

Keystone First - CHIP
Supplemental Formulary

CURRENT AS OF 1/26/2026

	Notes
	AR = Age Restrictions
	MM = Maintenance Medication
Drug Tier	PA = Prior Authorization
\$0 = \$0 Co-pay	QL = Quantity Limit
MB = Medical Benefit	ST = Step Therapy
lowercase italics = Generic drugs	
UPPERCASE = Brand name drugs	
T1 = Generic	
T2 = Preferred Brand	
T3 = Non-Preferred Drug	

Prescription Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Aorexants		
*Anti-Obesity - Gip & Glp-1 Receptor Agonists***		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T3	PA; MM; QL (2 ML per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	T3	PA; QL (2 ML per 28 days)
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	T2	PA; MM

Prescription Drug Name	Drug Tier	Notes
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX	T3	PA; MM; QL (2 EA per 1 day)
*Stimulant Combinations***		
AZSTARYS	T2	PA; MM; QL (1 EA per 1 day)
Adhd Agent - Selective Alpha Adrenergic Agonists		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	MM; QL (4 EA per 1 day)
<i>guanfacine hcl er</i>	T1	MM; QL (1 EA per 1 day)
INTUNIV	T3	PA; MM; QL (1 EA per 1 day)
ONYDA XR	T3	PA; MM; QL (4 ML per 1 day)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T1	MM; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	PA; MM; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	PA; MM; QL (2 EA per 1 day)
Amphetamine Mixtures		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	T3	PA; MM; QL (3 EA per 1 day)
ADDERALL ORAL TABLET 30 MG	T3	PA; MM; QL (2 EA per 1 day)
ADDERALL XR	T3	PA; MM; QL (1 EA per 1 day)
<i>amphetamine-dextroamphet er</i>	T1	MM; QL (1 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>amphet-dextroamphet 3-bead er</i>	T1	MM; QL (1 EA per 1 day)
MYDAYIS	T3	PA; MM; QL (1 EA per 1 day)
Amphetamines		
ADZENYS XR-ODT	T3	PA; MM; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>amphetamine sulfate oral tablet 10 mg</i>	T1	PA; MM; QL (4 EA per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	T1	PA; MM; QL (3 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	PA; MM; QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	T1	MM; QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	T1	MM; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	T1	MM; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	T1	MM; QL (2 EA per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	T3	PA; MM; QL (8 ML per 1 day)

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Prescription Drug Name	Drug Tier	Notes
DYANA VEL XR ORAL TABLET EXTENDED RELEASE	T3	PA; MM; QL (1 EA per 1 day)
EVEKEO	T3	PA; MM; QL (3 EA per 1 day)
<i>lisdexamfetamine dimesylate</i>	T1	MM; QL (1 EA per 1 day)
<i>methamphetamine hcl</i>	T3	MM; QL (5 EA per 1 day)
PROCENTRA	T3	MM; QL (60 ML per 1 day)
VYVANSE	T3	PA; MM; QL (1 EA per 1 day)
XELSTRYM	T3	PA; MM; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	T3	PA; MM; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	T3	PA; MM; QL (2 EA per 1 day)
Analeptics		
<i>caffeine citrate oral</i>	T1	
Anorexiant Combinations		
<i>phentermine-topiramate er</i>	T1	PA; MM
QSYMIA	T3	PA; MM
Anorexiants Non-Amphetamine		

Prescription Drug Name	Drug Tier	Notes
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	PA
<i>diethylpropion hcl er</i>	T1	PA
<i>diethylpropion hcl oral</i>	T1	PA
LOMAIRA	T3	
<i>phendimetrazine tartrate</i>	T1	PA
<i>phendimetrazine tartrate er</i>	T1	PA
<i>phentermine hcl oral capsule</i>	T1	
<i>phentermine hcl oral tablet 37.5 mg</i>	T1	
Anti-Obesity - Glp-1 Receptor Agonists		
SAXENDA	T3	PA; MM; QL (15 ML per 30 days)
WEGO VY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	T3	PA; QL (2 ML per 28 days)
WEGO VY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	T3	PA; MM; QL (3 ML per 28 days)
Anti-Obesity Agent Combinations		
CONTRAVE	T3	PA; MM
Lipase Inhibitors		
<i>orlistat oral</i>	T3	PA; MM

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Prescription Drug Name	Drug Tier	Notes
XENICAL	T3	PA; MM
Stimulants - Misc.		
APTENSIO XR	T3	PA; MM; QL (1 EA per 1 day)
<i>armodafinil</i>	T1	MM
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	T3	PA; MM; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	T3	PA; MM; QL (2 EA per 1 day)
COTEMPLA XR-ODT	T3	PA; MM; QL (1 EA per 1 day)
DAYTRANA	T3	PA; MM; QL (1 EA per 1 day)
<i>dexmethylphenidate hcl</i>	T1	MM; QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	T1	MM; QL (1 EA per 1 day)
FOCALIN	T3	MM; QL (2 EA per 1 day)
FOCALIN XR	T3	PA; MM; QL (1 EA per 1 day)
JORNAY PM	T3	PA; MM; QL (1 EA per 1 day)
METADATE CD	T3	PA; MM; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
METHYLIN ORAL SOLUTION 10 MG/5ML	T3	MM; QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5ML	T3	MM; QL (60 ML per 1 day)
<i>methylphenidate</i>	T1	MM; QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd)</i>	T1	MM; QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 40 mg, 60 mg</i>	T1	MM; QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	T1	MM; QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	T3	PA; MM; QL (1 EA per 1 day)

Drug Tier

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Notes

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Prescription Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er (xr)</i>	T1	MM; QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release</i>	T1	MM; QL (3 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	T1	MM; QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T1	MM; QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	T1	MM; QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	T1	MM; QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg</i>	T1	MM; QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 5 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>modafinil oral</i>	T1	MM
NUVIGIL	T3	PA; MM
PROVIGIL	T3	PA; MM
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG	T3	PA; MM; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	T3	PA; MM; QL (1 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	PA; MM; QL (12 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	T3	PA; MM; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	T3	PA; MM; QL (2 EA per 1 day)
RITALIN	T3	PA; MM; QL (3 EA per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 40 MG	T3	PA; MM; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	T3	PA; MM; QL (3 EA per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	T3	PA; MM; QL (2 EA per 1 day)

Allergenic Extracts/Biologicals Misc

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Prescription Drug Name	Drug Tier	Notes
Allergenic Extracts		
GRASTEK	T3	PA; MM
PALFORZIA (1 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (12 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (120 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (160 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (20 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (200 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (240 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (3 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (300 MG MAINTENANCE)	T3	PA; MM
PALFORZIA (300 MG TITRATION)	T3	PA; MM
PALFORZIA (40 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (6 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (80 MG DAILY DOSE)	T3	PA; MM
PALFORZIA INITIAL DOSE 1-3YRS	T3	PA
PALFORZIA INITIAL ESCALATION	T3	PA
RAGWITEK	T3	PA; MM
Mixed Allergenic Extracts		

Prescription Drug Name	Drug Tier	Notes
ODACTRA	T3	PA; MM
ORALAIR	T3	PA; MM
ORALAIR CHILDRENS STARTER PACK	T3	PA
Amebicides		
Amebicides		
SOLOSEC	T3	PA
Aminoglycosides		
Aminoglycosides		
<i>amikacin sulfate injection solution 1 gm/4ml</i>	MB	
ARIKAYCE	T3	PA
BETHKIS	T3	PA; MM
HUMATIN	T3	
KITABIS PAK (W/ NEBULIZER)	T3	PA; MM
<i>neomycin sulfate oral</i>	T1	
TOBI	T3	PA; MM
TOBI PODHALER	T3	MM
<i>tobramycin inhalation</i>	T1	MM
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors		
OLUMIANT	T3	PA; MM
RINVOQ	T2	PA; MM
RINVOQ LQ	T2	PA; MM
XELJANZ	T2	PA; MM
XELJANZ XR	T2	PA; MM
Antirheumatic Antimetabolites		

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	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T2	PA; MM
Anti-Tnf-Alpha - Monoclonal Antibodies		
ABRILADA (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)
ABRILADA (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
ABRILADA (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aacf (2 pen)</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aacf (2 syringe)</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab- aacf(cd/uc/hs strt)</i>	T2	PA; MM; QL (3 EA per 28 days)
<i>adalimumab- aacf(ps/uv starter)</i>	T2	PA; MM; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-aaty (1 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aaty (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aaty (2 syringe)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	T3	PA; MM; QL (0.8 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	T3	PA; MM; QL (1.6 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	T3	MM; QL (0.2 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml</i>	T3	PA; MM; QL (0.4 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	T3	PA; MM; QL (0.8 ML per 28 days)
<i>adalimumab-adbm (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-ryvk (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-ryvk (2 syringe)</i>	T3	PA; MM; QL (2 EA per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	T3	PA; MM; QL (1.6 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T3	PA; MM; QL (1.6 EA per 28 days)
AMJEVITA-PED 10KG TO <15KG	T3	PA; MM; QL (0.4 ML per 28 days)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T3	PA; MM; QL (0.4 ML per 28 days)
CYLTEZO (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
CYLTEZO (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Notes
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T3	PA; MM; QL (2 EA per 28 days)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T3	PA; MM; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
HULIO (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
HULIO (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T3	PA; MM; QL (3 EA per 28 days)
HUMIRA-PSORIASIS/VEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T3	PA; QL (2 EA per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)

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Prescription Drug Name	Drug Tier	Notes
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T3	PA; MM; QL (0.4 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HYRIMOZ-CROHNS/UC STARTER	T3	PA; MM; QL (1.6 ML per 28 days)
HYRIMOZ-PED<40KG CROHN STARTER	T3	PA; QL (2.4 ML per 28 days)
HYRIMOZ-PED>/=40KG CROHN START	T3	PA; MM; QL (2.4 ML per 28 days)
HYRIMOZ-PLAQ PSOR/UEVIT START	T3	PA; QL (1.6 ML per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START	T3	PA; QL (1.6 ML per 28 days)
SIMLANDI (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
SIMLANDI (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
SIMLANDI (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
SIMPONI ARIA	MB	MM
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; MM
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; MM
YUFLYMA (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)
YUFLYMA (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
YUFLYMA (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
YUFLYMA-CD/UC/HS STARTER	T3	PA; MM; QL (2 EA per 28 days)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; MM; QL (1.6 ML per 28 days)
Anti-Tnf-Alpha - Monoclonal Antibodies		

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Prescription Drug Name	Drug Tier	Notes
ABRILADA (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)
ABRILADA (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
ABRILADA (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aacf (2 pen)</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aacf (2 syringe)</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aacf(cd/uc/hs strt)</i>	T2	PA; MM; QL (3 EA per 28 days)
<i>adalimumab-aacf(ps/uv starter)</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aaty (1 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aaty (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-aaty (2 syringe)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	T3	PA; MM; QL (0.8 ML per 28 days)

Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	T3	PA; MM; QL (1.6 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	T3	MM; QL (0.2 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml</i>	T3	PA; MM; QL (0.4 ML per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	T3	PA; MM; QL (0.8 ML per 28 days)
<i>adalimumab-adbm (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml</i>	T2	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe)</i>	T3	PA; MM; QL (2 EA per 28 days)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>adalimumab-ryvk (2 pen)</i>	T3	PA; MM; QL (2 EA per 28 days)
<i>adalimumab-ryvk (2 syringe)</i>	T3	PA; MM; QL (2 EA per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T3	PA; MM; QL (1.6 EA per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T3	PA; MM; QL (1.6 EA per 28 days)
AMJEVITA-PED 10KG TO <15KG	T3	PA; MM; QL (0.4 ML per 28 days)

Prescription Drug Name	Drug Tier	Notes
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T3	PA; MM; QL (0.4 ML per 28 days)
CYLTEZO (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
CYLTEZO (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T3	PA; MM; QL (2 EA per 28 days)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T3	PA; MM; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)

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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
HULIO (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
HULIO (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T3	PA; MM; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T3	PA; MM; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T3	PA; MM; QL (3 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T3	PA; QL (2 EA per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T3	PA; MM; QL (1.6 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T3	PA; MM; QL (0.4 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T3	PA; MM; QL (0.8 ML per 28 days)
HYRIMOZ-CROHNS/UC STARTER	T3	PA; MM; QL (1.6 ML per 28 days)

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	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
HYRIMOZ-PED<40KG CROHN STARTER	T3	PA; QL (2.4 ML per 28 days)
HYRIMOZ-PED>=40KG CROHN START	T3	PA; MM; QL (2.4 ML per 28 days)
HYRIMOZ-PLAQ PSOR/UEVEIT START	T3	PA; QL (1.6 ML per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START	T3	PA; QL (1.6 ML per 28 days)
SIMLANDI (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)
SIMLANDI (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
SIMLANDI (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
SIMPONI ARIA	MB	MM
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; MM
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; MM
YUFLYMA (1 PEN)	T3	PA; MM; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
YUFLYMA (2 PEN)	T3	PA; MM; QL (2 EA per 28 days)
YUFLYMA (2 SYRINGE)	T3	PA; MM; QL (2 EA per 28 days)
YUFLYMA-CD/UC/HS STARTER	T3	PA; MM; QL (2 EA per 28 days)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; MM; QL (1.6 ML per 28 days)
Cyclooxygenase 2 (Cox-2) Inhibitors		
CELEBREX	T3	PA; MM
<i>celecoxib oral</i>	T1	MM
Gold Compounds		
<i>auranofin</i>	T3	MM
RIDAURA	T3	MM
Interleukin-1 Blockers		
ARCALYST	T3	PA; MM
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN	T3	PA; MM
ACTEMRA INTRAVENOUS	MB	MM

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	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ACTEMRA SUBCUTANEOUS	T3	PA; MM
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; MM
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T3	PA; MM
TYENNE SUBCUTANEOUS	T3	PA; MM
Nonsteroidal Anti-Inflammatory Agent Combinations		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T3	PA
COMBOGESIC ORAL	T3	PA
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	
Nonsteroidal Anti-Inflammatory Agents (Nsaid)		
COXANTO	T3	PA
<i>diclofenac potassium oral capsule</i>	T1	PA; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>ec-naproxen oral tablet delayed release 500 mg</i>	T3	PA; MM
<i>etodolac er</i>	T1	MM
<i>etodolac oral</i>	T1	MM
<i>fenoprofen calcium oral capsule 400 mg</i>	T3	PA
FENOPRON	T3	PA
<i>flurbiprofen oral</i>	T1	
IBU	T1	MM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	MM
INDOCIN ORAL	T3	PA
INDOCIN RECTAL	T3	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin oral suspension</i>	T1	PA
<i>indomethacin rectal suppository 50 mg</i>	T1	
<i>ketoprofen er</i>	T1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	T3	PA
<i>ketorolac tromethamine oral</i>	T1	
LODINE	T3	MM
<i>meclofenamate sodium oral</i>	T1	
<i>mefenamic acid oral</i>	T1	
<i>meloxicam oral capsule</i>	T1	PA; MM

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>meloxicam oral suspension</i>	T3	PA; MM
<i>meloxicam oral tablet</i>	T1	MM
<i>nabumetone oral</i>	T1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T3	PA; MM
<i>naproxen dr oral tablet delayed release 500 mg</i>	T1	MM
<i>naproxen oral suspension</i>	T1	PA; MM
<i>naproxen oral tablet</i>	T1	MM
<i>naproxen oral tablet delayed release</i>	T1	MM
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	T3	MM
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	T1	PA; MM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	MM
<i>oxaprozin oral capsule</i>	T3	PA
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
RELAFEN DS	T3	PA
SPRIX	T3	PA; QL (5 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>sulindac oral</i>	T1	
TOLECTIN 600	T3	
<i>tolmetin sodium oral capsule</i>	T1	
ZIPSOR	T3	PA; QL (4 EA per 1 day)
Phosphodiesterase 4 (Pde4) Inhibitors		
OTEZLA ORAL TABLET	T2	PA; MM
OTEZLA ORAL TABLET THERAPY PACK	T2	PA
OTEZLA XR	T2	PA; MM
OTEZLA/OTEZLA XR INITIATION PK	T2	PA
Pyrimidine Synthesis Inhibitors		
ARAVA	T3	PA; MM
<i>leflunomide oral</i>	T1	MM
Selective Costimulation Modulators		
ORENCIA CLICKJECT	T3	PA; MM
ORENCIA INTRAVENOUS	MB	MM
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI	T2	PA; MM

	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T2	PA; MM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; MM
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; MM
Analgesics - Nonnarcotic		
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***		
JOURNAVX	T3	QL (30 EA per 14 days)
Analgesics Other		
<i>clonidine hcl (bulk)</i>	T3	
Analgesics-Sedatives		
ALLZITAL	T3	PA; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	T3	PA; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T3	PA; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (6 EA per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	T1	QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (6 EA per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (6 EA per 1 day)
FIORICET ORAL CAPSULE	T3	PA; QL (6 EA per 1 day)
TENCON ORAL TABLET 50-325 MG	T3	QL (6 EA per 1 day)
Salicylates		
<i>aspirin 81 oral tablet chewable</i>	\$0	MM
<i>aspirin adult low dose</i>	\$0	MM
<i>aspirin ec low strength</i>	\$0	MM
<i>aspirin low dose oral tablet chewable</i>	\$0	MM
<i>aspirin low dose oral tablet delayed release</i>	\$0	MM
<i>aspirin low strength</i>	\$0	MM
<i>childrens aspirin</i>	\$0	MM
<i>diflunisal oral</i>	T1	
DOLOBID	T3	
<i>gnp adult aspirin low strength oral tablet chewable</i>	\$0	MM
<i>salsalate oral</i>	T1	
<i>sb low dose asa ec</i>	\$0	
Analgesics - Opioid		
Codeine Combinations		
<i>acetaminophen-codeine oral solution</i>	T1	QL (90 ML per 1 day)

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T1	QL (12 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1	QL (6 EA per 1 day)
ASCOMP-CODEINE	T1	QL (6 EA per 1 day)
<i>butalbital-apap-caff-cod</i>	T1	QL (6 EA per 1 day)
<i>butalbital-asa-caff-codeine</i>	T1	QL (6 EA per 1 day)
Dihydrocodeine Combinations		
<i>apap-caff-dihydrocodeine oral capsule</i>	T1	QL (10 EA per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	T3	QL (10 EA per 1 day)
Hydrocodone Combinations		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T1	QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	QL (5 EA per 1 day)
Opioid Agonists		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	T1	QL (12 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	T1	QL (6 EA per 1 day)
CONZIP	T3	PA; QL (1 EA per 1 day)
DILAUDID ORAL LIQUID	T3	PA; QL (12 ML per 1 day)
DILAUDID ORAL TABLET	T3	PA; QL (6 EA per 1 day)
DISKETS	MB	
<i>fentanyl</i>	T1	PA; QL (15 EA per 30 days)
<i>fentanyl citrate (bulk)</i>	T3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T1	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T1	PA; QL (1 EA per 1 day)

	Drug Tier	Notes
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lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
<i>hydromorphone hcl (bulk)</i>	T3	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	T1	PA; QL (4 EA per 1 day)
<i>hydromorphone hcl oral liquid</i>	T1	QL (12 ML per 1 day)
<i>hydromorphone hcl oral tablet</i>	T1	QL (6 EA per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	T3	PA; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	T1	QL (6 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	T1	QL (4 EA per 1 day)
<i>meperidine hcl oral solution</i>	T1	QL (67 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	T1	QL (6 EA per 1 day)
METHADONE HCL INTENSOL	T1	PA; QL (6 ML per 1 day)
<i>methadone hcl oral concentrate</i>	T1	PA; QL (6 EA per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	T1	PA; QL (30 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	T1	PA; QL (60 ML per 1 day)
<i>methadone hcl oral tablet</i>	T1	PA; QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>methadone hcl oral tablet soluble</i>	MB	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T3	PA; QL (6 ML per 1 day)
METHADOSE SUGAR-FREE	T3	PA; QL (6 ML per 1 day)
<i>morphine sulfate (bulk)</i>	T3	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	T1	QL (6 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	T1	QL (6 ML per 1 day)
<i>morphine sulfate er beads</i>	T1	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>	T1	PA; QL (3 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	T1	QL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	T1	QL (23 ML per 1 day)
<i>morphine sulfate oral tablet</i>	T1	QL (6 EA per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>	T1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
<i>morphine sulfate rectal suppository 20 mg</i>	T1	QL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	T1	QL (6 EA per 30 days)
<i>morphine sulfate rectal suppository 5 mg</i>	T1	QL (18 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	T3	PA; QL (3 EA per 1 day)
NUCYNTA ER	T3	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3	QL (6 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T3	QL (4 EA per 1 day)
<i>oxycodone hcl oral capsule</i>	T1	QL (12 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	T1	QL (6 ML per 1 day)
<i>oxycodone hcl oral solution</i>	T1	QL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	T1	QL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	T1	QL (12 EA per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg</i>	T3	PA; QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>oxycodone hcl oral tablet abuse-deterrent 5 mg</i>	T3	PA; QL (12 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T3	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl</i>	T1	QL (6 EA per 1 day)
<i>oxymorphone hcl er</i>	T1	PA; QL (3 EA per 1 day)
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	PA; QL (6 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG	T3	PA; QL (6 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	T3	PA; QL (12 EA per 1 day)
<i>sufentanil citrate (bulk)</i>	T3	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T3	PA; QL (1 EA per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T1	QL (1 EA per 1 day)
<i>tramadol hcl er</i>	T1	QL (1 EA per 1 day); AR (Min 12 Years)

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	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>tramadol hcl oral solution</i>	T3	PA; QL (80 ML per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	T1	QL (4 EA per 1 day)
<i>tramadol hcl oral tablet 25 mg, 50 mg</i>	T1	QL (8 EA per 1 day)
<i>tramadol hcl oral tablet 75 mg</i>	T1	QL (5 EA per 1 day)
XTAMPZA ER	T2	PA; QL (2 EA per 1 day)
Opioid Combinations		
ENDOCET ORAL TABLET 10-325 MG	T1	QL (6 EA per 1 day)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	T1	QL (12 EA per 1 day)
ENDOCET ORAL TABLET 7.5-325 MG	T1	QL (8 EA per 1 day)
<i>nalocet</i>	T3	PA; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	T3	PA; QL (30 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	T3	PA; QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg, 5-300 mg</i>	T3	PA; QL (12 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	T1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	T1	QL (8 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG	T3	PA; QL (6 EA per 1 day)
PERCOCET ORAL TABLET 5-325 MG	T3	PA; QL (12 EA per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG	T3	PA; QL (8 EA per 1 day)
PROLATE ORAL SOLUTION	T3	PA; QL (30 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 7.5-300 MG	T3	PA; QL (6 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG	T3	PA; QL (12 EA per 1 day)
Opioid Partial Agonists		
BELBUCA	T2	PA; QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	T1	QL (4 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	T1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	MM; QL (2 EA per 1 day)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	T1	MM; QL (4 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	T1	MM; QL (4 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	T1	MM; QL (3 EA per 1 day)
<i>buprenorphine transdermal</i>	T1	PA; QL (4 EA per 28 days)
<i>butorphanol tartrate nasal</i>	T1	QL (10 ML per 30 days)
BUTRANS	T3	PA; QL (4 EA per 28 days)
<i>pentazocine-naloxone hcl</i>	T1	QL (12 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	MM; QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	T3	MM; QL (4 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	T3	MM; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG	T2	MM; QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG	T2	MM; QL (4 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	T2	MM; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	MM; QL (2 EA per 1 day)
Tramadol Combinations		
<i>tramadol-acetaminophen</i>	T1	QL (8 EA per 1 day)
Androgens-Anabolic		
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T3	PA; MM
AVEED	T3	PA; MM
AZMIRO	T3	PA; MM
<i>danazol oral</i>	T1	

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T3	MM
JATENZO	T3	PA; MM
KYZATREX ORAL CAPSULE 150 MG, 200 MG	T3	PA; MM
<i>methitest</i>	T3	PA; MM
<i>methyltestosterone oral</i>	T1	PA; MM
NATESTO	T3	PA; MM
TESTIM	T3	PA; MM
<i>testosterone cypionate injection solution 200 mg/ml</i>	T3	MM
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	MM
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	MM
<i>testosterone transdermal solution</i>	T1	MM
TLANDO	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
VOGELXO PUMP	T3	PA; MM
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T3	PA; MM
XYOSTED	T3	PA; MM
Anorectal Agents		
Intrarectal Steroids		
<i>budesonide rectal foam 2 mg</i>	T1	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	
<i>hydrocortisone rectal enema</i>	T1	
Nitrate Vasodilating Agents		
<i>nitroglycerin rectal</i>	T1	
RECTIV	T3	PA
Rectal Anesthetic/Steroids		
PROCTOFOAM HC EXTERNAL	T2	
Rectal Steroids		
<i>anucort-hc</i>	T3	PA
HEMMOREX-HC	T3	PA
<i>hydrocortisone (perianal) external cream 2.5 %</i>	T1	
<i>hydrocortisone acetate rectal</i>	T1	
PROCTOCORT RECTAL SUPPOSITORY	T3	PA

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Prescription Drug Name	Drug Tier	Notes
PROCTO-MED HC EXTERNAL	T1	
PROCTOSOL HC EXTERNAL	T3	
PROCTOZONE-HC EXTERNAL	T3	
Anthelmintics		
Anthelmintics		
<i>albendazole oral</i>	T1	
<i>benznidazole</i>	T3	
BILTRICIDE	T3	
EMVERM	T3	QL (6 EA per 21 days)
<i>ivermectin oral</i>	T1	
<i>praziquantel oral</i>	T1	
STROMECTOL	T3	
Antianginal Agents		
Antianginals-Other		
<i>ranolazine er</i>	T1	MM
Nitrates		
<i>isosorbide dinitrate oral</i>	T1	MM
<i>isosorbide mononitrate</i>	T1	MM
<i>isosorbide mononitrate er</i>	T1	MM
NITRO-BID	T2	MM
NITRO-DUR	T3	MM
<i>nitroglycerin sublingual</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>nitroglycerin transdermal patch 24 hour</i>	T1	MM
<i>nitroglycerin translingual solution</i>	T1	MM
NITROLINGUAL	T3	MM
NITROSTAT	T3	MM
NITRO-TIME	T3	MM
Antianxiety Agents		
Antianxiety Agents - Misc.		
<i>bupirone hcl oral</i>	T1	MM
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>meprobamate</i>	T1	
Benzodiazepines		
<i>alprazolam er</i>	T1	
ALPRAZOLAM INTENSOL	T1	AR (Min 18 Years)
<i>alprazolam oral tablet</i>	T1	AR (Min 18 Years)
<i>alprazolam oral tablet dispersible</i>	T1	
<i>alprazolam xr</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIAZEPAM INTENSOL	T1	

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	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>diazepam oral concentrate</i>	T1	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
LORAZEPAM INTENSOL	T1	AR (Min 12 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LOREEV XR	T3	PA
<i>oxazepam</i>	T1	
VALIUM	T3	PA
XANAX	T3	PA; AR (Min 18 Years)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	T3	PA
Antiarrhythmics		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate oral</i>	T1	MM
NORPACE	T3	MM
NORPACE CR	T3	MM
<i>quinidine gluconate er</i>	T1	MM
<i>quinidine sulfate oral</i>	T1	MM
Antiarrhythmics Type I-B		
<i>mexiletine hcl oral</i>	T1	MM
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	T1	MM
<i>propafenone hcl</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>propafenone hcl er</i>	T1	MM
Antiarrhythmics Type Iii		
<i>amiodarone hcl oral</i>	T1	MM
<i>dofetilide</i>	T1	MM
MULTAQ	T2	MM
PACERONE ORAL TABLET 100 MG, 200 MG	T3	MM
TIKOSYN	T3	MM
Antiasthmatic And Bronchodilator Agents		
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE	T3	PA; MM; QL (2 ML per 1 day)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE	T2	PA; MM
5-Lipoxygenase Inhibitors		
<i>zileuton er</i>	T1	PA; MM
Adrenergic Combinations		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T3	PA; MM
ADVAIR HFA	T2	MM
AIRSUPRA	T3	PA; MM

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2	MM
BEVESPI AEROSPHERE	T3	PA; MM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	T2	MM
BREYNA	T3	PA; MM
BREZTRI AEROSPHERE	T2	MM
<i>budesonide- formoterol fumarate</i>	T3	PA; MM
COMBIVENT RESPIMAT	T2	MM
DUAKLIR PRESSAIR	T3	PA; MM
DULERA	T3	PA; MM
<i>fluticasone furoate- vilanterol inhalation aerosol powder breath activated 100- 25 mcg/act, 200-25 mcg/act</i>	T3	PA; MM
<i>fluticasone-salmeterol inhalation aerosol</i>	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	MM
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T2	MM
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	MM
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	MM
SYMBICORT	T2	MM
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100- 62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	MM
<i>umeclidinium- vilanterol</i>	T3	PA; MM

