

AmeriHealth Caritas Pennsylvania Supplemental Formulary

April 3, 2024

CURRENT AS OF 4/3/2024

		Notes
lowercase	Drug Tier	AL = Age Restriction
italics =	T3 =	PA = Prior Authorization
Generic drugs	Supplemental Formulary Drug	QL = Quantity Limit
UPPERCASE =	T4 =	QL = Quantity Limit
Brand name drugs	Supplemental Formulary Drug	SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
Analeptics		
<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	
Allergenic Extracts/Biologicals Misc		
Mixed Allergenic Extracts		
ODACTRA	T3	PA; QL (1 EA per 1 day)
ORALAIR	T3	PA
Alternative Medicines		
Alternative Medicine - Me's		
<i>cvs melatonin gummies oral tablet chewable 5 mg</i>	T3	
<i>cvs melatonin oral capsule 10 mg</i>	T3	
<i>cvs melatonin oral tablet 3 mg</i>	T3	
<i>gnp melatonin oral tablet</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>melatonin er oral tablet extended release 10 mg, 3 mg</i>	T3	
<i>melatonin gummies oral tablet chewable 2.5 mg</i>	T3	
<i>melatonin oral liquid 1 mg/ml, 2.5 mg/10ml</i>	T3	
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	T3	
<i>melatonin oral tablet dispersible 5 mg</i>	T3	
<i>melatonin sublingual tablet sublingual 3 mg</i>	T3	
<i>ra melatonin oral tablet 3 mg, 5 mg</i>	T3	
VITAJOY GUMMIES	T3	
Aminoglycosides		
Aminoglycosides		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	T3	
<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	
<i>streptomycin sulfate intramuscular</i>	T3	
<i>tobramycin sulfate injection</i>	T3	
Analgesics - Anti-Inflammatory		
Nonsteroidal Anti-Inflammatory Agents (Nsaids)		
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	T3	

Prescription Drug Name	Drug Tier	Notes
<i>ketorolac tromethamine solution 15 mg/ml injection</i>	T3	
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tablet 10 mg oral</i>	T3	
<i>leflunomide tablet 20 mg oral</i>	T3	
Analgesics - Nonnarcotic		
Analgesics Other		
<i>acetaminophen childrens suspension 160 mg/5ml oral</i>	T3	
<i>acetaminophen childrens tablet chewable 160 mg oral</i>	T3	
<i>acetaminophen er tablet extended release 650 mg oral</i>	T3	
<i>acetaminophen extra strength tablet 500 mg oral</i>	T3	
<i>acetaminophen liquid 160 mg/5ml oral</i>	T3	
<i>acetaminophen solution 160 mg/5ml oral</i>	T3	
<i>acetaminophen solution 325 mg/10.15ml oral</i>	T3	
<i>acetaminophen solution 650 mg/20.3ml oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>acetaminophen suppository 120 mg rectal</i>	T3	
<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>arthritis pain relief tablet extended release 650 mg oral</i>	T3	
<i>childrens silapap liquid 160 mg/5ml oral</i>	T3	
<i>clonidine hcl (analgesia)</i>	T3	
<i>ed-apap liquid 160 mg/5ml oral</i>	T3	
FEVERALL ADULTS SUPPOSITORY 650 MG RECTAL	T3	
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL	T3	
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	T3	
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>gnp 8 hour pain reliever tablet extended release 650 mg oral</i>	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	
<i>goodsense arthritis pain tablet extended release 650 mg oral</i>	T3	
<i>goodsense pain & 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	
<i>hm pain relief tablet extended release 650 mg oral</i>	T3	
MAPAP CHILDRENS TABLET CHEWABLE 160 MG ORAL	T3	
<i>mapap liquid 160 mg/5ml oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>pain & fever childrens suspension 160 mg/5ml oral</i>	T3	
<i>pain relief extra strength tablet 500 mg oral</i>	T3	
<i>pain reliever extra strength tablet 500 mg oral</i>	T3	
PHARBETOL EXTRA STRENGTH TABLET 500 MG ORAL	T3	
PHARBETOL TABLET 325 MG ORAL	T3	
<i>sm 8 hour pain relief tablet extended release 650 mg oral</i>	T3	
<i>sm arthritis pain reliever tablet extended release 650 mg oral</i>	T3	
<i>sm pain & fever childrens suspension 160 mg/5ml oral</i>	T3	
<i>sm pain reliever ex st tablet 500 mg oral</i>	T3	
<i>sm pain reliever tablet 325 mg oral</i>	T3	
Salicylates		
<i>aspirin 81 tablet delayed release 81 mg oral</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>aspirin adult low dose tablet delayed release 81 mg oral</i>	T3	
<i>aspirin ec low dose tablet delayed release 81 mg oral</i>	T3	
<i>aspirin ec low strength tablet delayed release 81 mg oral</i>	T3	
<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 low strength tablet chewable 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	
ASPIR-LOW TABLET DELAYED RELEASE 81 MG ORAL	T3	
<i>gnp adult aspirin low strength tablet chewable 81 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gnp aspirin low dose tablet delayed release 81 mg oral</i>	T3	
<i>gnp aspirin tablet 325 mg oral</i>	T3	QL (360 EA per 30 days)
<i>gnp aspirin tablet delayed release 325 mg oral</i>	T3	
<i>gnp aspirin tablet delayed release 81 mg oral</i>	T3	
<i>goodsense aspirin tablet 325 mg oral</i>	T3	QL (360 EA per 30 days)
<i>goodsense aspirin tablet chewable 81 mg oral</i>	T3	
<i>salsalate tablet 500 mg oral</i>	T3	QL (120 EA per 30 days)
<i>salsalate tablet 750 mg oral</i>	T3	QL (120 EA per 30 days)
<i>sb aspirin tablet 325 mg oral</i>	T3	QL (360 EA per 30 days)
<i>sm aspirin adult low strength tablet delayed release 81 mg oral</i>	T3	
<i>sm aspirin ec tablet delayed release 325 mg oral</i>	T3	
<i>sm aspirin low dose tablet chewable 81 mg oral</i>	T3	
<i>sm childrens aspirin tablet chewable 81 mg oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
ST JOSEPH LOW DOSE TABLET CHEWABLE 81 MG ORAL	T3	
ST JOSEPH LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	T3	
Analgesics - Opioid		
Opioid Partial Agonists		
<i>nalbuphine hcl injection</i>	T3	
Androgens-Anabolic		
Androgens		
<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
Anorectal Agents		
Rectal Anesthetic/Steroids		
PROCTOFOAM HC FOAM 1-1 % EXTERNAL	T3	
Rectal Local Anesthetics		
<i>dibucaine (perianal) ointment 1 % external</i>	T3	
Antacids		
Antacid & Simethicone		

Prescription Drug Name	Drug Tier	Notes
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	T3	
<i>antacid anti-gas max strength suspension 400-400-40 mg/5ml oral</i>	T3	
<i>antacid fast relief suspension 200-200-20 mg/5ml oral</i>	T3	
<i>antacid suspension 200-200-20 mg/5ml oral</i>	T3	
<i>gnp antacid & 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	
MINTOX SUSPENSION 200-200-20 MG/5ML ORAL	T3	
<i>sm antacid advanced max st suspension 400-400-40 mg/5ml oral</i>	T3	
<i>sm antacid advanced suspension 200-200-20 mg/5ml oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
Antacid Combinations		
ACID GONE SUSPENSION 95-358 MG/15ML ORAL	T3	
GAVISCON SUSPENSION 95-358 MG/15ML ORAL	T3	
Antacids - Aluminum Salts		
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	T3	
Antacids - Bicarbonate		
<i>sodium bicarbonate tablet 325 mg oral</i>	T3	
<i>sodium bicarbonate tablet 650 mg oral</i>	T3	
Antacids - Calcium Salts		
<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	
<i>calcium antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>calcium carbonate antacid tablet chewable 500 mg oral</i>	T3	
CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL	T3	
<i>eq antacid tablet chewable 500 mg oral</i>	T3	
<i>eql antacid tablet chewable 500 mg oral</i>	T3	
<i>gnp antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>gnp antacid tablet chewable 500 mg oral</i>	T3	
<i>goodsense antacid tablet chewable 500 mg oral</i>	T3	
HEALTHY MAMA TAME THE FLAME TABLET CHEWABLE 500 MG ORAL	T3	
<i>long lasting antacid tablet chewable 500 mg oral</i>	T3	
<i>sb antacid tablet chewable 500 mg oral</i>	T3	
<i>sm calcium antacid ex st tablet chewable 750 mg oral</i>	T3	
<i>sm calcium antacid tablet chewable 500 mg oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
TUMS CHEWY BITES TABLET CHEWABLE 750 MG ORAL	T3	
TUMS E-X 750 TABLET CHEWABLE 750 MG ORAL	T3	
TUMS EXTRA STRENGTH 750 TABLET CHEWABLE 750 MG ORAL	T3	
TUMS SMOOTHIES TABLET CHEWABLE 750 MG ORAL	T3	
TUMS TABLET CHEWABLE 500 MG ORAL	T3	
TUMS ULTRA 1000 TABLET CHEWABLE 1000 MG ORAL	T3	
Antacids - Magnesium Salts		
<i>gnp magnesium oxide tablet 250 mg oral</i>	T3	
<i>magnesium oxide tablet 250 mg oral</i>	T3	
<i>magnesium oxide tablet 400 mg oral</i>	T3	
<i>magnesium oxide tablet 420 mg oral</i>	T3	
MAOX TABLET 420 MG ORAL	T3	
URO-MAG CAPSULE 140 MG ORAL	T3	
Anthelmintics		

Prescription Drug Name	Drug Tier	Notes
Anthelmintics		
<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 tablet 3 mg oral</i>	T3	QL (10 EA per 30 days)
<i>praziquantel tablet 600 mg oral</i>	T3	
Antianginal Agents		
Nitrates		
<i>nitroglycerin in d5w</i>	T3	
<i>nitroglycerin intravenous</i>	T3	
Antianxiety Agents		
Antianxiety Agents - Misc.		
<i>droperidol solution 2.5 mg/ml injection</i>	T3	
Antiarrhythmics		
Antiarrhythmics - Misc.		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	T3	
Antiarrhythmics Type I-A		
<i>disopyramide phosphate capsule 100 mg oral</i>	T3	
<i>disopyramide phosphate capsule 150 mg oral</i>	T3	

		Notes
lowercase italics	= Generic drugs	AL = Age Restriction
UPPERCASE	= Brand name drugs	PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
T3	= Supplemental Formulary Drug	
T4	= Supplemental Formulary Drug	

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	
Antiarrhythmics Type I-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	
Antiarrhythmics Type I-C		
<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	
Antiarrhythmics Type Iii		
<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	
Antiasthmatic And Bronchodilator Agents		
Anti-Inflammatory Agents		
<i>cromolyn sodium inhalation</i>	T3	
Beta Adrenergics		
<i>terbutaline sulfate injection</i>	T3	
Xanthines		
<i>aminophylline intravenous</i>	T3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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	
<i>theophylline er tablet extended release 24 hour 600 mg oral</i>	T3	
Anticoagulants		
Heparins And Heparinoid-Like Agents		
BD HEPARIN POSIFLUSH	T3	
<i>heparin na (pork) lock flsh 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	

Prescription Drug Name	Drug Tier	Notes
Anticonvulsants		
Anticonvulsants - Misc.		
<i>lacosamide intravenous</i>	T3	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	T3	
<i>levetiracetam intravenous</i>	T3	
Hydantoins		
<i>fosphephenytoin sodium</i>	T3	
Antidepressants		
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZULRESSO	T3	PA; SP
ZURZUVAE	T3	PA
Antidiabetics		
*Antidiabetic-Anti-Cd3 Antibodies***		
TZIELD	T4	PA
Diabetic Other		
<i>glucose tablet chewable 4 gm oral</i>	T3	
<i>sm glucose tablet chewable 4 gm oral</i>	T3	
TRUEPLUS GLUCOSE ON THE GO TABLET CHEWABLE 4 GM ORAL	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
TRUEPLUS GLUCOSE TABLET CHEWABLE 4 GM ORAL	T3	
<i>walgreens glucose tablet chewable 4 gm oral</i>	T3	
Antidiarrheal/Probiotic Agents		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismatrol suspension 262 mg/15ml oral</i>	T3	
<i>gnp pink bismuth tablet chewable 262 mg oral</i>	T3	
<i>hm stomach relief suspension 525 mg/30ml oral</i>	T3	
<i>hm stomach relief ultra suspension 525 mg/15ml oral</i>	T3	
<i>sm stomach relief suspension 262 mg/15ml oral</i>	T3	
<i>sm stomach relief tablet chewable 262 mg oral</i>	T3	
<i>stomach relief tablet chewable 262 mg oral</i>	T3	
Antiperistaltic Agents		
<i>anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<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	
<i>sm anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<i>sm anti-diarrheal tablet 2 mg oral</i>	T3	
Antidotes		
Antidotes - Chelating Agents		
CHEMET CAPSULE 100 MG ORAL	T3	QL (19 Day Supply per 1 Fill)
Antidotes And Specific Antagonists		
<i>acetylcysteine intravenous</i>	T3	
ANDEXXA SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	T4	PA
<i>deferoxamine mesylate</i>	T3	
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
PROTOPAM CHLORIDE	T3	
Antifungals		
Triazoles		
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	T3	
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		
<i>allergy childrens oral liquid</i>	T3	
<i>allergy relief capsule 25 mg oral</i>	T3	
<i>allergy relief tablet 25 mg oral</i>	T3	
BANOPHEN CAPSULE 25 MG ORAL	T3	
BANOPHEN CAPSULE 50 MG ORAL	T3	
BANOPHEN LIQUID 12.5 MG/5ML ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
BANOPHEN TABLET 25 MG ORAL	T3	
<i>diphenhist capsule 25 mg oral</i>	T3	
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	T3	
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	T3	
<i>diphenhydramine hcl childrens liquid 12.5 mg/5ml oral</i>	T3	
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral</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	
<i>pharbedryl capsule 25 mg oral</i>	T3	
<i>pharbedryl capsule 50 mg oral</i>	T3	
<i>siladryl allergy liquid 12.5 mg/5ml oral</i>	T3	

		Notes
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	AL = Age Restriction
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>sm allergy relief tablet 25 mg oral</i>	T3	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup 2 mg/5ml oral</i>	T3	
<i>cyproheptadine hcl tablet 4 mg oral</i>	T3	
Antihypertensives		
Agents For Pheochromocytoma		
DEMSER CAPSULE 250 MG ORAL	T4	PA; QL (480 EA per 30 days)
<i>metyrosine</i>	T4	PA; QL (480 EA per 30 days)
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	T4	PA
Vasodilators		
<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	

Prescription Drug Name	Drug Tier	Notes
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.		
<i>metronidazole intravenous solution 500 mg/100ml</i>	T3	
<i>pentamidine isethionate inhalation</i>	T3	
Anti-Infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</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	
Antiprotozoal Agents		
<i>atovaquone suspension 750 mg/5ml oral</i>	T3	PA; QL (600 ML per 30 days)
Carbapenem Combinations		
VABOMERE	T3	
Carbapenems		
<i>ertapenem sodium solution reconstituted 1 gm injection</i>	T3	PA; QL (30 EA per 30 days)
Chloramphenicals		

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>chloramphenicol sod succinate solution reconstituted 1 gm intravenous</i>	T3	
Leprostatics		
<i>dapsone tablet 100 mg oral</i>	T3	
<i>dapsone tablet 25 mg oral</i>	T3	
Lincosamides		
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	
<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 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	T3	
<i>lincomycin hcl injection</i>	T3	

Prescription Drug Name	Drug Tier	Notes
Oxazolidinones		
SIVEXTRO ORAL	T3	PA; QL (30 EA per 30 days)
Polymyxins		
<i>colistimethate sodium (cba)</i>	T4	PA
COLY-MYCIN M SOLUTION RECONSTITUTED 150 MG INJECTION	T4	PA
Antimalarials		
Antimalarials		
DARAPRIM TABLET 25 MG ORAL	T4	PA; QL (90 EA per 30 days)
<i>pyrimethamine oral</i>	T4	PA
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABLET 10 MG ORAL	T4	PA
MESTINON SOLUTION 60 MG/5ML ORAL	T3	
<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	

		Notes
lowercase italics = Generic drugs	Drug Tier	AL = Age Restriction
UPPERCASE = Brand name drugs	T3 = Supplemental Formulary Drug	PA = Prior Authorization
	T4 = Supplemental Formulary Drug	QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<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)

Antimycobacterial Agents

Antimycobacterial Agents

<i>ethambutol hcl oral</i>	T3	
<i>isoniazid tablet 100 mg 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
<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)

Antineoplastics And Adjunctive Therapies

Prescription Drug Name	Drug Tier	Notes
*Antineoplastic - Allogeneic Cellular Immunotherapy***		
OMISIRGE	T4	PA; SP
*Antineoplastic - Antibody Combinations***		
OPDUALAG	T4	PA
*Antineoplastic - Anti-Ccr4 Antibodies***		
POTELIGEO SOLUTION 20 MG/5ML INTRAVENOUS	T4	PA
*Antineoplastic - Anti-Cd19 Antibodies***		
MONJUVI	T4	PA
*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***		
ZYNLONTA	T4	PA
*Antineoplastic - Anti-Cd20 Antibodies***		
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

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS	T4	PA
RITUXAN SOLUTION 500 MG/50ML INTRAVENOUS	T4	PA
RUXIENCE	T4	PA
*Antineoplastic - Anti-Cd22 Antibody-Drug Complex***		
BESPONSA SOLUTION RECONSTITUTED 0.9 MG INTRAVENOUS	T4	PA
*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***		
ADCETRIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	T4	PA; QL (6.6 EA per 30 days)
*Antineoplastic - Anti-Cd33 Antibody-Drug Complex***		
MYLOTARG SOLUTION RECONSTITUTED 4.5 MG INTRAVENOUS	T4	PA
*Antineoplastic - Anti-Cd38 Antibodies***		
DARZALEX SOLUTION 100 MG/5ML INTRAVENOUS	T4	PA
SARCLISA	T4	PA

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

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
TRAZIMERA	T4	PA
*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	T4	PA
*Antineoplastic - Anti-Pd-1 Antibodies***		
JEMPERLI	T4	PA
KEYTRUDA SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA
LIBTAYO SOLUTION 350 MG/7ML INTRAVENOUS	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
*Antineoplastic - Anti-Pd-L1 Antibodies***		

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
*Antineoplastic - Anti-Slamf7 Antibodies***		
EMPLICITI SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	T4	PA
EMPLICITI SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	T4	PA
*Antineoplastic - Egfr Inhibitors***		
ERBITUX SOLUTION 100 MG/50ML INTRAVENOUS	T4	PA
ERBITUX SOLUTION 200 MG/100ML INTRAVENOUS	T4	PA

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
PORTRAZZA SOLUTION 800 MG/50ML INTRAVENOUS	T4	PA
VECTIBIX SOLUTION 100 MG/5ML INTRAVENOUS	T4	PA
VECTIBIX SOLUTION 400 MG/20ML INTRAVENOUS	T4	PA
*Antineoplastic - Multiple Receptor Antibodies***		
RYBREVANT	T4	PA
*Myeloprotective Agents***		
COSELA	T4	PA
*Topoisomerase I Inhibitors - Antibody-Drug Complex***		
TRODELVY	T4	PA
Alkylating Agents		
BELRAPZO SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA
<i>bendamustine hcl intravenous solution reconstituted</i>	T4	PA
<i>bendamustine hcl solution 100 mg/4ml intravenous</i>	T4	PA

