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>clozapine tablet dispersible 100 mg oral</i>	T2	PA; QL (270 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>clozapine tablet dispersible 12.5 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>clozapine tablet dispersible 25 mg oral</i>	T2	PA; QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
CLOZARIL TABLET 100 MG ORAL	T2	PA; QL (270 EA per 30 days); AL (Min 18 Years and Max 999 Years)
CLOZARIL TABLET 25 MG ORAL	T2	PA; QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
VERSACLOZ SUSPENSION 50 MG/ML ORAL	T2	PA; AL (Min 18 Years and Max 999 Years)
<b>Dibenzo-Oxepino Pyrroles</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T2	PA; AL (Min 18 Years)
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL	T2	PA; QL (2 EA per 1 day); AL (Min 18 Years and Max 999 Years)
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years)
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years)
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years)
<b>Dibenzothiazepines</b>		
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate oral tablet 150 mg</i>	T1	AL (Min 17 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate tablet 200 mg oral</i>	T1	QL (120 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate tablet 25 mg oral</i>	T1	QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>quetiapine fumarate tablet 300 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate tablet 400 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>quetiapine fumarate tablet 50 mg oral</i>	T1	QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL TABLET 100 MG ORAL	T2	PA; QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL TABLET 200 MG ORAL	T2	PA; QL (120 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL TABLET 25 MG ORAL	T2	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
SEROQUEL TABLET 300 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL TABLET 400 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL TABLET 50 MG ORAL	T2	PA; QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Dibenzoxazepines</b>		
<i>loxapine succinate capsule 10 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>loxapine succinate capsule 25 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>loxapine succinate capsule 5 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>loxapine succinate capsule 50 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<b>Dihydroindolones</b>		
<i>molindone hcl tablet 10 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>molindone hcl tablet 25 mg oral</i>	T2	PA; QL (270 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>molindone hcl tablet 5 mg oral</i>	T2	PA; QL (120 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl injection</i>	T2	PA; AL (Min 18 Years)
<i>chlorpromazine hcl oral concentrate</i>	T2	PA; AL (Min 18 Years)
<i>chlorpromazine hcl tablet 10 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>chlorpromazine hcl tablet 100 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>chlorpromazine hcl tablet 200 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>chlorpromazine hcl tablet 25 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>chlorpromazine hcl tablet 50 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)

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**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
COMPRO SUPPOSITORY 25 MG RECTAL	T1	
<i>fluphenazine decanoate solution 25 mg/ml injection</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl concentrate 5 mg/ml oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl elixir 2.5 mg/5ml oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl solution 2.5 mg/ml injection</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl tablet 1 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl tablet 10 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl tablet 2.5 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>fluphenazine hcl tablet 5 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>perphenazine tablet 16 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>perphenazine tablet 2 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>perphenazine tablet 4 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>perphenazine tablet 8 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	T1	
<i>prochlorperazine maleate tablet 10 mg oral</i>	T1	
<i>prochlorperazine maleate tablet 5 mg oral</i>	T1	
<i>prochlorperazine suppository 25 mg rectal</i>	T1	
<i>thioridazine hcl tablet 10 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>thioridazine hcl tablet 100 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>thioridazine hcl tablet 25 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>thioridazine hcl tablet 50 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>trifluoperazine hcl tablet 1 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>trifluoperazine hcl tablet 10 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>trifluoperazine hcl tablet 2 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<i>trifluoperazine hcl tablet 5 mg oral</i>	T1	AL (Min 18 Years and Max 999 Years)
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T1	QL (0.05 ML per 1 day); AL (Min 18 Years)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T1	QL (0.06 ML per 1 day); AL (Min 18 Years)

Prescription Drug Name	Drug Tier	Notes
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	T1	QL (1.2 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	T1	QL (1.2 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	T1	QL (1.2 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	T1	QL (1.2 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T2	PA; AL (Min 18 Years)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T2	PA; AL (Min 18 Years)
ABILIFY TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
ABILIFY TABLET 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY TABLET 2 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY TABLET 30 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ABILIFY TABLET 5 MG ORAL	T2	PA; QL (45 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole solution 1 mg/ml oral</i>	T2	PA; QL (750 ML per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>aripiprazole tablet 10 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole tablet 15 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole tablet 2 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole tablet 20 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole tablet 30 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole tablet 5 mg oral</i>	T1	QL (45 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>aripiprazole tablet dispersible 10 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>aripiprazole tablet dispersible 15 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	T1	QL (2.4 ML per 30 days); AL (Min 18 Years and Max 999 Years)
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	T1	QL (3.9 ML per 56 days); AL (Min 18 Years and Max 999 Years)
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	T1	QL (1.8 ML per 30 days); AL (Min 18 Years and Max 999 Years)
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR	T1	QL (2.4 ML per 30 days); AL (Min 18 Years and Max 999 Years)
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR	T1	QL (3.3 ML per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
OPIPZA ORAL FILM 10 MG, 5 MG	T2	PA; QL (3 EA per 1 day); AL (Min 18 Years)
OPIPZA ORAL FILM 2 MG	T2	PA; QL (1 EA per 1 day); AL (Min 18 Years)
REXULTI TABLET 0.25 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
REXULTI TABLET 0.5 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
REXULTI TABLET 1 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 18 Years and Max 999 Years)
REXULTI TABLET 2 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
REXULTI TABLET 3 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
REXULTI TABLET 4 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Thienbenzodiazepines</b>		
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	T2	PA; QL (90 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet 15 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet 2.5 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet 20 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet 5 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>olanzapine tablet 7.5 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet dispersible 10 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet dispersible 15 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet dispersible 20 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine tablet dispersible 5 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	T2	PA; QL (0.08 EA per 1 day); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Notes
ZYPREXA TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Thioxanthenes</b>		
<i>thiothixene capsule 1 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>thiothixene capsule 10 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>thiothixene capsule 2 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>thiothixene capsule 5 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<b>Antivirals</b>		
<b>*Antiretrovirals - Capsid Inhibitors***</b>		
SUNLENCA ORAL TABLET	T2	PA; SP
SUNLENCA ORAL TABLET THERAPY PACK	T2	PA; SP; QL (2 EA per 1 day)
SUNLENCA SUBCUTANEOUS	T2	PA; SP; QL (0.02 ML per 1 day)
YEZTUGO ORAL	T1	
YEZTUGO SUBCUTANEOUS	T1	QL (0.02 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>		
RUKOBIA	T2	PA; QL (2 EA per 1 day)
<b>*Antiviral Combinations***</b>		
PAXLOVID (150/100)	T3	QL (20 EA per 5 days); AL (Min 12 Years)
PAXLOVID (300/100 & 150/100)	T3	QL (11 EA per 5 days)
PAXLOVID (300/100)	T3	QL (30 EA per 5 days); AL (Min 12 Years)
<b>*Misc. Antivirals***</b>		
LAGEVRIO	T3	QL (40 EA per 5 days); AL (Min 18 Years)
<b>Antiretroviral Combinations</b>		
<i>abacavir sulfate-lamivudine tablet 600-300 mg oral</i>	T1	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG	T1	QL (30 EA per 30 days)
BIKTARVY TABLET 50-200-25 MG ORAL	T1	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T1	QL (4.5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T1	QL (6.6 ML per 30 days)
CIMDUO TABLET 300-300 MG ORAL	T1	QL (30 EA per 30 days)
COMPLERA TABLET 200-25-300 MG ORAL	T1	QL (30 EA per 30 days)
DELSTRIGO TABLET 100-300-300 MG ORAL	T1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T1	QL (30 EA per 30 days)
DESCOVY TABLET 200-25 MG ORAL	T1	QL (30 EA per 30 days)
DOVATO TABLET 50-300 MG ORAL	T1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	T2	PA; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	T1	QL (30 EA per 30 days)
<i>emtricitab- rilpivir-tenofov df</i>	T2	PA; QL (30 EA per 30 days)
EVOTAZ TABLET 300-150 MG ORAL	T1	QL (30 EA per 30 days)
GENVOYA TABLET 150-150-200-10 MG ORAL	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
JULUCA TABLET 50-25 MG ORAL	T1	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	T1	PA; QL (450 ML per 30 days)
KALETRA TABLET 200-50 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>lamivudine-zidovudine tablet 150-300 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T1	QL (120 EA per 30 days)
ODEFSEY TABLET 200-25-25 MG ORAL	T1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	T1	
PREZCOBIX TABLET 800-150 MG ORAL	T1	QL (30 EA per 30 days)
STRIBILD TABLET 150-150-200-300 MG ORAL	T2	PA; QL (30 EA per 30 days)
SYMFI TABLET 600-300-300 MG ORAL	T1	QL (30 EA per 30 days)
SYMTUZA TABLET 800-150-200-10 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>triumeq pd</i>	T2	PA; QL (180 EA per 30 days)
TRIUMEQ TABLET 600-50-300 MG ORAL	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
TRUVADA	T2	PA; QL (30 EA per 30 days)
<b>Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)</b>		
<i>maraviroc oral tablet 150 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	T2	PA; QL (120 EA per 30 days)
SELZENTRY TABLET 150 MG ORAL	T2	PA; QL (60 EA per 30 days)
SELZENTRY TABLET 300 MG ORAL	T2	PA; QL (120 EA per 30 days)
<b>Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor</b>		
TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS	T2	PA; QL (28.5 ML per 30 days)
<b>Antiretrovirals - Integrase Inhibitors</b>		
APRETUDE	T1	QL (3.3 ML per 30 days)
ISENTRESS HD TABLET 600 MG ORAL	T2	PA; QL (60 EA per 30 days)
ISENTRESS PACKET 100 MG ORAL	T1	QL (60 EA per 30 days)
ISENTRESS TABLET 400 MG ORAL	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
ISENTRESS TABLET CHEWABLE 100 MG ORAL	T1	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25 MG ORAL	T1	QL (180 EA per 30 days)
TIVICAY PD	T1	QL (6 EA per 1 day)
TIVICAY TABLET 50 MG ORAL	T1	QL (60 EA per 30 days)
VOCABRIA	T2	PA
<b>Antiretrovirals - Protease Inhibitors</b>		
APTIVUS CAPSULE 250 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>atazanavir sulfate capsule 150 mg oral</i>	T1	QL (30 EA per 30 days)
<i>atazanavir sulfate capsule 200 mg oral</i>	T1	QL (60 EA per 30 days)
<i>atazanavir sulfate capsule 300 mg oral</i>	T1	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	T1	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	T1	QL (30 EA per 30 days)
<i>fosamprenavir calcium tablet 700 mg oral</i>	T2	PA; QL (120 EA per 30 days)
NORVIR PACKET 100 MG ORAL	T1	QL (360 EA per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	PA; QL (180 EA per 30 days)

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	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PREZISTA ORAL TABLET 600 MG, 75 MG	T2	PA; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	T2	PA; QL (30 EA per 30 days)
PREZISTA SUSPENSION 100 MG/ML ORAL	T1	QL (240 ML per 30 days)
REYATAZ CAPSULE 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
REYATAZ CAPSULE 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
REYATAZ PACKET 50 MG ORAL	T1	QL (180 EA per 30 days)
<i>ritonavir tablet 100 mg oral</i>	T1	QL (360 EA per 30 days)
VIRACEPT TABLET 250 MG ORAL	T2	PA; QL (270 EA per 30 days)
VIRACEPT TABLET 625 MG ORAL	T2	PA; QL (120 EA per 30 days)
<b>Antiretrovirals - Rti-Non-Nucleoside Analogues</b>		
EDURANT PED	T2	PA
EDURANT TABLET 25 MG ORAL	T1	QL (30 EA per 30 days)
<i>efavirenz tablet 600 mg oral</i>	T1	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	T2	PA; QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>etravirine oral tablet 200 mg</i>	T2	PA; QL (60 EA per 30 days)
INTELENCE TABLET 100 MG ORAL	T2	PA; QL (120 EA per 30 days)
INTELENCE TABLET 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
INTELENCE TABLET 25 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>nevirapine suspension 50 mg/5ml oral</i>	T2	PA; QL (1200 ML per 30 days)
<i>nevirapine tablet 200 mg oral</i>	T1	QL (60 EA per 30 days)
PIFELTRO TABLET 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
<b>Antiretrovirals - Rti-Nucleoside Analogues-Purines</b>		
<i>abacavir sulfate solution 20 mg/ml oral</i>	T1	QL (900 ML per 30 days)
<i>abacavir sulfate tablet 300 mg oral</i>	T1	QL (60 EA per 30 days)
ZIAGEN SOLUTION 20 MG/ML ORAL	T2	PA; QL (900 ML per 30 days)
<b>Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines</b>		
<i>emtricitabine</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
EMTRIVA ORAL CAPSULE	T2	PA; QL (30 EA per 30 days)
EMTRIVA SOLUTION 10 MG/ML ORAL	T1	QL (720 ML per 30 days)
EPIVIR SOLUTION 10 MG/ML ORAL	T2	PA; QL (900 ML per 30 days)
EPIVIR TABLET 150 MG ORAL	T2	PA; QL (60 EA per 30 days)
EPIVIR TABLET 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>lamivudine oral solution 300 mg/30ml</i>	T1	QL (900 ML per 30 days)
<i>lamivudine solution 10 mg/ml oral</i>	T1	QL (900 ML per 30 days)
<i>lamivudine tablet 150 mg oral</i>	T1	QL (60 EA per 30 days)
<i>lamivudine tablet 300 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Antiretrovirals - Rti-Nucleoside Analogues-Thymidines</b>		
RETROVIR CAPSULE 100 MG ORAL	T2	PA; QL (180 EA per 30 days)
RETROVIR INTRAVENOUS	T3	
RETROVIR SYRUP 50 MG/5ML ORAL	T2	PA; QL (1800 ML per 30 days)
<i>zidovudine capsule 100 mg oral</i>	T1	QL (180 EA per 30 days)
<i>zidovudine syrup 50 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>zidovudine tablet 300 mg oral</i>	T1	QL (60 EA per 30 days)
<b>Antiretrovirals - Rti-Nucleotide Analogues</b>		
<i>tenofovir disoproxil fumarate tablet 300 mg oral</i>	T1	QL (30 EA per 30 days)
VIREAD POWDER 40 MG/GM ORAL	T1	QL (225 GM per 30 days)
VIREAD TABLET 150 MG ORAL	T1	QL (60 EA per 30 days)
VIREAD TABLET 200 MG ORAL	T1	QL (45 EA per 30 days)
VIREAD TABLET 250 MG ORAL	T1	QL (30 EA per 30 days)
VIREAD TABLET 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Antiretrovirals Adjuvants</b>		
TYBOST TABLET 150 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Cmv Agents</b>		
<i>ganciclovir sodium intravenous solution reconstituted</i>	T3	PA
LIVTENCITY	T2	PA; SP; QL (120 EA per 30 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML	T3	PA; QL (360 ML per 30 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24ML	T3	PA; QL (720 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
PREVYMIS ORAL PACKET	T2	PA; QL (4 EA per 1 day)
PREVYMIS ORAL TABLET 240 MG	T1	PA; QL (30 EA per 30 days)
PREVYMIS TABLET 480 MG ORAL	T1	PA; QL (30 EA per 30 days)
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	T1	
<i>valganciclovir hcl tablet 450 mg oral</i>	T1	
<b>Hepatitis B Agents</b>		
<i>adefovir dipivoxil tablet 10 mg oral</i>	T1	SP; QL (30 EA per 30 days)
BARACLUDGE SOLUTION 0.05 MG/ML ORAL	T1	QL (600 ML per 30 days)
BARACLUDGE TABLET 0.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
BARACLUDGE TABLET 1 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>entecavir tablet 0.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>entecavir tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
<i>lamivudine tablet 100 mg oral</i>	T1	QL (30 EA per 30 days)
VEMLIDY TABLET 25 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Hepatitis C Agent - Combinations</b>		

Prescription Drug Name	Drug Tier	Notes
EPCLUSA ORAL PACKET 150-37.5 MG	T2	PA; SP; QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	T2	PA; SP; QL (60 EA per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	T2	PA; SP; QL (30 EA per 30 days)
EPCLUSA TABLET 400-100 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
HARVONI ORAL PACKET 33.75-150 MG	T2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG	T2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	T2	PA; SP; QL (2 EA per 1 day)
HARVONI TABLET 90-400 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i>	T2	PA; SP; QL (30 EA per 30 days)
MAVYRET ORAL PACKET	T1	SP; QL (150 EA per 30 days)
MAVYRET ORAL TABLET	T1	SP; QL (90 EA per 30 days)
<i>sofosbuvir-velpatasvir</i>	T1	SP; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
VOSEVI TABLET 400-100-100 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
ZEPATIER TABLET 50-100 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<b>Hepatitis C Agents</b>		
<i>ribavirin oral capsule</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
SOVALDI ORAL PACKET 150 MG	T2	PA; SP; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 200 MG	T2	PA; SP; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 200 MG	T2	PA; SP; QL (2 EA per 1 day)
SOVALDI TABLET 400 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<b>Herpes Agents - Purine Analogues</b>		
<i>acyclovir capsule 200 mg oral</i>	T1	
<i>acyclovir oral suspension</i>	T1	
<i>acyclovir sodium intravenous solution</i>	T3	
<i>acyclovir tablet 400 mg oral</i>	T1	
<i>acyclovir tablet 800 mg oral</i>	T1	
<i>valacyclovir hcl tablet 1 gm oral</i>	T1	QL (120 EA per 30 days)
<i>valacyclovir hcl tablet 500 mg oral</i>	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
VALTREX TABLET 1 GM ORAL	T2	PA; QL (120 EA per 30 days)
VALTREX TABLET 500 MG ORAL	T2	PA; QL (60 EA per 30 days)
<b>Herpes Agents - Thymidine Analogues</b>		
<i>famciclovir tablet 125 mg oral</i>	T1	QL (180 EA per 30 days)
<i>famciclovir tablet 250 mg oral</i>	T1	QL (180 EA per 30 days)
<i>famciclovir tablet 500 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Influenza Agents</b>		
<i>rimantadine hcl tablet 100 mg oral</i>	T2	PA
<b>Neuraminidase Inhibitors</b>		
<i>oseltamivir phosphate capsule 30 mg oral</i>	T1	QL (4 EA per 1 day)
<i>oseltamivir phosphate capsule 45 mg oral</i>	T1	QL (2 EA per 1 day)
<i>oseltamivir phosphate capsule 75 mg oral</i>	T1	QL (2 EA per 1 day)
<i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i>	T1	QL (36 ML per 1 day)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	T2	PA; QL (120 EA per 30 days)
TAMIFLU CAPSULE 30 MG ORAL	T1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
TAMIFLU CAPSULE 45 MG ORAL	T1	QL (2 EA per 1 day)
TAMIFLU CAPSULE 75 MG ORAL	T1	QL (2 EA per 1 day)
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	T1	QL (36 ML per 1 day)
<b>Pa Endonuclease Inhibitors</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	PA; QL (1 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	PA; QL (1 EA per 30 days)
<b>Rsv Agents - Nucleoside Analogues</b>		
<i>ribavirin solution reconstituted 6 gm inhalation</i>	T4	PA
<b>Assorted Classes</b>		
<b>*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***</b>		
JOENJA	T4	PA; SP; QL (2 EA per 1 day)
<b>*Farnesyltransferase Inhibitors***</b>		
ZOKINVY	T4	PA
<b>*Immunomodulators - Combinations***</b>		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	T4	PA; SP

Prescription Drug Name	Drug Tier	Notes
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<b>*Neonatal Fc Receptor (FcRn) Antagonists***</b>		
IMAAVY INTRAVENOUS SOLUTION 1200 MG/6.5ML	T4	PA
RYSTIGGO	T4	PA
VYVGART	T4	PA; QL (8.58 ML per 1 day)
<b>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***</b>		
VIJOICE ORAL PACKET	T4	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	T4	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	T4	PA; QL (2 EA per 1 day)
<b>*Rock Inhibitors***</b>		
REZUROCK	T2	PA; SP; QL (30 EA per 30 days)
<b>*Type I Interferon (Ifn) Receptor Antagonists***</b>		
SAPHNELO	T4	PA
<b>Antileptotics</b>		
THALOMID CAPSULE 100 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
THALOMID CAPSULE 50 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>B-Lymphocyte Stimulator (Blys)-Specific Inhibitors</b>		
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	T4	PA
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	T4	PA
BENLYSTA SOLUTION RECONSTITUTED 120 MG INTRAVENOUS	T4	PA
BENLYSTA SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	T4	PA
<b>Chelating Agents</b>		
CUVRIOR	T4	PA; SP
DEPEN TITRATABS TABLET 250 MG ORAL	T4	PA
<i>penicillamine oral</i>	T3	PA
<i>trientine hcl</i>	T4	PA
<b>Cyclosporine Analogs</b>		
<i>cyclosporine capsule 100 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>cyclosporine capsule 25 mg oral</i>	T1	
<i>cyclosporine modified capsule 100 mg oral</i>	T1	
<i>cyclosporine modified capsule 25 mg oral</i>	T1	
<i>cyclosporine modified capsule 50 mg oral</i>	T1	
<i>cyclosporine modified solution 100 mg/ml oral</i>	T1	
GENGRAF CAPSULE 100 MG ORAL	T2	PA
GENGRAF CAPSULE 25 MG ORAL	T2	PA
GENGRAF SOLUTION 100 MG/ML ORAL	T2	PA
LUPKYNIS	T2	PA; SP; QL (180 EA per 30 days)
NEORAL CAPSULE 100 MG ORAL	T2	PA
NEORAL CAPSULE 25 MG ORAL	T2	PA
NEORAL SOLUTION 100 MG/ML ORAL	T2	PA
<b>Enzymes</b>		
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	T4	PA; QL (4.5 EA per 30 days)
<b>Immune Globulin Immunosuppressants</b>		
ATGAM SOLUTION 50 MG/ML INTRAVENOUS	T4	PA

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Prescription Drug Name	Drug Tier	Notes
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	T4	PA
<b>Immunomodulators For Myelodysplastic Syndromes</b>		
<i>lenalidomide</i>	T2	PA; QL (30 EA per 30 days)
REVLIMID CAPSULE 10 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
REVLIMID CAPSULE 15 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
REVLIMID CAPSULE 2.5 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
REVLIMID CAPSULE 20 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
REVLIMID CAPSULE 25 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
REVLIMID CAPSULE 5 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>Inosine Monophosphate Dehydrogenase Inhibitors</b>		
CELLCEPT CAPSULE 250 MG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
CELLCEPT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T2	PA
CELLCEPT TABLET 500 MG ORAL	T2	PA
<i>mycophenolate mofetil capsule 250 mg oral</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	T1	
<i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i>	T2	PA
<i>mycophenolate mofetil tablet 500 mg oral</i>	T1	
<i>mycophenolate sodium tablet delayed release 180 mg oral</i>	T1	
<i>mycophenolate sodium tablet delayed release 360 mg oral</i>	T1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
MYFORTIC TABLET DELAYED RELEASE 180 MG ORAL	T2	PA
MYFORTIC TABLET DELAYED RELEASE 360 MG ORAL	T2	PA
MYHIBBIN	T2	PA
<b>Irrigation Solutions</b>		
<i>lactated ringers irrigation</i>	T3	
<i>sterile water for irrigation solution irrigation</i>	T3	
<b>Macrolide Immunosuppressants</b>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	T2	PA; SP
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	T2	PA; SP
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	T2	PA; SP
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	T2	PA; SP
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	T2	PA; SP

Prescription Drug Name	Drug Tier	Notes
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	T2	PA; SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T2	PA; SP
PROGRAF CAPSULE 0.5 MG ORAL	T2	PA
PROGRAF CAPSULE 1 MG ORAL	T2	PA
PROGRAF CAPSULE 5 MG ORAL	T2	PA
PROGRAF PACKET 0.2 MG ORAL	T2	PA
PROGRAF PACKET 1 MG ORAL	T2	PA
<i>sirolimus oral solution</i>	T1	
<i>sirolimus tablet 0.5 mg oral</i>	T1	
<i>sirolimus tablet 1 mg oral</i>	T1	
<i>sirolimus tablet 2 mg oral</i>	T1	
<i>tacrolimus capsule 0.5 mg oral</i>	T1	
<i>tacrolimus capsule 1 mg oral</i>	T1	
<i>tacrolimus capsule 5 mg oral</i>	T1	
ZORTRESS TABLET 0.25 MG ORAL	T2	PA; SP
ZORTRESS TABLET 0.5 MG ORAL	T2	PA; SP

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Prescription Drug Name	Drug Tier	Notes
ZORTRESS TABLET 0.75 MG ORAL	T2	PA; SP
ZORTRESS TABLET 1 MG ORAL	T2	PA; SP
<b>Monoclonal Antibodies</b>		
ENSPRYNG	T4	PA
GAMIFANT INTRAVENOUS SOLUTION 100 MG/20ML, 50 MG/10ML	T4	PA
SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	T4	PA; QL (30 EA per 30 days)
SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	T4	PA; QL (30 EA per 30 days)
UPLIZNA	T4	PA
<b>Potassium Removing Agents</b>		
LOKELMA PACKET 10 GM ORAL	T1	PA; QL (34.8 EA per 30 days)
LOKELMA PACKET 10 GM ORAL	T2	PA; QL (34.8 EA per 30 days)
LOKELMA PACKET 5 GM ORAL	T1	PA; QL (30 EA per 30 days)
LOKELMA PACKET 5 GM ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
SPS (SODIUM POLYSTYRENE SULF) COMBINATION	T3	QL (7200 ML per 30 days)
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL	T3	
VELTASSA ORAL PACKET 1 GM	T1	PA; SP; QL (4 EA per 1 day)
VELTASSA PACKET 16.8 GM ORAL	T1	PA; SP; QL (30 EA per 30 days)
VELTASSA PACKET 25.2 GM ORAL	T2	PA; SP; QL (30 EA per 30 days)
VELTASSA PACKET 8.4 GM ORAL	T1	PA; SP; QL (30 EA per 30 days)
VELTASSA PACKET 8.4 GM ORAL	T2	PA; SP; QL (30 EA per 30 days)
<b>Potassium Removing Resins</b>		
VELTASSA PACKET 16.8 GM ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>Purine Analogs</b>		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T2	PA
<i>azathioprine sodium</i>	T3	
<i>azathioprine tablet 50 mg oral</i>	T1	
IMURAN TABLET 50 MG ORAL	T2	PA
<b>Selective T-Cell Costimulation Blockers</b>		

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Prescription Drug Name	Drug Tier	Notes
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	T4	PA
<b>Beta Blockers</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>carvedilol phosphate er capsule extended release 24 hour 40 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>carvedilol phosphate er capsule extended release 24 hour 80 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>carvedilol tablet 12.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>carvedilol tablet 25 mg oral</i>	T1	QL (120 EA per 30 days)
<i>carvedilol tablet 3.125 mg oral</i>	T1	QL (60 EA per 30 days)
<i>carvedilol tablet 6.25 mg oral</i>	T1	QL (60 EA per 30 days)
COREG TABLET 6.25 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>labetalol hcl intravenous solution</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml</i>	T3	
<i>labetalol hcl oral tablet 400 mg</i>	T2	PA
<i>labetalol hcl tablet 100 mg oral</i>	T1	
<i>labetalol hcl tablet 200 mg oral</i>	T1	
<i>labetalol hcl tablet 300 mg oral</i>	T1	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl capsule 200 mg oral</i>	T1	
<i>acebutolol hcl capsule 400 mg oral</i>	T1	
<i>atenolol tablet 100 mg oral</i>	T1	
<i>atenolol tablet 25 mg oral</i>	T1	
<i>atenolol tablet 50 mg oral</i>	T1	
<i>betaxolol hcl tablet 10 mg oral</i>	T1	
<i>betaxolol hcl tablet 20 mg oral</i>	T1	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	T2	PA
<i>bisoprolol fumarate tablet 10 mg oral</i>	T1	
<i>bisoprolol fumarate tablet 5 mg oral</i>	T1	
BREVIBLOC IN NAACL	T3	

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	T3	
BREVIBLOC PREMIXED	T3	
BREVIBLOC PREMIXED DS	T3	
BYSTOLIC TABLET 10 MG ORAL	T2	PA; QL (45 EA per 30 days)
BYSTOLIC TABLET 2.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
BYSTOLIC TABLET 20 MG ORAL	T2	PA; QL (60 EA per 30 days)
BYSTOLIC TABLET 5 MG ORAL	T2	PA; QL (45 EA per 30 days)
<i>esmolol hcl intravenous solution 100 mg/10ml, 2000 mg/100ml, 2500 mg/250ml</i>	T3	
<i>esmolol hcl-sodium chloride</i>	T3	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL	T2	PA; QL (30 EA per 30 days)
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL	T2	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL	T2	PA; QL (30 EA per 30 days)
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	T2	PA; QL (30 EA per 30 days)
LOPRESSOR ORAL SOLUTION	T2	PA
LOPRESSOR TABLET 100 MG ORAL	T2	PA
LOPRESSOR TABLET 50 MG ORAL	T2	PA
<i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i>	T1	
<i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i>	T1	
<i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>	T1	
<i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>	T1	
<i>metoprolol tartrate tablet 100 mg oral</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>metoprolol tartrate tablet 25 mg oral</i>	T1	
<i>metoprolol tartrate tablet 37.5 mg oral</i>	T1	
<i>metoprolol tartrate tablet 50 mg oral</i>	T1	
<i>metoprolol tartrate tablet 75 mg oral</i>	T1	
<i>nebivolol hcl oral tablet 10 mg, 5 mg</i>	T1	QL (45 EA per 30 days)
<i>nebivolol hcl oral tablet 2.5 mg</i>	T1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	T1	QL (60 EA per 30 days)
TENORMIN TABLET 50 MG ORAL	T2	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	T2	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	T2	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	T2	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	T2	PA
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABLET 120 MG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
BETAPACE AF TABLET 160 MG ORAL	T2	PA
BETAPACE AF TABLET 80 MG ORAL	T2	PA
BETAPACE TABLET 120 MG ORAL	T2	PA
BETAPACE TABLET 160 MG ORAL	T2	PA
BETAPACE TABLET 80 MG ORAL	T2	PA
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	T1	PA; SP
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	T2	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL	T2	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	T2	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	T2	PA

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INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	T2	PA; QL (30 EA per 30 days)
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	T2	PA; QL (30 EA per 30 days)
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	T2	PA; QL (30 EA per 30 days)
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>nadolol tablet 20 mg oral</i>	T1	
<i>nadolol tablet 40 mg oral</i>	T1	
<i>nadolol tablet 80 mg oral</i>	T1	
<i>pindolol tablet 10 mg oral</i>	T1	
<i>pindolol tablet 5 mg oral</i>	T1	
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	T1	
<i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>	T1	
<i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>	T1	
<i>propranolol hcl solution 20 mg/5ml oral</i>	T1	
<i>propranolol hcl solution 40 mg/5ml oral</i>	T1	
<i>propranolol hcl tablet 10 mg oral</i>	T1	
<i>propranolol hcl tablet 20 mg oral</i>	T1	
<i>propranolol hcl tablet 40 mg oral</i>	T1	
<i>propranolol hcl tablet 60 mg oral</i>	T1	
<i>propranolol hcl tablet 80 mg oral</i>	T1	
<i>sotalol hcl (af) tablet 120 mg oral</i>	T1	
<i>sotalol hcl (af) tablet 160 mg oral</i>	T1	
<i>sotalol hcl (af) tablet 80 mg oral</i>	T1	
<i>sotalol hcl tablet 120 mg oral</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>sotalol hcl tablet 160 mg oral</i>	T1	
<i>sotalol hcl tablet 240 mg oral</i>	T1	
<i>sotalol hcl tablet 80 mg oral</i>	T1	
SOTYLIZE SOLUTION 5 MG/ML ORAL	T2	PA
<i>timolol maleate tablet 10 mg oral</i>	T2	PA
<b>Calcium Channel Blockers</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>amlodipine besylate tablet 2.5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>amlodipine besylate tablet 5 mg oral</i>	T1	QL (60 EA per 30 days)
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	T2	PA; QL (60 EA per 30 days)
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	T1	QL (30 EA per 30 days)
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	T1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	T1	QL (60 EA per 30 days)
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	T1	QL (30 EA per 30 days)
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	T3	
<i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i>	T1	QL (60 EA per 30 days)
<i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i>	T2	PA; QL (2 EA per 1 day)
<i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg</i>	T1	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg</i>	T1	QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>diltiazem hcl tablet 120 mg oral</i>	T1	QL (90 EA per 30 days)
<i>diltiazem hcl tablet 30 mg oral</i>	T1	QL (120 EA per 30 days)
<i>diltiazem hcl tablet 60 mg oral</i>	T1	QL (120 EA per 30 days)
<i>diltiazem hcl tablet 90 mg oral</i>	T1	QL (120 EA per 30 days)
<i>dilt-xr capsule extended release 24 hour 120 mg oral</i>	T1	QL (1 EA per 1 day)
<i>dilt-xr capsule extended release 24 hour 180 mg oral</i>	T1	QL (1 EA per 1 day)
<i>dilt-xr capsule extended release 24 hour 240 mg oral</i>	T1	QL (2 EA per 1 day)
<i>felodipine er tablet extended release 24 hour 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>felodipine er tablet extended release 24 hour 2.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>felodipine er tablet extended release 24 hour 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>isradipine capsule 2.5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>isradipine capsule 5 mg oral</i>	T2	PA

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Prescription Drug Name	Drug Tier	Notes
KATERZIA SUSPENSION 1 MG/ML ORAL	T2	PA; QL (10 ML per 1 day)
<i>levamlodipine maleate</i>	T2	PA
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	T2	PA; QL (30 EA per 30 days)
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	T2	PA; QL (60 EA per 30 days)
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	T2	PA; QL (30 EA per 30 days)
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	T2	PA; QL (30 EA per 30 days)
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>nicardipine hcl capsule 20 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>nicardipine hcl capsule 30 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>nifedipine capsule 10 mg oral</i>	T1	
<i>nifedipine capsule 20 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i>	T1	QL (30 EA per 30 days)
<i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i>	T1	QL (60 EA per 30 days)
<i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i>	T1	QL (30 EA per 30 days)
<i>nifedipine er tablet extended release 24 hour 30 mg oral</i>	T1	QL (30 EA per 30 days)
<i>nifedipine er tablet extended release 24 hour 60 mg oral</i>	T1	QL (60 EA per 30 days)
<i>nifedipine er tablet extended release 24 hour 90 mg oral</i>	T1	QL (30 EA per 30 days)
<i>nimodipine capsule 30 mg oral</i>	T1	
<i>nimodipine oral solution</i>	T2	PA
<i>nisoldipine er tablet extended release 24 hour 17 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>nisoldipine er tablet extended release 24 hour 34 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
NORLIQVA	T2	PA; QL (300 ML per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NORVASC TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)
NORVASC TABLET 2.5 MG ORAL	T2	PA; QL (120 EA per 30 days)
NORVASC TABLET 5 MG ORAL	T2	PA; QL (60 EA per 30 days)
NYMALIZE ORAL SOLUTION 6 MG/ML	T2	PA; SP; QL (60 ML per 1 day)
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	T2	PA; QL (30 EA per 30 days)
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	T2	PA; QL (60 EA per 30 days)
SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL	T2	PA; QL (30 EA per 30 days)
SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL	T2	PA; QL (30 EA per 30 days)
SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	T1	QL (30 EA per 30 days)
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	T1	QL (60 EA per 30 days)
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	T1	QL (30 EA per 30 days)
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	T1	QL (30 EA per 30 days)
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	T1	QL (30 EA per 30 days)
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	T1	QL (30 EA per 30 days)
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>verapamil hcl er tablet extended release 120 mg oral</i>	T1	QL (60 EA per 30 days)
<i>verapamil hcl er tablet extended release 180 mg oral</i>	T1	QL (60 EA per 30 days)
<i>verapamil hcl er tablet extended release 240 mg oral</i>	T1	QL (60 EA per 30 days)
<i>verapamil hcl tablet 120 mg oral</i>	T1	
<i>verapamil hcl tablet 40 mg oral</i>	T1	
<i>verapamil hcl tablet 80 mg oral</i>	T1	
<b>Cardiotonics</b>		
<b>*Inotropes***</b>		
<i>dobutamine hcl intravenous solution 12.5 mg/ml</i>	T3	
<i>dobutamine-dextrose</i>	T3	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	T3	
<i>dopamine-dextrose</i>	T3	
<i>milrinone lactate intravenous solution 10 mg/10ml</i>	T3	PA
<b>Cardiac Glycosides</b>		
<i>digoxin solution 0.05 mg/ml oral</i>	T3	
<i>digoxin tablet 125 mcg oral</i>	T3	
<i>digoxin tablet 250 mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<b>Cardiovascular Agents - Misc.</b>		
<b>*Cardiac Myosin Inhibitors***</b>		
CAMZYOS	T3	PA; QL (1 EA per 1 day)
<b>*Cardiovascular Anti-Inflammatory/Immune Modulators***</b>		
LODOCO	T3	PA; QL (30 EA per 30 days)
<b>*Cardiovascular Sglt2 Inhibitors**</b>		
INPEFA ORAL TABLET 200 MG	T2	PA; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	T2	PA; QL (1 EA per 1 day)
<b>*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***</b>		
OPSYNVI	T2	PA; QL (1 EA per 1 day)
<b>*Transthyretin Stabilizers***</b>		
ATTRUBY	T4	PA; QL (4 EA per 1 day)
VYNDAMAX	T4	PA; QL (1 EA per 1 day)
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***</b>		
VERQUVO	T3	PA
<b>Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb</b>		
<i>amlodipine-atorvastatin tablet 10-10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-20 mg oral</i>	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>amlodipine-atorvastatin tablet 10-40 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-80 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i>	T2	PA
<i>amlodipine-atorvastatin tablet 2.5-20 mg oral</i>	T2	PA
<i>amlodipine-atorvastatin tablet 2.5-40 mg oral</i>	T2	PA
<i>amlodipine-atorvastatin tablet 5-10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-20 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-40 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-80 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb</b>		
ENTRESTO ORAL CAPSULE SPRINKLE	T2	PA; QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG	T2	PA; QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	T2	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	T1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	T1	QL (60 EA per 30 days)
<b>Nitrate &amp; Vasodilator Combinations</b>		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	PA
<b>Peripheral Vasodilators</b>		
<i>papaverine hcl injection</i>	T3	
<b>Prostaglandin Vasodilators</b>		
FLOLAN SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	T4	PA
FLOLAN SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	T4	PA
ORENITRAM MONTH 1	T2	PA; SP
ORENITRAM MONTH 2	T2	PA; SP
ORENITRAM MONTH 3	T2	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	T2	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	T2	PA; SP

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Prescription Drug Name	Drug Tier	Notes
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	T2	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	T2	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	T2	PA; SP
REMODULIN INJECTION SOLUTION 8 MG/20ML	T4	PA
REMODULIN SOLUTION 100 MG/20ML INJECTION	T4	PA
REMODULIN SOLUTION 20 MG/20ML INJECTION	T4	PA
REMODULIN SOLUTION 200 MG/20ML INJECTION	T4	PA
REMODULIN SOLUTION 50 MG/20ML INJECTION	T4	PA
<i>treprostinil solution 100 mg/20ml injection</i>	T4	PA
<i>treprostinil solution 20 mg/20ml injection</i>	T4	PA

Prescription Drug Name	Drug Tier	Notes
<i>treprostinil solution 200 mg/20ml injection</i>	T4	PA
<i>treprostinil solution 50 mg/20ml injection</i>	T4	PA
TYVASO DPI INSTITUTIONAL KIT	T1	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	T1	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T1	PA; SP
TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION	T1	PA; SP; QL (87 ML per 30 days)
TYVASO SOLUTION 0.6 MG/ML INHALATION	T1	PA; SP; QL (87 ML per 30 days)
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	T1	PA; SP; QL (87 ML per 30 days)
VELETRI SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	T4	PA

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Prescription Drug Name	Drug Tier	Notes
VELETRI SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	T4	PA
YUTREPIA	T2	PA; SP
<b>Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)</b>		
ADEMPAS TABLET 0.5 MG ORAL	T2	PA; SP; QL (90 EA per 30 days)
ADEMPAS TABLET 1 MG ORAL	T2	PA; SP; QL (90 EA per 30 days)
ADEMPAS TABLET 1.5 MG ORAL	T2	PA; SP; QL (90 EA per 30 days)
ADEMPAS TABLET 2 MG ORAL	T2	PA; SP; QL (90 EA per 30 days)
ADEMPAS TABLET 2.5 MG ORAL	T2	PA; SP; QL (90 EA per 30 days)
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan tablet 10 mg oral</i>	T1	PA; SP; QL (30 EA per 30 days)
<i>ambrisentan tablet 5 mg oral</i>	T1	PA; SP; QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	T1	PA; QL (60 EA per 30 days)
<i>bosentan oral tablet soluble</i>	T2	PA; SP; QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
LETAIRIS TABLET 10 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
LETAIRIS TABLET 5 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
OPSUMIT TABLET 10 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
TRACLEER ORAL TABLET	T2	PA; QL (60 EA per 30 days)
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ADCIRCA TABLET 20 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
REVATIO TABLET 20 MG ORAL	T2	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; SP; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; SP; QL (90 EA per 30 days)
<i>tadalafil (pah)</i>	T1	PA; SP; QL (60 EA per 30 days)
TADLIQ	T2	PA; SP; QL (10 ML per 1 day)
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		

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Prescription Drug Name	Drug Tier	Notes
UPTRAVI TABLET 1000 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 1200 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 1400 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 1600 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 200 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 400 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 600 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TABLET 800 MCG ORAL	T2	PA; SP; QL (60 EA per 30 days)
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	T2	PA; SP; QL (214 EA per 30 days)
<b>Selective Cgmp Phosphodiesterase Type 5 Inhibitors</b>		
CIALIS TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)
CIALIS TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
CIALIS TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>tadalafil tablet 10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>tadalafil tablet 2.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>tadalafil tablet 20 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>tadalafil tablet 5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Sinus Node Inhibitors</b>		
CORLANOR ORAL SOLUTION	T3	PA
<i>ivabradine hcl oral tablet 5 mg</i>	T3	PA; QL (90 EA per 30 days)
<i>ivabradine hcl oral tablet 7.5 mg</i>	T3	PA; QL (60 EA per 30 days)
<b>Cephalosporins</b>		
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil capsule 500 mg oral</i>	T1	
<i>cefadroxil suspension reconstituted 250 mg/5ml oral</i>	T2	PA
<i>cefadroxil suspension reconstituted 500 mg/5ml oral</i>	T2	PA
<i>cefadroxil tablet 1 gm oral</i>	T2	PA