	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
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Prescription Drug Name	Drug Tier	Notes
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T1	MM
Anti-IgE Monoclonal Antibodies		
XOLAIR	T2	PA; MM
Anti-Inflammatory Agents		
<i>cromolyn sodium inhalation</i>	T1	MM
Beta Adrenergics		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	MM; QL (2 Inhalers per 30 days)
<i>albuterol sulfate inhalation</i>	T1	MM
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	MM
<i>albuterol sulfate oral tablet</i>	T1	MM
<i>arformoterol tartrate</i>	T1	MM
<i>formoterol fumarate inhalation</i>	T1	MM
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>levalbuterol tartrate</i>	T3	MM; QL (2 inhalers per 30 days)
PERFOROMIST	T3	MM
PROAIR RESPICLICK	T3	MM; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2	MM
STRIVERDI RESPIMAT	T2	MM
<i>terbutaline sulfate oral</i>	T1	MM
VENTOLIN HFA	T3	PA; MM; QL (2 inhalers per 30 days)
XOPENEX HFA	T3	PA; MM; QL (2 inhalers per 30 days)
Bronchodilators - Anticholinergics		
ATROVENT HFA	T2	MM
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3	PA; MM
<i>ipratropium bromide inhalation</i>	T1	MM
SPIRIVA HANDIHALER	T2	MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	MM
<i>tiotropium bromide</i>	T3	PA; MM
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T3	PA; MM
YUPELRI	T3	PA; MM
Interleukin-5 Antagonists (Ilg1 Kappa)		
FASENRA	T2	PA; MM
FASENRA PEN	T2	PA; MM
NUCALA	T2	PA; MM
Leukotriene Receptor Antagonists		
ACCOLATE	T3	MM; AR (Min 5 Years)
<i>montelukast sodium oral</i>	T1	MM
SINGULAIR	T3	PA; MM
<i>zafirlukast</i>	T1	MM
Selective Phosphodiesterase 4 (Pde4) Inhibitors		
DALIRESP	T3	MM
<i>roflumilast</i>	T1	MM
Steroid Inhalants		
ALVESCO	T3	PA; MM
ARNUITY ELLIPTA	T2	MM

Prescription Drug Name	Drug Tier	Notes
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T3	PA; MM
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T3	PA; MM
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T3	PA; MM
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T3	PA; MM
ASMANEX HFA	T3	PA; MM
<i>budesonide inhalation</i>	T1	MM
<i>fluticasone propionate diskus</i>	T3	PA; MM
<i>fluticasone propionate hfa</i>	T3	PA; MM
PULMICORT	T3	PA; MM

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	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
PULMICORT FLEXHALER	T2	MM
QVAR REDHALER	T3	PA; MM
Xanthines		
<i>aminophylline intravenous</i>	MB	
ELIXOPHYLLIN	T1	MM
THEO-24	T2	MM
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	MM
<i>theophylline er oral tablet extended release 24 hour</i>	T1	MM
<i>theophylline oral</i>	T1	MM
Anticoagulants		
Coumarin Anticoagulants		
JANTOVEN	T1	MM
<i>warfarin sodium oral</i>	T1	MM
Direct Factor Xa Inhibitors		
ELIQUIS	T2	MM
ELIQUIS (1.5 MG PACK)	T2	MM
ELIQUIS (2 MG PACK)	T2	MM
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	
<i>rivaroxaban oral tablet</i>	T1	MM
SAVAYSA	T3	MM
XARELTO	T2	MM

Prescription Drug Name	Drug Tier	Notes
XARELTO STARTER PACK	T2	
Low Molecular Weight Heparins		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T1	
<i>enoxaparin sodium injection solution prefilled syringe</i>	T1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	
LOVENOX INJECTION	T3	
Synthetic Heparinoid-Like Agents		
ARIXTRA	T3	
<i>fondaparinux sodium</i>	T1	
Thrombin Inhibitors - Selective Direct & Reversible		
<i>dabigatran etexilate mesylate</i>	T1	MM
PRADAXA ORAL CAPSULE	T3	MM
PRADAXA ORAL PACKET	T3	PA; MM
Anticonvulsants		
Ampa Glutamate Receptor Antagonists		

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Prescription Drug Name	Drug Tier	Notes
FYCOMPA	T3	MM
Anticonvulsants - Benzodiazepines		
<i>clobazam oral suspension 2.5 mg/ml</i>	T1	PA; MM
<i>clobazam oral tablet</i>	T1	PA; MM
<i>clonazepam oral</i>	T1	MM
<i>diazepam rectal gel 10 mg, 20 mg</i>	T1	
KLONOPIN	T3	PA; MM
NAYZILAM	T3	PA; QL (5 EA per 30 days)
ONFI ORAL SUSPENSION	T3	PA; MM
ONFI ORAL TABLET 10 MG, 20 MG	T3	PA; MM
SYMPAZAN	T3	PA; MM
VALTOCO 10 MG DOSE	T3	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	T3	PA; QL (10 EA per 30 days)
Anticonvulsants - Misc.		
APTIOM	T3	PA; MM
BANZEL	T3	PA; MM
BRIVIACT ORAL	T3	PA; MM
<i>carbamazepine er</i>	T1	MM
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	PA; MM
<i>carbamazepine oral suspension 200 mg/10ml</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>carbamazepine oral tablet</i>	T1	MM
<i>carbamazepine oral tablet chewable</i>	T1	MM
CARBATROL	T3	PA; MM
DIACOMIT	T3	PA; MM
ELEPSIA XR	T3	PA; MM
EPIDIOLEX	T3	PA; MM
EPRONTIA	T3	PA; MM
<i>eslicarbazepine acetate</i>	T1	PA; MM
FINTEPLA	T3	PA; MM
<i>gabapentin oral capsule</i>	T1	MM
<i>gabapentin oral solution</i>	T1	PA; MM
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	MM
GABARONE	T3	PA; MM
KEPPRA ORAL	T3	PA; MM
KEPPRA XR	T3	PA; MM
<i>lacosamide oral solution 10 mg/ml</i>	T1	MM
<i>lacosamide oral tablet</i>	T1	MM
LAMICTAL ODT ORAL KIT	T3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	T3	PA; MM
LAMICTAL ORAL TABLET	T3	PA; MM

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Prescription Drug Name	Drug Tier	Notes
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	PA; MM
LAMICTAL STARTER	T3	PA
LAMICTAL XR ORAL KIT	T3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	PA; MM
<i>lamotrigine er</i>	T1	MM
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	T1	
<i>lamotrigine oral tablet</i>	T1	MM
<i>lamotrigine oral tablet chewable</i>	T1	MM
<i>lamotrigine oral tablet dispersible</i>	T1	MM
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	MM
<i>levetiracetam oral solution</i>	T1	MM
<i>levetiracetam oral tablet</i>	T1	MM
<i>levetiracetam oral tablet disintegrating soluble</i>	T3	PA; MM
LYRICA	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
MOTPOLY XR	T3	PA; MM
NEURONTIN	T3	PA; MM
<i>oxcarbazepine er</i>	T1	PA; MM
<i>oxcarbazepine oral suspension</i>	T1	PA; MM
<i>oxcarbazepine oral tablet</i>	T1	MM
OXTELLAR XR	T3	PA; MM
<i>pregabalin oral capsule</i>	T1	MM
<i>pregabalin oral solution</i>	T1	PA; MM
<i>primidone oral</i>	T1	MM
ROWEEPRA ORAL TABLET 500 MG	T1	MM
<i>rufinamide oral suspension 40 mg/ml</i>	T1	PA; MM
<i>rufinamide oral tablet</i>	T1	PA; MM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	T3	PA; MM
SUBVENITE ORAL TABLET	T1	MM
SUBVENITE STARTER KIT-BLUE	T1	
SUBVENITE STARTER KIT-GREEN	T1	
SUBVENITE STARTER KIT-ORANGE	T1	

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TEGRETOL ORAL SUSPENSION	T3	PA; MM
TEGRETOL ORAL TABLET	T3	PA; MM
TEGRETOL-XR	T3	PA; MM
TOPAMAX	T3	PA; MM
TOPAMAX SPRINKLE	T3	PA; MM
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T1	PA; MM
<i>topiramate er oral capsule extended release 24 hour</i>	T1	MM
<i>topiramate oral capsule sprinkle</i>	T1	MM
<i>topiramate oral tablet</i>	T1	MM
TRILEPTAL	T3	PA; MM
TROKENDI XR	T3	PA; MM
VIMPAT ORAL	T3	MM
ZONEGRAN	T3	PA; MM
ZONISADE	T3	PA; MM
<i>zonisamide oral</i>	T1	MM
ZTALMY	T3	PA; MM
Carbamates		
<i>felbamate</i>	T1	MM
FELBATOL ORAL TABLET	T3	PA; MM
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
XCOPRI (350 MG DAILY DOSE)	T3	PA; MM
XCOPRI ORAL TABLET	T3	PA; MM
XCOPRI ORAL TABLET THERAPY PACK	T3	PA
Gaba Modulators		
SABRIL	T3	PA; MM
<i>tiagabine hcl</i>	T1	MM
<i>vigabatrin</i>	T1	PA; MM
VIGADRONE	T3	PA; MM
VIGAFYDE	T3	PA
Hydantoins		
DILANTIN INFATABS	T2	MM
DILANTIN ORAL CAPSULE	T2	MM
DILANTIN-125	T2	MM
PHENYTEK	T1	MM
PHENYTOIN INFATABS	T1	MM
<i>phenytoin oral</i>	T1	MM
<i>phenytoin sodium extended</i>	T1	MM
<i>phenytoin sodium injection</i>	MB	
Succinimides		
CELONTIN	T3	MM
<i>ethosuximide oral</i>	T1	MM
<i>methsuximide</i>	T1	MM
ZARONTIN	T3	MM
Valproic Acid		

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
DEPAKOTE	T3	MM
DEPAKOTE ER	T3	MM
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	MM
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	MM
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	MM
<i>divalproex sodium oral tablet delayed release</i>	T1	MM
<i>valproic acid oral capsule</i>	T1	MM
<i>valproic acid oral solution</i>	T1	MM
Antidepressants		
*Antidepressant - Miscellaneous Combinations***		
AUVELITY	T3	PA; MM
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T3	QL (2 EA per 1 day)
ZURZUVAE ORAL CAPSULE 30 MG	T3	QL (1 EA per 1 day)
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine oral</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
REMERON ORAL TABLET 15 MG, 30 MG	T3	MM
REMERON SOLTAB	T3	MM
Antidepressants - Misc.		
<i>bupropion hcl er (sr)</i>	T1	MM
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1	MM
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T3	PA; MM
<i>bupropion hcl oral</i>	T1	MM
WELLBUTRIN SR	T3	PA; MM
Modified Cyclics		
<i>nefazodone hcl</i>	T1	MM
RALDESY	T3	PA; MM
<i>trazodone hcl oral</i>	T1	MM
TRINTELLIX	T3	PA; MM
VIIBRYD ORAL TABLET	T3	PA; MM
<i>vilazodone hcl</i>	T1	MM
Monoamine Oxidase Inhibitors (Maois)		
EMSAM	T3	MM
MARPLAN	T3	MM
NARDIL	T3	MM
PARNATE	T3	MM
<i>phenelzine sulfate oral</i>	T1	MM

	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>tranylcypromine sulfate</i>	T1	MM
Selective Serotonin Reuptake Inhibitors (Ssris)		
CELEXA ORAL TABLET	T3	PA; MM
<i>citalopram hydrobromide oral capsule</i>	T3	PA; MM
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	T1	MM
<i>citalopram hydrobromide oral tablet</i>	T1	MM
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1	MM
<i>escitalopram oxalate oral tablet</i>	T1	MM
<i>fluoxetine hcl oral capsule</i>	T1	MM
<i>fluoxetine hcl oral capsule delayed release</i>	T1	MM; QL (5 EA per 30 days)
<i>fluoxetine hcl oral solution</i>	T1	PA; MM
<i>fluoxetine hcl oral tablet</i>	T1	MM
<i>fluvoxamine maleate</i>	T1	MM
<i>fluvoxamine maleate er</i>	T1	MM
LEXAPRO ORAL TABLET	T3	PA; MM
<i>paroxetine hcl</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>paroxetine hcl er</i>	T1	MM
PAXIL CR	T3	PA; MM
PAXIL ORAL TABLET	T3	PA; MM
<i>sertraline hcl oral capsule</i>	T3	PA; MM
<i>sertraline hcl oral concentrate</i>	T1	MM
<i>sertraline hcl oral tablet</i>	T1	MM
ZOLOFT	T3	PA; MM
Serotonin Modulators		
<i>nefazodone hcl</i>	T1	MM
RALDESY	T3	PA; MM
<i>trazodone hcl oral</i>	T1	MM
TRINTELLIX	T3	PA; MM
VIIBRYD ORAL TABLET	T3	PA; MM
<i>vilazodone hcl</i>	T1	MM
Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)		
<i>desvenlafaxine er</i>	T2	MM
<i>desvenlafaxine succinate er</i>	T1	MM
DRIZALMA SPRINKLE	T3	PA; MM
<i>duloxetine hcl oral</i>	T1	MM
EFFEXOR XR	T3	PA; MM
FETZIMA	T3	PA; MM
FETZIMA TITRATION	T3	PA
PRISTIQ	T3	PA; MM
<i>venlafaxine besylate er</i>	T3	PA; MM

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>venlafaxine hcl</i>	T1	MM
<i>venlafaxine hcl er</i>	T1	MM
Tricyclic Agents		
<i>amitriptyline hcl oral</i>	T1	MM
<i>amoxapine</i>	T1	MM
ANAFRANIL	T3	PA; MM
<i>clomipramine hcl oral</i>	T1	MM
<i>desipramine hcl oral</i>	T1	MM
<i>doxepin hcl oral capsule</i>	T1	MM
<i>doxepin hcl oral concentrate</i>	T1	MM
<i>imipramine hcl oral</i>	T1	MM
<i>imipramine pamoate</i>	T1	MM
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	MM
<i>nortriptyline hcl oral capsule</i>	T1	MM
<i>nortriptyline hcl oral solution</i>	T1	PA; MM
PAMELOR ORAL CAPSULE	T3	PA; MM
<i>protriptyline hcl</i>	T1	MM
<i>trimipramine maleate oral</i>	T1	MM
Antidiabetics		
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		

Prescription Drug Name	Drug Tier	Notes
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T2	PA; MM; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR	T2	MM
Alpha-Glucosidase Inhibitors		
<i>acarbose oral</i>	T1	MM
<i>miglitol</i>	T1	MM
Biguanides		
<i>metformin hcl er</i>	T1	MM
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	T3	PA; MM
<i>metformin hcl oral solution</i>	T1	PA; MM
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	MM
<i>metformin hcl oral tablet 625 mg</i>	T3	PA; MM

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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>metformin hcl oral tablet 750 mg</i>	T1	PA; MM
RIOMET	T3	PA; MM
Diabetic Other		
BAQSIMI ONE PACK	T2	
BAQSIMI TWO PACK	T2	
<i>diazoxide oral</i>	T1	MM
<i>glucagon emergency injection solution reconstituted 1 mg</i>	T1	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	T2	
GVOKE HYPOPEN 1-PACK	T3	PA
GVOKE HYPOPEN 2-PACK	T3	PA
GVOKE KIT	T3	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	PA
PROGLYCEM	T3	MM
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin benzoate</i>	T2	MM
JANUVIA	T2	MM
ONGLYZA ORAL TABLET 5 MG	T3	PA; MM
<i>saxagliptin hcl</i>	T1	MM
<i>sitagliptin</i>	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
TRADJENTA	T2	MM
ZITUVIO	T3	PA; MM
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations		
<i>alogliptin-metformin hcl</i>	T2	MM
JANUMET	T2	MM
JANUMET XR	T2	MM
JENTADUETO	T2	MM
JENTADUETO XR	T2	MM
<i>saxagliptin-metformin er</i>	T1	MM
<i>sitagliptin base-metformin hcl</i>	T3	PA; MM
ZITUVIMET	T3	PA; MM
ZITUVIMET XR	T3	PA; MM
Dpp-4 Inhibitor-Thiazolidinedione Combinations		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T2	MM
Human Insulin		
ADMELOG INJECTION	T2	MM; QL (2 ML per 1 day)
ADMELOG SOLOSTAR	T2	MM; QL (2 ML per 1 day)

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	PA; MM
APIDRA	T2	MM; QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
BASAGLAR KWIKPEN	T2	MM; QL (2 ML per 1 day)
FIASP FLEXTOUCH	T2	MM; QL (2 ML per 1 day)
FIASP INJECTION	T2	MM; QL (2 ML per 1 day)
FIASP PENFILL	T2	MM; QL (2 ML per 1 day)
FIASP PUMPCART	T2	MM; QL (2 ML per 1 day)
HUMALOG INJECTION	T2	MM; QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T2	MM; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	MM; QL (2 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2	MM; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	MM; QL (2 ML per 1 day)
HUMULIN 70/30	T2	MM; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
HUMULIN N	T2	MM; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
HUMULIN R	T2	MM; QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)

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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>insulin asp prot & asp flexpen</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin aspart flexpen</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin aspart injection</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin aspart penfill</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin degludec</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin degludec flectouch</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin glargine max solostar</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin glargine-yfgn</i>	T3	PA; MM; QL (2 ML per 1 day)
<i>insulin lispro (1 unit dial)</i>	T2	MM; QL (2 ML per 1 day)
<i>insulin lispro injection</i>	T2	MM; QL (2 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>insulin lispro junior kwikpen</i>	T2	MM; QL (2 ML per 1 day)
<i>insulin lispro prot & lispro</i>	T2	MM; QL (2 ML per 1 day)
LANTUS	T2	MM; QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
LYUMJEV	T2	MM; QL (2 ML per 1 day)
LYUMJEV KWIKPEN	T2	MM; QL (2 ML per 1 day)
NOVOLIN 70/30	T2	MM; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T2	MM; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLIN N	T2	MM; QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T2	MM; QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLIN N RELION	T3	PA; MM; QL (2 ML per 1 day)

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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NOVOLIN R	T2	MM; QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T2	MM; QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLIN R RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLOG 70/30 FLEXPEN RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLOG FLEXPEN RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
NOVOLOG INJECTION	T2	MM; QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T2	MM; QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	MM; QL (2 ML per 1 day)
NOVOLOG MIX 70/30 RELION	T3	PA; MM; QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T2	MM; QL (2 ML per 1 day)

Prescription Drug Name	Drug Tier	Notes
NOVOLOG RELION INJECTION	T3	PA; MM; QL (2 ML per 1 day)
REZVOGLAR KWIKPEN	T2	MM; QL (2 ML per 1 day)
SEMGLEE (YFGN)	T3	PA; MM; QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T2	MM; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T2	MM; QL (2 ML per 1 day)
TRESIBA	T3	PA; MM; QL (2 ML per 1 day)
TRESIBA FLEXTOUCH	T3	PA; MM; QL (2 ML per 1 day)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	T3	PA; MM; QL (2.4 ML per 30 days)
<i>liraglutide</i>	T1	PA; MM; QL (3 ML per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	PA; MM; QL (3 ML per 28 days)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	PA; MM; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2	PA; MM; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	T2	PA; MM; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	T2	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; MM; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA; MM; QL (9 ML per 30 days)
Insulin-Incretin Mimetic Combinations		
SOLIQUA	T2	MM
XULTOPHY	T3	PA; MM
Meglitinide Analogues		
<i>nateglinide</i>	T1	MM
<i>repaglinide</i>	T1	MM
Progesterone Receptor Antagonists		
KORLYM	T3	PA; MM
<i>mifepristone oral tablet 300 mg</i>	T1	PA; MM
SglT2 Inhibitor - Dpp-4 Inhibitor Combinations		

Prescription Drug Name	Drug Tier	Notes
GLYXAMBI	T2	MM
STEGLUJAN	T3	PA; MM
Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors		
<i>bexagliflozin</i>	T3	PA; MM
BRENZAVVY	T3	PA; MM
<i>dapagliflozin propanediol</i>	T3	PA; MM
FARXIGA	T2	MM
INVOKANA	T3	PA; MM
JARDIANCE	T2	MM
STEGLATRO	T3	PA; MM
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
<i>dapagliflozin pro-metformin er</i>	T3	PA; MM
INVOKAMET	T3	PA; MM
INVOKAMET XR	T3	PA; MM
SEGLUROMET	T3	PA; MM
SYNJARDY	T2	MM
SYNJARDY XR	T2	MM
XIGDUO XR	T2	MM
Sulfonylurea-Biguanide Combinations		
<i>glipizide-metformin hcl</i>	T1	MM
<i>glyburide-metformin</i>	T1	MM
Sulfonylureas		
<i>glimepiride</i>	T1	MM
<i>glipizide er</i>	T1	MM
<i>glipizide oral</i>	T1	MM

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Prescription Drug Name	Drug Tier	Notes
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	PA; MM
<i>glyburide micronized</i>	T1	MM
<i>glyburide oral</i>	T1	MM
Sulfonylurea-Thiazolidinedione Combinations		
DUETACT	T3	PA; MM
<i>pioglitazone hcl-glimepiride</i>	T1	MM
Thiazolidinedione-Biguanide Combinations		
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	MM
<i>pioglitazone hcl-metformin hcl</i>	T1	MM
Thiazolidinediones		
ACTOS	T3	PA; MM
<i>pioglitazone hcl</i>	T1	MM
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	T3	PA
Antiperistaltic Agents		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	

Prescription Drug Name	Drug Tier	Notes
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T1	MM
MOTOFEN	T3	
<i>opium</i>	T1	
Antidiarrheals		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	T3	PA
Antiperistaltic Agents		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T1	MM
MOTOFEN	T3	
<i>opium</i>	T1	
Antidotes		
Antidotes		
BRIDION	MB	
VISTOGARD	T3	
Antidotes - Chelating Agents		
CHEMET	T2	
<i>deferasirox</i>	T1	PA; MM
<i>deferasirox granules</i>	T1	PA; MM
<i>deferiprone</i>	T1	PA; MM

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
\$0 = \$0 Co-pay
MB = Medical Benefit
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Drug

Notes
AR = Age Restrictions
MM = Maintenance Medication
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EXJADE	T3	PA; MM
FERRIPROX ORAL SOLUTION	T3	PA; MM
FERRIPROX ORAL TABLET 1000 MG	T3	PA; MM
FERRIPROX TWICE-A-DAY	T3	PA; MM
JADENU	T3	PA; MM
JADENU SPRINKLE	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
<i>deferasirox</i>	T1	PA; MM
<i>deferasirox granules</i>	T1	PA; MM
<i>deferiprone</i>	T1	PA; MM
EXJADE	T3	PA; MM
FERRIPROX ORAL SOLUTION	T3	PA; MM
FERRIPROX ORAL TABLET 1000 MG	T3	PA; MM
FERRIPROX TWICE-A-DAY	T3	PA; MM
JADENU	T3	PA; MM
JADENU SPRINKLE	T3	PA; MM

Antidotes And Specific Antagonists

BRIDION	MB	
VISTOGARD	T3	

Opioid Antagonists

KLOXXADO	T2	QL (6 EA per 30 days)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1	
<i>naltrexone hcl oral</i>	T1	MM
OPVEE	T3	QL (6 EA per 30 days)
REXTOVY	T3	QL (6 EA per 30 days)
VIVITROL	MB	MM
ZURNAI	T2	

Antidotes And Specific Antagonists

Antidotes

BRIDION	MB	
VISTOGARD	T3	

Antidotes - Chelating Agents

CHEMET	T2	
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Antidotes And Specific Antagonists

BRIDION	MB	
VISTOGARD	T3	

Opioid Antagonists

KLOXXADO	T2	QL (6 EA per 30 days)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1	
<i>naltrexone hcl oral</i>	T1	MM
OPVEE	T3	QL (6 EA per 30 days)
REXTOVY	T3	QL (6 EA per 30 days)
VIVITROL	MB	MM
ZURNAI	T2	

Antiemetics

5-Ht3 Receptor Antagonists

ANZEMET ORAL TABLET 50 MG	T3	
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Drug Tier

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Notes

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PA = Prior Authorization
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Prescription Drug Name	Drug Tier	Notes
<i>granisetron hcl oral</i>	T1	
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	T1	
SANCUSO	T3	PA
Antiemetic Combinations		
AKYNZEO ORAL	T3	
BONJESTA	T3	PA
DICLEGIS	T3	PA
<i>doxylamine-pyridoxine</i>	T1	PA
Antiemetics - Anticholinergic		
<i>meclizine hcl oral tablet</i>	T1	
<i>scopolamine</i>	T1	
<i>trimethobenzamide hcl oral</i>	T1	
Antiemetics - Miscellaneous		
<i>dronabinol</i>	T1	
MARINOL ORAL CAPSULE 2.5 MG	T3	
SYNDROS	T3	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists		
<i>aprepitant oral capsule 125 mg</i>	T1	QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	T1	QL (12 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (8 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	MB	
EMEND ORAL SUSPENSION RECONSTITUTED	T3	QL (4 EA per 30 days)
EMEND TRIPACK	T3	QL (12 EA per 30 days)
VARUBI (180 MG DOSE)	T3	
Antifungals		
*Tetrazoles***		
VIVJOA	T3	PA; QL (18 EA per 180 days)
Antifungals		
<i>flucytosine oral</i>	T1	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T1	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	T1	PA
<i>nystatin oral tablet</i>	T1	
<i>terbinafine hcl oral</i>	T1	
Imidazoles		
<i>ketoconazole oral</i>	T1	
Triazoles		

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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
CRESEMBA ORAL CAPSULE 186 MG	T3	PA; QL (68 EA per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T3	PA; QL (170 EA per 30 days)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	T3	PA
DIFLUCAN ORAL TABLET 150 MG	T3	PA
<i>fluconazole oral</i>	T1	
<i>itraconazole oral</i>	T1	
NOXAFIL ORAL PACKET	T3	PA
NOXAFIL ORAL SUSPENSION	T3	PA; QL (20 ML per 1 day)
<i>posaconazole oral suspension</i>	T1	QL (20 ML per 1 day)
<i>posaconazole oral tablet delayed release</i>	T1	QL (93 EA per 30 days)
SPORANOX ORAL CAPSULE	T3	
<i>tolsura</i>	T3	
VFEND ORAL SUSPENSION RECONSTITUTED	T3	
<i>voriconazole oral</i>	T1	
Antihistamines		
Antihistamines - Alkylamines		
RYCLORA ORAL SOLUTION	T3	PA
Antihistamines - Ethanolamines		

Prescription Drug Name	Drug Tier	Notes
<i>carbinoxamine maleate er</i>	T3	
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet</i>	T1	
<i>clemastine fumarate oral syrup</i>	T3	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	T3	
<i>diphenhydramine hcl injection</i>	MB	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T3	
RYVENT	T1	
Antihistamines - Non-Sedating		
CLARINEX ORAL TABLET	T3	PA; MM
<i>desloratadine oral tablet</i>	T1	MM
<i>desloratadine oral tablet dispersible</i>	T1	MM
QUZYTIR	MB	
Antihistamines - Phenothiazines		
<i>promethazine hcl oral solution</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN	T3	

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
Antihistamines - Piperidines		
<i>cyproheptadine hcl oral</i>	T1	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET	T2	PA; MM
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL	T2	PA; MM
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	T1	MM
LOVAZA	T3	PA; MM
<i>omega-3-acid ethyl esters</i>	T1	MM
VASCEPA	T3	PA; MM
Bile Acid Sequestrants		
<i>cholestyramine light</i>	T1	MM
<i>cholestyramine oral</i>	T1	MM
<i>colesevelam hcl</i>	T1	MM
COLESTID ORAL GRANULES	T3	PA; MM
COLESTID ORAL TABLET	T3	PA; MM
<i>colestipol hcl</i>	T1	MM
PREVALITE	T1	MM
QUESTRAN	T3	PA; MM
QUESTRAN LIGHT ORAL POWDER	T3	PA; MM
WELCHOL	T3	PA; MM
Fibric Acid Derivatives		

Prescription Drug Name	Drug Tier	Notes
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	MM
<i>fenofibrate oral</i>	T1	MM
<i>fenofibric acid</i>	T1	MM
<i>gemfibrozil oral</i>	T1	MM
LIPOFEN	T3	MM
LOPID	T3	MM
TRICOR ORAL TABLET 145 MG	T3	MM
Hmg Coa Reductase Inhibitors		
ATORVALIQ	T3	PA; MM
<i>atorvastatin calcium oral</i>	T1	MM
CRESTOR	T3	PA; MM
EZALLOR SPRINKLE	T3	PA; MM
<i>fluvastatin sodium</i>	T1	MM
<i>fluvastatin sodium er</i>	T1	MM
LESCOL XL	T3	PA; MM
LIPITOR	T3	PA; MM
LIVALO	T3	PA; MM
<i>lovastatin oral</i>	\$0	MM
<i>pitavastatin calcium</i>	T1	MM
<i>pravastatin sodium</i>	T1	MM
<i>rosuvastatin calcium oral</i>	T1	MM
<i>simvastatin oral tablet</i>	T1	MM
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	PA; MM