Prescription Drug Name	Drug Tier	Notes
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	
<i>oxaliplatin solution 100 mg/20ml intravenous</i>	T4	
<i>oxaliplatin solution 50 mg/10ml intravenous</i>	T4	

		Notes
lowercase italics	= Generic drugs	AL = Age Restriction
UPPERCASE	= Brand name drugs	PA = Prior Authorization
	Drug Tier	QL = Quantity Limit
	T3	QL = Quantity Limit
	T4	SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	T3	
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
Antimetabolites		
ALIMTA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA
ALIMTA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
<i>azacitidine suspension reconstituted 100 mg injection</i>	T4	PA

Prescription Drug Name	Drug Tier	Notes
<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
<i>fludarabine phosphate solution reconstituted 50 mg intravenous</i>	T4	PA
FOLOTYN SOLUTION 20 MG/ML INTRAVENOUS	T4	PA
FOLOTYN SOLUTION 40 MG/2ML INTRAVENOUS	T4	PA
<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

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<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
<i>mercaptopurine tablet 50 mg oral</i>	T3	
ONUREG	T4	PA; QL (15 EA per 30 days)
PEMFEXY	T4	PA
VIDAZA SUSPENSION RECONSTITUTED 100 MG INJECTION	T4	PA
Antineoplastic - Autologous Cellular Immunotherapy		
ABECMA	T4	PA
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	T4	PA
CARVYKTI	T4	PA
KYMRIAH SUSPENSION 250000000 CELLS INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
KYMRIAH SUSPENSION 600000000 CELLS INTRAVENOUS	T4	PA
PROVENGE SUSPENSION 50000000 CELLS INTRAVENOUS	T4	PA; QL (810 ML per 30 days)
TECARTUS	T4	PA
YESCARTA SUSPENSION 200000000 CELLS INTRAVENOUS	T4	PA
Antineoplastic - Bispecific T-Cell Engagers		
BLINCYTO SOLUTION RECONSTITUTED 35 MCG INTRAVENOUS	T4	PA
EPKINLY	T4	PA; SP
KIMMTRAK	T4	PA
LUNSUMIO	T4	PA
TECVAYLI	T4	PA
Antineoplastic - Histone Deacetylase Inhibitors		
BELEODAQ SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
ISTODAX SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	T4	PA

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

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

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

Prescription Drug Name	Drug Tier	Notes
<i>romidepsin solution reconstituted 10 mg intravenous</i>	T4	PA
Antineoplastic - Mtor Kinase Inhibitors		
FYARRO	T4	PA
Antineoplastic - Proteasome Inhibitors		
<i>bortezomib injection solution reconstituted</i>	T4	PA
<i>bortezomib intravenous solution</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
Antineoplastic Antibiotics		
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T4	
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	T4	
<i>bleomycin sulfite</i>	T4	

Prescription Drug Name	Drug Tier	Notes
<i>dactinomycin</i>	T4	
<i>daunorubicin hcl intravenous solution</i>	T4	
DOXIL INJECTABLE 2 MG/ML INTRAVENOUS	T4	PA
<i>doxorubicin hcl intravenous solution</i>	T4	
<i>doxorubicin hcl liposomal</i>	T4	
<i>doxorubicin hcl solution reconstituted 10 mg intravenous</i>	T4	PA
<i>doxorubicin hcl solution reconstituted 50 mg intravenous</i>	T4	PA
ELLECE SOLUTION 200 MG/100ML INTRAVENOUS	T4	PA
ELLECE SOLUTION 50 MG/25ML INTRAVENOUS	T4	PA
IDAMYCIN PFS SOLUTION 5 MG/5ML INTRAVENOUS	T4	PA
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml</i>	T3	
<i>idarubicin hcl intravenous solution 5 mg/5ml</i>	T4	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<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	T4	
<i>valrubicin</i>	T4	
VALSTAR SOLUTION 40 MG/ML INTRAVESICAL	T4	PA
Antineoplastic -Antibody For Radiopharmaceutical Therapy		
ZEVALIN Y-90 KIT 3.2 MG/2ML INTRAVENOUS	T4	PA
Antineoplastic Antibody-Drug Complexes		
ELAHERE	T4	PA
ENHERTU	T4	PA
KADCYLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
KADCYLA SOLUTION RECONSTITUTED 160 MG INTRAVENOUS	T4	PA
Antineoplastic Combinations		
DARZALEX FASPRO	T4	PA
PHEGO	T4	PA
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
Antineoplastic Enzymes		
ASPARLAS	T4	PA
ONCASPAR SOLUTION 750 UNIT/ML INJECTION	T4	PA
RYLAZE	T4	PA
Antineoplastic Radiopharmaceuticals		
PLUVICTO	T4	PA
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	T3	PA

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
Antineoplastics - Interleukins		
ELZONRIS SOLUTION 1000 MCG/ML INTRAVENOUS	T4	PA
Antineoplastics Misc.		
ACTIMMUNE SOLUTION 2000000 UNIT/0.5ML SUBCUTANEOUS	T4	PA
<i>arsenic trioxide intravenous</i>	T4	
BESREMI	T4	PA
<i>dacarbazine intravenous</i>	T4	
NIPENT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	T4	PA
TICE BCG	T4	
TRISENOX SOLUTION 12 MG/6ML INTRAVENOUS	T4	PA
Cardiac Protective Agents		
<i>dexrazoxane hcl</i>	T4	
Chemotherapy Adjuncts - Hyperuricemia Agents		
ELITEK SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
ELITEK SOLUTION RECONSTITUTED 7.5 MG INTRAVENOUS	T4	PA
Estrogen Receptor Antagonist		
FASLODEX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	T4	PA
<i>fulvestrant intramuscular solution prefilled syringe</i>	T4	
Folic Acid Antagonists Rescue Agents		
KHAPZORY SOLUTION RECONSTITUTED 175 MG INTRAVENOUS	T4	PA
<i>levoleucovorin calcium solution reconstituted 50 mg intravenous</i>	T4	PA
Imidazotetrazines		
TEMODAR INTRAVENOUS	T4	
Mitotic Inhibitors		
ABRAXANE SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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	
ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA
<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

Prescription Drug Name	Drug Tier	Notes
IXEMPRA KIT SOLUTION RECONSTITUTED 45 MG INTRAVENOUS	T4	PA
JEVTANA SOLUTION 60 MG/1.5ML INTRAVENOUS	T4	PA
<i>paclitaxel concentrate 100 mg/16.7ml intravenous</i>	T4	
<i>paclitaxel concentrate 150 mg/25ml 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	
Nitrogen Mustards		
<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

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
EVOMELA	T4	
IFEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	T4	PA
IFEX SOLUTION RECONSTITUTED 3 GM INTRAVENOUS	T4	PA
<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	
Nitrosoureas		
<i>carmustine</i>	T4	PA
Oncolytic Viral Agents - Hsv1		
IMLYGIC SUSPENSION 1000000 UNIT/ML INTRALESIONAL	T4	PA
IMLYGIC SUSPENSION 100000000 UNIT/ML INTRALESIONAL	T4	PA
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		

Prescription Drug Name	Drug Tier	Notes
ALIQOPA SOLUTION RECONSTITUTED 60 MG INTRAVENOUS	T4	PA
Tetrahydroisoquinolines		
YONDELIS SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	T4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLUTION 100 MG/5ML INTRAVENOUS	T4	PA
CAMPTOSAR SOLUTION 300 MG/15ML INTRAVENOUS	T4	PA
CAMPTOSAR SOLUTION 40 MG/2ML INTRAVENOUS	T4	PA
HYCAMTIN SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	T4	PA
<i>irinotecan hcl</i>	T4	
ONIVYDE	T4	
<i>topotecan hcl</i>	T4	
Urinary Tract Protective Agents		
<i>mesna</i>	T3	
Vascular Endothelial Growth Factor (Vegf) Inhibitors		

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
	Drug Tier	
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
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
ZALTRAP SOLUTION 100 MG/4ML INTRAVENOUS	T4	PA
ZALTRAP SOLUTION 200 MG/8ML INTRAVENOUS	T4	PA
ZIRABEV	T4	PA
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics		
<i>benztropine mesylate injection</i>	T3	
Nonergoline Dopamine Receptor Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T3	PA
<i>apomorphine hcl subcutaneous</i>	T3	PA
Antipsychotics/Antimanic Agents		
Antimanic Agents		
<i>lithium carbonate capsule 150 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<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	
Antivirals		
*Antiviral Combinations***		
PAXLOVID (150/100)	T3	QL (20 EA per 5 days); AL (Min 12 Years)
PAXLOVID (300/100)	T3	QL (30 EA per 5 days); AL (Min 12 Years)
*Misc. Antivirals***		
LAGEVRIO	T3	QL (40 EA per 5 days); AL (Min 18 Years)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines		
RETROVIR INTRAVENOUS	T3	
Cmv Agents		

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
<i>ganciclovir sodium intravenous solution reconstituted</i>	T3	PA
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)
Herpes Agents - Purine Analogues		
<i>acyclovir sodium intravenous solution</i>	T3	
Rsv Agents - Nucleoside Analogues		
<i>ribavirin solution reconstituted 6 gm inhalation</i>	T4	PA
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	T4	PA
Assorted Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	T4	PA; SP; QL (2 EA per 1 day)
*Immunomodulators - Combinations***		
VYVGART HYTRULO	T4	PA; SP
*Neonatal Fc Receptor (Fcrn) Antagonists***		
VYVGART	T4	PA; QL (8.58 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
*Type I Interferon (Ifn) Receptor Antagonists***		
SAPHNELO	T4	PA
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors		
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
Cyclosporine Analogs		
<i>cyclosporine intravenous</i>	T3	
Inosine Monophosphate Dehydrogenase Inhibitors		

Notes

AL = Age Restriction
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
CELLCEPT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
<i>mycophenolate mofetil hcl</i>	T4	PA
Purine Analogs		
<i>azathioprine sodium</i>	T3	
Selective T-Cell Costimulation Blockers		
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	T4	PA
Beta Blockers		
Alpha-Beta Blockers		
<i>labetalol hcl intravenous solution</i>	T3	
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml, 20 mg/4ml</i>	T3	
<i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i>	T3	
<i>labetalol hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%, 200-0.72 mg/200ml-%, 300-0.72 mg/300ml-%</i>	T3	
Beta Blockers Cardio-Selective		

Prescription Drug Name	Drug Tier	Notes
BREVIBLOC IN NACL	T3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	T3	
BREVIBLOC PREMIXED	T3	
BREVIBLOC PREMIXED DS	T3	
<i>esmolol hcl intravenous solution 100 mg/10ml, 2000 mg/100ml, 2500 mg/250ml</i>	T3	
<i>esmolol hcl-sodium chloride</i>	T3	
Biologicals Misc		
Allergenic Extracts		
GRASTEK	T3	PA; QL (1 EA per 1 day)
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

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	
	Drug Tier	

Prescription Drug Name	Drug Tier	Notes
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 ESCALATION	T3	PA
RAGWITEK	T3	PA; QL (1 EA per 1 day)

Calcium Channel Blockers

Calcium Channel Blockers

CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	T3	
--	----	--

Cardiotonics

*Inotropes***

<i>dobutamine hcl intravenous solution 250 mg/20ml</i>	T3	
<i>dobutamine-dextrose</i>	T3	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	T3	
<i>dopamine-dextrose</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>milrinone lactate intravenous solution 10 mg/10ml</i>	T3	PA

Cardiac Glycosides

DIGOX TABLET 125 MCG ORAL	T3	
DIGOX TABLET 250 MCG ORAL	T3	
<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	

Cardiovascular Agents - Misc.

*Cardiac Myosin Inhibitors***

CAMZYOS	T3	PA; QL (1 EA per 1 day)
---------	----	-------------------------

*Transthyretin Stabilizers***

VYNDAMAX	T4	PA; QL (1 EA per 1 day)
VYNDAQEL	T4	PA; QL (4 EA per 1 day)

*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***

VERQUVO	T3	PA
---------	----	----

Peripheral Vasodilators

<i>papaverine hcl injection</i>	T3	
---------------------------------	----	--

Prostaglandin Vasodilators

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>epoprostenol sodium solution reconstituted 0.5 mg intravenous</i>	T4	PA
<i>epoprostenol sodium solution reconstituted 1.5 mg intravenous</i>	T4	PA
FLOLAN SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	T4	PA
FLOLAN SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	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
<i>treprostinil solution 200 mg/20ml injection</i>	T4	PA

Prescription Drug Name	Drug Tier	Notes
<i>treprostinil solution 50 mg/20ml injection</i>	T4	PA
VELETRI SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	T4	PA
VELETRI SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	T4	PA
Sinus Node Inhibitors		
CORLANOR	T3	PA
Cephalosporins		
Cephalosporins - 1St Generation		
<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)</i>	T3	
Cephalosporins - 2Nd Generation		
<i>cefepime sodium intravenous</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>cefepime hcl intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	T3	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	T3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	T3	
Cephalosporins - 3Rd Generation		
<i>cefotaxime sodium solution reconstituted 1 gm injection</i>	T3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	T3	
<i>ceftazidime intravenous</i>	T3	
<i>ceftriaxone sodium in dextrose</i>	T3	
<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	
Cephalosporins - 4Th Generation		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<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	
Contraceptives		
Emergency Contraceptives		
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	
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	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
PLAN B ONE-STEP TABLET 1.5 MG ORAL (RX)	T3	
TAKE ACTION TABLET 1.5 MG ORAL	T3	
Corticosteroids		
Glucocorticosteroids		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T3	
<i>dexamethasone sod phosphate pf solution 10 mg/ml injection</i>	T3	
<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	

Prescription Drug Name	Drug Tier	Notes
<i>dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection</i>	T3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T3	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	T3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	T3	
<i>triamcinolone acetate injection suspension 40 mg/ml</i>	T3	
Steroid Combinations		
<i>betamethasone combo injection suspension 6 (3-3) mg/ml</i>	T3	
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	T3	
CELESTONE SOLUSPAN	T3	
Cough/Cold/Allergy		
Antitussive - Nonnarcotic		

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
lowercase italics = Generic drugs	Drug Tier	
UPPERCASE = Brand name drugs	T3 = Supplemental Formulary Drug	
	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
<i>benzonatate capsule 100 mg oral</i>	T3	
<i>benzonatate capsule 200 mg oral</i>	T3	
Antitussive-Expectorant		
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml oral</i>	T3	
<i>diabetic siltussin-dm liquid 100-10 mg/5ml oral</i>	T3	
<i>gnp tussin dm cough liquid 100-10 mg/5ml oral</i>	T3	
<i>guaifenesin-codeine oral solution</i>	T3	QL (60 ML per 1 day); AL (Min 18 Years)
<i>guaifenesin-dm syrup 100-10 mg/5ml oral</i>	T3	
MUCINEX DM TABLET EXTENDED RELEASE 12 HOUR 30-600 MG ORAL (OTC)	T3	
<i>mucus relief dm tablet extended release 12 hour 30-600 mg oral</i>	T3	
ROBAFEN DM CGH/CHEST CONGEST LIQUID 10-100 MG/5ML ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
ROBAFEN DM COUGH CLEAR SYRUP 100-10 MG/5ML ORAL	T3	
<i>siltussin dm das liquid 100-10 mg/5ml oral</i>	T3	
<i>sm tussin cough/chest congest liquid 20-200 mg/10ml oral</i>	T3	
<i>sm tussin cough/chest congest syrup 100-10 mg/5ml oral</i>	T3	
<i>sm tussin dm syrup 100-10 mg/5ml oral</i>	T3	
<i>tusnel diabetic liquid 10-100 mg/5ml oral</i>	T3	
<i>tussin dm cough + chest liquid 10-100 mg/5ml oral</i>	T3	
<i>tussin dm liquid 100-10 mg/5ml oral</i>	T3	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	T3	
<i>virtussin a/c solution 100-10 mg/5ml oral</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years and Max 999 Years)
Antitussive-Expectorants-Decongestant		
<i>goodsense mucus relief child liquid 2.5-5-100 mg/5ml oral</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>goodsense tussin cf liquid 5-10-100 mg/5ml oral</i>	T3	
MUCINEX COLD CHILDRENS LIQUID 2.5-5-100 MG/5ML ORAL	T3	
MUCINEX FAST-MAX CONGEST COUGH LIQUID 2.5-5-100 MG/5ML ORAL	T3	
<i>mucus relief multi symptom liquid 2.5-5-100 mg/5ml oral</i>	T3	
<i>robafen cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	T3	
<i>sm tussin cf liquid 5-10-100 mg/5ml oral</i>	T3	
TUSNEL C SYRUP 30-10-100 MG/5ML ORAL	T3	
<i>tussin cf cough & cold liquid 5-10-100 mg/5ml oral</i>	T3	
<i>tussin cf liquid 5-10-100 mg/5ml oral</i>	T3	
<i>tussin multi-symptom cold cf liquid 5-10-100 mg/5ml oral</i>	T3	
Decongestant & Antihistamine		
SUDOGEST SINUS/ALLERGY TABLET 4-60 MG ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
Decongestant W/ Expectorant		
<i>ed bron gp liquid 5-100 mg/5ml oral</i>	T3	
MUCINEX D MAX STRENGTH TABLET EXTENDED RELEASE 12 HOUR 120-1200 MG ORAL	T3	
MUCINEX D TABLET EXTENDED RELEASE 12 HOUR 60-600 MG ORAL (OTC)	T3	
<i>mucus relief d tablet extended release 12 hour 60-600 mg oral</i>	T3	
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 60-600 mg oral</i>	T3	
Expectorants		
<i>gnp mucus er tablet extended release 12 hour 1200 mg oral</i>	T3	
<i>gnp tussin mucus & chest cong liquid 100 mg/5ml oral</i>	T3	
<i>guaifenesin er tablet extended release 12 hour 1200 mg oral</i>	T3	
<i>guaifenesin liquid 100 mg/5ml oral</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
MUCINEX MAXIMUM STRENGTH TABLET EXTENDED RELEASE 12 HOUR 1200 MG ORAL	T3	
<i>mucus relief max st tablet extended release 12 hour 1200 mg oral</i>	T3	
ROBAFEN MUCUS/CHEST CONGESTION LIQUID 200 MG/10ML ORAL	T3	
<i>sm mucus relief max strength tablet extended release 12 hour 1200 mg oral</i>	T3	
<i>sm tussin mucus+chest congest liquid 100 mg/5ml oral</i>	T3	
<i>tussin mucus & chest congest liquid 100 mg/5ml oral</i>	T3	
<i>tussin mucus+chest congestion liquid 100 mg/5ml oral</i>	T3	
Iodine Expectorants		
SSKI SOLUTION 1 GM/ML ORAL	T3	
Misc. Respiratory Inhalants		
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	T3	