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>cefazolin sodium injection solution reconstituted 10 gm, 500 mg</i>	T3	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T3	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	T3	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	T3	
<i>cephalexin capsule 250 mg oral</i>	T1	
<i>cephalexin capsule 500 mg oral</i>	T1	
<i>cephalexin capsule 750 mg oral</i>	T2	PA
<i>cephalexin suspension reconstituted 125 mg/5ml oral</i>	T1	
<i>cephalexin suspension reconstituted 250 mg/5ml oral</i>	T1	
<i>cephalexin tablet 250 mg oral</i>	T2	PA
<i>cephalexin tablet 500 mg oral</i>	T2	PA
<b>Cephalosporins - 2Nd Generation</b>		

Prescription Drug Name	Drug Tier	Notes
<i>cefaclor capsule 250 mg oral</i>	T2	PA
<i>cefaclor capsule 500 mg oral</i>	T2	PA
<i>cefaclor er tablet extended release 12 hour 500 mg oral</i>	T2	PA
<i>cefoxitin sodium intravenous</i>	T3	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	T3	
<i>cefprozil suspension reconstituted 125 mg/5ml oral</i>	T1	
<i>cefprozil suspension reconstituted 250 mg/5ml oral</i>	T1	
<i>cefprozil tablet 250 mg oral</i>	T1	
<i>cefprozil tablet 500 mg oral</i>	T1	
<i>cefuroxime axetil tablet 250 mg oral</i>	T1	
<i>cefuroxime axetil tablet 500 mg oral</i>	T1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	T3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	T3	
<b>Cephalosporins - 3Rd Generation</b>		

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>cefдинир capsule 300 mg oral</i>	T1	
<i>cefдинир suspension reconstituted 125 mg/5ml oral</i>	T1	
<i>cefдинир suspension reconstituted 250 mg/5ml oral</i>	T1	
<i>cefixime capsule 400 mg oral</i>	T1	
<i>cefixime oral tablet</i>	T2	PA
<i>cefixime suspension reconstituted 100 mg/5ml oral</i>	T2	PA
<i>cefixime suspension reconstituted 200 mg/5ml oral</i>	T2	PA
<i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i>	T2	PA
<i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>	T2	PA
<i>cefpodoxime proxetil tablet 100 mg oral</i>	T1	
<i>cefpodoxime proxetil tablet 200 mg oral</i>	T1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	T3	
<i>ceftazidime intravenous</i>	T3	
<i>ceftriaxone sodium in dextrose</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	T3	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	T3	
<b>Cephalosporins - 4Th Generation</b>		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	T3	
<i>cefepime hcl intravenous solution</i>	T3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	T3	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	T3	
<b>Contraceptives</b>		
<b>Biphasic Contraceptives - Oral</b>		
<i>desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral</i>	T1	
KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	T1	
LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL	T1	

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PIMTREA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	T1	
SIMLIYA	T1	
<i>viorele tablet 0.15-0.02/0.01 mg (21/5) oral</i>	T1	
VOLNEA	T1	
<b>Combination Contraceptives - Oral</b>		
AFIRMELLE TABLET 0.1-20 MG-MCG ORAL	T1	
ALTAVERA TABLET 0.15-30 MG-MCG ORAL	T1	
<i>alyacen 1/35 tablet 1-35 mg-mcg oral</i>	T1	
APRI TABLET 0.15-30 MG-MCG ORAL	T1	
AUBRA EQ TABLET 0.1-20 MG-MCG ORAL	T1	
AUROVELA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	
AUROVELA 1/20 TABLET 1-20 MG-MCG ORAL	T1	
AUROVELA 24 FE TABLET 1-20 MG-MCG(24) ORAL	T1	
AUROVELA FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	

Prescription Drug Name	Drug Tier	Notes
AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL	T1	
AVERI	T2	PA
AVIANE TABLET 0.1-20 MG-MCG ORAL	T1	
AYUNA TABLET 0.15-30 MG-MCG ORAL	T1	
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	T2	PA
BALZIVA TABLET 0.4-35 MG-MCG ORAL	T1	
BEYAZ TABLET 3-0.02-0.451 MG ORAL	T2	PA
BLISOVI 24 FE TABLET 1-20 MG-MCG(24) ORAL	T1	
BLISOVI FE 1/20 TABLET 1-20 MG-MCG ORAL	T1	
<i>briellyn tablet 0.4-35 mg-mcg oral</i>	T1	
CHARLOTTE 24 FE	T1	
CHATEAL EQ TABLET 0.15-30 MG-MCG ORAL	T1	
CRYSSELLE	T1	
CRYSSELLE-28 TABLET 0.3-30 MG-MCG ORAL	T1	
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	T1	

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DASETTA 1/35 (28) TABLET 1-35 MG-MCG ORAL	T1	
<i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i>	T2	PA
<i>drospiren-eth estrad-levomefol tablet 3-0.03-0.451 mg oral</i>	T2	PA
<i>drospirenone-ethinyl estradiol tablet 3-0.02 mg oral</i>	T1	
<i>drospirenone-ethinyl estradiol tablet 3-0.03 mg oral</i>	T1	
ELINEST TABLET 0.3-30 MG-MCG ORAL	T1	
ENSKYCE TABLET 0.15-30 MG-MCG ORAL	T1	
ESTARYLLA TABLET 0.25-35 MG-MCG ORAL	T1	
<i>ethynodiol diac-eth estradiol tablet 1-35 mg-mcg oral</i>	T1	
<i>ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral</i>	T1	
FALMINA TABLET 0.1-20 MG-MCG ORAL	T1	
FEIRZA 1.5/30	T1	
FEIRZA 1/20	T1	
FEMLYV	T2	PA

Prescription Drug Name	Drug Tier	Notes
FINZALA	T1	
GALBRIELA	T2	PA
GEMMILY	T2	PA
HAILEY 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	T1	
HAILEY FE 1.5/30	T1	
HAILEY FE 1/20	T1	
ISIBLOOM TABLET 0.15-30 MG-MCG ORAL	T1	
JASMIEL TABLET 3-0.02 MG ORAL	T1	
JOYEAUX	T2	PA
JULEBER TABLET 0.15-30 MG-MCG ORAL	T1	
JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	
JUNEL 1/20 TABLET 1-20 MG-MCG ORAL	T1	
JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	
JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL	T1	
JUNEL FE 24 TABLET 1-20 MG-MCG(24) ORAL	T1	

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
KALLIGA TABLET 0.15-30 MG-MCG ORAL	T1	
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	T1	
LARIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	
LARIN 1/20 TABLET 1-20 MG-MCG ORAL	T1	
LARIN 24 FE TABLET 1-20 MG-MCG(24) ORAL	T1	
LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T1	
LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL	T1	
LESSINA TABLET 0.1-20 MG-MCG ORAL	T1	
<i>levonorgest-eth estradiol-iron</i>	T2	PA
<i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>	T1	
<i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>	T1	
LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	T1	

Prescription Drug Name	Drug Tier	Notes
LOESTRIN 1.5/30 (21) TABLET 1.5-30 MG-MCG ORAL	T2	PA
LOESTRIN 1/20 (21) TABLET 1-20 MG-MCG ORAL	T2	PA
LOESTRIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	T2	PA
LOESTRIN FE 1/20 TABLET 1-20 MG-MCG ORAL	T2	PA
LORYNA TABLET 3-0.02 MG ORAL	T1	
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	T1	
LO-ZUMANDIMINE TABLET 3-0.02 MG ORAL	T1	
LUIZZA 1.5/30	T1	
LUIZZA 1/20	T1	
LUTERA TABLET 0.1-20 MG-MCG ORAL	T1	
<i>marlissa tablet 0.15-30 mg-mcg oral</i>	T1	
MIBELAS 24 FE	T1	
MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL	T1	
MILI TABLET 0.25-35 MG-MCG ORAL	T1	
MINZOYA	T2	PA

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL	T1	
NEXTSTELLIS	T2	PA
NIKKI TABLET 3-0.02 MG ORAL	T1	
<i>norethin ace-eth estrad-fe oral capsule</i>	T2	PA
<i>norethin ace-eth estrad-fe tablet 1.5-30 mg-mcg oral</i>	T1	
<i>norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral</i>	T1	
<i>norethindrone acet-ethinyl est tablet 1.5-30 mg-mcg oral</i>	T1	
<i>norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral</i>	T1	
<i>norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral</i>	T1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	
NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	T1	
NORTREL 1/35 (21)	T1	
NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL	T1	
NYLIA 1/35	T1	

Prescription Drug Name	Drug Tier	Notes
ORSYTHIA TABLET 0.1-20 MG-MCG ORAL	T1	
PHILITH TABLET 0.4-35 MG-MCG ORAL	T1	
PORTIA-28 TABLET 0.15-30 MG-MCG ORAL	T1	
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	T1	
SAFYRAL TABLET 3-0.03-0.451 MG ORAL	T2	PA
SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL	T1	
SRONYX TABLET 0.1-20 MG-MCG ORAL	T1	
SYEDA TABLET 3-0.03 MG ORAL	T1	
TARINA 24 FE TABLET 1-20 MG-MCG(24) ORAL	T1	
TARINA FE 1/20 EQ TABLET 1-20 MG-MCG ORAL	T1	
TAYSOFY	T2	PA
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	T2	PA
TURQOZ	T1	
TYBLUME ORAL TABLET CHEWABLE	T1	
VALTYA 1/35	T1	

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
VALTYA 1/50	T1	
VESTURA	T1	
VIENVA TABLET 0.1-20 MG-MCG ORAL	T1	
VYLIBRA TABLET 0.25-35 MG-MCG ORAL	T1	
WERA TABLET 0.5-35 MG-MCG ORAL	T1	
XELRIA FE	T1	
YASMIN 28 TABLET 3-0.03 MG ORAL	T1	
YAZ TABLET 3-0.02 MG ORAL	T2	PA
ZOVIA 1/35 (28)	T1	
ZUMANDIMINE TABLET 3-0.03 MG ORAL	T1	
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-eth estradiol</i>	T2	PA; QL (0.15 EA per 1 day)
TWIRLA	T2	PA; QL (4.5 EA per 30 days)
XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	T1	QL (4.5 EA per 30 days)
ZAFEMY	T2	PA; QL (0.15 EA per 1 day)
<b>Combination Contraceptives - Vaginal</b>		
ELURYNG	T1	QL (1.5 EA per 30 days)
ENILLORING	T1	QL (1.5 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>etonogestrel-ethinyl estradiol</i>	T1	QL (1.5 EA per 30 days)
HALOETTE	T1	QL (1.5 EA per 30 days)
NUVARING RING 0.12-0.015 MG/24HR VAGINAL	T1	QL (1.5 EA per 30 days)
<b>Continuous Contraceptives - Oral</b>		
AMETHYST TABLET 90-20 MCG ORAL	T1	
DOLISHALE	T1	
<i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>	T1	
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE	T1	QL (1 EA per 10 Years)
<b>Emergency Contraceptives</b>		
AFTERA TABLET 1.5 MG ORAL	T3	
ECONTRA ONE-STEP TABLET 1.5 MG ORAL	T3	
<i>levonorgestrel oral tablet 1.5 mg</i>	T3	
MY CHOICE TABLET 1.5 MG ORAL	T3	
MY WAY TABLET 1.5 MG ORAL (OTC)	T3	
NEW DAY TABLET 1.5 MG ORAL	T3	

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
OPCICON ONE-STEP TABLET 1.5 MG ORAL	T3	
OPTION 2 TABLET 1.5 MG ORAL	T3	
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	T3	
TAKE ACTION TABLET 1.5 MG ORAL	T3	
<b>Extended-Cycle Contraceptives - Oral</b>		
ASHLYNA TABLET 0.15-0.03 & 0.01 MG ORAL	T1	
CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL	T1	
CAMRESE TABLET 0.15-0.03 & 0.01 MG ORAL	T1	
DAYSEE TABLET 0.15-0.03 & 0.01 MG ORAL	T1	
ICLEVIA	T1	
INTROVALE TABLET 0.15-0.03 MG ORAL	T1	
JAIMIESS	T1	
JOLESSA TABLET 0.15-0.03 MG ORAL	T1	
<i>levonorgest-eth est &amp; eth est tablet 42-21-21-7 days oral</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 &amp; 0.01 mg oral</i>	T1	
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	T1	
LOJAIMIESS	T1	
RIVELSA TABLET 42-21-21-7 DAYS ORAL	T2	PA
ROSYRAH	T2	PA
SETLAKIN TABLET 0.15-0.03 MG ORAL	T1	
SIMPESSE TABLET 0.15-0.03 & 0.01 MG ORAL	T1	
<b>Four Phase Contraceptives - Oral</b>		
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	T2	PA
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR	T1	QL (1 EA per 91 days)
DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR	T2	PA; QL (1 EA per 91 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	T1	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	QL (1 ML per 84 days)
<i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i>	T1	QL (1 ML per 91 days)
<b>Progestin Contraceptives - IUD</b>		
KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE	T1	QL (1 EA per 5 Years)
LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY INTRAUTERINE	T1	QL (1 EA per 6 Years)
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE	T1	QL (1 EA per 5 Years)
SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE	T1	QL (1 EA per 3 Years)
<b>Progestin Contraceptives - Oral</b>		
CAMILA TABLET 0.35 MG ORAL	T1	

Prescription Drug Name	Drug Tier	Notes
DEBLITANE TABLET 0.35 MG ORAL	T1	
EMZAHH	T1	
ERRIN TABLET 0.35 MG ORAL	T1	
HEATHER TABLET 0.35 MG ORAL	T1	
INCASSIA TABLET 0.35 MG ORAL	T1	
LYLEQ	T1	
LYZA TABLET 0.35 MG ORAL	T1	
MELEYA	T1	
<i>norethindrone tablet 0.35 mg oral</i>	T1	
NORLYDA TABLET 0.35 MG ORAL	T1	
OPILL	T1	
ORQUIDEA	T1	
SHAROBEL TABLET 0.35 MG ORAL	T1	
SLYND	T2	PA
<b>Triphasic Contraceptives - Oral</b>		
<i>alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</i>	T1	
ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL	T1	
DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	T1	

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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL	T1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg- 35 mcg</i>	T1	
NORTREL 7/7/7 TABLET 0.5/0.75/1- 35 MG-MCG ORAL	T1	
NYLIA 7/7/7	T1	
TRI FEMYNOR TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
TRI-LEGEST FE TABLET 1-20/1-30/1- 35 MG-MCG ORAL	T2	PA
TRI-LINYAH TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG- 25 MCG ORAL	T1	
TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG- 25 MCG ORAL	T1	
TRI-LO-MILI TABLET 0.18/0.215/0.25 MG- 25 MCG ORAL	T1	

Prescription Drug Name	Drug Tier	Notes
TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG- 25 MCG ORAL	T1	
TRI-MILI TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
TRINESSA (28) TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
TRIVORA (28) TABLET 50-30/75-40/ 125-30 MCG ORAL	T1	
TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG- 25 MCG ORAL	T1	
TRI-VYLIBRA TABLET 0.18/0.215/0.25 MG- 35 MCG ORAL	T1	
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	T1	
XARAH FE	T2	PA
<b>Corticosteroids</b>		
<b>Glucocorticosteroids</b>		
AGAMREE	T2	PA; QL (7.5 ML per 1 day)
ALKINDI SPRINKLE	T2	PA; SP

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drugs

**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary  
Drug  
**T4** = Supplemental Specialty

**Notes**  
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**PA** = Prior Authorization  
**QL** = Quantity Limit  
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Prescription Drug Name	Drug Tier	Notes
<i>budesonide capsule delayed release particles 3 mg oral</i>	T1	QL (90 EA per 30 days)
<i>budesonide er tablet extended release 24 hour 9 mg oral</i>	T1	QL (30 EA per 30 days)
CORTEF TABLET 10 MG ORAL	T2	PA
CORTEF TABLET 20 MG ORAL	T2	PA
CORTEF TABLET 5 MG ORAL	T2	PA
<i>deflazacort oral suspension</i>	T2	PA; QL (55.8 ML per 30 days)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>deflazacort oral tablet 6 mg</i>	T2	PA; QL (60 EA per 30 days)
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T3	
<i>dexamethasone elixir 0.5 mg/5ml oral</i>	T1	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	T1	
<i>dexamethasone sod phosphate pf solution 10 mg/ml injection</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	T3	
<i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>	T3	
<i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>	T3	
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>	T3	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	T3	
<i>dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection</i>	T3	
<i>dexamethasone solution 0.5 mg/5ml oral</i>	T1	
<i>dexamethasone tablet 0.5 mg oral</i>	T1	
<i>dexamethasone tablet 0.75 mg oral</i>	T1	
<i>dexamethasone tablet 1 mg oral</i>	T1	
<i>dexamethasone tablet 1.5 mg oral</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>dexamethasone tablet 2 mg oral</i>	T1	
<i>dexamethasone tablet 4 mg oral</i>	T1	
<i>dexamethasone tablet 6 mg oral</i>	T1	
<i>dexamethasone tablet therapy pack 1.5 mg (21) oral</i>	T2	PA
<i>dexamethasone tablet therapy pack 1.5 mg (35) oral</i>	T2	PA
<i>dexamethasone tablet therapy pack 1.5 mg (51) oral</i>	T2	PA
EMFLAZA SUSPENSION 22.75 MG/ML ORAL	T2	PA; SP; QL (55.8 ML per 30 days)
EMFLAZA TABLET 18 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
EMFLAZA TABLET 30 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
EMFLAZA TABLET 36 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
EMFLAZA TABLET 6 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
EOHILIA	T2	PA; QL (20 ML per 1 day)
HEMADY	T2	PA
<i>hydrocortisone tablet 10 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>hydrocortisone tablet 20 mg oral</i>	T1	
<i>hydrocortisone tablet 5 mg oral</i>	T1	
<i>jaythari oral suspension</i>	T2	PA; QL (55.58 ML per 30 days)
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg</i>	T2	PA; SP; QL (30 EA per 30 days)
<i>jaythari oral tablet 6 mg</i>	T2	PA; SP; QL (60 EA per 30 days)
KHINDIVI	T2	PA
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG	T2	PA; SP; QL (30 EA per 30 days)
KYMBEE ORAL TABLET 6 MG	T2	PA; SP; QL (60 EA per 30 days)
MEDROL TABLET 16 MG ORAL	T2	PA
MEDROL TABLET 2 MG ORAL	T2	PA
MEDROL TABLET 4 MG ORAL	T2	PA
MEDROL TABLET 8 MG ORAL	T2	PA
MEDROL TABLET THERAPY PACK 4 MG ORAL	T2	PA
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T3	

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	T3	
<i>methylprednisolone tablet 16 mg oral</i>	T1	
<i>methylprednisolone tablet 32 mg oral</i>	T1	
<i>methylprednisolone tablet 4 mg oral</i>	T1	
<i>methylprednisolone tablet 8 mg oral</i>	T1	
<i>methylprednisolone tablet therapy pack 4 mg oral</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T2	PA
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	T1	
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>	T1	
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	T1	
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>	T1	
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	T1	
<i>prednisone oral tablet delayed release</i>	T2	PA
<i>prednisone solution 5 mg/5ml oral</i>	T1	
<i>prednisone tablet 1 mg oral</i>	T1	
<i>prednisone tablet 10 mg oral</i>	T1	
<i>prednisone tablet 2.5 mg oral</i>	T1	
<i>prednisone tablet 20 mg oral</i>	T1	
<i>prednisone tablet 5 mg oral</i>	T1	
<i>prednisone tablet 50 mg oral</i>	T1	
<i>prednisone tablet therapy pack 10 mg (21) oral</i>	T1	
<i>prednisone tablet therapy pack 10 mg (48) oral</i>	T1	
<i>prednisone tablet therapy pack 5 mg (21) oral</i>	T1	
<i>prednisone tablet therapy pack 5 mg (48) oral</i>	T1	
PYQUVI	T2	PA; SP; QL (55.8 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	T3	
TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL	T2	PA
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	T2	PA
TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	T2	PA
TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL	T2	PA
TARPEYO	T2	PA; SP; QL (120 EA per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	T3	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tablet 0.1 mg oral</i>	T1	
<b>Steroid Combinations</b>		
<i>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</i>	T3	

Prescription Drug Name	Drug Tier	Notes
CELESTONE SOLUSPAN	T3	
<b>Cough/Cold/Allergy</b>		
<b>Antitussive - Nonnarcotic</b>		
<i>benzonatate capsule 100 mg oral</i>	T3	
<i>benzonatate capsule 200 mg oral</i>	T3	
<b>Antitussive-Expectorant</b>		
<i>guaifenesin-codeine oral solution</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years)
<i>guaifenesin-dm syrup 100-10 mg/5ml oral</i>	T3	
<i>mucus relief dm tablet extended release 12 hour 30-600 mg oral</i>	T3	
<i>tusnel diabetic liquid 10-100 mg/5ml oral</i>	T3	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	T3	
<b>Antitussive-Expectorants-Decongestant</b>		
<i>robafen cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	T3	
<b>Decongestant &amp; Antihistamine</b>		
<i>allergy relief d-12</i>	T2	PA; QL (60 EA per 30 days)
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	T2	PA; QL (60 EA per 30 days)
<i>allergy relief/nasal decongest tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy/congestion relief tablet extended release 12 hour 5-120 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>allergy-d 12hr</i>	T1	QL (60 EA per 30 days)
<i>allergy-d 24hr</i>	T1	QL (30 EA per 30 days)
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	T1	QL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T1	QL (30 EA per 30 days)
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i>	T1	QL (60 EA per 30 days)
<i>ft all day allergy-d</i>	T1	QL (60 EA per 30 days)
<i>ft allergy &amp; congestion-d 12hr</i>	T2	PA; QL (60 EA per 30 days)
<i>ft allergy d-12 hour</i>	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>ft allergy relief-d</i>	T1	QL (30 EA per 30 days)
<i>gnp allergy &amp; congestion tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)
<i>gnp allergy/congestion relief tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)
<i>gnp loratadine-d 12hr</i>	T1	QL (60 EA per 30 days)
<i>goodsense all day allergy-d</i>	T2	PA; QL (60 EA per 30 days)
<i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral</i>	T1	QL (60 EA per 30 days)
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)
SUDOGEST SINUS/ALLERGY TABLET 4-60 MG ORAL	T3	
ZYRTEC-D ALLERGY & SINUS	T2	PA; QL (60 EA per 30 days)
<b>Decongestant W/ Expectorant</b>		
<i>ed bron gp liquid 5-100 mg/5ml oral</i>	T3	
<b>Expectorants</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>chest congestion relief oral liquid</i>	T3	
<i>guaifenesin liquid 100 mg/5ml oral</i>	T3	
<i>mucus relief max st tablet extended release 12 hour 1200 mg oral</i>	T3	
<b>Misc. Respiratory Inhalants</b>		
<i>sodium chloride nebulization solution 3 % inhalation</i>	T3	
<i>sodium chloride nebulization solution 7 % inhalation</i>	T3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 10 % inhalation</i>	T3	
<i>acetylcysteine solution 20 % inhalation</i>	T3	
<b>Non-Narc Antitussive-Decongestant-Antihistamine</b>		
<i>m-end dmx liquid 20-0.667-10 mg/5ml oral</i>	T3	
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)</i>	T3	
<b>Opioid Antitussive-Antihistamine</b>		

Prescription Drug Name	Drug Tier	Notes
<i>promethazine-codeine oral syrup</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years and Max 150 Years)
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years and Max 999 Years)
<b>Dermatologicals</b>		
<b>*Alopecia Agents - Janus Kinus (Jak) Inhibitors***</b>		
LEQSELVI	T2	PA; QL (2 EA per 1 day)
LITFULO	T2	PA; SP; QL (1 EA per 1 day)
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>		
ANZUPGO	T2	PA
CIBINQO	T1	PA; SP; QL (30 EA per 30 days)
OPZELURA	T1	PA; QL (8.58 GM per 1 day)
<b>*Interleukin-31 Receptor Antagonists - Systemic***</b>		
NEMLUVIO	T2	PA; QL (0.08 EA per 1 day)
<b>*Wound Treatment - Gene Therapy***</b>		
VYJUVEK	T4	PA; SP
<b>Acne Antibiotics</b>		

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ACZONE EXTERNAL GEL 7.5 %	T2	PA
CLEOCIN-T LOTION 1 % EXTERNAL	T2	PA
CLINDACIN	T2	PA
CLINDACIN ETZ SWAB 1 % EXTERNAL	T2	PA
CLINDACIN-P SWAB 1 % EXTERNAL	T2	PA
<i>clindamycin phos (once-daily) gel 1 % external</i>	T2	PA
<i>clindamycin phos (twice-daily) gel 1 % external</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate foam 1 % external</i>	T2	PA
<i>clindamycin phosphate lotion 1 % external</i>	T1	
<i>clindamycin phosphate solution 1 % external</i>	T1	
<i>dapsone gel 5 % external</i>	T2	PA
<i>dapsone gel 7.5 % external</i>	T2	PA
<i>ery pad 2 % external</i>	T1	
<i>erythromycin gel 2 % external</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>erythromycin solution 2 % external</i>	T1	
<i>sulfacetamide sodium (acne) lotion 10 % external</i>	T2	PA
<b>Acne Combinations</b>		
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T1	AL (Max 20 Years)
<i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i>	T1	AL (Max 20 Years)
<i>benzoyl peroxide-erythromycin gel 5-3 % external</i>	T1	
<i>bp 10-1 emulsion 10-1 % external</i>	T2	PA
CLINDACIN ETZ KIT 1 % EXTERNAL	T2	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	T2	PA
<i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i>	T2	PA
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	T1	
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>	T1	
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>	T2	PA

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Prescription Drug Name	Drug Tier	Notes
<i>clindamycin-tretinoin gel 1.2-0.025 % external</i>	T2	PA; AL (Max 20 Years)
EPIDUO	T2	PA; AL (Max 20 Years)
EPIDUO FORTE	T2	PA; AL (Max 20 Years)
NEUAC GEL 1.2-5 % EXTERNAL	T2	PA
<i>sss 10-5 cream 10-5 % external</i>	T1	
<i>sulfacetamide sodium-sulfur cream 10-2 % external</i>	T2	PA
<i>sulfacetamide sodium-sulfur cream 10-5 % external</i>	T2	PA
<i>sulfacetamide sodium-sulfur external emulsion 10-1 %</i>	T2	PA
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T2	PA
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T2	PA
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	T2	PA
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	T1	
<i>sulfacetamide sodium-sulfur liquid 9.8-4.8 % external</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	T2	PA
<i>sulfacetamide sodium-sulfur liquid 9-4.5 % external</i>	T1	
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	T1	
<i>sulfacetamide-sulfur in urea external emulsion</i>	T1	
SUMAXIN CP KIT 10-4 % EXTERNAL	T2	PA; QL (30 EA per 30 days)
SUMAXIN PAD 10-4 % EXTERNAL	T2	PA
TWYNEO	T2	PA; AL (Max 20 Years)
<b>Acne Products</b>		
ABSORICA CAPSULE 10 MG ORAL	T2	PA
ABSORICA CAPSULE 20 MG ORAL	T2	PA
ABSORICA CAPSULE 25 MG ORAL	T2	PA
ABSORICA CAPSULE 30 MG ORAL	T2	PA
ABSORICA CAPSULE 35 MG ORAL	T2	PA

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Prescription Drug Name	Drug Tier	Notes
ABSORICA CAPSULE 40 MG ORAL	T2	PA
ABSORICA LD CAPSULE 16 MG ORAL	T2	PA
ABSORICA LD CAPSULE 24 MG ORAL	T2	PA
ABSORICA LD CAPSULE 32 MG ORAL	T2	PA
ABSORICA LD CAPSULE 8 MG ORAL	T2	PA
<i>acne medication 10 gel 10 % external</i>	T1	
<i>acne medication 5 gel 5 % external (otc)</i>	T1	
<i>adapalene cream 0.1 % external</i>	T2	PA; AL (Max 20 Years)
<i>adapalene gel 0.1 % external (rx)</i>	T1	AL (Max 20 Years)
<i>adapalene gel 0.3 % external</i>	T1	AL (Max 20 Years)
<i>adapalene gel 0.3 % external</i>	T2	PA; AL (Max 20 Years)
AKLIEF	T2	PA; AL (Max 20 Years)
AMNESTEEM CAPSULE 10 MG ORAL	T1	PA
AMNESTEEM CAPSULE 20 MG ORAL	T1	PA

Prescription Drug Name	Drug Tier	Notes
AMNESTEEM CAPSULE 40 MG ORAL	T1	PA
AMNESTEEM ORAL CAPSULE 30 MG	T1	PA
<i>benzoyl peroxide gel 10 % external (otc)</i>	T1	
<i>benzoyl peroxide gel 5 % external (otc)</i>	T1	
<i>benzoyl peroxide wash external liquid</i>	T1	
CLARAVIS CAPSULE 10 MG ORAL	T1	PA
CLARAVIS CAPSULE 20 MG ORAL	T1	PA
CLARAVIS CAPSULE 30 MG ORAL	T1	PA
CLARAVIS CAPSULE 40 MG ORAL	T1	PA
DIFFERIN EXTERNAL CREAM	T1	AL (Max 20 Years)
DIFFERIN EXTERNAL GEL 0.1 %	T1	AL (Max 20 Years)
DIFFERIN EXTERNAL GEL 0.3 %	T2	PA; AL (Max 20 Years)
FABIOR FOAM 0.1 % EXTERNAL	T2	PA; AL (Max 20 Years)
<i>gnp adapalene</i>	T1	AL (Max 20 Years)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Notes
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T2	PA
<i>tazarotene external foam</i>	T2	PA; AL (Max 20 Years)
<i>tretinoin external cream</i>	T1	AL (Max 20 Years)
<i>tretinoin gel 0.01 % external</i>	T2	PA; AL (Max 20 Years)
<i>tretinoin gel 0.025 % external</i>	T2	PA; AL (Max 20 Years)
<i>tretinoin gel 0.05 % external</i>	T2	PA; AL (Max 20 Years)
<i>tretinoin microsphere gel 0.04 % external</i>	T2	PA; AL (Max 20 Years)
<i>tretinoin microsphere gel 0.1 % external</i>	T2	PA; AL (Max 20 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	T2	PA; AL (Max 20 Years)
WINLEVI	T2	PA
ZENATANE CAPSULE 10 MG ORAL	T1	PA
ZENATANE CAPSULE 20 MG ORAL	T1	PA
ZENATANE CAPSULE 30 MG ORAL	T1	PA
ZENATANE CAPSULE 40 MG ORAL	T1	PA
<b>Antibiotic Mixtures Topical</b>		

Prescription Drug Name	Drug Tier	Notes
<i>double antibiotic ointment 500-10000 unit/gm external</i>	T1	
<i>ft antibiotic + pain relief</i>	T1	
<i>ft double antibiotic</i>	T1	
<i>ft triple antibiotic</i>	T1	
<i>ft triple antibiotic + pain</i>	T1	
<i>gnp antibiotic/pain relief</i>	T1	
<i>gnp triple antibiotic ointment external</i>	T1	
<i>gnp triple antibiotic plus ointment 1 % external</i>	T1	
<i>goodsense first aid antibiotic</i>	T1	
<i>qc triple antibiotic</i>	T1	
<i>qc triple antibiotic pain relief</i>	T1	
<i>triple antibiotic external ointment</i>	T1	
<i>triple antibiotic ointment 3.5-400-5000 external</i>	T1	
<i>triple antibiotic ointment 5-400-5000 external</i>	T1	
<i>triple antibiotic plus ointment 1 % external</i>	T1	
<i>triple antibiotic+pain relief</i>	T1	
<b>Antibiotic Steroid Combinations - Topical</b>		

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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
NEO-SYNALAR CREAM 0.5-0.025 % EXTERNAL	T2	PA
<b>Antibiotics - Topical</b>		
<i>bacitracin ointment 500 unit/gm external</i>	T1	
<i>bacitracin zinc ointment 500 unit/gm external</i>	T1	
<i>bacitracin zinc-aloe</i>	T1	
<i>ft antibiotic</i>	T1	
<i>gentamicin sulfate cream 0.1 % external</i>	T1	
<i>gentamicin sulfate ointment 0.1 % external</i>	T1	
<i>gnp bacitracin zinc ointment 500 unit/gm external</i>	T1	
<i>mupirocin calcium cream 2 % external</i>	T2	PA
<i>mupirocin ointment 2 % external</i>	T1	
<i>qc bacitracin zinc</i>	T1	
<b>Antifungals - Topical</b>		
<i>antifungal (tolnaftate) cream 1 % external</i>	T1	
<i>antifungal maximum strength</i>	T1	
<i>athletes foot (terbinafine) cream 1 % external</i>	T1	
<i>athletes foot powder spray aerosol powder 1 % external</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>butenafine hcl cream 1 % external</i>	T1	
CICLODAN SOLUTION 8 % EXTERNAL	T2	PA
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox gel 0.77 % external</i>	T2	PA
<i>ciclopirox olamine cream 0.77 % external</i>	T1	
<i>ciclopirox olamine suspension 0.77 % external</i>	T2	PA
<i>ciclopirox shampoo 1 % external</i>	T2	PA
<i>ciclopirox treatment kit 8 % external</i>	T2	PA
<i>ft antifungal external cream 1 %</i>	T1	
<i>ft athletes foot (terbinafine)</i>	T1	
<i>gnp terbinafine hydrochloride cream 1 % external</i>	T1	
<i>gnp tolnaftate cream 1 % external</i>	T1	
KLAYESTA	T1	
MICOMITIN	T2	PA
MICOTRIN AL	T2	PA
MYCOZYL AL	T1	
<i>naftifine hcl cream 1 % external</i>	T2	PA

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>naftifine hcl cream 2 % external</i>	T2	PA
<i>naftifine hcl external gel 2 %</i>	T2	PA
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	T1	
<i>nystatin cream 100000 unit/gm external</i>	T1	
<i>nystatin ointment 100000 unit/gm external</i>	T1	
<i>nystatin powder 100000 unit/gm external</i>	T1	
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	T1	
<i>terbinafine hcl cream 1 % external</i>	T1	
<i>tolnaftate antifungal cream 1 % external</i>	T1	
<i>tolnaftate cream 1 % external</i>	T1	
<i>tolnaftate powder 1 % external</i>	T1	
TRIPENICOL C	T2	
TRITOLNACIDE C	T2	PA
TRITOLNACIDE S	T2	PA
<b>Antifungals - Topical Combinations</b>		
<i>clotrimazole-betamethasone external cream</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>clotrimazole-betamethasone lotion 1-0.05 % external</i>	T2	PA
<i>hydrocortisone-iodoquinol cream 1-1 % external</i>	T2	PA
<i>iodoquinol-hc-aloe polysacch gel 1-2-1 % external</i>	T2	PA
MICONATATE	T2	PA
<i>miconazole-zinc oxide-petrolat ointment 0.25-15-81.35 % external</i>	T2	PA
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T1	
VUSION OINTMENT 0.25-15-81.35 % EXTERNAL	T2	PA
<b>Anti-Inflammatory Agents - Topical</b>		
<i>arthritis pain reliever external</i>	T1	QL (960 GM per 30 days)
<i>diclofenac epolamine external</i>	T2	PA; QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	T1	QL (960 GM per 30 days)
<i>diclofenac sodium external solution 2 %</i>	T2	PA; QL (240 GM per 30 days)

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>diclofenac sodium solution 1.5 % external</i>	T1	QL (300 ML per 30 days)
<i>ft arthritis pain</i>	T1	QL (960 GM per 30 days)
<i>gnp diclofenac sodium</i>	T1	QL (960 GM per 30 days)
VOLTAREN GEL 1 % EXTERNAL (OTC)	T2	PA; QL (960 GM per 30 days)
VOLTAREN GEL 1 % EXTERNAL (RX)	T2	PA; QL (960 GM per 30 days)
<b>Antipsoriatics</b>		
<i>calcipotriene cream 0.005 % external</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene ointment 0.005 % external</i>	T1	
CALCITRENE OINTMENT 0.005 % EXTERNAL	T2	PA
<i>calcitriol ointment 3 mcg/gm external</i>	T2	PA
SORILUX FOAM 0.005 % EXTERNAL	T2	PA
<i>tazarotene cream 0.1 % external</i>	T2	PA; AL (Min 20 Years)
<i>tazarotene external cream 0.05 %</i>	T2	PA; AL (Max 20 Years)
<i>tazarotene external gel</i>	T2	PA; AL (Max 20 Years)
VECTICAL	T2	PA
VTAMA	T2	PA

Prescription Drug Name	Drug Tier	Notes
<b>Antipsoriatics - Systemic</b>		
<i>acitretin capsule 10 mg oral</i>	T1	QL (120 EA per 30 days)
<i>acitretin capsule 17.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>acitretin capsule 25 mg oral</i>	T1	QL (60 EA per 30 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	T2	PA; SP; QL (0.15 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	T2	PA; SP; QL (0.15 ML per 1 day)
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (8.7 ML per 30 days)
COSENTYX INTRAVENOUS	T2	PA; SP

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**QL** = Quantity Limit  
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**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (8.7 ML per 30 days)
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (8.7 ML per 30 days)
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (8.7 ML per 30 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T2	PA; SP; QL (2.4 ML per 30 days)
COSENTYX UNOREADY	T2	PA; SP; QL (0.29 ML per 1 day)
ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; SP; QL (0.02 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION	T2	PA; SP; QL (0.02 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; SP; QL (0.02 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
PYZCHIVA SUBCUTANEOUS SOLUTION	T1	SP; QL (0.02 ML per 1 day)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T1	PA; SP; QL (0.02 ML per 1 day)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T1	PA; SP; QL (0.04 ML per 1 day)
SELARSDI SUBCUTANEOUS SOLUTION	T2	PA; SP; QL (0.02 ML per 1 day)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; SP; QL (0.02 ML per 1 day)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
SKYRIZI PEN	T1	PA; SP; QL (1.2 ML per 30 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T1	PA; SP; QL (1.2 ML per 30 days)
SOTYKTU	T2	PA; SP; QL (1 EA per 1 day)
SPEVIGO INTRAVENOUS	T2	PA; SP; QL (2.15 ML per 1 day)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T2	PA; QL (0.15 ML per 1 day)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T2	PA; SP; QL (0.15 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	T2	PA; SP; QL (0.6 ML per 30 days)
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	T2	PA; SP; QL (0.6 ML per 30 days)
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; SP; QL (0.02 ML per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (4.5 ML per 30 days)
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (4.5 ML per 30 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	T1	PA; SP; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	T1	PA; SP; QL (0.02 ML per 1 day)
TREMFYA ONE- PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML	T2	SP; QL (0.04 ML per 1 day)
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
<i>ustekinumab subcutaneous solution</i>	T2	PA; SP; QL (0.6 ML per 30 days)
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	T2	PA; SP; QL (0.6 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	T2	PA; SP; QL (1.2 ML per 30 days)
<i>ustekinumab-aaaz subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	T2	PA; SP; QL (0.02 ML per 1 day)
<i>ustekinumab-aaaz subcutaneous solution prefilled syringe 90 mg/ml</i>	T2	PA; SP; QL (0.04 ML per 1 day)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	T2	PA; SP; QL (0.02 ML per 1 day)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml</i>	T2	PA; SP; QL (0.04 ML per 1 day)
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	T2	PA; SP; QL (0.02 ML per 1 day)
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 90 mg/ml</i>	T2	PA; SP; QL (0.04 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION	T2	PA; SP; QL (0.02 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; SP; QL (0.02 ML per 1 day)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; SP; QL (0.04 ML per 1 day)
<b>Antiseborrheic Products</b>		
<i>anti-dandruff shampoo 1 % external</i>	T3	
<i>selenium sulfide lotion 2.5 % external</i>	T3	
<i>sodium sulfacetamide wash</i>	T2	PA
<i>sulfacetamide sodium (cleans)</i>	T2	PA
<i>sulfacetamide sodium liquid 10 % external</i>	T2	PA
<b>Antivirals - Topical</b>		
<i>acyclovir cream 5 % external</i>	T2	PA; QL (37.5 GM per 30 days)
<i>acyclovir ointment 5 % external</i>	T1	QL (128.7 GM per 30 days)
DENAVIR CREAM 1 % EXTERNAL	T2	PA; QL (37.5 GM per 30 days)
<i>ft docosanol</i>	T1	QL (30 GM per 30 days)
<i>gnp docosanol</i>	T1	QL (30 GM per 30 days)
<i>penciclovir</i>	T2	PA; QL (37.5 GM per 30 days)
<b>Atopic Dermatitis - Monoclonal Antibodies</b>		

Prescription Drug Name	Drug Tier	Notes
ADBRY	T1	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	T1	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	T1	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T1	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T1	PA; SP; QL (0.29 ML per 1 day)
EBGLYSS	T1	PA; SP; QL (0.29 ML per 1 day)
<b>Burn Products</b>		
<i>silver sulfadiazine cream 1 % external</i>	T3	
SSD CREAM 1 % EXTERNAL	T3	
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate cream 0.05 % external</i>	T2	PA

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>alclometasone dipropionate ointment 0.05 % external</i>	T2	PA
<i>anti-itch maximum strength cream 1 % external</i>	T1	
AQUANIL HC	T2	PA
<i>betamethasone dipropionate aug cream 0.05 % external</i>	T1	
<i>betamethasone dipropionate aug external lotion</i>	T2	PA
<i>betamethasone dipropionate aug gel 0.05 % external</i>	T2	PA
<i>betamethasone dipropionate aug ointment 0.05 % external</i>	T2	PA
<i>betamethasone dipropionate cream 0.05 % external</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate ointment 0.05 % external</i>	T2	PA
<i>betamethasone valerate cream 0.1 % external</i>	T1	
<i>betamethasone valerate foam 0.12 % external</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>betamethasone valerate lotion 0.1 % external</i>	T1	
<i>betamethasone valerate ointment 0.1 % external</i>	T1	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T2	PA
<i>clobetasol propionate emulsion foam 0.05 % external</i>	T2	PA
<i>clobetasol propionate external cream 0.025 %</i>	T2	PA
<i>clobetasol propionate external cream 0.05 %</i>	T1	
<i>clobetasol propionate external gel</i>	T2	PA
<i>clobetasol propionate external ointment</i>	T1	
<i>clobetasol propionate external shampoo</i>	T2	PA
<i>clobetasol propionate external solution</i>	T1	
<i>clobetasol propionate foam 0.05 % external</i>	T2	PA
<i>clobetasol propionate liquid 0.05 % external</i>	T2	PA
<i>clobetasol propionate lotion 0.05 % external</i>	T2	PA
CLOBEX	T2	PA
CLOBEX SPRAY	T2	PA