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T3	PA; MM
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb		
<i>ezetimibe-simvastatin</i>	T1	MM
VYTORIN	T3	PA; MM
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	T1	MM
ZETIA	T3	PA; MM
Microsomal Triglyceride Transfer Protein Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T3	PA; MM
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic)</i>	T1	MM
<i>niacin er (antihyperlipidemic)</i>	T1	MM
NIACOR	T1	MM
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; MM
REPATHA	T2	PA; MM
REPATHA SURECLICK	T2	PA; MM
Antihypertensives		
*Endothelin Receptor Antagonists***		
TRYVIO	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
Ace Inhibitor & Calcium Channel Blocker Combinations		
<i>amlodipine besy-benazepril hcl</i>	T1	MM
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	PA; MM
PRESTALIA	T3	MM
<i>trandolapril-verapamil hcl er</i>	T1	MM
Ace Inhibitors		
<i>benazepril hcl oral</i>	T1	MM
<i>captopril oral</i>	T1	MM
<i>enalapril maleate oral solution</i>	T1	PA; MM
<i>enalapril maleate oral tablet</i>	T1	MM
EPANED ORAL SOLUTION	T3	PA; MM
<i>fosinopril sodium</i>	T1	MM
<i>lisinopril oral</i>	T1	MM
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	MM
<i>moexipril hcl</i>	T1	MM
<i>perindopril erbumine</i>	T1	MM
QBRELIS	T3	PA; MM
<i>quinapril hcl</i>	T1	MM
<i>ramipril</i>	T1	MM
<i>trandolapril</i>	T1	MM
ZESTRIL	T3	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
Ace Inhibitors & Thiazide/Thiazide-Like		
<i>benazepril-hydrochlorothiazide</i>	T1	MM
<i>captopril-hydrochlorothiazide</i>	T1	MM
<i>enalapril-hydrochlorothiazide</i>	T1	MM
<i>fosinopril sodium-hctz</i>	T1	MM
<i>lisinopril-hydrochlorothiazide</i>	T1	MM
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	MM
<i>quinapril-hydrochlorothiazide</i>	T1	MM
ZESTORETIC	T3	MM
Agents For Pheochromocytoma		
<i>metyrosine</i>	T1	
<i>phenoxybenzamine hcl oral</i>	T1	PA
Angiotensin li Receptor Antag & Ca Channel Blocker Comb		
<i>amlodipine besylate-valsartan</i>	T1	MM
<i>amlodipine-olmesartan</i>	T1	MM
AZOR	T3	PA; MM
EXFORGE	T3	PA; MM
<i>telmisartan-amlodipine</i>	T1	MM
Angiotensin li Receptor Antag & Thiazide/Thiazide-Like		

Prescription Drug Name	Drug Tier	Notes
ATACAND HCT	T3	PA; MM
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	PA; MM
BENICAR HCT	T3	PA; MM
<i>candesartan cilexetil-hctz</i>	T1	MM
DIOVAN HCT	T3	PA; MM
EDARBYCLOR	T3	PA; MM
HYZAAR	T3	PA; MM
<i>irbesartan-hydrochlorothiazide</i>	T1	MM
<i>losartan potassium-hctz</i>	T1	MM
MICARDIS HCT	T3	PA; MM
<i>olmesartan medoxomil-hctz</i>	T1	MM
<i>telmisartan-hctz</i>	T1	MM
<i>valsartan-hydrochlorothiazide</i>	T1	MM
Angiotensin li Receptor Antagonists		
ATACAND	T3	PA; MM
AVAPRO ORAL TABLET 150 MG, 300 MG	T3	PA; MM
BENICAR	T3	PA; MM
<i>candesartan cilexetil</i>	T1	MM
COZAAR	T3	PA; MM
DIOVAN	T3	PA; MM
EDARBI	T3	PA; MM
<i>irbesartan</i>	T1	MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>losartan potassium oral</i>	T1	MM
MICARDIS ORAL TABLET 40 MG, 80 MG	T3	PA; MM
<i>olmesartan medoxomil oral</i>	T1	MM
<i>telmisartan</i>	T1	MM
<i>valsartan oral solution</i>	T3	PA; MM
<i>valsartan oral tablet</i>	T1	MM
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		
<i>amlodipine-valsartan-hctz</i>	T1	MM
EXFORGE HCT	T3	PA; MM
<i>olmesartan-amlodipine-hctz</i>	T1	MM
TRIBENZOR	T3	PA; MM
Antiadrenergics - Centrally Acting		
CATAPRES-TTS-1	T3	MM
CATAPRES-TTS-2	T3	MM
CATAPRES-TTS-3	T3	MM
<i>clonidine</i>	T1	MM
<i>clonidine er</i>	T3	PA; MM
<i>clonidine hcl oral</i>	T1	MM
<i>guanfacine hcl oral</i>	T1	MM
<i>methyl dopa oral</i>	T1	MM
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	PA; MM
Antiadrenergics - Peripherally Acting		
CARDURA	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
<i>doxazosin mesylate oral</i>	T1	MM
<i>prazosin hcl oral</i>	T1	MM
<i>terazosin hcl oral</i>	T1	MM
TEZRULY	T3	PA; MM
Antihypertensives - Misc.		
VECAMYL	T1	PA
Beta Blocker & Diuretic Combinations		
<i>atenolol-chlorthalidone</i>	T1	MM
<i>bisoprolol-hydrochlorothiazide</i>	T1	MM
<i>metoprolol-hydrochlorothiazide</i>	T1	MM
TENORETIC 100	T3	PA; MM
TENORETIC 50	T3	PA; MM
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	T1	MM
TEKTURNA	T3	PA; MM
Selective Aldosterone Receptor Antagonists (Saras)		
<i>epplerenone</i>	T1	MM
INSPIRA ORAL TABLET 25 MG	T3	PA; MM
Vasodilators		
<i>hydralazine hcl oral</i>	T1	MM
<i>minoxidil oral</i>	T1	MM
Anti-Infective Agents - Misc.		
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
HIPREX	T3	
MACROBID	T3	
MACRODANTIN	T3	
<i>methenamine hippurate</i>	T1	
<i>nitrofurantoin macrocrystal oral</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T1	PA
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T3	PA
Anti-Infective Agents - Misc.		
IMPAVIDO	T3	QL (84 EA per 28 days)
LIKMEZ	T3	PA
<i>metronidazole oral</i>	T1	
PENTAM	MB	
<i>pentamidine isethionate inhalation</i>	T1	MM
<i>tinidazole oral</i>	T1	
<i>trimethoprim oral</i>	T1	
Anti-Infective Misc. - Combinations		
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
SULFATRIM PEDIATRIC	T1	

Prescription Drug Name	Drug Tier	Notes
Antiprotozoal Agents		
<i>atovaquone oral</i>	T1	
LAMPIT	T3	
MEPRON	T3	
<i>nitazoxanide oral</i>	T1	QL (12 EA per 6 days)
Chloramphenicals		
<i>chloramphenicol sod succinate</i>	MB	
Cyclic Lipopeptides		
<i>daptomycin intravenous solution reconstituted 500 mg</i>	MB	
Glycopeptides		
DALVANCE	MB	
FIRVANQ	T3	PA
ORBACTIV	MB	
VANCOCIN	T3	
<i>vancomycin hcl oral capsule</i>	T1	
<i>vancomycin hcl oral solution reconstituted</i>	T1	PA
Leprostotics		
<i>dapsone oral</i>	T1	MM
Lincosamides		
CLEOCIN ORAL	T3	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
Monobactams		
CAYSTON	T3	PA

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
Oxazolidinones		
<i>linezolid oral suspension reconstituted</i>	T1	QL (1680 ML per 28 days)
<i>linezolid oral tablet</i>	T1	QL (56 EA per 28 days)
SIVEXTRO ORAL	T3	PA; QL (6 EA per 6 days)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T3	PA; QL (1680 ML per 28 days)
Polymyxins		
<i>polymyxin b sulfate injection</i>	MB	
Antimalarials		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	T1	
COARTEM	T3	
MALARONE	T3	
Antimalarials		
ARAKODA	T3	
<i>chloroquine phosphate oral</i>	T1	
DARAPRIM	T3	
<i>hydroxychloroquine sulfate oral</i>	T1	MM
KRINTAFEL	T3	
<i>mefloquine hcl</i>	T1	
PLAQUENIL	T3	PA; MM
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>pyrimethamine oral</i>	T1	
<i>quinine sulfate oral</i>	T1	QL (60 EA per 10 days)
SOVUNA	T3	PA; MM
Antimyasthenic Agents		
Antimyasthenic Agents		
FIRDAPSE	T3	PA; MM
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	MM
<i>pyridostigmine bromide oral solution</i>	T1	PA; MM
<i>pyridostigmine bromide oral tablet</i>	T1	MM
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	T3	PA; MM
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	MM
<i>pyridostigmine bromide oral solution</i>	T1	PA; MM
<i>pyridostigmine bromide oral tablet</i>	T1	MM
Antimyasthenic/Cholinergic Agents		
Antimyasthenic Agents		
FIRDAPSE	T3	PA; MM
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	MM
<i>pyridostigmine bromide oral solution</i>	T1	PA; MM
<i>pyridostigmine bromide oral tablet</i>	T1	MM

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Prescription Drug Name	Drug Tier	Notes
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	T3	PA; MM
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	MM
<i>pyridostigmine bromide oral solution</i>	T1	PA; MM
<i>pyridostigmine bromide oral tablet</i>	T1	MM
Antimycobacterial Agents		
Antimycobacterial Agents		
<i>cycloserine oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
<i>pretomanid</i>	T3	PA
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T3	PA
Antineoplastics And Adjunctive Therapies		
*Antineoplastic - Akt Inhibitors***		
TRUQAP ORAL TABLET 200 MG	T3	PA; MM
TRUQAP ORAL TABLET THERAPY PACK	T3	PA; MM
*Antineoplastic - Alk Inhibitors***		
ALECENSA	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T3	PA; MM; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	T3	PA; MM; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	T3	PA; QL (1 EA per 1 day)
LORBRENA	T3	PA; MM
XALKORI	T3	PA; MM
ZYKADIA ORAL TABLET	T3	PA; MM
*Antineoplastic - Anti-Cd20 Antibodies***		
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	MB	
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA	T3	PA; MM
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF	T3	PA; MM
DANZITEN	T3	PA; MM
<i>dasatinib</i>	T1	PA; MM
GLEEVEC	T3	PA; MM
ICLUSIG ORAL TABLET 10 MG, 15 MG	T3	PA; MM; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	T3	PA; MM

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>imatinib mesylate oral</i>	T1	PA; MM
<i>imkeldi</i>	T3	PA; MM
SCEMBLIX ORAL TABLET 100 MG	T3	PA; MM; QL (4 EA per 1 day)
SCEMBLIX ORAL TABLET 20 MG	T3	PA; MM; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	T3	PA; MM; QL (8 EA per 1 day)
SPRYCEL	T3	PA; MM
TASIGNA	T3	PA; MM
*Antineoplastic - Btk Inhibitors***		
BRUKINSA ORAL CAPSULE	T3	PA; MM
CALQUENCE ORAL TABLET	T3	PA; MM
IMBRUVICA ORAL CAPSULE 140 MG	T3	PA; MM; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T3	PA; MM; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	T3	PA; MM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T3	PA; MM; QL (1 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG	T3	PA; MM
JAYPIRCA ORAL TABLET 50 MG	T3	PA; MM; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA	T3	PA
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T1	PA; MM
<i>erlotinib hcl oral tablet 25 mg</i>	T1	PA; MM; QL (3 EA per 1 day)
<i>gefitinib</i>	T1	PA
GILOTRIF	T3	PA; MM; QL (1 EA per 1 day)
IRESSA	T3	PA
LAZCLUZE	T3	PA; MM
TAGRISSEO ORAL TABLET 40 MG	T3	PA; MM; QL (1 EA per 1 day)
TAGRISSEO ORAL TABLET 80 MG	T3	PA; MM
VIZIMPRO	T3	PA; MM
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA	T3	PA; MM
LYTGOBI (12 MG DAILY DOSE)	T3	PA; MM
LYTGOBI (16 MG DAILY DOSE)	T3	PA; MM
LYTGOBI (20 MG DAILY DOSE)	T3	PA; MM
PEMAZYRE	T3	PA; MM; QL (1 EA per 1 day)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO	T3	PA; MM
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG	T3	PA; MM
*Antineoplastic - Kras Inhibitors***		
KRAZATI	T3	PA; MM
LUMAKRAS	T3	PA; MM
*Antineoplastic - Menin Inhibitors***		
REVUFORJ	T3	PA; MM
*Antineoplastic - Met Inhibitors***		
TABRECTA	T3	PA; MM
TEPMETKO	T3	PA; MM
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK	T3	PA; MM
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT	T3	PA; MM; QL (1 EA per 1 day)
*Antineoplastic - Ret Inhibitors***		
GAVRETO	T3	PA; MM
RETEVMO ORAL TABLET	T3	PA; MM
*Antineoplastic - Xpo1 Inhibitors***		

Prescription Drug Name	Drug Tier	Notes
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T3	PA; MM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	T3	PA; MM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T3	PA; MM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T3	PA; MM
XPOVIO (60 MG TWICE WEEKLY)	T3	PA; MM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T3	PA; MM
XPOVIO (80 MG TWICE WEEKLY)	T3	PA; MM
*Isocitrate Dehydrogenase 1 & 2 (ldh1 & ldh2) Inhibitors***		
VORANIGO	T3	PA; MM
*Ornithine Decarboxylase (Odc) Inhibitors***		
IWILFIN	T3	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
*Selective Estrogen Receptor Degradars***		
ORSERDU	T3	PA; MM
Alkylating Agents		
MYLERAN	T3	
Androgen Biosynthesis Inhibitors		
<i>abiraterone acetate</i>	T1	PA; MM
<i>abiraterone acetate micronized</i>	T3	PA; MM
ABIRTEGA	T3	PA; MM
YONSA	T3	PA; MM
ZYTIGA	T3	PA; MM
Antiadrenals		
LYSODREN	T3	MM
Antiandrogens		
<i>bicalutamide</i>	T1	MM
CASODEX	T3	MM
ERLEADA	T3	PA; MM
EULEXIN	T3	PA; MM
<i>nilutamide</i>	T1	MM
NUBEQA	T3	PA; MM
XTANDI	T3	PA; MM
Antiestrogens		
FARESTON	T3	MM
SOLTAMOX	T3	MM
<i>toremifene citrate</i>	T1	MM
Antimetabolites		
<i>capecitabine</i>	T1	
JYLAMVO	T3	PA; MM
<i>mercaptopurine oral</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	MB	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	MB	
<i>methotrexate sodium oral</i>	T1	MM
ONUREG	T3	PA; MM
PURIXAN	T3	MM
TABLOID	T3	
TREXALL	T3	MM
XATMEP	T3	PA; MM
Antineoplastic - Bcl-2 Inhibitors		
VENCLEXTA	T3	PA; MM
VENCLEXTA STARTING PACK	T3	PA
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	T3	PA; MM
OJEMDA ORAL SUSPENSION RECONSTITUTED	T3	PA; MM
OJEMDA ORAL TABLET 100 MG	T3	PA; MM
TAFINLAR	T3	PA; MM
ZELBORAF	T3	PA; MM
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	T3	PA; MM
ERIVEDGE	T3	PA; MM
ODOMZO	T3	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
Antineoplastic - Histone Deacetylase Inhibitors		
ZOLINZA	T3	PA
Antineoplastic - Hormonal And Related Agent Combinations		
AKEEGA	T3	PA; MM; QL (2 EA per 1 day)
Antineoplastic - Immunomodulators		
POMALYST	T3	PA; MM
Antineoplastic - Mek Inhibitors		
COTELLIC	T3	PA; MM
GOMEKLI	T3	PA; MM
KOSELUGO	T3	PA; MM
MEKINIST	T3	PA; MM
MEKTOVI	T3	PA; MM
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR	T3	PA; MM; QL (1 EA per 1 day)
AFINITOR DISPERZ	T3	PA; MM
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T1	PA; MM; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble</i>	T1	PA; MM
TORPENZ	T1	PA; MM; QL (1 EA per 1 day)
Antineoplastic - Multikinase Inhibitors		
CABOMETYX	T2	PA; MM

Prescription Drug Name	Drug Tier	Notes
CAPRELSA ORAL TABLET 100 MG	T3	PA; MM; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	T3	PA; MM
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T3	PA; MM
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T3	PA; MM
COMETRIQ (60 MG DAILY DOSE)	T3	PA; MM
FOTIVDA	T3	PA; MM
<i>lapatinib ditosylate</i>	T1	PA; MM
NERLYNX	T3	PA
NEXAVAR	T3	PA
<i>pazopanib hcl oral tablet 200 mg</i>	T1	PA; MM
QINLOCK	T3	PA; MM
RYDAPT	T3	PA; MM
<i>sorafenib tosylate</i>	T1	PA
STIVARGA	T2	PA
<i>sunitinib malate</i>	T1	PA
SUTENT	T3	PA
TURALIO ORAL CAPSULE 125 MG	T3	PA; MM
TYKERB	T3	PA; MM
VANFLYTA	T3	PA; MM
VOTRIENT	T3	PA; MM
XOSPATA	T3	PA; MM
Antineoplastic - Proteasome Inhibitors		

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
NINLARO	T3	PA; MM
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors		
AUGTYRO	T3	PA; MM
ROZLYTREK	T3	PA; MM
VITRAKVI	T3	PA; MM
Antineoplastic Combinations		
INQOVI	T3	PA; MM
LONSURF	T3	PA
Antineoplastics Misc.		
ACTIMMUNE	T3	PA
BESREMI	T3	PA; MM
HYDREA	T3	MM
<i>hydroxyurea oral</i>	T1	MM
MATULANE	T2	
Aromatase Inhibitors		
<i>anastrozole oral</i>	T1	MM
ARIMIDEX	T3	PA; MM
AROMASIN	T3	MM
<i>exemestane</i>	T1	MM
FEMARA	T3	MM
<i>letrozole oral</i>	T1	MM
Chemotherapy Adjuncts - Hyperuricemia Agents		
ELITEK	MB	
Cyclin-Dependent Kinases (Cdk) Inhibitors		
IBRANCE	T3	PA; MM
KISQALI (200 MG DOSE)	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
KISQALI (400 MG DOSE)	T3	PA; MM
KISQALI (600 MG DOSE)	T3	PA; MM
VERZENIO	T3	PA; MM
Folic Acid Antagonists Rescue Agents		
LEDERLE LEUCOVORIN	T1	
<i>leucovorin calcium oral</i>	T1	
Gonadotropin Releasing Hormone (Gnrh) Antagonists		
ORGOVYX	T3	PA; MM
Imidazotetrazines		
TEMODAR INTRAVENOUS	MB	
<i>temozolomide</i>	T1	PA
Isocitrate Dehydrogenase-1 (ldh1) Inhibitors		
REZLIDHIA	T3	PA; MM
TIBSOVO	T3	PA; MM
Isocitrate Dehydrogenase-2 (ldh2) Inhibitors		
IDHIFA	T3	PA; MM; QL (1 EA per 1 day)
Janus Associated Kinase (Jak) Inhibitors		
INREBIC	T3	PA; MM
JAKAFI ORAL TABLET 10 MG, 5 MG	T3	PA; MM; QL (2 EA per 1 day)

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T3	PA; MM
OJJAARA	T3	PA; MM; QL (1 EA per 1 day)
VONJO	T3	PA
Lhrh Analogs		
<i>leuprolide acetate injection</i>	T1	MM
Mitotic Inhibitors		
<i>etoposide oral</i>	T1	
Nitrogen Mustards		
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclophosphamide oral tablet 50 mg</i>	T3	
LEUKERAN	T2	
Nitrosoureas		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
COPIKTRA	T3	PA; MM
ITOVEBI	T3	PA; MM
PIQRAY (200 MG DAILY DOSE)	T3	PA; MM
PIQRAY (250 MG DAILY DOSE)	T3	PA; MM
PIQRAY (300 MG DAILY DOSE)	T3	PA; MM
ZYDELIG	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA ORAL TABLET	T2	PA; MM
RUBRACA	T2	PA; MM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	T3	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	T3	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 100 MG	T2	PA; MM; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG	T2	PA; MM
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA ORAL TABLET	T2	PA; MM
RUBRACA	T2	PA; MM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	T3	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	T3	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 100 MG	T2	PA; MM; QL (1 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
\$0 = \$0 Co-pay
MB = Medical Benefit
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Drug

Notes
AR = Age Restrictions
MM = Maintenance Medication
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ZEJULA ORAL TABLET 200 MG, 300 MG	T2	PA; MM
Progestins-Antineoplastic		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T1	MM
<i>megestrol acetate oral tablet</i>	T1	
Retinoids		
<i>tretinoin oral</i>	T1	PA
Selective Retinoid X Receptor Agonists		
<i>bexarotene oral</i>	T1	PA; MM
Tetrahydroisoquinolines		
YONDELIS	MB	MM
Topoisomerase I Inhibitors		
HYCANTIN ORAL	T3	PA
Urinary Tract Protective Agents		
<i>mesna oral</i>	T1	
MESNEX ORAL	T3	
Vascular Endothelial Growth Factor (Vegf) Inhibitors		
FRUZAQLA	T3	PA; MM
INLYTA	T3	PA; MM
LENVIMA (10 MG DAILY DOSE)	T3	PA; MM
LENVIMA (12 MG DAILY DOSE)	T3	PA; MM
LENVIMA (14 MG DAILY DOSE)	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
LENVIMA (18 MG DAILY DOSE)	T3	PA; MM
LENVIMA (20 MG DAILY DOSE)	T3	PA; MM
LENVIMA (24 MG DAILY DOSE)	T3	PA; MM
LENVIMA (4 MG DAILY DOSE)	T3	PA; MM
LENVIMA (8 MG DAILY DOSE)	T3	PA; MM
Antiparkinson Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ	T3	PA; MM
Antiparkinson Anticholinergics		
<i>benztropine mesylate oral</i>	T1	MM
<i>trihexyphenidyl hcl</i>	T1	MM
Antiparkinson Dopaminergics		
<i>amantadine hcl oral capsule</i>	T1	MM
<i>amantadine hcl oral solution</i>	T1	MM
<i>amantadine hcl oral tablet</i>	T1	MM
<i>bromocriptine mesylate oral</i>	T1	MM
GOCOVRI	T3	PA; MM
INBRIJA	T3	PA; MM
PARLODEL	T3	MM
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT	T3	MM

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Prescription Drug Name	Drug Tier	Notes
<i>rasagiline mesylate oral</i>	T1	MM
<i>selegiline hcl oral</i>	T1	MM
XADAGO	T3	PA; MM
Central/Peripheral Comt Inhibitors		
<i>tolcapone</i>	T1	MM
Decarboxylase Inhibitors		
<i>carbidopa oral</i>	T1	MM
Levodopa Combinations		
<i>carbidopa-levodopa</i>	T1	MM
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	MM
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	MM
CREXONT	T3	PA; MM
DHIVY ORAL TABLET 25-100 MG	T3	PA; MM
RYTARY	T3	PA; MM
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	T3	MM
Nonergoline Dopamine Receptor Agonists		

Prescription Drug Name	Drug Tier	Notes
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T3	PA; MM
<i>apomorphine hcl subcutaneous</i>	T1	PA; MM
NEUPRO	T3	PA; MM
<i>pramipexole dihydrochloride</i>	T1	MM
<i>pramipexole dihydrochloride er</i>	T1	MM
<i>ropinirole hcl</i>	T1	MM
<i>ropinirole hcl er</i>	T1	MM
Peripheral Comt Inhibitors		
<i>entacapone</i>	T1	MM
ONGENTYS	T3	PA; MM
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ	T3	PA; MM
Antiparkinson Anticholinergics		
<i>benztropine mesylate oral</i>	T1	MM
<i>trihexyphenidyl hcl</i>	T1	MM
Antiparkinson Dopaminergics		
<i>amantadine hcl oral capsule</i>	T1	MM
<i>amantadine hcl oral solution</i>	T1	MM
<i>amantadine hcl oral tablet</i>	T1	MM

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Prescription Drug Name	Drug Tier	Notes
<i>bromocriptine mesylate oral</i>	T1	MM
GOCOVRI	T3	PA; MM
INBRIJA	T3	PA; MM
PARLODEL	T3	MM
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT	T3	MM
<i>rasagiline mesylate oral</i>	T1	MM
<i>selegiline hcl oral</i>	T1	MM
XADAGO	T3	PA; MM
Central/Peripheral Comt Inhibitors		
<i>tolcapone</i>	T1	MM
Decarboxylase Inhibitors		
<i>carbidopa oral</i>	T1	MM
Levodopa Combinations		
<i>carbidopa-levodopa</i>	T1	MM
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	MM
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	MM
CREXONT	T3	PA; MM
DHIVY ORAL TABLET 25-100 MG	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
RYTARY	T3	PA; MM
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	T3	MM
Nonergoline Dopamine Receptor Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T3	PA; MM
<i>apomorphine hcl subcutaneous</i>	T1	PA; MM
NEUPRO	T3	PA; MM
<i>pramipexole dihydrochloride</i>	T1	MM
<i>pramipexole dihydrochloride er</i>	T1	MM
<i>ropinirole hcl</i>	T1	MM
<i>ropinirole hcl er</i>	T1	MM
Peripheral Comt Inhibitors		
<i>entacapone</i>	T1	MM
ONGENTYS	T3	PA; MM
Antipsychotics/Antimanic Agents		
*Muscarinic Agent - Combinations***		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	T3	PA; MM; QL (2 EA per 1 day)
COBENFY ORAL CAPSULE 50-20 MG	T3	PA; QL (2 EA per 1 day)
COBENFY STARTER PACK	T3	PA; QL (2 EA per 1 day)
Antimanic Agents		
<i>lithium</i>	T1	MM

	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
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UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>lithium carbonate er</i>	T1	MM
<i>lithium carbonate oral</i>	T1	MM
LITHOBID	T3	MM
Antipsychotics - Misc.		
CAPLYTA	T3	PA; MM
EQUETRO	T3	MM
GEODON INTRAMUSCULAR	MB	
GEODON ORAL	T3	PA; MM
LATUDA	T3	PA; MM
<i>lurasidone hcl</i>	T1	MM
NUPLAZID ORAL CAPSULE	T3	PA; MM
NUPLAZID ORAL TABLET 10 MG	T3	PA; MM
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T3	MM
<i>ziprasidone hcl</i>	T1	MM
Benzisoxazoles		
FANAPT	T3	PA; MM
FANAPT TITRATION PACK A	T3	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	T3	PA; MM
<i>paliperidone er</i>	T1	MM
RISPERDAL ORAL SOLUTION	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	PA; MM
<i>risperidone</i>	T1	MM
Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	MM
<i>haloperidol oral</i>	T1	MM
Dibenzodiazepines		
<i>clozapine</i>	T1	MM
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	MM
VERSACLOZ	T3	MM
Dibenzo-Oxepino Pyrroles		
<i>asenapine maleate</i>	T1	MM
SAPHRIS	T3	PA; MM
SECUADO	T3	PA; MM
Dibenzothiazepines		
<i>quetiapine fumarate</i>	T1	MM
<i>quetiapine fumarate er</i>	T1	MM
SEROQUEL	T3	PA; MM
SEROQUEL XR	T3	PA; MM
Dibenzoxazepines		
<i>loxapine succinate oral</i>	T1	MM
Dihydroindolones		
<i>molindone hcl</i>	T1	MM
Phenothiazines		

lowercase italics = Generic drugs	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>chlorpromazine hcl oral</i>	T1	MM
COMPRO	T3	
<i>fluphenazine hcl injection</i>	MB	
<i>fluphenazine hcl oral</i>	T1	MM
<i>perphenazine oral</i>	T1	MM
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>thioridazine hcl oral</i>	T1	MM
<i>trifluoperazine hcl oral</i>	T1	MM
Quinolinone Derivatives		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	MB	MM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	MB	MM
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T3	PA; MM
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T3	PA
ABILIFY ORAL TABLET	T3	PA; MM
<i>aripiprazole</i>	T1	MM
OPIPZA	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
REXULTI	T3	MM
Thienbenzodiazepines		
<i>olanzapine oral</i>	T1	MM
ZYPREXA INTRAMUSCULAR	MB	
ZYPREXA ORAL TABLET 20 MG	T3	PA; MM
Thioxanthenes		
<i>thiothixene oral</i>	T1	MM
Antivirals		
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL	T3	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA	T3	PA; MM
*Antiviral Combinations***		
PAXLOVID (150/100)	T2	
PAXLOVID (300/100 & 150/100)	T2	
PAXLOVID (300/100)	T2	
*Misc. Antivirals***		
LAGEVRIO	T3	QL (8 EA per 10 days)
Antiretroviral Combinations		
<i>abacavir sulfate-lamivudine</i>	T1	MM
BIKTARVY	T3	MM
CIMDUO	T3	MM
COMPLERA	T2	MM
DELSTRIGO	T3	MM