Prescription Drug Name	Drug Tier	Notes
<i>nasal mist aerosol solution 0.9 % inhalation</i>	T3	
<i>sodium chloride nebulization solution 3 % inhalation</i>	T3	
<i>sodium chloride nebulization solution 7 % inhalation</i>	T3	
Mucolytics		
<i>acetylcysteine solution 10 % inhalation</i>	T3	
<i>acetylcysteine solution 20 % inhalation</i>	T3	
Non-Narc Antitussive-Antihistamine		
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	T3	QL (240 ML per 30 days)
Non-Narc Antitussive-Decongestant-Antihistamine		
<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	
Opioid Antitussive-Antihistamine		
<i>promethazine-codeine oral syrup</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years and Max 150 Years)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<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)
Opioid Antitussive-Decongestant-Antihistamine		
<i>promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years and Max 999 Years)
Dermatologicals		
*Wound Treatment - Gene Therapy***		
VYJUVEK	T4	PA; SP
Antiseborrheic Products		
<i>anti-dandruff shampoo 1 % external</i>	T3	
<i>selenium sulfide lotion 2.5 % external</i>	T3	
Burn Products		
<i>silver sulfadiazine cream 1 % external</i>	T3	
SSD CREAM 1 % EXTERNAL	T3	
Emollient/Keratolytic Agents		
<i>urea cream 40 % external</i>	T3	
Emollients		

Prescription Drug Name	Drug Tier	Notes
<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	
Insect Repellents		
COLEMAN 100 MAX CONTINUOUS SPR AEROSOL 98.11 % EXTERNAL	T3	QL (900 GM per 30 days)
COLEMAN 100 MAX INSECT REPEL LIQUID 98.11 % EXTERNAL	T3	QL (900 ML per 30 days)
COLEMAN INSECT REPEL HIGH&DRY AEROSOL 25 % EXTERNAL	T3	QL (900 GM per 30 days)
COLEMAN INSECT REPEL SPORTSMEN AEROSOL 40 % EXTERNAL	T3	QL (900 GM per 30 days)
CUTTER BACKWOODS AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
	Drug Tier	
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
CUTTER BACKWOODS DRY AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)
CUTTER BACKWOODS LIQUID EXTERNAL	T3	QL (900 ML per 30 days)
CUTTER SKINSATIONS LIQUID 7 % EXTERNAL	T3	QL (900 ML per 30 days)
<i>cvs insect repellent aerosol 15 % external</i>	T3	QL (900 GM per 30 days)
<i>cvs total home insect repel aerosol 30 % external</i>	T3	QL (900 ML per 30 days)
NATRAPEL 12-HOUR TICK/INSECT AEROSOL 20 % EXTERNAL	T3	
OFF ACTIVE AEROSOL 15 % EXTERNAL	T3	QL (900 GM per 30 days)
OFF DEEP WOODS AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)
OFF DEEP WOODS DRY AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)
OFF DEEP WOODS LIQUID EXTERNAL	T3	QL (900 ML per 30 days)
OFF DEEP WOODS SPORTSMEN AEROSOL 30 % EXTERNAL	T3	QL (900 GM per 30 days)

Prescription Drug Name	Drug Tier	Notes
OFF DEEP WOODS SPORTSMEN LIQUID 98.25 % EXTERNAL	T3	QL (900 ML per 30 days)
OFF DEEP WOODS SPORTSMEN LIQUID EXTERNAL	T3	QL (900 ML per 30 days)
OFF FAMILYCARE CLEAN FEEL LIQUID 5 % EXTERNAL	T3	QL (900 ML per 30 days)
OFF FAMILYCARE TROPICAL FRESH LIQUID 5 % EXTERNAL	T3	QL (900 ML per 30 days)
OFF FAMILYCARE UNSCENTED LIQUID 7 % EXTERNAL	T3	QL (900 ML per 30 days)
OFF SMOOTH & DRY AEROSOL 15 % EXTERNAL	T3	QL (900 GM per 30 days)
RANGER READY REPELLENT LIQUID 20 % EXTERNAL	T3	QL (900 ML per 30 days)
REPEL 100 LIQUID 98.11 % EXTERNAL	T3	QL (900 ML per 30 days)
REPEL FAMILY AEROSOL 15 % EXTERNAL	T3	QL (900 GM per 30 days)
REPEL FAMILY DRY AEROSOL 10 % EXTERNAL	T3	QL (900 GM per 30 days)
REPEL HUNTERS FORMULA AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
REPEL SPORTSMEN AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)
REPEL SPORTSMEN DRY AEROSOL EXTERNAL	T3	QL (900 GM per 30 days)
REPEL SPORTSMEN MAX AEROSOL 40 % EXTERNAL	T3	QL (900 GM per 30 days)
REPEL SPORTSMEN MAX LIQUID 40 % EXTERNAL	T3	QL (900 ML per 30 days)
REPEL TICK DEFENSE AEROSOL 15 % EXTERNAL	T3	QL (930 GM per 30 days)
SAWYER INSECT REPELLENT LIQUID 20 % EXTERNAL	T3	QL (900 ML per 30 days)
ULTRATHON INSECT REPELLENT 8 AEROSOL 25 % EXTERNAL	T3	QL (900 GM per 30 days)
Keratolytic/Antimitotic Agents		
<i>corn & callus remover liquid 17 % external</i>	T3	
DHS SAL SHAMPOO 3 % EXTERNAL	T3	
<i>gnp wart remover liquid 17 % external</i>	T3	
<i>podofilox solution 0.5 % external</i>	T3	
<i>wart remover maximum strength liquid 17 % external</i>	T3	
Liniments		

Prescription Drug Name	Drug Tier	Notes
<i>gnp arthricream cream 10 % external</i>	T3	
MOBISYL CREAM 10 % EXTERNAL	T3	
<i>pain relieving cream 10 % external</i>	T3	
<i>sm arthricream rub cream 10 % external</i>	T3	
Local Anesthetics - Topical		
SARNA SENSITIVE LOTION 1 % EXTERNAL	T3	
Macrolide Immunosuppressants - Topical		
HYFTOR	T4	PA
Skin Cleansers		
<i>alcohol wipes 70 % external</i>	T3	QL (150 EA per 34 days)
<i>cvs isopropyl 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)
Topical Selective Retinoid X Receptor Agonists		
TARGETIN GEL 1 % EXTERNAL	T4	PA
Diagnostic Products		
Diagnostic Drugs		
<i>adenosine intravenous solution 3 mg/ml</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
CYSVIEW	T3	
<i>dipyridamole intravenous</i>	T3	
LEXISCAN	T3	
<i>regadenoson</i>	T3	
THYROGEN SOLUTION RECONSTITUTED 0.9 MG INTRAMUSCULAR	T4	PA
Diagnostic Tests		
ALBUSTIX STRIP IN VITRO	T3	
CHEMSTRIP K STRIP IN VITRO	T3	QL (100 EA per 30 days)
DIASTIX STRIP IN VITRO	T3	
<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)
NOVA MAX PLUS KETONE TEST STRIP IN VITRO	T3	QL (50 EA per 30 days)
PRECISION XTRA KETONE STRIP IN VITRO	T3	QL (50 EA per 30 days)
RELION KETONE TEST STRIP IN VITRO	T3	QL (100 EA per 30 days)
Infection Tests		
<i>advin covid-19 antigen test</i>	T3	QL (8 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
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)
<i>cvs covid-19 at home test kit</i>	T3	QL (8 EA per 30 days)
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)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)

Prescription Drug Name	Drug Tier	Notes
<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	

Multiple Urine Tests

CHEMSTRIP 10/SG STRIP IN VITRO	T3	
CHEMSTRIP UGK STRIP IN VITRO	T3	
CVS KETONE CARE STRIP IN VITRO	T3	QL (100 EA per 30 days)
KETO-DIASTIX STRIP IN VITRO	T3	QL (100 EA per 30 days)

Loop Diuretics

<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	
<i>furosemide tablet 80 mg oral</i>	T3	
<i>torseamide tablet 10 mg oral</i>	T3	

Dietary Products/Dietary Management Products

Dietary Management Product Combinations

<i>l-methylfolate-b6-b12 tablet 3-35-2 mg oral</i>	T3	
--	----	--

Diuretics

Carbonic Anhydrase Inhibitors

<i>acetazolamide er</i>	T3	
<i>acetazolamide tablet 125 mg oral</i>	T3	
<i>acetazolamide tablet 250 mg oral</i>	T3	

Diuretic Combinations

		Notes
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	AL = Age Restriction
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>torseamide tablet 100 mg oral</i>	T3	
<i>torseamide tablet 20 mg oral</i>	T3	
<i>torseamide tablet 5 mg oral</i>	T3	
Osmotic Diuretics		
<i>mannitol intravenous solution 25 %</i>	T3	
Potassium Sparing Diuretics		
<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	
Thiazides And Thiazide-Like Diuretics		
<i>chlorthalidone tablet 25 mg oral</i>	T3	
<i>chlorthalidone tablet 50 mg oral</i>	T3	
DIURIL SUSPENSION 250 MG/5ML ORAL	T3	
<i>hydrochlorothiazide oral capsule</i>	T3	
<i>hydrochlorothiazide tablet 12.5 mg oral</i>	T3	
<i>hydrochlorothiazide tablet 25 mg oral</i>	T3	
<i>hydrochlorothiazide tablet 50 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<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	
Endocrine And Metabolic Agents - Misc.		
*Acid Sphingomyelinase Deficiency (Asmd) - Agents***		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	T4	PA
*Alpha-Mannosidosis Treatment - Agents***		
LAMZEDE	T4	PA
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA
RECORLEV	T4	PA
*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)***		
TEPEZZA	T4	PA
*Molybdenum Cofactor Deficiency (Mocd) - Agents***		
NULIBRY	T4	PA

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
*Natriuretic Peptides***		
VOXZOGO	T4	PA
Adenosine Deaminase Scid Treatment - Agents		
REVCIVI SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR	T4	PA
Calcimimetic Agents		
<i>cinacalcet hcl</i>	T3	
PARSABIV SOLUTION 10 MG/2ML INTRAVENOUS	T4	PA
PARSABIV SOLUTION 2.5 MG/0.5ML INTRAVENOUS	T4	PA
Carnitine Replenisher - Agents		
CARNITOR INTRAVENOUS	T3	
CARNITOR SOLUTION 1 GM/10ML ORAL	T4	PA
<i>levocarnitine intravenous</i>	T3	
<i>levocarnitine oral solution</i>	T3	PA
<i>levocarnitine oral tablet</i>	T3	
Corticotropin		
ACTHAR GEL 80 UNIT/ML INJECTION	T4	PA
Dopamine Receptor Agonists		

Prescription Drug Name	Drug Tier	Notes
<i>cabergoline tablet 0.5 mg oral</i>	T3	
Fabry Disease - Agents		
ELFABRIO	T4	PA; SP
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	T4	PA
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	T4	PA
GALAFOLD CAPSULE 123 MG ORAL	T4	PA; QL (15 EA per 30 days)
Gaa Deficiency Treatment - Agents		
LUMIZYME SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	T4	PA
NEXVIAZYME	T4	PA
Gnrh/Lhrh Antagonists		
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	T4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)
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)
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SV	T4	PA
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents		
<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
ORFADIN CAPSULE 10 MG ORAL	T4	PA

Prescription Drug Name	Drug Tier	Notes
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
Homocystinuria Treatment - Agents		
CYSTADANE POWDER ORAL	T4	PA
Hyperammonemia Treatment - Agents		
CARBAGLU TABLET SOLUBLE 200 MG ORAL	T4	PA
<i>carglumic acid oral tablet soluble</i>	T3	PA
Hypophosphatasia (Hpp) Agents		
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	T4	PA
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	T4	PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	T4	PA
Leptin Analogues		

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	T4	PA; QL (30 EA per 30 days)
Lysosomal Acid Lipase (Lal) Deficiency - Agents		
KANUMA SOLUTION 20 MG/10ML INTRAVENOUS	T4	PA
Mucopolysaccharidosis I (Mps I) - Agents		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	T4	PA
Mucopolysaccharidosis Ii (Mps Ii) - Agents		
ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS	T4	PA
Mucopolysaccharidosis Iv (Mps Iv) - Agents		
VIMIZIM SOLUTION 5 MG/5ML INTRAVENOUS	T4	PA
Mucopolysaccharidosis Vi (Mps Vi) - Agents		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	T4	PA
Mucopolysaccharidosis Vii (Mps Vii) - Agents		

Prescription Drug Name	Drug Tier	Notes
MEPSEVII SOLUTION 10 MG/5ML INTRAVENOUS	T4	PA
Ovulation Stimulants-Gonadotropins		
<i>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</i>	T4	PA
FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS	T4	PA
FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS	T4	PA
FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS	T4	PA
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNIT/0.5ML SUBCUTANEOUS	T4	PA
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.75ML SUBCUTANEOUS	T4	PA

		Notes
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	AL = Age Restriction
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNIT/1.5ML SUBCUTANEOUS	T4	PA
GONAL-F RFF SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	T4	PA
GONAL-F SOLUTION RECONSTITUTED 1050 UNIT INJECTION	T4	PA
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 INJECTABLE 250 MCG/0.5ML SUBCUTANEOUS	T4	PA
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	T4	PA

Prescription Drug Name	Drug Tier	Notes
Phenylketonuria Treatment - Agents		
KUVAN PACKET 100 MG ORAL	T4	PA
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
Selective Vasopressin V2-Receptor Antagonists		
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG	T4	QL (2 EA per 1 day)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)
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
Somatostatic Agents		
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 solution 100 mcg/ml injection</i>	T4	
<i>octreotide acetate solution 1000 mcg/ml injection</i>	T4	

Prescription Drug Name	Drug Tier	Notes
<i>octreotide acetate solution 200 mcg/ml injection</i>	T4	
<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
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 10 MG INTRAMUSCULAR	T4	PA

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 20 MG INTRAMUSCULAR	T4	PA; QL (1.2 EA per 30 days)
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 30 MG INTRAMUSCULAR	T4	PA
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 40 MG INTRAMUSCULAR	T4	PA; QL (1.2 EA per 30 days)
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 60 MG INTRAMUSCULAR	T4	PA; QL (1.2 EA per 30 days)
SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS	T4	PA; QL (60 ML per 30 days)
SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS	T4	PA; QL (60 ML per 30 days)
SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS	T4	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	T4	PA; QL (0.6 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	T4	PA; QL (0.3 ML per 30 days)
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	T4	PA; QL (0.6 ML per 30 days)
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents		
BRINEURA KIT 2 X 150 MG/5ML	T4	PA
Vasopressin		
<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)
TERLIVAZ	T4	PA
X-Linked Hypophosphatemia (Xlh) Treatment - Agents		
CRYSVITA SOLUTION 10 MG/ML SUBCUTANEOUS	T4	PA

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
CRYSVITA SOLUTION 20 MG/ML SUBCUTANEOUS	T4	PA
CRYSVITA SOLUTION 30 MG/ML SUBCUTANEOUS	T4	PA
Fluoroquinolones		
Fluoroquinolones		
<i>ciprofloxacin in d5w</i>	T3	
<i>levofloxacin in d5w</i>	T3	
<i>levofloxacin intravenous</i>	T3	
<i>moxifloxacin hcl in nacl</i>	T3	
<i>moxifloxacin hcl intravenous</i>	T3	
Gastrointestinal Agents - Misc.		
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
LIVMARLI	T4	PA
*Live Fecal Microbiota (Human)**		
REBYOTA	T4	PA
VOWST	T4	PA; SP
Antiflatulents		
<i>gas relief extra strength capsule 125 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gas relief tablet chewable 80 mg oral</i>	T3	
<i>gnp gas relief tablet chewable 80 mg oral</i>	T3	
<i>simethicone tablet chewable 80 mg oral</i>	T3	
<i>sm gas relief extra strength capsule 125 mg oral</i>	T3	
<i>sm gas relief tablet chewable 125 mg oral</i>	T3	
<i>sm gas relief tablet chewable 80 mg oral</i>	T3	
Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX KIT 5 MG SUBCUTANEOUS	T4	PA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABLET 250 MG ORAL	T4	PA; QL (90 EA per 30 days)
General Anesthetics		
Anesthetics - Misc.		
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	T3	
<i>propofol intravenous emulsion 1000 mg/100ml, 500 mg/50ml</i>	T3	
Genitourinary Agents - Miscellaneous		

		Notes
lowercase italics	= Generic drugs	AL = Age Restriction
UPPERCASE	= Brand name drugs	PA = Prior Authorization
	Drug Tier	QL = Quantity Limit
	T3	QL = Quantity Limit
	T4	SP = Specialty
	T3 = Supplemental Formulary Drug	ST = Step Therapy
	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
*Igan Agents - Endothelin & Angiotensin li Receptor Antag***		
FILSPARI	T4	PA; QL (1 EA per 1 day)
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
OXLUMO	T4	PA
Citrates		
<i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i>	T3	
<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	
Cystinosis Agents		
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	T4	PA
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	T4	PA
Interstitial Cystitis Agents		
ELMIRON CAPSULE 100 MG ORAL	T3	QL (90 EA per 30 days)
Urinary Analgesics		
<i>phenazopyridine hcl tablet 100 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>phenazopyridine hcl tablet 200 mg oral</i>	T3	
PYRIDIUM TABLET 100 MG ORAL	T3	
PYRIDIUM TABLET 200 MG ORAL	T3	
Urinary Stone Agents		
THIOLA TABLET 100 MG ORAL	T4	PA
<i>tiopronin oral tablet</i>	T3	PA
Hematological Agents - Misc.		
*Aminolevulinat Synthase 1-Directed Sirna***		
GIVLAARI	T4	PA
*Antihemophilic Products - Gene Therapy Agents***		
HEMGENIX	T4	PA
*Complement C1 Inhibitors***		
ENJAYMO	T4	PA
*Complement C3 Inhibitors***		
EMPAVELI	T4	PA; QL (171.6 ML per 30 days)
*Complement C5 Inhibitors***		
SOLIRIS SOLUTION 300 MG/30ML INTRAVENOUS	T4	PA; QL (385.8 ML per 30 days)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML	T4	PA; QL (2.36 ML per 1 day)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/3ML	T4	PA
*Complement C5a Receptor Inhibitors***		
TAVNEOS	T4	PA
*Pyruvate Kinase Activators***		
PYRUKYND	T4	PA
PYRUKYND TAPER PACK	T4	PA
Antihemophilic Products		
KCENTRA	T4	
Anti-Von Willebrand Factor Agents		
CABLIVI KIT 11 MG INJECTION	T4	PA
Direct-Acting P2y12 Inhibitors		
KENGREAL	T3	
Glycoprotein iib/iiia Receptor Inhibitors		
AGGRASTAT INTRAVENOUS CONCENTRATE	T3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	T3	
<i>tirofiban hcl in nacl</i>	T3	
Hematorheologic Agents		
<i>pentoxifylline er tablet extended release 400 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
Hemin		
PANHEMATIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	T4	PA
Phosphodiesterase iii Inhibitors		
<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)
Plasma Expanders		
LMD IN D5W	T3	
LMD IN NACL	T3	
Plasma Proteins		
RYPLAZIM	T4	PA
Protamine		
<i>protamine sulfate intravenous</i>	T3	
Tissue Plasminogen Activators		
ACTIVASE	T4	
CATHFLO ACTIVASE	T3	
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	T3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	T3	
TNKASE	T3	
Hematopoietic Agents		
*Erythroid Maturation Agents***		
REBLOZYL	T4	PA