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Prescription Drug Name	Drug Tier	Notes
CLODAN SHAMPOO 0.05 % EXTERNAL	T1	
DERMA-SMOOTHIE/FS BODY OIL 0.01 % EXTERNAL	T2	PA
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % EXTERNAL	T2	PA
<i>desonide cream 0.05 % external</i>	T2	PA
<i>desonide external gel</i>	T2	PA
<i>desonide external ointment</i>	T2	PA
<i>desonide lotion 0.05 % external</i>	T2	PA
<i>desoximetasone cream 0.05 % external</i>	T2	PA
<i>desoximetasone cream 0.25 % external</i>	T2	PA
<i>desoximetasone external gel</i>	T2	PA
<i>desoximetasone external ointment 0.25 %</i>	T2	PA
<i>desoximetasone liquid 0.25 % external</i>	T2	PA
<i>desoximetasone ointment 0.05 % external</i>	T2	PA
<i>diflorasone diacetate cream 0.05 % external</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>diflorasone diacetate ointment 0.05 % external</i>	T2	PA
<i>fluocinolone acetonide body oil 0.01 % external</i>	T1	
<i>fluocinolone acetonide cream 0.01 % external</i>	T2	PA
<i>fluocinolone acetonide cream 0.025 % external</i>	T2	PA
<i>fluocinolone acetonide ointment 0.025 % external</i>	T2	PA
<i>fluocinolone acetonide scalp oil 0.01 % external</i>	T1	
<i>fluocinolone acetonide solution 0.01 % external</i>	T2	PA
<i>fluocinonide cream 0.05 % external</i>	T1	
<i>fluocinonide cream 0.1 % external</i>	T1	
<i>fluocinonide emulsified base cream 0.05 % external</i>	T2	PA
<i>fluocinonide gel 0.05 % external</i>	T1	
<i>fluocinonide ointment 0.05 % external</i>	T1	
<i>fluocinonide solution 0.05 % external</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>flurandrenolide lotion 0.05 % external</i>	T2	PA
<i>fluticasone propionate cream 0.05 % external</i>	T1	
<i>fluticasone propionate lotion 0.05 % external</i>	T2	PA
<i>fluticasone propionate ointment 0.005 % external</i>	T1	
<i>ft itch relief max strength</i>	T1	
<i>ft itch relief/aloe max str</i>	T1	
<i>gnp hydrocortisone cream 0.5 % external</i>	T1	
<i>gnp hydrocortisone max st ointment 1 % external</i>	T1	
<i>gnp hydrocortisone plus cream 1 % external</i>	T1	
<i>gnp hydrocortisone/aloe cream 1 % external</i>	T1	
<i>halcinonide cream 0.1 % external</i>	T2	PA
<i>halcinonide external solution</i>	T2	PA
<i>halobetasol propionate cream 0.05 % external</i>	T2	PA
<i>halobetasol propionate ointment 0.05 % external</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
HALOG CREAM 0.1 % EXTERNAL	T2	PA
HALOG EXTERNAL SOLUTION	T2	PA
<i>hydrocortisone acetate external cream 1 %</i>	T1	
<i>hydrocortisone acetate external ointment 1 %</i>	T1	
<i>hydrocortisone butyrate cream 0.1 % external</i>	T2	PA
<i>hydrocortisone butyrate lotion 0.1 % external</i>	T2	PA
<i>hydrocortisone butyrate ointment 0.1 % external</i>	T2	PA
<i>hydrocortisone butyrate solution 0.1 % external</i>	T2	PA
<i>hydrocortisone complete kit</i>	T2	PA
<i>hydrocortisone cream 0.5 % external</i>	T1	
<i>hydrocortisone cream 1 % external (otc)</i>	T1	
<i>hydrocortisone cream 1 % external (rx)</i>	T1	
<i>hydrocortisone cream 2.5 % external</i>	T1	
<i>hydrocortisone lotion 2.5 % external</i>	T1	
<i>hydrocortisone max st cream 1 % external</i>	T1	

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**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>hydrocortisone max st external ointment</i>	T1	
<i>hydrocortisone max st/12 moist cream 1 % external</i>	T1	
<i>hydrocortisone ointment 0.5 % external</i>	T1	
<i>hydrocortisone ointment 1 % external (otc)</i>	T1	
<i>hydrocortisone ointment 1 % external (rx)</i>	T1	
<i>hydrocortisone ointment 2.5 % external</i>	T1	
<i>hydrocortisone valerate cream 0.2 % external</i>	T2	PA
<i>hydrocortisone valerate ointment 0.2 % external</i>	T2	PA
<i>hydrocortisone/aloe max str</i>	T1	
HYDROXYM EXTERNAL GEL	T2	PA
LEXETTE FOAM 0.05 % EXTERNAL	T2	PA
<i>mometasone furoate external</i>	T1	
<i>qc hydrocortisone max st</i>	T1	
SYNALAR CREAM 0.025 % EXTERNAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
SYNALAR OINTMENT 0.025 % EXTERNAL	T2	PA
TEXACORT SOLUTION 2.5 % EXTERNAL	T2	PA
TOPICORT OINTMENT 0.05 % EXTERNAL	T2	PA
TOPICORT OINTMENT 0.25 % EXTERNAL	T2	PA
TOPICORT SPRAY LIQUID 0.25 % EXTERNAL	T2	PA
TOVET EXTERNAL FOAM	T2	PA
<i>triamcinolone acetonide cream 0.025 % external</i>	T1	
<i>triamcinolone acetonide cream 0.1 % external</i>	T1	
<i>triamcinolone acetonide cream 0.5 % external</i>	T1	
<i>triamcinolone acetonide external aerosol solution</i>	T2	PA
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide ointment 0.025 % external</i>	T1	

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	T1 = Preferred PDL Drug	AL = Age Restriction
	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>triamcinolone acetonide ointment 0.05 % external</i>	T1	
<i>triamcinolone acetonide ointment 0.1 % external</i>	T1	
<i>triamcinolone acetonide ointment 0.5 % external</i>	T1	
<i>triamcinolone in absorbase</i>	T1	
<b>Emollient/Keratolytic Agents</b>		
<i>urea cream 40 % external</i>	T3	
<b>Emollients</b>		
<i>ammonium lactate cream 12 % external (otc)</i>	T3	
<i>ammonium lactate cream 12 % external (rx)</i>	T3	
<i>ammonium lactate lotion 12 % external (otc)</i>	T3	
<i>ammonium lactate lotion 12 % external (rx)</i>	T3	
<b>Imidazole-Related Antifungals - Topical</b>		
<i>alevazol ointment 1 % external</i>	T1	
<i>antifungal (clotrimazole)</i>	T1	
<i>antifungal cream 2 % external</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>antifungal powder 2 % external</i>	T1	
<i>athletes foot external cream</i>	T1	
<i>athletes foot external solution</i>	T2	PA
<i>athletes foot powder spray aerosol powder 2 % external</i>	T1	
<i>clotrimazole anti-fungal cream 1 % external (otc)</i>	T1	
<i>clotrimazole athletes foot cream 1 % external</i>	T1	
<i>clotrimazole cream 1 % external (otc)</i>	T1	
<i>clotrimazole cream 1 % external (rx)</i>	T1	
<i>clotrimazole solution 1 % external (otc)</i>	T2	PA
<i>clotrimazole solution 1 % external (rx)</i>	T2	PA
<i>econazole nitrate cream 1 % external</i>	T1	
<i>econazole nitrate external foam</i>	T2	PA
EXELDERM	T2	PA
<i>ft antifungal external cream 2 %</i>	T1	
<i>ft athletes foot (clotrimaz)</i>	T1	
<i>gnp athletes foot cream 1 % external</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>gnp miconazorb af powder 2 % external</i>	T1	
<i>ketoconazole cream 2 % external</i>	T1	
<i>ketoconazole foam 2 % external</i>	T2	PA
<i>ketoconazole shampoo 2 % external</i>	T1	
<i>miconazole nitrate cream 2 % external (otc)</i>	T1	
<i>miconazole nitrate external solution</i>	T1	
MICOTRIN AC	T2	PA
MICOTRIN AP	T1	
MYCOZYL AC	T2	PA
MYCOZYL AP	T1	
<i>oxiconazole nitrate cream 1 % external</i>	T2	PA
<i>qc clotrimazole external</i>	T1	
<i>tm-clotrimazole</i>	T1	
TRIMAZOLE	T2	PA
<b>Immunomodulators Imidazoquinolinamines - Topical</b>		
<i>imiquimod cream 5 % external</i>	T1	
<i>imiquimod external cream 3.75 %</i>	T2	PA
<i>imiquimod pump</i>	T2	PA
<b>Keratolytic/Antimitotic Agents</b>		
<i>corn &amp; callus remover liquid 17 % external</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>podofilox solution 0.5 % external</i>	T3	
<b>Liniments</b>		
<i>pain relieving cream 10 % external</i>	T3	
<b>Local Anesthetics - Topical</b>		
ANLIDO 24	T2	PA; QL (4 EA per 1 day)
<i>arthritis pain relieving cream 0.075 % external</i>	T1	
<i>capsaicin external cream 0.025 %, 0.075 %</i>	T1	
<i>capsaicin external cream 0.05 %</i>	T2	PA
<i>capsaicin pain relief</i>	T1	
DERMACINRX CAPSAICIN	T2	PA
DERMACINRX LIDOCAINE EXTERNAL CREAM	T2	PA
DERMACINRX LIDOGEL	T2	PA
DERMACINRX PENETRAL	T2	PA
DOLOGESIC PAIN RELIEF ROLL-ON	T1	
<i>ft pain relief max strength</i>	T1	QL (4 EA per 1 day)
GLYDO PREFILLED SYRINGE 2 % EXTERNAL	T1	AL (Min 3 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>gnp lidocaine pain relief</i>	T1	QL (4 EA per 1 day)
<i>gnp lidocaine pain relieving</i>	T1	
LIDAFLEX	T2	PA; QL (4 EA per 1 day)
<i>lidocaine cream 4 % external</i>	T1	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 4 %</i>	T1	QL (4 EA per 1 day)
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl urethral/mucosal prefilled syringe 2 % external</i>	T1	AL (Min 3 Years and Max 999 Years)
<i>lidocaine pain relief</i>	T1	QL (4 EA per 1 day)
<i>lidocaine pain relief max st external cream</i>	T1	
<i>lidocaine pain relief max st external liquid</i>	T1	
<i>lidocaine pain relief max st external patch</i>	T1	QL (4 EA per 1 day)
<i>lidocaine patch 5 % external</i>	T1	QL (90 EA per 30 days)
LIDOCAN	T2	PA; QL (90 EA per 30 days)
LIDODERM PATCH 5 % EXTERNAL	T2	PA; QL (90 EA per 30 days)
LIDOREX	T2	PA

Prescription Drug Name	Drug Tier	Notes
LIDOTRAL CREAM 3.88 % EXTERNAL	T2	PA
QUTENZA (2 PATCH) KIT 8 % EXTERNAL	T2	PA; SP; QL (1.5 EA per 30 days)
QUTENZA (4 PATCH)	T2	PA; SP; QL (1.5 EA per 30 days)
QUTENZA KIT 8 % EXTERNAL	T2	PA; SP; QL (1.5 EA per 30 days)
TRIDACAINE II	T2	PA; QL (90 EA per 30 days)
TRIDACAINE III	T2	PA; QL (90 EA per 30 days)
TRIDACAINE XL	T2	PA; QL (90 EA per 30 days)
TRIOGEL	T2	PA
ZTLIDO PATCH 1.8 % EXTERNAL	T2	PA; QL (3 EA per 1 day)
<b>Macrolide Immunosuppressants - Topical</b>		
HYFTOR	T4	PA; QL (0.8 GM per 1 day)
<i>pimecrolimus</i>	T2	PA
<i>tacrolimus ointment 0.03 % external</i>	T1	
<i>tacrolimus ointment 0.1 % external</i>	T1	
<b>Oxaborole-Related Antifungals - Topical</b>		
<i>tavaborole</i>	T2	PA
<b>Phosphodiesterase 4 (Pde4) Inhibitors - Topical</b>		

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Prescription Drug Name	Drug Tier	Notes
EUCRISA OINTMENT 2 % EXTERNAL	T2	PA
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %	T2	PA
ZORYVE EXTERNAL CREAM 0.3 %	T1	PA
ZORYVE EXTERNAL FOAM	T1	PA
<b>Rosacea Agents</b>		
<i>azelaic acid external</i>	T3	
<i>metronidazole external cream</i>	T3	
ORACEA	T2	PA; QL (30 EA per 30 days)
<b>Scabicide Combinations</b>		
<i>ft lice killing max st</i>	T1	
<i>goodsense complete lice kit</i>	T1	
<i>lice killing shampoo max str</i>	T1	
VANALICE GEL 0.3-3.5 % EXTERNAL	T2	PA
<b>Scabicides &amp; Pediculicides</b>		
CROTAN LOTION 10 % EXTERNAL	T2	PA
ELIMITE	T2	PA
<i>gnp lice treatment liquid 1 % external</i>	T1	
<i>goodsense lice killing</i>	T1	
<i>ivermectin external lotion</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>malathion lotion 0.5 % external</i>	T2	PA
NATROBA SUSPENSION 0.9 % EXTERNAL	T1	
OVIDE LOTION 0.5 % EXTERNAL	T2	PA
<i>permethrin cream 5 % external</i>	T1	
PRURADIK	T2	PA
<i>spinosad external suspension 0.9 %</i>	T1	
<i>spinosad suspension 0.9 % external</i>	T2	PA
<b>Skin Cleansers</b>		
<i>alcohol wipes 70 % external</i>	T3	QL (150 EA per 34 days)
<i>isopropyl alcohol 70 % external</i>	T3	QL (150 EA per 34 days)
<i>isopropyl alcohol wipes 70 % external</i>	T3	QL (150 EA per 34 days)
<b>Topical Anesthetic Combinations</b>		
<i>lidocaine-prilocaine external cream</i>	T1	
<i>lidocaine-prilocaine kit 2.5-2.5 % external</i>	T2	PA
<b>Topical Steroid Combinations</b>		
<i>calcipotriene-betameth diprop</i>	T1	
ENSTILAR FOAM 0.005-0.064 % EXTERNAL	T2	PA
TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL	T2	PA

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Prescription Drug Name	Drug Tier	Notes
<b>Wound Dressings</b>		
FILSUVEZ	T4	PA
<b>Diagnostic Products</b>		
<b>Diagnostic Drugs</b>		
<i>adenosine (diagnostic)</i>	T3	
CYSVIEW	T3	
<i>dipyridamole intravenous</i>	T3	
LEXISCAN	T3	
<i>regadenoson</i>	T3	
THYROGEN SOLUTION RECONSTITUTED 0.9 MG INTRAMUSCULAR	T4	PA
<b>Diagnostic Tests</b>		
ACCU-CHEK AVIVA PLUS STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ACCU-CHEK GUIDE TEST	T1	QL (3.34 EA per 1 day)
ACCU-CHEK SMARTVIEW STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ACCUTREND GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ADVOCATE REDI-CODE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
ADVOCATE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
AGAMATRIX AMP TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
AGAMATRIX JAZZ TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
AGAMATRIX PRESTO TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ALBUSTIX STRIP IN VITRO	T3	
ASSURE 4 TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ASSURE PLATINUM STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ASSURE PRISM MULTI TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ASSURE TITANIUM	T2	PA; QL (100 EA per 30 days)
BIOTEL CARE TEST STRIPS STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>blood glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
<i>blood glucose test strips 333</i>	T2	PA; QL (3.34 EA per 1 day)
BLULINK GLUCOSE TEST	T2	PA; QL (3.34 EA per 1 day)
CARESENS N GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
CARESENS S GLUCOSE TEST	T2	PA; QL (100 EA per 30 days)
CARETOUCH TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CHEMSTRIP K STRIP IN VITRO	T3	QL (100 EA per 30 days)
CLEVER CHEK AUTO-CODE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CLEVER CHEK TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CLEVER CHOICE MICRO TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CLEVER CHOICE NO CODING STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CLEVER CHOICE TALK SYSTEM STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CONTOUR NEXT TEST	T2	PA; QL (3.34 EA per 1 day)
CONTOUR PLUS TEST	T2	PA; QL (100 EA per 30 days)
CONTOUR TEST	T2	PA; QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
COOL BLOOD GLUCOSE TEST STRIPS STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
CVS ADVANCED GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>cvx glucose meter test strips</i>	T2	PA; QL (3.34 EA per 1 day)
<i>cvx true metrix glucose test</i>	T2	PA; QL (100 EA per 30 days)
DIASTIX STRIP IN VITRO	T3	
EASY MAX BLOOD GLUCOSE TEST	T2	PA; QL (100 EA per 30 days)
<i>easy plus ii glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
EASY STEP TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>easy talk blood glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
<i>easy talk plus ii test strips</i>	T2	PA; QL (3.34 EA per 1 day)
EASY TOUCH TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>easy trak blood glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
<i>easy trak ii glucose test</i>	T2	PA; QL (3.34 EA per 1 day)
EASYGLUCO STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
EASYMAX 15 TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
EASYMAX TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>element compact test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
ELEMENT TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
EMBRACE EVO BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T2	PA; QL (100 EA per 30 days)
<i>eq blood glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
EVOLUTION AUTOCODE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FIFTY50 GLUCOSE TEST 2.0 STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>fondcircle blood glucose test</i>	T2	PA; QL (100 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
FORA 6 CONNECT IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA D40/G31 BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA GD20 TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA GD50 BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA GTEL BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA TN'G/TN'G VOICE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORACARE GD40 TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORACARE PREMIUM V10 TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FORACARE TEST N GO TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
FREESTYLE INSULINX TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FREESTYLE LITE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FREESTYLE PRECISION NEO TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
FREESTYLE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>ge100 blood glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
<i>ght test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
GLUCOCARD EXPRESSION TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
GLUCOCARD SHINE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
GLUCOCARD VITAL TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
GLUCOCOM TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
GLUCONAVII BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>glucose meter test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>gnp easy touch glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
GNP TRUETRACK TEST STRIPS	T2	PA; QL (3.34 EA per 1 day)
GOJJI BLOOD GLUCOSE TEST	T2	PA; QL (3.34 EA per 1 day)
HW EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
HW EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
IGLUCOSE TEST STRIPS STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
IHEALTH BLOOD GLUCOSE TEST STR	T2	PA; QL (100 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
INFINITY VOICE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>ketone test strip in vitro</i>	T3	QL (100 EA per 30 days)
KETOSTIX STRIP IN VITRO	T3	QL (100 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
MICRODOT TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MM BLULINK GLUCOSE TEST	T2	PA; QL (100 EA per 30 days)
MM EASY TOUCH GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
MYGLUCOHEALTH TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
NEUTEK 2TEK TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
NOVA MAX GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
NOVA MAX PLUS KETONE TEST STRIP IN VITRO	T3	QL (50 EA per 30 days)
ON CALL EXPRESS BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ONETOUCH ULTRA BLUE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ONETOUCH ULTRA STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ONETOUCH ULTRA TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
ONETOUCH VERIO STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
OPTIUMEZ TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
PHARMACIST CHOICE AUTOCODE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>pharmacist choice no coding strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
PIP BLOOD GLUCOSE TEST STRIP	T2	PA; QL (3.34 EA per 1 day)
POGO AUTOMATIC TEST CARTRIDGES	T2	PA
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>pro voice v8/v9 glucose strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
QUINTET AC BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
QUINTET BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
REFUAH PLUS BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RELION BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RELION CONFIRM/MICRO TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RELION GLUCOSE TEST STRIPS	T2	PA

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Prescription Drug Name	Drug Tier	Notes
RELION KETONE TEST STRIP IN VITRO	T3	QL (100 EA per 30 days)
RELION PREMIER TEST	T2	PA; QL (3.34 EA per 1 day)
RELION PRIME TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RELION TRUE METRIX TEST STRIPS	T1	QL (3.34 EA per 1 day)
RELION ULTIMA TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RIGHTEST GS100 BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RIGHTEST GS300 BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RIGHTEST GS550 BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T2	PA; QL (3.34 EA per 1 day)
RIGHTEST GT333 GLUCOSE TEST	T2	PA; QL (3.34 EA per 1 day)
SMARTEST BLOOD GLUCOSE TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
SOLUS V2 TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST	T1	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
TRUE METRIX PRO BLOOD GLUCOSE STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
TRUETEST TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
TRUETRACK TEST STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
UNISTRIP1 GENERIC STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<i>verasens blood glucose test strip in vitro</i>	T2	PA; QL (3.34 EA per 1 day)
VIVAGUARD INO TEST STRIPS STRIP IN VITRO	T2	PA; QL (3.34 EA per 1 day)
<b>Infection Tests</b>		
<i>advin covid-19 antigen test</i>	T3	QL (8 EA per 30 days)
BINAXNOW COVID-19 AG HOME TEST	T3	QL (8 EA per 30 days)
CARESTART COVID-19 HOME TEST	T3	QL (8 EA per 30 days)
CLEARDETECT COVID-19 AG HOME	T3	QL (8 EA per 30 days)
CLINITEST RAPID COVID-19 TEST	T3	QL (8 EA per 30 days)
<i>covid-19 at home antigen test</i>	T3	QL (8 EA per 30 days)
<i>covid-19 at-home test</i>	T3	QL (8 EA per 30 days)
<i>covid-19 otc antigen 1-pack</i>	T3	QL (8 EA per 30 days)
<i>covid-19 otc antigen 2-pack</i>	T3	QL (8 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
DIATRUST COVID-19 HOME TEST	T3	QL (8 EA per 30 days)
<i>ellume covid-19 home test</i>	T3	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST	T3	QL (8 EA per 30 days)
GENABIO COVID-19 RAPID TEST	T3	QL (8 EA per 30 days)
GOTOKNOW COVID-19 ANTIGEN RAPI	T3	QL (8 EA per 30 days)
IHEALTH COVID-19 RAPID TEST	T3	QL (8 EA per 30 days)
INDICAID COVID-19 RAPID TEST	T3	QL (8 EA per 30 days)
INTELISWAB COVID-19 RAPID TEST	T3	QL (8 EA per 30 days)
<i>ohc covid-19 antigen self test</i>	T3	QL (8 EA per 30 days)
ON/GO COVID-19 ANTIGEN TEST	T3	QL (8 EA per 30 days)
ON/GO ONE COVID-19 HOME TEST	T3	QL (8 EA per 30 days)
PILOT COVID-19 AT-HOME TEST	T3	QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST	T3	QL (8 EA per 30 days)
<b>Multiple Urine Tests</b>		
CHEMSTRIP 10/SG STRIP IN VITRO	T3	
CHEMSTRIP UGK	T3	QL (100 EA per 30 days)
KETO-DIASTIX STRIP IN VITRO	T3	QL (100 EA per 30 days)
<b>Digestive Aids</b>		

Prescription Drug Name	Drug Tier	Notes
<b>Digestive Enzymes</b>		
CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL	T1	
CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL	T1	
CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL	T1	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	T2	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL	T2	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	T2	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL	T2	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	T1	
<b>Diuretics</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>acetazolamide tablet 125 mg oral</i>	T3	
<i>acetazolamide tablet 250 mg oral</i>	T3	
<b>Diuretic Combinations</b>		
<i>amiloride-hydrochlorothiazide tablet 5-50 mg oral</i>	T3	
<i>spironolactone-hctz tablet 25-25 mg oral</i>	T3	
<i>triamterene-hctz capsule 37.5-25 mg oral</i>	T3	
<i>triamterene-hctz tablet 37.5-25 mg oral</i>	T3	
<i>triamterene-hctz tablet 75-50 mg oral</i>	T3	
<b>Loop Diuretics</b>		
<i>bumetanide tablet 0.5 mg oral</i>	T3	
<i>bumetanide tablet 1 mg oral</i>	T3	
<i>bumetanide tablet 2 mg oral</i>	T3	
<i>furosemide injection solution 10 mg/ml</i>	T3	
<i>furosemide solution 10 mg/ml oral</i>	T3	
<i>furosemide solution 8 mg/ml oral</i>	T3	
<i>furosemide tablet 20 mg oral</i>	T3	
<i>furosemide tablet 40 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>furosemide tablet 80 mg oral</i>	T3	
<i>torsemide tablet 10 mg oral</i>	T3	
<i>torsemide tablet 100 mg oral</i>	T3	
<i>torsemide tablet 20 mg oral</i>	T3	
<i>torsemide tablet 5 mg oral</i>	T3	
<b>Osmotic Diuretics</b>		
<i>mannitol intravenous solution 25 %</i>	T3	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl tablet 5 mg oral</i>	T3	
<i>spironolactone tablet 100 mg oral</i>	T3	
<i>spironolactone tablet 25 mg oral</i>	T3	
<i>spironolactone tablet 50 mg oral</i>	T3	
<b>Thiazides And Thiazide-Like Diuretics</b>		
<i>chlorthalidone tablet 25 mg oral</i>	T3	
<i>chlorthalidone tablet 50 mg oral</i>	T3	
<i>hydrochlorothiazide oral capsule</i>	T3	
<i>hydrochlorothiazide tablet 12.5 mg oral</i>	T3	
<i>hydrochlorothiazide tablet 25 mg oral</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>hydrochlorothiazide tablet 50 mg oral</i>	T3	
<i>indapamide tablet 1.25 mg oral</i>	T3	
<i>indapamide tablet 2.5 mg oral</i>	T3	
<i>metolazone tablet 10 mg oral</i>	T3	
<i>metolazone tablet 2.5 mg oral</i>	T3	
<i>metolazone tablet 5 mg oral</i>	T3	
<b>Endocrine And Metabolic Agents - Misc.</b>		
<b>*Acid Sphingomyelinase Deficiency (Asmd) - Agents***</b>		
XENPOZYME	T4	PA
<b>*Alpha-Mannosidosis Treatment - Agents***</b>		
LAMZEDE	T4	PA
<b>*Atp-Sensitive Potassium Channel Activators***</b>		
VYKAT XR	T4	PA
<b>*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>		
XPHOZAH	T2	PA; SP; QL (2 EA per 1 day)
<b>*Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag*</b>		
CRENESSITY	T4	PA
<b>*Cortisol Synthesis Inhibitors***</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA

Prescription Drug Name	Drug Tier	Notes
RECORLEV	T4	PA
<b>*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***</b>		
YORVIPATH	T4	PA
<b>*Insulin-Like Growth Factor-1 Receptor Inhibitors(lgf-1R)***</b>		
TEPEZZA	T4	PA
<b>*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***</b>		
TRYNGOLZA	T2	SP; QL (0.03 ML per 1 day)
<b>*Melanocortin 4 (Mc4) Receptor Agonists***</b>		
IMCIVREE	T4	PA
<b>*Molybdenum Cofactor Deficiency (Mocd) - Agents***</b>		
NULIBRY	T4	PA
<b>*Natriuretic Peptides***</b>		
VOXZOGO	T4	PA; QL (1 EA per 1 day)
<b>*Sclerostin Inhibitors***</b>		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	T2	PA; SP; QL (2.7 ML per 30 days)
<b>Abortifacient - Progesterone Receptor Antagonists</b>		
<i>mifepristone oral tablet 200 mg</i>	T3	
<b>Bisphosphonates</b>		
ACTONEL TABLET 150 MG ORAL	T2	PA; QL (1.2 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
ACTONEL TABLET 35 MG ORAL	T2	PA; QL (4.5 EA per 30 days)
<i>alendronate sodium tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>alendronate sodium tablet 35 mg oral</i>	T1	QL (4.5 EA per 30 days)
<i>alendronate sodium tablet 70 mg oral</i>	T1	QL (4.5 EA per 30 days)
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	T2	PA; QL (4.5 EA per 30 days)
<i>ibandronate sodium solution 3 mg/3ml intravenous</i>	T2	PA; QL (1.2 ML per 30 days)
<i>ibandronate sodium tablet 150 mg oral</i>	T1	QL (1.2 EA per 30 days)
<i>pamidronate disodium solution 30 mg/10ml intravenous</i>	T1	
<i>pamidronate disodium solution 6 mg/ml intravenous</i>	T1	
<i>pamidronate disodium solution 90 mg/10ml intravenous</i>	T1	
<i>risedronate sodium tablet 150 mg oral</i>	T2	PA; QL (1.2 EA per 30 days)
<i>risedronate sodium tablet 30 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>risedronate sodium tablet 35 mg oral</i>	T2	PA; QL (4.5 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>risedronate sodium tablet 5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>risedronate sodium tablet delayed release 35 mg oral</i>	T2	PA; QL (4.5 EA per 30 days)
<i>zoledronic acid intravenous concentrate</i>	T1	QL (21.6 ML per 30 days)
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	T1	SP; QL (428.7 ML per 30 days)
<i>zoledronic acid solution 5 mg/100ml intravenous</i>	T1	QL (102 ML per 30 days)
<b>Calcimimetic Agents</b>		
<i>cinacalcet hcl</i>	T3	
PARSABIV SOLUTION 10 MG/2ML INTRAVENOUS	T4	PA
PARSABIV SOLUTION 2.5 MG/0.5ML INTRAVENOUS	T4	PA
<b>Calcitonins</b>		
<i>calcitonin (salmon) injection</i>	T2	PA; QL (15 ML per 30 days)
<i>calcitonin (salmon) solution 200 unit/act nasal</i>	T2	PA; QL (3.9 ML per 30 days)
MIACALCIN SOLUTION 200 UNIT/ML INJECTION	T2	PA; SP; QL (15 ML per 30 days)
<b>Carnitine Replenisher - Agents</b>		

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Prescription Drug Name	Drug Tier	Notes
CARNITOR INTRAVENOUS	T3	
<i>levocarnitine intravenous</i>	T3	
<i>levocarnitine oral solution</i>	T3	PA
<i>levocarnitine oral tablet</i>	T3	
<b>Corticotropin</b>		
ACTHAR GEL 80 UNIT/ML INJECTION	T4	PA
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	T4	PA
CORTROPHIN	T4	PA
CORTROPHIN GEL	T4	PA
<b>Dopamine Receptor Agonists</b>		
<i>cabergoline tablet 0.5 mg oral</i>	T3	
<b>Fabry Disease - Agents</b>		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML	T4	PA; SP
ELFABRIO INTRAVENOUS SOLUTION 5 MG/2.5ML	T4	PA
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	T4	PA
GALAFOLD CAPSULE 123 MG ORAL	T4	PA; QL (15 EA per 30 days)
<b>Gaa Deficiency Treatment - Agents</b>		
LUMIZYME SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	T4	PA
NEXVIAZYME	T4	PA
OPFOLDA	T4	PA
POMBILITI	T4	PA
<b>Gnrh/Lhrh Antagonists</b>		
ORLISSA TABLET 150 MG ORAL	T1	PA; QL (30 EA per 30 days)
ORLISSA TABLET 200 MG ORAL	T1	PA; QL (60 EA per 30 days)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	T4	PA; QL (60 EA per 30 days)
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)
<b>Growth Hormone Releasing Hormones (Ghrh)</b>		
EGRIFTA SV	T4	PA
EGRIFTA WR	T4	PA
<b>Growth Hormones</b>		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	T1	PA; SP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	T1	PA; SP

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Prescription Drug Name	Drug Tier	Notes
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	T1	PA; SP
HUMATROPE CARTRIDGE 12 MG INJECTION	T2	PA; SP
HUMATROPE CARTRIDGE 24 MG INJECTION	T2	PA; SP
HUMATROPE CARTRIDGE 6 MG INJECTION	T2	PA; SP
NGENLA	T2	PA; SP; QL (0.35 ML per 1 day)
NORDITROPIN FLEXPRO SOLUTION PEN- INJECTOR 10 MG/1.5ML SUBCUTANEOUS	T1	PA; SP
NORDITROPIN FLEXPRO SOLUTION PEN- INJECTOR 15 MG/1.5ML SUBCUTANEOUS	T1	PA; SP
NORDITROPIN FLEXPRO SOLUTION PEN- INJECTOR 5 MG/1.5ML SUBCUTANEOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 10 SOLUTION PEN- INJECTOR 10 MG/2ML SUBCUTANEOUS	T2	PA; SP
NUTROPIN AQ NUSPIN 20 SOLUTION PEN- INJECTOR 20 MG/2ML SUBCUTANEOUS	T2	PA; SP
NUTROPIN AQ NUSPIN 5 SOLUTION PEN- INJECTOR 5 MG/2ML SUBCUTANEOUS	T2	PA; SP
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	T2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T2	PA; SP
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	T2	PA; SP
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	T2	PA; SP

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Prescription Drug Name	Drug Tier	Notes
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	T2	PA; SP; QL (60 EA per 30 days)
SKYTROFA	T1	PA; SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML	T1	PA; SP; QL (0.11 ML per 1 day)
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML	T1	PA; SP; QL (0.22 ML per 1 day)
ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	T2	PA; SP
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	T2	PA
<b>Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents</b>		
<i>nitisinone</i>	T4	PA
NITYR TABLET 10 MG ORAL	T4	PA
NITYR TABLET 2 MG ORAL	T4	PA
NITYR TABLET 5 MG ORAL	T4	PA

Prescription Drug Name	Drug Tier	Notes
ORFADIN CAPSULE 10 MG ORAL	T4	PA
ORFADIN CAPSULE 2 MG ORAL	T4	PA
ORFADIN CAPSULE 20 MG ORAL	T4	PA
ORFADIN CAPSULE 5 MG ORAL	T4	PA
ORFADIN SUSPENSION 4 MG/ML ORAL	T4	PA
<b>Homocystinuria Treatment - Agents</b>		
CYSTADANE POWDER ORAL	T4	PA
<b>Hyperammonemia Treatment - Agents</b>		
CARBAGLU TABLET SOLUBLE 200 MG ORAL	T4	PA
<i>carglumic acid oral tablet soluble</i>	T3	PA
<b>Hyperparathyroid Treatment - Vitamin D Analogs</b>		
<i>calcitriol capsule 0.25 mcg oral</i>	T1	
<i>calcitriol capsule 0.5 mcg oral</i>	T1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	T2	PA
<i>calcitriol solution 1 mcg/ml oral</i>	T2	PA
<i>doxercalciferol intravenous</i>	T1	
<i>paricalcitol capsule 1 mcg oral</i>	T2	PA

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Prescription Drug Name	Drug Tier	Notes
<i>paricalcitol capsule 2 mcg oral</i>	T2	PA
<i>paricalcitol capsule 4 mcg oral</i>	T2	PA
<i>paricalcitol solution 2 mcg/ml intravenous</i>	T1	
<i>paricalcitol solution 5 mcg/ml intravenous</i>	T1	
ROCALTROL CAPSULE 0.25 MCG ORAL	T2	PA
ROCALTROL CAPSULE 0.5 MCG ORAL	T2	PA
ROCALTROL SOLUTION 1 MCG/ML ORAL	T2	PA
ZEMPLAR CAPSULE 1 MCG ORAL	T2	PA
ZEMPLAR CAPSULE 2 MCG ORAL	T2	PA
ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS	T2	PA
ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS	T2	PA
<b>Hypophosphatasia (Hpp) Agents</b>		
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	T4	PA
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	T4	PA
<b>Leptin Analogues</b>		
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)
<b>Lhrh/Gnrh Agonist Analog Pituitary Suppressants</b>		
FENSOLVI (6 MONTH)	T1	PA; SP
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	T1	PA; SP; QL (12 EA per 30 days)
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	T1	PA; SP
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	T1	PA; SP; QL (12 EA per 30 days)
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	T1	PA; SP; QL (6 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	T1	PA; SP; QL (6 EA per 30 days)
LUPRON DEPOT-PED (6-MONTH)	T1	PA; SP; QL (0.01 EA per 1 day)
SUPPRELIN LA KIT 50 MG SUBCUTANEOUS	T2	PA; SP; QL (1.2 EA per 30 days)
SYNAREL SOLUTION 2 MG/ML NASAL	T2	PA; SP; QL (33 ML per 30 days)
TRIPTODUR SUSPENSION RECONSTITUTED ER 22.5 MG INTRAMUSCULAR	T1	PA; SP; QL (0.3 EA per 30 days)
<b>Lysosomal Acid Lipase (Lal) Deficiency - Agents</b>		
KANUMA SOLUTION 20 MG/10ML INTRAVENOUS	T4	PA
<b>Mucopolysaccharidosis I (Mps I) - Agents</b>		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	T4	PA
<b>Mucopolysaccharidosis Ii (Mps Ii) - Agents</b>		
ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS	T4	PA
<b>Mucopolysaccharidosis Iv (Mps Iv) - Agents</b>		

Prescription Drug Name	Drug Tier	Notes
VIMIZIM SOLUTION 5 MG/5ML INTRAVENOUS	T4	PA
<b>Mucopolysaccharidosis Vi (Mps Vi) - Agents</b>		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	T4	PA
<b>Mucopolysaccharidosis Vii (Mps Vii) - Agents</b>		
MEPSEVII SOLUTION 10 MG/5ML INTRAVENOUS	T4	PA
<b>Ovulation Stimulants-Gonadotropins</b>		
<i>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</i>	T4	PA
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNT/0.48ML SUBCUTANEOUS	T4	PA
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.72ML SUBCUTANEOUS	T4	PA
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNT/1.44ML SUBCUTANEOUS	T4	PA

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
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Prescription Drug Name	Drug Tier	Notes
GONAL-F SOLUTION RECONSTITUTED 450 UNIT INJECTION	T4	PA
MENOPUR SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	T4	PA
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	T4	PA
OVIDREL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	T4	PA
<b>Parathyroid Hormone And Derivatives</b>		
BONSITY	T2	PA; QL (0.09 ML per 1 day)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	T2	PA; SP; QL (0.08 ML per 1 day)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T2	PA; SP; QL (0.08 ML per 1 day)
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	T2	PA; SP; QL (1.8 ML per 30 days)
<b>Phenylketonuria Treatment - Agents</b>		
KUVAN PACKET 100 MG ORAL	T4	PA

Prescription Drug Name	Drug Tier	Notes
KUVAN PACKET 500 MG ORAL	T4	PA
KUVAN TABLET 100 MG ORAL	T4	PA
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	T4	PA; QL (15 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	T4	PA; QL (4.5 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	T4	PA; QL (3 ML per 1 day)
<i>sapropterin dihydrochloride oral packet</i>	T3	PA
<i>sapropterin dihydrochloride oral tablet</i>	T3	PA
ZELVYSIA	T4	PA
<b>Rank Ligand (RankI) Inhibitors</b>		
BILDYOS	T2	PA; SP; QL (0.01 ML per 1 day)
BILPREVDA	T2	PA; SP; QL (0.19 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
BOMYNTRA	T2	PA; SP; QL (0.19 ML per 1 day)
CONEXXENCE	T2	PA; SP
JUBBONTI	T1	PA; SP
OSENVELT	T2	PA; SP
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (1 ML per 6 Monthss)
STOBOCLO	T2	PA; SP
WYOST	T1	PA; SP
XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS	T2	PA; SP; QL (5.7 ML per 30 days)
<b>Selective Estrogen Receptor Modulators (Serms)</b>		
EVISTA TABLET 60 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>raloxifene hcl tablet 60 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Selective Vasopressin V2-Receptor Antagonists</b>		
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG	T4	QL (2 EA per 1 day)
JYNARQUE TABLET 15 MG ORAL	T4	PA; QL (4 EA per 1 day)
JYNARQUE TABLET 30 MG ORAL	T4	PA; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
JYNARQUE TABLET THERAPY PACK 45 & 15 MG ORAL	T4	PA; QL (2 EA per 1 day)
JYNARQUE TABLET THERAPY PACK 60 & 30 MG ORAL	T4	PA; QL (2 EA per 1 day)
JYNARQUE TABLET THERAPY PACK 90 & 30 MG ORAL	T4	PA; QL (2 EA per 1 day)
SAMSCA TABLET 15 MG ORAL	T4	PA; QL (30 EA per 30 days)
SAMSCA TABLET 30 MG ORAL	T4	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	T4	PA
<b>Somatostatic Agents</b>		
MYCAPSSA	T4	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	
<i>octreotide acetate intramuscular</i>	T4	PA
<i>octreotide acetate solution 100 mcg/ml injection</i>	T4	
<i>octreotide acetate solution 1000 mcg/ml injection</i>	T4	
<i>octreotide acetate solution 200 mcg/ml injection</i>	T4	

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Prescription Drug Name	Drug Tier	Notes
<i>octreotide acetate solution 50 mcg/ml injection</i>	T4	
<i>octreotide acetate solution 500 mcg/ml injection</i>	T4	
<i>octreotide acetate subcutaneous</i>	T4	
SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR	T4	PA; QL (1.2 EA per 30 days)
SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR	T4	PA; QL (2.4 EA per 30 days)
SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR	T4	PA; QL (1.2 EA per 30 days)
SANDOSTATIN SOLUTION 100 MCG/ML INJECTION	T4	PA
SANDOSTATIN SOLUTION 50 MCG/ML INJECTION	T4	PA
SANDOSTATIN SOLUTION 500 MCG/ML INJECTION	T4	PA
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	T4	PA; QL (0.6 ML per 30 days)
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	T4	PA; QL (0.3 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	T4	PA; QL (0.6 ML per 30 days)
<b>Tripeptidyl Peptidase 1 Deficiency Treatment - Agents</b>		
BRINEURA KIT 2 X 150 MG/5ML	T4	PA
<b>Urea Cycle Disorder - Agents</b>		
BUPHENYL POWDER 3 GM/TSP ORAL	T1	SP
BUPHENYL TABLET 500 MG ORAL	T1	SP
<i>glycerol phenylbutyrate</i>	T2	PA; QL (540 ML per 30 days)
OLPRUVA (2 GM DOSE)	T2	PA; SP
OLPRUVA (3 GM DOSE)	T2	PA; SP
OLPRUVA (4 GM DOSE)	T2	PA; SP
OLPRUVA (5 GM DOSE)	T2	PA; SP
OLPRUVA (6 GM DOSE)	T2	PA; SP
OLPRUVA (6.67 GM DOSE)	T2	PA; SP
PHEBURANE	T2	PA; SP; QL (41.43 GM per 1 day)
RAVICTI LIQUID 1.1 GM/ML ORAL	T2	PA; SP; QL (540 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>sodium phenylbutyrate powder 3 gm/tsp oral</i>	T1	SP
<i>sodium phenylbutyrate tablet 500 mg oral</i>	T1	SP
<b>Vasopressin</b>		
<i>desmopressin ace spray refrig solution 0.01 % nasal</i>	T3	PA
<i>desmopressin acetate injection</i>	T3	
<i>desmopressin acetate pf</i>	T3	
<i>desmopressin acetate tablet 0.1 mg oral</i>	T3	AL (Min 6 Years and Max 999 Years)
<i>desmopressin acetate tablet 0.2 mg oral</i>	T3	AL (Min 6 Years and Max 999 Years)
<b>Estrogens</b>		
<b>*Estrogen-Progestin-Gnrh Antagonist***</b>		
MYFEMBREE	T1	PA; QL (30 EA per 30 days)
ORIAHNN	T2	PA; QL (2 EA per 1 day)
<b>Estrogen &amp; Androgen</b>		
<i>est estrogens-methyltest hs</i>	T2	PA
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
ESTRATEST H.S.	T2	PA
<b>Estrogen &amp; Progestin</b>		
ABIGALE	T2	PA; QL (30 EA per 30 days)
ABIGALE LO	T2	PA; QL (30 EA per 30 days)
ACTIVELLA TABLET 1-0.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
ANGELIQ TABLET 0.25-0.5 MG ORAL	T1	QL (30 EA per 30 days)
ANGELIQ TABLET 0.5-1 MG ORAL	T1	QL (30 EA per 30 days)
BIJUVA ORAL CAPSULE 0.5-100 MG	T2	PA
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	T1	QL (4.5 EA per 30 days)
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY TRANSDERMAL	T1	QL (8.7 EA per 30 days)
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.25 MG/DAY TRANSDERMAL	T1	QL (8.7 EA per 30 days)
<i>estradiol-norethindrone acet tablet 0.5-0.1 mg oral</i>	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>estradiol-norethindrone acet tablet 1-0.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL	T1	QL (30 EA per 30 days)
FYAVOLV TABLET 1-5 MG-MCG ORAL	T1	QL (30 EA per 30 days)
JINTELI TABLET 1-5 MG-MCG ORAL	T1	QL (30 EA per 30 days)
MIMVEY TABLET 1-0.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i>	T1	QL (30 EA per 30 days)
<i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i>	T1	QL (30 EA per 30 days)
PREMPHASE TABLET 0.625-5 MG ORAL	T1	QL (30 EA per 30 days)
PREMPRO TABLET 0.3-1.5 MG ORAL	T1	QL (30 EA per 30 days)
PREMPRO TABLET 0.45-1.5 MG ORAL	T1	QL (30 EA per 30 days)
PREMPRO TABLET 0.625-2.5 MG ORAL	T1	QL (30 EA per 30 days)
PREMPRO TABLET 0.625-5 MG ORAL	T1	QL (30 EA per 30 days)
<b>Estrogens</b>		
ALORA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	T1	