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Prescription Drug Name	Drug Tier	Notes
DESCOVY ORAL TABLET 120-15 MG	T3	MM
DESCOVY ORAL TABLET 200-25 MG	\$0	MM
DOVATO	T3	MM
<i>efavirenz-emtricitabine-tenofo df</i>	T1	MM
<i>efavirenz-lamivudine-tenofovir</i>	T1	MM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	MM
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	MM; QL (1 EA per 1 day)
EVOTAZ	T3	MM
GENVOYA	T3	MM
JULUCA	T3	MM
KALETRA ORAL SOLUTION	T3	MM
KALETRA ORAL TABLET	T3	MM
<i>lamivudine-zidovudine</i>	T1	MM
<i>lopinavir-ritonavir oral tablet</i>	T1	MM
ODEFSEY	T3	MM
PREZCOBIX ORAL TABLET 675-150 MG	T2	MM; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	T3	MM
STRIBILD	T2	MM
SYMFI	T3	MM

Prescription Drug Name	Drug Tier	Notes
SYMTUZA	T3	MM
TRIUMEQ	T2	MM
<i>trumeq pd</i>	T2	MM
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	T3	MM
TRUVADA ORAL TABLET 200-300 MG	T3	MM; QL (1 EA per 1 day)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)		
<i>maraviroc</i>	T1	MM
SELZENTRY ORAL SOLUTION	T2	MM
SELZENTRY ORAL TABLET 150 MG, 300 MG	T3	MM
Antiretrovirals - Integrase Inhibitors		
APRETUDE	MB	MM
ISENTRESS	T2	MM
ISENTRESS HD	T2	MM
TIVICAY ORAL TABLET 50 MG	T3	MM
TIVICAY PD	T3	MM
VOCABRIA	T3	
Antiretrovirals - Protease Inhibitors		
APTIVUS ORAL CAPSULE	T3	MM
<i>atazanavir sulfate</i>	T1	MM
<i>darunavir</i>	T1	MM
<i>fosamprenavir calcium</i>	T1	MM

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
NORVIR ORAL PACKET	T2	MM
NORVIR ORAL TABLET	T3	MM
PREZISTA ORAL SUSPENSION	T2	MM
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	MM
PREZISTA ORAL TABLET 600 MG, 800 MG	T3	MM
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T3	MM
REYATAZ ORAL PACKET	T2	MM
<i>ritonavir</i>	T1	MM
VIRACEPT ORAL TABLET	T2	MM
Antiretrovirals - Rti-Non-Nucleoside Analogues		
EDURANT	T2	MM
<i>efavirenz oral tablet</i>	T1	MM
<i>etravirine</i>	T1	MM
INTELENCE	T3	MM
<i>nevirapine</i>	T1	MM
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	T1	MM
PIFELTRO	T3	MM
Antiretrovirals - Rti-Nucleoside Analogues-Purines		

Prescription Drug Name	Drug Tier	Notes
<i>abacavir sulfate</i>	T1	MM
ZIAGEN ORAL SOLUTION	T3	MM
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines		
<i>emtricitabine</i>	T1	MM
EMTRIVA ORAL CAPSULE	T3	MM
EMTRIVA ORAL SOLUTION	T2	MM
EPIVIR	T3	MM
<i>lamivudine oral solution 10 mg/ml</i>	T1	MM
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	MM
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines		
RETROVIR ORAL CAPSULE	T3	MM
RETROVIR ORAL SYRUP	T3	MM
<i>zidovudine</i>	T1	MM
Antiretrovirals - Rti-Nucleotide Analogues		
<i>tenofovir disoproxil fumarate</i>	\$0	MM; QL (1 EA per 1 day)
VIREAD ORAL POWDER	T2	MM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	MM
VIREAD ORAL TABLET 300 MG	T3	MM; QL (1 EA per 1 day)

Drug Tier

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MB = Medical Benefit

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T3 = Non-Preferred Drug

Notes

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Prescription Drug Name	Drug Tier	Notes
Antiretrovirals Adjuvants		
TYBOST	T3	MM
Cmv Agents		
<i>cidofovir intravenous</i>	MB	
LIVTENCITY	T3	PA; QL (4 EA per 1 day)
PREVYMIS ORAL	T3	
VALCYTE ORAL SOLUTION RECONSTITUTED	T3	PA; MM
VALCYTE ORAL TABLET	T3	MM
<i>valganciclovir hcl oral solution reconstituted</i>	T1	PA; MM
<i>valganciclovir hcl oral tablet</i>	T1	MM
Hepatitis B Agents		
<i>adefovir dipivoxil</i>	T1	
BARACLUDE	T3	MM
<i>entecavir</i>	T1	MM
<i>lamivudine oral tablet 100 mg</i>	T1	MM
VEMLIDY	T3	MM
Hepatitis C Agent - Combinations		
EPCLUSA ORAL PACKET 150-37.5 MG	T2	PA; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	T2	PA; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	T2	PA; QL (1 EA per 1 day)
HARVONI	T2	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>ledipasvir-sofosbuvir</i>	T3	PA; QL (1 EA per 1 day)
MAVYRET ORAL PACKET	T2	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	T2	PA; QL (3 EA per 1 day)
<i>sofosbuvir-velpatasvir</i>	T3	PA; QL (1 EA per 1 day)
VOSEVI	T2	PA; QL (1 EA per 1 day)
ZEPATIER	T3	PA; QL (1 EA per 1 day)
Hepatitis C Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T3	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA
<i>ribavirin oral capsule</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
SOVALDI	T3	PA; QL (1 EA per 1 day)
Herpes Agents - Purine Analogues		
<i>acyclovir oral capsule</i>	T1	MM
<i>acyclovir oral suspension 200 mg/5ml</i>	T1	MM
<i>acyclovir oral tablet</i>	T1	MM
<i>valacyclovir hcl oral</i>	T1	MM

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	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
VALTREX	T3	PA; MM
Herpes Agents - Thymidine Analogues		
<i>famciclovir oral</i>	T1	MM
Influenza Agents		
<i>rimantadine hcl</i>	T1	
Neuraminidase Inhibitors		
<i>oseltamivir phosphate oral capsule 30 mg</i>	T1	QL (20 EA per 10 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	T1	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (180 ML per 10 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL (20 EA per 10 days)
TAMIFLU ORAL CAPSULE 30 MG	T3	QL (20 EA per 10 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	T3	QL (10 EA per 5 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (180 ML per 10 days)
Pa Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 28 days)
Rsv Agents - Nucleoside Analogues		
<i>ribavirin inhalation</i>	T1	
Assorted Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	T3	PA; MM
*Farnesyltransferase Inhibitors***		
ZOKINVY	T3	PA; MM
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	T3	PA; MM; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	T3	PA; MM; QL (2 EA per 1 day)
*Rock Inhibitors***		
REZUROCK	T3	PA; MM; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
Antileptotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG	T3	PA; MM
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors		
BENLYSTA SUBCUTANEOUS	T3	PA; MM
Chelating Agents		
CUVRIOR	T3	PA; MM
DEPEN TITRATABS	T2	MM
<i>penicillamine oral capsule</i>	T1	PA; MM
<i>penicillamine oral tablet</i>	T1	MM
<i>trientine hcl</i>	T1	PA; MM
Cyclosporine Analogs		
<i>cyclosporine modified</i>	T1	MM
<i>cyclosporine oral capsule</i>	T1	MM
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	MM
GENGRAF ORAL SOLUTION	T1	MM
LUPKYNIS	T3	PA; MM; QL (6 EA per 1 day)
NEORAL	T3	MM
SANDIMMUNE INTRAVENOUS	MB	
SANDIMMUNE ORAL CAPSULE	T3	MM

Prescription Drug Name	Drug Tier	Notes
Immunomodulators For Myelodysplastic Syndromes		
<i>lenalidomide</i>	T1	PA; MM
REVLIMID	T3	PA; MM
Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT	T3	MM
<i>mycophenolate mofetil oral</i>	T1	MM
<i>mycophenolate sodium</i>	T1	MM
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	T1	MM
MYFORTIC	T3	MM
MYHIBBIN	T3	MM
Irrigation Solutions		
PHYSIOLYTE	MB	
Macrolide Immunosuppressants		
ASTAGRAF XL	T3	MM
ENVARUSUS XR	T3	MM
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T1	MM
PROGRAF ORAL	T3	MM
<i>sirolimus oral</i>	T1	MM
<i>tacrolimus oral</i>	T1	MM
ZORTRESS	T3	MM
Monoclonal Antibodies		
ENSPRYNG	T3	PA; MM

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Prescription Drug Name	Drug Tier	Notes
Potassium Removing Agents		
KIONEX COMBINATION	T3	
LOKELMA	T3	MM
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	MM
Potassium Removing Resins		
KIONEX COMBINATION	T3	
LOKELMA	T3	MM
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	MM
Purine Analogs		
<i>azathioprine oral</i>	T1	MM
IMURAN	T3	MM
Beta Blockers		
Alpha-Beta Blockers		
<i>carvedilol</i>	T1	MM
<i>carvedilol phosphate er</i>	T1	MM
COREG	T3	PA; MM
COREG CR	T3	PA; MM
<i>labetalol hcl oral</i>	T1	MM
Beta Blockers Cardio-Selective		

Prescription Drug Name	Drug Tier	Notes
<i>acebutolol hcl oral</i>	T1	MM
<i>atenolol oral</i>	T1	MM
<i>betaxolol hcl oral</i>	T1	MM
<i>bisoprolol fumarate oral</i>	T1	MM
BYSTOLIC	T3	PA; MM
KAPSPARGO SPRINKLE	T3	PA; MM
LOPRESSOR ORAL TABLET 100 MG, 50 MG	T3	MM
<i>metoprolol succinate er</i>	T1	MM
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	MB	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T1	MM
<i>nebivolol hcl</i>	T1	MM
TENORMIN	T3	PA; MM
TOPROL XL	T3	MM
Beta Blockers Non-Selective		
BETAPACE AF	T3	MM
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	MM
HEMANGEOL	T3	PA
INDERAL LA	T3	PA; MM
INDERAL XL	T3	PA; MM
INNOPRAN XL	T3	PA; MM

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Drug Tier
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Notes
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Prescription Drug Name	Drug Tier	Notes
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	MM
<i>pindolol</i>	T1	MM
<i>propranolol hcl er</i>	T1	MM
<i>propranolol hcl oral</i>	T1	MM
<i>sotalol hcl (af)</i>	T1	MM
<i>sotalol hcl oral</i>	T1	MM
SOTYLIZE	T3	MM
<i>timolol maleate oral</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
PALFORZIA (40 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (6 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (80 MG DAILY DOSE)	T3	PA; MM
PALFORZIA INITIAL DOSE 1-3YRS	T3	PA
PALFORZIA INITIAL ESCALATION	T3	PA
RAGWITEK	T3	PA; MM

Biologicals Misc

Allergenic Extracts

GRASTEK	T3	PA; MM
PALFORZIA (1 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (12 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (120 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (160 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (20 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (200 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (240 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (3 MG DAILY DOSE)	T3	PA; MM
PALFORZIA (300 MG MAINTENANCE)	T3	PA; MM
PALFORZIA (300 MG TITRATION)	T3	PA; MM

Mixed Allergenic Extracts

ODACTRA	T3	PA; MM
ORALAIR	T3	PA; MM
ORALAIR CHILDRENS STARTER PACK	T3	PA

Calcium Channel Blockers

Calcium Channel Blockers

<i>amlodipine besylate oral</i>	T1	MM
CARTIA XT	T1	MM
CONJUPRI	T3	PA; MM
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T1	MM
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	MM

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Prescription Drug Name	Drug Tier	Notes
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T1	MM
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	MM
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T1	MM
<i>diltiazem hcl oral</i>	T1	MM
<i>dilt-xr</i>	T1	MM
<i>felodipine er</i>	T1	MM
<i>isradipine</i>	T1	MM
KATERZIA	T3	PA; MM
<i>levamlodipine maleate</i>	T3	PA; MM
MATZIM LA	T1	MM
<i>nicardipine hcl oral</i>	T1	MM
<i>nifedipine er</i>	T1	MM
<i>nifedipine er osmotic release</i>	T1	MM
<i>nifedipine oral</i>	T1	MM
<i>nimodipine oral capsule</i>	T1	
<i>nimodipine oral solution</i>	T3	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	T1	MM
NORLIQVA	T3	PA; MM
NORVASC	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
NYMALIZE ORAL SOLUTION 6 MG/ML	T3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	T3	MM
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	MM
TIADYLT ER	T1	MM
<i>verapamil hcl er oral capsule extended release 24 hour</i>	T1	MM
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	MM
<i>verapamil hcl oral</i>	T1	MM
Cardiotonics		
Cardiac Glycosides		
DIGOX	T1	
<i>digoxin oral</i>	T1	MM
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	T3	MM
Cardiovascular Agents - Misc.		
*Cardiac Myosin Inhibitors***		
CAMZYOS	T3	PA; MM; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
*Cardiovascular Anti-Inflammatory/Immune Modulators***		
LODOCO	T3	PA; MM
*Cardiovascular Sglt2 Inhibitors**		
INPEFA	T3	PA; MM
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI	T3	PA; MM
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR	T3	PA; MM
*Transthyretin Stabilizers***		
ATTRUBY	T3	PA; MM
VYNDAMAX	T3	PA; MM
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO	T3	PA; MM; QL (1 EA per 1 day)
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb		
<i>amlodipine-atorvastatin</i>	T1	MM
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	T3	PA; MM
Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb		

Prescription Drug Name	Drug Tier	Notes
ENTRESTO ORAL CAPSULE SPRINKLE	T2	MM; QL (4 EA per 1 day)
<i>sacubitril-valsartan</i>	T1	MM; QL (2 EA per 1 day)
Nitrate & Vasodilator Combinations		
BIDIL	T3	MM
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T1	MM
Prostaglandin - Impotence Agents		
CAVERJECT IMPULSE	T2	QL (8 EA per 30 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG	T2	QL (8 EA per 30 days); AR (Min 55 Years)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	T2	QL (8 EA per 30 days)
EDEX (2 CARTRIDGE)	T3	QL (8 EA per 30 days)
EDEX (6 CARTRIDGE)	T3	QL (8 EA per 30 days)
Prostaglandin Vasodilators		
ORENITRAM	T3	PA; MM
ORENITRAM MONTH 1	T3	PA
ORENITRAM MONTH 2	T3	PA
ORENITRAM MONTH 3	T3	PA

	Drug Tier	Notes
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lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TYVASO	T3	PA; MM
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T3	PA; MM
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T3	PA; MM
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T3	PA
TYVASO REFILL KIT	T3	PA; MM
TYVASO STARTER KIT	T3	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)		
ADEMPAS	T2	PA; MM
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	T1	PA; MM
<i>bosentan</i>	T1	PA; MM
LETAIRIS	T3	PA; MM
OPSUMIT	T2	PA; MM
TRACLEER ORAL TABLET	T3	PA; MM
TRACLEER ORAL TABLET SOLUBLE	T2	PA; MM

Prescription Drug Name	Drug Tier	Notes
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA	T3	PA; MM
ALYQ	T1	PA; MM
REVATIO INTRAVENOUS	MB	
REVATIO ORAL TABLET	T3	PA; MM
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; MM
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; MM
<i>tadalafil (pah)</i>	T1	PA; MM
TADLIQ	T3	PA; MM
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI ORAL	T3	PA; MM
UPTRAVI TITRATION	T3	PA
Selective Cgmp Phosphodiesterase Type 5 Inhibitors		
<i>avanafil</i>	T1	PA; MM; QL (8 EA per 30 days)
CIALIS ORAL TABLET 10 MG, 20 MG	T3	PA; MM; QL (8 EA per 30 days)
CIALIS ORAL TABLET 5 MG	T3	PA; MM; QL (1 EA per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	MM; QL (8 EA per 30 days)

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	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
STENDRA	T3	PA; MM; QL (8 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	MM; QL (8 EA per 23 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	MM; QL (1 EA per 1 day)
<i>vardenafil hcl oral tablet</i>	T1	PA; MM; QL (8 EA per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	T1	PA; MM; QL (8 EA per 23 days)
VIAGRA	T3	PA; MM; QL (8 EA per 30 days)
Sinus Node Inhibitors		
CORLANOR	T3	PA; MM
<i>ivabradine hcl</i>	T1	PA; MM
Cephalosporins		
Cephalosporin Combinations		
AVYCAZ	MB	
Cephalosporins - 1St Generation		
<i>cefadroxil</i>	T1	
<i>cefazolin sodium injection solution reconstituted 500 mg</i>	MB	
<i>cephalexin</i>	T1	
Cephalosporins - 2Nd Generation		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	T1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	MB	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
Cephalosporins - 3Rd Generation		
<i>cefdinir</i>	T1	
<i>cefixime oral capsule</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	MB	
<i>cefepodoxime proxetil</i>	T1	
<i>ceftazidime injection solution reconstituted 1 gm</i>	MB	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	MB	
Contraceptives		
Biphasic Contraceptives - Oral		
LO LOESTRIN FE	T2	MM
SIMLIYA	\$0	MM
VOLNEA	\$0	MM
Combination Contraceptives - Oral		
AFIRMELLE	\$0	MM

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Prescription Drug Name	Drug Tier	Notes
AUBRA EQ	\$0	MM
AUROVELA 1.5/30	\$0	MM
AUROVELA 1/20	\$0	MM
AUROVELA 24 FE	T1	MM
AUROVELA FE 1.5/30	\$0	MM
AUROVELA FE 1/20	\$0	MM
AYUNA	\$0	MM
BALCOLTRA	T3	MM
BEYAZ	T3	MM
BLISOVI 24 FE	T1	MM
BLISOVI FE 1.5/30	\$0	MM
BLISOVI FE 1/20	\$0	MM
CHARLOTTE 24 FE	T1	MM
CHATEAL EQ	\$0	MM
CYRED EQ	\$0	MM
<i>drospiren-eth estrad-levomefol</i>	T1	MM
<i>ethynodiol diac-eth estradiol</i>	\$0	MM
FEIRZA 1.5/30	\$0	MM
FEIRZA 1/20	\$0	MM
FEMLYV	T3	MM
FINZALA	T1	MM
GEMMILY	\$0	MM
HAILEY 1.5/30	\$0	MM
HAILEY 24 FE	T1	MM
HAILEY FE 1.5/30	\$0	MM
HAILEY FE 1/20	\$0	MM
ISIBLOOM	\$0	MM
JASMIEL	\$0	MM

Prescription Drug Name	Drug Tier	Notes
JOYEAUX	T1	MM
KAITLIB FE	T1	MM
KALLIGA	\$0	MM
<i>levonorgest-eth estradiol-iron</i>	T1	MM
LOESTRIN 1.5/30 (21)	T3	MM
LOESTRIN 1/20 (21)	T3	MM
LOESTRIN FE 1.5/30	T3	MM
LOESTRIN FE 1/20	T3	MM
LO-ZUMANDIMINE	\$0	MM
LUIZZA 1.5/30	T1	MM
MIBELAS 24 FE	T1	MM
MILI	\$0	MM
MINZOYA	T1	MM
NEXTSTELLIS	T3	MM
<i>norethin ace-eth estrad-fe oral capsule</i>	\$0	MM
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	\$0	MM
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	MM
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	\$0	MM
NYLIA 1/35	\$0	MM
SAFYRAL	T3	MM
TARINA 24 FE	T1	MM
TARINA FE 1/20 EQ	\$0	MM
TAYSOFY	\$0	MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
TAYTULLA	T3	MM
TURQOZ	\$0	MM
TYBLUME ORAL TABLET CHEWABLE	\$0	MM
VALTYA 1/35	T1	MM
VALTYA 1/50	\$0	MM
VESTURA	\$0	MM
VIENVA	\$0	MM
VYLIBRA	\$0	MM
YASMIN 28	T3	MM
YAZ	T3	MM
ZOVIA 1/35 (28)	\$0	MM
ZUMANDIMINE	\$0	MM
Combination Contraceptives - Transdermal		
<i>norelgestromin-eth estradiol</i>	\$0	MM; QL (3 EA per 30 days)
TWIRLA	T3	MM; QL (3 EA per 28 days)
ZAFEMY	\$0	MM; QL (3 EA per 28 days)
Combination Contraceptives - Vaginal		
ANNOVERA	T3	MM; QL (1 EA per 365 days)
ELURYNG	\$0	MM; QL (1 EA per 28 days)
ENILLORING	\$0	MM; QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol</i>	\$0	MM; QL (1 EA per 30 days)
HALOETTE	\$0	MM; QL (1 EA per 28 days)

Prescription Drug Name	Drug Tier	Notes
Continuous Contraceptives - Oral		
AMETHYST	\$0	MM
DOLISHALE	\$0	MM
Emergency Contraceptives		
AFTERA	\$0	
AFTERPILL	\$0	
ECONTRA ONE-STEP	\$0	QL (3 EA per 23 days)
ELLA	\$0	QL (3 EA per 30 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	QL (3 EA per 30 days)
MY CHOICE	\$0	QL (3 EA per 30 days)
MY WAY	\$0	QL (3 EA per 23 days)
NEW DAY	\$0	QL (3 EA per 23 days)
OPCICON ONE-STEP	\$0	
OPTION 2	\$0	
PLAN B ONE-STEP	\$0	QL (3 EA per 30 days)
REACT	\$0	
TAKE ACTION	\$0	
Extended-Cycle Contraceptives - Oral		
ICLEVIA	\$0	MM
JAIMIESS	\$0	MM
<i>levonorgest-eth est & eth est</i>	T1	MM
LOJAIMIESS	\$0	MM
RIVELSA	T1	MM

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Drug Tier
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Notes
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Prescription Drug Name	Drug Tier	Notes
SIMPESSE	\$0	MM
Four Phase Contraceptives - Oral		
NATAZIA	T2	MM
Progestin Contraceptives - Implants		
NEXPLANON	MB	
Progestin Contraceptives - Injectable		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	MM; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	MM; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	MM; QL (0.65 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular</i>	\$0	MM; QL (1 ML per 90 days)
Progestin Contraceptives - Iud		
KYLEENA	MB	MM
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	MB	MM
SKYLA	MB	MM
Progestin Contraceptives - Oral		
EMZAHH	\$0	MM
INCASSIA	\$0	MM

Prescription Drug Name	Drug Tier	Notes
LYLEQ	\$0	MM
NORLYDA	\$0	
OPILL	\$0	MM
SLYND	T3	MM
Triphasic Contraceptives - Oral		
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0	MM
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	MM
NYLIA 7/7/7	\$0	MM
TRI FEMYNOR	\$0	
TRI-LO-ESTARYLLA	\$0	MM
TRI-LO-MARZIA	\$0	MM
TRI-LO-MILI	\$0	MM
TRI-LO-SPRINTEC	\$0	MM
TRI-MILI	\$0	MM
TRI-VYLIBRA	\$0	MM
TRI-VYLIBRA LO	\$0	MM
XARAH FE	\$0	MM
Corticosteroids		
Glucocorticosteroids		
AGAMREE	T3	PA; MM
ALKINDI SPRINKLE	T3	PA; MM
<i>budesonide er oral tablet extended release 24 hour</i>	T1	
<i>budesonide oral</i>	T1	
CORTEF	T3	MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>cortisone acetate oral</i>	T3	
<i>deflazacort</i>	T1	PA; MM
DEXAMETHASONE INTENSOL	T1	
<i>dexamethasone oral</i>	T1	
<i>dexamethasone sodium phosphate pf injection solution</i>	MB	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	MB	
EMFLAZA	T3	PA; MM
EOHILIA	T3	PA; QL (20 ML per 1 day)
HEMADY	T3	
HIDEX 6-DAY	T3	
<i>hydrocortisone oral</i>	T1	MM
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	T3	
MEDROL ORAL TABLET THERAPY PACK	T3	
<i>methylprednisolone oral</i>	T1	
ORAPRED ODT	T3	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T3	PA

Prescription Drug Name	Drug Tier	Notes
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	T1	
PREDNISONE INTENSOL	T1	
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablet therapy pack</i>	T1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG	MB	
TAPERDEX 12-DAY	T3	
TAPERDEX 6-DAY	T3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	T3	
TARPEYO	T3	PA; QL (4 EA per 1 day)
Mineralocorticoids		
<i>fludrocortisone acetate oral</i>	T1	MM
Cough/Cold/Allergy		
Antitussive - Nonnarcotic		

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Prescription Drug Name	Drug Tier	Notes
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
Antitussive - Opioid		
HYCODAN ORAL SOLUTION	T3	QL (30 ML per 1 day)
HYCODAN ORAL TABLET	T3	QL (6 EA per 1 day)
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	T1	QL (6 EA per 1 day)
<i>hydromet oral solution</i>	T1	QL (30 ML per 1 day)
Antitussive-Expectorant		
<i>coditussin ac</i>	T1	QL (60 ML per 1 day)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	T1	QL (60 ML per 1 day)
MAR-COF CG EXPECTORANT	T3	QL (45 ML per 1 day)
Decongestant & Antihistamine		
CLARINEX-D 12 HOUR	T3	PA
<i>promethazine-phenylephrine</i>	T1	
Iodine Expectorants		
<i>potassium iodide (expectorant)</i>	T1	
SSKI	T3	
Misc. Respiratory Inhalants		

Prescription Drug Name	Drug Tier	Notes
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	T3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	T3	
PULMOSAL	T3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	T1	
Mucolytics		
<i>acetylcysteine inhalation</i>	T1	
Non-Narc Antitussive-Antihistamine		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	T1	
Non-Narc Antitussive-Decongestant-Antihistamine		
NEOTUSS PLUS	T3	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
Opioid Antitussive-Antihistamine		
<i>hydrocod poli-chlorphe poli er</i>	T1	QL (10 ML per 1 day)
<i>promethazine-codeine oral solution</i>	T1	QL (30 ML per 1 day)
<i>promethazine-codeine oral syrup</i>	T1	QL (30 ML per 1 day); AR (Min 18 Years)

Drug Tier

\$0 = \$0 Co-pay

MB = Medical Benefit

T1 = Generic

T2 = Preferred Brand

T3 = Non-Preferred Drug

Notes

AR = Age Restrictions

MM = Maintenance Medication

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
TUXARIN ER	T3	QL (2 EA per 1 day)
Opioid Antitussive-Decongestant-Antihistamine		
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	T3	QL (60 ML per 1 day)
Dermatologicals		
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO	T3	PA; MM
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO	T2	PA; MM
OPZELURA	T2	PA; QL (240 GM per 28 days)
*Interleukin-31 Receptor Antagonists - Systemic***		
NEMLUVIO	T3	PA; MM
*Microtubule Inhibitors - Topical***		
KLISYRI (250 MG)	T3	PA
KLISYRI (350 MG)	T3	PA
Acne Antibiotics		
ACZONE EXTERNAL GEL 7.5 %	T3	PA
AMZEEQ	T3	PA
CLEOCIN-T EXTERNAL LOTION	T3	PA
CLINDACIN	T1	
CLINDACIN ETZ EXTERNAL SWAB	T1	

Prescription Drug Name	Drug Tier	Notes
CLINDACIN-P	T1	
<i>clindamycin phosphate external foam</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>dapsone external</i>	T3	PA
<i>ery</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T1	
Acne Combinations		
<i>adapalene-benzoyl peroxide external gel</i>	T1	AR (Max 25 Years)
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T3	PA

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>clindamycin-tretinoin</i>	T1	AR (Max 25 Years)
EPIDUO	T3	AR (Max 25 Years)
EPIDUO FORTE	T3	AR (Max 24 Years)
NEUAC EXTERNAL GEL	T1	
TWYNEO	T3	PA; AR (Max 25 Years)
Acne Products		
ABSORICA	T3	PA
ABSORICA LD	T3	PA
ACCUTANE	T1	
<i>adapalene external cream</i>	T1	AR (Max 25 Years)
<i>adapalene external gel 0.3 %</i>	T1	AR (Max 25 Years)
<i>adapalene external pad</i>	T3	PA; AR (Max 25 Years)
<i>adapalene external solution</i>	T1	AR (Max 25 Years)
AKLIEF	T3	PA; AR (Max 24 Years)
AMNESTEEM	T1	
AZELEX	T3	PA
CLARAVIS	T1	
DIFFERIN EXTERNAL CREAM	T3	PA; AR (Max 25 Years)
DIFFERIN EXTERNAL GEL 0.3 %	T3	PA; AR (Max 25 Years)
EPSOLAY	T3	PA

Prescription Drug Name	Drug Tier	Notes
FABIOR	T3	PA; AR (Max 24 Years)
<i>isotretinoin oral</i>	T1	
<i>tazarotene external foam</i>	T3	PA; AR (Max 25 Years)
<i>tretinoin external</i>	T1	AR (Max 25 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	T1	AR (Max 25 Years)
WINLEVI	T3	PA
<i>zaclir cleansing external lotion 8 %</i>	T3	
ZENATANE	T1	
Antibiotic Steroid Combinations - Topical		
NEO-SYNALAR EXTERNAL CREAM	T3	
Antibiotics - Topical		
<i>gentamicin sulfate external</i>	T1	
<i>mupirocin calcium</i>	T1	
<i>mupirocin external</i>	T1	
Antifungals - Topical		
CICLODAN EXTERNAL SOLUTION	T1	
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
KLAYESTA	T1	
<i>naftifine hcl external cream</i>	T1	