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
*Hematopoietic Autologous Cellular Gene Therapy**		
ZYNTEGLO	T4	PA
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
JESDUVROQ	T4	PA
Cobalamins		
<i>b-12 tablet 100 mcg oral</i>	T3	
<i>b-12 tablet 1000 mcg oral</i>	T3	
<i>b-12 tablet 250 mcg oral</i>	T3	
<i>b-12 tablet 50 mcg oral</i>	T3	
<i>b-12 tablet 500 mcg oral</i>	T3	
<i>b-12 tablet sublingual 2500 mcg sublingual</i>	T3	AL (Max 19 Years)
<i>b-12 tr tablet extended release 1000 mcg oral</i>	T3	
<i>cvs b-12 tablet 500 mcg oral</i>	T3	
<i>cvs vitamin b12 tablet 1000 mcg oral</i>	T3	
<i>cvs vitamin b-12 tablet 1000 mcg oral</i>	T3	
<i>cvs vitamin b12 tablet extended release 1000 mcg oral</i>	T3	
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>eql vitamin b-12 tablet 500 mcg oral</i>	T3	
<i>eql vitamin b-12 tr tablet extended release 1000 mcg oral</i>	T3	
<i>gnp b-12 tablet sublingual 2500 mcg sublingual</i>	T3	AL (Max 19 Years)
<i>gnp vitamin b-12 tablet 500 mcg oral</i>	T3	
<i>gnp vitamin b-12 tablet extended release 1000 mcg oral</i>	T3	
<i>kp vitamin b-12 tablet 1000 mcg oral</i>	T3	
<i>ra vitamin b-12 tablet 100 mcg oral</i>	T3	
<i>ra vitamin b-12 tr tablet extended release 1000 mcg oral</i>	T3	
<i>sm vitamin b-12 tablet 100 mcg oral</i>	T3	
<i>sm vitamin b-12 tablet 500 mcg oral</i>	T3	
<i>sm vitamin b12 tr tablet extended release 1000 mcg oral</i>	T3	
<i>vitamin b 12 tablet 500 mcg oral</i>	T3	
<i>vitamin b-12 er tablet extended release 1000 mcg oral</i>	T3	
<i>vitamin b12 tablet 100 mcg oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<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	
<i>vitamin b-12 tablet 50 mcg oral</i>	T3	
<i>vitamin b-12 tablet 500 mcg oral</i>	T3	
<i>vitamin b-12 tablet sublingual 2500 mcg sublingual</i>	T3	AL (Max 19 Years)
Cxcr4 Receptor Antagonist		
MOZOBIL SOLUTION 24 MG/1.2ML SUBCUTANEOUS	T4	PA; QL (72 ML per 30 days)
Folic Acid/Folates		
<i>cvs folic acid tablet 800 mcg oral</i>	T3	
<i>folate tablet 400 mcg oral</i>	T3	
<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	
<i>folic acid tablet 800 mcg oral</i>	T3	
<i>gnp folic acid tablet 400 mcg oral</i>	T3	
<i>kp folic acid tablet 800 mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>ra folic acid tablet 400 mcg oral</i>	T3	
<i>ra folic acid tablet 800 mcg oral</i>	T3	
<i>sm folic acid tablet 400 mcg oral</i>	T3	
<i>yl folic acid tablet 400 mcg oral</i>	T3	
Iron		
BPROTECTED PEDIA IRON	T3	
<i>cvs iron oral tablet 240 (27 fe) mg</i>	T3	
<i>cvs slow release dried iron</i>	T3	
<i>cvs slow release iron oral tablet extended release 45 mg</i>	T3	
<i>cvs slow release iron tablet extended release 45 mg oral</i>	T3	
<i>eq slow-release iron</i>	T3	
FEOSOL ORAL TABLET 200 (65 FE) MG	T3	
FERATE ORAL TABLET 240 (27 FE) MG	T3	
FERGON	T3	
FER-IN-SOL	T3	
FEROSUL ORAL TABLET	T3	
FERROCITE	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>ferrotabs tablet 240 mg oral</i>	T3	
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg</i>	T3	
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	T3	
<i>ferrous sulfate er tablet extended release 45 mg oral</i>	T3	
<i>ferrous sulfate er tablet extended release 50 mg oral</i>	T3	
<i>ferrous sulfate oral solution 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</i>	T3	
<i>ferrous sulfate powder (otc)</i>	T3	
<i>ferrous sulfate powder (rx)</i>	T3	
<i>ferrous sulfate solution 220 (44 fe) mg/5ml oral</i>	T3	
<i>ferrous sulfate tablet 27 mg oral</i>	T3	
<i>gnp iron oral tablet 200 (65 fe) mg</i>	T3	
<i>gnp iron oral tablet extended release 45 mg</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>iron 27</i>	T3	
<i>iron high-potency tablet extended release 45 mg oral</i>	T3	
<i>iron slow release oral tablet extended release 45 mg</i>	T3	
<i>iron supplement childrens</i>	T3	
<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	T3	
<i>iron tablet 28 mg oral</i>	T3	
<i>kp ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	T3	
<i>ra iron tablet 27 mg oral</i>	T3	
<i>ra slow release iron oral tablet extended release 45 mg</i>	T3	
SLOW FE ORAL TABLET EXTENDED RELEASE 45 MG	T3	
<i>slow iron tablet extended release 160 (50 fe) mg oral</i>	T3	
<i>slow release iron oral tablet extended release 45 mg</i>	T3	
<i>slow release iron tablet extended release 160 (50 fe) mg oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>slow release iron tablet extended release 47.5 mg oral</i>	T3	
<i>sm iron oral tablet 325 (65 fe) mg</i>	T3	
<i>sm iron slow release tablet extended release 160 (50 fe) mg oral</i>	T3	
<i>sm slow release dried iron</i>	T3	
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg, 45 mg</i>	T3	
Hemostatics		
Hemostatic Combinations - Topical		
ARTISS EXTERNAL SOLUTION	T3	
Hemostatics - Systemic		
<i>aminocaproic acid oral solution</i>	T3	
<i>aminocaproic acid oral tablet 500 mg</i>	T3	PA
Hypnotics		
Barbiturate Hypnotics		
<i>pentobarbital sodium injection</i>	T3	
<i>phenobarbital sodium injection</i>	T3	
Benzodiazepine Hypnotics		
BYFAVO	T3	
<i>midazolam hcl (pf)</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>midazolam hcl injection solution 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml</i>	T3	
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics		
<i>gnp sleep aid tablet 25 mg oral</i>	T3	
<i>sleep aid tablet 25 mg oral</i>	T3	
<i>sm sleep aid tablet 25 mg oral</i>	T3	
Laxatives		
Bowel Evacuant Combinations		
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	T3	
GAVILYTE-G SOLUTION RECONSTITUTED 236 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	
Bulk Laxatives		
<i>fiber laxative oral tablet</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<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	
<i>konsyl daily fiber powder 28.3 % oral</i>	T3	
REGULOID POWDER 28.3 % ORAL	T3	
<i>sm fiber powder 28.3 % oral</i>	T3	
<i>sm fiber powder 43 % oral</i>	T3	
<i>sm fiber tablet 625 mg oral</i>	T3	
Laxatives - Miscellaneous		
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	
<i>glycerin (infants & children) rectal suppository 1 gm</i>	T3	
<i>glycerin (pediatric) suppository 1.2 gm rectal</i>	T3	

Prescription Drug Name	Drug Tier	Notes
GLYCOLAX POWDER 17 GM/SCOOP ORAL	T3	
GNP CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
GOODSENSE CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
HM CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
<i>lactulose oral solution 10 gm/15ml</i>	T3	
<i>lactulose solution 20 gm/30ml oral</i>	T3	
PEDIA-LAX SUPPOSITORY 2.8 GM RECTAL	T3	
<i>peg 3350 powder 17 gm/scoop oral</i>	T3	
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc)</i>	T3	
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (rx)</i>	T3	
SM CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
Laxatives & Dss		
COLACE 2-IN-1 TABLET 8.6-50 MG ORAL	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>gnp senna plus tablet 8.6-50 mg oral</i>	T3	
<i>gnp stool softener/laxative tablet 8.6-50 mg oral</i>	T3	
<i>hm stool softener/laxative tablet 8.6-50 mg oral</i>	T3	
<i>senna plus tablet 8.6-50 mg oral</i>	T3	
<i>senna-docusate sodium tablet 8.6-50 mg oral</i>	T3	
<i>senna-time s tablet 8.6-50 mg oral</i>	T3	
<i>sennosides-docusate sodium tablet 8.6-50 mg oral</i>	T3	
SEKOKOT S TABLET 8.6-50 MG ORAL	T3	
<i>sm senna-s tablet 8.6-50 mg oral</i>	T3	
<i>sm stool softener/laxative tablet 8.6-50 mg oral</i>	T3	
<i>stool softener plus laxative tablet 8.6-50 mg oral</i>	T3	
<i>vegetable lax+stool softener tablet 8.6-50 mg oral</i>	T3	
Lubricant Laxatives		
<i>enema mineral oil enema rectal</i>	T3	

Prescription Drug Name	Drug Tier	Notes
FLEET OIL ENEMA RECTAL	T3	
<i>gnp mineral oil oil oral</i>	T3	
<i>hm enema mineral oil enema rectal</i>	T3	
<i>mineral oil oil oral</i>	T3	
<i>sm mineral oil enema rectal</i>	T3	
Saline Laxative Mixtures		
<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 PEDIATRIC	T3	
<i>hm enema enema 7-19 gm/118ml rectal</i>	T3	
<i>sm enema enema 7-19 gm/118ml rectal</i>	T3	
<i>sm enema enema rectal</i>	T3	
Saline Laxatives		
<i>gnp magnesium citrate solution 1.745 gm/30ml oral</i>	T3	
<i>gnp milk of magnesia suspension 1200 mg/15ml oral</i>	T3	
<i>hm milk of magnesia suspension 1200 mg/15ml oral</i>	T3	

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	
	Drug Tier	

Prescription Drug Name	Drug Tier	Notes
<i>magnesium citrate solution 1.745 gm/30ml oral</i>	T3	
<i>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	
<i>sm magnesium citrate solution 1.745 gm/30ml oral</i>	T3	
<i>sm milk of magnesia suspension 1200 mg/15ml oral</i>	T3	
Stimulant Laxatives		
<i>bisacodyl ec tablet delayed release 5 mg oral (otc)</i>	T3	
<i>bisacodyl suppository 10 mg rectal</i>	T3	
<i>chocolated laxative tablet chewable 15 mg oral</i>	T3	
<i>cvs chocolate laxative pieces tablet chewable 15 mg oral</i>	T3	
<i>cvs senna tablet 8.6 mg oral</i>	T3	
<i>cvs senna-extra tablet 17.2 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>eq natural vegetable laxative tablet 8.6 mg oral</i>	T3	
<i>eq vegetable laxative tablet 8.6 mg oral</i>	T3	
<i>eql laxative maximum strength tablet 25 mg oral</i>	T3	
<i>eql laxative tablet chewable 15 mg oral</i>	T3	
<i>eql senna laxative tablet 8.6 mg oral</i>	T3	
EX-LAX TABLET CHEWABLE 15 MG ORAL	T3	
FLEET BISACODYL ENEMA 10 MG/30ML RECTAL	T3	
<i>gentle laxative tablet delayed release 5 mg oral</i>	T3	
<i>geri-kot tablet 8.6 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>goodsense laxative pills tablet 25 mg oral</i>	T3	
<i>goodsense senna laxative tablet 8.6 mg oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>laxative max str tablet 25 mg oral</i>	T3	
<i>laxative regular strength tablet 15 mg oral</i>	T3	
<i>laxative suppository 10 mg rectal</i>	T3	
<i>laxative tablet delayed release 5 mg oral</i>	T3	
<i>medi-natural tablet 8.6 mg oral</i>	T3	
<i>natural senna laxative tablet 8.6 mg oral</i>	T3	
<i>sb senna-lax tablet 8.6 mg oral</i>	T3	
<i>senexon liquid 8.8 mg/5ml oral</i>	T3	
<i>senna laxative tablet 8.6 mg oral</i>	T3	
<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 (otc)</i>	T3	
<i>senna tablet 8.6 mg oral</i>	T3	
<i>senna-tabs 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	

Prescription Drug Name	Drug Tier	Notes
SENOKOT TABLET 8.6 MG ORAL	T3	
<i>sm gentle laxative tablet delayed release 5 mg oral</i>	T3	
<i>sm senna laxative tablet 8.6 mg oral</i>	T3	
Surfactant Laxatives		
COLACE CAPSULE 100 MG ORAL	T3	
COLACE CLEAR CAPSULE 50 MG ORAL	T3	
<i>docqlace capsule 100 mg oral</i>	T3	
<i>docusate sodium capsule 100 mg oral</i>	T3	
<i>docusate sodium liquid 50 mg/5ml oral</i>	T3	
DOCUSOL MINI ENEMA 283 MG/5ML RECTAL	T3	
DOK CAPSULE 100 MG ORAL	T3	
<i>gnp stool softener capsule 100 mg oral</i>	T3	
<i>gnp stool softener capsule 250 mg oral</i>	T3	
<i>gnp stool softener ex st capsule 250 mg oral</i>	T3	
<i>hm stool softener capsule 100 mg oral</i>	T3	
<i>silace liquid 150 mg/15ml oral</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>sm stool softener capsule 100 mg oral</i>	T3	
<i>stool softener capsule 100 mg oral</i>	T3	
<i>stool softener capsule 240 mg oral</i>	T3	
<i>stool softener capsule 250 mg oral</i>	T3	
<i>stool softener laxative capsule 100 mg oral</i>	T3	
Local Anesthetics-Parenteral		
Local Anesthetics - Amides		
<i>bupivacaine fisiopharma</i>	T3	
<i>bupivacaine hcl</i>	T3	
<i>bupivacaine hcl (bulk)</i>	T3	
<i>bupivacaine hcl (pf)</i>	T3	
<i>bupivacaine hcl injection solution 0.125 %, 0.25 %, 0.5 %</i>	T3	
<i>bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml), 0.25 % (10 ml)</i>	T3	
<i>bupivacaine hcl-nacl epidural solution 0.125-0.9 %</i>	T3	
<i>bupivacaine hcl-nacl epidural solution prefilled syringe 0.25-0.9 %</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>bupivacaine in dextrose intrathecal</i>	T3	
<i>bupivacaine spinal</i>	T3	
EXPAREL	T3	
MARCAINE	T3	
MARCAINE PRESERVATIVE FREE	T3	
MARCAINE SPINAL	T3	
POSIMIR	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	
XARACOLL	T3	
Local Anesthetics - Esters		
<i>chlorprocaine hcl (pf)</i>	T3	
NESACAINE INJECTION SOLUTION 1 %	T3	
Macrolides		
Azithromycin		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	T3	
Erythromycins		

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T3	
Medical Devices		
Blood Pressure Devices		
3 SERIES BP MONITOR/WRIST DEVICE	T3	QL (1 EA per 365 days)
ADVOCATE ARM BPM DEVICE	T3	QL (1 EA per 365 days)
<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 kit kit</i>	T3	QL (1 EA per 365 days)
<i>blood pressure monitor</i>	T3	QL (1 EA per 365 days)
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/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)

Prescription Drug Name	Drug Tier	Notes
<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 unit</i>	T3	QL (1 EA per 365 days)
CARETOUCH BP ARM MONITOR DEVICE	T3	QL (1 EA per 365 days)
CARETOUCH BP WRIST MONITOR DEVICE	T3	QL (1 EA per 365 days)
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 device</i>	T3	QL (1 EA per 365 days)
<i>cvs blood pressure monitor</i>	T3	QL (1 EA per 365 days)
<i>cvs manual blood pressure kit</i>	T3	QL (1 EA per 365 days)
<i>cvs series 100 blood pressure device</i>	T3	QL (1 EA per 365 days)
<i>cvs series 400 blood pressure device</i>	T3	QL (1 EA per 365 days)
<i>cvs series 400w blood pressure device</i>	T3	QL (1 EA per 365 days)
<i>cvs series 600 blood pressure device</i>	T3	QL (1 EA per 365 days)
<i>cvs series 800 blood pressure device</i>	T3	QL (1 EA per 365 days)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
FORA P20 BP MONITOR SYSTEM DEVICE	T3	QL (1 EA per 365 days)
FORA TEST N' GO BP DEVICE	T3	QL (1 EA per 365 days)
<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	T3	QL (1 EA per 365 days)
<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>croger blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<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)

Prescription Drug Name	Drug Tier	Notes
<i>microlife deluxe bp monitor device</i>	T3	QL (1 EA per 365 days)
<i>microlife deluxe bp monitor kit</i>	T3	QL (1 EA per 365 days)
<i>microlife wrist bp monitor device</i>	T3	QL (1 EA per 365 days)
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)
<i>premier talking blood pres mon kit</i>	T3	QL (1 EA per 365 days)
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)
<i>qc blood pressure monitor</i>	T3	QL (1 EA per 365 days)
<i>ra blood pressure cuff monitor</i>	T3	QL (1 EA per 365 days)
<i>ra blood pressure cuff monitor device</i>	T3	QL (1 EA per 365 days)
RELION BLOOD PRESSURE MONITOR DEVICE	T3	QL (1 EA per 365 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
RELION BLOOD PRESSURE MONITOR KIT	T3	QL (1 EA per 365 days)
RELION PREMIUM MONITOR DEVICE	T3	QL (1 EA per 365 days)
<i>self-taking blood pressure kit</i>	T3	QL (1 EA per 365 days)
<i>sm blood pressure monitor</i>	T3	QL (1 EA per 365 days)
<i>sm blood pressure monitor device</i>	T3	QL (1 EA per 365 days)
<i>sm wrist cuff bp monitor</i>	T3	QL (1 EA per 365 days)
<i>sphygmomanometer</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)
Gauze Pads & Dressings		
<i>cvs eye pad</i>	T3	QL (40 EA per 34 days)
J & J EYE PADS OVAL SMALL PAD	T3	QL (40 EA per 34 days)
J & J OVAL EYE PADS PAD	T3	QL (40 EA per 34 days)
J & J STERILE EYE PADS PAD	T3	QL (40 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
JOHNSONS STERILE EYE PADS PAD	T3	QL (40 EA per 34 days)
Needles & Syringes		
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 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)
BD CONTROL SYRING LUER-LOK 10 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	T3	QL (200 EA per 34 days)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	T3	QL (200 EA per 34 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 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 LUER-LOK SYRINGE 10 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)
BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
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" 3 ML, 25G X 1" 3 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 U/F 32G X 6 MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE MINI U/F 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 U/F 32G X 4 MM (OTC)	T3	QL (200 EA per 34 days)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	T3	QL (200 EA per 34 days)
BD PEN NEEDLE SHORT U/F 31G X 8 MM	T3	QL (200 EA per 34 days)
BD PLASTIPAK SYRINGE 3 ML	T3	QL (200 EA per 34 days)
BD SAFETYGLIDE NEEDLE 18G X 1-1/2"	T3	QL (200 EA per 34 days)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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 20 ML (OTC)	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)

Prescription Drug Name	Drug Tier	Notes
BD SYRINGE SLIP TIP 26G X 3/8" 1 ML	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 26G X 3/8" 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 VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	T3	QL (200 EA per 34 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	T3	QL (200 EA per 34 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)
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)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Prescription Drug Name	Drug Tier	Notes
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)
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML	T3	QL (200 EA per 34 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)
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)

Prescription Drug Name	Drug Tier	Notes
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)
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)

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

Drug Tier
lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug
UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)
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/CATHTIP 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)