Prescription Drug Name	Drug Tier	Notes
ALORA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	T1	
ALORA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	T1	
CLIMARA PATCH WEEKLY 0.025 MG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
CLIMARA PATCH WEEKLY 0.0375 MG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
CLIMARA PATCH WEEKLY 0.05 MG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
CLIMARA PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
CLIMARA PATCH WEEKLY 0.075 MG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
CLIMARA PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	T1	
DEPO-ESTRADIOL	T1	

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Prescription Drug Name	Drug Tier	Notes
DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
DIVIGEL GEL 1 MG/GM TRANSDERMAL	T2	PA; QL (30 GM per 30 days)
DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL	T2	PA; QL (1.25 GM per 1 day)
DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	T1	
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	T1	QL (8.7 EA per 30 days)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	T1	QL (8.7 EA per 30 days)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	T1	QL (8.7 EA per 30 days)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	T1	QL (8.7 EA per 30 days)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	T1	QL (8.7 EA per 30 days)
<i>estradiol patch weekly 0.025 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>estradiol patch weekly 0.0375 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>estradiol patch weekly 0.05 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>estradiol patch weekly 0.06 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>estradiol patch weekly 0.075 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)
<i>estradiol patch weekly 0.1 mg/24hr transdermal</i>	T1	QL (4.5 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>estradiol tablet 0.5 mg oral</i>	T1	
<i>estradiol tablet 1 mg oral</i>	T1	
<i>estradiol tablet 2 mg oral</i>	T1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>	T2	PA; QL (30 EA per 30 days)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%), 1.25 mg/1.25gm</i>	T2	PA
<i>estradiol transdermal gel 1 mg/gm</i>	T2	PA; QL (30 GM per 30 days)
<i>estradiol valerate intramuscular</i>	T1	
<i>estrogens conjugated</i>	T2	PA
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	T2	PA; QL (0.44 ML per 1 day)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	T2	PA; QL (0.29 EA per 1 day)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T2	PA; QL (8.7 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	T2	PA; QL (4.5 EA per 30 days)
MINIVELLE PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
MINIVELLE PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
MINIVELLE PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
MINIVELLE PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
MINIVELLE PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	T2	PA; QL (60 EA per 30 days)
PREMARIN TABLET 0.3 MG ORAL	T1	
PREMARIN TABLET 0.45 MG ORAL	T1	
PREMARIN TABLET 0.625 MG ORAL	T1	
PREMARIN TABLET 0.9 MG ORAL	T1	

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PREMARIN TABLET 1.25 MG ORAL	T1	
<b>Estrogen-Selective Estrogen Receptor Modulator Comb</b>		
DUAVEE TABLET 0.45-20 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Fluoroquinolones</b>		
<b>Fluoroquinolones</b>		
BAXDELA TABLET 450 MG ORAL	T2	PA
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	T1	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	T1	
CIPRO TABLET 250 MG ORAL	T2	PA
CIPRO TABLET 500 MG ORAL	T2	PA
<i>ciprofloxacin hcl tablet 250 mg oral</i>	T1	
<i>ciprofloxacin hcl tablet 500 mg oral</i>	T1	
<i>ciprofloxacin hcl tablet 750 mg oral</i>	T1	
<i>ciprofloxacin in d5w</i>	T3	
<i>levofloxacin in d5w</i>	T3	
<i>levofloxacin intravenous</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>levofloxacin oral solution</i>	T2	PA; AL (Max 11 Years)
<i>levofloxacin tablet 250 mg oral</i>	T1	
<i>levofloxacin tablet 500 mg oral</i>	T1	
<i>levofloxacin tablet 750 mg oral</i>	T1	
<i>moxifloxacin hcl in nacl</i>	T3	
<i>moxifloxacin hcl intravenous</i>	T3	
<i>moxifloxacin hcl tablet 400 mg oral</i>	T1	
<i>ofloxacin tablet 300 mg oral</i>	T2	PA
<i>ofloxacin tablet 400 mg oral</i>	T2	PA
<b>Gastrointestinal Agents - Misc.</b>		
<b>*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***</b>		
REZDIFFRA	T4	PA; QL (1 EA per 1 day)
<b>*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>		
IBSRELA	T2	PA; QL (60 EA per 30 days)
<b>*Ileal Bile Acid Transporter (Ibat) Inhibitors***</b>		
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
LIVMARLI	T4	PA
<b>*Live Fecal Microbiota (Human)**</b>		
REBYOTA	T4	PA

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Prescription Drug Name	Drug Tier	Notes
VOWST	T4	PA; SP
<b>*Peroxisome Proliferator-Activated Receptor Agonists***</b>		
IQIRVO	T2	PA; QL (1 EA per 1 day)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***</b>		
VELSIPITY	T2	PA; SP; QL (1 EA per 1 day)
<b>5-Ht4 Receptor Agonists</b>		
MOTEGRITY TABLET 1 MG ORAL	T2	PA; QL (30 EA per 30 days)
MOTEGRITY TABLET 2 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>prucalopride succinate</i>	T2	PA; QL (30 EA per 30 days)
<b>Antiflatulents</b>		
<i>gas relief tablet chewable 80 mg oral</i>	T3	
<i>gnp gas relief tablet chewable 80 mg oral</i>	T3	
<b>Bile Acid Synthesis Disorder Agents</b>		
CTEXLI	T2	PA; SP; QL (7 EA per 1 day)
<b>Farnesoid X Receptor (Fxr) Agonists</b>		
OCALIVA TABLET 10 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
OCALIVA TABLET 5 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
<b>Gallstone Solubilizing Agents</b>		

Prescription Drug Name	Drug Tier	Notes
RELTONE	T2	PA
URSO FORTE TABLET 500 MG ORAL	T2	PA; QL (90 EA per 30 days)
<i>ursodiol capsule 300 mg oral</i>	T1	QL (120 EA per 30 days)
<i>ursodiol tablet 250 mg oral</i>	T1	QL (90 EA per 30 days)
<i>ursodiol tablet 500 mg oral</i>	T1	QL (90 EA per 30 days)
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA ORAL CAPSULE 24 MCG	T2	PA; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	T2	PA; QL (120 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg</i>	T1	PA; QL (60 EA per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	T1	PA; QL (120 EA per 30 days)
<b>Gastrointestinal Stimulants</b>		
GIMOTI	T2	PA; QL (10.5 ML per 30 days)
<i>metoclopramide hcl solution 10 mg/10ml oral</i>	T1	
<i>metoclopramide hcl solution 5 mg/5ml oral</i>	T1	
<i>metoclopramide hcl solution 5 mg/ml injection</i>	T1	

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>metoclopramide hcl tablet 10 mg oral</i>	T1	
<i>metoclopramide hcl tablet 5 mg oral</i>	T1	
<i>metoclopramide hcl tablet dispersible 5 mg oral</i>	T2	PA
REGLAN TABLET 10 MG ORAL	T2	PA
REGLAN TABLET 5 MG ORAL	T2	PA
<b>Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX KIT 5 MG SUBCUTANEOUS	T4	PA
<b>Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists</b>		
LINZESS CAPSULE 145 MCG ORAL	T1	PA; QL (30 EA per 30 days)
LINZESS CAPSULE 290 MCG ORAL	T1	PA; QL (30 EA per 30 days)
LINZESS CAPSULE 72 MCG ORAL	T1	PA; QL (30 EA per 30 days)
<b>Ibs Agent - Mu-Opioid Receptor Agonists</b>		
VIBERZI TABLET 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
VIBERZI TABLET 75 MG ORAL	T2	PA; QL (60 EA per 30 days)
<b>Ibs Agent - Selective 5-Ht3 Receptor Antagonists</b>		

Prescription Drug Name	Drug Tier	Notes
<i>alosetron hcl tablet 0.5 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>alosetron hcl tablet 1 mg oral</i>	T2	PA; QL (60 EA per 30 days)
LOTROXON TABLET 0.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
LOTROXON TABLET 1 MG ORAL	T2	PA; QL (60 EA per 30 days)
<b>Inflammatory Bowel Agents</b>		
AZULFIDINE TABLET 500 MG ORAL	T2	PA; QL (360 EA per 30 days)
<i>balsalazide disodium capsule 750 mg oral</i>	T1	QL (270 EA per 30 days)
CANASA SUPPOSITORY 1000 MG RECTAL	T2	PA; QL (30 EA per 30 days)
DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL	T1	QL (180 EA per 30 days)
DIPENTUM CAPSULE 250 MG ORAL	T2	PA; QL (120 EA per 30 days)
LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL	T2	PA; QL (120 EA per 30 days)
<i>mesalamine capsule delayed release 400 mg oral</i>	T1	QL (180 EA per 30 days)
<i>mesalamine enema 4 gm rectal</i>	T1	QL (1800 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i>	T1	QL (120 EA per 30 days)
<i>mesalamine er oral capsule extended release</i>	T2	PA; QL (240 EA per 30 days)
<i>mesalamine suppository 1000 mg rectal</i>	T1	QL (30 EA per 30 days)
<i>mesalamine tablet delayed release 1.2 gm oral</i>	T1	QL (120 EA per 30 days)
<i>mesalamine tablet delayed release 800 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>mesalamine-cleanser kit 4 gm rectal</i>	T2	PA
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	T1	QL (480 EA per 30 days)
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	T1	QL (240 EA per 30 days)
ROWASA KIT 4 GM RECTAL	T2	PA
SFROWASA ENEMA 4 GM/60ML RECTAL	T2	PA
<b>Integrin Receptor Antagonists</b>		
ENTYVIO PEN	T2	PA; SP; QL (0.05 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	T2	PA; SP; QL (2.4 EA per 30 days)
<b>Interleukin Antagonists</b>		
IMULDOSA INTRAVENOUS	T2	PA; SP; QL (1.86 ML per 1 day)
OMVOH (300 MG DOSE)	T2	PA; SP; QL (0.11 ML per 1 day)
OMVOH INTRAVENOUS	T2	PA; SP; QL (0.54 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T2	PA; SP; QL (0.08 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; SP; QL (0.08 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T2	PA; SP

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Prescription Drug Name	Drug Tier	Notes
OTULFI INTRAVENOUS	T2	PA; SP; QL (1.86 ML per 1 day)
PYZCHIVA INTRAVENOUS	T1	PA; SP; QL (1.86 ML per 1 day)
SELARSDI INTRAVENOUS	T2	PA; SP; QL (1.86 ML per 1 day)
SKYRIZI INTRAVENOUS	T1	PA; SP; QL (0.72 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T1	PA; SP; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T1	PA; SP; QL (0.05 ML per 1 day)
STELARA SOLUTION 130 MG/26ML INTRAVENOUS	T2	PA; SP; QL (55.8 ML per 30 days)
STEQEYMA INTRAVENOUS	T2	PA; SP; QL (1.86 ML per 1 day)
TREMFYA INTRAVENOUS	T2	PA; SP; QL (0.04 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T2	PA; SP; QL (0.15 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T2	PA; SP; QL (0.15 ML per 1 day)
TREMFYA-CD/UC INDUCTION	T2	SP; QL (0.15 ML per 1 day)
<i>ustekinumab intravenous</i>	T2	PA; SP; QL (55.8 ML per 30 days)
<i>ustekinumab-ttwe intravenous</i>	T2	PA; SP; QL (1.86 ML per 1 day)
YESINTEK INTRAVENOUS	T2	PA; SP; QL (1.86 ML per 1 day)
<b>Peripheral Opioid Receptor Antagonists</b>		
SYMPROIC TABLET 0.2 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Phosphate Binder Agents</b>		
AURYXIA TABLET 1 GM 210 MG(Fe) ORAL	T2	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) capsule 667 mg oral</i>	T1	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) tablet 667 mg oral (otc)</i>	T1	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) tablet 667 mg oral (rx)</i>	T1	QL (360 EA per 30 days)
<i>calcium acetate tablet 667 mg oral</i>	T1	QL (360 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
CALPHRON TABLET 667 MG ORAL	T1	QL (360 EA per 30 days)
<i>ferric citrate oral</i>	T2	PA; QL (360 EA per 30 days)
FOSRENOL PACKET 1000 MG ORAL	T2	PA; QL (90 EA per 30 days)
FOSRENOL PACKET 750 MG ORAL	T2	PA; QL (90 EA per 30 days)
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	T2	PA; QL (90 EA per 30 days)
FOSRENOL TABLET CHEWABLE 500 MG ORAL	T2	PA; QL (90 EA per 30 days)
FOSRENOL TABLET CHEWABLE 750 MG ORAL	T2	PA; QL (90 EA per 30 days)
<i>lanthanum carbonate tablet chewable 1000 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>lanthanum carbonate tablet chewable 500 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>lanthanum carbonate tablet chewable 750 mg oral</i>	T2	PA; QL (90 EA per 30 days)
REVELA PACKET 0.8 GM ORAL	T2	PA; QL (180 EA per 30 days)
REVELA PACKET 2.4 GM ORAL	T2	PA; QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>sevelamer carbonate packet 0.8 gm oral</i>	T2	PA; QL (180 EA per 30 days)
<i>sevelamer carbonate packet 2.4 gm oral</i>	T2	PA; QL (180 EA per 30 days)
<i>sevelamer carbonate tablet 800 mg oral</i>	T1	QL (540 EA per 30 days)
<i>sevelamer hcl tablet 400 mg oral</i>	T2	PA; QL (990 EA per 30 days)
<i>sevelamer hcl tablet 800 mg oral</i>	T2	PA; QL (510 EA per 30 days)
VELPHORO TABLET CHEWABLE 500 MG ORAL	T2	PA; QL (180 EA per 30 days)
<b>Tumor Necrosis Factor Alpha Blockers</b>		
AVSOLA	T1	PA; SP
CIMZIA (1 SYRINGE)	T2	PA; SP; QL (3 EA per 30 days)
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (2.4 EA per 30 days)
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	T2	PA; SP; QL (2.4 EA per 30 days)
CIMZIA-STARTER	T2	PA; SP; QL (3 ml per 30 days)

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Prescription Drug Name	Drug Tier	Notes
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T2	PA; SP
<i>infliximab</i>	T1	PA
REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T2	PA; SP
ZYMFENTRA (1 PEN)	T2	PA
ZYMFENTRA (2 PEN)	T2	PA
ZYMFENTRA (2 SYRINGE)	T2	PA
<b>General Anesthetics</b>		
<b>Anesthetics - Misc.</b>		
<i>propofol intravenous emulsion 1000 mg/100ml, 500 mg/50ml</i>	T3	
<b>Genitourinary Agents - Miscellaneous</b>		
<b>*Igan Agents - Endothelin &amp; Angiotensin II Receptor Antag***</b>		
FILSPARI	T4	PA; QL (1 EA per 1 day)
<b>*Igan Agents - Endothelin Receptor Antagonist***</b>		
VANRAFIA	T4	PA
<b>*Small Interfering Ribonucleic Acid Agents (Sirna)***</b>		
OXLUMO	T4	PA
RIVFLOZA	T4	PA

Prescription Drug Name	Drug Tier	Notes
<b>5-Alpha Reductase Inhibitors</b>		
AVODART CAPSULE 0.5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>dutasteride capsule 0.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>finasteride tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
PROSCAR TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Alpha 1-Adrenoceptor Antagonists</b>		
<i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i>	T1	QL (30 EA per 30 days)
RAPAFLO CAPSULE 4 MG ORAL	T2	PA; QL (30 EA per 30 days)
RAPAFLO CAPSULE 8 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>silodosin capsule 4 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>silodosin capsule 8 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl capsule 0.4 mg oral</i>	T1	QL (60 EA per 30 days)
<b>Citrates</b>		
<i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>potassium citrate er tablet extended release 5 meq (540 mg) oral</i>	T3	
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	T3	
<b>Cystinosis Agents</b>		
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	T4	PA
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	T4	PA
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPSULE 100 MG ORAL	T3	QL (90 EA per 30 days)
<b>Prostatic Hypertrophy Agent Combinations</b>		
<i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tablet 100 mg oral</i>	T3	
<i>phenazopyridine hcl tablet 200 mg oral</i>	T3	
<b>Urinary Stone Agents</b>		
THIOLA TABLET 100 MG ORAL	T4	PA
<i>tiopronin oral tablet</i>	T3	PA
<b>Gout Agents</b>		
<b>Gout Agent Combinations</b>		

Prescription Drug Name	Drug Tier	Notes
<i>colchicine-probenecid tablet 0.5-500 mg oral</i>	T1	
<b>Gout Agents</b>		
<i>allopurinol oral tablet 200 mg</i>	T2	PA
<i>allopurinol tablet 100 mg oral</i>	T1	
<i>allopurinol tablet 300 mg oral</i>	T1	
<i>colchicine capsule 0.6 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>colchicine tablet 0.6 mg oral</i>	T1	QL (90 EA per 30 days)
<i>febuxostat tablet 40 mg oral</i>	T1	QL (30 EA per 30 days)
<i>febuxostat tablet 80 mg oral</i>	T1	QL (45 EA per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML	T2	PA; SP
KRYSTEXXA SOLUTION 8 MG/ML INTRAVENOUS	T2	PA; SP; QL (2.4 ML per 30 days)
MITIGARE CAPSULE 0.6 MG ORAL	T2	PA; QL (90 EA per 30 days)
ULORIC TABLET 40 MG ORAL	T2	PA; QL (30 EA per 30 days)
ULORIC TABLET 80 MG ORAL	T2	PA; QL (45 EA per 30 days)
<b>Uricosurics</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>probenecid tablet 500 mg oral</i>	T1	
<b>Hematological Agents - Misc.</b>		
<b>*Agents For Congenital Thrombotic Thrombocytopenic Purpura*</b>		
<i>adzynma</i>	T4	PA
<b>*Aminolevulinate Synthase 1-Directed Sirna***</b>		
GIVLAARI	T4	PA
<b>*Antihemophilic Products - Antithrombin-Directed Sirna***</b>		
QFITLIA	T2	PA; SP
<b>*Antihemophilic Products - Gene Therapy Agents***</b>		
HEMGENIX	T4	PA
ROCTAVIAN	T4	PA
<b>*Bruton's Tyrosine Kinase (Btk) Inhibitors***</b>		
WAYRILZ	T2	PA; SP
<b>*Complement C1 Inhibitors***</b>		
ENJAYMO	T4	PA
<b>*Complement C3 Inhibitors***</b>		
EMPAVELI	T4	PA; QL (171.6 ML per 30 days)
<b>*Complement C5 Inhibitors***</b>		
BKEMV	T4	PA; QL (12.86 ML per 1 day)
EPYSQLI	T4	PA; QL (12.86 ML per 1 day)
PIASKY	T4	PA
SOLIRIS SOLUTION 300 MG/30ML INTRAVENOUS	T4	PA; QL (385.8 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML	T4	PA; QL (2.36 ML per 1 day)
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/3ML	T4	PA
VEOPOZ	T4	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	T4	PA; QL (0.42 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	T4	PA; QL (0.58 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	T4	PA; QL (0.81 ML per 1 day)
<b>*Complement C5a Receptor Inhibitors***</b>		
TAVNEOS	T4	PA
<b>*Complement Factor B Inhibitors***</b>		
FABHALTA	T4	PA; QL (2 EA per 1 day)
<b>*Complement Factor D Inhibitors***</b>		
VOYDEYA	T4	PA
<b>*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies***</b>		

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Prescription Drug Name	Drug Tier	Notes
ANDEMBRY	T2	PA; SP
<b>*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***</b>		
DAWNZERA	T2	PA
<b>*Pyruvate Kinase Activators***</b>		
PYRUKYND	T4	PA
PYRUKYND TAPER PACK	T4	PA
<b>Antihemophilic Products</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T1	PA; SP
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T1	PA; SP
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	T1	PA; SP
<i>adynovate solution reconstituted 1000 unit intravenous</i>	T1	PA; SP
<i>adynovate solution reconstituted 1500 unit intravenous</i>	T1	PA; SP
<i>adynovate solution reconstituted 2000 unit intravenous</i>	T1	PA; SP
<i>adynovate solution reconstituted 250 unit intravenous</i>	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
<i>adynovate solution reconstituted 3000 unit intravenous</i>	T1	PA; SP
<i>adynovate solution reconstituted 500 unit intravenous</i>	T1	PA; SP
<i>adynovate solution reconstituted 750 unit intravenous</i>	T1	PA; SP
AFSTYLA KIT 1000 UNIT INTRAVENOUS	T1	PA; SP
AFSTYLA KIT 1500 UNIT INTRAVENOUS	T1	PA; SP
AFSTYLA KIT 2000 UNIT INTRAVENOUS	T1	PA; SP
AFSTYLA KIT 250 UNIT INTRAVENOUS	T1	PA; SP
AFSTYLA KIT 2500 UNIT INTRAVENOUS	T1	PA; SP
AFSTYLA KIT 3000 UNIT INTRAVENOUS	T1	PA; SP
AFSTYLA KIT 500 UNIT INTRAVENOUS	T1	PA; SP
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T1	PA; SP

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T1	PA; SP
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	T1	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	T1	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T1	PA; SP
BENEFIX KIT 1000 UNIT INTRAVENOUS	T1	PA; SP
BENEFIX KIT 2000 UNIT INTRAVENOUS	T1	PA; SP

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**Drug Tier**  
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**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BENEFIX KIT 250 UNIT INTRAVENOUS	T1	PA; SP
BENEFIX KIT 3000 UNIT INTRAVENOUS	T1	PA; SP
BENEFIX KIT 500 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS	T1	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS	T1	PA; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T2	PA
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T2	PA; SP
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T2	PA; SP

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**Drug Tier**  
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**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T2	PA; SP
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	T2	PA; SP
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T2	PA; SP
FEIBA SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
FEIBA SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	T1	PA; SP
FEIBA SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS	T1	PA; SP
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS	T1	PA; SP
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS	T1	PA; SP
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T2	PA; SP
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T2	PA; SP

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T2	PA; SP
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	T2	PA; SP
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T2	PA; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T1	SP
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	T1	PA; SP
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
KCENTRA	T4	

Prescription Drug Name	Drug Tier	Notes
KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA
KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T2	PA; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T1	PA; SP
NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T1	PA; SP
NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP
NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	T1	PA; SP
NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	T1	PA; SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	T1	PA; SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS	T1	PA; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	T1	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	T1	SP
NUWIQ KIT 1000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ KIT 2000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ KIT 250 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ KIT 2500 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ KIT 3000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ KIT 4000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ KIT 500 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	T1	PA; SP
NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
<i>obizur solution reconstituted 500 unit intravenous</i>	T2	PA; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	T1	PA; SP
PROFILNINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
PROFILNINE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T1	PA; SP
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	T1	PA; SP
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	T1	PA; SP
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	T1	PA; SP
RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS	T1	PA; SP
RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS	T1	PA; SP
RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS	T1	PA; SP
RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS	T1	PA; SP

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS	T1	PA; SP
<i>rixubis solution reconstituted 1000 unit intravenous</i>	T1	PA; SP
<i>rixubis solution reconstituted 2000 unit intravenous</i>	T1	PA; SP
<i>rixubis solution reconstituted 250 unit intravenous</i>	T1	PA; SP
<i>rixubis solution reconstituted 3000 unit intravenous</i>	T1	PA; SP
<i>rixubis solution reconstituted 500 unit intravenous</i>	T1	PA; SP
SEVENFACT	T1	PA; SP
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	T2	PA; SP
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS	T2	PA; SP
WILATE KIT 1000-1000 UNIT INTRAVENOUS	T1	PA; SP
WILATE KIT 500-500 UNIT INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
XYNTHA KIT 1000 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA KIT 2000 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA KIT 250 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA KIT 500 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	T1	PA; SP
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	T1	PA; SP
<b>Antihemophilic Products - Monoclonal Antibodies</b>		
ALHEMO	T2	PA; SP
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	T1	PA; SP
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	T1	PA; SP

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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**SP** = Specialty  
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Prescription Drug Name	Drug Tier	Notes
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	T1	PA; SP
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	T1	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML, 300 MG/2ML	T1	PA; SP
HYMPAVZI	T2	PA; SP
<b>Anti-Von Willebrand Factor Agents</b>		
CABLIVI KIT 11 MG INJECTION	T4	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP; QL (270 ML per 30 days)
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	T1	PA; SP; QL (270 ML per 30 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP; QL (270 ML per 30 days)
<b>C1 Inhibitors</b>		
BERINERT KIT 500 UNIT INTRAVENOUS	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	T1	PA; SP; QL (17.4 EA per 30 days)
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	T1	PA; SP; QL (34.5 EA per 30 days)
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	T1	PA; SP; QL (120 EA per 30 days)
<b>Cyclopentyltriazolopyrimidine (Cptp) Derivatives</b>		
BRILINTA TABLET 60 MG ORAL	T1	QL (60 EA per 30 days)
BRILINTA TABLET 90 MG ORAL	T1	QL (60 EA per 30 days)
KENGREAL	T3	
<i>ticagrelor oral tablet 60 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>ticagrelor oral tablet 90 mg</i>	T1	QL (60 EA per 30 days)
<b>Glycoprotein lib/liia Receptor Inhibitors</b>		
AGGRASTAT INTRAVENOUS CONCENTRATE	T3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	T3	

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>tirofiban hcl in nacl</i>	T3	
<b>Hematorheologic Agents</b>		
<i>pentoxifylline er tablet extended release 400 mg oral</i>	T3	
<b>Hemin</b>		
PANHEMATIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	T4	PA
<b>Phosphodiesterase Iii Inhibitors</b>		
<i>cilostazol tablet 100 mg oral</i>	T3	QL (60 EA per 30 days)
<i>cilostazol tablet 50 mg oral</i>	T3	QL (60 EA per 30 days)
<b>Plasma Expanders</b>		
LMD IN D5W	T3	
LMD IN NAACL	T3	
<b>Plasma Kallikrein Inhibitors</b>		
EKTERLY	T2	PA; SP
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	T1	PA; SP; QL (180 ML per 30 days)
ORLADEYO	T1	PA; SP; QL (30 EA per 30 days)
<b>Plasma Kallikrein Inhibitors - Monoclonal Antibodies</b>		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	T1	PA; SP; QL (4.5 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T1	PA; SP; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T1	PA; SP; QL (4.5 ML per 30 days)
<b>Plasma Proteins</b>		
RYPLAZIM	T4	PA
<b>Platelet Aggregation Inhibitor Combinations</b>		
<i>aspirin-dipyridamole er</i>	T1	QL (60 EA per 30 days)
YOSPRALA TABLET DELAYED RELEASE 325-40 MG ORAL	T2	PA; QL (30 EA per 30 days)
YOSPRALA TABLET DELAYED RELEASE 81-40 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Platelet Aggregation Inhibitors</b>		
<i>dipyridamole tablet 25 mg oral</i>	T1	QL (120 EA per 30 days)
<i>dipyridamole tablet 50 mg oral</i>	T1	QL (240 EA per 30 days)
<i>dipyridamole tablet 75 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Protamine</b>		
<i>protamine sulfate intravenous</i>	T3	
<b>Spleen Tyrosine Kinase (Syk) Inhibitors</b>		

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
TAVALISSE TABLET 100 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
TAVALISSE TABLET 150 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
<b>Thienopyridine Derivatives</b>		
<i>clopidogrel bisulfate tablet 300 mg oral</i>	T1	QL (30 EA per 30 days)
<i>clopidogrel bisulfate tablet 75 mg oral</i>	T1	QL (30 EA per 30 days)
PLAVIX TABLET 75 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>prasugrel hcl tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>prasugrel hcl tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Tissue Plasminogen Activators</b>		
ACTIVASE	T4	
CATHFLO ACTIVASE	T3	
TNKASE	T3	
<b>Hematopoietic Agents</b>		
<b>*Agents For Sickle Cell Disease - Autologous Gene Therapy***</b>		
CASGEVY	T4	PA
LYFGENIA	T4	PA
<b>*Erythroid Maturation Agents***</b>		
REBLOZYL	T4	PA
<b>*Hematopoietic Autologous Cellular Gene Therapy**</b>		
ZYNTEGLO	T4	PA
<b>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</b>		

Prescription Drug Name	Drug Tier	Notes
VAFSEO	T4	PA
<b>*Selectin Blockers***</b>		
ADAKVEO	T2	PA; SP
<b>Agents For Gaucher Disease</b>		
CERDELGA CAPSULE 84 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	T1	PA; SP
ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS	T1	PA; SP
<i>miglustat capsule 100 mg oral</i>	T1	PA; SP; QL (90 EA per 30 days)
VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	T1	PA; SP
YARGESA	T1	PA; SP; QL (3 EA per 1 day)
ZAVESCA CAPSULE 100 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
<b>Amino Acids</b>		
ENDARI PACKET 5 GM ORAL	T2	PA; SP; QL (6 EA per 1 day)
<i>l-glutamine oral packet</i>	T2	PA; QL (180 EA per 30 days)
<b>Cobalamins</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	T3	
<i>vitamin b12 tablet 100 mcg oral</i>	T3	
<i>vitamin b-12 tablet 100 mcg oral</i>	T3	
<i>vitamin b-12 tablet 1000 mcg oral</i>	T3	
<i>vitamin b-12 tablet 250 mcg oral</i>	T3	
<b>Cxcr4 Receptor Antagonist</b>		
APHEXDA	T4	PA
MOZOBIL SOLUTION 24 MG/1.2ML SUBCUTANEOUS	T4	PA; QL (72 ML per 30 days)
XOLREMDI	T4	PA; QL (4 EA per 1 day)
<b>Cytotoxic Agents</b>		
SIKLOS	T2	PA; SP
XROMI	T1	SP
<b>Erythropoiesis-Stimulating Agents (Esas)</b>		
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	T2	PA; SP
<b>Erythropoietins</b>		
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	T2	PA; SP

Prescription Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION	T2	PA; SP

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**Drug Tier**  
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**T4** = Supplemental Specialty

**Notes**  
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**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION	T2	PA; SP
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION	T2	PA; SP
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	T1	PA; SP
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	T1	PA; SP
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	T1	PA; SP

Prescription Drug Name	Drug Tier	Notes
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	T1	PA; SP
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	T1	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T2	PA; SP
MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	T2	PA; SP
MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION	T2	PA; SP
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	T2	PA; SP
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	T2	PA
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	T2	PA

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Prescription Drug Name	Drug Tier	Notes
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	T2	PA
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	T2	PA
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	T2	PA; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	T1	PA; SP
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	T1	PA; SP
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	T1	PA; SP
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	T1	PA; SP
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	T1	PA; SP
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	T1	PA; SP
<b>Folic Acid/Folates</b>		
<i>folic acid tablet 1 mg oral (otc)</i>	T3	
<i>folic acid tablet 1 mg oral (rx)</i>	T3	
<i>folic acid tablet 400 mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>folic acid tablet 800 mcg oral</i>	T3	
<i>true folic acid oral tablet 400 mcg</i>	T3	
<b>Granulocyte Colony-Stimulating Factors (G-Csf)</b>		
FULPHILA	T1	PA; SP; QL (1.5 ML per 30 days)
FYLNETRA	T1	PA; SP; QL (0.05 ML per 1 day)
GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS	T1	PA; SP
GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS	T1	PA; SP
GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS	T1	PA; SP
NEULASTA ONPRO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	T2	PA; SP; QL (1.5 ML per 30 days)
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	T2	PA; SP; QL (4.5 ML per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NEUPOGEN SOLUTION 300 MCG/ML INJECTION	T1	PA; SP
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION	T1	PA; SP
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	T1	PA; SP
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	T1	PA; SP
NIVESTYM SOLUTION 300 MCG/ML INJECTION	T2	PA; SP
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	T2	PA; SP
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	T2	PA; SP
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	T2	PA; SP

Prescription Drug Name	Drug Tier	Notes
NYVEPRIA	T2	PA; SP; QL (1.5 ML per 30 days)
<i>releuko subcutaneous</i>	T1	PA; SP
ROLVEDON	T2	PA; SP; QL (0.05 ML per 1 day)
RYZNEUTA	T2	PA; QL (0.08 ML per 1 day)
STIMUFEND	T2	PA; SP; QL (0.05 ML per 1 day)
UDENYCA ONBODY	T2	PA; SP; QL (0.05 ML per 1 day)
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	T2	PA; SP; QL (1.5 ML per 30 days)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; SP; QL (0.05 ML per 1 day)
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	T2	PA; SP
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	T2	PA; SP

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Prescription Drug Name	Drug Tier	Notes
ZIEXTENZO	T2	PA; SP; QL (1.5 ML per 30 days)
<b>Iron</b>		
EZFE 200	T1	
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS	T2	PA; SP; QL (510 ML per 30 days)
FERATE ORAL TABLET 240 (27 FE) MG	T3	
FERGON	T3	
FEROSUL ORAL TABLET	T3	
FERRLECIT SOLUTION 12.5 MG/ML INTRAVENOUS	T1	SP
FERROCITE	T3	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	T3	
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	T3	
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	T3	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	T3	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>ferumoxytol</i>	T2	PA; QL (510 ML per 30 days)
<i>gnp iron oral tablet 200 (65 fe) mg</i>	T3	
<i>gnp iron oral tablet extended release 45 mg</i>	T3	
INFED SOLUTION 50 MG/ML INJECTION	T1	SP
INJECTAFER	T1	SP
<i>iron sucrose</i>	T2	PA; QL (600 ML per 30 days)
MONOFERRIC	T2	PA; SP; QL (300 ML per 30 days)
<i>na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous</i>	T1	
VENOFER SOLUTION 20 MG/ML INTRAVENOUS	T1	SP; QL (600 ML per 30 days)
<b>Iron Combinations</b>		
<i>active fe tablet 75-1.25 mg oral</i>	T2	PA
CENTRATEX CAPSULE 106-1 MG ORAL	T2	PA
CHROMAGEN ORAL CAPSULE	T2	PA
CORVITA 150 TABLET 150-1.25 MG ORAL	T2	PA

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
CORVITE 150 TABLET ORAL	T2	PA
<i>corvite fe tablet oral</i>	T2	PA
FERREX 150 FORTE ORAL CAPSULE 150-0.025-1 MG	T1	
FOLITAB 500	T2	PA
FOLIVANE-PLUS	T2	PA
FUSION PLUS CAPSULE ORAL	T2	PA
INTEGRA PLUS CAPSULE ORAL	T2	PA
<i>iron folate plus</i>	T2	PA
IROSPAN 24/6 ORAL	T2	PA
MULTIGEN FOLIC TABLET 70-150-2-1 MG ORAL	T2	PA
MULTIGEN PLUS TABLET ORAL	T2	PA
MULTIGEN TABLET 70 MG ORAL	T2	PA
NEPHRON FA TABLET ORAL	T2	PA
<i>purevit dualfe plus capsule 162-115.2-1 mg oral</i>	T2	PA
<i>se-tan plus capsule 162-115.2-1 mg oral</i>	T2	PA
TANDEM ORAL CAPSULE 53-53 MG	T1	
<i>taron forte capsule oral</i>	T2	PA
<i>trigels-f forte capsule 460-60-0.01-1 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<b>Iron W/ Folic Acid</b>		
FOLIVANE-F CAPSULE 125-1 MG ORAL	T1	
<i>tulivite</i>	T2	PA
<b>Iron-B12-Folate</b>		
FERIVA 21/7 (WITH DOCUSATE) TABLET 75-1 MG ORAL	T2	PA
FERRALET 90 TABLET 90-1 MG ORAL	T2	PA
<b>Thrombopoietin (Tpo) Receptor Agonists</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG	T2	SP; QL (3 EA per 1 day)
ALVAIZ ORAL TABLET 54 MG	T2	SP; QL (2 EA per 1 day)
ALVAIZ ORAL TABLET 9 MG	T2	SP; QL (1 EA per 1 day)
DOPTELET SPRINKLE	T2	PA; SP
DOPTELET TABLET 20 MG ORAL	T2	PA; SP
<i>eltrombopag olamine oral packet 12.5 mg</i>	T2	PA; QL (3 EA per 1 day)
<i>eltrombopag olamine oral packet 25 mg</i>	T2	PA; SP; QL (3 EA per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	T2	PA; SP; QL (3 EA per 1 day)
<i>eltrombopag olamine oral tablet 25 mg</i>	T2	PA; SP; QL (90 EA per 30 days)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	T2	PA; SP; QL (60 EA per 30 days)
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	T1	PA; SP
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	T1	PA; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG	T1	PA; SP
PROMACTA ORAL PACKET	T1	PA; SP; QL (3 EA per 1 day)
PROMACTA ORAL TABLET 12.5 MG	T1	PA; SP; QL (3 EA per 1 day)
PROMACTA TABLET 25 MG ORAL	T1	PA; SP; QL (90 EA per 30 days)
PROMACTA TABLET 50 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
PROMACTA TABLET 75 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<b>Antihistamine Hypnotics</b>		
<i>gnp sleep aid tablet 25 mg oral</i>	T3	
<i>sleep aid tablet 25 mg oral</i>	T3	
<b>Barbiturate Hypnotics</b>		
<i>pentobarbital sodium injection</i>	T3	
<i>phenobarbital elixir 20 mg/5ml oral</i>	T1	
<i>phenobarbital sodium injection</i>	T3	
<i>phenobarbital tablet 100 mg oral</i>	T1	
<i>phenobarbital tablet 15 mg oral</i>	T1	
<i>phenobarbital tablet 16.2 mg oral</i>	T1	
<i>phenobarbital tablet 30 mg oral</i>	T1	
<i>phenobarbital tablet 32.4 mg oral</i>	T1	
<i>phenobarbital tablet 60 mg oral</i>	T1	
<i>phenobarbital tablet 64.8 mg oral</i>	T1	
<i>phenobarbital tablet 97.2 mg oral</i>	T1	
<b>Benzodiazepine Hypnotics</b>		
BYFAVO	T3	

### Hemostatics

#### Hemostatics - Systemic

<i>aminocaproic acid oral solution</i>	T3	
<i>aminocaproic acid oral tablet 500 mg</i>	T3	PA

### Hypnotics

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>estazolam tablet 1 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>estazolam tablet 2 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
HALCION TABLET 0.25 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>midazolam hcl (pf)</i>	T3	
<i>midazolam hcl injection solution 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml</i>	T3	
<i>midazolam hcl syrup 2 mg/ml oral</i>	T2	PA; QL (300 ML per 30 days)
<i>midazolam-sodium chloride (pf) intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>	T3	
RESTORIL CAPSULE 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
RESTORIL CAPSULE 22.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
RESTORIL CAPSULE 30 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
RESTORIL CAPSULE 7.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>temazepam capsule 15 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>temazepam capsule 22.5 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>temazepam capsule 30 mg oral</i>	T1	QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
<i>temazepam capsule 7.5 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>triazolam tablet 0.125 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<i>triazolam tablet 0.25 mg oral</i>	T2	PA; QL (60 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl oral tablet</i>	T2	PA; QL (30 EA per 30 days)
<b>Non-Benzodiazepine - Gaba-Receptor Modulators</b>		
AMBIEN CR	T2	PA; QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG	T2	PA; QL (30 EA per 30 days)
AMBIEN TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
EDLUAR	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>eszopiclone oral tablet 3 mg</i>	T1	QL (30 EA per 30 days)
<i>eszopiclone tablet 1 mg oral</i>	T1	QL (30 EA per 30 days)
<i>eszopiclone tablet 2 mg oral</i>	T1	QL (30 EA per 30 days)
LUNESTA ORAL TABLET 3 MG	T2	PA; QL (30 EA per 30 days)
LUNESTA TABLET 2 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>zaleplon capsule 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>zaleplon capsule 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral capsule</i>	T2	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i>	T2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i>	T2	PA; QL (30 EA per 30 days)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
BELSOMRA TABLET 15 MG ORAL	T2	PA; QL (30 EA per 30 days)
BELSOMRA TABLET 20 MG ORAL	T2	PA; QL (30 EA per 30 days)
BELSOMRA TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
DAYVIGO	T2	PA; QL (1 EA per 1 day)
QUVIVIQ	T2	PA; QL (1 EA per 1 day)
<b>Selective Alpha2-Adrenoreceptor Agonist Sedatives</b>		
IGALMI	T2	PA; QL (2 EA per 1 day)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPSULE 20 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
HETLIOZ LQ	T2	PA; SP; QL (158.1 ML per 30 days)
<i>ramelteon tablet 8 mg oral</i>	T2	PA; QL (30 EA per 30 days)
ROZEREM TABLET 8 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>tasimelteon</i>	T2	PA; QL (30 EA per 30 days)
<b>Hypnotics/Sedatives/Sleep Disorder Agents</b>		
<b>Barbiturate Hypnotics</b>		