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Prescription Drug Name	Drug Tier	Notes
<i>naftifine hcl external gel 2 %</i>	T3	
NAFTIN EXTERNAL GEL 2 %	T3	
NYAMYC	T1	
<i>nystatin external</i>	T1	
NYSTOP	T1	
Antifungals - Topical Combinations		
<i>clotrimazole-betamethasone</i>	T1	
<i>miconazole-zinc oxide-petrolat</i>	T3	PA
<i>nystatin-triamcinolone</i>	T1	
VUSION	T3	PA
Anti-Inflammatory Agents - Topical		
<i>diclofenac epolamine external</i>	T3	PA; QL (2 EA per 1 day)
<i>diclofenac sodium external solution 1.5 %</i>	T1	MM
<i>diclofenac sodium external solution 2 %</i>	T1	PA
FLECTOR EXTERNAL	T3	PA; QL (2 EA per 1 day)
LICART EXTERNAL	T3	PA; QL (1 EA per 1 day)
Antineoplastic Alkylating Agents - Topical		
VALCHLOR	T3	PA; MM
Antineoplastic Antimetabolites - Topical		
<i>fluorouracil external cream 5 %</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>fluorouracil external solution</i>	T1	
TOLAK	T3	
Antineoplastic Or Premalignant Lesions - Topical Nsaid's		
<i>diclofenac sodium external gel 3 %</i>	T1	PA
Antineoplastic Retinoids - Topical		
PANRETIN	T3	PA
Antipruritics - Topical		
<i>doxepin hcl external</i>	T1	QL (45 GM per 90 days)
PRUDOXIN	T3	QL (45 GM per 90 days)
ZONALON	T3	QL (45 GM per 90 days)
Antipsoriatics		
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external foam</i>	T3	PA
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
CALCITRENE	T1	
<i>calcitriol external</i>	T1	
SORILUX	T3	PA
<i>tazarotene external cream 0.05 %</i>	T1	AR (Max 25 Years)
<i>tazarotene external cream 0.1 %</i>	T1	AR (Max 24 Years)

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>tazarotene external gel</i>	T1	AR (Max 25 Years)
TAZORAC	T3	PA; AR (Max 24 Years)
VECTICAL	T3	
VTAMA	T3	PA
Antipsoriatics - Systemic		
<i>acitretin</i>	T1	
BIMZELX	T3	PA; MM
COSENTYX (300 MG DOSE)	T3	PA; MM
COSENTYX SENSOREADY (300 MG)	T3	PA; MM
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T3	PA; MM
COSENTYX SUBCUTANEOUS	T3	PA; MM
COSENTYX UNOREADY	T3	PA; MM
<i>methoxsalen rapid</i>	T1	
OTULFI SUBCUTANEOUS	T3	PA; MM
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
SELARSDI SUBCUTANEOUS SOLUTION	T2	PA; MM

Prescription Drug Name	Drug Tier	Notes
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
SKYRIZI PEN	T2	PA; MM
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; MM
SOTYKTU	T2	PA; MM
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T3	PA; MM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T3	PA; MM
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
STEQEYMA SUBCUTANEOUS	T3	PA; MM
TALTZ	T2	PA; MM
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; MM

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; MM
<i>ustekinumab subcutaneous</i>	T3	PA; MM
<i>ustekinumab-aekn</i>	T3	PA; MM
<i>ustekinumab-ttwe subcutaneous</i>	T3	PA; MM
WEZLANA SUBCUTANEOUS	T3	PA; MM
YESINTEK SUBCUTANEOUS	T2	PA; MM
Antiseborrheic Products		
<i>selenium sulfide external lotion</i>	T1	
Antivirals - Topical		
<i>acyclovir external cream</i>	T1	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	T1	QL (30 GM per 23 days)
DENAVIR	T3	QL (5 GM per 30 days)
<i>penciclovir</i>	T1	QL (5 GM per 30 days)
Astringents		
XERAC AC	T3	
Atopic Dermatitis - Monoclonal Antibodies		
ADBRY	T2	PA; MM

Prescription Drug Name	Drug Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	T2	PA; MM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T2	PA; MM
EBGLYSS	T3	PA; MM
Burn Products		
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SSD	T1	
SULFAMYLON EXTERNAL CREAM	T3	
Corticosteroids - Topical		
ALA SCALP	T3	PA
<i>alclometasone dipropionate</i>	T1	
<i>amcinonide external cream</i>	T1	
<i>amcinonide external ointment</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	

	Drug Tier	Notes
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UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	
<i>clobetasol propionate external cream 0.025 %</i>	T3	PA
<i>clobetasol propionate external cream 0.05 %</i>	T1	
<i>clobetasol propionate external foam</i>	T1	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T1	
<i>clobetasol propionate external lotion</i>	T1	
<i>clobetasol propionate external ointment</i>	T1	
<i>clobetasol propionate external shampoo</i>	T1	
<i>clobetasol propionate external solution</i>	T1	
CLOBEX	T3	PA
CLOBEX SPRAY	T3	PA
<i>clocortolone pivalate</i>	T3	PA
CLODAN EXTERNAL SHAMPOO	T1	
CORDRAN EXTERNAL TAPE	T3	PA

Prescription Drug Name	Drug Tier	Notes
DERMA-SMOOTH/FS BODY	T3	PA
DERMA-SMOOTH/FS SCALP	T3	PA
<i>desonide external</i>	T1	
<i>desoximetasone external</i>	T1	
<i>diflorasone diacetate external</i>	T3	PA
DIPROLENE EXTERNAL OINTMENT	T3	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external</i>	T1	
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
<i>flurandrenolide external lotion</i>	T3	PA
<i>fluticasone propionate external</i>	T1	

	Drug Tier	Notes
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UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>halcinonide external cream</i>	T1	
<i>halcinonide external solution</i>	T3	PA
<i>halobetasol propionate</i>	T1	
HALOG EXTERNAL CREAM	T3	PA
<i>hydrocortisone butyrate external</i>	T1	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone external solution 2.5 %</i>	T3	PA
<i>hydrocortisone valerate</i>	T1	
IMPOYZ	T3	PA
LEXETTE	T3	PA
<i>mometasone furoate external</i>	T1	
SERNIVO	T3	PA
SYNALAR EXTERNAL CREAM	T3	PA
SYNALAR EXTERNAL OINTMENT	T3	PA
TEXACORT	T3	PA

Prescription Drug Name	Drug Tier	Notes
TOPICORT EXTERNAL OINTMENT	T3	PA
TOPICORT SPRAY	T3	PA
TOVET EXTERNAL FOAM	T1	
<i>triamcinolone acetonide external aerosol solution</i>	T1	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T1	PA
<i>triamcinolone in absorbase</i>	T1	PA
TRIDERM EXTERNAL CREAM 0.5 %	T1	
Enzymes - Topical		
SANTYL	T3	
Imidazole-Related Antifungals - Topical		
<i>econazole nitrate external cream</i>	T1	
ECOZA	T3	PA
EXELDERM	T3	PA

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Prescription Drug Name	Drug Tier	Notes
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external foam</i>	T1	
<i>ketoconazole external shampoo 2 %</i>	T1	
KETODAN EXTERNAL FOAM	T1	
<i>oxiconazole nitrate</i>	T3	PA
OXISTAT EXTERNAL LOTION	T3	PA
<i>sulconazole nitrate</i>	T3	PA
Immunomodulators		
Imidazoquinolinamines - Topical		
<i>imiquimod external cream 3.75 %</i>	T1	PA
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T1	PA
Keratolytic/Antimitotic Agents		
CONDYLOX EXTERNAL GEL	T3	
<i>podofilox external</i>	T1	
Local Anesthetics - Topical		
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	QL (3 EA per 1 day)
<i>lidocaine hcl external solution</i>	T1	
LIDOCAN	T3	PA; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
LIDODERM	T3	PA; QL (3 EA per 1 day)
TRIDACAINE II	T3	PA; QL (3 EA per 1 day)
TRIDACAINE III	T3	PA; QL (3 EA per 1 day)
ZTLIDO	T3	PA; QL (3 EA per 1 day)
Macrolide Immunosuppressants - Topical		
HYFTOR	T3	PA; MM
<i>pimecrolimus</i>	T1	
<i>tacrolimus external ointment</i>	T1	
Misc. Topical		
DRYSOL	T3	
QBREXZA	T3	PA; QL (1 EA per 1 day)
SOFDRA	T3	PA
Oxaborole-Related Antifungals - Topical		
<i>tavaborole</i>	T1	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical		
EUCRISA	T2	PA
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	T3	PA
ZORYVE EXTERNAL FOAM	T3	PA
Photodynamic Therapy Agents - Topical		

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Prescription Drug Name	Drug Tier	Notes
LEVULAN KERASTICK	MB	
Rosacea Agents		
<i>azelaic acid external</i>	T1	
<i>brimonidine tartrate external</i>	T1	
<i>doxycycline</i>	T3	PA
EMROSI	T3	PA
FINACEA	T3	PA
<i>ivermectin external cream</i>	T1	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
<i>metronidazole external</i>	T1	
MIRVASO	T2	
ORACEA	T3	PA
RHOFADE	T3	PA
SOOLANTRA	T2	
ZILXI	T3	PA
Scabicides & Pediculicides		
CROTAN	T3	
ELIMITE	T3	
<i>malathion external</i>	T1	
NATROBA	T3	
OVIDE	T3	
<i>permethrin external cream</i>	T1	
<i>spinosad</i>	T1	
Steroid-Local Anesthetic Combinations		

Prescription Drug Name	Drug Tier	Notes
EPIFOAM	T3	
PRAMOSONE EXTERNAL CREAM 1-1 %	T3	PA
PRAMOSONE EXTERNAL LOTION	T3	PA
Topical Anesthetic Combinations		
<i>lidocaine-prilocaine external cream</i>	T1	
Topical Selective Retinoid X Receptor Agonists		
<i>bexarotene external</i>	T1	PA
Topical Steroid Combinations		
<i>calcipotriene-betameth diprop</i>	T1	
ENSTILAR	T3	
TACLONEX EXTERNAL SUSPENSION	T3	
WYNZORA	T3	
Wound Dressings		
FILSUVEZ	T3	PA; MM; QL (23.4 GM per 30 days)
Diagnostic Products		
Diagnostic Drugs		
METOPIRONE	T3	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	PA; MM; QL (200 EA per 30 days)

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW	T3	PA; MM; QL (200 EA per 30 days)
ACCUTREND GLUCOSE	T3	PA; MM
ADVOCATE REDICODE IN VITRO	T3	PA; MM
ADVOCATE TEST	T3	PA; MM
AGAMATRIX JAZZ TEST	T3	PA; MM
ASSURE 4 TEST	T3	PA; MM
<i>blood glucose test</i>	T3	PA; MM
CARETOUCH TEST	T3	PA; MM
CHEMSTRIP 2	T3	
CLEVER CHEK AUTO-CODE VOICE IN VITRO	T3	PA; MM
CLEVER CHOICE AUTO-CODE TEST	T3	PA; MM
CONTOUR NEXT TEST	T2	MM; QL (200 EA per 30 days)
CONTOUR TEST	T2	MM; QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST	T3	PA; MM
DIASTIX	T3	MM
EASYGLUCO IN VITRO	T3	PA; MM
EASYMAX 15 TEST	T3	PA; MM
EASYMAX TEST	T3	PA; MM
ELEMENT TEST	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
EMBRACE BLOOD GLUCOSE TEST	T3	PA; MM
EVOLUTION AUTOCODE IN VITRO	T3	PA; MM
FORA GD50 BLOOD GLUCOSE TEST	T3	PA; MM
FORA V10 BLOOD GLUCOSE TEST	T3	PA; MM
FREESTYLE INSULINX TEST	T3	PA; MM
FREESTYLE LITE TEST	T3	PA; MM
FREESTYLE PRECISION NEO TEST	T3	PA; MM
FREESTYLE TEST	T3	PA; MM
<i>ge100 blood glucose test</i>	T3	PA; MM
GLUCOCARD 01 SENSOR PLUS	T3	PA; MM
GLUCOCARD VITAL TEST	T3	PA; MM
GLUCOCOM TEST	T3	PA; MM
INFINITY BLOOD GLUCOSE TEST	T3	PA; MM
INFINITY VOICE IN VITRO STRIP	T3	PA; MM
KETOSTIX	T3	MM
MICRODOT TEST	T3	PA; MM
MYGLUCOHEALTH TEST	T3	PA; MM
NEUTEK 2TEK TEST	T3	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
NOVA MAX GLUCOSE TEST	T3	PA; MM
ONETOUCH ULTRA IN VITRO STRIP	T3	PA; MM
ONETOUCH VERIO IN VITRO STRIP	T3	PA; MM
OPTIUMEZ TEST	T3	PA; MM
<i>ph strips</i>	T3	
POGO AUTOMATIC TEST CARTRIDGES	T3	PA; MM; QL (200 EA per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	PA; MM
QUINTET AC BLOOD GLUCOSE TEST	T3	PA; MM
QUINTET BLOOD GLUCOSE TEST	T3	PA; MM
REFUAH PLUS BLOOD GLUCOSE TEST	T3	PA; MM
RELION BLOOD GLUCOSE TEST	T3	PA; MM
RELION CONFIRM/MICRO TEST	T3	PA; MM
RELION ULTIMA TEST	T3	PA; MM
RIGHTEST GS300 BLOOD GLUCOSE	T3	PA; MM
SOLUS V2 TEST	T3	PA; MM
TRUE METRIX BLOOD GLUCOSE TEST	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
TRUE METRIX PRO BLOOD GLUCOSE	T3	PA; MM
TRUETEST TEST	T3	PA; MM
TRUETRACK TEST	T3	PA; MM
UNISTRIP1 GENERIC	T3	PA; MM

Digestive Aids

Digestive Enzymes

CREON	T2	MM
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	T3	PA; MM
PERTZYE	T3	PA; MM
SUCRAID	T3	PA; MM
VIKACE	T3	PA; MM
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	MM

Diuretics

	Drug Tier	Notes
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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	T1	MM
<i>acetazolamide oral</i>	T1	MM
<i>dichlorphenamide</i>	T1	PA; MM
KEVEYIS	T3	PA; MM
<i>methazolamide oral</i>	T1	MM
ORMALVI	T3	PA; MM
Diuretic Combinations		
<i>amiloride-hydrochlorothiazide</i>	T1	MM
<i>spironolactone-hctz</i>	T1	MM
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	MM
<i>triamterene-hctz oral tablet</i>	T1	MM
Loop Diuretics		
<i>bumetanide oral</i>	T1	MM
<i>ethacrynic acid oral</i>	T1	MM
FUROSCIX	T3	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	MM
<i>furosemide oral tablet</i>	T1	MM
LASIX	T3	MM
SOANZ ORAL TABLET 40 MG	T3	PA; MM
<i>toremide oral</i>	T1	MM
Potassium Sparing Diuretics		
ALDACTONE	T3	MM
<i>amiloride hcl oral</i>	T1	MM
CAROSPIR	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
DYRENIUM	T3	MM
<i>spironolactone oral</i>	T1	MM
<i>triamterene oral</i>	T1	MM
Thiazides And Thiazide-Like Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	MM
HEMICLOR	T3	MM
<i>hydrochlorothiazide oral</i>	T1	MM
<i>indapamide oral</i>	T1	MM
INZIRQO	T3	PA; MM
<i>metolazone</i>	T1	MM
THALITONE	T3	MM
Endocrine And Metabolic Agents - Misc.		
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR	T3	PA; MM
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH	T3	PA; MM
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T3	PA; MM
CRENESSITY ORAL SOLUTION	T3	PA; MM
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG	T3	PA; MM; QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Notes
ISTURISA ORAL TABLET 5 MG	T3	PA; MM; QL (2 EA per 1 day)
RECORLEV	T3	PA; MM; QL (8 EA per 1 day)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH	T3	PA; MM
*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***		
TRYNGOLZA	T3	PA; MM
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE	T3	PA; MM
*Molybdenum Cofactor Deficiency (Mocd) - Agents***		
NULIBRY	T3	PA; MM
*Natriuretic Peptides***		
VOXZOGO	T3	PA; MM
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH	T3	PA; MM
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG	T3	PA; MM
Abortifacient - Progesterone Receptor Antagonists		
MIFEPREX	T3	

Prescription Drug Name	Drug Tier	Notes
<i>mifepristone oral tablet 200 mg</i>	T1	
Bisphosphonates		
ACTONEL ORAL TABLET 150 MG	T3	PA; MM; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	PA; MM; QL (4 EA per 28 days)
<i>alendronate sodium oral solution</i>	T1	MM; QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	T1	MM
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	T1	MM; QL (4 EA per 28 days)
AELVIA	T3	MM; QL (4 EA per 28 days)
BINOSTO	T3	PA; MM; QL (4 EA per 28 days)
FOSAMAX ORAL TABLET 70 MG	T3	MM; QL (4 EA per 28 days)
FOSAMAX PLUS D	T3	MM; QL (4 EA per 28 days)
<i>ibandronate sodium oral</i>	T1	MM; QL (1 EA per 30 days)
RECLAST	MB	
<i>risedronate sodium oral tablet 150 mg</i>	T1	MM; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T1	
<i>risedronate sodium oral tablet 35 mg</i>	T1	MM; QL (4 EA per 28 days)

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Prescription Drug Name	Drug Tier	Notes
<i>risedronate sodium oral tablet 5 mg</i>	T1	MM
<i>risedronate sodium oral tablet delayed release</i>	T1	MM; QL (4 EA per 28 days)
Calcimimetic Agents		
<i>cinacalcet hcl</i>	T1	MM
SENSIPAR	T3	PA; MM
Calcitonins		
<i>calcitonin (salmon) injection</i>	T1	
<i>calcitonin (salmon) nasal</i>	T1	MM
MIACALCIN INJECTION	T3	
Carnitine Replenisher - Agents		
CARNITOR ORAL	T3	MM
CARNITOR SF	T3	MM
<i>levocarnitine oral solution</i>	T1	MM
<i>levocarnitine oral tablet</i>	T1	MM
<i>levocarnitine sf</i>	T1	MM
Dopamine Receptor Agonists		
<i>cabergoline</i>	T1	MM
Fabry Disease - Agents		
GALAFOLD	T3	PA; MM; QL (14 EA per 28 days)
Gaa Deficiency Treatment - Agents		
OPFOLDA	T3	MM
Gnrh/Lhrh Antagonists		

Prescription Drug Name	Drug Tier	Notes
<i>cetrotide acetate</i>	T1	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T3	
FYREMADEL	T3	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T1	
ORLISSA ORAL TABLET 150 MG	T2	PA; MM; QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG	T2	PA; QL (2 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT	T3	PA; MM
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T3	PA; MM
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T3	PA; MM
HUMATROPE INJECTION CARTRIDGE	T3	PA; MM
NGENLA	T3	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	T2	PA; MM
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; MM
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; MM
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; MM
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T2	PA; MM
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	PA; MM
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	T3	PA; MM
SOGROYA	T3	PA; MM
ZOMACTON	T3	PA; MM
Hereditary Orotic Aciduria Treatment - Agents		
XURIDEN	T3	PA; MM
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents		
<i>nitisinone</i>	T1	PA; MM
NITYR	T3	PA; MM
ORFADIN	T3	PA; MM
Homocystinuria Treatment - Agents		
<i>betaine</i>	T1	MM
CYSTADANE	T3	MM
Hyperammonemia Treatment - Agents		
CARBAGLU ORAL TABLET SOLUBLE	T3	PA; MM
<i>carglumic acid oral tablet soluble</i>	T1	PA; MM
Hyperparathyroid Treatment - Vitamin D Analogs		
<i>calcitriol oral</i>	T1	MM
<i>doxercalciferol oral</i>	T1	MM
<i>paricalcitol oral</i>	T1	MM
RAYALDEE	T3	PA; MM
ROCALTROL	T3	MM

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	MM
Hypophosphatasia (Hpp) Agents		
STRENSIQ	T3	PA; MM
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	T3	PA
Leptin Analogues		
MYALEPT	T3	PA; MM
Lhrh/Gnrh Agonist Analog Pituitary Suppressants		
SYNAREL	T3	
Ovulation Stimulants-Gonadotropins		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML	T2	QL (15 ML per 30 days)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML	T2	QL (8 ML per 30 days)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 900 UNT/1.08ML	T2	QL (5 ML per 30 days)
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	T3	PA; QL (10 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML	T3	PA; QL (15 ML per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 450 UNT/0.72ML	T3	PA; QL (10 ML per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 900 UNT/1.44ML	T3	PA; QL (5 ML per 30 days)
MENOPUR	T3	PA; QL (180 EA per 30 days)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T3	
PREGNYL	T2	
Ovulation Stimulants-Synthetic		
CLOMID	T3	
<i>clomiphene citrate oral</i>	T1	
Parathyroid Hormone And Derivatives		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T2	PA; MM

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Prescription Drug Name	Drug Tier	Notes
TYMLOS	T2	PA; MM
Phenylketonuria Treatment - Agents		
JAVYGTOR	T3	PA; MM
KUVAN ORAL PACKET	T3	PA; MM
KUVAN ORAL TABLET	T3	PA; MM
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 20 MG/ML	T3	PA; MM
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	T3	PA
<i>sapropterin dihydrochloride oral packet</i>	T1	PA; MM
<i>sapropterin dihydrochloride oral tablet</i>	T1	PA; MM
Selective Estrogen Receptor Modulators (Serms)		
EVISTA	T3	PA; MM
OSPHENA	T3	MM
Selective Vasopressin V2-Receptor Antagonists		
JYNARQUE	T3	PA; MM
SAMSCA	T3	PA; MM
<i>tolvaptan oral tablet</i>	T1	PA; MM

Prescription Drug Name	Drug Tier	Notes
Somatostatic Agents		
MYCAPSSA	T3	PA; MM
SIGNIFOR	T3	PA; MM
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB	MM
SOMATULINE DEPOT	MB	MM
Urea Cycle Disorder - Agents		
BUPHENYL ORAL POWDER 3 GM/TSP	T3	PA; MM
BUPHENYL ORAL TABLET	T3	PA; MM
OLPRUVA (2 GM DOSE)	T3	PA; MM
OLPRUVA (3 GM DOSE)	T3	PA; MM
OLPRUVA (4 GM DOSE)	T3	PA; MM
OLPRUVA (5 GM DOSE)	T3	PA; MM
OLPRUVA (6 GM DOSE)	T3	PA; MM
OLPRUVA (6.67 GM DOSE)	T3	PA; MM
PHEBURANE	T3	PA; MM
RAVICTI	T3	PA; MM
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T1	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>sodium phenylbutyrate oral tablet</i>	T1	PA; MM
Vasopressin		
DDAVP INJECTION SOLUTION 4 MCG/ML	MB	
DDAVP ORAL	T3	MM
<i>desmopressin ace spray refrig</i>	T1	MM
<i>desmopressin acetate nasal</i>	T3	MM
<i>desmopressin acetate oral</i>	T1	MM
<i>desmopressin acetate spray</i>	T1	MM
Estrogens		
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE	T2	PA; MM
ORIAHNN	T2	PA; MM
Estrogen & Progestin		
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	MM
ANGELIQ	T3	PA; MM
BIJUVA	T3	MM
CLIMARA PRO	T2	MM
COMBIPATCH	T3	MM
<i>estradiol-norethindrone acet</i>	T1	MM
FYAVOLV	T1	MM
JINTELI	T1	MM

Prescription Drug Name	Drug Tier	Notes
MIMVEY	T1	MM
<i>norethindrone-eth estradiol</i>	T1	MM
PREMPHASE	T2	MM
PREMPRO	T2	MM
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	PA
CLIMARA	T3	MM
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	T3	
DEPO-ESTRADIOL	T3	PA
DIVIGEL	T3	MM
DOTTI	T1	MM
ELESTRIN	T3	MM
<i>estradiol oral</i>	T1	MM
<i>estradiol transdermal</i>	T1	MM
<i>estradiol valerate intramuscular</i>	T1	
ESTROGEL	T3	MM
EVAMIST	T3	MM
LYLLANA	T1	MM
MENOSTAR	T3	MM
MINIVELLE	T3	PA; MM
PREMARIN ORAL	T2	MM
VIVELLE-DOT	T3	PA; MM

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Prescription Drug Name	Drug Tier	Notes
Estrogen-Selective Estrogen Receptor Modulator Comb		
DUAVEE	T3	MM
Fluoroquinolones		
Fluoroquinolones		
BAXDELA INTRAVENOUS	MB	
BAXDELA ORAL	T3	QL (28 EA per 14 days)
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
Gastrointestinal Agents - Misc.		
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA	T3	PA; MM; QL (1 EA per 1 day)
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
IBSRELA	T3	PA; MM
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		

Prescription Drug Name	Drug Tier	Notes
BYLVAY	T2	PA; MM
BYLVAY (PELLETS)	T2	PA; MM
LIVMARLI	T3	PA; MM
*Live Fecal Microbiota (Human)**		
REBYOTA	T3	PA
VOWST	T3	PA; QL (24 EA per 365 days)
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO	T3	PA; MM
LIVDELZI	T3	PA; MM
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
VELSIPITY	T3	PA; MM
5-Ht4 Receptor Agonists		
MOTTEGRITY	T3	PA; MM
<i>prucalopride succinate</i>	T1	PA; MM
Antiflatulents		
<i>simethicone oral tablet chewable 125 mg</i>	T1	PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM	T3	PA; MM
CTEXLI	T3	
Farnesoid X Receptor (Fxr) Agonists		
OCALIVA	T3	PA; MM
Gallstone Solubilizing Agents		
RELTONE	T3	PA; MM
URSO FORTE	T3	PA; MM

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Prescription Drug Name	Drug Tier	Notes
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T3	PA; MM
<i>ursodiol oral capsule 300 mg</i>	T1	MM
<i>ursodiol oral tablet</i>	T1	MM
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium oral</i>	T1	
GASTROCROM	T3	
Gastrointestinal Chloride Channel Activators		
AMITIZA	T3	PA; MM
<i>lubiprostone</i>	T1	MM
Gastrointestinal Stimulants		
GIMOTI	T3	PA
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	T3	
REGLAN ORAL	T3	
Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX	T3	PA; MM
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	T2	MM
Ibs Agent - Mu-Opioid Receptor Agonists		
VIBERZI	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
Ibs Agent - Selective 5-Ht3 Receptor Antagonists		
<i>alosetron hcl</i>	T1	
LOTRONEX	T3	PA
Inflammatory Bowel Agents		
AZULFIDINE	T3	MM
AZULFIDINE EN-TABS	T3	MM
<i>balsalazide disodium</i>	T1	
CANASA	T3	PA; MM
DELZICOL	T3	PA; MM
DIPENTUM	T3	MM
LIALDA	T3	MM
<i>mesalamine er oral capsule extended release 24 hour</i>	T1	MM
<i>mesalamine oral</i>	T1	MM
<i>mesalamine rectal</i>	T1	MM
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T3	MM; QL (4 EA per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	T3	PA; MM
SFROWASA	T3	MM
<i>sulfasalazine oral</i>	T1	MM
Integrin Receptor Antagonists		
ENTYVIO PEN	T3	PA; MM
Interleukin Antagonists		

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Prescription Drug Name	Drug Tier	Notes
OMVOH (300 MG DOSE)	T2	PA; MM
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T2	PA; MM
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; MM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T2	PA; MM
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T2	PA; MM
TREMFYA-CD/UC INDUCTION	T2	PA; MM
Intestinal Acidifiers		
<i>enulose</i>	T1	MM
<i>generlac</i>	T1	MM
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	T1	MM
Peripheral Opioid Receptor Antagonists		
MOVANTIK	T2	

Prescription Drug Name	Drug Tier	Notes
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA
SYMPROIC	T2	
Phosphate Binder Agents		
AURYXIA	T3	MM
<i>calcium acetate (phosphate binder) oral capsule</i>	T1	MM
<i>ferric citrate oral</i>	T3	MM
FOSRENOL ORAL PACKET	T3	PA; MM
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	T3	PA; MM
<i>lanthanum carbonate</i>	T1	PA; MM
REVELA	T3	MM
<i>sevelamer carbonate</i>	T1	MM
<i>sevelamer hcl</i>	T1	MM
VELPHORO	T3	PA; MM
Tryptophan Hydroxylase Inhibitors		
XERMELO	T3	PA
Tumor Necrosis Factor Alpha Blockers		
CIMZIA (1 SYRINGE)	T2	PA; MM
CIMZIA (2 SYRINGE)	T2	PA; MM
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T2	PA; MM
CIMZIA-STARTER	T2	PA; MM
ZYMFENTRA (1 PEN)	T3	PA; MM