Prescription Drug Name	Drug Tier	Notes
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)
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" 12 ML (RX)	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)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)
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)

Prescription Drug Name	Drug Tier	Notes
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 12 ML (RX)	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)
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)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
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)
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)

Prescription Drug Name	Drug Tier	Notes
NORM-JECT LUER SLIP SYRINGE 1 ML	T3	QL (200 EA per 34 days)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	T3	QL (200 EA per 34 days)
SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 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</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)
<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)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>syringe luer lock 22g x 1-1/2" 5 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)
<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)

Prescription Drug Name	Drug Tier	Notes
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)
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)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
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)
Peak Flow Meters		
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)
<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)

Prescription Drug Name	Drug Tier	Notes
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)
Spacer/Aerosol-Holding Chambers & Supplies		
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)
AEROCHAMBER W/FLOWSIGNAL	T3	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (2 EA per 365 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE	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)

Prescription Drug Name	Drug Tier	Notes
EASIVENT MASK MEDIUM	T3	QL (2 EA per 365 days)
EASIVENT MASK SMALL	T3	QL (2 EA per 365 days)
<i>eq space chamber anti-static</i>	T3	QL (2 EA per 365 days)
<i>eq space chamber anti-static l</i>	T3	QL (2 EA per 365 days)
<i>eq space chamber anti-static m</i>	T3	QL (2 EA per 365 days)
<i>eq space chamber anti-static s</i>	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)
MICROCHAMBER DEVICE	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)

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
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)
VORTEX VALVED HOLDING CHAMBER DEVICE	T3	QL (2 EA per 365 days)
Vaporizers		
<i>cvs vaporizer warm steam</i>	T3	QL (1 EA per 365 days)
KAZ VAPORIZER	T3	QL (1 EA per 365 days)
KAZ VICKS VAPORIZER V150	T3	QL (1 EA per 365 days)
<i>lifestylecomfort vaporizer</i>	T3	QL (1 EA per 365 days)
<i>vaporizer</i>	T3	QL (1 EA per 365 days)
VICKS NURSERY VAPORIZER	T3	QL (1 EA per 365 days)
VICKS VAPORIZER	T3	QL (1 EA per 365 days)
VICKS WATERLESS VAPORIZER	T3	QL (1 EA per 365 days)
<i>warm mist vaporizer</i>	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc		
ALCOH-GLOVE CONTOURED WIPE PAD	T3	QL (150 EA per 34 days)
<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)
ALCOHOL SWABSTICK PAD	T3	QL (150 EA per 34 days)
<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>cvs alcohol prep pads pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>cvs prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>easy comfort alcohol pads pad</i>	T3	QL (150 EA per 34 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	T3	QL (150 EA per 34 days)
<i>eql alcohol swabs pad 70 %</i>	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>hm sterile alcohol prep 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>ra alcohol swabs 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)
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)

Prescription Drug Name	Drug Tier	Notes
<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>sb alcohol prep pad 70 %</i>	T3	QL (150 EA per 34 days)
<i>sm alcohol prep pad</i>	T3	QL (150 EA per 34 days)
<i>sm 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)
Condoms - Female		
FC2 FEMALE CONDOM	T3	QL (48 EA per 34 days)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
Condoms - Male		
<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)

Prescription Drug Name	Drug Tier	Notes
<i>kimono sensation</i>	T3	QL (48 EA per 34 days)
<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)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
TRUSTEX LUBRICATED EXTRA ST	T3	QL (48 EA per 34 days)
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)
Diaphragms		
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)

Prescription Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 90	T3	QL (1 EA per 34 days)
WIDE-SEAL DIAPHRAGM 95	T3	QL (1 EA per 34 days)
Elastic Bandages & Supports		
<i>lifestylecomfort compres stock</i>	T3	QL (1 EA per 90 days)
T.E.D. ANTI-EMBOLISM STOCKINGS	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/L X-LGTH	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/LARGE	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/L-REGULAR	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/M X-LGTH	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/MEDIUM	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/M-REGULAR	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/S X-LGTH	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/SMALL	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/S-REGULAR	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/XL	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/XL X-LGTH	T3	QL (2 EA per 180 days)
T.E.D. BELOW KNEE/X-LARGE	T3	QL (2 EA per 180 days)

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

Drug Tier
lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
T.E.D. BELTED THIGH/L-LONG	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/M-REGULAR	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/S-LONG	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XL-LONG	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XL-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XL-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XS-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XS-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XS-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. BELTED THIGH/XS-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/L-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/L-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/L-REGULAR (OTC)	T3	QL (2 EA per 180 days)

Prescription Drug Name	Drug Tier	Notes
T.E.D. KNEE LENGTH/L-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/M-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/M-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/M-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/M-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/S-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/S-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/S-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/S-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/XL-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/XL-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. KNEE LENGTH/XL-REGULAR (OTC)	T3	QL (2 EA per 180 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
T.E.D. KNEE LENGTH/XL-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/L-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/L-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/L-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/L-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/L-SHORT (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/L-SHORT (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/M-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/M-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/M-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/M-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/M-SHORT (OTC)	T3	QL (2 EA per 180 days)

Prescription Drug Name	Drug Tier	Notes
T.E.D. THIGH LENGTH/M-SHORT (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/S-LONG (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/S-LONG (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/S-REGULAR (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/S-REGULAR (RX)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/S-SHORT (OTC)	T3	QL (2 EA per 180 days)
T.E.D. THIGH LENGTH/S-SHORT (RX)	T3	QL (2 EA per 180 days)
Glucose Monitoring Test Supplies		
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 CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 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)

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

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

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

Prescription Drug Name	Drug Tier	Notes
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)
<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)
<i>advanced mobile lancet</i>	T3	QL (3.34 EA per 1 day)
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)

Prescription Drug Name	Drug Tier	Notes
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)
ADVOCATE RAPID-SAFE LANCING	T3	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 SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
ADVOCATE SAFETY LANCETS 26G	T3	QL (3.34 EA per 1 day)
AGAMATRIX CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
AGAMATRIX CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
AGAMATRIX CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 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)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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 HAEMOLANCE PLUS HIGH	T3	QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS LOW	T3	QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS MICRO	T3	QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS NORMAL	T3	QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS PED	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
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)
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 PRISM CONTROL LEVEL 1&2 SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
ASSURE PRO CONTROL LEVEL 1 & 2 LIQUID IN VITRO	T3	QL (1 EA per 90 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)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
AUTOLET MINI	T3	QL (1 EA per 365 days)
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)
CARDIOCOM LANCING DEVICE	T3	QL (1 EA per 365 days)
<i>careone advanced lancng 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)
CARETOUCH LANCING/EJECTOR	T3	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)

Prescription Drug Name	Drug Tier	Notes
CLEANLET LANCETS 28G	T3	QL (3.34 EA per 1 day)
CLEVER CHEK LANCETS	T3	QL (3.34 EA per 1 day)
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)
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 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)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)
<i>control solution normal in vitro</i>	T3	QL (1 EA per 90 days)
COOL CONTROL A SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
COOL CONTROL B SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
<i>cvs lancets 21g</i>	T3	QL (3.34 EA per 1 day)
<i>cvs lancets micro thin 33g</i>	T3	QL (3.34 EA per 1 day)
<i>cvs lancets original</i>	T3	QL (3.34 EA per 1 day)
<i>cvs lancets thin 26g</i>	T3	QL (3.34 EA per 1 day)
<i>cvs lancets ultra thin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>cvs lancets ultra-thin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>cvs lancing device</i>	T3	QL (1 EA per 365 days)
<i>cvs ultra thin lancets</i>	T3	QL (3.34 EA per 1 day)
DIATHRIVE GLUCOSE CONTROL SOLN LIQUID IN VITRO	T3	QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Notes
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)
<i>diatrue control level 1 solution low in vitro</i>	T3	QL (1 EA per 90 days)
<i>diatrue control level 2 solution normal in vitro</i>	T3	QL (1 EA per 90 days)
<i>diatrue control level 3 solution high in vitro</i>	T3	QL (1 EA per 90 days)
DROPLET LANCETS ULTRA THIN 30G	T3	QL (3.34 EA per 1 day)
DROPLET LANCING DEVICE	T3	QL (1 EA per 365 days)
<i>drug mart lancets thin 26g</i>	T3	QL (3.34 EA per 1 day)
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)
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)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
<i>easy comfort lancets twist top</i>	T3	QL (3.34 EA per 1 day)
<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)
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)
<i>easy talk control solution high in vitro</i>	T3	QL (1 EA per 90 days)
<i>easy talk control solution low 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 LANCETS 21G	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
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 28G/TWIST	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)
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)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH SAFETY LANCETS 28G	T3	QL (3.34 EA per 1 day)
<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)
EASYMAX 15 LEVEL 2 CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
EASYMAX CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 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)
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)
EMBRACE CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Notes
EMBRACE EVO CONTROL LEVEL 1 LIQUID LOW IN VITRO	T3	QL (1 EA per 90 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 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)
<i>eql color lancets 21g</i>	T3	QL (3.34 EA per 1 day)
<i>eql color lancets micro 33g</i>	T3	QL (3.34 EA per 1 day)
<i>eql super thin lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>eql thin lancets 26g</i>	T3	QL (3.34 EA per 1 day)
EVOLUTION CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
E-Z JECT LANCET MICRO-THIN 33G	T3	QL (3.34 EA per 1 day)
E-Z JECT LANCET SUPER THIN 30G	T3	QL (3.34 EA per 1 day)
E-Z JECT LANCETS	T3	QL (3.34 EA per 1 day)
E-Z JECT LANCETS 21G	T3	QL (3.34 EA per 1 day)
E-Z JECT LANCETS THIN 26G	T3	QL (3.34 EA per 1 day)
EZ-LETS LANCETS 21G	T3	QL (3.34 EA per 1 day)
EZ-LETS LANCETS 26G	T3	QL (3.34 EA per 1 day)
EZ-LETS LANCETS 28G	T3	QL (3.34 EA per 1 day)
EZ-LETS LANCETS 30G	T3	QL (3.34 EA per 1 day)
FIFTY50 SAFETY SEAL LANCETS	T3	QL (3.34 EA per 1 day)
FIFTY50 UNILET LANCETS 33G	T3	QL (3.34 EA per 1 day)
FINGERSTIX LANCETS	T3	QL (3.34 EA per 1 day)
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 LANCETS	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
FORA LANCING DEVICE	T3	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)
FORTISCARE CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)
FORTISCARE CONTROL SOLUTION LOW IN VITRO	T3	QL (1 EA per 90 days)
FORTISCARE CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
FREESTYLE CONTROL SOLUTION LIQUID IN VITRO	T3	QL (1 EA per 90 days)
FREESTYLE LANCETS	T3	QL (3.34 EA per 1 day)
FREESTYLE LIBRE READER	T3	PA; QL (1 EA per 365 days)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
FREESTYLE UNISTICK II LANCETS	T3	QL (3.34 EA per 1 day)
<i>ge100 control solution normal in vitro</i>	T3	QL (1 EA per 90 days)
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)
GENTLE-LET GP LANCETS	T3	QL (3.34 EA per 1 day)
GENTLE-LET LANCETS	T3	QL (3.34 EA per 1 day)
<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 lancing device</i>	T3	QL (1 EA per 365 days)
GLUCOCARD 01 CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Notes
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)
GLUCOCARD SHINE CONTROL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCARD X-SENSOR CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCOM CONTROL LIQUID HIGH IN VITRO	T3	QL (1 EA per 90 days)
GLUCOCOM CONTROL LIQUID NORMAL 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)
GLUCOCOM LANCETS 33G	T3	QL (3.34 EA per 1 day)
<i>glucose control solution in vitro</i>	T3	QL (1 EA per 90 days)
<i>glucose control solution normal in vitro</i>	T3	QL (1 EA per 90 days)
GNP EASY TOUCH CONT HIGH/LOW SOLUTION IN VITRO	T3	QL (1 EA per 90 days)

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	
	Drug Tier	

Prescription Drug Name	Drug Tier	Notes
<i>gnp lancets 21g</i>	T3	QL (3.34 EA per 1 day)
<i>gnp lancets thin 26g</i>	T3	QL (3.34 EA per 1 day)
GNP LANCING SYSTEM DEVICE	T3	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)
<i>goodsense color lancets 33g</i>	T3	QL (3.34 EA per 1 day)
<i>goodsense lancets 26g univ</i>	T3	QL (3.34 EA per 1 day)
<i>goodsense lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>goodsense lancets 30g univ</i>	T3	QL (3.34 EA per 1 day)
<i>goodsense lancets 33g</i>	T3	QL (3.34 EA per 1 day)
<i>goodsense lancets 33g univ</i>	T3	QL (3.34 EA per 1 day)
<i>goodsense lancing device</i>	T3	QL (1 EA per 365 days)
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)

Prescription Drug Name	Drug Tier	Notes
HAEMOLANCE PLUS HIGH FLOW	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)
HEALTH CARE LANCING DEVICE	T3	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)
HY-VEE LANCETS	T3	QL (3.34 EA per 1 day)
<i>hy-vee thin lancets</i>	T3	QL (3.34 EA per 1 day)
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 CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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)
<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 21g</i>	T3	QL (3.34 EA per 1 day)
<i>kroger lancets micro thin 33g</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>kroger lancets thin 26g</i>	T3	QL (3.34 EA per 1 day)
<i>kroger lancets ultrathin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>kroger lancing device</i>	T3	QL (1 EA per 365 days)
<i>lancet device</i>	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
<i>lancet device with ejector</i>	T3	QL (1 EA per 365 days)
<i>lancets</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)
LANCETS ULTRA THIN	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)
LANZO	T3	QL (1 EA per 365 days)
<i>leader advanced lancing device</i>	T3	QL (1 EA per 365 days)
LIBERTY GLUCOSE CONTROL LIQUID NORMAL IN VITRO	T3	QL (1 EA per 90 days)
LIBERTY GLUCOSE CONTROL MID SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
LIBERTY GLUCOSE CONTROL SOLUTION HIGH IN VITRO	T3	QL (1 EA per 90 days)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
LIBERTY GLUCOSE CONTROL SOLUTION NORMAL IN VITRO	T3	QL (1 EA per 90 days)
LIBERTY MEDICAL LANCETS	T3	QL (3.34 EA per 1 day)
LIBERTY MINI LANCING DEVICE	T3	QL (1 EA per 365 days)
<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>longs lancets standard</i>	T3	QL (3.34 EA per 1 day)
<i>longs lancets thin</i>	T3	QL (3.34 EA per 1 day)
<i>longs lancets ultra 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)

Prescription Drug Name	Drug Tier	Notes
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)
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 THIN	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)
MEIJER SUPER THIN LANCETS	T3	QL (3.34 EA per 1 day)
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)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>mini lancing device</i>	T3	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 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 PLUS GLU/KET CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 days)
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)
ONETOUCH DELICA PLUS LANCET30G	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
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 CONTROL LIQUID IN VITRO	T3	QL (1 EA per 90 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)
PERFECT LANCETS 28G	T3	QL (3.34 EA per 1 day)
PERFECT LANCETS 30G	T3	QL (3.34 EA per 1 day)
PHARMACIST CHOICE LANCETS	T3	QL (3.34 EA per 1 day)
PHARMACY COUNTER LANCETS	T3	QL (3.34 EA per 1 day)
<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)
PRECISION GLUCOSE KETONE CONTR LIQUID IN VITRO	T3	QL (1 EA per 90 days)
PRECISION THINS GP LANCETS	T3	QL (3.34 EA per 1 day)
<i>preferred plus lancets colored</i>	T3	QL (3.34 EA per 1 day)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>preferred plus lancets thin</i>	T3	QL (3.34 EA per 1 day)
<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)
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 SAFETY LANCETS 26G	T3	QL (3.34 EA per 1 day)
PRODIGY TWIST TOP LANCETS 28G	T3	QL (3.34 EA per 1 day)
PSS SELECT GP LANCETS	T3	QL (3.34 EA per 1 day)
PSS SELECT SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
<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)
<i>qc lancets super thin 30g</i>	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<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 CONTROL HIGH/NORMAL SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
RA E-ZJECT LANCETS 28G	T3	QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS THIN 26G	T3	QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS THIN 28G	T3	QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS ULTRA THIN	T3	QL (3.34 EA per 1 day)
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)
RELION LANCET DEVICES 30G	T3	QL (1 EA per 365 days)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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 ULTRA THIN LANCETS 30G	T3	QL (3.34 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS	T3	QL (3.34 EA per 1 day)
REXALL LANCETS ULTRA THIN 30G	T3	QL (3.34 EA per 1 day)
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)
SAFE-T-LANCE	T3	QL (3.34 EA per 1 day)
SAFE-T-LANCE PLUS	T3	QL (3.34 EA per 1 day)
SAFETY LANCETS	T3	QL (3.34 EA per 1 day)
SAFETY LANCETS 21G	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<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>sb lancets thin</i>	T3	QL (3.34 EA per 1 day)
<i>sb lancets ultra thin</i>	T3	QL (3.34 EA per 1 day)
<i>select-lite lancing device</i>	T3	QL (1 EA per 365 days)
SIMPLE DIAGNOSTICS LANCING DEV	T3	QL (1 EA per 365 days)
SINGLE-LET	T3	QL (3.34 EA per 1 day)
<i>sm lancets 33g</i>	T3	QL (3.34 EA per 1 day)
SM TRUEDRAW LANCING DEVICE	T3	QL (1 EA per 365 days)
SMART DIABETES VANTAGE LANCING	T3	QL (1 EA per 365 days)
SMART SENSE COLOR LANCETS 33G	T3	QL (3.34 EA per 1 day)
SMART SENSE STANDARD LANCETS	T3	QL (3.34 EA per 1 day)
SMART SENSE SUPER THIN LANCETS	T3	QL (3.34 EA per 1 day)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
SMART SENSE THIN LANCETS 26G	T3	QL (3.34 EA per 1 day)
SMARTEST CONTROL MEDIUM SOLUTION IN VITRO	T3	QL (1 EA per 90 days)
SMARTEST LANCETS 28G	T3	QL (3.34 EA per 1 day)
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)

Prescription Drug Name	Drug Tier	Notes
<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)
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)
TECHLITE LANCETS 30G	T3	QL (3.34 EA per 1 day)
<i>tgt lancet micro thin 33g</i>	T3	QL (3.34 EA per 1 day)
<i>tgt lancet thin 26g</i>	T3	QL (3.34 EA per 1 day)
<i>tgt lancet ultra thin 30g</i>	T3	QL (3.34 EA per 1 day)
<i>tgt lancing device</i>	T3	QL (1 EA per 365 days)
THINLETS GP LANCETS	T3	QL (3.34 EA per 1 day)
<i>todays health lancing device</i>	T3	QL (1 EA per 365 days)
<i>todays health thin lancets 28g</i>	T3	QL (3.34 EA per 1 day)
<i>todays health thin lancets 30g</i>	T3	QL (3.34 EA per 1 day)
<i>topcare lancets micro-thin 33g</i>	T3	QL (3.34 EA per 1 day)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
TRAVEL LANCETS ADVANCED 28G	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 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)
TRUECONTROL GLUCOSE CONT LEV 0 LIQUID IN VITRO	T3	QL (1 EA per 90 days)
TRUECONTROL GLUCOSE CONT LEV 1 LIQUID IN VITRO	T3	QL (1 EA per 90 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)
TRUEPLUS SAFETY LANCETS 28G	T3	QL (3.34 EA per 1 day)
ULTI-LANCE AUTOMATIC	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
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)
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)