Prescription Drug Name	Drug Tier	Notes
<i>phenobarbital elixir 20 mg/5ml oral</i>	T1	
<b>Benzodiazepine Hypnotics</b>		
RESTORIL CAPSULE 7.5 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 21 Years and Max 999 Years)
<b>Non-Benzodiazepine - Gaba-Receptor Modulators</b>		
<i>eszopiclone tablet 2 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Laxatives</b>		
<b>Bowel Evacuant Combinations</b>		
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	T3	
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	T3	
GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL	T3	
<i>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</i>	T3	
<i>peg-3350/electrolytes solution reconstituted 236 gm oral</i>	T3	
<b>Bulk Laxatives</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>fiber laxative oral tablet</i>	T3	
<i>fiber tablet 625 mg oral</i>	T3	
<i>fiber-lax tablet 625 mg oral</i>	T3	
<i>gnp fiber powder 43 % oral</i>	T3	
<i>gnp fiber-caps tablet 625 mg oral</i>	T3	
<b>Laxatives - Miscellaneous</b>		
CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
<i>constulose solution 10 gm/15ml oral</i>	T3	
<i>gavilax powder 17 gm/scoop oral</i>	T3	
GLYCOLAX POWDER 17 GM/SCOOP ORAL	T3	
GNP CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
GOODSENSE CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
<i>lactulose oral solution 10 gm/15ml</i>	T3	
PEDIA-LAX SUPPOSITORY 2.8 GM RECTAL	T3	
<i>peg 3350 powder 17 gm/scoop oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc)</i>	T3	
<b>Laxatives &amp; Dss</b>		
COLACE 2-IN-1 TABLET 8.6-50 MG ORAL	T3	
<i>senna-time s tablet 8.6-50 mg oral</i>	T3	
SEKOKOT S TABLET 8.6-50 MG ORAL	T3	
<i>stool softener plus laxative tablet 8.6-50 mg oral</i>	T3	
<b>Lubricant Laxatives</b>		
FLEET OIL ENEMA RECTAL	T3	
<i>gnp mineral oil oil oral</i>	T3	
<i>mineral oil oil oral</i>	T3	
<b>Saline Laxative Mixtures</b>		
<i>enema enema 7-19 gm/118ml rectal</i>	T3	
<i>enema ready-to-use enema 7-19 gm/118ml rectal</i>	T3	
FLEET ENEMA ENEMA RECTAL	T3	
FLEET ENEMA RECTAL ENEMA 7-19 GM/197ML	T3	
FLEET PEDIATRIC	T3	
<i>hm enema enema 7-19 gm/118ml rectal</i>	T3	
<b>Saline Laxatives</b>		

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**Drug Tier**  
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**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>gnp milk of magnesia suspension 1200 mg/15ml oral</i>	T3	
<i>milk of magnesia suspension 400 mg/5ml oral</i>	T3	
<i>milk of magnesia suspension 7.75 % oral</i>	T3	
<b>Stimulant Laxatives</b>		
<i>bisacodyl ec tablet delayed release 5 mg oral</i>	T3	
<i>bisacodyl suppository 10 mg rectal</i>	T3	
<i>chocolated laxative tablet chewable 15 mg oral</i>	T3	
FLEET MINI ENEMA ENEMA 10 MG/30ML RECTAL	T3	
<i>gentle laxative tablet delayed release 5 mg oral</i>	T3	
<i>gnp gentle laxative suppository 10 mg rectal</i>	T3	
<i>gnp womens gentle laxative tablet delayed release 5 mg oral</i>	T3	
<i>laxative regular strength tablet 15 mg oral</i>	T3	
<i>natural senna laxative tablet 8.6 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>senna liquid 8.8 mg/5ml oral</i>	T3	
<i>senna syrup 176 mg/5ml oral</i>	T3	
<i>senna syrup 8.8 mg/5ml oral</i>	T3	
<i>senna tablet 8.6 mg oral</i>	T3	
<i>senna-time tablet 8.6 mg oral</i>	T3	
<i>sennosides tablet 8.6 mg oral</i>	T3	
SENOKOT TABLET 8.6 MG ORAL	T3	
<b>Surfactant Laxatives</b>		
COLACE CAPSULE 100 MG ORAL	T3	
COLACE CLEAR CAPSULE 50 MG ORAL	T3	
<i>docusate sodium capsule 100 mg oral</i>	T3	
DULCOLAX STOOL SOFTENER	T3	
<b>Local Anesthetics-Parenteral</b>		
<b>Local Anesthetics - Amides</b>		
<i>bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml</i>	T3	
<i>bupivacaine hcl (pf)</i>	T3	
<i>bupivacaine hcl injection solution 0.25 %, 0.5 %</i>	T3	
<i>bupivacaine spinal</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
EXPAREL	T3	
<i>lidocaine hcl injection solution 1 %</i>	T2	PA
MARCAINE	T3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %	T3	
MARCAINE SPINAL	T3	
<i>ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	T3	
SENSORCAINE	T3	
SENSORCAINE-MPF	T3	
<b>Local Anesthetics - Esters</b>		
<i>chloroprocaine hcl (pf)</i>	T3	
NESACAINE INJECTION SOLUTION 1 %	T3	
<b>Macrolides</b>		
<b>Azithromycin</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	T3	
<i>azithromycin suspension reconstituted 100 mg/5ml oral</i>	T1	
<i>azithromycin suspension reconstituted 200 mg/5ml oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>azithromycin tablet 250 mg oral</i>	T1	
<i>azithromycin tablet 500 mg oral</i>	T1	
<i>azithromycin tablet 600 mg oral</i>	T1	
ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	T2	PA
ZITHROMAX TABLET 250 MG ORAL	T2	PA
ZITHROMAX TABLET 500 MG ORAL	T2	PA
ZITHROMAX TRI-PAK TABLET 500 MG ORAL	T2	PA
ZITHROMAX Z-PAK TABLET 250 MG ORAL	T2	PA
<b>Clarithromycin</b>		
<i>clarithromycin er tablet extended release 24 hour 500 mg oral</i>	T2	PA
<i>clarithromycin suspension reconstituted 125 mg/5ml oral</i>	T1	
<i>clarithromycin suspension reconstituted 250 mg/5ml oral</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>clarithromycin tablet 250 mg oral</i>	T1	
<i>clarithromycin tablet 500 mg oral</i>	T1	
<b>Erythromycins</b>		
E.E.S. 400 TABLET 400 MG ORAL	T2	PA
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	T2	PA
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	T2	PA
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	T2	PA
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T3	
<i>erythromycin base tablet 250 mg oral</i>	T2	PA
<i>erythromycin base tablet 500 mg oral</i>	T2	PA
<i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i>	T2	PA
<i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	T2	PA
<i>erythromycin tablet delayed release 250 mg oral</i>	T2	PA
<i>erythromycin tablet delayed release 333 mg oral</i>	T2	PA
<i>erythromycin tablet delayed release 500 mg oral</i>	T2	PA
<b>Fidaxomicin</b>		
DIFICID ORAL SUSPENSION RECONSTITUTED	T2	PA; QL (300 ML per 30 days)
DIFICID TABLET 200 MG ORAL	T2	PA; QL (60 EA per 30 days)
<i>fidaxomicin</i>	T2	PA; QL (60 EA per 30 days)
<b>Medical Devices</b>		
<b>Applicators, Cotton Balls, Etc</b>		
<i>alcohol pads pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>alcohol prep pad</i>	T3	QL (150 EA per 34 days)
<i>alcohol prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>alcohol swabs pad</i>	T3	QL (150 EA per 34 days)
<i>alcohol swabs pad 70 %</i>	T3	QL (150 EA per 34 days)

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Prescription Drug Name	Drug Tier	Notes
<i>alcoh-wipe sheet</i>	T3	QL (150 EA per 34 days)
BD SWAB SINGLE USE REGULAR PAD	T3	QL (150 EA per 34 days)
CARETOUCH ALCOHOL PREP PAD 70 %	T3	QL (150 EA per 34 days)
CURITY ALCOHOL PREPS PAD 70 %	T3	QL (150 EA per 34 days)
<i>easy comfort alcohol pads pad</i>	T3	QL (150 EA per 34 days)
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	T3	QL (150 EA per 34 days)
<i>essentra wipes 9x9" sheet 70 %</i>	T3	QL (150 EA per 34 days)
FIFTY50 ALCOHOL PREP PAD 70 %	T3	QL (150 EA per 34 days)
<i>global alcohol prep ease pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>gnp alcohol swabs pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>h-e-b incontrol alcohol pad</i>	T3	QL (150 EA per 34 days)
<i>meijer alcohol swabs pad 70 %</i>	T3	QL (150 EA per 34 days)
PHARMACIST CHOICE ALCOHOL PAD	T3	QL (150 EA per 34 days)
<i>pro comfort alcohol pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>reality swabs pad</i>	T3	QL (150 EA per 34 days)
RELION ALCOHOL SWABS PAD	T3	QL (150 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
RELION ALCOHOL SWABS PAD 70 %	T3	QL (150 EA per 34 days)
<i>saps care alcohol prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>saps health alcohol prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>saps health care alcohol prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>sure comfort alcohol prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>true comfort alcohol prep pads pad 70 %</i>	T3	QL (150 EA per 34 days)
ULTICARE ALCOHOL SWABS PAD	T3	QL (150 EA per 34 days)
ULTICARE ALCOHOL SWABS PAD 70 %	T3	QL (150 EA per 34 days)
<i>ultilet alcohol swabs pad</i>	T3	QL (150 EA per 34 days)
<i>ultra-care alcohol prep pads pad 70 %</i>	T3	QL (150 EA per 34 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 %	T3	QL (150 EA per 34 days)
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	T3	QL (150 EA per 34 days)
<b>Blood Pressure Devices</b>		
3 SERIES BP MONITOR/WRIST DEVICE	T3	QL (1 EA per 365 days)
ADVOCATE ARM BPM DEVICE	T3	QL (1 EA per 365 days)

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	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>blood pressure digital add-on</i>	T3	
<i>blood pressure digital soln</i>	T3	
<i>blood pressure kit</i>	T3	QL (1 EA per 365 days)
<i>blood pressure kit device</i>	T3	QL (1 EA per 365 days)
<i>blood pressure mon/auto/wrist</i>	T3	
BLOOD PRESSURE MONITOR 3 DEVICE	T3	QL (1 EA per 365 days)
<i>blood pressure monitor automat device</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor deluxe kit</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor digital</i>	T3	
<i>blood pressure monitor/arm device</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor/prm arm device</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor/wrist device</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor/wrist kit</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitoring soln</i>	T3	
<i>blood pressure unit device</i>	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
<i>bp monitor/multi-user/arm</i>	T3	
CARETOUCH BP ARM MONITOR DEVICE	T3	QL (1 EA per 365 days)
CARETOUCH BP WRIST MONITOR DEVICE	T3	QL (1 EA per 365 days)
CARETOUCH SLIM BP WRIST MONITO	T3	
CARETOUCH VERSA BP ARM MONITOR	T3	
CLEVER CHOICE BP MONITOR/ARM DEVICE	T3	QL (1 EA per 365 days)
CLEVER CHOICE BP MONITOR/WRIST DEVICE	T3	QL (1 EA per 365 days)
<i>cvs advanced bp monitor</i>	T3	
<i>cvs series 100 blood pressure</i>	T3	
<i>cvs series 400 blood pressure</i>	T3	
<i>cvs series 400w blood pressure</i>	T3	
<i>cvs series 600 blood pressure</i>	T3	
<i>cvs series 600w blood pressure</i>	T3	
<i>cvs series 800 blood pressure</i>	T3	
<i>eq bp monitor wrist</i>	T3	

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
FORA P20 BP MONITOR SYSTEM DEVICE	T3	QL (1 EA per 365 days)
FORA P20 BP MONITOR-BLUETOOTH	T3	
FORA P30 PLUS BP MONITOR-MED	T3	
FORA P30 PLUS BP MONITOR-WIDE	T3	
FORA P50 BP MONITOR SYSTEM	T3	
FORA TEST N' GO BP DEVICE	T3	QL (1 EA per 365 days)
<i>ft blood pressure series 200</i>	T3	
<i>ft blood pressure series 600</i>	T3	
<i>ft blood pressure series 600w</i>	T3	
<i>ft bp monitor-stethoscope</i>	T3	
<i>gnp blood pressure mon/wrist device</i>	T3	
<i>gnp blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>health sense bp monitor device</i>	T3	QL (1 EA per 365 days)
HEALTHSMART BP MONITOR/WRIST DEVICE	T3	QL (1 EA per 365 days)
H-E-B INCONTROL BP MONITOR DEVICE	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
<i>h-e-b incontrol deluxe auto bp device</i>	T3	QL (1 EA per 365 days)
<i>h-e-b incontrol premium bp device</i>	T3	QL (1 EA per 365 days)
<i>hm blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>hypertension care</i>	T3	
IHEALTH EASE BP MONITOR	T3	
IHEALTH NEO WIRELESS BP MONITO	T3	
IHEALTH TRACK BP MONITOR	T3	
IHEALTH TRACK BP MONITOR XL	T3	
<i>kruger blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>microlife bluetooth bp monitor</i>	T3	
<i>microlife bp monitor device</i>	T3	QL (1 EA per 365 days)
MICROLIFE BPM1 BP MONITOR KIT	T3	QL (1 EA per 365 days)
MICROLIFE BPM2 BP MONITOR KIT	T3	QL (1 EA per 365 days)
MICROLIFE BPM3 DELUXE MONITOR KIT	T3	QL (1 EA per 365 days)
MICROLIFE BPM6 PREMIUM MONITOR DEVICE	T3	QL (1 EA per 365 days)
<i>microlife deluxe bp monitor device</i>	T3	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Notes
<i>microlife deluxe bp monitor kit</i>	T3	QL (1 EA per 365 days)
MULTI-USER BLOOD PRESSURE DEVICE	T3	
OMRON 10 SERIES BP MONITOR DEVICE	T3	QL (1 EA per 365 days)
OMRON 3 SERIES BP MONITOR DEVICE	T3	QL (1 EA per 365 days)
OMRON 5 SERIES BP MONITOR DEVICE	T3	QL (1 EA per 365 days)
OMRON 7 SERIES BP MONITOR DEVICE	T3	QL (1 EA per 365 days)
OMRON WRIST BP MONITOR	T3	
<i>premium + talking bp monitor kit</i>	T3	QL (1 EA per 365 days)
PRO HEALTH MINI TALKING MONITR	T3	
<i>pro health track bp monitor</i>	T3	
PROCARE UPPER ARM BP MONITOR DEVICE	T3	QL (1 EA per 365 days)
PROCARE WRIST BP MONITOR DEVICE	T3	QL (1 EA per 365 days)
PROCHECK BLOOD PRESS MONITOR	T3	
<i>qc blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>ra blood pressure cuff monitor device</i>	T3	

Prescription Drug Name	Drug Tier	Notes
RELION BLOOD PRESSURE MONITOR DEVICE	T3	QL (1 EA per 365 days)
RELION BLOOD PRESSURE MONITOR KIT	T3	QL (1 EA per 365 days)
RELION PREMIUM MONITOR DEVICE	T3	QL (1 EA per 365 days)
<i>sm blood pressure monitor device</i>	T3	
<i>sm blood pressure series 200w</i>	T3	
<i>sm blood pressure series 600w</i>	T3	
<i>sm blood pressure series 800</i>	T3	
<i>sphygmomanometer device</i>	T3	QL (1 EA per 365 days)
SURELIFE BP MONITOR/ARM DEVICE	T3	QL (1 EA per 365 days)
SURELIFE BP MONITOR/WRIST DEVICE	T3	QL (1 EA per 365 days)
<i>talking sense bp monitor device</i>	T3	QL (1 EA per 365 days)
<i>tgt blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>true health sense bp monitor</i>	T3	
<b>Condoms - Female</b>		
FC2 FEMALE CONDOM	T3	QL (48 EA per 34 days)
<b>Condoms - Male</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>aimsco lubricated</i>	T3	QL (48 EA per 34 days)
<i>condoms</i>	T3	QL (48 EA per 34 days)
DUREX EXTRA SENSITIVE THIN DEVICE	T3	QL (48 EA per 34 days)
DUREX REALFEEL DEVICE	T3	QL (48 EA per 34 days)
FANTASY LUBRICATED	T3	QL (48 EA per 34 days)
FANTASY LUBRICATED/SPERMICIDE	T3	QL (48 EA per 34 days)
KAMELEON LUBRICATED	T3	QL (48 EA per 34 days)
<i>kimono</i>	T3	QL (48 EA per 34 days)
KIMONO COLORS DEVICE	T3	QL (48 EA per 34 days)
KIMONO MAXX-LARGE FLARE	T3	QL (48 EA per 34 days)
<i>kimono micro thin</i>	T3	QL (48 EA per 34 days)
<i>kimono micro thin plus</i>	T3	QL (48 EA per 34 days)
<i>kimono plus</i>	T3	QL (48 EA per 34 days)
<i>kimono ps</i>	T3	QL (48 EA per 34 days)
<i>kimono ps plus</i>	T3	QL (48 EA per 34 days)
<i>kimono sensation</i>	T3	QL (48 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
<i>kimono sensation plus</i>	T3	QL (48 EA per 34 days)
KIMONO SPECIAL DEVICE	T3	QL (48 EA per 34 days)
<i>maxx</i>	T3	QL (48 EA per 34 days)
<i>maxx plus</i>	T3	QL (48 EA per 34 days)
REALITY LATEX CONDOMS	T3	QL (48 EA per 34 days)
REALITY LATEX/ULTRA TEXTURED DEVICE	T3	QL (48 EA per 34 days)
REALITY LATEX/ULTRA THIN DEVICE	T3	QL (48 EA per 34 days)
TRUSTEX COLOR CONDOMS + LUBE	T3	QL (48 EA per 34 days)
TRUSTEX LUB/RIBBED/STUDD ED	T3	QL (48 EA per 34 days)
TRUSTEX LUB/SPERMICIDE EX ST	T3	QL (48 EA per 34 days)
TRUSTEX LUB/SPERMICIDE XL	T3	QL (48 EA per 34 days)
TRUSTEX LUBRICATED	T3	QL (48 EA per 34 days)
TRUSTEX LUBRICATED EX LARGE	T3	QL (48 EA per 34 days)
TRUSTEX LUBRICATED EXTRA ST	T3	QL (48 EA per 34 days)

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Prescription Drug Name	Drug Tier	Notes
TRUSTEX LUBRICATED/SPERMICIDE	T3	QL (48 EA per 34 days)
TRUSTEX NATURAL CONDOMS + LUBE	T3	QL (48 EA per 34 days)
TRUSTEX NON-LUBRICATED	T3	QL (48 EA per 34 days)
TRUSTEX RIA LUB/SPERMICIDE	T3	QL (48 EA per 34 days)
TRUSTEX RIA LUBRICATED	T3	QL (48 EA per 34 days)
TRUSTEX RIA NON-LUBRICATED	T3	QL (48 EA per 34 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	T3	QL (48 EA per 34 days)
<b>Diaphragms</b>		
CAYA	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 60	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 65	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 70	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 75	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 80	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 85	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 90	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 95	T3	QL (1 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
<b>Glucose Monitor &amp; Blood Pressure Monitor Combinations</b>		
CLEVER CHEK AUTO-CODE DEVICE	T2	PA; QL (1 EA per 365 days)
<b>Glucose Monitoring Test Supplies</b>		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
ACCU-CHEK AVIVA SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
ACCU-CHEK FASTCLIX LANCETS	T3	QL (3.34 EA per 1 day)
ACCU-CHEK GUIDE	T1	QL (1 EA per 365 days)
ACCU-CHEK GUIDE CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ACCU-CHEK GUIDE ME KIT W/DEVICE	T1	QL (1 EA per 365 days)
ACCU-CHEK SAFE-T PRO LANCETS	T3	QL (3.34 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ACCU-CHEK SOFTCLIX LANCETS	T3	QL (3.34 EA per 1 day)
ACCUTREND GLUCOSE CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
<i>acti-lance 28g</i>	T3	QL (3.34 EA per 1 day)
<i>acti-lance lite lancets 28g</i>	T3	QL (3.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<i>acti-lance special lancets 17g</i>	T3	QL (3.34 EA per 1 day)
<i>acti-lance universal 23g</i>	T3	QL (3.34 EA per 1 day)
<i>adjustable lancing device</i>	T3	QL (1 EA per 365 days)
ADVANCE INTUITION CONTROL LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
ADVANCE MICRO-DRAW CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ADVANCE MICRO-DRAW NORMAL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
ADVOCATE CONTROL SOLUTION LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
ADVOCATE CONTROL SOLUTION LIQUID LOW IN VITRO	T3	QL (1 EA per 90 days)
ADVOCATE LANCETS	T3	QL (3.34 EA per 1 day)
ADVOCATE LANCETS 30G	T3	QL (3.34 EA per 1 day)
ADVOCATE LANCING DEVICE	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
ADVOCATE RAPID-SAFE LANCING	T3	QL (1 EA per 365 days)
ADVOCATE REDI-CODE DEVICE	T2	PA; QL (1 EA per 365 days)
ADVOCATE REDI-CODE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
ADVOCATE REDI-CODE+ DEVICE	T2	PA; QL (1 EA per 365 days)
ADVOCATE SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
ADVOCATE SAFETY LANCETS 26G	T3	QL (3.34 EA per 1 day)
AGAMATRIX CONTROL NORMAL/HIGH SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
AGAMATRIX CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
AGAMATRIX CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
AGAMATRIX PRESTO KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
AGAMATRIX ULTRA-THIN LANCETS	T3	QL (3.34 EA per 1 day)
<i>aimsco twist lancets 32g</i>	T3	QL (3.34 EA per 1 day)
AIMSCO TWIST LANCETS 33G	T3	QL (3.34 EA per 1 day)
AQUALANCE LANCETS 30G	T3	QL (3.34 EA per 1 day)
ASSURE 3 CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ASSURE 4 CONTROL LEVEL 1 & 2 LIQUID IN VITRO	T3	QL (1 EA per 90 days)
<i>assure comfort lancets 28g</i>	T3	QL (3.34 EA per 1 day)
ASSURE DOSE CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
ASSURE DOSE NORM/HIGH CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
ASSURE II CONTROL LEVEL 1 & 2 LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ASSURE II CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ASSURE LANCE LANCETS	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
ASSURE LANCE LANCETS 21G	T3	QL (3.34 EA per 1 day)
ASSURE LANCE PLUS SAFETY 25G	T3	QL (3.34 EA per 1 day)
ASSURE LANCE PLUS SAFETY 30G	T3	QL (3.34 EA per 1 day)
ASSURE LANCE SAFETY LANCET 28G	T3	QL (3.34 EA per 1 day)
ASSURE PLATINUM METER DEVICE	T2	PA; QL (1 EA per 365 days)
ASSURE PRISM CONTROL LEVEL 1&2 SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
ASSURE PRISM MULTI METER DEVICE	T2	PA; QL (1 EA per 365 days)
ASSURE PRO CONTROL LEVEL 1 & 2 LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ASSURE TITANIUM BLOOD GLUCOSE	T2	PA; QL (1 EA per 365 days)
<i>aurora lancet super thin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>aurora lancet thin 23g</i>	T3	QL (3.34 EA per 1 day)
AUTO-LANCET	T3	QL (1 EA per 365 days)
AUTO-LANCET MINI	T3	QL (1 EA per 365 days)
AUTOLET LANCING DEVICE	T3	QL (1 EA per 365 days)
AUTOLET MINI	T3	QL (1 EA per 365 days)

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	T1 = Preferred PDL Drug	AL = Age Restriction
	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
AUTOLET PLUS	T3	QL (1 EA per 365 days)
BD MICROTAINER LANCETS (OTC)	T3	QL (3.34 EA per 1 day)
BD MICROTAINER LANCETS (RX)	T3	QL (3.34 EA per 1 day)
BIOTEL CARE BLOOD GLUCOSE	T2	PA; QL (1 EA per 365 days)
<i>blood glucose monitor system kit w/device</i>	T2	PA; QL (1 EA per 365 days)
<i>blood glucose monitoring 333</i>	T2	PA; QL (1 EA per 365 days)
BLULINK GLUCOSE MONITORING SYS	T2	PA; QL (1 EA per 365 days)
CARDIOCOM LANCING DEVICE	T3	QL (1 EA per 365 days)
<i>careone advanced lancing dev</i>	T3	QL (1 EA per 365 days)
CAREONE LANCET SUPER THIN 30G	T3	QL (3.34 EA per 1 day)
<i>careone lancet thin 23g</i>	T3	QL (3.34 EA per 1 day)
CARESENS CONTROL A SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
CARESENS LANCETS	T3	QL (3.34 EA per 1 day)
CARESENS N FELIZ	T2	PA; QL (1 EA per 365 days)
CARESENS N FELIZ BT	T2	PA; QL (1 EA per 365 days)
CARESENS N GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
CARESENS N PLUS BT	T2	PA; QL (1 EA per 365 days)
CARESENS S FIT BLOOD GLUC MON	T2	PA; QL (1 EA per 365 days)
CARESENS S FIT BT BLOOD GLUC	T2	PA; QL (1 EA per 365 days)
CARETOUCH LANCING/EJECTOR	T3	QL (1 EA per 365 days)
CARETOUCH MONITOR SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
CARETOUCH SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
CARETOUCH SAFETY LANCETS 26G	T3	QL (3.34 EA per 1 day)
CARETOUCH TWIST LANCETS 28G	T3	QL (3.34 EA per 1 day)
CARETOUCH TWIST LANCETS 30G	T3	QL (3.34 EA per 1 day)
CARETOUCH TWIST LANCETS 33G	T3	QL (3.34 EA per 1 day)
CLEANLET LANCETS 28G	T3	QL (3.34 EA per 1 day)
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
CLEVER CHEK AUTO-CODE VOICE DEVICE	T2	PA; QL (1 EA per 365 days)
CLEVER CHEK LANCETS	T3	QL (3.34 EA per 1 day)
CLEVER CHEK SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
CLEVER CHOICE GLUCOSE CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
CLEVER CHOICE GLUCOSE CONTROL LIQUID LOW IN VITRO	T3	QL (1 EA per 90 days)
CLEVER CHOICE LANCETS 21G	T3	QL (3.34 EA per 1 day)
CLEVER CHOICE LANCETS 23G	T3	QL (3.34 EA per 1 day)
CLEVER CHOICE LANCETS 28G	T3	QL (3.34 EA per 1 day)
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
CLEVER CHOICE MINI SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
CLEVER CHOICE TALK SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
COAGUCHEK LANCETS	T3	QL (3.34 EA per 1 day)
<i>comfort assured lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>comfort assured lancets 33g</i>	T3	QL (3.34 EA per 1 day)
CONTOUR BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
CONTOUR CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
CONTOUR CONTROL LIQUID LOW IN VITRO	T3	QL (1 EA per 90 days)
CONTOUR CONTROL LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
CONTOUR MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
CONTOUR NEXT CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
CONTOUR NEXT CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
CONTOUR NEXT EZ KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
CONTOUR NEXT GEN MONITOR KIT	T2	PA; QL (1 EA per 365 days)
CONTOUR NEXT LINK	T2	PA; QL (1 EA per 365 days)
CONTOUR NEXT MONITOR KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
CONTOUR NEXT ONE KIT	T2	PA; QL (1 EA per 365 days)
CONTOUR NEXT ONE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
CONTOUR PLUS BLUE	T2	PA; QL (1 EA per 365 days)
COOL CONTROL A SOLUTION IN VITRO	T3	QL (1 EA per 90 days)

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
COOL CONTROL B SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
COOL MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
COOL MONITOR KIT KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	T1	PA; QL (0.15 EA per 1 day)
DEXCOM G7 15 DAY SENSOR	T1	QL (0.07 EA per 1 day)
DEXCOM G7 RECEIVER	T1	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	T1	PA; QL (0.15 EA per 1 day)
DIATHRIVE GLUCOSE CONTROL SOLN LIQUID IN VITRO	T3	QL (1 EA per 90 days)
DIATHRIVE LANCET ULTRA THIN 30	T3	QL (3.34 EA per 1 day)
DIATHRIVE LANCETS	T3	QL (3.34 EA per 1 day)
DIATHRIVE LANCING DEVICE	T3	QL (1 EA per 365 days)
DROPLET LANCETS ULTRA THIN 30G	T3	QL (3.34 EA per 1 day)
DROPLET LANCING DEVICE	T3	QL (1 EA per 365 days)
DRUG MART ON-THE-GO LANCET 30G	T3	QL (3.34 EA per 1 day)
DRUG MART UNILET LANCETS 28G	T3	QL (3.34 EA per 1 day)
DRUG MART UNILET LANCETS 30G	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
DRUG MART UNILET LANCETS 33G	T3	QL (3.34 EA per 1 day)
DUO-CARE CONTROL SOLUTION LIQUID IN VITRO	T3	QL (1 EA per 90 days)
<i>easy comfort lancets</i>	T3	QL (3.34 EA per 1 day)
<i>easy comfort lancets twist top</i>	T3	QL (3.34 EA per 1 day)
EASY MAX T1 GLUCOSE SYSTEM	T2	PA; QL (1 EA per 365 days)
<i>easy mini eject lancing device</i>	T3	QL (1 EA per 365 days)
<i>easy mini lancing device</i>	T3	QL (1 EA per 365 days)
<i>easy plus ii control solution high in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy plus ii control solution low in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy plus ii glucose system device</i>	T2	PA; QL (1 EA per 365 days)
EASY STEP CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
EASY STEP CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
EASY STEP CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EASY STEP GLUCOSE MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
<i>easy talk blood glucose system device</i>	T2	PA; QL (1 EA per 365 days)
<i>easy talk control solution high in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy talk control solution normal in vitro</i>	T3	QL (1 EA per 90 days)
EASY TOUCH CONTROL HIGH & LOW SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
EASY TOUCH LANCETS 21G	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 23G	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 26G	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 28G	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 30G	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 30G/TWIST	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 32G	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 32G/TWIST	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH LANCETS 33G/TWIST	T3	QL (3.34 EA per 1 day)
EASY TOUCH LANCING DEVICE	T3	QL (1 EA per 365 days)
EASY TOUCH SAFETY LANCETS 21G	T3	QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 23G	T3	QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 26G	T3	QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 28G	T3	QL (3.34 EA per 1 day)
<i>easy trak blood glucose system device</i>	T2	PA; QL (1 EA per 365 days)
<i>easy trak control solution high in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy trak control solution low in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy trak control solution normal in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy trak ii blood glucose sys</i>	T2	PA; QL (1 EA per 365 days)
EASYGLUCO KIT	T2	PA; QL (1 EA per 365 days)
EASYMAX 15 LEVEL 2 CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)

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**Drug Tier**  
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**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EASYMAX CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
EASYMAX NG BLOOD GLUCOSE DEVICE	T2	PA; QL (1 EA per 365 days)
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
EASYMAX V BLOOD GLUCOSE DEVICE	T2	PA; QL (1 EA per 365 days)
<i>element compact control 2 solution in vitro</i>	T3	QL (1 EA per 90 days)
<i>element compact control 3 solution in vitro</i>	T3	QL (1 EA per 90 days)
<i>element compact glucose system device</i>	T2	PA; QL (1 EA per 365 days)
<i>element compact v glucose sys device</i>	T2	PA; QL (1 EA per 365 days)
ELEMENT CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
ELEMENT CONTROL LIQUID LOW IN VITRO	T3	QL (1 EA per 90 days)
ELEMENT CONTROL LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
ELEMENT PLUS DEVICE	T2	PA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
EMBRACE CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
EMBRACE EVO CONTROL LEVEL 1 LIQUID LOW IN VITRO	T3	QL (1 EA per 90 days)
EMBRACE EVO GLUCOSE MONITOR	T2	PA; QL (1 EA per 365 days)
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
EMBRACE GLUCOSE CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
EMBRACE LANCETS ULTRA THIN 30G	T3	QL (3.34 EA per 1 day)
EMBRACE PRO GLUCOSE CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
EMBRACE PRO GLUCOSE METER DEVICE	T2	PA; QL (1 EA per 365 days)
EMBRACE TALK BLOOD GLUCOSE DEVICE	T2	PA; QL (1 EA per 365 days)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
EMBRACE WAVE BLOOD GLUCOSE	T2	PA; QL (1 EA per 365 days)
EVERSENSE 365 SENSOR/HOLDER	T2	PA; QL (1 EA per 365 days)
EVERSENSE 365 SMART TRANSMIT	T2	PA; QL (1 EA per 365 days)
EVERSENSE SENSOR/HOLDER	T2	PA; QL (1 EA per 90 days)
EVERSENSE SMART TRANSMITTER	T2	PA; QL (1 EA per 365 days)
EVOLUTION AUTOCODE DEVICE	T2	PA; QL (1 EA per 365 days)
EVOLUTION CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
FIFTY50 SAFETY SEAL LANCETS	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
FIFTY50 UNILET LANCETS 33G	T3	QL (3.34 EA per 1 day)
FINGERSTIX LANCETS	T3	QL (3.34 EA per 1 day)
<i>fondcircle blood glucose monit</i>	T2	PA; QL (1 EA per 365 days)
FORA CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
FORA CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
FORA CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
FORA LANCETS	T3	QL (3.34 EA per 1 day)
FORA LANCING DEVICE	T3	QL (1 EA per 365 days)
FORA PREMIUM V10 BLE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
FORA TEST N' GO MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
FORA TN'G VOICE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
FORACARE GD40 MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
FORACARE GDH CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
FORACARE GDH CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
FORACARE GDH CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
FORACARE PREMIUM V10 DEVICE	T2	PA; QL (1 EA per 365 days)
FORACARE TEST N GO MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
FREESTYLE CONTROL SOLUTION LIQUID IN VITRO	T3	QL (1 EA per 90 days)
FREESTYLE FREEDOM LITE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
FREESTYLE LANCETS	T3	QL (3.34 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER	T1	PA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 14 DAY SENSOR	T1	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T1	QL (0.08 EA per 1 day)
FREESTYLE LIBRE 2 READER	T1	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	T1	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T1	PA; QL (0.15 EA per 1 day)
FREESTYLE LIBRE 3 READER	T1	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	T1	PA; QL (0.15 EA per 1 day)
FREESTYLE LIBRE READER	T3	PA; QL (1 EA per 365 days)
FREESTYLE LITE DEVICE	T2	PA; QL (1 EA per 365 days)
FREESTYLE LITE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
FREESTYLE UNISTICK II LANCETS	T3	QL (3.34 EA per 1 day)
<i>ge100 blood glucose system device</i>	T2	PA; QL (1 EA per 365 days)
<i>ge100 blood glucose system kit w/device</i>	T2	PA; QL (1 EA per 365 days)
<i>ge100 control solution normal in vitro</i>	T3	QL (1 EA per 90 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
GENTEEL BUTTERFLY TOUCH LANCET	T3	QL (3.34 EA per 1 day)
GENTEEL PLUS LANCING (BLACK)	T3	QL (1 EA per 365 days)
GENTEEL PLUS LANCING (PURPLE)	T3	QL (1 EA per 365 days)
GENTEEL PLUS LANCING (WHITE)	T3	QL (1 EA per 365 days)
GENTEEL PLUS LANCING DEV(BLUE)	T3	QL (1 EA per 365 days)
GENTEEL PLUS LANCING DEV(PINK)	T3	QL (1 EA per 365 days)
<i>ght blood glucose monitor kit w/device</i>	T2	PA; QL (1 EA per 365 days)
<i>global inject ease lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>global inject ease lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>global lancsing device</i>	T3	QL (1 EA per 365 days)
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD 01 CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCARD 01 CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCARD EXPRESSION CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Notes
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD SHINE CONNEX KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD SHINE CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCARD SHINE DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD SHINE EXPRESS KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD SHINE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD SHINE XL DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD VITAL MONITOR KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCARD X-SENSOR CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCOCOM CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCOM LANCETS 28G	T3	QL (3.34 EA per 1 day)
GLUCOCOM LANCETS 30G	T3	QL (3.34 EA per 1 day)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
GLUCOCOM LANCETS 33G	T3	QL (3.34 EA per 1 day)
GLUCOCOM MONITOR KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
GNP EASY TOUCH CONT HIGH/LOW SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
GNP EASY TOUCH GLUCOSE METER DEVICE	T2	PA; QL (1 EA per 365 days)
GNP LANCING SYSTEM DEVICE	T3	QL (1 EA per 365 days)
GNP TRUE METRIX AIR METER	T2	PA; QL (1 EA per 365 days)
GNP TRUE METRIX GLUCOSE METER	T2	PA; QL (1 EA per 365 days)
GOJJI CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
GOJJI LANCING DEVICE/CLEAR CAP	T3	QL (1 EA per 365 days)
GOJJI STERILE LANCETS	T3	QL (3.34 EA per 1 day)
GUARDIAN 4 GLUCOSE SENSOR	T2	PA; QL (0.15 EA per 1 day)
GUARDIAN 4 TRANSMITTER	T2	PA; QL (1 EA per 365 days)
GUARDIAN LINK 3 TRANSMITTER	T2	PA; QL (1 EA per 365 days)
GUARDIAN SENSOR (3)	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>guardian sensor 3</i>	T2	PA; QL (0.15 EA per 1 day)
HAEMOLANCE	T3	QL (3.34 EA per 1 day)
HAEMOLANCE LOW FLOW LANCETS	T3	QL (3.34 EA per 1 day)
HAEMOLANCE PLUS	T3	QL (3.34 EA per 1 day)
HAEMOLANCE PLUS LOW FLOW	T3	QL (3.34 EA per 1 day)
HAEMOLANCE PLUS MAX FLOW	T3	QL (3.34 EA per 1 day)
HAEMOLANCE PLUS PEDIATRIC FLOW	T3	QL (3.34 EA per 1 day)
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
<i>h-e-b incontrol adv lancing</i>	T3	QL (1 EA per 365 days)
<i>h-e-b incontrol lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>h-e-b incontrol lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>h-e-b incontrol lancets 33g</i>	T3	QL (3.34 EA per 1 day)
HM EMBRACE TALK SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
HW EMBRACE PRO GLUCOSE METER DEVICE	T2	PA; QL (1 EA per 365 days)
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	T2	PA; QL (1 EA per 365 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty Drug	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
HY-VEE LANCETS	T3	QL (3.34 EA per 1 day)
IGLUOSE MONITORING SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
IHEALTH GLUCO+ KIT 10	T2	PA; QL (1 EA per 365 days)
IN TOUCH GLUCOSE CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
IN TOUCH LANCING DEVICE	T3	QL (1 EA per 365 days)
IN TOUCH STERILE LANCETS 30G	T3	QL (3.34 EA per 1 day)
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
INFINITY CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
INFINITY CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
INFINITY CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
INFINITY VOICE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
INFINITY VOICE LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
<i>kinney lancets</i>	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>kinney thin lancets</i>	T3	QL (3.34 EA per 1 day)
KROGER AUTOLET LANCING DEVICE	T3	QL (1 EA per 365 days)
KROGER HEALTHPRO CONTROL HI/LO LIQUID IN VITRO	T3	QL (1 EA per 90 days)
KROGER HEALTHPRO LANCET 26G	T3	QL (3.34 EA per 1 day)
<i>kroger lancets</i>	T3	QL (3.34 EA per 1 day)
<i>kroger lancets super thin</i>	T3	QL (3.34 EA per 1 day)
<i>kroger lancets thin</i>	T3	QL (3.34 EA per 1 day)
<i>lancet device</i>	T3	QL (1 EA per 365 days)
<i>lancet device with ejector</i>	T3	QL (1 EA per 365 days)
<i>lancets 28g thin</i>	T3	QL (3.34 EA per 1 day)
<i>lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>lancets micro thin 33g</i>	T3	QL (3.34 EA per 1 day)
<i>lancets super thin 28g</i>	T3	QL (3.34 EA per 1 day)
<i>lancets thin</i>	T3	QL (3.34 EA per 1 day)
<i>lancets ultra thin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>lancing device</i>	T3	QL (1 EA per 365 days)

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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
LANZO	T3	QL (1 EA per 365 days)
<i>leader advanced lancing device</i>	T3	QL (1 EA per 365 days)
LIBERTY MEDICAL LANCETS	T3	QL (3.34 EA per 1 day)
<i>lite touch lancets</i>	T3	QL (3.34 EA per 1 day)
LITE TOUCH LANCING PEN	T3	QL (1 EA per 365 days)
LITETOUCH LANCETS	T3	QL (3.34 EA per 1 day)
<i>live better lancet super thin</i>	T3	QL (3.34 EA per 1 day)
<i>medichoice safety lancet</i>	T3	QL (3.34 EA per 1 day)
<i>medichoice safety lancet extra</i>	T3	QL (3.34 EA per 1 day)
<i>medichoice safety lancet norm</i>	T3	QL (3.34 EA per 1 day)
MEDISENSE GLUCOSE KETONE CONTR LIQUID IN VITRO	T3	QL (1 EA per 90 days)
MEDISENSE HI/MID/LOW CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
MEDLANCE PLUS EXTRA 21G	T3	QL (3.34 EA per 1 day)
MEDLANCE PLUS LITE 25G	T3	QL (3.34 EA per 1 day)
MEDLANCE PLUS SPECIAL 0.8MM	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
MEDLANCE PLUS SUPERLITE 30G	T3	QL (3.34 EA per 1 day)
MEDLANCE PLUS UNIVERSAL 21G	T3	QL (3.34 EA per 1 day)
MEIJER LANCETS	T3	QL (3.34 EA per 1 day)
MEIJER LANCETS UNIVERSAL 21G	T3	QL (3.34 EA per 1 day)
MEIJER LANCETS UNIVERSAL 30G	T3	QL (3.34 EA per 1 day)
MEIJER LANCETS UNIVERSAL 33G	T3	QL (3.34 EA per 1 day)
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
MICRODOT CONTROL HIGH/LOW SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
MICROLET LANCETS	T3	QL (3.34 EA per 1 day)
MICROLET NEXT LANCING DEVICE	T3	QL (1 EA per 365 days)
<i>mini lancing device</i>	T3	QL (1 EA per 365 days)
MINIMED INSTINCT GLUC SENSOR	T2	PA
MM BLOOD GLUCOSE SYSTEM	T2	PA; QL (1 EA per 365 days)
MM BLOOD GLUCOSE SYSTEM REFILL	T2	PA; QL (1 EA per 365 days)
MM BLULINK GLUCOSE MONIT SYS	T2	PA; QL (1 EA per 365 days)