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Prescription Drug Name	Drug Tier	Notes
ZYMFENTRA (2 PEN)	T3	PA; MM
ZYMFENTRA (2 SYRINGE)	T3	PA; MM
Genitourinary Agents - Miscellaneous		
*Igan Agents - Endothelin & Angiotensin li Receptor Antag***		
FILSPARI	T3	PA; MM; QL (1 EA per 1 day)
*Igan Agents - Endothelin Receptor Antagonist***		
VANRAFIA	T3	PA; MM
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SUBCUTANEOUS SOLUTION	T3	PA; MM; QL (1 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	T3	PA; MM; QL (0.8 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T3	PA; MM; QL (1 ML per 28 days)
5-Alpha Reductase Inhibitors		
AVODART	T3	PA; MM
<i>dutasteride oral</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>finasteride oral tablet 5 mg</i>	T1	MM
PROSCAR	T3	MM
Alpha 1-Adrenoceptor Antagonists		
<i>alfuzosin hcl er</i>	T1	MM
CARDURA XL	T3	PA; MM
RAPAFLO	T3	PA; MM
<i>silodosin</i>	T1	MM
<i>tamsulosin hcl</i>	T1	MM
UROXATRAL	T3	PA; MM
Citrates		
<i>pot & sod cit-cit ac</i>	T1	
<i>potassium citrate er</i>	T1	MM
<i>tricitrates</i>	T1	
UROCIT-K 10	T3	MM
UROCIT-K 15	T3	MM
Cystinosis Agents		
CYSTAGON	T3	PA; MM
PROCYSBI	T3	PA; MM
Interstitial Cystitis Agents		
ELMIRON	T3	PA
Prostatic Hypertrophy Agent Combinations		
<i>dutasteride-tamsulosin hcl</i>	T1	MM
ENTADFI	T3	PA
Urinary Analgesics		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
PYRIDIDIUM	T3	

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Prescription Drug Name	Drug Tier	Notes
Urinary Stone Agents		
LITHOSTAT	T3	
THIOLA	T3	MM
THIOLA EC	T3	MM
<i>tiopronin oral</i>	T1	MM
VENXXIVA	T3	MM
Gout Agents		
Gout Agent Combinations		
<i>colchicine-probenecid</i>	T1	MM
Gout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	MM
<i>allopurinol oral tablet 200 mg</i>	T3	PA; MM
<i>colchicine oral capsule</i>	T1	PA; MM
<i>colchicine oral tablet</i>	T1	MM
<i>febuxostat</i>	T1	PA; MM
GLOPERBA	T3	PA; MM
MITIGARE	T3	PA; MM
ULORIC	T3	PA; MM
Uricosurics		
<i>probenecid oral</i>	T1	MM
Hematological Agents - Misc.		
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA	T3	PA; MM
*Complement C3 Inhibitors***		
EMPAVELI	T3	PA; MM
*Complement C5 Inhibitors***		

Prescription Drug Name	Drug Tier	Notes
ZILBRYSQ	T3	PA; MM
*Complement C5a Receptor Inhibitors***		
TAVNEOS	T3	PA; MM
*Complement Factor B Inhibitors***		
FABHALTA	T3	PA; MM
*Complement Factor D Inhibitors***		
VOYDEYA	T3	PA; MM
*Plasma Factor Xiiia Inhibitors - Monoclonal Antibodies***		
ANDEMBRY	T3	PA; MM
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA	T3	PA; MM
*Pyruvate Kinase Activators***		
PYRUKYND	T3	PA; MM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	T3	PA; MM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	T3	PA
Antihemophilic Products		
ADVATE	T2	PA; MM
<i>adynovate</i>	T3	PA; MM
AFSTYLA	T3	PA; MM

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T2	PA; MM
ALPHANINE SD	T3	PA; MM
ALPROLIX	T3	PA; MM
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T3	PA; MM
BENEFIX INTRAVENOUS KIT	T2	PA; MM
COAGADEX	T3	PA
CORIFACT	T3	PA; MM
ELOCTATE	T3	PA; MM
ESPEROCT	T3	PA; MM
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T3	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500- 1200 UNIT	T2	PA; MM
IDELVION	T3	PA; MM
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	T3	PA; MM
JIVI	T3	PA; MM
KOATE	T2	PA; MM
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T2	PA; MM
KOVALTRY	T2	PA; MM
NOVOEIGHT	T2	PA; MM
NOVOSEVEN RT	T3	PA
NUWIQ	T2	PA; MM
<i>obizur</i>	T3	PA
PROFILNINE	T3	PA; MM
REBINYN	T3	PA
RECOMBINATE	T2	PA; MM
RIASTAP	T3	PA
<i>rixubis</i>	T3	PA; MM
SEVENFACT	T3	PA

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Prescription Drug Name	Drug Tier	Notes
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	T3	PA; MM
VONVENDI	T3	PA
WILATE INTRAVENOUS KIT	T2	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T2	PA; MM
XYNTHA SOLOFUSE	T2	PA; MM
Antihemophilic Products - Monoclonal Antibodies		
ALHEMO	T3	PA; MM
HEMLIBRA	T3	PA; MM
HYMPAVZI	T3	PA; MM
Anti-Von Willebrand Factor Agents		
CABLIVI	T3	QL (1 EA per 1 day)
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; QL (27 ML per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T1	PA; QL (27 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; QL (27 ML per 30 days)
C1 Inhibitors		
BERINERT	T3	PA; MM
CINRYZE	T3	PA; MM
HAEGARDA	T3	PA; MM
Cyclopentyltriazolopyrimidine (Cptp) Derivatives		
BRILINTA	T3	MM
<i>ticagrelor</i>	T1	MM
Direct-Acting P2y12 Inhibitors		
BRILINTA	T3	MM
<i>ticagrelor</i>	T1	MM
Hematorheologic Agents		
<i>pentoxifylline er</i>	T1	MM
Phosphodiesterase Iii Inhibitors		
<i>cilostazol</i>	T1	MM
Plasma Kallikrein Inhibitors		
EKTERLY	T3	PA
ORLADEYO	T3	PA; MM
Plasma Kallikrein Inhibitors - Monoclonal Antibodies		
TAKHZYRO	T3	PA; MM
Platelet Aggregation Inhibitor Combinations		
<i>aspirin-dipyridamole er</i>	T1	MM
Platelet Aggregation Inhibitors		

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Prescription Drug Name	Drug Tier	Notes
<i>dipyridamole oral</i>	T1	MM
Protease-Activated Receptor-1 (Par-1) Antagonists		
ZONTIVITY	T3	MM
Quinazoline Agents		
AGRYLIN	T3	MM
<i>anagrelide hcl</i>	T1	MM
Spleen Tyrosine Kinase (Syk) Inhibitors		
TAVALISSE	T3	PA
Thienopyridine Derivatives		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	T1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	T1	MM
EFFIENT	T3	PA; MM
PLAVIX ORAL TABLET 75 MG	T3	PA; MM
<i>prasugrel hcl</i>	T1	MM
Hematopoietic Agents		
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
VAFSEO	T3	PA; MM
Agents For Gaucher Disease		
CERDELGA	T3	PA; MM
<i>miglustat</i>	T1	PA; MM
YARGESA	T1	PA; MM
ZAVESCA	T3	PA; MM
Amino Acids		
ENDARI	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
<i>l-glutamine oral packet</i>	T1	PA; MM
Cobalamins		
<i>cyanocobalamin nasal</i>	T1	PA; MM
NASCOBAL	T3	PA; MM
Cxcr4 Receptor Antagonist		
XOLREMDI	T3	PA; MM; QL (4 EA per 1 day)
Cytotoxic Agents		
DROXIA	T3	MM
SIKLOS	T3	MM
XROMI	T3	PA; MM
Erythropoiesis-Stimulating Agents (Esas)		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	MB	MM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	MB	MM
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	MB	MM

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
PROCRIT	MB	MM
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	MB	MM
Erythropoietins		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	MB	MM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	MB	MM
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	MB	MM
PROCRIT	MB	MM

Prescription Drug Name	Drug Tier	Notes
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	MB	MM
Folic Acid/Folate Combinations		
FOLDITAM	T3	
Granulocyte Colony-Stimulating Factors (G-Csf)		
FULPHILA	MB	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	MB	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	MB	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	MB	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	MB	

lowercase italics = Generic drugs	Drug Tier	Notes
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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	MB	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	MB	
Iron		
ACCRUFER	T3	PA
ICAR ORAL SUSPENSION	T3	
Iron W/ Folic Acid		
PROFERRIN-FORTE	T3	
Thrombopoietin (Tpo) Receptor Agonists		
ALVAIZ	T3	PA; MM
DOPTELET ORAL TABLET 20 MG	T3	PA
DOPTELET SPRINKLE	T3	PA
MULPLETA	T3	PA
PROMACTA	T3	PA; MM
Hemostatics		
Hemostatics - Systemic		
<i>aminocaproic acid oral solution</i>	T1	
<i>aminocaproic acid oral tablet</i>	T1	
<i>tranexamic acid oral</i>	T1	MM
Hypnotics		

Prescription Drug Name	Drug Tier	Notes
Barbiturate Hypnotics		
<i>phenobarbital oral elixir 20 mg/5ml</i>	T1	MM
<i>phenobarbital oral tablet</i>	T1	MM
Benzodiazepine Hypnotics		
<i>estazolam</i>	T1	QL (1 EA per 1 day)
<i>flurazepam hcl</i>	T1	QL (1 EA per 1 day)
HALCION	T3	PA; QL (1 EA per 1 day)
<i>midazolam hcl oral</i>	T1	
<i>quazepam</i>	T1	QL (1 EA per 1 day)
RESTORIL	T3	PA; QL (1 EA per 1 day)
<i>temazepam</i>	T1	QL (1 EA per 1 day)
<i>triazolam</i>	T1	QL (1 EA per 1 day)
Hypnotics - Tricyclic Agents		
<i>doxepin hcl oral tablet</i>	T1	PA
SILENOR	T3	PA
Non-Benzodiazepine - Gaba-Receptor Modulators		
AMBIEN	T3	PA; QL (1 EA per 1 day)
AMBIEN CR	T3	PA; QL (1 EA per 1 day)
EDLUAR	T3	PA; QL (1 EA per 1 day)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>eszopiclone oral tablet 1 mg</i>	T1	QL (2 EA per 1 day)
<i>eszopiclone oral tablet 2 mg</i>	T1	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 3 mg</i>	T1	PA; QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG	T3	PA; QL (2 EA per 1 day)
LUNESTA ORAL TABLET 2 MG, 3 MG	T3	PA; QL (1 EA per 1 day)
<i>zaleplon</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral capsule</i>	T3	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 5 mg</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 3.5 mg</i>	T1	PA; QL (1 EA per 1 day)
Orexin Receptor Antagonists		
BELSOMRA	T3	PA; QL (1 EA per 1 day)
DAYVIGO	T3	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
QUVIVIQ	T3	PA; QL (1 EA per 1 day)
Selective Melatonin Receptor Agonists		
HETLIOZ	T3	PA; MM; QL (1 EA per 1 day)
HETLIOZ LQ	T3	PA; MM
<i>ramelteon</i>	T1	QL (1 EA per 1 day)
ROZEREM	T3	PA; QL (1 EA per 1 day)
<i>tasimelteon</i>	T1	PA; MM; QL (1 EA per 1 day)
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics		
<i>phenobarbital oral elixir 20 mg/5ml</i>	T1	MM
<i>phenobarbital oral tablet</i>	T1	MM
Benzodiazepine Hypnotics		
<i>estazolam</i>	T1	QL (1 EA per 1 day)
<i>flurazepam hcl</i>	T1	QL (1 EA per 1 day)
HALCION	T3	PA; QL (1 EA per 1 day)
<i>midazolam hcl oral</i>	T1	
<i>quazepam</i>	T1	QL (1 EA per 1 day)
RESTORIL	T3	PA; QL (1 EA per 1 day)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>temazepam</i>	T1	QL (1 EA per 1 day)
<i>triazolam</i>	T1	QL (1 EA per 1 day)
Hypnotics - Tricyclic Agents		
<i>doxepin hcl oral tablet</i>	T1	PA
SILENOR	T3	PA
Non-Benzodiazepine - Gaba-Receptor Modulators		
AMBIEN	T3	PA; QL (1 EA per 1 day)
AMBIEN CR	T3	PA; QL (1 EA per 1 day)
EDLUAR	T3	PA; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg</i>	T1	QL (2 EA per 1 day)
<i>eszopiclone oral tablet 2 mg</i>	T1	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 3 mg</i>	T1	PA; QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG	T3	PA; QL (2 EA per 1 day)
LUNESTA ORAL TABLET 2 MG, 3 MG	T3	PA; QL (1 EA per 1 day)
<i>zaleplon</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	T1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>zolpidem tartrate oral capsule</i>	T3	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 5 mg</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 3.5 mg</i>	T1	PA; QL (1 EA per 1 day)
Orexin Receptor Antagonists		
BELSOMRA	T3	PA; QL (1 EA per 1 day)
DAYVIGO	T3	PA; QL (1 EA per 1 day)
QUVIVIQ	T3	PA; QL (1 EA per 1 day)
Selective Melatonin Receptor Agonists		
HETLIOZ	T3	PA; MM; QL (1 EA per 1 day)
HETLIOZ LQ	T3	PA; MM
<i>ramelteon</i>	T1	QL (1 EA per 1 day)
ROZEREM	T3	PA; QL (1 EA per 1 day)
<i>tasimelteon</i>	T1	PA; MM; QL (1 EA per 1 day)
Laxatives		
Bowel Evacuant Combinations		

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Prescription Drug Name	Drug Tier	Notes
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	T3	
GAVILYTE-C	\$0	QL (8000 ML per 365 days)
GAVILYTE-G	\$0	QL (8000 ML per 365 days)
GAVILYTE-N WITH FLAVOR PACK	T1	QL (8000 ML per 365 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	T3	PA; QL (8000 ML per 365 days)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	QL (8000 ML per 365 days)
<i>peg-3350/electrolytes</i>	\$0	QL (8000 ML per 365 days)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	
PEG-PREP	T3	QL (2 EA per 365 days)
SUFLAVE	T3	QL (4 EA per 365 days)
SUPREP BOWEL PREP KIT	T3	
SUTAB	T3	
Laxatives - Miscellaneous		
<i>constulose</i>	T1	MM
KRISTALOSE	T3	PA; MM
<i>lactulose oral packet</i>	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
<i>lactulose oral solution</i>	T1	MM
Local Anesthetics-Parenteral		
Local Anesthetics - Amides		
<i>bupivacaine hcl (bulk)</i>	T3	
Local Anesthetics - Esters		
<i>procaine hcl powder</i>	T3	
Macrolides		
Azithromycin		
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	T3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
Clarithromycin		
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
Erythromycins		
E.E.S. 400 ORAL TABLET	T3	
E.E.S. GRANULES	T3	
ERYPED 400	T3	

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Prescription Drug Name	Drug Tier	Notes
ERY-TAB	T3	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin oral</i>	T1	
Fidaxomicin		
DIFICID ORAL SUSPENSION RECONSTITUTED	T3	QL (136 ML per 10 days)
DIFICID ORAL TABLET	T3	QL (2 EA per 1 day)
Medical Devices		
Applicators,Cotton Balls,Etc		
<i>alcoh-wipe</i>	T3	
Cervical Caps		
FEMCAP	\$0	
Condoms - Female		
FC2 FEMALE CONDOM	\$0	QL (15 EA per 30 days)
Condoms - Male		
<i>aimsco lubricated</i>	\$0	QL (15 EA per 30 days)
<i>condoms</i>	\$0	QL (15 EA per 30 days)
DUREX REALFEEL	\$0	QL (15 EA per 30 days)
FANTASY LUBRICATED	\$0	QL (15 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	\$0	QL (15 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
KAMELEON LUBRICATED	\$0	QL (15 EA per 30 days)
<i>kimono</i>	\$0	QL (15 EA per 30 days)
KIMONO COLORS	\$0	QL (15 EA per 30 days)
<i>kimono micro thin</i>	\$0	QL (15 EA per 30 days)
<i>kimono micro thin plus</i>	\$0	QL (15 EA per 30 days)
<i>kimono plus</i>	\$0	QL (15 EA per 30 days)
<i>kimono ps</i>	\$0	QL (15 EA per 30 days)
<i>kimono ps plus</i>	\$0	QL (15 EA per 30 days)
<i>kimono sensation</i>	\$0	QL (15 EA per 30 days)
<i>kimono sensation plus</i>	\$0	QL (15 EA per 30 days)
KIMONO SPECIAL	\$0	QL (15 EA per 30 days)
<i>maxx</i>	\$0	QL (15 EA per 30 days)
<i>maxx plus</i>	\$0	QL (15 EA per 30 days)
REALITY LATEX CONDOMS	\$0	QL (15 EA per 30 days)
REALITY LATEX/ULTRA TEXTURED	\$0	QL (15 EA per 30 days)
REALITY LATEX/ULTRA THIN	\$0	QL (15 EA per 30 days)

	Drug Tier	Notes
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UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TRUSTEX COLOR CONDOMS + LUBE	\$0	QL (15 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDD ED	\$0	QL (15 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	\$0	QL (15 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED EXTRA ST	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED/SPERMICIDE	\$0	QL (15 EA per 30 days)
TRUSTEX NATURAL CONDOMS + LUBE	\$0	QL (15 EA per 30 days)
TRUSTEX NON-LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX RIA LUB/SPERMICIDE	\$0	QL (15 EA per 30 days)
TRUSTEX RIA LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	QL (15 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
Diaphragms		
OMNIFLEX DIAPHRAGM	\$0	
Glucose Monitor & Blood Pressure Monitor Combinations		
ADVOCATE DUO DEVICE	T2	PA; QL (2 EA per 365 days)
CLEVER CHEK AUTO-CODE	T2	PA; MM; QL (2 EA per 365 days)
FORA D40 GLUCOSE/PRESSURE	T2	PA; MM; QL (2 EA per 365 days)
NEUTEK 2TEK GLUCOSE/PRESSURE	T2	PA; MM; QL (2 EA per 365 days)
Glucose Monitoring Test Supplies		
ACCU-CHEK GUIDE	T2	PA; MM; QL (2 EA per 365 days)
ACCU-CHEK GUIDE ME	T2	PA; MM; QL (2 EA per 365 days)
<i>adjustable lancing device</i>	T2	
ADVANCE INTUITION METER	T2	PA; QL (2 EA per 365 days)
ADVANCE INTUITION MONITOR	T2	PA; QL (2 EA per 365 days)
ADVOCATE BLOOD GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
ADVOCATE BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
ADVOCATE REDI-CODE	T2	PA; MM; QL (2 EA per 365 days)
ADVOCATE REDI-CODE+	T2	PA; MM; QL (2 EA per 365 days)
AGAMATRIX JAZZ WIRELESS 2	T2	PA; MM; QL (2 EA per 365 days)
AGAMATRIX PRESTO	T2	PA; MM; QL (2 EA per 365 days)
ASSURE 4 METER	T2	PA; QL (2 EA per 365 days)
ASSURE PLATINUM METER	T2	PA; MM; QL (2 EA per 365 days)
ASSURE PRISM MULTI METER	T2	PA; MM; QL (2 EA per 365 days)
ASSURE PRO BLOOD GLUCOSE METER	T2	PA; QL (2 EA per 365 days)
<i>blood glucose monitor system</i>	T2	PA; MM; QL (2 EA per 365 days)
<i>blood glucose system pak</i>	T2	PA; QL (2 EA per 365 days)
CARESENS N GLUCOSE SYSTEM	T2	PA; QL (2 EA per 365 days)
CARESENS N VOICE SYSTEM	T2	PA; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
CARETOUCH MONITOR SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CARETOUCH TWIST LANCETS 30G	T2	MM; QL (200 EA per 30 days)
CLEVER CHEK AUTO-CODE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHEK AUTO-CODE VOICE	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHEK SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE AUTO-CODE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE MICRO SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE MINI SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE TALK SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CONTOUR BLOOD GLUCOSE SYSTEM KIT	T2	MM; QL (2 EA per 365 days)
CONTOUR MONITOR DEVICE	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT EZ	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT LINK	T2	MM; QL (2 EA per 365 days)

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UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
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Prescription Drug Name	Drug Tier	Notes
CONTOUR NEXT MONITOR	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT ONE KIT	T2	MM; QL (2 EA per 365 days)
COOL MONITOR	T2	PA; QL (2 EA per 365 days)
COOL MONITOR KIT	T2	PA; QL (2 EA per 365 days)
DEXCOM G6 RECEIVER	T2	PA; MM; QL (2 EA per 365 days)
DEXCOM G6 SENSOR	T2	PA; MM; QL (4 EA per 28 days)
DEXCOM G6 TRANSMITTER	T2	PA; MM; QL (4 EA per 365 days)
DEXCOM G7 15 DAY SENSOR	T2	PA; MM; QL (3 EA per 30 days)
DEXCOM G7 RECEIVER	T2	PA; MM; QL (2 EA per 365 days)
DEXCOM G7 SENSOR	T2	PA; MM; QL (4 EA per 28 days)
DIASCREEN 1B	T3	
DROPLET PERSONAL LANCETS 30G	T2	MM; QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G	T2	MM; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>easy plus ii glucose system</i>	T2	PA; MM; QL (2 EA per 365 days)
EASY STEP GLUCOSE MONITOR DEVICE	T2	PA; MM; QL (2 EA per 365 days)
<i>easy talk blood glucose system device</i>	T2	PA; MM; QL (2 EA per 365 days)
EASY TOUCH GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
<i>easy trak blood glucose system device</i>	T2	PA; MM; QL (2 EA per 365 days)
EASYGLUCO	T2	PA; MM; QL (2 EA per 365 days)
EASYMAX NG BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
EASYMAX V BLOOD GLUCOSE DEVICE	T2	PA; MM; QL (2 EA per 365 days)
EASYPRO PLUS	T2	PA; QL (2 EA per 365 days)
ELEMENT AUTOCODE SYSTEM	T2	PA; QL (2 EA per 365 days)
<i>element compact glucose system</i>	T2	PA; MM; QL (2 EA per 365 days)
<i>element compact v glucose sys</i>	T2	PA; MM; QL (2 EA per 365 days)

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
ELEMENT PLUS	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE BLOOD GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE EVO GLUCOSE MONITORING	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE PRO GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE TALK BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE TALK MONITORING SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
ENLITE GLUCOSE SENSOR	T3	PA; MM; QL (5 EA per 30 days)
EVERSENSE 365 SENSOR/HOLDER	T3	PA; QL (2 EA per 365 days)
EVERSENSE 365 SMART TRANSMIT	T3	PA; MM; QL (2 EA per 365 days)
EVOLUTION AUTOCODE	T2	PA; MM; QL (2 EA per 365 days)
FIFTY50 GLUCOSE METER 2.0	T2	PA; QL (2 EA per 365 days)
FORA G20 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
FORA G30A BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA GD20 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA GD50 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA PREMIUM V10 BLE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA TEST N' GO MONITOR	T2	PA; MM; QL (2 EA per 365 days)
FORA TN'G VOICE	T2	PA; MM; QL (2 EA per 365 days)
FORA V12 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORACARE GD40 MONITOR	T2	PA; MM; QL (2 EA per 365 days)
FORACARE PREMIUM V10	T2	PA; MM; QL (2 EA per 365 days)
FORACARE TEST N GO MONITOR	T2	PA; MM; QL (2 EA per 365 days)
FREESTYLE FREEDOM LITE	T2	PA; MM; QL (2 EA per 365 days)
FREESTYLE LIBRE 14 DAY READER	T3	PA; MM; QL (2 EA per 365 days)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 14 DAY SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T3	PA; MM; QL (2 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE READER	T3	PA; QL (2 EA per 365 days)
FREESTYLE LITE DEVICE	T2	PA; MM; QL (2 EA per 365 days)
FREESTYLE PRECISION NEO SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
<i>ge100 blood glucose system kit</i>	T2	PA; MM; QL (2 EA per 365 days)
GENTEEL PLUS LANCING (PURPLE)	T2	MM
GENTEEL PLUS LANCING (WHITE)	T2	MM
GENTEEL PLUS LANCING DEV(BLUE)	T2	MM

Prescription Drug Name	Drug Tier	Notes
GENTEEL PLUS LANCING DEV(PINK)	T2	MM
<i>ght blood glucose monitor</i>	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	T2	PA; QL (2 EA per 365 days)
GLUCOCARD 01 BLOOD GLUCOSE KIT	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD 01-MINI GLUCOSE	T2	PA; QL (2 EA per 365 days)
GLUCOCARD EXPRESSION MONITOR	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE CONNEX	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE EXPRESS	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE XL	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD VITAL MONITOR	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD X-METER	T2	PA; QL (2 EA per 365 days)
GLUCOCOM BLOOD GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)

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	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
GLUCOCOM MONITOR	T2	PA; MM; QL (2 EA per 365 days)
GLUCONAVII BLOOD GLUCOSE SYS	T2	PA; QL (2 EA per 365 days)
GNP EASY TOUCH GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
GUARDIAN 4 GLUCOSE SENSOR	T3	PA; MM; QL (5 EA per 30 days)
GUARDIAN 4 TRANSMITTER	T3	PA; MM; QL (2 EA per 365 days)
GUARDIAN LINK 3 TRANSMITTER	T3	PA; MM; QL (2 EA per 365 days)
GUARDIAN SENSOR (3)	T3	PA; MM; QL (5 EA per 30 days)
HM EMBRACE TALK SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
HW EMBRACE PRO GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
HW EMBRACE TALK BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
IGLUCOSE MONITORING SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
INFINITY BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
INFINITY VOICE	T2	PA; MM; QL (2 EA per 365 days)
<i>lancets</i>	T2	MM; QL (200 EA per 30 days)
<i>lancets 30g</i>	T2	MM; QL (200 EA per 30 days)
<i>lancets thin</i>	T2	QL (200 EA per 30 days)
<i>lancing device</i>	T2	
MICRODOT BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
MICROLET NEXT LANCING DEVICE	T2	MM
MM EASY TOUCH GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
MYGLUCOHEALTH BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
NOVA MAX BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
ONETOUCH DELICA PLUS LANCET33G	T2	MM; QL (200 EA per 30 days)
ONETOUCH ULTRA 2	T2	PA; MM; QL (2 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	T2	PA; MM; QL (2 EA per 365 days)

	Drug Tier	Notes
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Prescription Drug Name	Drug Tier	Notes
PHARMACIST CHOICE AUTOCODE SYS	T2	PA; MM; QL (2 EA per 365 days)
PHARMACIST CHOICE MINI SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
POCKETCHEM EZ SYSTEM	T2	PA; QL (2 EA per 365 days)
POGO AUTOMATIC BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
<i>pro voice v9 glucose system</i>	T2	PA; MM; QL (2 EA per 365 days)
PRODIGY AUTOCODE BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
PRODIGY POCKET BLOOD GLUCOSE KIT	T2	PA; MM; QL (2 EA per 365 days)
PRODIGY VOICE BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
QUICKTEK	T2	PA; QL (2 EA per 365 days)
QUICKTEK/METER	T2	PA; QL (2 EA per 365 days)
QUINTET AC BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
QUINTET BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
REFUAH PLUS MONITORING SYSTEM	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
RELION CONFIRM GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION MICRO	T2	PA; MM; QL (2 EA per 365 days)
RELION PREMIER BLU MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION PREMIER VOICE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION PRIME MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION ULTIMA GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
RIGHTEST GM100 BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
RIGHTEST GM300 BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
RIGHTEST GM550 BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
SIMPLERA SENSOR	T3	PA; MM; QL (5 EA per 28 days)
SIMPLERA SYNC SENSOR	T3	PA; MM; QL (5 EA per 28 days)
SIMPLERA SYSTEM	T3	PA; MM; QL (5 EA per 28 days)

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
SMARTEST EJECT	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST EJECT STARTER	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PERSONA STARTER	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PRONTO STARTER	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PROTEGE	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PROTEGE STARTER	T2	PA; MM; QL (2 EA per 365 days)
SOLUS V2 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT	T2	PA; MM; QL (2 EA per 365 days)
TRUE METRIX GO GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
TRUE METRIX METER KIT	T2	PA; MM; QL (2 EA per 365 days)
TRUEPLUS LANCETS 28G	T2	MM; QL (200 EA per 30 days)
TRUERESULT BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
TRUETRACK BLOOD GLUCOSE KIT	T2	PA; MM; QL (2 EA per 365 days)
TRUETRACK SMART SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
UNISTIK PRO SAFETY LANCET	T2	MM; QL (600 EA per 90 days)
<i>verasens blood glucose meter</i>	T2	PA; QL (2 EA per 365 days)
<i>verasens blood glucose system</i>	T2	PA; QL (2 EA per 365 days)
Insulin Administration Supplies		
OMNIPOD DASH PDM (GEN 4)	T2	MM
OMNIPOD DASH PODS (GEN 4)	T2	MM
Nebulizers		
INNOSPIRE ESSENCE NEBULIZER	T2	
Needles & Syringes		
<i>autopen</i>	T2	MM; QL (2 EA per 365 days)
BARDIA BULB IRRIGATION SYRINGE	T2	QL (200 EA per 30 days)
BARDIA PISTON IRRIGATION SYR	T2	QL (200 EA per 30 days)
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
BD CONTROL SYRINGE LUER-LOK	T2	QL (200 EA per 30 days)
BD ECLIPSE SYRINGE 25G X 1" 3 ML, 27G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT	T2	MM; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T2	MM; QL (200 EA per 30 days)
BD INSULIN SYRINGE U-500	T2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T2	MM; QL (200 EA per 30 days)
BD INTEGRA SYRINGE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	T2	QL (200 EA per 30 days)
BD LUER-LOK SYRINGE 10 ML , 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 21G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML	T2	QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
BD LUER-LOK SYRINGE 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 5 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML	T2	
BD PEN NEEDLE MICRO ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	T2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	T2	MM; QL (200 EA per 30 days)