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
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)
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)
UNIVERSAL 1 LANCETS THIN 26G	T3	QL (3.34 EA per 1 day)
UNIVERSAL 1 LANCETS THIN 33G	T3	QL (3.34 EA per 1 day)
UNIVERSAL 1 LANCETS ULTRA THIN	T3	QL (3.34 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>value plus lancet standard 21g</i>	T3	QL (3.34 EA per 1 day)
<i>value plus lancets super thin</i>	T3	QL (3.34 EA per 1 day)
<i>value plus lancets thin 26g</i>	T3	QL (3.34 EA per 1 day)
<i>value plus lancing device</i>	T3	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 LANCETS	T3	QL (3.34 EA per 1 day)
VIVAGUARD LANCING DEVICE	T3	QL (1 EA per 365 days)
WALGREENS LANCETS	T3	QL (3.34 EA per 1 day)
<i>walgreens lancets micro thin</i>	T3	QL (3.34 EA per 1 day)
<i>walgreens lancets super thin</i>	T3	QL (3.34 EA per 1 day)
WALGREENS THIN LANCETS	T3	QL (3.34 EA per 1 day)
WALGREENS ULTRA THIN LANCETS	T3	QL (3.34 EA per 1 day)
Humidifiers		
<i>breathe ease humidifier</i>	T3	QL (1 EA per 365 days)
CLEVER CHOICE HUMIDIFIER	T3	QL (1 EA per 365 days)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>cool mist humidifier</i>	T3	QL (1 EA per 365 days)
<i>cool mist humidifier 0.8 gal</i>	T3	QL (1 EA per 365 days)
<i>cool mist humidifier 1 gallon</i>	T3	QL (1 EA per 365 days)
<i>cool mist humidifier 1.2 gal</i>	T3	QL (1 EA per 365 days)
<i>cool mist humidifier 1.3 gal</i>	T3	QL (1 EA per 365 days)
<i>cool mist humidifier 2 gallon</i>	T3	QL (1 EA per 365 days)
<i>cvs cool mist humidifer</i>	T3	QL (1 EA per 365 days)
<i>dual ultrasonic humidifier</i>	T3	QL (1 EA per 365 days)
<i>humidifier</i>	T3	QL (1 EA per 365 days)
KAZ HEALTHMIST HUMIDIFIER	T3	QL (1 EA per 365 days)
<i>kaz humidifier evaporativ 3000</i>	T3	QL (1 EA per 365 days)
<i>kaz humidifier evaporativ 3300</i>	T3	QL (1 EA per 365 days)
<i>kaz humidifier evaporativ 3400</i>	T3	QL (1 EA per 365 days)
KAZ ULTRASONIC HUMIDIFIER	T3	QL (1 EA per 365 days)
<i>personal ultrasonic humidifier</i>	T3	QL (1 EA per 365 days)
<i>procare humidifier</i>	T3	QL (1 EA per 365 days)
<i>pure comfort humidifier</i>	T3	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
<i>sm humidifier/cool mist</i>	T3	QL (1 EA per 365 days)
<i>ultrasonic humidifier</i>	T3	QL (1 EA per 365 days)
VICKS COOL MIST HUMIDIFIER	T3	QL (1 EA per 365 days)
VICKS GERMFREE HUMIDIFIER	T3	QL (1 EA per 365 days)
VICKS HUMIDIFIER	T3	QL (1 EA per 365 days)
VICKS MINI COOLMIST HUMIDIFIER	T3	QL (1 EA per 365 days)
VICKS PUREMIST HUMIDIFIER	T3	QL (1 EA per 365 days)
VICKS ULTRASONIC HUMIDIFIER	T3	QL (1 EA per 365 days)
VICKS WARM MIST HUMIDIFIER	T3	QL (1 EA per 365 days)

Minerals & Electrolytes

Calcium

<i>calcium 600 tablet 1500 (600 ca) mg oral</i>	T3	
<i>calcium carbonate tablet 1500 (600 ca) mg oral</i>	T3	
<i>calcium citrate tablet 250 mg oral</i>	T3	
<i>calcium citrate tablet 950 (200 ca) mg oral</i>	T3	
<i>oyster shell calcium tablet 500 mg oral</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>sb oyster shell calcium tablet 500 mg oral</i>	T3	
SM CORAL CALCIUM TABLET 1000 (390 CA) MG ORAL	T3	
Calcium Combinations		
CALCITRATE TABLET 315-6.25 MG-MCG ORAL	T3	
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	T3	
<i>calcium 500 + d3 tablet 500-15 mg-mcg oral</i>	T3	
<i>calcium 500+d tablet 500-10 mg-mcg oral</i>	T3	
<i>calcium 500+d3 tablet 500-10 mg-mcg oral</i>	T3	
<i>calcium 600/vitamin d tablet 600-10 mg-mcg oral</i>	T3	
<i>calcium 600/vitamin d3 tablet 600-20 mg-mcg oral</i>	T3	
<i>calcium carb-cholecalciferol tablet 500-10 mg-mcg oral</i>	T3	
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>calcium carb-cholecalciferol tablet 600-5 mg-mcg oral</i>	T3	
<i>calcium citrate + d tablet 315-5 mg-mcg oral</i>	T3	
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral</i>	T3	
<i>calcium citrate + d3 tablet 200-6.25 mg-mcg oral</i>	T3	
<i>calcium citrate+d3 petites tablet 200-6.25 mg-mcg oral</i>	T3	
<i>calcium citrate+d3 tablet 315-6.25 mg-mcg oral</i>	T3	
<i>calcium citrate-vitamin d tablet 200-3.125 mg-mcg oral</i>	T3	
<i>calcium citrate-vitamin d tablet 315-5 mg-mcg oral</i>	T3	
<i>calcium citrate-vitamin d3 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	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
CITRACAL CALCIUM GUMMIES TABLET CHEWABLE 250-115-250 MG-MG-UNIT ORAL	T3	
CITRACAL MAXIMUM TABLET 315-6.25 MG-MCG ORAL	T3	
CITRACAL PETITES/VITAMIN D TABLET 200-6.25 MG-MCG ORAL	T3	
<i>citrus calcium/vitamin d tablet 200-6.25 mg-mcg oral</i>	T3	
<i>eq calcium citrate+d tablet 315-6.25 mg-mcg oral</i>	T3	
<i>eql calcium citrate/vitamin d tablet 315-6.25 mg-mcg oral</i>	T3	
<i>eql calcium citrate/vitamin d3 tablet 315-6.25 mg-mcg oral</i>	T3	
<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	
<i>hm calcium citrate+d3 petite tablet 200-6.25 mg-mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>kp calcium citrate+d tablet 315-6.25 mg-mcg oral</i>	T3	
OS-CAL EXTRA D3 TABLET 500-15 MG-MCG ORAL	T3	
OYSCO 500+D TABLET 500-5 MG-MCG ORAL	T3	
<i>oyster shell calcium + d tablet 500-10 mg-mcg oral</i>	T3	
<i>oyster shell calcium + d3 tablet 500-10 mg-mcg oral</i>	T3	
<i>oyster shell calcium tablet 500-10 mg-mcg oral</i>	T3	
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral</i>	T3	
<i>oyster shell calcium/d tablet 250-3.125 mg-mcg oral</i>	T3	
<i>oyster shell calcium/d tablet 500-5 mg-mcg oral</i>	T3	
<i>oyster shell calcium/d3 tablet 500-10 mg-mcg oral</i>	T3	
<i>oyster shell calcium/vitamin d tablet 250-3.125 mg-mcg oral</i>	T3	

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
<i>ra calcium cit plus vit d-3 tablet 315-6.25 mg-mcg oral</i>	T3	
<i>ra calcium citrate plus vit d tablet 315-5 mg-mcg oral</i>	T3	
<i>ra calcium cit-vit d-3 petites tablet 200-6.25 mg-mcg oral</i>	T3	
<i>sm calcium citrate+/vit d3 tablet 315-6.25 mg-mcg oral</i>	T3	
<i>sm calcium citrate+d3 petite tablet 200-6.25 mg-mcg oral</i>	T3	
<i>sm oyster shell calcium/vit d3 tablet 500-10 mg-mcg oral</i>	T3	
Electrolytes & Dextrose		
<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	
Electrolytes Oral		
ADVANTAGE CARE ELECTROLYTE PED SOLUTION ORAL	T3	
CERALYTE 70 SOLUTION ORAL	T3	
CERASPORT EX1 SOLUTION ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
CERASPORT SOLUTION ORAL	T3	
<i>cvs electrolyte solution solution oral</i>	T3	
<i>cvs ped electrolyte freeze pop solution oral</i>	T3	
<i>cvs pediatric electrolyte solution oral</i>	T3	
ENFAMIL ENFALYTE SOLUTION ORAL	T3	
EQUALYTE SOLUTION ORAL	T3	
<i>gnp electrolyte solution solution oral</i>	T3	
<i>gnp pediatric electrolyte solution oral</i>	T3	
<i>h-e-b oral electrolyte solution oral</i>	T3	
<i>oral electrolytes solution oral</i>	T3	
ORALYTE SOLUTION ORAL	T3	
<i>ped electrolyte freeze pops solution oral</i>	T3	
<i>ped electrolyte freezer pops solution oral</i>	T3	
PEDIA VANCE SOLUTION ORAL	T3	
PEDIALYTE ADVANCED CARE SOLUTION ORAL	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
PEDIALYTE FREEZER POPS SOLUTION ORAL	T3	
PEDIALYTE SINGLES SOLUTION ORAL	T3	
PEDIALYTE SOLUTION ORAL	T3	
<i>pediatric electrolyte solution oral</i>	T3	
<i>pediatric electrolyte-zinc solution oral</i>	T3	
<i>ra pediatric electrolyte solution oral</i>	T3	
REHYDRALYTE SOLUTION ORAL	T3	
<i>sb pediatric electrolyte solution oral</i>	T3	
<i>sm pediatric electrolyte solution oral</i>	T3	
Fluoride		
<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	

Prescription Drug Name	Drug Tier	Notes
Magnesium		
<i>magnesium oxide -mg supplement capsule 500 mg oral</i>	T3	
<i>magnesium oxide -mg supplement tablet 250 mg oral</i>	T3	
<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	
MAGOX 400 TABLET 400 (240 MG) MG ORAL	T3	
<i>ra magnesium capsule 500 mg oral</i>	T3	
Mineral Combinations		

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
CITRACAL MAXIMUM PLUS TABLET ORAL	T3	
Phosphate		
K-PHOS	T3	
K-PHOS-NEUTRAL	T3	
PHOSPHA 250 NEUTRAL	T3	
Potassium		
KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL	T3	
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	T3	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	T3	
KLOR-CON PACKET 20 MEQ ORAL	T3	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	T3	
<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	

Prescription Drug Name	Drug Tier	Notes
<i>potassium chloride er capsule extended release 10 meq oral</i>	T3	
<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 packet 20 meq oral</i>	T3	
<i>potassium chloride solution 20 meq/15ml (10%) oral</i>	T3	
<i>potassium chloride solution 40 meq/15ml (20%) oral</i>	T3	
Trace Mineral Combinations		
TRALEMENT	T4	PA
Miscellaneous Therapeutic Classes		
*Farnesyltransferase Inhibitors***		
ZOKINVY	T4	PA
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE	T4	PA
Chelating Agents		

	Notes
	AL = Age Restriction
	PA = Prior Authorization
	QL = Quantity Limit
	QL = Quantity Limit
	SP = Specialty
	ST = Step Therapy
lowercase italics = Generic drugs	Drug Tier
UPPERCASE = Brand name drugs	T3 = Supplemental Formulary Drug
	T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
CUPRIMINE CAPSULE 250 MG ORAL	T4	PA
CUVRIOR	T4	PA; SP
DEPEN TITRATABS TABLET 250 MG ORAL	T4	PA
<i>penicillamine oral capsule</i>	T4	PA
<i>penicillamine oral tablet</i>	T3	PA
SYPRINE CAPSULE 250 MG ORAL	T4	PA
<i>trientine hcl capsule 250 mg oral</i>	T4	PA
Enzymes		
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	T4	PA; QL (4.5 EA per 30 days)
Immune Globulin Immunosuppressants		
ATGAM INJECTABLE 50 MG/ML INTRAVENOUS	T4	PA
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	T4	PA
Interleukin-6 (Il-6) Antagonists		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	T4	PA
Irrigation Solutions		
<i>lactated ringers irrigation</i>	T3	
<i>sterile water for irrigation solution irrigation</i>	T3	
Monoclonal Antibodies		
ENSPRYNG	T4	PA
GAMIFANT INTRAVENOUS SOLUTION 100 MG/20ML, 50 MG/10ML	T4	PA
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	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
Potassium Removing Agents		
SPS SUSPENSION 15 GM/60ML ORAL	T3	

Mouth/Throat/Dental Agents

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
	Drug Tier	
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate mouth/throat</i>	T3	
Fluoride Dental Products		
DENTA 5000 PLUS CREAM 1.1 % DENTAL	T3	
DENTAGEL GEL 1.1 % DENTAL	T3	
Multivitamins		
B-Complex Vitamins		
<i>b complex capsule oral</i>	T3	
<i>b complex vitamins capsule oral</i>	T3	
B-Complex W/ C & E + Zn		
<i>bec/zinc tablet oral</i>	T3	
<i>cvs stress formula/zinc tablet oral</i>	T3	
<i>eql stress b-complex c/zinc tablet oral</i>	T3	
<i>stress b/zinc tablet oral</i>	T3	
<i>stress b-complex/vit c/zinc tablet oral</i>	T3	
<i>stress formula/zinc (b-compl) tablet oral</i>	T3	
B-Complex W/ C & Folic Acid		
<i>b complex-c-folic acid tablet oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>b-complex balanced tablet oral</i>	T3	
<i>b-complex/folic acid/vitamin c tablet extended release oral</i>	T3	
<i>b-complex/vitamin c tablet oral</i>	T3	
<i>b-complex-c (w/folic acid) tablet oral</i>	T3	
<i>b-plex tablet oral</i>	T3	
<i>eql super b complex/vitamin c tablet oral</i>	T3	
<i>kp b complex-c tablet oral</i>	T3	
<i>sm b super vitamin complex tablet oral</i>	T3	
<i>sm b-complex/vitamin c tablet oral</i>	T3	
<i>stress formula (folic acid) tablet oral</i>	T3	
<i>super b complex/fa/vit c tablet oral</i>	T3	
<i>super b-complex/vit c/fa tablet oral</i>	T3	
B-Complex W/ Folic Acid		
<i>b complex vitamins (w/ fa) capsule oral</i>	T3	
<i>b-complex (folic acid) tablet oral</i>	T3	
BIG 100 TABLET ORAL	T3	
<i>kobee tablet oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>sm balanced b-100 tablet oral</i>	T3	
<i>sm balanced b-50 tablet oral</i>	T3	
B-Complex W/ Lysine-Min-Fe & Folic Acid		
NUTRIVIT LIQUID ORAL	T3	
B-Complex W/ Minerals		
ELDERTONIC LIQUID ORAL	T3	
Bioflavonoid Products		
<i>fruit c 200 tablet chewable oral</i>	T3	
<i>vitamin c tablet chewable oral</i>	T3	
Multiple Vitamins W/ Calcium		
<i>eql one daily womens tablet oral</i>	T3	
<i>essential one daily multivit tablet oral</i>	T3	
<i>gnp one daily womens health tablet oral</i>	T3	
ONE-A-DAY WOMENS FORMULA TABLET ORAL	T3	
<i>sm one daily essential tablet oral</i>	T3	
Multiple Vitamins W/ Iron		
<i>daily vite multivitamin/iron tablet oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>multiple vitamins/iron tablet oral</i>	T3	
<i>multi-vitamin/iron tablet oral</i>	T3	
<i>sm multiple vitamins/iron tablet oral</i>	T3	
<i>stress formula/iron tablet oral</i>	T3	
<i>tab-a-vite/iron tablet oral</i>	T3	
Multiple Vitamins W/ Minerals		
<i>a thru z select tablet chewable oral</i>	T3	
<i>adult one daily gummies tablet chewable oral</i>	T3	
ADVANCED MULTI EA TABLET CHEWABLE ORAL	T3	
ALIVE ULTRA POTENCY WOMENS 50+ TABLET ORAL	T3	
ALIVE WOMENS GUMMY TABLET CHEWABLE ORAL	T3	
<i>antioxidant capsule oral</i>	T3	
<i>antioxidant formula tablet oral</i>	T3	
BACMIN TABLET ORAL	T3	
<i>biocel tablet oral</i>	T3	
<i>body/hair/skin/nails capsule oral</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
<i>b-plex plus tablet oral</i>	T3	
BPROTECTED MULTI-VITE LIQUID ORAL	T3	
CENTRUM ADULTS TABLET ORAL	T3	
CENTRUM FLAVOR BURST ADULT TABLET CHEWABLE ORAL	T3	
CENTRUM LIQUID ORAL	T3	
CENTRUM SILVER TABLET CHEWABLE ORAL	T3	
CENTRUM SILVER TABLET ORAL	T3	
<i>century mature tablet oral</i>	T3	
<i>century tablet oral</i>	T3	
CEROVITE SENIOR TABLET ORAL	T3	
CERTA-VITE LIQUID ORAL	T3	
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	T3	
CERTAVITE/ANTIOXIDANTS TABLET ORAL	T3	
COMPETE TABLET ORAL	T3	
<i>complete multivitamin/mineral liquid oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>cvs daily gummies tablet chewable oral</i>	T3	
<i>cvs daily multiple for men tablet oral</i>	T3	
<i>cvs mens daily gummies tablet chewable oral</i>	T3	
<i>cvs spectravite adult 50+ tablet chewable oral</i>	T3	
<i>cvs spectravite advanced tablet oral</i>	T3	
<i>cvs spectravite senior tablet oral</i>	T3	
<i>cvs spectravite ultra men 50+ tablet oral</i>	T3	
<i>cvs spectravite ultra mens tablet oral</i>	T3	
<i>cvs spectravite ultra women tablet oral</i>	T3	
<i>cvs spectravite womens senior tablet oral</i>	T3	
<i>cvs womens active daily tablet oral</i>	T3	
<i>cvs womens daily gummies tablet chewable oral</i>	T3	
<i>daily multiple vitamins/min tablet oral</i>	T3	
<i>dekas bariatric tablet chewable oral</i>	T3	
DEKAS PLUS OCEAN	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
DEKAS PLUS ORAL CAPSULE	T3	
DEKAS PLUS TABLET CHEWABLE ORAL	T3	
<i>dialyvite 800/ultra d tablet oral</i>	T3	
<i>freedavite tablet oral</i>	T3	
<i>gnp hair/skin/nails tablet oral</i>	T3	
<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	
<i>hair/skin/nails tablet oral</i>	T3	
<i>healthy eyes tablet oral</i>	T3	
ICAPS AREDS FORMULA TABLET ORAL	T3	
ICAPS CAPSULE ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
ICAPS LUTEIN & OMEGA-3 CAPSULE ORAL	T3	
ICAPS MV TABLET ORAL	T3	
<i>i-vite tablet oral</i>	T3	
MACUVITE EYE CARE TABLET ORAL	T3	
MACUVITE TABLET ORAL	T3	
<i>multi + omega-3 adult gummies tablet chewable oral</i>	T3	
<i>multi adult gummies tablet chewable oral</i>	T3	
<i>multi vitamin/minerals tablet oral</i>	T3	
<i>multiple vitamins/womens tablet oral</i>	T3	
<i>multivitamin & mineral liquid oral</i>	T3	
<i>multivitamin gummies adult tablet chewable oral</i>	T3	
<i>multivitamin gummies mens tablet chewable oral</i>	T3	
<i>multi-vitamin gummies tablet chewable oral</i>	T3	
<i>multivitamin gummies womens tablet chewable oral</i>	T3	
<i>multivitamin liquid oral</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>multi-vitamin monocaps tablet oral</i>	T3	
<i>multi-vitamin/minerals tablet oral</i>	T3	
<i>multi-vite liquid oral</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	
<i>neovite tablet oral</i>	T3	
NUTRICAP TABLET ORAL	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 HEATLH GUMMIES TABLET CHEWABLE ORAL	T3	
OCUVITE-LUTEIN CAPSULE ORAL	T3	
OCUVITE-LUTEIN TABLET ORAL	T3	
ONCOVITE TABLET ORAL	T3	
<i>one daily mens tablet oral</i>	T3	
ONE-A-DAY MENS 50+ ADVANTAGE TABLET ORAL	T3	
ONE-A-DAY MENS VITACRAVES TABLET CHEWABLE ORAL	T3	
ONE-A-DAY VITACRAVES ADULT TABLET CHEWABLE ORAL	T3	
ONE-A-DAY VITACRAVES IMMUNITY TABLET CHEWABLE ORAL	T3	
ONE-A-DAY VITACRAVES SOUR TABLET CHEWABLE ORAL	T3	
ONE-A-DAY VITACRAVES TABLET CHEWABLE ORAL	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
ONE-A-DAY WOMENS 50+ ADVANTAGE TABLET ORAL	T3	
ONE-A-DAY WOMENS VITACRAVES TABLET CHEWABLE ORAL	T3	
OPTISOURCE POST BARIATRIC SURG TABLET CHEWABLE ORAL	T3	
OPURITY BYPASS OPTIMIZED TABLET CHEWABLE ORAL	T3	
<i>parvlex tablet oral</i>	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	