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
MM LANCING DEVICE	T3	QL (1 EA per 365 days)
MM TWIST LANCETS	T3	QL (3.34 EA per 1 day)
MONOLET LANCETS	T3	QL (3.34 EA per 1 day)
MONOLET OPD LANCETS	T3	QL (3.34 EA per 1 day)
MONOLETTOR SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
<i>multi-lancet device</i>	T3	QL (1 EA per 365 days)
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
MYGLUCOHEALTH CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
MYGLUCOHEALTH LANCETS 30G	T3	QL (3.34 EA per 1 day)
NEUTEK 2TEK CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
NOVA MAX PLUS GLU/KET CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Notes
NOVA SAFETY LANCETS 23G	T3	QL (3.34 EA per 1 day)
NOVA SAFETY LANCETS 28G	T3	QL (3.34 EA per 1 day)
NOVA SUREFLEX LANCETS	T3	QL (3.34 EA per 1 day)
NOVA SUREFLEX LANCING DEVICE	T3	QL (1 EA per 365 days)
ON CALL EXPRESS MONITORING SYS KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
ONETOUCH DELICA PLUS LANCET30G	T3	QL (3.34 EA per 1 day)
ONETOUCH DELICA PLUS LANCET33G	T3	QL (3.34 EA per 1 day)
ONETOUCH DELICA PLUS LANCING	T3	QL (1 EA per 365 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
ONETOUCH ULTRA CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ONETOUCH VERIO FLEX SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
ONETOUCH VERIO LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
ONETOUCH VERIO LIQUID IN VITRO	T3	QL (1 EA per 90 days)
ONETOUCH VERIO REFLECT	T2	PA; QL (1 EA per 365 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PERFECT LANCETS 28G	T3	QL (3.34 EA per 1 day)
PERFECT LANCETS 30G	T3	QL (3.34 EA per 1 day)
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
PHARMACIST CHOICE LANCETS	T3	QL (3.34 EA per 1 day)
PHARMACIST CHOICE MINI SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
PIP BLOOD GLUCOSE MONITORING	T2	PA; QL (1 EA per 365 days)
<i>pip lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>pip lancets 30g</i>	T3	QL (3.34 EA per 1 day)
POCKETCHEM EZ CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
POGO AUTOMATIC BLOOD GLUCOSE	T2	PA; QL (1 EA per 365 days)
PRECISION GLUCOSE KETONE CONTR LIQUID IN VITRO	T3	QL (1 EA per 90 days)
<i>pro comfort lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>pro comfort lancets 31g</i>	T3	QL (3.34 EA per 1 day)
<i>pro voice v9 glucose system device</i>	T2	PA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	T2	PA; QL (1 EA per 365 days)
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
PRODIGY CONTROL SOLUTION SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
PRODIGY CONTROL SOLUTION SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
PRODIGY LANCETS 28G	T3	QL (3.34 EA per 1 day)
PRODIGY LANCING DEVICE	T3	QL (1 EA per 365 days)
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
PRODIGY SAFETY LANCETS 26G	T3	QL (3.34 EA per 1 day)
PRODIGY TWIST TOP LANCETS 28G	T3	QL (3.34 EA per 1 day)
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
<i>px advanced lancing device</i>	T3	QL (1 EA per 365 days)
<i>px lancets ultra thin 28g</i>	T3	QL (3.34 EA per 1 day)
<i>qc advanced lancing device</i>	T3	QL (1 EA per 365 days)

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**T4** = Supplemental Specialty

**Notes**  
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**SP** = Specialty  
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Prescription Drug Name	Drug Tier	Notes
<i>qc lancets super thin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>qc lancets ultra thin</i>	T3	QL (3.34 EA per 1 day)
<i>qc unilet lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>qc unilet lancets micro thin</i>	T3	QL (3.34 EA per 1 day)
QUICKTEK CONTROL SOLUTION LIQUID IN VITRO	T3	QL (1 EA per 90 days)
QUINTET AC BLOOD GLUCOSE DEVICE	T2	PA; QL (1 EA per 365 days)
QUINTET BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)
QUINTET CONTROL HIGH/NORMAL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
READYLANCE SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
<i>reality lancets</i>	T3	QL (3.34 EA per 1 day)
<i>reality trigger lancets</i>	T3	QL (3.34 EA per 1 day)
REFUAH PLUS GLUCOSE CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RELION ALL-IN-ONE DEVICE	T2	PA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RELION LANCET DEVICES 30G	T3	QL (1 EA per 365 days)
RELION LANCETS	T3	QL (1 EA per 365 days)
RELION LANCETS MICRO-THIN 33G	T3	QL (3.34 EA per 1 day)
RELION LANCETS THIN 26G	T3	QL (3.34 EA per 1 day)
RELION LANCETS ULTRA-THIN 30G	T3	QL (3.34 EA per 1 day)
RELION LANCING DEVICE	T3	QL (1 EA per 365 days)
RELION MICRO KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RELION PREMIER BLU MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
RELION PREMIER CLASSIC	T2	PA; QL (1 EA per 365 days)
RELION PREMIER VOICE MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
RELION PRIME MONITOR DEVICE	T2	PA; QL (1 EA per 365 days)
RELION TRUE MET AIR GLUC METER	T1	QL (1 EA per 365 days)
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RELION ULTRA THIN LANCETS 30G	T3	QL (3.34 EA per 1 day)

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
RIGHTEST GC300 CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
RIGHTEST GC300 CONTROL LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
RIGHTEST GD500 LANCING DEVICE	T3	QL (1 EA per 365 days)
RIGHTEST GL300 LANCETS	T3	QL (3.34 EA per 1 day)
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
RIGHTEST GT333 BLOOD GLUCOSE	T2	PA; QL (1 EA per 365 days)
SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
SAFETY LANCETS 21G	T3	QL (3.34 EA per 1 day)
<i>safety lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>saps health twist top lancets</i>	T3	QL (3.34 EA per 1 day)
<i>saps twist top lancets</i>	T3	QL (3.34 EA per 1 day)
<i>sapscore twist top lancets</i>	T3	QL (3.34 EA per 1 day)
<i>select-lite lancing device</i>	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
SIMPLE DIAGNOSTICS LANCING DEV	T3	QL (1 EA per 365 days)
SIMPLERA SENSOR	T2	PA
SIMPLERA SYNC SENSOR	T2	PA
SIMPLERA SYSTEM	T2	PA
SINGLE-LET	T3	QL (3.34 EA per 1 day)
SMART DIABETES VANTAGE LANCING	T3	QL (1 EA per 365 days)
SMARTEST CONTROL MEDIUM SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
SMARTEST EJECT DEVICE	T2	PA; QL (1 EA per 365 days)
SMARTEST EJECT STARTER KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
SMARTEST LANCETS 28G	T3	QL (3.34 EA per 1 day)
SMARTEST PERSONA STARTER KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
SMARTEST PRONTO STARTER KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
SMARTEST PROTEGE DEVICE	T2	PA; QL (1 EA per 365 days)
SMARTEST PROTEGE STARTER KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	T2	PA; QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Notes
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
SOLUS V2 CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
SOLUS V2 CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
SOLUS V2 LANCETS 28G	T3	QL (3.34 EA per 1 day)
SOLUS V2 LANCING DEVICE	T3	QL (1 EA per 365 days)
SOLUS V2 TWIST LANCETS 30G	T3	QL (3.34 EA per 1 day)
STERILANCE TL	T3	QL (3.34 EA per 1 day)
<i>super thin lancets</i>	T3	QL (3.34 EA per 1 day)
<i>supreme ii high/low control liquid in vitro</i>	T3	QL (1 EA per 90 days)
<i>sure comfort lancets 18g</i>	T3	QL (3.34 EA per 1 day)
<i>sure comfort lancets 21g</i>	T3	QL (3.34 EA per 1 day)
<i>sure comfort lancets 23g</i>	T3	QL (3.34 EA per 1 day)
<i>sure comfort lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>sure comfort lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>sure comfort lancing pen</i>	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
SURELITE LANCETS	T3	QL (3.34 EA per 1 day)
TAI DOC CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
TECHLITE AST LANCETS	T3	QL (3.34 EA per 1 day)
TECHLITE LANCETS	T3	QL (3.34 EA per 1 day)
<i>today's health lancing device</i>	T3	QL (1 EA per 365 days)
<i>today's health thin lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>today's health thin lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>true comfort twist top lancets</i>	T3	QL (3.34 EA per 1 day)
TRUE METRIX AIR GLUCOSE METER DEVICE	T2	PA; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT	T1	QL (1 EA per 365 days)
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
TRUE METRIX LEVEL 1 SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
TRUE METRIX LEVEL 2 SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
TRUE METRIX LEVEL 3 SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TRUE METRIX METER KIT	T1	QL (1 EA per 365 days)
TRUEDRAW LANCING DEVICE	T3	QL (1 EA per 365 days)
TRUEPLUS LANCETS 26G	T3	QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 28G	T3	QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 30G	T3	QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 33G	T3	QL (3.34 EA per 1 day)
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE	T2	PA; QL (1 EA per 365 days)
TRUETRACK SMART SYSTEM KIT	T2	PA; QL (1 EA per 365 days)
ULTI-LANCE AUTOMATIC	T3	QL (1 EA per 365 days)
ULTILET CLASSIC LANCETS	T3	QL (3.34 EA per 1 day)
ULTILET LANCETS	T3	QL (3.34 EA per 1 day)
ULTILET SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
ULTILET SAFETY LANCETS 23G	T3	QL (3.34 EA per 1 day)
<i>ultra thin lancets 31g</i>	T3	QL (3.34 EA per 1 day)
<i>ultra-care lancets 30g</i>	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
ULTRA-THIN II AUTO LANCET	T3	QL (3.34 EA per 1 day)
ULTRA-THIN II LANCETS	T3	QL (3.34 EA per 1 day)
UNILET COMFORTOUCH LANCET	T3	QL (3.34 EA per 1 day)
UNILET EXCELITE	T3	QL (3.34 EA per 1 day)
UNILET EXCELITE II	T3	QL (3.34 EA per 1 day)
UNILET G.P. LANCET	T3	QL (3.34 EA per 1 day)
UNILET G.P. SUPERLITE LANCET	T3	QL (3.34 EA per 1 day)
UNILET GP 28 ULTRA THIN	T3	QL (3.34 EA per 1 day)
UNILET LANCET	T3	QL (3.34 EA per 1 day)
UNILET MICRO-THIN 33G	T3	QL (3.34 EA per 1 day)
UNILET SUPERLITE LANCET	T3	QL (3.34 EA per 1 day)
UNILET SUPER-THIN 30G	T3	QL (3.34 EA per 1 day)
UNILET ULTRA-THIN 28G	T3	QL (3.34 EA per 1 day)
UNISTIK 3 GENTLE	T3	QL (3.34 EA per 1 day)
UNISTIK PRO SAFETY LANCET	T3	QL (3.34 EA per 1 day)
UNISTIK SAFETY LANCETS 28G	T3	QL (3.34 EA per 1 day)
UNISTIK SAFETY LANCETS 30G	T3	QL (3.34 EA per 1 day)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
UNISTIK TOUCH SAFETY LANC 21G	T3	QL (3.34 EA per 1 day)
UNISTIK TOUCH SAFETY LANC 23G	T3	QL (3.34 EA per 1 day)
UNISTIK TOUCH SAFETY LANC 28G	T3	QL (3.34 EA per 1 day)
UNISTIK TOUCH SAFETY LANC 30G	T3	QL (3.34 EA per 1 day)
UNISTRIP CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
UNISTRIP CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
<i>verasens blood glucose meter device</i>	T2	PA; QL (1 EA per 365 days)
<i>verasens blood glucose system kit w/device</i>	T2	PA; QL (1 EA per 365 days)
<i>verasens glucose control liquid in vitro</i>	T3	QL (1 EA per 90 days)
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO	T3	QL (1 EA per 90 days)
VIVAGUARD INO GLUCOSE METER DEVICE	T2	PA; QL (1 EA per 365 days)
VIVAGUARD INO GLUCOSE METER KIT	T2	PA; QL (1 EA per 365 days)
VIVAGUARD INO SMART GLUC METER	T2	PA; QL (1 EA per 365 days)
VIVAGUARD LANCETS	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<b>Insulin Administration Supplies</b>		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T1	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T1	QL (0.34 EA per 1 day)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T1	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T1	QL (0.34 EA per 1 day)
OMNIPOD DASH INTRO (GEN 4)	T1	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4)	T1	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	T1	QL (0.34 EA per 1 day)
V-GO 30 KIT 30 UNIT/24HR	T1	QL (1 EA per 1 day)
V-GO 40 KIT 40 UNIT/24HR	T1	QL (1 EA per 1 day)
<b>Needles &amp; Syringes</b>		
BARDIA BULB IRRIGATION SYRINGE 60 ML	T3	QL (200 EA per 34 days)
BARDIA PISTON IRRIGATION SYR 60 ML	T3	QL (200 EA per 34 days)
BD ALLERGIST TRAY	T3	QL (200 EA per 34 days)
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD AUTOSHIELD DUO 30G X 5 MM	T3	QL (200 EA per 34 days)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
**AL** = Age Restriction  
**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BD CONTROL SYRINGE LUER-LOK 10 ML	T3	QL (200 EA per 34 days)
BD ECLIPSE SYRINGE 25G X 1" 3 ML, 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
BD INTEGRA SYRINGE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 10 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 20G X 1" 1 ML, 20G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 20G X 1" 10 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 20G X 1" 5 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 21G X 1" 10 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 21G X 1" 5 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 22G X 1" 10 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 22G X 1" 5 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	T3	QL (200 EA per 34 days)
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	T3	QL (200 EA per 34 days)
BD PLASTIPAK SYRINGE 3 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
BD SAFETYGLIDE NEEDLE 18G X 1-1/2"	T3	QL (200 EA per 34 days)
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE 50 ML	T3	QL (200 EA per 34 days)
BD SYRINGE BLUNT CANNULA 17G 10 ML	T3	QL (200 EA per 34 days)
BD SYRINGE DUAL CANNULA 10 ML	T3	QL (200 EA per 34 days)
BD SYRINGE LUER SLIP TIP 5 ML	T3	QL (200 EA per 34 days)
BD SYRINGE LUER-LOK 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE LUER-LOK 20 ML	T3	QL (200 EA per 34 days)
BD SYRINGE LUER-LOK 30 ML	T3	QL (200 EA per 34 days)
BD SYRINGE LUER-LOK 5 ML (OTC)	T3	QL (200 EA per 34 days)
BD SYRINGE LUER-LOK 5 ML (RX)	T3	QL (200 EA per 34 days)
BD SYRINGE SLIP TIP 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE SLIP TIP 10 ML	T3	QL (200 EA per 34 days)
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)

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	T1 = Preferred PDL Drug	AL = Age Restriction
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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BD SYRINGE SLIP TIP 26G X 3/8" 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE/NEEDLE	T3	QL (200 EA per 34 days)
BD TB SYRINGE 21G X 1" 1 ML	T3	QL (200 EA per 34 days)
BD TB SYRINGE 27G X 1/2" 0.5 ML	T3	QL (200 EA per 34 days)
BD TB SYRINGE 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	T3	QL (200 EA per 34 days)
CEQUR SIMPLICITY 2U	T1	QL (0.34 EA per 1 day)
CEQUR SIMPLICITY INSERTER	T1	QL (1 EA per 365 days)
<i>crono syringe 19g x 1-1/2" 10 ml</i>	T3	QL (200 EA per 34 days)
EASY GLIDE LUER LOCK SYRINGE 1 ML	T3	QL (200 EA per 34 days)
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1.5" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML	T3	QL (200 EA per 34 days)
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML	T3	QL (200 EA per 34 days)
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
EASY TOUCH TB FLIPLOCK SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
EMBECTA AUTOSHIELD DUO	T3	QL (200 EA per 34 days)
EMBECTA INS SYR U/F 1/2 UNIT	T3	QL (200 EA per 34 days)
EMBECTA INSULIN SYR ULTRAFINE	T3	QL (200 EA per 34 days)
EMBECTA INSULIN SYRINGE	T3	QL (200 EA per 34 days)
EMBECTA INSULIN SYRINGE U-100	T3	QL (200 EA per 34 days)
EMBECTA INSULIN SYRINGE U-500	T3	QL (200 EA per 34 days)
EMBECTA PEN NEEDLE NANO	T3	QL (200 EA per 34 days)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EMBECTA PEN NEEDLE NANO 2 GEN	T3	QL (200 EA per 34 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 8 MM , 32G X 6 MM	T3	QL (200 EA per 34 days)
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT BLUNTIP SYR/CANNULA 6 ML	T3	QL (200 EA per 34 days)
MONOJECT CONTROL SYRINGE 12 ML	T3	QL (200 EA per 34 days)
MONOJECT CONTROL SYRINGE 20 ML	T3	QL (200 EA per 34 days)
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML	T3	QL (200 EA per 34 days)
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT PHARMACY TRAY 1 ML	T3	QL (200 EA per 34 days)
MONOJECT PHARMACY TRAY 12 ML	T3	QL (200 EA per 34 days)
MONOJECT PHARMACY TRAY 20 ML	T3	QL (200 EA per 34 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MONOJECT PHARMACY TRAY 35 ML	T3	QL (200 EA per 34 days)
MONOJECT PHARMACY TRAY 6 ML	T3	QL (200 EA per 34 days)
MONOJECT PHARMACY TRAY 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/CATHTI P 35 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/LLOCK 20 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/LLOCK 35 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/LLOCK 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/LTIP 20 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/RG LOCK 35 ML	T3	QL (200 EA per 34 days)
MONOJECT SOFTPACK/RG LUER 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 12 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 18G X 1" 12 ML (OTC)	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
MONOJECT SYRINGE 18G X 1" 12 ML (RX)	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 20G X 1-1/2" 12 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 20G X 1-1/2" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 21G X 1" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 22G X 1-1/2" 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE CATH TIP 35 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE CATH TIP 60 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE CATH TIP 60 ML (RX)	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE ECC LUER 20 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE ECC LUER 35 ML	T3	QL (200 EA per 34 days)

<p><b>lowercase italics</b> = Generic drugs  <b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b>  <b>T1</b> = Preferred PDL Drug  <b>T2</b> = Non-Preferred PDL Drug  <b>T3</b> = Supplemental Formulary Drug  <b>T4</b> = Supplemental Specialty</p>	<p><b>Notes</b>  <b>AL</b> = Age Restriction  <b>PA</b> = Prior Authorization  <b>QL</b> = Quantity Limit  <b>SP</b> = Specialty  <b>ST</b> = Step Therapy</p>
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Prescription Drug Name	Drug Tier	Notes
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE LUER LOCK 20 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE LUER LOCK 35 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE LUER LOCK 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE LUER LOCK 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE PHARMACY TRAY 1 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE REG LUER 12 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE REG LUER 20 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE REG LUER 35 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE REG LUER 6 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
MONOJECT SYRINGE REGULAR TIP 20 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE REGULAR TIP 6 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE REGULAR TIP 60 ML	T3	QL (200 EA per 34 days)
MONOJECT SYRINGE TOOMEY TYPE 60 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 1 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 1 ML (RX)	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (RX)	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (RX)	T3	QL (200 EA per 34 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 28G X 1/2" 1 ML (OTC)	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 28G X 1/2" 1 ML (RX)	T3	QL (200 EA per 34 days)
NORM-JECT LUER LOCK SYRINGE 10 ML	T3	QL (200 EA per 34 days)
NORM-JECT LUER LOCK SYRINGE 20 ML	T3	QL (200 EA per 34 days)
NORM-JECT LUER SLIP SYRINGE 1 ML	T3	QL (200 EA per 34 days)
<i>syringe disposable 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe eccentric tip 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 10 ml (rx)</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 20 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 20g x 1" 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 20g x 1" 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 20g x 1-1/2" 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 20g x 1-1/2" 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 21g x 1" 10 ml</i>	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
<i>syringe luer lock 21g x 1" 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 21g x 1-1/2" 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 22g x 1" 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 22g x 1-1/2" 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 22g x 1-1/2" 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 23g x 1" 3 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 30 ml (otc)</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 30 ml (rx)</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer lock 60 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 1 ml (otc)</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 1 ml (rx)</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 10 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 27g x 1/2" 1 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 35 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 5 ml</i>	T3	QL (200 EA per 34 days)
<i>syringe luer slip 60 ml</i>	T3	QL (200 EA per 34 days)

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Prescription Drug Name	Drug Tier	Notes
<i>syringe/hypodermic safety 18g x 1" 12 ml</i>	T3	QL (200 EA per 34 days)
<i>toomey syringe 70 ml</i>	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML	T3	QL (200 EA per 34 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
<b>Peak Flow Meters</b>		
AIRZONE PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)
ASSESS PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)
<i>lung perform peak flow meter device</i>	T3	QL (1 EA per 365 days)
MICROLIFE DIGITAL PEAK FLOW DEVICE	T3	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)
<i>peak a-i-r flow meter device</i>	T3	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>peak flow meter universal rang device</i>	T3	QL (1 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE	T3	QL (1 EA per 365 days)
PIKO 1 DEVICE	T3	QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)
POCKETPEAK PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE	T3	QL (1 EA per 365 days)
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies</b>		
AEROCHAMBER MINI CHAMBER DEVICE	T3	QL (2 EA per 365 days)
AEROCHAMBER MV	T3	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU	T3	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T3	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM	T3	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T3	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU	T3	QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
AEROCHAMBER Z-STAT PLUS	T3	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (2 EA per 365 days)
AEROVENT PLUS DEVICE	T3	QL (2 EA per 365 days)
<i>breathe ease large device</i>	T3	QL (2 EA per 365 days)
<i>breathe ease medium device</i>	T3	QL (2 EA per 365 days)
<i>breathe ease small device</i>	T3	QL (2 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	T3	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE	T3	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE	T3	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	T3	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE	T3	QL (2 EA per 365 days)
EASIVENT	T3	QL (2 EA per 365 days)
EASIVENT MASK LARGE	T3	QL (2 EA per 365 days)

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**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
EASIVENT MASK MEDIUM	T3	QL (2 EA per 365 days)
FLEXICHAMBER DEVICE	T3	QL (2 EA per 365 days)
INSPIREASE	T3	QL (2 EA per 365 days)
MICROCHAMBER	T3	QL (2 EA per 365 days)
MICROSPACER	T3	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND	T3	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE	T3	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE	T3	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK	T3	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK	T3	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE	T3	QL (2 EA per 365 days)
POCKET SPACER DEVICE	T3	QL (2 EA per 365 days)
<i>procare spacer/adult mask device</i>	T3	QL (2 EA per 365 days)
<i>procare spacer/child mask device</i>	T3	QL (2 EA per 365 days)
<i>prochamber vhc device</i>	T3	QL (2 EA per 365 days)
RITEFLO DEVICE	T3	QL (2 EA per 365 days)
<b>Medical Devices And Supplies</b>		
<b>Applicators,Cotton Balls,Etc</b>		

Prescription Drug Name	Drug Tier	Notes
<i>alcohol swabs pad 70 %</i>	T3	QL (150 EA per 34 days)
<b>Blood Pressure Devices</b>		
<i>microlife wrist bp monitor device</i>	T3	QL (1 EA per 365 days)
<b>Glucose Monitoring Test Supplies</b>		
<i>acti-lance lite lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>advanced mobile lancet</i>	T3	QL (3.34 EA per 1 day)
CVS BLOOD GLUCOSE METER KIT	T2	PA; QL (1 EA per 365 days)
DEXCOM G6 RECEIVER	T1	PA; QL (1 EA per 365 days)
DEXCOM G6 TRANSMITTER	T1	PA; QL (1 EA per 90 days)
<i>easy talk control solution low in vitro</i>	T3	QL (1 EA per 90 days)
EASY TOUCH LANCETS 28G/TWIST	T3	QL (3.34 EA per 1 day)
GLUCOCOM CONTROL LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
HAEMOLANCE PLUS HIGH FLOW	T3	QL (3.34 EA per 1 day)
<i>hy-vee thin lancets</i>	T3	QL (3.34 EA per 1 day)
<i>lancing device</i>	T3	QL (1 EA per 365 days)
<i>medichoice safety lancet</i>	T3	QL (3.34 EA per 1 day)
MEDLANCE PLUS SUPERLITE 30G	T3	QL (3.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
PHARMACIST CHOICE LANCETS	T3	QL (3.34 EA per 1 day)
TRAVEL LANCETS ADVANCED 28G	T3	QL (3.34 EA per 1 day)
ULTILET LANCETS	T3	QL (3.34 EA per 1 day)
UNILET G.P. SUPERLITE LANCET	T3	QL (3.34 EA per 1 day)
UNILET SUPERLITE LANCET	T3	QL (3.34 EA per 1 day)
VIVAGUARD LANCING DEVICE	T3	QL (1 EA per 365 days)
<b>Insulin Administration Supplies</b>		
V-GO 20 KIT 20 UNIT/24HR	T1	QL (1 EA per 1 day)
<b>Needles &amp; Syringes</b>		
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML	T3	QL (200 EA per 34 days)
BD TB SYRINGE 26G X 3/8" 1 ML	T3	QL (200 EA per 34 days)
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 5 ML	T3	QL (200 EA per 34 days)
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 1 ML (RX)	T3	QL (200 EA per 34 days)
<i>syringe luer lock 10 ml (otc)</i>	T3	QL (200 EA per 34 days)
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies</b>		

Prescription Drug Name	Drug Tier	Notes
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (2 EA per 365 days)
EASIVENT MASK SMALL	T3	QL (2 EA per 365 days)
<b>Migraine Products</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>		
NURTEC	T1	PA; QL (0.5 EA per 1 day)
QULIPTA	T2	PA; QL (30 EA per 30 days)
UBRELVY	T1	PA; QL (16.2 EA per 30 days)
ZAVZPRET	T2	PA; QL (0.27 EA per 1 day)
<b>*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
ELYXYB	T2	PA; QL (4.8 ML per 1 day)
<b>Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag</b>		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	T1	PA; QL (1.2 ML per 30 days)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	T1	PA; QL (1.2 ML per 30 days)
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS	T1	PA; QL (1.8 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T1	PA; QL (0.06 ML per 1 day)
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	T1	PA; QL (0.11 ML per 1 day)
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	T1	PA; QL (2.4 ML per 30 days)
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	T1	PA; QL (2.4 ML per 30 days)
VYEPTI	T2	PA; QL (0.04 ML per 1 day)
<b>Ergot Combinations</b>		
MIGERGOT SUPPOSITORY 2-100 MG RECTAL	T2	PA; QL (21.6 EA per 30 days)
<b>Migraine Products</b>		
BREKIYA	T2	PA
<i>dihydroergotamine mesylate solution 1 mg/ml injection</i>	T2	PA
<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	T2	PA; QL (9 ML per 30 days)
<b>Migraine Products - Nsaids</b>		

Prescription Drug Name	Drug Tier	Notes
<i>diclofenac potassium(migraine)</i>	T2	PA; QL (9 EA per 30 days)
<b>Selective Serotonin Agonist-Nsaid Combinations</b>		
<i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i>	T2	PA; QL (9 EA per 30 days)
SYMBRAVO	T2	PA; QL (0.24 EA per 1 day)
<b>Selective Serotonin Agonists 5-Ht(1)</b>		
<i>almotriptan malate tablet 12.5 mg oral</i>	T2	PA; QL (9 EA per 30 days)
<i>almotriptan malate tablet 6.25 mg oral</i>	T2	PA; QL (0.3 EA per 1 day)
<i>eletriptan hydrobromide tablet 20 mg oral</i>	T1	QL (0.3 EA per 1 day)
<i>eletriptan hydrobromide tablet 40 mg oral</i>	T1	QL (0.3 EA per 1 day)
FROVA TABLET 2.5 MG ORAL	T2	PA; QL (12 EA per 30 days)
<i>frovatriptan succinate tablet 2.5 mg oral</i>	T2	PA; QL (12 EA per 30 days)
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (4.2 ML per 30 days)
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (4.2 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (4.2 ML per 30 days)
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS	T2	PA; QL (4.2 ML per 30 days)
IMITREX TABLET 100 MG ORAL	T2	PA; QL (9 EA per 30 days)
IMITREX TABLET 25 MG ORAL	T2	PA; QL (9 EA per 30 days)
IMITREX TABLET 50 MG ORAL	T2	PA; QL (9 EA per 30 days)
MAXALT TABLET 10 MG ORAL	T2	PA; QL (12 EA per 30 days)
<i>naratriptan hcl tablet 1 mg oral</i>	T1	QL (9 EA per 30 days)
<i>naratriptan hcl tablet 2.5 mg oral</i>	T1	QL (9 EA per 30 days)
RELPAX TABLET 20 MG ORAL	T2	PA; QL (0.3 EA per 1 day)
RELPAX TABLET 40 MG ORAL	T2	PA; QL (0.3 EA per 1 day)
<i>rizatriptan benzoate tablet 10 mg oral</i>	T1	QL (12 EA per 30 days)
<i>rizatriptan benzoate tablet 5 mg oral</i>	T1	QL (12 EA per 30 days)
<i>rizatriptan benzoate tablet dispersible 10 mg oral</i>	T1	QL (12 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>rizatriptan benzoate tablet dispersible 5 mg oral</i>	T1	QL (12 EA per 30 days)
<i>sumatriptan solution 20 mg/act nasal</i>	T1	QL (9 EA per 30 days)
<i>sumatriptan solution 5 mg/act nasal</i>	T1	QL (30 EA per 30 days)
<i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i>	T1	QL (4.2 ML per 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>	T1	QL (4.2 ML per 30 days)
<i>sumatriptan succinate tablet 100 mg oral</i>	T1	QL (9 EA per 30 days)
<i>sumatriptan succinate tablet 25 mg oral</i>	T1	QL (9 EA per 30 days)
<i>sumatriptan succinate tablet 50 mg oral</i>	T1	QL (9 EA per 30 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	T2	PA; QL (9 EA per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	T2	PA; QL (6 EA per 30 days)
<i>zolmitriptan tablet 2.5 mg oral</i>	T1	QL (9 EA per 30 days)
<i>zolmitriptan tablet 5 mg oral</i>	T1	QL (9 EA per 30 days)
<i>zolmitriptan tablet dispersible 2.5 mg oral</i>	T1	QL (9 EA per 30 days)
<i>zolmitriptan tablet dispersible 5 mg oral</i>	T1	QL (9 EA per 30 days)

### Minerals & Electrolytes

#### Calcium

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Prescription Drug Name	Drug Tier	Notes
<i>calcium 600 tablet 1500 (600 ca) mg oral</i>	T3	
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	T3	
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	T3	
<i>oyster shell calcium tablet 500 mg oral</i>	T3	
<b>Calcium Combinations</b>		
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	T3	
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	T3	
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral</i>	T3	
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral</i>	T3	
<i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%</i>	T3	
CITRACAL MAXIMUM TABLET 315-6.25 MG-MCG ORAL	T3	
<i>citrus calcium/vitamin d tablet 200-6.25 mg-mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gnp calcium 500 +d3 tablet 500-15 mg-mcg oral</i>	T3	
<i>gnp calcium citrate +d3 tablet 315-6.25 mg-mcg oral</i>	T3	
OYSCO 500+D TABLET 500-5 MG-MCG ORAL	T3	
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral</i>	T3	
<b>Electrolytes &amp; Dextrose</b>		
<i>dextrose in lactated ringers</i>	T3	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	T3	
<i>dextrose-sodium chloride intravenous solution 5-0.9 %</i>	T3	
<b>Electrolytes Oral</b>		
<i>gnp electrolyte solution solution oral</i>	T3	
PEDIALYTE FREEZER POPS SOLUTION ORAL	T3	
PEDIALYTE SINGLES SOLUTION ORAL	T3	
PEDIALYTE SOLUTION ORAL	T3	
<i>pediatric electrolyte solution oral</i>	T3	
REHYDRALYTE SOLUTION ORAL	T3	

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Prescription Drug Name	Drug Tier	Notes
<b>Fluoride</b>		
<i>sodium fluoride solution 1.1 (0.5 f) mg/ml oral</i>	T3	AL (Max 19 Years)
<i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>	T3	AL (Max 19 Years)
<i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>	T3	
<i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>	T3	
<b>Magnesium</b>		
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	T3	
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>	T3	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	T3	
<i>magnesium sulfate injection solution 50 %</i>	T3	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	T3	
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<b>Phosphate</b>		
K-PHOS	T3	
K-PHOS-NEUTRAL	T3	
PHOSPHA 250 NEUTRAL	T3	
<b>Potassium</b>		
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	T3	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	T3	
KLOR-CON ORAL PACKET 20 MEQ	T3	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	T3	
POKONZA ORAL PACKET 10 MEQ	T3	QL (600 EA per 30 days)
<i>potassium chloride crys er tablet extended release 10 meq oral</i>	T3	
<i>potassium chloride crys er tablet extended release 20 meq oral</i>	T3	
<i>potassium chloride er capsule extended release 10 meq oral</i>	T3	
<i>potassium chloride er oral capsule extended release 8 meq</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>potassium chloride er tablet extended release 10 meq oral</i>	T3	
<i>potassium chloride er tablet extended release 8 meq oral</i>	T3	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	T3	
<i>potassium chloride oral packet 20 meq</i>	T3	QL (300 EA per 30 days)
<i>potassium chloride solution 20 meq/15ml (10%) oral</i>	T3	
<i>potassium chloride solution 40 meq/15ml (20%) oral</i>	T3	
<b>Trace Mineral Combinations</b>		
TRALEMENT	T4	PA
<b>Miscellaneous Therapeutic Classes</b>		
<b>Immunomodulators For Myelodysplastic Syndromes</b>		
REVLIMID CAPSULE 15 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
<b>Inosine Monophosphate Dehydrogenase Inhibitors</b>		
<i>mycophenolate mofetil capsule 250 mg oral</i>	T1	
<i>mycophenolate mofetil hcl</i>	T4	PA

Prescription Drug Name	Drug Tier	Notes
<i>mycophenolate mofetil tablet 500 mg oral</i>	T1	
<i>mycophenolate sodium tablet delayed release 180 mg oral</i>	T1	
<b>Macrolide Immunosuppressants</b>		
<i>tacrolimus capsule 5 mg oral</i>	T1	
<b>Mouth/Throat/Dental Agents</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine viscous hcl</i>	T1	AL (Min 3 Years and Max 999 Years)
<b>Anti-Infectives - Throat</b>		
<i>clotrimazole troche 10 mg mouth/throat</i>	T1	QL (150 EA per 30 days)
<i>nystatin mouth/throat</i>	T1	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T3	QL (1000 ML per 30 days)
<b>Multivitamins</b>		
<b>B-Complex Vitamins</b>		
<i>b complex capsule oral</i>	T3	
<i>vitamin b complex oral capsule</i>	T3	
<b>B-Complex W/ C &amp; E + Zn</b>		
<i>stress formula/zinc (b-compl) tablet oral</i>	T3	
<b>B-Complex W/ Lysine-Min-Fe &amp; Folic Acid</b>		

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Prescription Drug Name	Drug Tier	Notes
NUTRIVIT LIQUID ORAL	T3	
<b>B-Complex W/ Minerals</b>		
ELDERTONIC LIQUID ORAL	T3	
<b>Multiple Vitamins W/ Calcium</b>		
<i>gnp one daily womens health tablet oral</i>	T3	
<b>Multiple Vitamins W/ Iron</b>		
<i>stress formula/iron tablet oral</i>	T3	
<b>Multiple Vitamins W/ Minerals</b>		
BACMIN TABLET ORAL	T3	
CEROVITE SENIOR TABLET ORAL	T3	
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	T3	
CERTAVITE/ANTIOXIDANTS TABLET ORAL	T3	
COMPETE TABLET ORAL	T3	
<i>dekas bariatric tablet chewable oral</i>	T3	
DEKAS PLUS ORAL CAPSULE	T3	
DEKAS PLUS TABLET CHEWABLE ORAL	T3	
DERMACINRX RIBOTIN-E	T2	PA

Prescription Drug Name	Drug Tier	Notes
DERMACINRX ZINTREXYL-C	T2	PA
<i>dialyvite 800/ultra d tablet oral</i>	T3	
FOLIFLEX	T2	PA
FOLITIN-Z	T2	PA
<i>gnp healthy eyes tablet oral</i>	T3	
<i>gnp mega multi for men tablet oral</i>	T3	
<i>gnp mega multi for women tablet oral</i>	T3	
<i>gnp one daily mens health 50+ tablet oral</i>	T3	
<i>gnp one daily mens/lycopene tablet oral</i>	T3	
<i>gnp one daily womens 50+ tablet oral</i>	T3	
<i>gnp therapeutic-m tablet oral</i>	T3	
ICAPS AREDS FORMULA TABLET ORAL	T3	
ICAPS CAPSULE ORAL	T3	
ICAPS LUTEIN & OMEGA-3 CAPSULE ORAL	T3	
ICAPS MV TABLET ORAL	T3	
<i>i-vite tablet oral</i>	T3	
LIVITA ADULTS	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>multiple vitamins-minerals</i>	T3	
<i>multivit/multimineral adult</i>	T3	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	T3	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	T3	
MVW COMPLETE FORMULATION MINIS	T3	
MVW COMPLETE FORMULATION ORAL CAPSULE	T3	
MVW MODULATOR FORMULATION MINI	T3	
MVW ORANGE CHEWABLES	T3	
NUTRIFAC ZX TABLET ORAL	T3	
OCUVITE ADULT 50+ CAPSULE ORAL	T3	
OCUVITE ADULT FORMULA CAPSULE ORAL	T3	
OCUVITE EXTRA TABLET ORAL	T3	
OCUVITE EYE + MULTI TABLET ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
OCUVITE EYE HEALTH GUMMIES TABLET CHEWABLE ORAL	T3	
OCUVITE-LUTEIN CAPSULE ORAL	T3	
OCUVITE-LUTEIN TABLET ORAL	T3	
ONCOVITE TABLET ORAL	T3	
PRESERVISION AREDS 2 CAPSULE ORAL	T3	
PRESERVISION AREDS CAPSULE ORAL	T3	
PRESERVISION AREDS TABLET ORAL	T3	
PRESERVISION/LUT EIN CAPSULE ORAL	T3	
PRORENAL + D TABLET ORAL	T3	
PRORENAL + D W/ OMEGA-3 CAPSULE ORAL	T3	
PROSIGHT TABLET ORAL	T3	
RENAPLEX TABLET ORAL	T3	
RENAPLEX-D TABLET ORAL	T3	
<i>sentry senior tablet oral</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
SYSTANE ICAPS AREDS2 CAPSULE ORAL	T3	
SYSTANE ICAPS AREDS2 TABLET CHEWABLE ORAL	T3	
SYSTANE ICAPS AREDS2 TABLET ORAL	T3	
<i>v-c forte capsule oral</i>	T3	
VENEXA FE	T2	PA
VENTRIXYL FE	T2	PA
VITA S FORTE TABLET ORAL	T3	
VITRANOL FE	T2	PA
VITREXATE FE	T2	PA
VITREXYL + IRON	T2	PA
<b>Multivitamins</b>		
<i>daily-vite tablet oral</i>	T3	
<i>dekas essential capsule oral</i>	T3	
<i>dekas essential liquid oral</i>	T3	
<i>gnp essential one daily tablet oral</i>	T3	
<i>stress formula tablet oral</i>	T3	
TAB-A-VITE/BETA CAROTENE TABLET ORAL	T3	
THERA TABLET ORAL	T3	
<b>Ped Multi Vitamins W/Fl &amp; Fe</b>		

Prescription Drug Name	Drug Tier	Notes
<i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral</i>	T3	
POLY-VI-FLOR/IRON	T3	
<b>Ped Multiple Vitamins W/ Minerals</b>		
DEKAS PLUS LIQUID ORAL	T3	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	T3	AL (Max 19 Years)
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	T3	AL (Max 19 Years)
MVW COMPLETE FORMULATION ORAL SOLUTION	T3	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	T3	AL (Max 19 Years)
<i>mvw hi-d drops w/extra vit d</i>	T3	
MVW MODULATOR FORMULATION PEDS	T3	
<b>Ped Mv W/ Fluoride</b>		
<i>multivitamin/fluoride oral suspension</i>	T3	
<i>multi-vitamin/fluoride solution 0.25 mg/ml oral</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>multi-vitamin/fluoride solution 0.5 mg/ml oral</i>	T3	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	T3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	T3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	T3	
<b>Ped Mv W/ Iron</b>		
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	T3	
<i>multivitamin infant &amp; toddler oral solution 11 mg/ml</i>	T3	
<i>poly-vita/iron</i>	T3	
<b>Ped Vitamins Acd W/ Fluoride</b>		
<i>tri-vite/fluoride solution 0.25 mg/ml oral</i>	T3	
<b>Prenatal Mv &amp; Min W/Fe-Fa</b>		
<i>altrixa ob</i>	T2	PA
<i>c-nate dha capsule 28-1-200 mg oral</i>	T2	PA
<i>completenate tablet chewable 29-1 mg oral</i>	T2	PA
DERMACINRX PRETRATE	T2	PA
ELITE-OB TABLET 50-1.25 MG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
EMBRIVA	T2	PA
ENBRACE HR CAPSULE ORAL	T2	PA
<i>folatexcel oral tablet 20-1 mg</i>	T2	PA
FOLIVANE-OB CAPSULE 85-1 MG ORAL	T2	PA
<i>m-natal plus tablet 27-1 mg oral</i>	T1	
<i>natal pnv</i>	T2	PA
<i>neomaterna oral tablet 20-1 mg</i>	T2	PA
<i>neo-vital rx</i>	T2	PA
NESTABS DHA 32-1 MG ORAL	T2	PA
NESTABS TABLET 32-1 MG ORAL	T2	PA
NIVA-PLUS TABLET 27-1 MG ORAL	T1	
OB COMPLETE ONE CAPSULE 50-1-476 MG ORAL	T2	PA
OB COMPLETE PETITE CAPSULE 35-5-1-200 MG ORAL	T2	PA
OB COMPLETE PREMIER TABLET 30-20-1 MG ORAL	T2	PA
OB COMPLETE TABLET 50-1.25 MG ORAL	T2	PA
OB COMPLETE/DHA CAPSULE 30-10-1-200 MG ORAL	T2	PA

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Prescription Drug Name	Drug Tier	Notes
<i>pnv-omega capsule 28-0.6-0.4-340 mg oral</i>	T2	PA
<i>pnv-select tablet 27-0.6-0.4 mg oral</i>	T2	PA
<i>prenatal oral tablet 27-0.8 mg</i>	T2	PA
<i>prenatal plus</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T1	
<i>prenatal tablet 27-1 mg oral</i>	T1	
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	T2	PA
PRENATE ELITE TABLET 20-0.6-0.4 MG ORAL	T2	PA
PRENATRIX	T2	PA
PRENATRYL	T2	PA
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	T2	PA
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	T2	PA
<i>se-natal 19 tablet 29-1 mg oral</i>	T1	
<i>se-natal 19 tablet chewable 29-1 mg oral</i>	T1	
TARON-C DHA CAPSULE 35-1 MG ORAL	T2	PA
<i>thrivite rx tablet 29-1 mg oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>trinatal rx 1 tablet 60-1 mg oral</i>	T1	
VINATE DHA RF	T2	PA
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	T2	PA
VITAFOL-OB TABLET ORAL	T2	PA
<i>wesnate dha</i>	T2	PA
<i>westab plus</i>	T1	
<b>Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil</b>		
<i>complete natal dha 29-1-200 &amp; 200 mg oral</i>	T1	
<i>wesnatal dha complete</i>	T1	
<b>Prenatal Mv &amp; Min W/Fe-Fa-Dha</b>		
CITRANATAL 90 DHA 90-1 & 300 MG ORAL	T2	PA
CITRANATAL ASSURE 35-1 & 300 MG ORAL	T2	PA
NESTABS ONE CAPSULE 38-1-225 MG ORAL	T2	PA
<i>pnv-dha capsule 27-0.6-0.4-300 mg oral</i>	T2	PA
<i>pnv-dha+docusate capsule 27-1.25-300 mg oral</i>	T2	PA