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	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BD PLASTIPAK SYRINGE	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE NEEDLE 18G X 1-1/2"	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	T2	MM; QL (200 EA per 30 days)
BD SYRINGE 50 ML	T2	QL (200 EA per 30 days)
BD SYRINGE BLUNT CANNULA 17G 10 ML	T2	QL (200 EA per 30 days)
BD SYRINGE DUAL CANNULA	T2	QL (200 EA per 30 days)
BD SYRINGE LUER SLIP TIP 20 ML , 5 ML	T2	QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 1 ML , 20 ML , 30 ML , 5 ML	T2	QL (200 EA per 30 days)
BD SYRINGE SLIP TIP 1 ML , 10 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML	T2	QL (200 EA per 30 days)
BD SYRINGE/NEEDLE	T2	QL (200 EA per 30 days)
BD TB SYRINGE 21G X 1" 1 ML, 27G X 1/2" 0.5 ML	T2	QL (200 EA per 30 days)
BD TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	T2	

Prescription Drug Name	Drug Tier	Notes
BD VEO INSULIN SYR U/F 1/2UNIT	T2	MM; QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE	T2	MM; QL (200 EA per 30 days)
CEQUR SIMPLICITY 2U	T2	MM; QL (8 EA per 30 days)
COMFORT EZ PEN NEEDLES 33G X 5 MM	T2	MM; QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM	T2	MM; QL (200 EA per 30 days)
<i>crono syringe 19g x 1-1/2" 10 ml</i>	T2	QL (200 EA per 30 days)
DROPLET MICRON	T2	MM; QL (200 EA per 30 days)
DROPLET PEN NEEDLES 32G X 5 MM	T2	MM; QL (200 EA per 30 days)
EASY GLIDE LUER LOCK SYRINGE 1 ML	T2	QL (200 EA per 30 days)
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML	T2	QL (200 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
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T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Drug

Notes
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MM = Maintenance Medication
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 5 ML, 18G X 1.5" 10 ML, 20G X 1" 10 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 5 ML, 25G X 1" 10 ML, 25G X 1" 5 ML, 25G X 5/8" 5 ML, 27G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 5 ML, 25G X 1" 10 ML, 25G X 1" 5 ML	T2	QL (200 EA per 30 days)
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML, 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT	T2	MM; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
EMBECTA INSULIN SYR ULTRAFINE	T2	MM; QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE	T2	MM; QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100	T2	MM; QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500	T2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO	T2	MM; QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN	T2	MM; QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE	T2	MM; QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 31G X 5 MM	T2	MM; QL (200 EA per 30 days)
<i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i>	T2	MM; QL (200 EA per 30 days)
<i>insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	T2	MM; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
MONOJECT BLUNTIP SYR/CANNULA 6 ML	T2	QL (200 EA per 30 days)
MONOJECT CONTROL SYRINGE	T2	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, U-100 1 ML	T2	MM; QL (200 EA per 30 days)
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML	T2	QL (200 EA per 30 days)
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 6 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE 12 ML , 20G X 1-1/2" 12 ML, 20G X 1-1/2" 6 ML, 21G X 1" 6 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 6 ML, 6 ML	T2	QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
MONOJECT SYRINGE 18G X 1" 12 ML, 27G X 1-1/4" 3 ML	T2	
MONOJECT SYRINGE CATH TIP	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE LUER LOCK	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE PHARMACY TRAY	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 35 ML , 6 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE REGULAR TIP 20 ML , 6 ML , 60 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE TOOMEY TYPE	T2	QL (200 EA per 30 days)
MONOJECT TB SAFETY SYRINGE	T2	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Notes
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
NORM-JECT LUER LOCK SYRINGE	T2	
NORM-JECT LUER SLIP SYRINGE	T2	QL (200 EA per 30 days)
NOVOPEN ECHO	T2	MM; QL (200 EA per 30 days)
<i>pen needles 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	T2	MM; QL (200 EA per 30 days)
<i>sure comfort insulin syringe 29g x 1/2" 1 ml</i>	T2	MM; QL (200 EA per 30 days)
<i>syringe disposable 10 ml</i>	T2	
<i>syringe eccentric tip</i>	T2	QL (200 EA per 30 days)
<i>syringe luer lock 10 ml , 20 ml , 20g x 1" 10 ml, 20g x 1" 5 ml, 20g x 1-1/2" 10 ml, 20g x 1-1/2" 5 ml, 21g x 1" 10 ml, 21g x 1" 5 ml, 21g x 1-1/2" 5 ml, 22g x 1" 10 ml, 22g x 1-1/2" 10 ml, 22g x 1-1/2" 5 ml, 23g x 1" 3 ml, 30 ml , 5 ml , 60 ml</i>	T2	QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>syringe luer slip 1 ml , 10 ml , 27g x 1/2" 1 ml, 35 ml , 5 ml , 60 ml</i>	T2	QL (200 EA per 30 days)
<i>syringe/hypodermic safety</i>	T2	QL (200 EA per 30 days)
<i>toomey syringe</i>	T2	QL (200 EA per 30 days)
ULTICARE TUBERCULIN SAFETY SYR	T2	QL (200 EA per 30 days)
UNIFINE PENTIPS 29G X 12MM	T2	MM; QL (200 EA per 30 days)
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 5 ML, 25G X 5/8" 3 ML	T2	QL (200 EA per 30 days)
VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML	T2	QL (200 EA per 30 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML	T2	QL (200 EA per 30 days)
Spacer/Aerosol-Holding Chambers & Supplies		
INSPIREASE	T2	
POCKET CHAMBER	T2	
Medical Devices And Supplies		

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Prescription Drug Name	Drug Tier	Notes
Applicators,Cotton Balls,Etc		
<i>alcoh-wipe</i>	T3	
Cervical Caps		
FEMCAP	\$0	
Condoms - Female		
FC2 FEMALE CONDOM	\$0	QL (15 EA per 30 days)
Condoms - Male		
<i>aimsco lubricated</i>	\$0	QL (15 EA per 30 days)
<i>condoms</i>	\$0	QL (15 EA per 30 days)
DUREX REALFEEL	\$0	QL (15 EA per 30 days)
FANTASY LUBRICATED	\$0	QL (15 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	\$0	QL (15 EA per 30 days)
KAMELEON LUBRICATED	\$0	QL (15 EA per 30 days)
<i>kimono</i>	\$0	QL (15 EA per 30 days)
KIMONO COLORS	\$0	QL (15 EA per 30 days)
<i>kimono micro thin</i>	\$0	QL (15 EA per 30 days)
<i>kimono micro thin plus</i>	\$0	QL (15 EA per 30 days)
<i>kimono plus</i>	\$0	QL (15 EA per 30 days)
<i>kimono ps</i>	\$0	QL (15 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>kimono ps plus</i>	\$0	QL (15 EA per 30 days)
<i>kimono sensation</i>	\$0	QL (15 EA per 30 days)
<i>kimono sensation plus</i>	\$0	QL (15 EA per 30 days)
KIMONO SPECIAL	\$0	QL (15 EA per 30 days)
<i>maxx</i>	\$0	QL (15 EA per 30 days)
<i>maxx plus</i>	\$0	QL (15 EA per 30 days)
REALITY LATEX CONDOMS	\$0	QL (15 EA per 30 days)
REALITY LATEX/ULTRA TEXTURED	\$0	QL (15 EA per 30 days)
REALITY LATEX/ULTRA THIN	\$0	QL (15 EA per 30 days)
TRUSTEX COLOR CONDOMS + LUBE	\$0	QL (15 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDD ED	\$0	QL (15 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	\$0	QL (15 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	\$0	QL (15 EA per 30 days)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
TRUSTEX LUBRICATED EXTRA ST	\$0	QL (15 EA per 30 days)
TRUSTEX LUBRICATED/SPERMICIDE	\$0	QL (15 EA per 30 days)
TRUSTEX NATURAL CONDOMS + LUBE	\$0	QL (15 EA per 30 days)
TRUSTEX NON-LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX RIA LUB/SPERMICIDE	\$0	QL (15 EA per 30 days)
TRUSTEX RIA LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	\$0	QL (15 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	QL (15 EA per 30 days)
Diaphragms		
OMNIFLEX DIAPHRAGM	\$0	
Glucose Monitor & Blood Pressure Monitor Combinations		
ADVOCATE DUO DEVICE	T2	PA; QL (2 EA per 365 days)
CLEVER CHEK AUTO-CODE	T2	PA; MM; QL (2 EA per 365 days)
FORA D40 GLUCOSE/PRESSURE	T2	PA; MM; QL (2 EA per 365 days)
NEUTEK 2TEK GLUCOSE/PRESSURE	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
Glucose Monitoring Test Supplies		
ACCU-CHEK GUIDE	T2	PA; MM; QL (2 EA per 365 days)
ACCU-CHEK GUIDE ME	T2	PA; MM; QL (2 EA per 365 days)
<i>adjustable lancing device</i>	T2	
ADVANCE INTUITION METER	T2	PA; QL (2 EA per 365 days)
ADVANCE INTUITION MONITOR	T2	PA; QL (2 EA per 365 days)
ADVOCATE BLOOD GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
ADVOCATE BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
ADVOCATE REDI-CODE	T2	PA; MM; QL (2 EA per 365 days)
ADVOCATE REDI-CODE+	T2	PA; MM; QL (2 EA per 365 days)
AGAMATRIX JAZZ WIRELESS 2	T2	PA; MM; QL (2 EA per 365 days)
AGAMATRIX PRESTO	T2	PA; MM; QL (2 EA per 365 days)
ASSURE 4 METER	T2	PA; QL (2 EA per 365 days)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
ASSURE PLATINUM METER	T2	PA; MM; QL (2 EA per 365 days)
ASSURE PRISM MULTI METER	T2	PA; MM; QL (2 EA per 365 days)
ASSURE PRO BLOOD GLUCOSE METER	T2	PA; QL (2 EA per 365 days)
<i>blood glucose monitor system</i>	T2	PA; MM; QL (2 EA per 365 days)
<i>blood glucose system pak</i>	T2	PA; QL (2 EA per 365 days)
CARESENS N GLUCOSE SYSTEM	T2	PA; QL (2 EA per 365 days)
CARESENS N VOICE SYSTEM	T2	PA; QL (2 EA per 365 days)
CARETOUCH MONITOR SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CARETOUCH TWIST LANCETS 30G	T2	MM; QL (200 EA per 30 days)
CLEVER CHEK AUTO-CODE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHEK AUTO-CODE VOICE	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHEK SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE AUTO-CODE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
CLEVER CHOICE MICRO SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE MINI SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CLEVER CHOICE TALK SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
CONTOUR BLOOD GLUCOSE SYSTEM KIT	T2	MM; QL (2 EA per 365 days)
CONTOUR MONITOR DEVICE	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT EZ	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT LINK	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT MONITOR	T2	MM; QL (2 EA per 365 days)
CONTOUR NEXT ONE KIT	T2	MM; QL (2 EA per 365 days)
COOL MONITOR	T2	PA; QL (2 EA per 365 days)
COOL MONITOR KIT	T2	PA; QL (2 EA per 365 days)
DEXCOM G6 RECEIVER	T2	PA; MM; QL (2 EA per 365 days)
DEXCOM G6 SENSOR	T2	PA; MM; QL (4 EA per 28 days)
DEXCOM G6 TRANSMITTER	T2	PA; MM; QL (4 EA per 365 days)

lowercase italics = Generic drugs	Drug Tier	Notes
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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
DEXCOM G7 15 DAY SENSOR	T2	PA; MM; QL (3 EA per 30 days)
DEXCOM G7 RECEIVER	T2	PA; MM; QL (2 EA per 365 days)
DEXCOM G7 SENSOR	T2	PA; MM; QL (4 EA per 28 days)
DIASCREEN 1B	T3	
DROPLET PERSONAL LANCETS 30G	T2	MM; QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G	T2	MM; QL (200 EA per 30 days)
<i>easy plus ii glucose system</i>	T2	PA; MM; QL (2 EA per 365 days)
EASY STEP GLUCOSE MONITOR DEVICE	T2	PA; MM; QL (2 EA per 365 days)
<i>easy talk blood glucose system device</i>	T2	PA; MM; QL (2 EA per 365 days)
EASY TOUCH GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
<i>easy trak blood glucose system device</i>	T2	PA; MM; QL (2 EA per 365 days)
EASYGLUCO	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
EASYMAX NG BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
EASYMAX V BLOOD GLUCOSE DEVICE	T2	PA; MM; QL (2 EA per 365 days)
EASYPRO PLUS	T2	PA; QL (2 EA per 365 days)
ELEMENT AUTOCODE SYSTEM	T2	PA; QL (2 EA per 365 days)
<i>element compact glucose system</i>	T2	PA; MM; QL (2 EA per 365 days)
<i>element compact v glucose sys</i>	T2	PA; MM; QL (2 EA per 365 days)
ELEMENT PLUS	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE BLOOD GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE EVO GLUCOSE MONITORING	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE PRO GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE TALK BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
EMBRACE TALK MONITORING SYSTEM	T2	PA; MM; QL (2 EA per 365 days)

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
ENLITE GLUCOSE SENSOR	T3	PA; MM; QL (5 EA per 30 days)
EVERSENSE 365 SENSOR/HOLDER	T3	PA; QL (2 EA per 365 days)
EVERSENSE 365 SMART TRANSMIT	T3	PA; MM; QL (2 EA per 365 days)
EVOLUTION AUTOCODE	T2	PA; MM; QL (2 EA per 365 days)
FIFTY50 GLUCOSE METER 2.0	T2	PA; QL (2 EA per 365 days)
FORA G20 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA G30A BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA GD20 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA GD50 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA PREMIUM V10 BLE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORA TEST N' GO MONITOR	T2	PA; MM; QL (2 EA per 365 days)
FORA TN'G VOICE	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
FORA V12 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
FORACARE GD40 MONITOR	T2	PA; MM; QL (2 EA per 365 days)
FORACARE PREMIUM V10	T2	PA; MM; QL (2 EA per 365 days)
FORACARE TEST N GO MONITOR	T2	PA; MM; QL (2 EA per 365 days)
FREESTYLE FREEDOM LITE	T2	PA; MM; QL (2 EA per 365 days)
FREESTYLE LIBRE 14 DAY READER	T3	PA; MM; QL (2 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T3	PA; MM; QL (2 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T3	PA; MM; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	T3	PA; MM; QL (2 EA per 28 days)

	Drug Tier	Notes
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UPPERCASE = Brand name drugs	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
FREESTYLE LIBRE READER	T3	PA; QL (2 EA per 365 days)
FREESTYLE LITE DEVICE	T2	PA; MM; QL (2 EA per 365 days)
FREESTYLE PRECISION NEO SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
<i>ge100 blood glucose system kit</i>	T2	PA; MM; QL (2 EA per 365 days)
GENTEEL PLUS LANCING (PURPLE)	T2	MM
GENTEEL PLUS LANCING (WHITE)	T2	MM
GENTEEL PLUS LANCING DEV(BLUE)	T2	MM
GENTEEL PLUS LANCING DEV(PINK)	T2	MM
<i>ght blood glucose monitor</i>	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	T2	PA; QL (2 EA per 365 days)
GLUCOCARD 01 BLOOD GLUCOSE KIT	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD 01-MINI GLUCOSE	T2	PA; QL (2 EA per 365 days)
GLUCOCARD EXPRESSION MONITOR	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
GLUCOCARD SHINE	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE CONNEX	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE EXPRESS	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD SHINE XL	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD VITAL MONITOR	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCARD X-METER	T2	PA; QL (2 EA per 365 days)
GLUCOCOM BLOOD GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
GLUCOCOM MONITOR	T2	PA; MM; QL (2 EA per 365 days)
GLUCONAVII BLOOD GLUCOSE SYS	T2	PA; QL (2 EA per 365 days)
GNP EASY TOUCH GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
GUARDIAN 4 GLUCOSE SENSOR	T3	PA; MM; QL (5 EA per 30 days)
GUARDIAN 4 TRANSMITTER	T3	PA; MM; QL (2 EA per 365 days)

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
GUARDIAN LINK 3 TRANSMITTER	T3	PA; MM; QL (2 EA per 365 days)
GUARDIAN SENSOR (3)	T3	PA; MM; QL (5 EA per 30 days)
HM EMBRACE TALK SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
HW EMBRACE PRO GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
HW EMBRACE TALK BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
IGLUCOSE MONITORING SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
INFINITY BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
INFINITY VOICE	T2	PA; MM; QL (2 EA per 365 days)
<i>lancets</i>	T2	MM; QL (200 EA per 30 days)
<i>lancets 30g</i>	T2	MM; QL (200 EA per 30 days)
<i>lancets thin</i>	T2	QL (200 EA per 30 days)
<i>lancing device</i>	T2	
MICRODOT BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
MICROLET NEXT LANCING DEVICE	T2	MM
MM EASY TOUCH GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
MYGLUCOHEALTH BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
NOVA MAX BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
ONETOUCH DELICA PLUS LANCET33G	T2	MM; QL (200 EA per 30 days)
ONETOUCH ULTRA 2	T2	PA; MM; QL (2 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	T2	PA; MM; QL (2 EA per 365 days)
PHARMACIST CHOICE AUTOCODE SYS	T2	PA; MM; QL (2 EA per 365 days)
PHARMACIST CHOICE MINI SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
POCKETCHEM EZ SYSTEM	T2	PA; QL (2 EA per 365 days)
POGO AUTOMATIC BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
<i>pro voice v9 glucose system</i>	T2	PA; MM; QL (2 EA per 365 days)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
PRODIGY AUTOCODE BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
PRODIGY POCKET BLOOD GLUCOSE KIT	T2	PA; MM; QL (2 EA per 365 days)
PRODIGY VOICE BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
QUICKTEK	T2	PA; QL (2 EA per 365 days)
QUICKTEK/METER	T2	PA; QL (2 EA per 365 days)
QUINTET AC BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
QUINTET BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
REFUAH PLUS MONITORING SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
RELION CONFIRM GLUCOSE MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION MICRO	T2	PA; MM; QL (2 EA per 365 days)
RELION PREMIER BLU MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION PREMIER VOICE MONITOR	T2	PA; MM; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
RELION PRIME MONITOR	T2	PA; MM; QL (2 EA per 365 days)
RELION ULTIMA GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
RIGHTEST GM100 BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
RIGHTEST GM300 BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
RIGHTEST GM550 BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
SIMPLERA SENSOR	T3	PA; MM; QL (5 EA per 28 days)
SIMPLERA SYNC SENSOR	T3	PA; MM; QL (5 EA per 28 days)
SIMPLERA SYSTEM	T3	PA; MM; QL (5 EA per 28 days)
SMARTEST EJECT	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST EJECT STARTER	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PERSONA STARTER	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PRONTO STARTER	T2	PA; MM; QL (2 EA per 365 days)

	Drug Tier	Notes
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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
SMARTEST PROTEGE	T2	PA; MM; QL (2 EA per 365 days)
SMARTEST PROTEGE STARTER	T2	PA; MM; QL (2 EA per 365 days)
SOLUS V2 BLOOD GLUCOSE SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT	T2	PA; MM; QL (2 EA per 365 days)
TRUE METRIX GO GLUCOSE METER	T2	PA; MM; QL (2 EA per 365 days)
TRUE METRIX METER KIT	T2	PA; MM; QL (2 EA per 365 days)
TRUEPLUS LANCETS 28G	T2	MM; QL (200 EA per 30 days)
TRUERESULT BLOOD GLUCOSE	T2	PA; MM; QL (2 EA per 365 days)
TRUETRACK BLOOD GLUCOSE KIT	T2	PA; MM; QL (2 EA per 365 days)
TRUETRACK SMART SYSTEM	T2	PA; MM; QL (2 EA per 365 days)
UNISTIK PRO SAFETY LANCET	T2	MM; QL (600 EA per 90 days)
<i>verasens blood glucose meter</i>	T2	PA; QL (2 EA per 365 days)

Prescription Drug Name	Drug Tier	Notes
<i>verasens blood glucose system</i>	T2	PA; QL (2 EA per 365 days)
Insulin Administration Supplies		
OMNIPOD DASH PDM (GEN 4)	T2	MM
OMNIPOD DASH PODS (GEN 4)	T2	MM
Nebulizers		
INNOSPIRE ESSENCE NEBULIZER	T2	
Needles & Syringes		
<i>autopen</i>	T2	MM; QL (2 EA per 365 days)
BARDIA BULB IRRIGATION SYRINGE	T2	QL (200 EA per 30 days)
BARDIA PISTON IRRIGATION SYR	T2	QL (200 EA per 30 days)
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
BD CONTROL SYRING LUER-LOK	T2	QL (200 EA per 30 days)
BD ECLIPSE SYRINGE 25G X 1" 3 ML, 27G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT	T2	MM; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T2	MM; QL (200 EA per 30 days)

	Drug Tier	Notes
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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE U-500	T2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T2	MM; QL (200 EA per 30 days)
BD INTEGRA SYRINGE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	T2	QL (200 EA per 30 days)
BD LUER-LOK SYRINGE 10 ML , 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 21G X 1" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML	T2	QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
BD LUER-LOK SYRINGE 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 5 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML	T2	
BD PEN NEEDLE MICRO ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	T2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	T2	MM; QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	T2	MM; QL (200 EA per 30 days)

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UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
BD PLASTIPAK SYRINGE	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE NEEDLE 18G X 1-1/2"	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	T2	MM; QL (200 EA per 30 days)
BD SYRINGE 50 ML	T2	QL (200 EA per 30 days)
BD SYRINGE BLUNT CANNULA 17G 10 ML	T2	QL (200 EA per 30 days)
BD SYRINGE DUAL CANNULA	T2	QL (200 EA per 30 days)
BD SYRINGE LUER SLIP TIP 20 ML , 5 ML	T2	QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 1 ML , 20 ML , 30 ML , 5 ML	T2	QL (200 EA per 30 days)
BD SYRINGE SLIP TIP 1 ML , 10 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML	T2	QL (200 EA per 30 days)
BD SYRINGE/NEEDLE	T2	QL (200 EA per 30 days)
BD TB SYRINGE 21G X 1" 1 ML, 27G X 1/2" 0.5 ML	T2	QL (200 EA per 30 days)
BD TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	T2	

Prescription Drug Name	Drug Tier	Notes
BD VEO INSULIN SYR U/F 1/2UNIT	T2	MM; QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE	T2	MM; QL (200 EA per 30 days)
CEQUR SIMPLICITY 2U	T2	MM; QL (8 EA per 30 days)
COMFORT EZ PEN NEEDLES 33G X 5 MM	T2	MM; QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM	T2	MM; QL (200 EA per 30 days)
<i>crono syringe 19g x 1-1/2" 10 ml</i>	T2	QL (200 EA per 30 days)
DROPLET MICRON	T2	MM; QL (200 EA per 30 days)
DROPLET PEN NEEDLES 32G X 5 MM	T2	MM; QL (200 EA per 30 days)
EASY GLIDE LUER LOCK SYRINGE 1 ML	T2	QL (200 EA per 30 days)
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML	T2	QL (200 EA per 30 days)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 5 ML, 18G X 1.5" 10 ML, 20G X 1" 10 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 5 ML, 25G X 1" 10 ML, 25G X 1" 5 ML, 25G X 5/8" 5 ML, 27G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 5 ML, 25G X 1" 10 ML, 25G X 1" 5 ML	T2	QL (200 EA per 30 days)
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML, 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT	T2	MM; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
EMBECTA INSULIN SYR ULTRAFINE	T2	MM; QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE	T2	MM; QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100	T2	MM; QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500	T2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO	T2	MM; QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN	T2	MM; QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE	T2	MM; QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 31G X 5 MM	T2	MM; QL (200 EA per 30 days)
<i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i>	T2	MM; QL (200 EA per 30 days)
<i>insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	T2	MM; QL (200 EA per 30 days)

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
MONOJECT BLUNTIP SYR/CANNULA 6 ML	T2	QL (200 EA per 30 days)
MONOJECT CONTROL SYRINGE	T2	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, U-100 1 ML	T2	MM; QL (200 EA per 30 days)
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML	T2	QL (200 EA per 30 days)
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 6 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE 12 ML , 20G X 1-1/2" 12 ML, 20G X 1-1/2" 6 ML, 21G X 1" 6 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 6 ML, 6 ML	T2	QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
MONOJECT SYRINGE 18G X 1" 12 ML, 27G X 1-1/4" 3 ML	T2	
MONOJECT SYRINGE CATH TIP	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE LUER LOCK	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE PHARMACY TRAY	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 35 ML , 6 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE REGULAR TIP 20 ML , 6 ML , 60 ML	T2	QL (200 EA per 30 days)
MONOJECT SYRINGE TOOMEY TYPE	T2	QL (200 EA per 30 days)
MONOJECT TB SAFETY SYRINGE	T2	QL (200 EA per 30 days)

	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	T2	QL (200 EA per 30 days)
NORM-JECT LUER LOCK SYRINGE	T2	
NORM-JECT LUER SLIP SYRINGE	T2	QL (200 EA per 30 days)
NOVOPEN ECHO	T2	MM; QL (200 EA per 30 days)
<i>pen needles 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	T2	MM; QL (200 EA per 30 days)
<i>sure comfort insulin syringe 29g x 1/2" 1 ml</i>	T2	MM; QL (200 EA per 30 days)
<i>syringe disposable 10 ml</i>	T2	
<i>syringe eccentric tip</i>	T2	QL (200 EA per 30 days)
<i>syringe luer lock 10 ml , 20 ml , 20g x 1" 10 ml, 20g x 1" 5 ml, 20g x 1-1/2" 10 ml, 20g x 1-1/2" 5 ml, 21g x 1" 10 ml, 21g x 1" 5 ml, 21g x 1-1/2" 5 ml, 22g x 1" 10 ml, 22g x 1-1/2" 10 ml, 22g x 1-1/2" 5 ml, 23g x 1" 3 ml, 30 ml , 5 ml , 60 ml</i>	T2	QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>syringe luer slip 1 ml , 10 ml , 27g x 1/2" 1 ml, 35 ml , 5 ml , 60 ml</i>	T2	QL (200 EA per 30 days)
<i>syringe/hypodermic safety</i>	T2	QL (200 EA per 30 days)
<i>toomey syringe</i>	T2	QL (200 EA per 30 days)
ULTICARE TUBERCULIN SAFETY SYR	T2	QL (200 EA per 30 days)
UNIFINE PENTIPS 29G X 12MM	T2	MM; QL (200 EA per 30 days)
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1-1/2" 5 ML, 25G X 5/8" 3 ML	T2	QL (200 EA per 30 days)
VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML	T2	QL (200 EA per 30 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML	T2	QL (200 EA per 30 days)
Spacer/Aerosol-Holding Chambers & Supplies		
INSPIREASE	T2	
POCKET CHAMBER	T2	
Migraine Products		

lowercase italics = Generic drugs	Drug Tier	Notes
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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC	T2	PA; QL (18 EA per 30 days)
QULIPTA	T2	PA; MM; QL (1 EA per 1 day)
UBRELVY	T2	PA; QL (16 EA per 30 days)
ZAVZPRET	T3	PA; QL (8 EA per 30 days)
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB	T3	PA; QL (4.8 ML per 1 day)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag		
AIMOVIG	T2	PA; MM
AJOVY	T2	PA; MM
EMGALITY	T3	PA; MM
EMGALITY (300 MG DOSE)	T2	PA; QL (6 ML per 180 days)
Ergot Combinations		
<i>ergotamine-caffeine</i>	T1	
MIGERGOT	T3	
Migraine Products		
<i>dihydroergotamine mesylate injection</i>	T1	PA
<i>dihydroergotamine mesylate nasal</i>	T1	PA; QL (8 ML per 30 days)
ERGOMAR	T3	

Prescription Drug Name	Drug Tier	Notes
TRUDHESA	T3	PA; QL (12 ML per 28 days)
Migraine Products - Nsaids		
CAMBIA	T3	PA
<i>diclofenac potassium(migraine)</i>	T1	
Selective Serotonin Agonist-Nsaid Combinations		
<i>sumatriptan-naproxen sodium</i>	T1	PA; QL (18 EA per 30 days)
SYMBRAVO	T3	PA; QL (7 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	T3	PA; QL (18 EA per 30 days)
Selective Serotonin Agonists 5-Ht(1)		
<i>almotriptan malate</i>	T1	QL (12 EA per 30 days); AR (Min 12 Years)
<i>eletriptan hydrobromide</i>	T1	QL (12 EA per 30 days); AR (Min 18 Years)
FROVA	T3	PA; QL (18 EA per 30 days); AR (Min 18 Years)
<i>frovatriptan succinate</i>	T3	QL (18 EA per 30 days); AR (Min 18 Years)