Prescription Drug Name	Drug Tier	Notes
<i>quin b strong tablet oral</i>	T3	
<i>quintabs-m tablet oral</i>	T3	
RENAPLEX TABLET ORAL	T3	
RENAPLEX-D TABLET ORAL	T3	
<i>sentry senior tablet oral</i>	T3	
<i>sentry tablet oral</i>	T3	
SIDEROL TABLET ORAL	T3	
<i>sm complete advanced formula tablet oral</i>	T3	
<i>sm complete senior formula tablet oral</i>	T3	
<i>sm complete tablet oral</i>	T3	
<i>sm opti-vitamins tablet oral</i>	T3	
STROVITE ONE TABLET ORAL	T3	
<i>super antioxidant capsule oral</i>	T3	
<i>super aytinal tablet oral</i>	T3	
<i>super multiple tablet oral</i>	T3	
<i>super thera vite m tablet oral</i>	T3	
<i>support liquid oral (otc)</i>	T3	
<i>support liquid oral (rx)</i>	T3	

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
Drug Tier		
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	

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>therapeutic formula/hematinics tablet oral</i>	T3	
<i>therapeutic-m tablet oral</i>	T3	
THERATRUM COMPLETE 50 PLUS TABLET ORAL	T3	
THERATRUM COMPLETE TABLET ORAL	T3	
<i>ultra freeda tablet oral</i>	T3	
<i>ultra freeda/iron tablet oral</i>	T3	
<i>v-c forte capsule oral</i>	T3	
VIC-FORTE CAPSULE ORAL	T3	
VITA S FORTE TABLET ORAL	T3	
VITACEL TABLET ORAL	T3	
<i>vitamins a-d- e/selenium tablet oral</i>	T3	
VITATRUM COMPLETE TABLET ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitatrum tablet chewable oral</i>	T3	
VITRUM SENIOR TABLET ORAL	T3	
YELETS TEENAGE FORMULA TABLET ORAL	T3	
YOUR LIFE MULTI ADULT GUMMIES TABLET CHEWABLE ORAL	T3	
Multivitamins		
<i>daily multiple vitamins tablet oral</i>	T3	
<i>daily value multivitamin tablet oral</i>	T3	
<i>daily vite tablet oral</i>	T3	
<i>daily vites tablet oral</i>	T3	
<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>healthy hair/skin/nails tablet oral</i>	T3	
<i>multiple vitamins tablet oral</i>	T3	
<i>multi-vitamin tablet oral</i>	T3	
<i>multi-vitamins tablet oral</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>once daily tablet oral</i>	T3	
<i>one daily tablet oral</i>	T3	
ONE-A-DAY ESSENTIAL TABLET ORAL	T3	
<i>quintabs tablet oral</i>	T3	
<i>sm multiple vitamins essential tablet oral</i>	T3	
<i>stress formula tablet oral</i>	T3	
TAB-A-VITE TABLET ORAL	T3	
TAB-A-VITE/BETA CAROTENE TABLET ORAL	T3	
THERA TABLET ORAL	T3	
THEREMS TABLET ORAL	T3	
Ped Multi Vitamins W/Fl & Fe		
<i>multi-vit/iron/fluoride solution 0.25-10 mg/ml oral</i>	T3	
<i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral</i>	T3	
Ped Multiple Vitamins W/ Minerals		
CENTRUM FLAVOR BURST KIDS TABLET CHEWABLE ORAL	T3	
DEKAS PLUS LIQUID ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL	T3	AL (Max 19 Years)
MVW COMPLETE FORMULATION D5000 TABLET CHEWABLE ORAL	T3	AL (Max 19 Years)
MVW COMPLETE FORMULATION SOLUTION ORAL	T3	
Ped Mv W/ Fluoride		
<i>multi-vitamin/fluoride solution 0.25 mg/ml oral</i>	T3	
<i>multivitamin/fluoride solution 0.25 mg/ml oral (otc)</i>	T3	
<i>multivitamin/fluoride solution 0.25 mg/ml oral (rx)</i>	T3	
<i>multi-vitamin/fluoride solution 0.5 mg/ml oral</i>	T3	
<i>multivitamin/fluoride solution 0.5 mg/ml oral (otc)</i>	T3	
<i>multivitamin/fluoride solution 0.5 mg/ml oral (rx)</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	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	T3	
Ped Mv W/ Iron		
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	T3	
<i>childrens animal shapes oral tablet chewable 18 mg</i>	T3	
<i>pc pediatric poly-vita/fe drop</i>	T3	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	T3	
<i>poly-vita/iron</i>	T3	
<i>poly-vite/iron</i>	T3	
Ped Vitamins Acd W/ Fluoride		
<i>tri-vite/fluoride solution 0.25 mg/ml oral</i>	T3	
<i>vitamins acd-fluoride solution 0.25 mg/ml oral</i>	T3	
Specialty Vitamins Products		
<i>a thru z advantage tablet oral</i>	T3	
CENTRUM PERFORMANCE TABLET ORAL	T3	
CENTRUM SPECIALIST ENERGY TABLET ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>cv's hair/skin/nails tablet oral</i>	T3	
ELON MATRIX 5000 COMPLETE TABLET ORAL	T3	
ELON MATRIX COMPLETE TABLET ORAL	T3	
MG PLUS PROTEIN TABLET 133 MG ORAL	T3	
<i>urosex tablet oral</i>	T3	
<i>vitamins for hair capsule oral</i>	T3	
<i>vitamins for hair tablet oral</i>	T3	
Vitamins W/ Lipotropics		
<i>b complex formula 1 (lipotrop) tablet oral</i>	T3	
<i>balance b-100 tablet oral</i>	T3	
<i>balanced b-50 complex tablet oral</i>	T3	
CVS BALANCED B50 TABLET ORAL	T3	
LIPOTRIAD TABLET ORAL	T3	
<i>mega multiple/chelated mineral tablet oral</i>	T3	
<i>ultra b-100 complex tablet oral</i>	T3	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants		

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>baclofen solution 10 mg/20ml intrathecal</i>	T4	PA
<i>baclofen solution 20000 mcg/20ml intrathecal</i>	T4	PA
<i>baclofen solution 40 mg/20ml intrathecal</i>	T4	PA
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

Prescription Drug Name	Drug Tier	Notes
GABLOFEN SOLUTION PREFILLED SYRINGE 50 MCG/ML INTRATHECAL	T4	PA
LIORESAL SOLUTION 0.05 MG/ML INTRATHECAL	T4	PA
LIORESAL SOLUTION 10 MG/20ML INTRATHECAL	T4	PA
LIORESAL SOLUTION 10 MG/5ML INTRATHECAL	T4	PA
LIORESAL SOLUTION 40 MG/20ML INTRATHECAL	T4	PA
<i>methocarbamol injection solution 1000 mg/10ml</i>	T3	
<i>orphenadrine citrate injection</i>	T3	
Nasal Agents - Systemic And Topical		
Nasal Agents - Misc.		
AFRIN SALINE NASAL MIST SOLUTION 0.65 % NASAL	T3	
AYR SOLUTION 0.65 % NASAL	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
BABY AYR SALINE SOLUTION 0.65 % NASAL	T3	
<i>deep sea nasal spray solution 0.65 % nasal</i>	T3	
LITTLE REMEDIES SALINE MIST AEROSOL SOLUTION NASAL	T3	
LITTLE REMEDIES SALINE SOLUTION NASAL	T3	
<i>nasal moisturizing spray solution 0.65 % nasal</i>	T3	
OCEAN FOR KIDS SOLUTION 0.65 % NASAL	T3	
OCEAN NASAL SPRAY SOLUTION 0.65 % NASAL	T3	
<i>saline mist spray solution 0.65 % nasal</i>	T3	
<i>saline nasal spray</i>	T3	
<i>sm nasal spray saline solution 0.65 % nasal</i>	T3	
<i>sodium chloride solution 0.65 % nasal</i>	T3	
Systemic Decongestants		
<i>gnp nasal decongestant tablet 30 mg oral</i>	T3	
<i>nasal decongestant tablet 30 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	T3	
<i>sm nasal decongestant max st tablet 30 mg oral</i>	T3	
SUDOGEST MAXIMUM STRENGTH TABLET 30 MG ORAL	T3	
SUDOGEST TABLET 30 MG ORAL	T3	
SUDOGEST TABLET 60 MG ORAL (OTC)	T3	
Topical Decongestants		
<i>12 hour nasal decongestant solution 0.05 % nasal</i>	T3	
<i>12 hour nasal spray solution 0.05 % nasal</i>	T3	
<i>gnp nasal spray extra moist 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	
MUCINEX SINUS-MAX CLEAR & COOL SOLUTION 0.05 % NASAL	T3	
<i>nasal decongestant spray solution 0.05 % nasal</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>nasal relief solution 0.05 % nasal</i>	T3	
<i>nasal spray 12 hour solution 0.05 % nasal</i>	T3	
<i>nasal spray extra moisturizing solution 0.05 % nasal</i>	T3	
<i>no drip nasal spray solution 0.05 % nasal</i>	T3	
<i>sinus nasal spray solution 0.05 % nasal</i>	T3	
<i>sm nasal spray 12 hour solution 0.05 % nasal</i>	T3	
<i>sm nasal spray sinus solution 0.05 % nasal</i>	T3	
<i>sm nasal spray solution 0.05 % nasal</i>	T3	

Prescription Drug Name	Drug Tier	Notes
SPINRAZA SOLUTION 12 MG/5ML INTRATHECAL	T4	PA

*Spinal Muscular Atrophy-Gene Therapy Agents***		
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
ZOLGENSMA 15.1-15.5 KG	T4	PA
ZOLGENSMA 15.6-16.0 KG	T4	PA
ZOLGENSMA 16.1-16.5 KG	T4	PA

Neuromuscular Agents		
*Als Agents - Antisense Oligonucleotides***		
QALSODY	T4	PA; SP
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS	T4	PA; SP; QL (3 EA per 1 day)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE	T4	PA; SP
*Spinal Muscular Atrophy-Antisense Oligonucleotides***		

		Notes
lowercase italics	= Generic drugs	AL = Age Restriction
UPPERCASE	= Brand name drugs	PA = Prior Authorization
	Drug Tier	QL = Quantity Limit
	T3	QL = Quantity Limit
	T4	SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
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
ZOLGENSMA 5.6-6.0 KG	T4	PA
ZOLGENSMA 6.1-6.5 KG	T4	PA
ZOLGENSMA 6.6-7.0 KG	T4	PA

Prescription Drug Name	Drug Tier	Notes
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
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI	T4	PA
Als Agents - Miscellaneous		
RADICAVA ORS	T4	PA
RADICAVA ORS STARTER KIT	T4	PA
RADICAVA SOLUTION 30 MG/100ML INTRAVENOUS	T4	PA; QL (3000 ML per 30 days)
Benzothiazoles		
EXSERVAN	T4	PA; QL (60 EA per 30 days)
RILUTEK TABLET 50 MG ORAL	T4	PA; QL (60 EA per 30 days)
<i>riluzole</i>	T3	QL (60 EA per 30 days)
Muscular Dystrophy Agents		

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>amondys 45</i>	T4	PA
EXONDYS 51 SOLUTION 100 MG/2ML INTRAVENOUS	T4	PA
VILTEPSO	T4	PA
VYONDYS 53	T4	PA
Nutrients		
Amino Acid Mixtures		
<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
Carbohydrates		
<i>dextrose intravenous solution 5 %</i>	T3	
Lipids		
DOJOLVI	T4	PA
Ophthalmic Agents		
Artificial Tear And Lubricant Combinations		
BION TEARS PF SOLUTION 0.1-0.3 % OPHTHALMIC	T3	
GENTEAL TEARS MODERATE PF SOLUTION 0.1-0.3 % OPHTHALMIC	T3	

Prescription Drug Name	Drug Tier	Notes
GENTEAL TEARS PF SOLUTION 0.1-0.3 % OPHTHALMIC	T3	
GENTEAL TEARS SOLUTION 0.1-0.3 % OPHTHALMIC	T3	
REFRESH OPTIVE SOLUTION 0.5-0.9 % OPHTHALMIC	T3	
REFRESH SOLUTION 1.4-0.6 % OPHTHALMIC	T3	
Artificial Tear Solutions		
GENTEAL TEARS SOLUTION 0.1-0.2-0.3 % OPHTHALMIC	T3	
Artificial Tears And Lubricants		
<i>gnp lubricating plus eye drops solution 0.5 % ophthalmic</i>	T3	
<i>goodsense lubricating eye drop solution 0.5 % ophthalmic</i>	T3	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	T3	
REFRESH PLUS SOLUTION 0.5 % OPHTHALMIC	T3	
REFRESH TEARS SOLUTION 0.5 % OPHTHALMIC	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>sm lubricating plus solution 0.5 % ophthalmic</i>	T3	
Cycloplegic Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T3	
Ophthalmic Antivirals		
<i>trifluridine ophthalmic</i>	T3	QL (8 ML per 25 days)
Ophthalmic Gene Therapy		
LUXTURNA SUSPENSION 5000000000000000 VG/ML INTRAOCULAR	T4	PA
Ophthalmic Hyperosmolar Products		
MURO 128 OINTMENT 5 % OPTHALMIC	T3	
MURO 128 SOLUTION 5 % OPTHALMIC	T3	
<i>sodium chloride (hypertonic)</i>	T3	
Ophthalmic Nerve Growth Factors		

Prescription Drug Name	Drug Tier	Notes
OXERVATE SOLUTION 0.002 % OPTHALMIC	T4	PA
Ophthalmic Surgical Aids - Combinations		
OMIDRIA	T3	
Ophthalmics - Cystinosis Agents		
CYSTADROPS	T4	PA
CYSTARAN SOLUTION 0.44 % OPTHALMIC	T4	PA
Otic Agents		
Otic Agents - Miscellaneous		
<i>ear drops earwax aid solution 6.5 % otic</i>	T3	
<i>ear drops solution 6.5 % otic</i>	T3	
<i>earwax removal kit solution 6.5 % otic</i>	T3	
<i>earwax treatment drops solution 6.5 % otic</i>	T3	
<i>sm ear drops solution 6.5 % otic</i>	T3	
Oxytocics		
Oxytocics		
METHERGINE TABLET 0.2 MG ORAL	T3	QL (28 EA per 7 days)
<i>methylergonovine maleate injection</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>methylergonovine maleate tablet 0.2 mg oral</i>	T3	QL (28 EA per 7 days)
<i>oxytocin injection</i>	T3	
PITOCIN	T3	

Prescription Drug Name	Drug Tier	Notes
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 INJECTABLE INTRAMUSCULAR	T4	PA
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

Passive Immunizing Agents

Antiviral Monoclonal Antibodies

SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	T4	PA
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	T4	PA

Immune Serums

ASCENIV	T4	PA
BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS	T4	PA
BIVIGAM SOLUTION 5 GM/50ML INTRAVENOUS	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	T4	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
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
GAMMAKED SOLUTION 20 GM/200ML INJECTION	T4	PA
GAMMAKED SOLUTION 5 GM/50ML INJECTION	T4	PA
GAMMAPLEX SOLUTION 10 GM/100ML INTRAVENOUS	T4	PA
GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS	T4	PA
GAMMAPLEX SOLUTION 20 GM/200ML INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
GAMMAPLEX SOLUTION 20 GM/400ML INTRAVENOUS	T4	PA
GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS	T4	PA
GAMMAPLEX SOLUTION 5 GM/50ML INTRAVENOUS	T4	PA
GAMUNEX-C SOLUTION 1 GM/10ML INJECTION	T4	PA
GAMUNEX-C SOLUTION 10 GM/100ML INJECTION	T4	PA
GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION	T4	PA
GAMUNEX-C SOLUTION 20 GM/200ML INJECTION	T4	PA
GAMUNEX-C SOLUTION 5 GM/50ML INJECTION	T4	PA
HEPAGAM B SOLUTION 312 UNIT/ML INJECTION	T4	PA

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	T4	PA
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	T4	PA
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	T4	PA
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	T4	PA
HYPERHEP B SOLUTION 220 UNIT/ML INTRAMUSCULAR	T4	PA
HYPERHEP B SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML INTRAMUSCULAR	T4	PA
HYPERRHO S/D SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR	T4	PA
HYPERRHO S/D SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR	T4	PA
HYPERTET	T3	

Prescription Drug Name	Drug Tier	Notes
<i>kedrab injection</i>	T3	PA
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T3	PA
NABI-HB SOLUTION 312 UNIT/ML INTRAMUSCULAR	T4	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

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

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 SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML INJECTION	T4	PA
VARIZIG SOLUTION 125 UNIT/1.2ML INTRAMUSCULAR	T4	PA

Prescription Drug Name	Drug Tier	Notes
WINRHO SDF SOLUTION 1500 UNIT/1.3ML INJECTION	T4	PA
WINRHO SDF SOLUTION 15000 UNIT/13ML INJECTION	T4	PA
WINRHO SDF SOLUTION 2500 UNIT/2.2ML INJECTION	T4	PA
WINRHO SDF SOLUTION 5000 UNIT/4.4ML INJECTION	T4	PA
XEMBIFY	T4	PA
Passive Immunizing And Treatment Agents		
Passive Immunizing Agents - Combinations		
HYQVIA KIT 10 GM/100ML SUBCUTANEOUS	T4	PA
HYQVIA KIT 2.5 GM/25ML SUBCUTANEOUS	T4	PA
HYQVIA KIT 20 GM/200ML SUBCUTANEOUS	T4	PA
HYQVIA KIT 30 GM/300ML SUBCUTANEOUS	T4	PA