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Prescription Drug Name	Drug Tier	Notes
PRENATE DHA CAPSULE 18-0.6-0.4-300 MG ORAL	T2	PA
PRENATE ENHANCE CAPSULE 28-0.6-0.4-400 MG ORAL	T2	PA
PRENATE ESSENTIAL CAPSULE 18-0.6-0.4-300 MG ORAL	T2	PA
PRENATE MINI CAPSULE 18-0.6-0.4-350 MG ORAL	T2	PA
PRENATE PIXIE CAPSULE 10-0.6-0.4-200 MG ORAL	T2	PA
PRENATE RESTORE CAPSULE 27-0.6-0.4-400 MG ORAL	T2	PA
SELECT-OB+DHA 29-1 & 250 MG ORAL	T2	PA
<i>tristart dha capsule 31-0.6-0.4-200 mg oral</i>	T2	PA
VITAFOL FE+ ORAL CAPSULE	T2	PA
VITAFOL ULTRA CAPSULE 29-0.6-0.4-200 MG ORAL	T2	PA
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	T2	PA
VITAFOL-ONE CAPSULE 29-1-200 MG ORAL	T2	PA
<i>wescap-pn dha</i>	T2	PA
<i>westgel dha</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<b>Prenatal Mv &amp; Minerals W/Fa</b>		
PRENATE TABLET CHEWABLE 0.6-0.4 MG ORAL	T2	PA
<b>Prenatal Vitamins</b>		
PRENATE AM TABLET 1 MG ORAL	T2	PA
<b>Specialty Vitamins Products</b>		
<i>vitamins for hair tablet oral</i>	T3	
<b>Musculoskeletal Therapy Agents</b>		
<b>*Retinoic Acid Receptor Gamma Selective Agonists***</b>		
SOHONOS	T4	PA
<b>Central Muscle Relaxants</b>		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	T2	PA; QL (30 EA per 30 days)
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>baclofen oral solution 10 mg/5ml</i>	T2	PA
<i>baclofen oral solution 5 mg/5ml</i>	T2	PA; QL (2400 ML per 30 days)
<i>baclofen oral suspension</i>	T2	PA; QL (16 ML per 1 day)
<i>baclofen oral tablet 15 mg</i>	T2	PA; QL (4 EA per 1 day)
<i>baclofen tablet 10 mg oral</i>	T1	QL (180 EA per 30 days)

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	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
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Prescription Drug Name	Drug Tier	Notes
<i>baclofen tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>baclofen tablet 5 mg oral</i>	T1	QL (4 EA per 1 day)
<i>carisoprodol tablet 250 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>carisoprodol tablet 350 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>chlorzoxazone oral tablet 250 mg</i>	T2	PA
<i>chlorzoxazone tablet 500 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	T1	QL (90 EA per 30 days)
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	T1	QL (90 EA per 30 days)
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	T1	QL (90 EA per 30 days)
FEXMID TABLET 7.5 MG ORAL	T2	PA; QL (90 EA per 30 days)
FLEQSUVY	T2	PA; QL (480 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
GABLOFEN SOLUTION 10000 MCG/20ML INTRATHECAL	T4	PA
GABLOFEN SOLUTION 20000 MCG/20ML INTRATHECAL	T4	PA
GABLOFEN SOLUTION 40000 MCG/20ML INTRATHECAL	T4	PA
GABLOFEN SOLUTION PREFILLED SYRINGE 10000 MCG/20ML INTRATHECAL	T4	PA
GABLOFEN SOLUTION PREFILLED SYRINGE 20000 MCG/20ML INTRATHECAL	T4	PA
GABLOFEN SOLUTION PREFILLED SYRINGE 40000 MCG/20ML INTRATHECAL	T4	PA
GABLOFEN SOLUTION PREFILLED SYRINGE 50 MCG/ML INTRATHECAL	T4	PA
<i>metaxalone oral tablet 640 mg</i>	T2	PA; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<i>metaxalone tablet 400 mg oral</i>	T2	PA; QL (240 EA per 30 days)
<i>metaxalone tablet 800 mg oral</i>	T2	PA; QL (120 EA per 30 days)
<i>methocarbamol injection solution 1000 mg/10ml</i>	T3	
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>methocarbamol tablet 750 mg oral</i>	T1	QL (300 EA per 30 days)
<i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>orphenadrine citrate injection</i>	T3	
OZOBAX DS	T2	PA; QL (40 ML per 1 day)
SOMA TABLET 250 MG ORAL	T2	PA; QL (120 EA per 30 days)
SOMA TABLET 350 MG ORAL	T2	PA; QL (120 EA per 30 days)
TANLOR	T2	PA; QL (6 EA per 1 day)
<i>tizanidine hcl capsule 2 mg oral</i>	T2	PA; QL (90 EA per 30 days)
<i>tizanidine hcl capsule 4 mg oral</i>	T2	PA; QL (240 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>tizanidine hcl capsule 6 mg oral</i>	T2	PA; QL (180 EA per 30 days)
<i>tizanidine hcl tablet 2 mg oral</i>	T1	QL (90 EA per 30 days)
<i>tizanidine hcl tablet 4 mg oral</i>	T1	QL (240 EA per 30 days)
ZANAFLEX ORAL CAPSULE 8 MG	T2	PA
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPSULE 25 MG ORAL	T2	PA; QL (120 EA per 30 days)
<i>dantrolene sodium capsule 100 mg oral</i>	T1	QL (120 EA per 30 days)
<i>dantrolene sodium capsule 25 mg oral</i>	T1	QL (120 EA per 30 days)
<i>dantrolene sodium capsule 50 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Muscle Relaxant Combinations</b>		
NORGESIC	T2	PA; QL (8 EA per 1 day)
<i>norgesic forte tablet 50-770-60 mg oral</i>	T2	PA; QL (4 EA per 1 day)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T2	PA; QL (8 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	T2	PA; QL (120 EA per 30 days)
<b>Viscosupplements</b>		

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**Drug Tier**  
**T1** = Preferred PDL Drug  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**PA** = Prior Authorization  
**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DUROLANE PREFILLED SYRINGE 60 MG/3ML INTRA-ARTICULAR	T1	PA; SP; QL (6 ML per 30 days)
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	T1	PA; SP; QL (17.4 ML per 30 days)
GELSYN-3 SOLUTION PREFILLED SYRINGE 16.8 MG/2ML INTRA-ARTICULAR	T1	PA; SP; QL (17.4 ML per 30 days)
GENVISC 850 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	T2	PA; SP; QL (21.6 ML per 30 days)
HYALGAN SOLUTION 20 MG/2ML INTRA-ARTICULAR	T1	PA; SP; QL (21.6 ML per 30 days)
HYALGAN SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	T1	PA; SP; QL (21.6 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
MONOVISC SOLUTION PREFILLED SYRINGE 88 MG/4ML INTRA-ARTICULAR	T2	PA; SP; QL (8.1 ML per 30 days)
ORTHOVISC SOLUTION PREFILLED SYRINGE 30 MG/2ML INTRA-ARTICULAR	T2	PA; SP; QL (17.4 ML per 30 days)
SUPARTZ FX SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	T2	PA; SP; QL (21.6 ML per 30 days)
SYNOJOYNT	T2	PA; QL (21.6 ML per 30 days)
SYNVISC ONE SOLUTION PREFILLED SYRINGE 48 MG/6ML INTRA-ARTICULAR	T2	PA; SP; QL (12 ML per 30 days)
SYNVISC SOLUTION PREFILLED SYRINGE 16 MG/2ML INTRA-ARTICULAR	T2	PA; SP; QL (17.4 ML per 30 days)
TRILURON SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	T2	PA; QL (0.72 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
TRIVISC SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	T2	PA; SP; QL (21.6 ML per 30 days)
VISCO-3 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	T1	PA; SP; QL (21.6 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>azelastine hcl solution 0.1 % nasal</i>	T1	QL (36 ML per 30 days)
<i>azelastine hcl solution 137 mcg/spray nasal</i>	T1	QL (36 ML per 30 days)
<i>olopatadine hcl nasal</i>	T2	PA; QL (30.6 GM per 30 days)

Nasal Steroids		
<i>allergy nasal spray (momet)</i>	T2	PA; QL (17.1 ML per 30 days)
<i>budesonide suspension 32 mcg/act nasal (otc)</i>	T2	PA; QL (17.4 ML per 30 days)
<i>flunisolide solution 25 mcg/act (0.025%) nasal</i>	T2	PA; QL (45.3 ML per 30 days)
<i>fluticasone propionate nasal</i>	T1	QL (19.8 GM per 30 days)
<i>ft 24 hour nasal allergy</i>	T2	PA; QL (17.1 ML per 30 days)
<i>ft allergy relief 24 hr</i>	T2	PA; QL (19.8 ML per 30 days)
<i>gnp 24 hour nasal allergy aerosol 55 mcg/act nasal</i>	T2	PA; QL (17.1 ML per 30 days); AL (Max 4 Years)
<i>goodsense 24-hr allergy nasal</i>	T2	PA; QL (19.8 ML per 30 days)
<i>goodsense nasal allergy spray aerosol 55 mcg/act nasal</i>	T2	PA; QL (17.1 ML per 30 days); AL (Max 4 Years)

### Nasal Agents - Systemic And Topical

Antihistamine-Steroid		
<i>azelastine-fluticasone</i>	T2	PA; QL (23.1 GM per 30 days)
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL	T2	PA; QL (23.1 GM per 30 days)
RYALTRIS	T2	PA; QL (0.97 GM per 1 day)

Nasal Agents - Misc.		
<i>deep sea nasal spray solution 0.65 % nasal</i>	T3	
<i>nasal moisturizing spray solution 0.65 % nasal</i>	T3	
<i>saline mist spray solution 0.65 % nasal</i>	T3	
<i>saline nasal spray</i>	T3	

Nasal Anticholinergics		
<i>ipratropium bromide solution 0.03 % nasal</i>	T1	QL (31.5 ML per 30 days)
<i>ipratropium bromide solution 0.06 % nasal</i>	T1	QL (45 ML per 30 days)

### Nasal Antihistamines

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
	<b>UPPERCASE</b> = Brand name drugs	
	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>mometasone furoate suspension 50 mcg/act nasal (rx)</i>	T2	PA; QL (17.1 GM per 30 days)
<i>nasal allergy 24 hour aerosol 55 mcg/act nasal</i>	T2	PA; QL (17.1 ML per 30 days); AL (Max 4 Years)
NASONEX 24HR	T2	PA; QL (17.1 ML per 30 days)
OMNARIS SUSPENSION 50 MCG/ACT NASAL	T2	PA; QL (12.6 GM per 30 days)
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL	T2	PA; QL (0.36 GM per 1 day)
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL	T2	PA; QL (6.9 GM per 30 days)
SINUVA IMPLANT 1350 MCG NASAL	T2	PA
<i>triamcinolone acetonide nasal aerosol</i>	T2	PA; QL (17.1 ML per 30 days)
XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL	T2	PA; QL (32.1 ML per 30 days)
<b>Systemic Decongestants</b>		
<i>gnp nasal decongestant tablet 30 mg oral</i>	T3	
<i>nasal decongestant tablet 30 mg oral</i>	T3	
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	T3	

Prescription Drug Name	Drug Tier	Notes
SUDOGEST MAXIMUM STRENGTH TABLET 30 MG ORAL	T3	
SUDOGEST TABLET 30 MG ORAL	T3	
SUDOGEST TABLET 60 MG ORAL	T3	
<b>Topical Decongestants</b>		
<i>12 hour nasal spray solution 0.05 % nasal</i>	T3	
<i>gnp nasal spray solution 0.05 % nasal</i>	T3	
<i>gnp no drip nasal spray solution 0.05 % nasal</i>	T3	
<i>nasal decongestant spray solution 0.05 % nasal</i>	T3	
<i>nasal spray 12 hour solution 0.05 % nasal</i>	T3	
<i>oxymetazoline hcl solution 0.05 % nasal</i>	T3	
<i>sinus nasal spray solution 0.05 % nasal</i>	T3	
<b>Neuromuscular Agents</b>		
<b>*Als Agents - Antisense Oligonucleotides***</b>		
QALSODY	T4	PA; SP
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***</b>		
SKYCLARYS	T4	PA; SP; QL (3 EA per 1 day)
<b>*Muscular Dystrophy - Histone Deacetylase Inhibitors**</b>		

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**Drug Tier**  
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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
DUVYZAT	T4	PA; QL (12 ML per 1 day)
<b>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***</b>		
DAYBUE	T4	PA; SP
<b>*Spinal Muscular Atrophy-Antisense Oligonucleotides***</b>		
SPINRAZA SOLUTION 12 MG/5ML INTRATHECAL	T4	PA
<b>*Spinal Muscular Atrophy-Gene Therapy Agents***</b>		
ZOLGENSMA 20.6-21.0 KG	T4	PA
ZOLGENSMA 10.1-10.5 KG	T4	PA
ZOLGENSMA 10.6-11.0 KG	T4	PA
ZOLGENSMA 11.1-11.5 KG	T4	PA
ZOLGENSMA 11.6-12.0 KG	T4	PA
ZOLGENSMA 12.1-12.5 KG	T4	PA
ZOLGENSMA 12.6-13.0 KG	T4	PA
ZOLGENSMA 13.1-13.5 KG	T4	PA
ZOLGENSMA 13.6-14.0 KG	T4	PA
ZOLGENSMA 14.1-14.5 KG	T4	PA
ZOLGENSMA 14.6-15.0 KG	T4	PA

Prescription Drug Name	Drug Tier	Notes
ZOLGENSMA 15.1-15.5 KG	T4	PA
ZOLGENSMA 15.6-16.0 KG	T4	PA
ZOLGENSMA 16.1-16.5 KG	T4	PA
ZOLGENSMA 16.6-17.0 KG	T4	PA
ZOLGENSMA 17.1-17.5 KG	T4	PA
ZOLGENSMA 17.6-18.0 KG	T4	PA
ZOLGENSMA 18.1-18.5 KG	T4	PA
ZOLGENSMA 18.6-19.0 KG	T4	PA
ZOLGENSMA 19.1-19.5 KG	T4	PA
ZOLGENSMA 19.6-20.0 KG	T4	PA
ZOLGENSMA 2.6-3.0 KG	T4	PA
ZOLGENSMA 20.1-20.5 KG	T4	PA
ZOLGENSMA 3.1-3.5 KG	T4	PA
ZOLGENSMA 3.6-4.0 KG	T4	PA
ZOLGENSMA 4.1-4.5 KG	T4	PA
ZOLGENSMA 4.6-5.0 KG	T4	PA
ZOLGENSMA 5.1-5.5 KG	T4	PA

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Prescription Drug Name	Drug Tier	Notes
ZOLGENSMA 5.6-6.0 KG	T4	PA
ZOLGENSMA 6.1-6.5 KG	T4	PA
ZOLGENSMA 6.6-7.0 KG	T4	PA
ZOLGENSMA 7.1-7.5 KG	T4	PA
ZOLGENSMA 7.6-8.0 KG	T4	PA
ZOLGENSMA 8.1-8.5 KG	T4	PA
ZOLGENSMA 8.6-9.0 KG	T4	PA
ZOLGENSMA 9.1-9.5 KG	T4	PA
ZOLGENSMA 9.6-10.0 KG	T4	PA
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED	T4	PA; QL (6.67 ML per 1 day)
EVRYSDI ORAL TABLET	T4	PA
<b>Als Agents - Miscellaneous</b>		
RADICAVA	T4	PA; QL (200 ML per 1 day)
RADICAVA ORS	T4	PA; QL (2.5 ML per 1 day)
RADICAVA ORS STARTER KIT	T4	PA; QL (2.5 ML per 1 day)
<b>Benzothiazoles</b>		
<i>riluzole</i>	T4	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
TIGLUTIK SUSPENSION 50 MG/10ML ORAL	T4	PA; QL (600 ML per 30 days); AL (Min 1 Years)
<b>Muscular Dystrophy Agents</b>		
<i>amondys 45</i>	T4	PA
ELEVIDYS 10.0-10.4 KG	T4	PA
ELEVIDYS 10.5-11.4 KG	T4	PA
ELEVIDYS 11.5-12.4 KG	T4	PA
ELEVIDYS 12.5-13.4 KG	T4	PA
ELEVIDYS 13.5-14.4 KG	T4	PA
ELEVIDYS 14.5-15.4 KG	T4	PA
ELEVIDYS 15.5-16.4 KG	T4	PA
ELEVIDYS 16.5-17.4 KG	T4	PA
ELEVIDYS 17.5-18.4 KG	T4	PA
ELEVIDYS 18.5-19.4 KG	T4	PA
ELEVIDYS 19.5-20.4 KG	T4	PA
ELEVIDYS 20.5-21.4 KG	T4	PA
ELEVIDYS 21.5-22.4 KG	T4	PA
ELEVIDYS 22.5-23.4 KG	T4	PA

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**Drug Tier**  
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**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
ELEVIDYS 23.5-24.4 KG	T4	PA
ELEVIDYS 24.5-25.4 KG	T4	PA
ELEVIDYS 25.5-26.4 KG	T4	PA
ELEVIDYS 26.5-27.4 KG	T4	PA
ELEVIDYS 27.5-28.4 KG	T4	PA
ELEVIDYS 28.5-29.4 KG	T4	PA
ELEVIDYS 29.5-30.4 KG	T4	PA
ELEVIDYS 30.5-31.4 KG	T4	PA
ELEVIDYS 31.5-32.4 KG	T4	PA
ELEVIDYS 32.5-33.4 KG	T4	PA
ELEVIDYS 33.5-34.4 KG	T4	PA
ELEVIDYS 34.5-35.4 KG	T4	PA
ELEVIDYS 35.5-36.4 KG	T4	PA
ELEVIDYS 36.5-37.4 KG	T4	PA
ELEVIDYS 37.5-38.4 KG	T4	PA
ELEVIDYS 38.5-39.4 KG	T4	PA
ELEVIDYS 39.5-40.4 KG	T4	PA

Prescription Drug Name	Drug Tier	Notes
ELEVIDYS 40.5-41.4 KG	T4	PA
ELEVIDYS 41.5-42.4 KG	T4	PA
ELEVIDYS 42.5-43.4 KG	T4	PA
ELEVIDYS 43.5-44.4 KG	T4	PA
ELEVIDYS 44.5-45.4 KG	T4	PA
ELEVIDYS 45.5-46.4 KG	T4	PA
ELEVIDYS 46.5-47.4 KG	T4	PA
ELEVIDYS 47.5-48.4 KG	T4	PA
ELEVIDYS 48.5-49.4 KG	T4	PA
ELEVIDYS 49.5-50.4 KG	T4	PA
ELEVIDYS 50.5-51.4 KG	T4	PA
ELEVIDYS 51.5-52.4 KG	T4	PA
ELEVIDYS 52.5-53.4 KG	T4	PA
ELEVIDYS 53.5-54.4 KG	T4	PA
ELEVIDYS 54.5-55.4 KG	T4	PA
ELEVIDYS 55.5-56.4 KG	T4	PA
ELEVIDYS 56.5-57.4 KG	T4	PA

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ELEVIDYS 57.5-58.4 KG	T4	PA
ELEVIDYS 58.5-59.4 KG	T4	PA
ELEVIDYS 59.5-60.4 KG	T4	PA
ELEVIDYS 60.5-61.4 KG	T4	PA
ELEVIDYS 61.5-62.4 KG	T4	PA
ELEVIDYS 62.5-63.4 KG	T4	PA
ELEVIDYS 63.5-64.4 KG	T4	PA
ELEVIDYS 64.5-65.4 KG	T4	PA
ELEVIDYS 65.5-66.4 KG	T4	PA
ELEVIDYS 66.5-67.4 KG	T4	PA
ELEVIDYS 67.5-68.4 KG	T4	PA
ELEVIDYS 68.5-69.4 KG	T4	PA
ELEVIDYS 69.5 KG PLUS	T4	PA
EXONDYS 51 SOLUTION 100 MG/2ML INTRAVENOUS	T4	PA
VILTEPSO	T4	PA
VYONDYS 53	T4	PA
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		

Prescription Drug Name	Drug Tier	Notes
BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION	T1	PA; SP; QL (3 EA per 30 days)
BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION	T1	PA; SP; QL (2.1 EA per 30 days)
DAXXIFY	T2	PA; SP; QL (0.04 EA per 1 day)
DYSPORT SOLUTION RECONSTITUTED 300 UNIT INTRAMUSCULAR	T1	PA; SP; QL (1.2 EA per 30 days)
DYSPORT SOLUTION RECONSTITUTED 500 UNIT INTRAMUSCULAR	T1	PA; SP; QL (1.2 EA per 30 days)
MYOBLOC SOLUTION 10000 UNIT/2ML INTRAMUSCULAR	T2	PA; SP; QL (2.1 ML per 30 days)
MYOBLOC SOLUTION 2500 UNIT/0.5ML INTRAMUSCULAR	T2	PA; SP; QL (0.6 ML per 30 days)
MYOBLOC SOLUTION 5000 UNIT/ML INTRAMUSCULAR	T2	PA; SP; QL (1.2 ML per 30 days)
XEOMIN SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	T2	PA; SP; QL (4.2 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
XEOMIN SOLUTION RECONSTITUTED 200 UNIT INTRAMUSCULAR	T2	PA; SP; QL (2.1 EA per 30 days)
XEOMIN SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR	T2	PA; SP; QL (4.2 EA per 30 days)
<b>Nutrients</b>		
<b>Amino Acid Mixtures</b>		
<i>clinimix e/dextrose (8/10)</i>	T3	PA
<i>clinimix e/dextrose (8/14)</i>	T3	PA
<i>clinimix/dextrose (6/5)</i>	T3	PA
<i>clinimix/dextrose (8/10)</i>	T3	PA
<i>clinimix/dextrose (8/14)</i>	T3	PA
<b>Carbohydrates</b>		
<i>dextrose intravenous solution 5 %</i>	T3	
<b>Lipids</b>		
DOJOLVI	T4	PA
<b>Ophthalmic Agents</b>		
<b>*Cholinergic Agonists***</b>		
TYRVAYA	T2	PA; QL (0.28 ML per 1 day)
<b>*Ophthalmic - Multiple Receptor Angiogenesis Inhibitors***</b>		
VABYSMO INTRAVITREAL SOLUTION	T1	PA; SP; QL (0.3 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE	T1	PA
<b>*Ophthalmic Complement C3 Inhibitors***</b>		
SYFOVRE	T1	PA; SP; QL (0.01 ML per 1 day)
<b>*Ophthalmic Complement C5 Inhibitors***</b>		
IZERVAY	T2	PA; SP; QL (0.01 ML per 1 day)
<b>*Ophthalmic Kinase Inhibitors - Combinations***</b>		
ROCKLATAN SOLUTION 0.02-0.005 % OPTHALMIC	T2	PA
<b>*Ophthalmics - Trpm8 Receptor Agonists***</b>		
TRYPTYR	T2	PA
<b>Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb</b>		
SIMBRINZA SUSPENSION 1-0.2 % OPTHALMIC	T1	
<b>Artificial Tear And Lubricant Combinations</b>		
GENTEAL TEARS MODERATE PF SOLUTION 0.1-0.3 % OPTHALMIC	T3	
GENTEAL TEARS PF SOLUTION 0.1-0.3 % OPTHALMIC	T3	

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Prescription Drug Name	Drug Tier	Notes
REFRESH OPTIVE SOLUTION 0.5-0.9 % OPTHALMIC	T3	
REFRESH SOLUTION 1.4-0.6 % OPTHALMIC	T3	
<b>Artificial Tear Solutions</b>		
GENTEAL TEARS SOLUTION 0.1-0.2-0.3 % OPTHALMIC	T3	
<b>Artificial Tears And Lubricants</b>		
REFRESH PLUS SOLUTION 0.5 % OPTHALMIC	T3	
REFRESH TEARS SOLUTION 0.5 % OPTHALMIC	T3	
<b>Beta-Blockers - Ophthalmic</b>		
<i>betaxolol hcl ophthalmic</i>	T2	PA
BETIMOL OPTHALMIC SOLUTION 0.5 %	T2	PA
<i>carteolol hcl solution 1 % ophthalmic</i>	T1	
ISTALOL SOLUTION 0.5 % OPTHALMIC	T2	PA
<i>levobunolol hcl solution 0.5 % ophthalmic</i>	T1	
<i>timolol hemihydrate</i>	T2	PA
<i>timolol maleate gel forming solution 0.25 % ophthalmic</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>timolol maleate gel forming solution 0.5 % ophthalmic</i>	T2	PA
TIMOLOL MALEATE OCUDOSE	T2	PA
<i>timolol maleate ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate pf</i>	T2	PA
<i>timolol maleate solution 0.25 % ophthalmic</i>	T1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	T2	PA
<b>Beta-Blockers - Ophthalmic Combinations</b>		
<i>brimonidine tartrate-timolol</i>	T2	PA
COMBIGAN SOLUTION 0.2-0.5 % OPTHALMIC	T1	
COSOPT	T2	PA
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	T2	PA
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	T2	PA
<b>Cycloplegic Mydriatics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T3	

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T3	
<b>Miotics - Direct Acting</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T2	PA
<b>Ophthalmic Antiallergic</b>		
ALWAY CHILDRENS ALLERGY SOLUTION 0.035 % OPTHALMIC	T1	
ALWAY SOLUTION 0.035 % OPTHALMIC	T1	
ALOCRIAL SOLUTION 2 % OPTHALMIC	T2	PA
<i>azelastine hcl ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T2	PA
BEPREVE SOLUTION 1.5 % OPTHALMIC	T2	PA
<i>cromolyn sodium ophthalmic</i>	T1	
<i>epinastine hcl solution 0.05 % ophthalmic</i>	T2	PA
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>eye itch relief solution 0.035 % ophthalmic</i>	T1	
<i>ft eye allergy itch &amp; redness</i>	T1	
<i>ft eye allergy itch relief</i>	T1	
<i>gnp olopatadine hcl</i>	T1	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	T1	
<i>olopatadine hcl ophthalmic</i>	T1	
PATADAY OPTHALMIC SOLUTION 0.1 %, 0.7 %	T2	PA
PATADAY SOLUTION 0.2 % OPTHALMIC (OTC)	T2	PA
ZADITOR SOLUTION 0.035 % OPTHALMIC	T1	
ZERVIATE	T2	PA
<b>Ophthalmic Antibiotics</b>		
AZASITE	T2	PA
<i>bacitracin ointment 500 unit/gm ophthalmic</i>	T2	PA
BESIVANCE SUSPENSION 0.6 % OPTHALMIC	T2	PA
CILOXAN OINTMENT 0.3 % OPTHALMIC	T2	PA
<i>ciprofloxacin hcl ophthalmic</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
RESTASIS EMULSION 0.05 % OPTHALMIC	T1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE EMULSION 0.05 % OPTHALMIC	T2	PA; QL (5.7 ML per 30 days)
VEVYE	T2	PA
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLUTION 0.002 % OPTHALMIC	T4	PA
<b>Ophthalmic Nonsteroidal Anti-Inflammatory Agents</b>		
ACULAR LS SOLUTION 0.4 % OPTHALMIC	T2	PA
ACULAR SOLUTION 0.5 % OPTHALMIC	T2	PA
<i>bromfenac sodium (once-daily)</i>	T1	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	T2	PA
BROMSITE SOLUTION 0.075 % OPTHALMIC	T2	PA
<i>diclofenac sodium ophthalmic</i>	T2	PA
<i>flurbiprofen sodium solution 0.03 % ophthalmic</i>	T1	
ILEVRO SUSPENSION 0.3 % OPTHALMIC	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T1	
<i>ketorolac tromethamine solution 0.4 % ophthalmic</i>	T1	
NEVANAC	T2	PA
PROLENSA SOLUTION 0.07 % OPTHALMIC	T2	PA
<b>Ophthalmic Rho Kinase Inhibitors</b>		
RHOPRESSA SOLUTION 0.02 % OPTHALMIC	T2	PA
<b>Ophthalmic Selective Alpha Adrenergic Agonists</b>		
ALPHAGAN P SOLUTION 0.1 % OPTHALMIC	T1	
ALPHAGAN P SOLUTION 0.15 % OPTHALMIC	T1	
<i>apraclonidine hcl</i>	T2	PA
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	T2	PA
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine tartrate solution 0.15 % ophthalmic</i>	T2	PA
IOPIDINE SOLUTION 1 % OPTHALMIC	T2	PA
<b>Ophthalmic Steroid Combinations</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	T2	PA
<i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	T1	
<i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i>	T1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i>	T2	PA
<i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i>	T1	
<i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>	T2	PA
ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC	T2	PA
<b>Ophthalmic Steroids</b>		
ALREX SUSPENSION 0.2 % OPHTHALMIC	T2	PA
<i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i>	T1	

Prescription Drug Name	Drug Tier	Notes
DEXTENZA INSERT 0.4 MG OPHTHALMIC	T2	PA
DEXYCU SUSPENSION 9 % INTRAOCULAR	T2	PA
<i>difluprednate</i>	T1	
DUREZOL	T2	PA
EYSUVIS	T1	
FLAREX SUSPENSION 0.1 % OPHTHALMIC	T1	
<i>fluorometholone suspension 0.1 % ophthalmic</i>	T1	
FML FORTE SUSPENSION 0.25 % OPHTHALMIC	T1	
FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC	T2	PA
ILUVIEN INTRAVITREAL	T2	PA; SP; QL (0.01 EA per 1 day)
INVELTYS SUSPENSION 1 % OPHTHALMIC	T2	PA
LOTEMAX GEL 0.5 % OPHTHALMIC	T2	PA
LOTEMAX OINTMENT 0.5 % OPHTHALMIC	T1	
LOTEMAX SM GEL 0.38 % OPHTHALMIC	T2	PA

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Prescription Drug Name	Drug Tier	Notes
LOTEMAX SUSPENSION 0.5 % OPHTHALMIC	T2	PA
<i>loteprednol etabonate</i>	T2	PA
OZURDEX IMPLANT 0.7 MG INTRAVITREAL	T2	PA; SP
PRED FORTE SUSPENSION 1 % OPHTHALMIC	T2	PA
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	T1	
<i>prednisolone acetate suspension 1 % ophthalmic</i>	T1	
<i>prednisolone sodium phosphate solution 1 % ophthalmic</i>	T1	
RETISERT IMPLANT 0.59 MG INTRAVITREAL	T2	PA; SP; QL (1.2 EA per 30 days)
XIPERE	T2	PA
YUTIQ IMPLANT 0.18 MG INTRAVITREAL	T2	PA; SP; QL (0.01 EA per 1 day)
<b>Ophthalmic Sulfonamides</b>		
<i>sulfacetamide sodium solution 10 % ophthalmic</i>	T2	PA
<b>Ophthalmic Surgical Aids - Combinations</b>		
OMIDRIA	T3	
<b>Ophthalmics - Cystinosis Agents</b>		
CYSTADROPS	T4	PA
<b>Ophthalmics Misc. - Other</b>		

Prescription Drug Name	Drug Tier	Notes
MIEBO	T2	PA
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost solution 0.03 % ophthalmic</i>	T2	PA
DURYSTA	T2	PA; SP
IDOSE TR	T2	PA; SP
IYUZEH	T2	PA
<i>latanoprost ophthalmic</i>	T1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	T2	PA
<i>tafluprost (pf)</i>	T2	PA
<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	T2	PA
VYZULTA SOLUTION 0.024 % OPHTHALMIC	T2	PA
XELPROS EMULSION 0.005 % OPHTHALMIC	T2	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T2	PA
<b>Vascular Endothelial Growth Factor (Vegf) Antagonists</b>		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	T2	PA; SP; QL (0.1 ML per 1 day)
BYOOVIZ	T2	PA; SP; QL (0.01 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
CIMERLI	T1	PA; SP; QL (0.01 ML per 1 day)
EYLEA HD	T2	PA; SP; QL (0.01 ML per 1 day)
EYLEA INTRAVITREAL SOLUTION	T1	PA; SP; QL (0.01 ML per 1 day)
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	T1	PA; SP; QL (0.3 ML per 30 days)
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML INTRAVITREAL	T1	PA; SP; QL (0.3 ML per 30 days)
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML INTRAVITREAL	T1	PA; SP; QL (0.3 ML per 30 days)
PAVBLU	T2	PA; SP; QL (0.01 ML per 1 day)
SUSVIMO (IMPLANT 1ST FILL)	T2	PA; SP
SUSVIMO (IMPLANT REFILL)	T2	PA; SP
<b>Otic Agents</b>		
<b>Otic Anti-Infectives</b>		
<i>ciprofloxacin hcl solution 0.2 % otic</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>ofloxacin otic</i>	T1	
<b>Otic Steroid-Anti-Infective Combinations</b>		
CIPRO HC SUSPENSION 0.2-1 % OTIC	T1	
<i>ciprofloxacin-dexamethasone</i>	T2	PA
<i>ciprofloxacin-hydrocortisone</i>	T2	PA
CORTISPORIN-TC SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	T2	PA
<i>neomycin-polymyxin-hc solution 1 % otic</i>	T1	
<i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i>	T1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i>	T1	
<b>Oxytocics</b>		
<b>Oxytocics</b>		
METHERGINE TABLET 0.2 MG ORAL	T3	QL (28 EA per 7 days)
<i>methylergonovine maleate injection</i>	T3	
<i>methylergonovine maleate tablet 0.2 mg oral</i>	T3	QL (28 EA per 7 days)
<i>oxytocin injection</i>	T3	
PITOCIN	T3	
<b>Passive Immunizing Agents</b>		
<b>Bacterial Monoclonal Antibodies</b>		

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Prescription Drug Name	Drug Tier	Notes
ZINPLAVA SOLUTION 1000 MG/40ML INTRAVENOUS	T2	PA; SP; QL (2400 ML per 30 days)
<b>Immune Serums</b>		
ASCENIV	T4	PA
CUTAQUIG	T4	PA
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	T4	PA
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	T4	PA
CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS	T4	PA
CYTOGAM INTRAVENOUS SOLUTION	T4	
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS	T4	PA
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS	T4	PA
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS	T4	PA
GAMASTAN SOLUTION INTRAMUSCULAR	T4	PA

Prescription Drug Name	Drug Tier	Notes
GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 10 GM INTRAVENOUS	T4	PA
GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	T4	PA
GAMMAGARD SOLUTION 1 GM/10ML INJECTION	T4	PA
GAMMAGARD SOLUTION 10 GM/100ML INJECTION	T4	PA
GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION	T4	PA
GAMMAGARD SOLUTION 20 GM/200ML INJECTION	T4	PA
GAMMAGARD SOLUTION 5 GM/50ML INJECTION	T4	PA
GAMMAKED SOLUTION 1 GM/10ML INJECTION	T4	PA
GAMMAKED SOLUTION 10 GM/100ML INJECTION	T4	PA

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Prescription Drug Name	Drug Tier	Notes	Prescription Drug Name	Drug Tier	Notes
GAMMAKED SOLUTION 20 GM/200ML INJECTION	T4	PA	GAMUNEX-C SOLUTION 10 GM/100ML INJECTION	T4	PA
GAMMAKED SOLUTION 5 GM/50ML INJECTION	T4	PA	GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION	T4	PA
GAMMAPLEX SOLUTION 10 GM/100ML INTRAVENOUS	T4	PA	GAMUNEX-C SOLUTION 20 GM/200ML INJECTION	T4	PA
GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS	T4	PA	GAMUNEX-C SOLUTION 5 GM/50ML INJECTION	T4	PA
GAMMAPLEX SOLUTION 20 GM/200ML INTRAVENOUS	T4	PA	HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	T4	PA
GAMMAPLEX SOLUTION 20 GM/400ML INTRAVENOUS	T4	PA	HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	T4	PA
GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS	T4	PA	HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	T4	PA
GAMMAPLEX SOLUTION 5 GM/50ML INTRAVENOUS	T4	PA	HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	T4	PA
GAMUNEX-C SOLUTION 1 GM/10ML INJECTION	T4	PA	HYPERHEP B SOLUTION 220 UNIT/ML INTRAMUSCULAR	T4	PA

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Prescription Drug Name	Drug Tier	Notes
HYPERHEP B SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML INTRAMUSCULAR	T4	PA
HYPERRHO	T4	
HYPERRHO MINI-DOSE	T4	
HYPERTET	T3	
<i>kedrab injection</i>	T3	PA
OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS	T4	PA
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS	T4	PA
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS	T4	PA
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS	T4	PA
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS	T4	PA
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
PANZYGA SOLUTION 2.5 GM/25ML INTRAVENOUS	T4	PA
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS	T4	PA
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS	T4	PA
PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS	T4	PA
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS	T4	PA
RHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR	T4	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	T4	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML	T4	
XEMBIFY	T4	PA

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Prescription Drug Name	Drug Tier	Notes
<b>Passive Immunizing Agents - Combinations</b>		
<i>HYQVIA KIT 10 GM/100ML SUBCUTANEOUS</i>	T4	PA
<i>HYQVIA KIT 2.5 GM/25ML SUBCUTANEOUS</i>	T4	PA
<i>HYQVIA KIT 20 GM/200ML SUBCUTANEOUS</i>	T4	PA
<i>HYQVIA KIT 30 GM/300ML SUBCUTANEOUS</i>	T4	PA
<i>HYQVIA KIT 5 GM/50ML SUBCUTANEOUS</i>	T4	PA
<b>Penicillins</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin capsule 250 mg oral</i>	T1	
<i>amoxicillin capsule 500 mg oral</i>	T1	
<i>amoxicillin suspension reconstituted 125 mg/5ml oral</i>	T1	
<i>amoxicillin suspension reconstituted 200 mg/5ml oral</i>	T1	
<i>amoxicillin suspension reconstituted 250 mg/5ml oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>	T1	
<i>amoxicillin tablet 500 mg oral</i>	T1	
<i>amoxicillin tablet 875 mg oral</i>	T1	
<i>amoxicillin tablet chewable 125 mg oral</i>	T1	
<i>amoxicillin tablet chewable 250 mg oral</i>	T1	
<i>ampicillin capsule 500 mg oral</i>	T1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 500 mg</i>	T3	
<i>ampicillin sodium intravenous solution reconstituted 10 gm, 2 gm</i>	T3	
<b>Natural Penicillins</b>		
<i>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML</i>	T3	QL (17.7 ML per 30 days)
<i>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	T3	
<i>penicillin g potassium</i>	T3	
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	T1	
<i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>	T1	
<i>penicillin v potassium tablet 250 mg oral</i>	T1	
<i>penicillin v potassium tablet 500 mg oral</i>	T1	
<b>Penicillin Combinations</b>		
<i>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</i>	T2	PA
<i>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</i>	T1	
<i>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</i>	T2	PA
<i>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</i>	T1	
<i>amoxicillin-pot clavulanate tablet 250-125 mg oral</i>	T1	
<i>amoxicillin-pot clavulanate tablet 500-125 mg oral</i>	T1	
<i>amoxicillin-pot clavulanate tablet 875-125 mg oral</i>	T1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	T3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm, 3 (2-1) gm</i>	T3	
AUGMENTIN ES-600	T2	PA
BICILLIN C-R	T3	
BICILLIN C-R 900/300	T3	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium capsule 250 mg oral</i>	T1	
<i>dicloxacillin sodium capsule 500 mg oral</i>	T1	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	T3	

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Prescription Drug Name	Drug Tier	Notes
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	T3	
<i>oxacillin sodium intravenous</i>	T3	
Progestins		
Progestins		
GALLIFREY	T1	QL (90 EA per 30 days)
<i>medroxyprogesterone acetate tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>medroxyprogesterone acetate tablet 2.5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>medroxyprogesterone acetate tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>norethindrone acetate tablet 5 mg oral</i>	T1	QL (90 EA per 30 days)
<i>progesterone oil 50 mg/ml intramuscular</i>	T1	
<i>progesterone oral capsule 100 mg</i>	T1	QL (30 EA per 30 days)
<i>progesterone oral capsule 200 mg</i>	T1	QL (60 EA per 30 days)
PROMETRIUM ORAL CAPSULE 100 MG	T2	PA; QL (30 EA per 30 days)
PROMETRIUM ORAL CAPSULE 200 MG	T2	PA; QL (60 EA per 30 days)
PROVERA TABLET 2.5 MG ORAL	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
PROVERA TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
Psychotherapeutic And Neurological Agents - Misc.		
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
KISUNLA	T4	PA
LEQEMBI	T4	PA
LEQEMBI IQLIK	T4	PA
*Anti-Cataplectic Combinations***		
XYWAV	T4	PA; QL (540 ML per 30 days)
*Cald - Autologous Cellular Gene Therapy Agents***		
SKYSONA	T4	PA
*Fibromyalgia Agent - Miscellaneous***		
TONMYA	T2	PA
*Mld - Autologous Cellular Gene Therapy Agents***		
LENMELDY	T4	PA
*Multiple Sclerosis Agents - Antimetabolites***		
<i>cladribine (10 tabs)</i>	T2	PA; QL (60 EA per 30 days)
<i>cladribine (4 tabs)</i>	T2	PA; QL (60 EA per 30 days)
<i>cladribine (5 tabs)</i>	T2	PA; QL (60 EA per 30 days)

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**Drug Tier**  
**T1** = Preferred PDL Drug  
**T2** = Non-Preferred PDL Drug  
**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>cladribine (6 tabs)</i>	T2	PA; QL (60 EA per 30 days)
<i>cladribine (7 tabs)</i>	T2	PA; QL (60 EA per 30 days)
<i>cladribine (8 tabs)</i>	T2	PA; QL (60 EA per 30 days)
<i>cladribine (9 tabs)</i>	T2	PA; QL (60 EA per 30 days)
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
<b>*Multiple Sclerosis Agents - Combinations***</b>		
OCREVUS ZUNOVO	T1	PA; SP; QL (0.14 ML per 1 day)
<b>*Thienbenzodiazepines &amp; Opioid Antagonists***</b>		
LYBALVI	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<b>Alcohol Deterrents</b>		
<i>acamprosate calcium</i>	T1	
<i>disulfiram tablet 250 mg oral</i>	T1	QL (1 EA per 1 day)
<b>Anti-Cataplectic Agents</b>		
<i>sodium oxybate</i>	T4	PA; QL (540 ML per 30 days)
XYREM SOLUTION 500 MG/ML ORAL	T4	PA; QL (540 ML per 30 days)
<b>Antidementia Agent Combinations</b>		
<i>memantine hcl-donepezil hcl er</i>	T2	PA; QL (30 EA per 30 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	T2	PA; QL (30 EA per 30 days)