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
HYQVIA KIT 5 GM/50ML SUBCUTANEOUS	T4	PA
Penicillins		
Aminopenicillins		
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 500 mg</i>	T3	
<i>ampicillin sodium intravenous solution reconstituted 10 gm, 2 gm</i>	T3	
Natural Penicillins		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML	T3	QL (17.7 ML per 30 days)
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML	T3	
<i>penicillin g pot in dextrose</i>	T3	
<i>penicillin g potassium</i>	T3	
Penicillin Combinations		
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm, 3 (2-1) gm</i>	T3	
BICILLIN C-R	T3	
BICILLIN C-R 900/300	T3	
Penicillinase-Resistant Penicillins		
<i>oxacillin sodium in dextrose</i>	T3	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	T3	
<i>oxacillin sodium intravenous</i>	T3	
Psychotherapeutic And Neurological Agents - Misc.		
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
ADUHELM	T4	PA
LEQEMBI	T4	PA
*Anti-Cataleptic Combinations***		
XYWAV	T4	PA; QL (540 ML per 30 days)
*Cald - Autologous Cellular Gene Therapy Agents***		
SKYSONA	T4	PA
Anti-Cataleptic Agents		
LUMRYZ	T4	PA; SP

		Notes
		AL = Age Restriction
		PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy
lowercase italics = Generic drugs	Drug Tier	
UPPERCASE = Brand name drugs	T3 = Supplemental Formulary Drug	
	T4 = Supplemental Formulary Drug	

Prescription Drug Name	Drug Tier	Notes
<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)
Antisense Oligonucleotide (Aso) Inhibitor Agents		
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	T4	PA; QL (0.22 ML per 1 day)
Small Interfering Ribonucleic Acid (Sirna) Agents		
AMVUTTRA	T4	PA
ONPATTRO SOLUTION 10 MG/5ML INTRAVENOUS	T4	PA; QL (0.72 ML per 1 day)
Respiratory Agents - Misc.		
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	T4	PA
BRONCHITOL TOLERANCE TEST	T4	PA
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	T4	PA

Prescription Drug Name	Drug Tier	Notes
ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	T4	PA
GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS	T4	PA
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	T4	PA
Cftr Potentiators		
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	T4	PA; SP; QL (2 EA per 1 day)
KALYDECO PACKET 50 MG ORAL	T4	PA; QL (60 EA per 30 days)
KALYDECO PACKET 75 MG ORAL	T4	PA; QL (60 EA per 30 days)
KALYDECO TABLET 150 MG ORAL	T4	PA; QL (60 EA per 30 days)
Cystic Fibrosis Agent - Combinations		
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)

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	T4	PA; QL (90 EA per 30 days)
TRIKAFTA ORAL THERAPY PACK	T4	PA; QL (2 EA per 1 day)
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	T4	PA; QL (90 EA per 30 days)
Hydrolytic Enzymes		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	T4	PA; QL (150 ML per 30 days)
Sulfonamides		
Sulfonamides		
<i>sulfadiazine tablet 500 mg oral</i>	T3	
Tetracyclines		
*Glycylcyclines***		
<i>tigecycline</i>	T3	PA
Tetracyclines		
MINOCIN INTRAVENOUS	T3	
Thyroid Agents		
Antithyroid Agents		
<i>methimazole tablet 10 mg oral</i>	T3	
<i>methimazole tablet 5 mg oral</i>	T3	
<i>propylthiouracil tablet 50 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
Toxoids		
Toxoid Combinations		
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)
BOOSTRIX SUSPENSION 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)
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)
Ulcer Drugs		
Antispasmodics		
<i>dicyclomine hcl capsule 10 mg oral</i>	T3	
<i>dicyclomine hcl intramuscular</i>	T3	
<i>dicyclomine hcl tablet 20 mg oral</i>	T3	
Belladonna Alkaloids		
<i>atropine sulfate injection solution 8 mg/20ml</i>	T3	

		Notes
lowercase italics	= Generic drugs	AL = Age Restriction
UPPERCASE	= Brand name drugs	PA = Prior Authorization
	Drug Tier	QL = Quantity Limit
	T3	QL = Quantity Limit
	T4	SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml</i>	T3	
<i>atropine sulfate intravenous solution</i>	T3	
Misc. Anti-Ulcer		
<i>sucralfate suspension 1 gm/10ml oral</i>	T3	
<i>sucralfate tablet 1 gm oral</i>	T3	
Proton Pump Inhibitors		
<i>pantoprazole sodium intravenous</i>	T3	
Ulcer Drugs/Antispasmodics/Anticholinergics		
Quaternary Anticholinergics		
<i>glycopyrrolate tablet 1 mg oral</i>	T3	
<i>glycopyrrolate tablet 2 mg oral</i>	T3	
Ulcer Drugs - Prostaglandins		
<i>misoprostol tablet 100 mcg oral</i>	T3	
<i>misoprostol tablet 200 mcg oral</i>	T3	
Urinary Antispasmodics		
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride oral tablet 10 mg, 5 mg</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>bethanechol chloride tablet 25 mg oral</i>	T3	
<i>bethanechol chloride tablet 50 mg oral</i>	T3	
Vaccines		
Bacterial Vaccines		
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION	T3	QL (1 ML per 1 Lifetime); AL (Min 19 Years)
PREVNAR 20	T3	QL (0.5 ML per 1 lifetime); AL (Min 19 Years)
VAXNEUVANCE	T3	QL (0.5 ML per 1 lifetime); AL (Min 19 Years)
Viral Vaccine Combinations		
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	T3	QL (30 ML per 30 days)
Viral Vaccines		
ABRYSVO	T3	
AREXVY	T3	AL (Min 60 Years)
COMIRNATY	T3	QL (0.3 ML per 1 day); AL (Min 12 Years)

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION	T3	QL (0.5 ML per 30 days)
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	T3	QL (15 ML per 30 days)
ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	T3	QL (0.5 ML per 30 days)
HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR	T3	QL (15 ML per 30 days)
MODERNA COVID-19 VAC 6M-11Y	T3	QL (0.25 ML per 1 Dose); AL (Min 6 Months and Max 11 Years)
<i>novavax covid-19 vaccine</i>	T3	QL (0.5 ML per 1 Dose); AL (Min 12 Years)

Prescription Drug Name	Drug Tier	Notes
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T3	QL (0.3 ML per 1 day); AL (Min 5 Years and Max 11 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T3	QL (0.3 ML per 1 day); AL (Min 6 Months and Max 4 Years)
PREHEVBRIO	T3	AL (Min 19 Years)
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	T3	QL (15 ML per 30 days)
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)

Drug Tier		Notes
lowercase italics = Generic drugs	T3 = Supplemental Formulary Drug	AL = Age Restriction
UPPERCASE = Brand name drugs	T4 = Supplemental Formulary Drug	PA = Prior Authorization
		QL = Quantity Limit
		QL = Quantity Limit
		SP = Specialty
		ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	T3	QL (15 ML per 30 days)
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	T3	QL (1 ML per 1 Lifetime); AL (Min 19 Years)
SPIKEVAX	T3	QL (0.5 ML per 1 Dose); AL (Min 12 Years)
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	T3	QL (15 ML per 30 days)
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	T3	QL (30 ML per 30 days); AL (Min 19 Years and Max 999 Years)
Vaginal Products		
Spermicides		
OPTIONS GYNOL II CONTRACEPTIVE	T3	QL (162 GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	QL (76.5 GM per 30 days)
Vasopressors		
Anaphylaxis Therapy Agents		

Prescription Drug Name	Drug Tier	Notes
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T3	
Vasopressors		
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T3	
<i>epinephrine pf injection solution</i>	T3	
<i>midodrine hcl</i>	T3	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	T3	
Vitamins		
Biotin		
<i>biotin capsule 5 mg oral</i>	T3	
<i>biotin capsule 5000 mcg oral</i>	T3	
<i>biotin forte tablet 5 mg oral</i>	T3	
<i>biotin maximum strength capsule 5000 mcg oral</i>	T3	
<i>biotin tablet 1000 mcg oral</i>	T3	
<i>biotin tablet 5 mg oral</i>	T3	
<i>biotin tablet 5000 mcg oral</i>	T3	
<i>cvs biotin capsule 5000 mcg oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>cvs biotin high potency tablet 1000 mcg oral</i>	T3	
<i>gnp biotin capsule 5000 mcg oral</i>	T3	
MERIBIN CAPSULE 5 MG ORAL	T3	
<i>sm biotin capsule 5000 mcg oral</i>	T3	
<i>sm biotin tablet 5000 mcg oral</i>	T3	
<i>super biotin capsule 5000 mcg oral</i>	T3	
<i>super biotin tablet 5000 mcg oral</i>	T3	
Vitamin A		
<i>a-10000 capsule 3 mg (10000 ut) oral</i>	T3	
<i>beta carotene capsule 25000 unit oral</i>	T3	
<i>cvs beta carotene capsule 15 mg oral</i>	T3	
<i>cvs vitamin a capsule 2400 mcg (8000 ut) oral</i>	T3	
<i>gnp vitamin a capsule 3 mg (10000 ut) oral</i>	T3	
<i>ra vitamin a capsule 3 mg (10000 ut) oral</i>	T3	
<i>vitamin a capsule 2400 mcg (8000 ut) oral</i>	T3	
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitamin a-beta carotene capsule 25000 unit oral</i>	T3	
<i>yl beta carotene capsule 25000 unit oral</i>	T3	
Vitamin B-1		
<i>b-1 tablet 250 mg oral</i>	T3	
<i>ra vitamin b-1 tablet 100 mg oral</i>	T3	AL (Max 19 Years)
<i>sm vitamin b1 tablet 100 mg oral</i>	T3	AL (Max 19 Years)
<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	
Vitamin B-2		
<i>b-2 tablet 100 mg oral</i>	T3	
<i>cvs vitamin b-2 tablet 100 mg oral</i>	T3	
<i>vitamin b-2 tablet 100 mg oral</i>	T3	
<i>vitamin b-2 tablet 25 mg oral</i>	T3	
<i>vitamin b-2 tablet 50 mg oral</i>	T3	AL (Max 19 Years)
Vitamin B-5		
<i>calcium pantothenate tablet 500 mg oral</i>	T3	

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

Drug Tier
lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
Vitamin B-6		
<i>b-6 tablet 250 mg oral</i>	T3	
<i>gnp vitamin b-6 tablet 100 mg oral</i>	T3	
<i>pyridoxine hcl injection</i>	T3	
<i>sm vitamin b-6 tablet 100 mg oral</i>	T3	
<i>vitamin b-6 er tablet extended release 200 mg oral</i>	T3	
<i>vitamin b-6 tablet 100 mg oral</i>	T3	
<i>vitamin b-6 tablet 25 mg oral</i>	T3	
<i>vitamin b6 tablet 250 mg oral</i>	T3	
<i>vitamin b-6 tablet 50 mg oral</i>	T3	
Vitamin C		
<i>acerola c-500 tablet chewable 500 mg oral</i>	T3	
<i>ascorbic acid tablet 500 mg oral</i>	T3	
<i>c 1000 tablet 1000 mg oral</i>	T3	
<i>c 250 tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>c 500 tablet chewable 500 mg oral</i>	T3	
<i>c 500/rose hips tablet 500 mg oral</i>	T3	
<i>c-1000 tablet 1000 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>c-1000/rose hips tablet 1000 mg oral</i>	T3	
<i>c-250 tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>c-250 tablet chewable 250 mg oral</i>	T3	
<i>c-500 tablet chewable 500 mg oral</i>	T3	
<i>c-chewable tablet chewable 500 mg oral</i>	T3	
<i>cvs vitamin c tablet 1000 mg oral</i>	T3	
<i>cvs vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>cvs vitamin c tablet 500 mg oral</i>	T3	
<i>cvs vitamin c-rose hips tablet 1000 mg oral</i>	T3	
<i>cvs vitamin c-rose hips tablet 500 mg oral</i>	T3	
<i>eql vitamin c tablet 1000 mg oral</i>	T3	
<i>eql vitamin c tablet 500 mg oral</i>	T3	
<i>eql vitamin c/rose hips tablet 1000 mg oral</i>	T3	
<i>eql vitamin c/rose hips tablet 500 mg oral</i>	T3	
<i>fruit c 500 tablet chewable 500 mg oral</i>	T3	
<i>fruity c tablet chewable 250 mg oral</i>	T3	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs **T3** = Supplemental Formulary Drug

UPPERCASE = Brand name drugs **T4** = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>gnp vitamin c tablet 1000 mg oral</i>	T3	
<i>gnp vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<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	AL (Max 19 Years)
<i>gnp vitamin c/rose hips tablet 1000 mg oral</i>	T3	
<i>natural c/rose hips tablet 1000 mg oral</i>	T3	
<i>ra vitamin c cr tablet extended release 500 mg oral</i>	T3	AL (Max 19 Years)
<i>ra vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>ra vitamin c tablet chewable 250 mg oral</i>	T3	
<i>ra vitamin c tablet chewable 500 mg oral</i>	T3	
<i>ra vitamin c/acerola tablet chewable 500 mg oral</i>	T3	
<i>ra vitamin c/rose hips tablet 1000 mg oral</i>	T3	
<i>sm chewable c tablet chewable 500 mg oral</i>	T3	
<i>sm chewable vitamin c tablet chewable 500 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>sm vit c/rose hips tablet 1000 mg oral</i>	T3	
<i>sm vitamin c cr tablet extended release 500 mg oral</i>	T3	AL (Max 19 Years)
<i>sm vitamin c tablet 1000 mg oral</i>	T3	
<i>sm vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>sm vitamin c tablet 500 mg oral</i>	T3	
<i>sm vitamin c tablet chewable 500 mg oral</i>	T3	
<i>sm vitamin c/rose hips tablet 500 mg oral</i>	T3	
<i>vitamin c liquid 500 mg/5ml oral</i>	T3	
<i>vitamin c plus wild rose hips tablet chewable 500 mg oral</i>	T3	
<i>vitamin c tablet 1000 mg oral</i>	T3	
<i>vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<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	
<i>vitamin c-rose hips tablet 1000 mg oral</i>	T3	
<i>vitamin c-rose hips tablet 500 mg oral</i>	T3	

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

Drug Tier
lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>vitamin c-rose hips tablet chewable 500 mg oral</i>	T3	
<i>yl vitamin c tablet 1000 mg oral</i>	T3	
<i>yl vitamin c-rose hips tablet 1000 mg oral</i>	T3	
Vitamin D		
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	T3	
<i>cvs d3 capsule 125 mcg (5000 ut) oral</i>	T3	
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>	T3	
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	T3	
<i>d 1000 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>d 10000 capsule 250 mcg (10000 ut) oral</i>	T3	
<i>d2000 ultra strength capsule 50 mcg (2000 ut) oral</i>	T3	
<i>d3 high potency capsule 25 mcg (1000 ut) oral</i>	T3	
<i>d3-1000 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>d3-1000 tablet 25 mcg (1000 ut) oral</i>	T3	
<i>d-5000 tablet 125 mcg (5000 ut) oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
DECARA CAPSULE 625 MCG (25000 UT) ORAL	T3	
D-VI-SOL LIQUID 10 MCG/ML ORAL	T3	
<i>d-vite pediatric</i>	T3	
<i>eql vitamin d3 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>gnp d 1000 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>gnp vitamin d3 extra strength tablet 25 mcg (1000 ut) oral</i>	T3	
<i>kp vitamin d capsule 25 mcg (1000 ut) oral</i>	T3	
<i>kp vitamin d3 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>ra vitamin d-3 capsule 50 mcg (2000 ut) oral</i>	T3	
<i>sm vitamin d3 tablet 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>vitamin d high potency capsule 25 mcg (1000 ut) oral</i>	T3	

Notes

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

Drug Tier

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

Prescription Drug Name	Drug Tier	Notes
<i>vitamin d infant oral liquid 10 mcg/ml</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 d tablet 50 mcg (2000 ut) oral</i>	T3	
<i>vitamin d3 adult gummies tablet chewable 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	
<i>vitamin d-3 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	T3	
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	T3	
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	T3	
<i>vitamin d3 ultra potency tablet 1250 mcg oral</i>	T3	
Vitamin E		
<i>cvs e capsule 90 mg (200 unit) oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>cvs vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>cvs vitamin e capsule 450 mg (1000 ut) oral</i>	T3	
<i>e 1000 capsule 450 mg (1000 ut) oral</i>	T3	
<i>e200 capsule 90 mg (200 unit) oral</i>	T3	
<i>e-200 capsule 90 mg (200 unit) oral</i>	T3	
<i>e-400 capsule 180 mg (400 unit) oral</i>	T3	
<i>e-400-clear capsule 268 mg (400 unit) oral</i>	T3	
<i>e-oil oil 100 unt/0.25ml oral</i>	T3	
<i>eql vitamin e capsule 400 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	
<i>gnp vitamin e capsule 90 mg (200 unit) oral</i>	T3	
<i>kp vitamin e capsule 45 mg (100 unit) oral</i>	T3	
<i>natural vitamin e capsule 670 mg (1000 ut) oral</i>	T3	
<i>ra natural vitamin e capsule 268 mg (400 unit) oral</i>	T3	

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

Drug Tier
T3 = Supplemental Formulary Drug
T4 = Supplemental Formulary Drug

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

Prescription Drug Name	Drug Tier	Notes
<i>ra vitamin e capsule 268 mg (400 unit) oral</i>	T3	
<i>sm vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>sm vitamin e capsule 450 mg (1000 ut) oral</i>	T3	
<i>sm vitamin e capsule 90 mg (200 unit) oral</i>	T3	
<i>vitamin e capsule 100 unit oral</i>	T3	
<i>vitamin e capsule 1000 unit oral</i>	T3	
<i>vitamin e capsule 134 mg (200 unit) oral</i>	T3	
<i>vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e capsule 200 unit oral</i>	T3	
<i>vitamin e capsule 268 mg (400 unit) oral</i>	T3	
<i>vitamin e capsule 400 unit oral</i>	T3	
<i>vitamin e capsule 45 mg (100 unit) oral</i>	T3	
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	T3	
<i>vitamin e capsule 670 mg (1000 ut) oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitamin e capsule 90 mg (200 unit) oral</i>	T3	
<i>vitamin e high potency capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e oil 45 mg/0.25ml oral</i>	T3	
<i>vitamin e oil 67 mg/0.25ml oral</i>	T3	
<i>vitamin e water soluble capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e water soluble capsule 450 mg (1000 ut) oral</i>	T3	
<i>vitamin e/d-alpha capsule 134 mg (200 unit) oral</i>	T3	
<i>vitamin e/d-alpha natural capsule 268 mg (400 unit) oral</i>	T3	
Vitamin K		
<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	

Notes

AL = Age Restriction

PA = Prior Authorization

QL = Quantity Limit

QL = Quantity Limit

SP = Specialty

ST = Step Therapy

Drug Tier

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

T3 = Supplemental Formulary Drug

T4 = Supplemental Formulary Drug

Index

INDEX \e " " \c "3" \h "A" \z "1033"