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	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	T2	PA; QL (30 EA per 30 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	T2	PA; QL (30 EA per 30 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Antisense Oligonucleotide (Aso) Inhibitor Agents</b>		
WAINUA	T4	PA; QL (0.03 ML per 1 day)
<b>Cholinomimetics - Ache Inhibitors</b>		
ARICEPT TABLET 10 MG ORAL	T2	PA; QL (60 EA per 30 days)
ARICEPT TABLET 23 MG ORAL	T2	PA; QL (30 EA per 30 days)
ARICEPT TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>donepezil hcl tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>donepezil hcl tablet 23 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>donepezil hcl tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>donepezil hcl tablet dispersible 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>donepezil hcl tablet dispersible 5 mg oral</i>	T1	QL (30 EA per 30 days)
EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL	T2	PA; QL (30 EA per 30 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i>	T1	QL (30 EA per 30 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i>	T1	QL (30 EA per 30 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i>	T1	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	T1	
<i>galantamine hydrobromide solution 4 mg/ml oral</i>	T2	PA; QL (180 ML per 30 days)
<i>galantamine hydrobromide tablet 4 mg oral</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>galantamine hydrobromide tablet 8 mg oral</i>	T1	QL (60 EA per 30 days)
<i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i>	T2	PA; QL (30 EA per 30 days)
<i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i>	T2	PA; QL (30 EA per 30 days)
<i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i>	T2	PA; QL (30 EA per 30 days)
<i>rivastigmine tartrate capsule 1.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>rivastigmine tartrate capsule 3 mg oral</i>	T1	QL (60 EA per 30 days)
<i>rivastigmine tartrate capsule 4.5 mg oral</i>	T1	QL (60 EA per 30 days)
<i>rivastigmine tartrate capsule 6 mg oral</i>	T1	QL (60 EA per 30 days)
ZUNVEYL	T2	QL (2 EA per 1 day)
<b>Fibromyalgia Agent - Snris</b>		
SAVELLA TABLET 100 MG ORAL	T2	PA; QL (60 EA per 30 days)
SAVELLA TABLET 12.5 MG ORAL	T2	PA; QL (60 EA per 30 days)
SAVELLA TABLET 25 MG ORAL	T2	PA; QL (60 EA per 30 days)
SAVELLA TABLET 50 MG ORAL	T2	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	T2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABLET 12 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
AUSTEDO TABLET 6 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
AUSTEDO TABLET 9 MG ORAL	T1	PA; SP; QL (120 EA per 30 days)
AUSTEDO XR	T1	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T1	PA; SP; QL (1 EA per 1 day)
INGREZZA CAPSULE 40 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
INGREZZA CAPSULE 80 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	T1	PA; SP; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T1	PA; SP; QL (30 EA per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
INGREZZA ORAL CAPSULE SPRINKLE	T1	PA; SP; QL (1 EA per 1 day)
<i>tetrabenazine tablet 12.5 mg oral</i>	T1	PA; SP; QL (120 EA per 30 days)
<i>tetrabenazine tablet 25 mg oral</i>	T1	PA; SP; QL (120 EA per 30 days)
XENAZINE TABLET 12.5 MG ORAL	T2	PA; QL (120 EA per 30 days)
XENAZINE TABLET 25 MG ORAL	T2	PA; QL (120 EA per 30 days)
<b>Ms Agents - Pyrimidine Synthesis Inhibitors</b>		
AUBAGIO	T2	PA; QL (30 EA per 30 days)
<i>teriflunomide</i>	T1	PA; QL (30 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (30 ML per 30 days)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	T2	PA; SP; QL (12.9 ML per 30 days)
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	T1	SP; QL (30 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	T1	SP; QL (12.9 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	T1	SP; QL (30 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	T1	QL (12.9 ML per 30 days)
<b>Multiple Sclerosis Agents - Interferons</b>		
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	T1	SP; QL (1.2 EA per 30 days)
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	T1	SP; QL (1.2 EA per 30 days)
BETASERON KIT 0.3 MG SUBCUTANEOUS	T1	SP; QL (15 EA per 30 days)
PLEGRIDY INTRAMUSCULAR	T2	PA; SP
PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)

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**Drug Tier**  
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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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**QL** = Quantity Limit  
**SP** = Specialty  
**ST** = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	T2	PA; SP; QL (1.2 ML per 30 days)
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	T1	SP; QL (6.6 ML per 30 days)
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	T1	SP; QL (6.6 ML per 30 days)
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	T1	SP

Prescription Drug Name	Drug Tier	Notes
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	T1	SP; QL (6.6 ML per 30 days)
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	T1	SP; QL (6.6 ML per 30 days)
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	T1	SP
<b>Multiple Sclerosis Agents - Monoclonal Antibodies</b>		
BRIUMVI	T1	PA; SP; QL (0.43 ML per 1 day)
KESIMPTA	T1	PA; SP; QL (0.06 ML per 1 day)
LEMTRADA SOLUTION 12 MG/1.2ML INTRAVENOUS	T2	PA; SP; QL (6 ML per 365 days)
OCREVUS SOLUTION 300 MG/10ML INTRAVENOUS	T1	PA; SP; QL (21.6 ML per 30 days)
TYRUKO	T2	PA; SP
TYSABRI CONCENTRATE 300 MG/15ML INTRAVENOUS	T1	PA; SP; QL (16.2 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<b>Multiple Sclerosis Agents - Nrf2 Pathway Activators</b>		
BAFIERTAM	T2	PA; SP; QL (4 EA per 1 day)
<i>dimethyl fumarate oral</i>	T1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	T2	PA; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	T2	PA; QL (60 EA per 30 days)
VUMERITY	T2	PA; SP; QL (4 EA per 1 day)
<b>Multiple Sclerosis Agents - Potassium Channel Blockers</b>		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	T2	PA; SP; QL (60 EA per 30 days)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	T1	PA; QL (60 EA per 30 days)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonists</b>		
<i>memantine hcl er capsule extended release 24 hour 14 mg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>memantine hcl er capsule extended release 24 hour 21 mg oral</i>	T1	QL (30 EA per 30 days)
<i>memantine hcl er capsule extended release 24 hour 28 mg oral</i>	T1	QL (30 EA per 30 days)
<i>memantine hcl er capsule extended release 24 hour 7 mg oral</i>	T1	QL (30 EA per 30 days)
<i>memantine hcl oral solution 10 mg/5ml</i>	T2	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	T1	
<i>memantine hcl solution 2 mg/ml oral</i>	T2	PA; QL (300 ML per 30 days)
<i>memantine hcl tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>memantine hcl tablet 28 x 5 mg &amp; 21 x 10 mg oral</i>	T1	QL (1 EA per 1 day)
<b>Phenothiazines &amp; Tricyclic Agents</b>		
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)

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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>perphenazine-amitriptyline tablet 4-10 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>perphenazine-amitriptyline tablet 4-25 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>perphenazine-amitriptyline tablet 4-50 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<b>Postherpetic Neuralgia (Phn) Agents</b>		
<i>gabapentin (once-daily) oral tablet 300 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>gabapentin (once-daily) oral tablet 450 mg</i>	T2	PA; QL (1 EA per 1 day)
<i>gabapentin (once-daily) oral tablet 750 mg, 900 mg</i>	T2	PA; QL (2 EA per 1 day)
GRALISE ORAL TABLET 450 MG	T2	PA; QL (1 EA per 1 day)
GRALISE ORAL TABLET 600 MG, 750 MG, 900 MG	T2	PA; QL (2 EA per 1 day)
<i>pregabalin er</i>	T2	PA
<b>Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents</b>		
<i>gabapentin (once-daily) oral tablet 600 mg</i>	T2	PA; QL (90 EA per 30 days)
<b>Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris</b>		

Prescription Drug Name	Drug Tier	Notes
<i>fluoxetine hcl (pmdd) tablet 10 mg oral</i>	T1	QL (90 EA per 30 days)
<i>fluoxetine hcl (pmdd) tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
AQNEURSA	T4	PA; QL (4 EA per 1 day)
MIPLYFFA	T4	PA; QL (3 EA per 1 day)
<i>pimozide tablet 1 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<i>pimozide tablet 2 mg oral</i>	T2	PA; AL (Min 18 Years and Max 999 Years)
<b>Restless Leg Syndrome (Rls) Agents</b>		
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL	T2	PA; QL (60 EA per 30 days)
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL	T2	PA; QL (60 EA per 30 days)
<b>Small Interfering Ribonucleic Acid (Sirna) Agents</b>		
AMVUTTRA	T4	PA
ONPATTRO SOLUTION 10 MG/5ML INTRAVENOUS	T4	PA; QL (0.72 ML per 1 day)
<b>Smoking Deterrents</b>		

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
<i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i>	T1	QL (60 EA per 30 days)
<i>ft nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>ft nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine mini lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine patch 24 hour 14 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine polacrilex gum 4 mg mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	QL (30 EA per 30 days)
<i>goodsense nicotine gum 2 mg mouth/throat</i>	T1	QL (720 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>goodsense nicotine lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	T1	QL (24 EA per 1 day)
<i>goodsense nicotine policrilex</i>	T1	QL (720 EA per 30 days)
NICORELIEF GUM 2 MG MOUTH/THROAT	T1	QL (720 EA per 30 days)
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	T2	PA
<i>nicotine mini mouth/throat lozenge 2 mg</i>	T1	QL (600 EA per 30 days)
<i>nicotine mini mouth/throat lozenge 4 mg</i>	T1	
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	T1	QL (30 EA per 30 days)
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	T1	QL (30 EA per 30 days)
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	T1	QL (30 EA per 30 days)
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	T1	QL (720 EA per 30 days)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex mini</i>	T1	
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
NICOTROL NS SOLUTION 10 MG/ML NASAL	T2	PA; QL (120 ML per 30 days)
<i>sm nicotine lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>varenicline tartrate (starter)</i>	T1	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	QL (60 EA per 30 days)
<i>varenicline tartrate(continue)</i>	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulators</b>		
<i> fingolimod hcl</i>	T1	PA; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	T2	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.5 MG	T2	PA; QL (30 EA per 30 days)
MAYZENT ORAL TABLET 1 MG	T2	PA; SP; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	T2	PA; SP; QL (52.5 EA per 30 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	T2	PA; SP; QL (72 EA per 30 days)
MAYZENT TABLET 0.25 MG ORAL	T2	PA; SP; QL (72 EA per 30 days)
MAYZENT TABLET 2 MG ORAL	T2	PA; SP; QL (30 EA per 30 days)
PONVORY	T2	PA; SP; QL (30 EA per 30 days)
PONVORY STARTER PACK	T2	PA; SP; QL (30 EA per 30 days)
TASCENSO ODT	T2	PA; SP; QL (1 EA per 1 day)

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	T1 = Preferred PDL Drug T2 = Non-Preferred PDL Drug T3 = Supplemental Formulary Drug T4 = Supplemental Specialty	AL = Age Restriction PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ZEPOSIA	T2	PA; SP; QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK	T2	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	T2	PA; SP
Thienbenzodiazepines & SsrIs		
<i>olanzapine-fluoxetine hcl capsule 12-25 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine-fluoxetine hcl capsule 12-50 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine-fluoxetine hcl capsule 3-25 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>olanzapine-fluoxetine hcl capsule 6-25 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>olanzapine-fluoxetine hcl capsule 6-50 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 18 Years and Max 999 Years)
Vasomotor Symptom Agents - SsrIs		
<i>paroxetine mesylate capsule 7.5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
Respiratory Agents - Misc.		
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	T4	PA
BRONCHITOL TOLERANCE TEST	T4	PA
*Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhib***		
JASCAYD	T2	PA; SP
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	T4	PA
ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML	T4	PA

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS	T4	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG	T4	PA
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	T4	PA
<b>Cftr Potentiators</b>		
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	T4	PA; SP; QL (2 EA per 1 day)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	T4	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	T4	PA; QL (60 EA per 30 days)
<b>Cystic Fibrosis Agent - Combinations</b>		
ALYFTREK ORAL TABLET 10-50-125 MG	T4	PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; QL (3 EA per 1 day)
ORKAMBI ORAL PACKET	T4	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	T4	PA; QL (4 EA per 1 day)
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	T4	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK	T4	PA; QL (60 EA per 30 days)
<b>Hydrolytic Enzymes</b>		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	T4	PA; QL (150 ML per 30 days)
<b>Pulmonary Fibrosis Agents</b>		
<i>pirfenidone oral capsule</i>	T1	PA; SP; QL (207 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	T1	PA; SP; QL (207 EA per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T1	PA; SP; QL (3 EA per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	T1	PA; SP; QL (90 EA per 30 days)
<b>Pulmonary Fibrosis Agents - Kinase Inhibitors</b>		
OFEV CAPSULE 100 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
OFEV CAPSULE 150 MG ORAL	T1	PA; SP; QL (60 EA per 30 days)
<b>Tetracyclines</b>		
<b>*Glycylcyclines***</b>		
<i>tigecycline</i>	T3	PA
<b>Aminomethylcyclines</b>		

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Prescription Drug Name	Drug Tier	Notes
NUZYRA TABLET 150 MG ORAL	T2	PA; QL (3 EA per 1 day)
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet 150 mg oral</i>	T2	PA
<i>demeclocycline hcl tablet 300 mg oral</i>	T2	PA
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	T2	PA; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg</i>	T1	
<i>doxycycline hyclate oral tablet 50 mg</i>	T2	PA
<i>doxycycline hyclate tablet 150 mg oral</i>	T2	PA
<i>doxycycline hyclate tablet 20 mg oral</i>	T1	
<i>doxycycline hyclate tablet 75 mg oral</i>	T2	PA
<i>doxycycline hyclate tablet delayed release 100 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>doxycycline hyclate tablet delayed release 150 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>doxycycline hyclate tablet delayed release 200 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>doxycycline hyclate tablet delayed release 50 mg oral</i>	T2	PA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>doxycycline hyclate tablet delayed release 75 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>doxycycline monohydrate capsule 100 mg oral</i>	T1	
<i>doxycycline monohydrate capsule 50 mg oral</i>	T1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	T2	PA
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate tablet 100 mg oral</i>	T1	
<i>doxycycline monohydrate tablet 150 mg oral</i>	T2	PA
<i>doxycycline monohydrate tablet 50 mg oral</i>	T1	
<i>doxycycline monohydrate tablet 75 mg oral</i>	T1	
MINOCIN INTRAVENOUS	T3	
<i>minocycline hcl capsule 100 mg oral</i>	T1	
<i>minocycline hcl capsule 50 mg oral</i>	T1	
<i>minocycline hcl capsule 75 mg oral</i>	T1	

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**Drug Tier**  
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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>minocycline hcl er tablet extended release 24 hour 105 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 115 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 135 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 45 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl er tablet extended release 24 hour 90 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>minocycline hcl tablet 100 mg oral</i>	T2	PA
<i>minocycline hcl tablet 50 mg oral</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>minocycline hcl tablet 75 mg oral</i>	T2	PA
<i>tetracycline hcl oral</i>	T1	
<b>Thyroid Agents</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tablet 10 mg oral</i>	T3	
<i>methimazole tablet 5 mg oral</i>	T3	
<i>propylthiouracil tablet 50 mg oral</i>	T3	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABLET 120 MG ORAL	T1	
ARMOUR THYROID TABLET 15 MG ORAL	T1	
ARMOUR THYROID TABLET 180 MG ORAL	T1	
ARMOUR THYROID TABLET 240 MG ORAL	T1	
ARMOUR THYROID TABLET 30 MG ORAL	T1	
ARMOUR THYROID TABLET 300 MG ORAL	T1	
ARMOUR THYROID TABLET 60 MG ORAL	T1	

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		<b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ARMOUR THYROID TABLET 90 MG ORAL	T1	
CYTOMEL TABLET 25 MCG ORAL	T1	QL (30 EA per 30 days)
CYTOMEL TABLET 5 MCG ORAL	T1	QL (120 EA per 30 days)
CYTOMEL TABLET 50 MCG ORAL	T1	QL (60 EA per 30 days)
LEVO-T TABLET 100 MCG ORAL	T1	
LEVO-T TABLET 112 MCG ORAL	T1	
LEVO-T TABLET 125 MCG ORAL	T1	
LEVO-T TABLET 137 MCG ORAL	T1	
LEVO-T TABLET 150 MCG ORAL	T1	
LEVO-T TABLET 175 MCG ORAL	T1	
LEVO-T TABLET 200 MCG ORAL	T1	
LEVO-T TABLET 25 MCG ORAL	T1	
LEVO-T TABLET 300 MCG ORAL	T1	
LEVO-T TABLET 50 MCG ORAL	T1	
LEVO-T TABLET 75 MCG ORAL	T1	
LEVO-T TABLET 88 MCG ORAL	T1	

Prescription Drug Name	Drug Tier	Notes
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml</i>	T2	PA
<i>levothyroxine sodium solution reconstituted 100 mcg intravenous</i>	T2	PA
<i>levothyroxine sodium solution reconstituted 200 mcg intravenous</i>	T2	PA
<i>levothyroxine sodium solution reconstituted 500 mcg intravenous</i>	T2	PA
<i>levothyroxine sodium tablet 100 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 112 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 125 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 137 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 150 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 175 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 200 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 25 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 300 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 50 mcg oral</i>	T1	
<i>levothyroxine sodium tablet 75 mcg oral</i>	T1	

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	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>levothyroxine sodium tablet 88 mcg oral</i>	T1	
LEVOXYL TABLET 100 MCG ORAL	T1	
LEVOXYL TABLET 112 MCG ORAL	T1	
LEVOXYL TABLET 125 MCG ORAL	T1	
LEVOXYL TABLET 137 MCG ORAL	T1	
LEVOXYL TABLET 150 MCG ORAL	T1	
LEVOXYL TABLET 175 MCG ORAL	T1	
LEVOXYL TABLET 200 MCG ORAL	T1	
LEVOXYL TABLET 25 MCG ORAL	T1	
LEVOXYL TABLET 50 MCG ORAL	T1	
LEVOXYL TABLET 75 MCG ORAL	T1	
LEVOXYL TABLET 88 MCG ORAL	T1	
LIOMNY ORAL TABLET 25 MCG	T1	QL (30 EA per 30 days)
LIOMNY ORAL TABLET 5 MCG	T1	QL (120 EA per 30 days)
LIOMNY ORAL TABLET 50 MCG	T1	QL (60 EA per 30 days)
<i>liothyronine sodium solution 10 mcg/ml intravenous</i>	T2	PA
<i>liothyronine sodium tablet 25 mcg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>liothyronine sodium tablet 5 mcg oral</i>	T1	QL (120 EA per 30 days)
<i>liothyronine sodium tablet 50 mcg oral</i>	T1	QL (60 EA per 30 days)
<i>niva thyroid</i>	T1	
NP THYROID TABLET 120 MG ORAL	T1	
NP THYROID TABLET 15 MG ORAL	T1	
NP THYROID TABLET 30 MG ORAL	T1	
NP THYROID TABLET 60 MG ORAL	T1	
NP THYROID TABLET 90 MG ORAL	T1	
RENTHYROID	T1	
SYNTHROID TABLET 100 MCG ORAL	T2	PA
SYNTHROID TABLET 112 MCG ORAL	T2	PA
SYNTHROID TABLET 125 MCG ORAL	T2	PA
SYNTHROID TABLET 137 MCG ORAL	T2	PA
SYNTHROID TABLET 150 MCG ORAL	T2	PA

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Prescription Drug Name	Drug Tier	Notes
SYNTHROID TABLET 175 MCG ORAL	T2	PA
SYNTHROID TABLET 200 MCG ORAL	T2	PA
SYNTHROID TABLET 25 MCG ORAL	T2	PA
SYNTHROID TABLET 300 MCG ORAL	T2	PA
SYNTHROID TABLET 50 MCG ORAL	T2	PA
SYNTHROID TABLET 75 MCG ORAL	T2	PA
SYNTHROID TABLET 88 MCG ORAL	T2	PA
THYQUIDITY	T2	PA
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	T1	
UNITHROID TABLET 100 MCG ORAL	T2	PA
UNITHROID TABLET 112 MCG ORAL	T2	PA
UNITHROID TABLET 125 MCG ORAL	T2	PA
UNITHROID TABLET 137 MCG ORAL	T2	PA
UNITHROID TABLET 150 MCG ORAL	T2	PA

Prescription Drug Name	Drug Tier	Notes
UNITHROID TABLET 175 MCG ORAL	T2	PA
UNITHROID TABLET 200 MCG ORAL	T2	PA
UNITHROID TABLET 25 MCG ORAL	T2	PA
UNITHROID TABLET 300 MCG ORAL	T2	PA
UNITHROID TABLET 50 MCG ORAL	T2	PA
UNITHROID TABLET 75 MCG ORAL	T2	PA
UNITHROID TABLET 88 MCG ORAL	T2	PA
<b>Toxoids</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	T3	QL (15 ML per 30 days); AL (Min 19 Years and Max 999 Years)
ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	T3	QL (15 ML per 30 days); AL (Min 19 Years and Max 999 Years)
BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	T3	QL (15 ML per 30 days); AL (Min 19 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Notes
TENIVAC INTRAMUSCULAR SUSPENSION	T3	QL (0.5 ML per 60 days); AL (Min 19 Years)
<b>Ulcer Drugs</b>		
<b>*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***</b>		
VOQUEZNA ORAL TABLET 10 MG	T2	PA; QL (1 EA per 1 day); AL (Min 6 Years)
<b>*Ulcer Anti-Infective-Pcab Combinations***</b>		
VOQUEZNA TRIPLE PAK	T2	PA; QL (8 EA per 1 day)
<b>Antispasmodics</b>		
<i>dicyclomine hcl capsule 10 mg oral</i>	T3	
<i>dicyclomine hcl intramuscular</i>	T3	
<i>dicyclomine hcl oral tablet 40 mg</i>	T3	
<i>dicyclomine hcl tablet 20 mg oral</i>	T3	
<b>Belladonna Alkaloids</b>		
<i>atropine sulfate injection solution 8 mg/20ml</i>	T3	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml</i>	T3	
<i>atropine sulfate intravenous solution</i>	T3	
<b>H-2 Antagonist-Antacid Combinations</b>		

Prescription Drug Name	Drug Tier	Notes
<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	T2	PA
<i>ft acid reducer + antacid</i>	T1	
<i>goodsense dual action complete</i>	T1	
<b>H-2 Antagonists</b>		
<i>acid controller max st tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>acid reducer maximum strength tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>acid reducer tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T2	PA
<i>cimetidine tablet 200 mg oral (otc)</i>	T1	
<i>cimetidine tablet 200 mg oral (rx)</i>	T1	
<i>cimetidine tablet 300 mg oral</i>	T1	
<i>cimetidine tablet 400 mg oral</i>	T1	
<i>cimetidine tablet 800 mg oral</i>	T1	
<i>famotidine (pf) solution 20 mg/2ml intravenous</i>	T1	
<i>famotidine intravenous solution 20 mg/5ml, 200 mg/50ml, 40 mg/10ml</i>	T1	

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty
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Prescription Drug Name	Drug Tier	Notes
<i>famotidine maximum strength</i>	T1	QL (4 EA per 1 day)
<i>famotidine orig st</i>	T1	QL (60 EA per 30 days)
<i>famotidine premixed solution 20-0.9 mg/50ml-% intravenous</i>	T1	
<i>famotidine solution 200 mg/20ml intravenous</i>	T1	
<i>famotidine solution 40 mg/4ml intravenous</i>	T1	
<i>famotidine suspension reconstituted 40 mg/5ml oral</i>	T1	
<i>famotidine tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>famotidine tablet 20 mg oral (otc)</i>	T1	QL (120 EA per 30 days)
<i>famotidine tablet 20 mg oral (rx)</i>	T1	QL (120 EA per 30 days)
<i>famotidine tablet 40 mg oral</i>	T1	QL (60 EA per 30 days)
<i>ft acid reducer max strength</i>	T1	QL (4 EA per 1 day)
<i>heartburn relief max st tablet 20 mg oral</i>	T1	QL (120 EA per 30 days)
<i>heartburn relief tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>nizatidine oral capsule</i>	T2	PA
<i>qc famotidine acid reducer oral tablet 20 mg</i>	T1	QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate suspension 1 gm/10ml oral</i>	T3	
<i>sucralfate tablet 1 gm oral</i>	T3	
<b>Proton Pump Inhibitor-Antacid Combinations</b>		
<i>goodsense omepr/sod bicarb</i>	T2	PA; QL (30 EA per 30 days)
KONVOMEPR	T2	PA; QL (21.43 ML per 1 day)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc)</i>	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i>	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>omeprazole-sodium bicarbonate capsule 40-1100 mg oral</i>	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg</i>	T2	PA; QL (1 EA per 1 day); AL (Min 6 Years)
<i>omeprazole-sodium bicarbonate oral packet 40-1680 mg</i>	T2	PA; QL (1.08 EA per 1 day); AL (Min 6 Years)
<b>Proton Pump Inhibitors</b>		

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**T4** = Supplemental Specialty

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Prescription Drug Name	Drug Tier	Notes
<i>acid reducer oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years)
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years)
<i>dexlansoprazole</i>	T2	PA; QL (30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>esomeprazole magnesium capsule delayed release 40 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	T1	QL (1 EA per 1 day); AL (Min 6 Years)
<i>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	T1	QL (30 EA per 30 days)
<i>ft acid reducer oral capsule delayed release 15 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)

Prescription Drug Name	Drug Tier	Notes
<i>ft acid reducer oral capsule delayed release 20 mg</i>	T1	QL (60 EA per 30 days)
<i>ft omeprazole</i>	T2	PA; QL (2 EA per 1 day)
<i>gnp omeprazole oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
<i>gnp omeprazole oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
GOODSENSE ESOMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>lansoprazole capsule delayed release 30 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)

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**T3** = Supplemental Formulary Drug  
**T4** = Supplemental Specialty

**Notes**  
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Prescription Drug Name	Drug Tier	Notes
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
NEXIUM PACKET 10 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 6 Years)
NEXIUM PACKET 2.5 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 6 Years)
NEXIUM PACKET 20 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 6 Years)
NEXIUM PACKET 40 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 6 Years)
NEXIUM PACKET 5 MG ORAL	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>omeprazole capsule delayed release 10 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>omeprazole capsule delayed release 20 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>omeprazole capsule delayed release 40 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>omeprazole magnesium oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
<i>omeprazole magnesium oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)

Prescription Drug Name	Drug Tier	Notes
<i>omeprazole oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
<i>omeprazole oral tablet delayed release dispersible</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
<i>pantoprazole sodium intravenous</i>	T3	
<i>pantoprazole sodium oral packet</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years)
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years)
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PRILOSEC PACKET 10 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
PRILOSEC PACKET 2.5 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
PROTONIX PACKET 40 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<b>Quaternary Anticholinergics</b>		
<i>glycopyrrolate injection solution</i>	T3	
<i>glycopyrrolate pf</i>	T3	
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml</i>	T3	
<i>glycopyrrolate tablet 1 mg oral</i>	T3	
<i>glycopyrrolate tablet 2 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	T3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML	T3	
<b>Ulcer Anti-Infective W/ Bismuth Combinations</b>		
<i>bis subcit-metronid-tetracyc</i>	T2	PA
<i>bismuth/metronidaz/te tracyclin</i>	T2	PA
<b>Ulcer Anti-Infective W/ Proton Pump Inhibitors</b>		
<i>amoxicill-clarithro-lansopraz therapy pack 500 &amp; 500 &amp; 30 mg oral</i>	T2	PA; QL (240 EA per 30 days)
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL	T2	PA
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol tablet 100 mcg oral</i>	T3	
<i>misoprostol tablet 200 mcg oral</i>	T3	
<b>Ulcer Drugs/Antispasmodics/Anticholinergics</b>		
<b>*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***</b>		
VOQUEZNA ORAL TABLET 20 MG	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
<b>Antispasmodics</b>		

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Prescription Drug Name	Drug Tier	Notes
<i>dicyclomine hcl capsule 10 mg oral</i>	T3	
<b>H-2 Antagonists</b>		
<i>cimetidine tablet 800 mg oral</i>	T1	
<b>Proton Pump Inhibitors</b>		
<i>omeprazole capsule delayed release 20 mg oral</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years)
<b>Quaternary Anticholinergics</b>		
GLYRX-PF INJECTION SOLUTION 0.4 MG/2ML	T3	
<b>Urinary Antispasmodics</b>		
<b>Beta-3 Adrenergic Agonists</b>		
GEMTESA	T2	PA; QL (30 EA per 30 days)
<i>mirabegron er</i>	T2	PA; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	PA; QL (300 ML per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	T1	QL (30 EA per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	T1	QL (30 EA per 30 days)
<b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic)</b>		

Prescription Drug Name	Drug Tier	Notes
<i>darifenacin hydrobromide er</i>	T1	QL (30 EA per 30 days)
<i>fesoterodine fumarate er</i>	T2	PA; QL (30 EA per 30 days)
<i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>	T1	QL (60 EA per 30 days)
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T2	PA; QL (4 EA per 1 day)
<i>oxybutynin chloride solution 5 mg/5ml oral</i>	T1	QL (600 ML per 30 days)
<i>oxybutynin chloride tablet 5 mg oral</i>	T1	QL (120 EA per 30 days)
OXYTROL FOR WOMEN PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	T1	QL (8.7 EA per 30 days)
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	T2	PA; QL (8.7 EA per 30 days)
<i>solifenacin succinate tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
<i>solifenacin succinate tablet 5 mg oral</i>	T1	QL (30 EA per 30 days)
<i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>	T1	QL (30 EA per 30 days)
<i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>	T1	QL (30 EA per 30 days)
<i>tolterodine tartrate tablet 1 mg oral</i>	T1	QL (60 EA per 30 days)
<i>tolterodine tartrate tablet 2 mg oral</i>	T1	QL (60 EA per 30 days)
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	T2	PA; QL (30 EA per 30 days)
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	T2	PA; QL (30 EA per 30 days)
<i>trospium chloride er capsule extended release 24 hour 60 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>trospium chloride tablet 20 mg oral</i>	T1	QL (60 EA per 30 days)
VESICARE TABLET 10 MG ORAL	T2	PA; QL (30 EA per 30 days)
VESICARE TABLET 5 MG ORAL	T2	PA; QL (30 EA per 30 days)
<b>Urinary Antispasmodic - Antimuscarinics (Antichol)</b>		

Prescription Drug Name	Drug Tier	Notes
<i>oxybutynin chloride tablet 5 mg oral</i>	T1	QL (120 EA per 30 days)
<i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>	T1	QL (30 EA per 30 days)
<i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride oral tablet 10 mg, 5 mg</i>	T3	
<i>bethanechol chloride tablet 25 mg oral</i>	T3	
<i>bethanechol chloride tablet 50 mg oral</i>	T3	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tablet 100 mg oral</i>	T2	PA
<b>Vaccines</b>		
<b>Bacterial Vaccines</b>		
ACTHIB	T3	QL (1.5 EA per 999 days); AL (Min 19 Years)
BEXSERO	T3	QL (1.5 ML per 999 days); AL (Min 19 Years and Max 25 Years)

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	T2 = Non-Preferred PDL Drug	PA = Prior Authorization
	T3 = Supplemental Formulary Drug	QL = Quantity Limit
	T4 = Supplemental Specialty	SP = Specialty ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
CAPVAXIVE	T3	AL (Min 19 Years)
HIBERIX INJECTION	T3	QL (2 EA per 999 days); AL (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION	T3	QL (0.5 ML per 999 days); AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION	T3	QL (1 ML per 999 days); AL (Min 19 Years and Max 55 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T3	QL (2 EA per 999 days); AL (Min 19 Years and Max 55 Years)
PENBRAYA	T3	AL (Min 19 Years and Max 999 Years)
<i>penmenvy</i>	T3	QL (2 doses per 1 lifetime); AL (Min 19 Years and Max 25 Years)
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	T3	QL (1 ML per 1 Lifetime); AL (Min 19 Years)

Prescription Drug Name	Drug Tier	Notes
PREVNAR 20	T3	QL (2 ML per 1 year); AL (Min 19 Years and Max 999 Years)
TRUMENBA	T3	QL (1.5 ML per 999 days); AL (Min 19 Years and Max 25 Years)
VAXNEUVANCE	T3	QL (0.5 ML per 1 lifetime); AL (Min 19 Years)
<b>Viral Vaccine Combinations</b>		
M-M-R II INJECTION	T3	QL (1 EA per 999 days); AL (Min 19 Years)
PRIORIX	T3	QL (1 EA per 999 days); AL (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
<b>Viral Vaccines</b>		
ABRYSVO	T3	AL (Min 19 Years)
AFLURIA	T3	QL (0.5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Notes
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days)
AREXVY	T3	AL (Min 50 Years)
COMIRNATY 5-11 YEARS	T3	QL (0.3 ML per 1 Dose); AL (Min 5 Years and Max 11 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.3 ML per 1 day); AL (Min 12 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T3	QL (4 doses per 1 lifetime); AL (Min 19 Years and Max 999 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T3	QL (4 doses per 1 lifetime); AL (Min 19 Years and Max 999 Years)
FLUAD	T3	QL (0.5 ML per 30 days); AL (Min 65 Years)

Prescription Drug Name	Drug Tier	Notes
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days); AL (Min 9 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	T3	QL (0.5 ML per 30 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days)
FLUMIST	T3	QL (1 EA per 30 days); AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days); AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION	T3	QL (0.5 ML per 30 days)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
	<b>T4</b> = Supplemental Specialty	<b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 30 days)
GARDASIL 9	T3	QL (1.5 ML per 999 days); AL (Min 19 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	T3	QL (15 ML per 30 days); AL (Min 19 Years)
HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T3	AL (Min 19 Years)
IPOL INJECTION SUSPENSION	T3	QL (1.5 ML per 999 days); AL (Min 19 Years)
JYNNEOS	T3	QL (1 ML per 999 days); AL (Min 19 Years)

Prescription Drug Name	Drug Tier	Notes
MNEXSPIKE	T3	QL (0.2 ML per 1 day); AL (Min 12 Years)
MRESVIA	T3	AL (Min 18 Years)
<i>nuvaxovid covid-19 vaccine</i>	T3	QL (0.5 ML per 1 Dose); AL (Min 12 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	T3	QL (3 doses per 1 lifetime); AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	T3	QL (3 doses per 1 lifetime); AL (Min 19 Years and Max 999 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML	T3	QL (3 doses per 1 lifetime); AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	T3	QL (3 doses per 1 lifetime); AL (Min 19 Years and Max 999 Years)
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	T3	QL (1 ML per 1 Lifetime); AL (Min 19 Years)

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	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
SPIKEVAX 6M-11Y	T3	QL (0.25 ML per 1 day); AL (Min 6 Months and Max 11 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (0.5 ML per 1 Dose); AL (Min 12 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	T3	QL (15 ML per 30 days); AL (Min 19 Years and Max 999 Years)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	T3	QL (15 ML per 30 days); AL (Min 19 Years and Max 999 Years)
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
VAQTA SUSPENSION PREFILLED SYRINGE 50 UNIT/ML INTRAMUSCULAR	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
VARIVAX INJECTION	T3	QL (1 EA per 999 days); AL (Min 19 Years)

Prescription Drug Name	Drug Tier	Notes
<b>Vaginal Products</b>		
<b>Imidazole-Related Antifungals</b>		
<i>3 day vaginal cream 2 % vaginal</i>	T1	
<i>7 day vaginal cream 2 % vaginal</i>	T1	
<i>clotrimazole cream 1 % vaginal</i>	T1	
<i>ft 7 day vaginal</i>	T1	
<i>ft clotrimazole</i>	T1	
<i>ft clotrimazole 3</i>	T1	
<i>ft miconazole 1</i>	T1	
<i>ft miconazole 3 comb pack-supp</i>	T1	
<i>ft miconazole 3 combo pack</i>	T1	
<i>ft miconazole 7</i>	T1	
<i>ft tioconazole-1</i>	T1	
<i>gnp clotrimazole 3 cream 2 % vaginal</i>	T1	
<i>gnp miconazole 1</i>	T1	
<i>gnp miconazole 3 kit 200 &amp; 2 mg-% (9gm) vaginal</i>	T1	
<i>gnp miconazole 7 cream 2 % vaginal</i>	T1	
GYNAZOLE-1 CREAM 2 % VAGINAL	T2	PA
<i>miconazole 1 kit 1200 &amp; 2 mg &amp; % vaginal</i>	T1	
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal</i>	T1	

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	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
<i>miconazole 3 suppository 200 mg vaginal</i>	T2	PA
<i>miconazole 7 cream 2 % vaginal</i>	T1	
<i>miconazole 7 suppository 100 mg vaginal</i>	T1	
<i>miconazole nitrate combo pack</i>	T1	
<i>miconazole nitrate cream 2 % vaginal</i>	T1	
<i>terconazole cream 0.4 % vaginal</i>	T2	PA
<i>terconazole cream 0.8 % vaginal</i>	T2	PA
<i>terconazole suppository 80 mg vaginal</i>	T2	PA
<i>tioconazole-1 ointment 6.5 % vaginal</i>	T1	
<b>Spermicides</b>		
OPTIONS GYNOL II CONTRACEPTIVE	T3	QL (162 GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	QL (76.5 GM per 30 days)
<b>Vaginal Anti-Infectives</b>		
CLEOCIN CREAM 2 % VAGINAL	T2	PA
<i>clindamycin phosphate cream 2 % vaginal</i>	T1	

Prescription Drug Name	Drug Tier	Notes
CLINDESSE CREAM 2 % VAGINAL	T1	
<i>metronidazole gel 0.75 % vaginal</i>	T1	
NUVESSA GEL 1.3 % VAGINAL	T2	PA
VANDAZOLE GEL 0.75 % VAGINAL	T2	PA
XACIATO	T2	PA
<b>Vaginal Estrogens</b>		
ESTRACE VAGINAL CREAM 0.01 %	T2	PA
<i>estradiol cream 0.01 % vaginal</i>	T1	
<i>estradiol tablet 10 mcg vaginal</i>	T1	
ESTRING VAGINAL RING 7.5 MCG/24HR	T1	
FEMRING	T1	
PREMARIN VAGINAL	T1	
VAGIFEM VAGINAL TABLET 10 MCG	T1	
YUVAFEM TABLET 10 MCG VAGINAL	T1	
<b>Vaginal Progestins</b>		
CRINONE GEL 4 % VAGINAL	T2	PA
CRINONE GEL 8 % VAGINAL	T2	PA
<b>Vasopressors</b>		
<b>Anaphylaxis Therapy Agents</b>		

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**T3** = Supplemental Formulary Drug  
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**Notes**  
**AL** = Age Restriction  
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Prescription Drug Name	Drug Tier	Notes
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	T1	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	T2	PA
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	T1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	T2	PA
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	T2	PA
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION	T2	PA
NEFFY	T2	PA
<b>Vasopressors</b>		
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T3	
<i>epinephrine pf injection solution</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>midodrine hcl</i>	T3	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	T3	
<b>Vitamins</b>		
<b>Biotin</b>		
<i>biotin tablet 5 mg oral</i>	T3	
<b>Vitamin A</b>		
<i>beta carotene capsule 25000 unit oral</i>	T3	
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	T3	
<b>Vitamin B-1</b>		
<i>thiamine hcl injection solution 100 mg/ml</i>	T3	
<i>thiamine mononitrate tablet 100 mg oral</i>	T3	AL (Max 19 Years)
<i>vitamin b-1 tablet 250 mg oral</i>	T3	
<i>vitamin b-1 tablet 50 mg oral</i>	T3	
<b>Vitamin B-3</b>		
<i>niacin oral tablet 500 mg</i>	T3	
<b>Vitamin B-5</b>		
<i>calcium pantothenate tablet 500 mg oral</i>	T3	
<b>Vitamin B-6</b>		
<i>gnp vitamin b-6 tablet 100 mg oral</i>	T3	
<i>pyridoxine hcl injection</i>	T3	

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>Notes</b>
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Preferred PDL Drug	<b>AL</b> = Age Restriction
	<b>T2</b> = Non-Preferred PDL Drug	<b>PA</b> = Prior Authorization
	<b>T3</b> = Supplemental Formulary Drug	<b>QL</b> = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
<i>vitamin b-6 tablet 100 mg oral</i>	T3	
<i>vitamin b-6 tablet 25 mg oral</i>	T3	
<i>vitamin b-6 tablet 50 mg oral</i>	T3	
Vitamin C		
<i>ascorbic acid tablet 500 mg oral</i>	T3	
<i>c-500 tablet chewable 500 mg oral</i>	T3	
<i>gnp vitamin c oral tablet 250 mg</i>	T3	
<i>gnp vitamin c tablet 1000 mg oral</i>	T3	
<i>gnp vitamin c tablet 500 mg oral</i>	T3	
<i>gnp vitamin c tablet chewable 500 mg oral</i>	T3	
<i>gnp vitamin c tablet extended release 500 mg oral</i>	T3	
<i>vitamin c liquid 500 mg/5ml oral</i>	T3	
<i>vitamin c oral tablet 250 mg</i>	T3	
<i>vitamin c tablet 1000 mg oral</i>	T3	
<i>vitamin c tablet 500 mg oral</i>	T3	
<i>vitamin c tablet chewable 250 mg oral</i>	T3	
<i>vitamin c tablet chewable 500 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitamin c-rose hips tablet 500 mg oral</i>	T3	
Vitamin D		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	T3	
DECARA CAPSULE 625 MCG (25000 UT) ORAL	T3	
DIALYVITE VITAMIN D 5000	T3	
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>ergocalciferol oral solution 200 mcg/ml</i>	T3	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T3	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>	T3	
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>vitamin d oral liquid 10 mcg/ml</i>	T3	
<i>vitamin d tablet 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>vitamin d3 capsule 125 mcg (5000 ut) oral</i>	T3	

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	<b>T1</b> = Preferred PDL Drug <b>T2</b> = Non-Preferred PDL Drug <b>T3</b> = Supplemental Formulary Drug <b>T4</b> = Supplemental Specialty	<b>AL</b> = Age Restriction <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>SP</b> = Specialty <b>ST</b> = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	T3	
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	T3	
<i>vitamin d3 super strength oral capsule</i>	T3	
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	T3	
<i>vitamin d3 ultra strength</i>	T3	
WEEKLY-D	T3	
<b>Vitamin E</b>		
<i>e-200 capsule 90 mg (200 unit) oral</i>	T3	
<i>gnp vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>gnp vitamin e capsule 400 unit oral</i>	T3	
<i>gnp vitamin e capsule 450 mg (1000 ut) oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gnp vitamin e capsule 90 mg (200 unit) oral</i>	T3	
<i>vitamin e capsule 1000 unit oral</i>	T3	
<i>vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e capsule 400 unit oral</i>	T3	
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	T3	
<b>Vitamin K</b>		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	
<i>phytonadione tablet 5 mg oral</i>	T3	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	

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**Drug Tier**

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