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	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
IMITREX ORAL	T3	PA; QL (18 EA per 30 days); AR (Min 18 Years)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T3	PA; QL (14 ML per 30 days); AR (Min 18 Years)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	T3	PA; QL (9 ML per 30 days); AR (Min 18 Years)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T3	PA; QL (14 ML per 30 days); AR (Min 18 Years)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	PA; QL (9 ML per 30 days); AR (Min 18 Years)
MAXALT ORAL TABLET 10 MG	T3	PA; QL (12 EA per 30 days); AR (Min 6 Years)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	PA; QL (12 EA per 30 days); AR (Min 6 Years)

Prescription Drug Name	Drug Tier	Notes
<i>naratriptan hcl</i>	T1	QL (9 EA per 30 days); AR (Min 18 Years)
ONZETRA XSAIL	T3	PA; QL (16 EA per 30 days); AR (Min 18 Years)
RELPAK	T3	PA; QL (12 EA per 30 days); AR (Min 18 Years)
<i>rizatriptan benzoate</i>	T1	QL (12 EA per 30 days); AR (Min 6 Years)
<i>sumatriptan nasal solution 20 mg/act</i>	T1	QL (18 EA per 30 days); AR (Min 18 Years)
<i>sumatriptan nasal solution 5 mg/act</i>	T1	QL (36 EA per 30 days); AR (Min 18 Years)
<i>sumatriptan succinate oral</i>	T1	QL (18 EA per 30 days); AR (Min 18 Years)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	QL (9 ML per 30 days); AR (Min 18 Years)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T1	QL (9 ML per 30 days); AR (Min 18 Years)

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Notes
TOSYMRA	T3	PA; QL (12 EA per 30 days)
ZEMBRACE SYMTOUCH	T3	PA; QL (4 ML per 30 days); AR (Min 18 Years)
<i>zolmitriptan nasal solution 2.5 mg</i>	T3	PA; QL (9 EA per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	T1	PA; QL (9 EA per 30 days); AR (Min 12 Years)
<i>zolmitriptan oral</i>	T1	QL (9 EA per 30 days); AR (Min 12 Years)
ZOMIG NASAL SOLUTION 2.5 MG	T3	PA; QL (9 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T3	PA; QL (9 EA per 30 days); AR (Min 12 Years)
ZOMIG ORAL TABLET 2.5 MG	T3	PA; QL (9 EA per 30 days)
ZOMIG ORAL TABLET 5 MG	T3	PA; QL (9 EA per 30 days); AR (Min 12 Years)

Prescription Drug Name	Drug Tier	Notes
Fluoride Combinations		
FLORIVA ORAL LIQUID	T3	
Phosphate		
K-PHOS	T3	
K-PHOS-NEUTRAL	T3	
PHOSPHA 250 NEUTRAL	T3	
<i>phosphorous</i>	T1	
PHOSPHO-TRIN 250 NEUTRAL	T1	
PHOSPHO-TRIN K500	T3	
<i>wes-phos 250 neutral</i>	T1	
Potassium		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	MM
KLOR-CON 10	T1	MM
KLOR-CON M10	T1	MM
KLOR-CON M15	T1	MM
KLOR-CON M20	T1	MM
KLOR-CON ORAL PACKET 20 MEQ	T1	MM
KLOR-CON ORAL TABLET EXTENDED RELEASE	T1	MM
POKONZA ORAL PACKET 10 MEQ	T3	PA; MM
<i>potassium chloride crys er</i>	T1	MM
<i>potassium chloride er</i>	T1	MM

Minerals & Electrolytes

Fluoride

<i>sodium fluoride oral tablet</i>	T1	
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	T1	MM

Drug Tier

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MB = Medical Benefit
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Drug

Notes

AR = Age Restrictions
MM = Maintenance Medication
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
<i>potassium chloride oral packet 20 meq</i>	T1	MM
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	T1	MM
Potassium Combinations		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T3	MM
Zinc		
GALZIN	T3	
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	T3	PA; MM
*Farnesyltransferase Inhibitors***		
ZOKINVY	T3	PA; MM
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	T3	PA; MM; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	T3	PA; MM; QL (2 EA per 1 day)
*Rock Inhibitors***		
REZUROCK	T3	PA; MM; QL (1 EA per 1 day)
Antileptotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG	T3	PA; MM
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors		
BENLYSTA SUBCUTANEOUS	T3	PA; MM
Chelating Agents		
CUVRIOR	T3	PA; MM
DEPEN TITRATABS	T2	MM
<i>penicillamine oral capsule</i>	T1	PA; MM
<i>penicillamine oral tablet</i>	T1	MM
<i>trientine hcl</i>	T1	PA; MM
Cyclosporine Analogs		
<i>cyclosporine modified</i>	T1	MM
<i>cyclosporine oral capsule</i>	T1	MM
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	MM
GENGRAF ORAL SOLUTION	T1	MM

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Prescription Drug Name	Drug Tier	Notes
LUPKYNIS	T3	PA; MM; QL (6 EA per 1 day)
NEORAL	T3	MM
SANDIMMUNE INTRAVENOUS	MB	
SANDIMMUNE ORAL CAPSULE	T3	MM
Immunomodulators For Myelodysplastic Syndromes		
<i>lenalidomide</i>	T1	PA; MM
REVLIMID	T3	PA; MM
Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT	T3	MM
<i>mycophenolate mofetil oral</i>	T1	MM
<i>mycophenolate sodium</i>	T1	MM
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	T1	MM
MYFORTIC	T3	MM
MYHIBBIN	T3	MM
Irrigation Solutions		
PHYSIOLYTE	MB	
Macrolide Immunosuppressants		
ASTAGRAF XL	T3	MM
ENVARUSUS XR	T3	MM
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
PROGRAF ORAL	T3	MM
<i>sirolimus oral</i>	T1	MM
<i>tacrolimus oral</i>	T1	MM
ZORTRESS	T3	MM
Monoclonal Antibodies		
ENSPRYNG	T3	PA; MM
Potassium Removing Agents		
KIONEX COMBINATION	T3	
LOKELMA	T3	MM
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	MM
Potassium Removing Resins		
KIONEX COMBINATION	T3	
LOKELMA	T3	MM
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	MM
Purine Analogs		
<i>azathioprine oral</i>	T1	MM
IMURAN	T3	MM
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral		

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Prescription Drug Name	Drug Tier	Notes
<i>lidocaine hcl mouth/throat</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
Anti-Infectives - Throat		
<i>clotrimazole mouth/throat troche</i>	T1	
<i>nystatin mouth/throat</i>	T1	
ORAVIG	T3	
Antiseptic Combinations - Mouth/Throat		
DEBACTEROL	T3	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
PERIDEX	T3	
PERIOGARD	T1	
Saliva Stimulants		
<i>cevimeline hcl</i>	T1	MM
EVOXAC	T3	PA; MM
<i>pilocarpine hcl oral</i>	T1	MM
SALAGEN	T3	MM
Steroids - Mouth/Throat		
KOURZEQ	T3	
ORALONE	T3	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Multivitamins		
B-Complex W/ C & Folic Acid		
DEXIFOL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>rena-vite rx</i>	T1	MM
B-Complex W/ C-Biotin-Fe & Folic Acid		
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	T3	
B-Complex W/ C-Zn & Folic Acid		
NEPHPLEX RX	T3	MM
Ped Multi Vitamins W/Fl & Fe		
POLY-VI-FLOR/IRON	T3	
Ped Mv W/ Fluoride		
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T1	
POLY-VI-FLOR ORAL SUSPENSION	T3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	T3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	T3	
Pediatric Multiple Vitamins & Minerals W/ Fluoride		
FLORIVA ORAL TABLET CHEWABLE	T3	
Prenatal Mv & Min W/Fe-Fa		
ATABEX EC	T3	PA
CONCEPT DHA	T3	PA; MM
CONCEPT OB	T3	PA; MM
<i>kosher prenatal plus iron</i>	T1	MM

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Prescription Drug Name	Drug Tier	Notes
<i>natal pnv</i>	T3	PA; MM
NESTABS	T3	PA; MM
NESTABS DHA	T3	PA; MM
OB COMPLETE ORAL TABLET	T3	PA; MM
OB COMPLETE PETITE	T3	PA; MM
OB COMPLETE PREMIER	T3	PA; MM
<i>pnv-select</i>	T1	MM
PRENATABS RX	T3	PA; MM
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1	
PRENATAL-U	T3	PA; MM
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	T3	PA; MM
PRENATOL-M	T3	PA
SELECT-OB	T3	PA; MM
<i>se-natal 19 oral tablet chewable</i>	T3	PA; MM
TRINATE	T3	PA; MM
VITAFOL GUMMIES	T3	PA; MM
VITAFOL-OB	T3	PA; MM
Prenatal Mv & Min W/Fe-Fa-Dha		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	PA
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	PA
NESTABS ONE	T3	PA; MM
OBSTETRIX ONE	T3	PA

Prescription Drug Name	Drug Tier	Notes
<i>pnv-dha</i>	T1	MM
<i>pnv-dha+docusate</i>	T1	
<i>pregen dha</i>	T3	PA; MM
<i>prena 1 true</i>	T3	PA; MM
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	T3	PA; MM
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	T3	PA; MM
PRENATE PIXIE	T3	PA; MM
<i>tristart dha</i>	T3	PA; MM
VITAFOL-OB+DHA	T3	PA; MM
VITAFOL-ONE	T3	PA; MM
Prenatal Mv & Minerals W/Fa		
PRENATE	T3	PA; MM
Prenatal Mv & Minerals W/Fa Without Iron		
PRENATE	T3	PA; MM
Prenatal Vitamins		
PRENATE AM	T3	PA; MM
Musculoskeletal Therapy Agents		
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS	T3	PA; MM
Central Muscle Relaxants		
AMRIX	T3	PA
<i>baclofen (bulk)</i>	T3	
<i>baclofen oral solution</i>	T3	PA; MM

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
\$0 = \$0 Co-pay
MB = Medical Benefit
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Drug

Notes
AR = Age Restrictions
MM = Maintenance Medication
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>baclofen oral suspension</i>	T1	PA; MM; QL (16 ML per 1 day)
<i>baclofen oral tablet</i>	T1	MM
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	T1	
<i>cyclobenzaprine hcl er</i>	T3	PA
<i>cyclobenzaprine hcl oral</i>	T1	
FEXMID	T3	
FLEQSUVY	T3	PA; MM; QL (16 ML per 1 day)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	T3	PA
<i>metaxalone oral tablet 640 mg</i>	T1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>orphenadrine citrate er</i>	T1	
<i>orphenadrine citrate injection</i>	MB	
OZOBAX DS	T3	PA; MM
SOMA	T3	PA
<i>tizanidine hcl oral</i>	T1	MM
ZANAFLEX ORAL TABLET	T3	PA; MM
Direct Muscle Relaxants		

Prescription Drug Name	Drug Tier	Notes
DANTRIUM ORAL CAPSULE 25 MG	T3	MM
<i>dantrolene sodium oral</i>	T1	MM
Muscle Relaxant Combinations		
NORGESIC	T3	PA
<i>norgesic forte</i>	T3	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T3	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	T3	PA
Nasal Agents - Systemic And Topical		
Antihistamine-Steroid		
<i>azelastine-fluticasone</i>	T1	PA
DYMISTA	T3	PA
RYALTRIS	T3	PA
Nasal Anticholinergics		
<i>ipratropium bromide nasal solution 0.03 %</i>	T1	MM
<i>ipratropium bromide nasal solution 0.06 %</i>	T1	
Nasal Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	T1	MM
<i>olopatadine hcl nasal</i>	T1	
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	MM

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>fluticasone propionate nasal</i>	T1	MM
OMNARIS	T3	MM
QNASL	T3	PA; MM
QNASL CHILDRENS	T3	PA; MM
XHANCE	T3	PA; MM
Neuromuscular Agents		
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS	T3	PA; MM
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT	T3	PA; MM
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE	T3	PA; MM
*Spinal Muscular Atrophy-Antisense Oligonucleotides***		
SPINRAZA	MB	MM
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI	T3	PA; MM
Als Agents - Miscellaneous		
RADICAVA ORS	T2	PA; MM
RADICAVA ORS STARTER KIT	T2	PA; MM
Benzothiazoles		
<i>riluzole</i>	T1	MM
TEGLUTIK	T3	MM
TIGLUTIK	T3	MM

Prescription Drug Name	Drug Tier	Notes
Nutrients		
Lipids		
DOJOLVI	T3	PA; MM
Ophthalmic Agents		
*Cholinergic Agonists***		
TYRVAYA	T3	PA; MM; QL (8.4 ML per 30 days)
*Ophthalmic Ectoparasiticide**		
XDEMVY	T3	PA; QL (10 ML per 42 days)
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN	T3	MM
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ	T3	PA
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb		
SIMBRINZA	T2	MM
Beta-Blockers - Ophthalmic		
<i>betaxolol hcl ophthalmic</i>	T1	MM
BETIMOL OPTHALMIC SOLUTION 0.5 %	T3	MM
BETOPTIC-S	T3	PA; MM
<i>carteolol hcl</i>	T1	MM
ISTALOL	T3	PA; MM

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
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	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	MM
<i>timolol hemihydrate</i>	T1	MM
<i>timolol maleate (once-daily)</i>	T1	MM
TIMOLOL MALEATE OCUDOSE	T1	MM
<i>timolol maleate ophthalmic</i>	T1	MM
<i>timolol maleate pf</i>	T1	MM
Beta-Blockers - Ophthalmic Combinations		
<i>brimonidine tartrate-timolol</i>	T1	MM
COMBIGAN	T3	PA; MM
COSOPT	T3	PA; MM
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	T3	PA; MM
<i>dorzolamide hcl-timolol mal</i>	T1	MM
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	T1	MM
Cycloplegic Mydriatic Combinations		
CYCLOMYDRIL	T3	
Cycloplegic Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	MM
CYCLOGYL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	T1	
HOMATROPAIRE	T3	MM
MYDRIACYL	T3	
<i>tropicamide ophthalmic</i>	T1	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag		
XIIDRA	T2	MM; QL (2 EA per 1 day)
Miotics - Direct Acting		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	MM
QLOSI	T3	PA
VUITY	T3	PA; MM
Ophthalmic Antiallergic		
ALOCRIAL	T3	PA
<i>azelastine hcl ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T1	
BEPREVE	T3	PA
<i>cromolyn sodium ophthalmic</i>	T1	
<i>epinastine hcl</i>	T1	
ZERVIAE	T3	PA
Ophthalmic Antibiotics		
AZASITE	T3	
<i>bacitracin ophthalmic</i>	T1	
BESIVANCE	T2	

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Prescription Drug Name	Drug Tier	Notes
CILOXAN OPHTHALMIC OINTMENT	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
KLARITY-A	T3	
<i>levofloxacin ophthalmic</i>	T1	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1	
<i>tobramycin ophthalmic</i>	T1	
TOBREX OPHTHALMIC OINTMENT	T3	
VIGAMOX	T3	
Ophthalmic Antifungal		
NATACYN	T3	
Ophthalmic Anti-Infective Combinations		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP	T3	
Ophthalmic Antivirals		
<i>trifluridine ophthalmic</i>	T1	
ZIRGAN	T3	
Ophthalmic Carbonic Anhydrase Inhibitors		
AZOPT	T3	PA; MM
<i>brinzolamide</i>	T1	MM
<i>dorzolamide hcl ophthalmic</i>	T1	MM
Ophthalmic Immunomodulators		
CEQUA	T3	PA; MM; QL (2 EA per 1 day)
<i>cyclosporine ophthalmic</i>	T1	MM; QL (2 EA per 1 day)
RESTASIS	T3	MM; QL (2 EA per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	MM; QL (2 ML per 1 day)

	Drug Tier	Notes
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Prescription Drug Name	Drug Tier	Notes
VERKAZIA	T3	PA; MM; QL (4 EA per 1 day)
VEVYE	T3	PA; MM; QL (6 ML per 30 days)
Ophthalmic Local Anesthetics		
AKTEN	T3	
ALCAINE	T3	
<i>proparacaine hcl ophthalmic</i>	T1	
Ophthalmic Nerve Growth Factors		
OXERVATE	T3	PA; QL (2 ML per 1 day)
Ophthalmic Nonsteroidal Anti-Inflammatory Agents		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	
<i>bromfenac sodium (once-daily)</i>	T1	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	T1	
BROMSITE	T3	PA
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T3	PA
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T3	PA

Prescription Drug Name	Drug Tier	Notes
PROLENSA	T3	PA
Ophthalmic Rho Kinase Inhibitors		
RHOPRESSA	T3	MM
Ophthalmic Selective Alpha Adrenergic Agonists		
ALPHAGAN P	T3	PA; MM
<i>apraclonidine hcl</i>	T1	
<i>brimonidine tartrate ophthalmic</i>	T1	MM
IOPIDINE OPTHALMIC SOLUTION 1 %	T3	PA
Ophthalmic Steroid Combinations		
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
MAXITROL OPTHALMIC OINTMENT	T3	
MAXITROL OPTHALMIC SUSPENSION 0.1 %	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	T1	

	Drug Tier	Notes
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Prescription Drug Name	Drug Tier	Notes
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	
TOBRADEX ST	T3	
<i>tobramycin-dexamethasone</i>	T1	
ZYLET	T3	
Ophthalmic Steroids		
ALREX	T3	PA
<i>clobetasol propionate ophthalmic</i>	T3	PA
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>difluprednate</i>	T1	
DUREZOL	T3	
EYSUVIS	T3	
FLAREX	T3	
<i>fluorometholone ophthalmic</i>	T1	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	
LOTEMAX	T3	
LOTEMAX SM	T3	
<i>loteprednol etabonate</i>	T1	
MAXIDEX	T3	
PRED FORTE	T3	PA
PRED MILD	T3	

Prescription Drug Name	Drug Tier	Notes
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone acetate p-f</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
Ophthalmic Sulfonamides		
<i>sulfacetamide sodium ophthalmic solution</i>	T1	
Ophthalmics - Cystinosis Agents		
CYSTADROPS	T3	PA; MM; QL (20 ML per 28 days)
CYSTARAN	T3	PA; MM; QL (2 ML per 1 day)
Ophthalmics Misc. - Other		
MIEBO	T2	QL (12 ML per 30 days)
Prostaglandins - Ophthalmic		
<i>bimatoprost ophthalmic</i>	T1	MM
IYUZEH	T3	PA; MM
<i>latanoprost ophthalmic</i>	T1	MM
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	MM
<i>tafluprost (pf)</i>	T1	MM
TRAVATAN Z	T3	PA; MM
<i>travoprost (bak free)</i>	T1	MM
VYZULTA	T3	PA; MM
XALATAN	T3	MM

	Drug Tier	Notes
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Prescription Drug Name	Drug Tier	Notes
XELPROS	T3	PA; MM
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	T3	PA; MM
Vascular Endothelial Growth Factor (Vegf) Antagonists		
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML	MB	MM
Otic Agents		
Otic Agents - Miscellaneous		
<i>acetic acid otic</i>	T1	
Otic Anti-Infectives		
CETRAXAL	T3	
<i>ciprofloxacin hcl otic</i>	T1	
<i>ofloxacin otic</i>	T1	
Otic Steroid-Anti-Infective Combinations		
CIPRO HC	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T3	
CORTISPORIN-TC	T3	
<i>neomycin-polymyxin-hc otic</i>	T1	
OTOVEL	T3	
Otic Steroids		
DERMOTIC	T3	

Prescription Drug Name	Drug Tier	Notes
<i>fluocinolone acetonide otic</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
Oxytocics		
Oxytocics		
METHERGINE ORAL	T3	
<i>methylergonovine maleate oral</i>	T1	
Passive Immunizing Agents		
Immune Serums		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	MB	MM
GAMMAGARD S/D LESS IGA	MB	MM
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML	MB	MM
Passive Immunizing And Treatment Agents		
Immune Serums		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	MB	MM
GAMMAGARD S/D LESS IGA	MB	MM
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML	MB	MM

	Drug Tier	Notes
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Prescription Drug Name	Drug Tier	Notes
Penicillins		
Aminopenicillins		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	T1	
Natural Penicillins		
<i>penicillin v potassium</i>	T1	
Penicillin Combinations		
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet</i>	T1	
AUGMENTIN ES-600	T3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T3	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	T1	
Pharmaceutical Adjuvants		
Pharmaceutical Excipients		

Prescription Drug Name	Drug Tier	Notes
PCCA RAPID DISSOLVE TABLET	T3	
Semi Solid Vehicles		
CARBOGEL 940	T3	
HRT HEAVY	T3	
OCCLUVAN	T3	
PLO GEL - MEDIFLO PRE-MIXED	T3	
Progestins		
Progestins		
GALLIFREY	T1	MM
<i>medroxyprogesterone acetate oral</i>	T1	MM
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T1	MM
<i>norethindrone acetate oral</i>	T1	MM
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	MM
PROMETRIUM	T3	MM
PROVERA	T3	MM
Psychotherapeutic And Neurological Agents - Misc.		
*Anti-Cataplectic Combinations***		
XYWAV	T3	PA; MM; QL (18 ML per 1 day)
*Melanocortin Receptor Agonists***		

	Drug Tier	Notes
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Prescription Drug Name	Drug Tier	Notes
VYLEESI	T3	PA; QL (2.4 ML per 30 days)
*Multiple Sclerosis Agents - Antimetabolites***		
MAVENCLAD (10 TABS)	T3	PA; MM
MAVENCLAD (4 TABS)	T3	PA; MM
MAVENCLAD (5 TABS)	T3	PA; MM
MAVENCLAD (6 TABS)	T3	PA; MM
MAVENCLAD (7 TABS)	T3	PA; MM
MAVENCLAD (8 TABS)	T3	PA; MM
MAVENCLAD (9 TABS)	T3	PA; MM
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI	T3	PA; MM
Agents For Narcotic Withdrawal		
<i>lofexidine hcl</i>	T1	PA; QL (16 EA per 1 day)
LUCEMYRA	T3	PA; QL (16 EA per 1 day)
Agents For Opioid Withdrawal		
<i>lofexidine hcl</i>	T1	PA; QL (16 EA per 1 day)
LUCEMYRA	T3	PA; QL (16 EA per 1 day)
Alcohol Deterrents		

Prescription Drug Name	Drug Tier	Notes
<i>acamprosate calcium</i>	T1	MM
<i>disulfiram oral</i>	T1	MM
Anti-Cataplectic Agents		
LUMRYZ	T3	PA; MM; QL (1 EA per 1 day)
LUMRYZ STARTER PACK	T3	PA
<i>sodium oxybate solution 500 mg/ml oral</i>	T3	PA; MM; QL (18 ML per 1 day)
XYREM	T3	PA; MM; QL (18 ML per 1 day)
Antidementia Agent Combinations		
<i>memantine hcl-donepezil hcl er</i>	T1	MM; AR (Min 50 Years and Max 999 Years)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	T3	MM
Antisense Oligonucleotide (Aso) Inhibitor Agents		
WAINUA	T3	PA; MM; QL (0.8 ML per 28 days)
Benzodiazepines & Tricyclic Agents		
<i>chlordiazepoxide-amitriptyline</i>	T1	MM
Cholinomimetics - Ache Inhibitors		
ARICEPT	T3	PA; MM
<i>donepezil hcl</i>	T1	MM

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Prescription Drug Name	Drug Tier	Notes
EXELON TRANSDERMAL	T3	MM
<i>galantamine hydrobromide</i>	T1	MM
<i>galantamine hydrobromide er</i>	T1	MM
<i>rivastigmine</i>	T1	MM
<i>rivastigmine tartrate</i>	T1	MM
ZUNVEYL	T3	PA; MM
Fibromyalgia Agent - Snris		
SAVELLA	T3	MM
SAVELLA TITRATION PACK	T3	
Movement Disorder Drug Therapy		
AUSTEDO	T3	PA; MM
AUSTEDO XR	T3	PA; MM
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T3	PA
INGREZZA ORAL CAPSULE	T3	PA; MM
INGREZZA ORAL CAPSULE SPRINKLE	T3	PA; MM
INGREZZA ORAL CAPSULE THERAPY PACK	T3	PA
<i>tetrabenazine</i>	T1	PA; MM
XENAZINE	T3	PA; MM

Prescription Drug Name	Drug Tier	Notes
Ms Agents - Pyrimidine Synthesis Inhibitors		
AUBAGIO	T3	PA; MM
<i>teriflunomide</i>	T1	MM
Multiple Sclerosis Agents		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T3	PA; MM; QL (1 ML per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T2	MM; QL (12 ML per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T1	MM; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T1	MM; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T1	MM; QL (1 ML per 1 day)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T1	MM; QL (12 ML per 30 days)
Multiple Sclerosis Agents - Interferons		

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T2	MM; QL (2 EA per 30 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T2	MM; QL (2 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	T2	MM; QL (15 EA per 30 days)
PLEGRIDY INTRAMUSCULAR	T2	MM; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	MM
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	MM; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; MM; QL (6 ML per 30 days)

Prescription Drug Name	Drug Tier	Notes
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (6 ML per 30 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; MM; QL (6 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; QL (6 ML per 30 days)
Multiple Sclerosis Agents - Monoclonal Antibodies		
KESIMPTA	T2	MM
Multiple Sclerosis Agents - Nrf2 Pathway Activators		
BAFIERTAM	T2	MM
<i>dimethyl fumarate oral</i>	T1	MM
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	T3	PA; MM
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	T3	PA
VUMERITY	T2	MM

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
Multiple Sclerosis Agents - Potassium Channel Blockers		
AMPYRA	T3	PA; MM; QL (2 EA per 1 day)
<i>dalfampridine er</i>	T1	PA; MM; QL (2 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists		
<i>memantine hcl er</i>	T1	MM
<i>memantine hcl oral solution 2 mg/ml</i>	T1	MM
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	MM
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	
Phenothiazines & Tricyclic Agents		
<i>perphenazine-amitriptyline</i>	T1	MM
Postherpetic Neuralgia (Phn) Agents		
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	T1	PA; MM
GRALISE ORAL TABLET	T3	PA; MM
LYRICA CR	T3	PA; MM
<i>pregabalin er</i>	T1	PA; MM
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents		

Prescription Drug Name	Drug Tier	Notes
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	T1	PA; MM
GRALISE ORAL TABLET	T3	PA; MM
LYRICA CR	T3	PA; MM
<i>pregabalin er</i>	T1	PA; MM
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris		
<i>fluoxetine hcl (pmdd) oral tablet</i>	T1	MM
Pseudobulbar Affect Agent Combinations		
NUEDEXTA	T3	PA
Psychotherapeutic And Neurological Agents - Misc.		
AQNEURSA	T3	PA; MM; QL (4 EA per 1 day)
MIPLYFFA	T3	PA; MM; QL (3 EA per 1 day)
<i>pimozide</i>	T1	MM
Restless Leg Syndrome (Rls) Agents		
HORIZANT ORAL TABLET EXTENDED RELEASE	T3	PA; MM
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag		
ADDYI	T3	PA
Smoking Deterrents		

	Drug Tier	Notes
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	T1 = Generic	PA = Prior Authorization
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UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i>	\$0	QL (1 EA per 1 day)
<i>gnp nicotine mini mouth/throat lozenge 4 mg</i>	\$0	QL (300 EA per 30 days)
<i>gnp nicotine mouth/throat gum 4 mg</i>	\$0	QL (300 EA per 30 days)
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	QL (1 EA per 1 day)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	\$0	QL (300 EA per 30 days)
NICODERM CQ	\$0	QL (1 EA per 1 day)
NICORETTE MINI	\$0	QL (300 EA per 30 days)
NICORETTE STARTER KIT	\$0	QL (300 EA per 30 days)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	\$0	QL (300 EA per 30 days)
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	QL (2 EA per 1 day)
<i>varenicline tartrate(continue)</i>	\$0	QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulators		
<i> fingolimod hcl</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
GILENYA ORAL CAPSULE 0.25 MG	T3	MM
GILENYA ORAL CAPSULE 0.5 MG	T3	PA; MM
MAYZENT	T3	MM
MAYZENT STARTER PACK	T3	
PONVORY	T3	PA; MM
PONVORY STARTER PACK	T3	PA
TASCENSO ODT	T3	PA; MM
ZEPOSIA	T3	PA; MM
ZEPOSIA 7-DAY STARTER PACK	T3	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T3	PA
Thienbenzodiazepines & SsrIs		
<i>olanzapine-fluoxetine hcl</i>	T1	MM
Vasomotor Symptom Agents - SsrIs		
<i>paroxetine mesylate</i>	T1	MM
Respiratory Agents - Misc.		
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	T3	PA; MM
Cftr Potentiators		
KALYDECO	T3	PA; MM
Cystic Fibrosis Agent - Combinations		
ALYFTREK	T3	PA; MM

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
ORKAMBI	T3	PA; MM
SYMDEKO	T3	PA; MM
TRIKAFTA	T3	PA; MM
Hydrolytic Enzymes		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T2	MM
Pulmonary Fibrosis Agents		
ESBRIET ORAL TABLET	T3	PA; MM
<i>pirfenidone</i>	T1	PA; MM
Pulmonary Fibrosis Agents - Kinase Inhibitors		
OFEV	T3	PA; MM
Sulfonamides		
Sulfonamides		
<i>sulfadiazine oral</i>	T1	
Tetracyclines		
*Glycylcyclines***		
<i>tigecycline</i>	MB	
Aminomethylcyclines		
NUZYRA ORAL TABLET 150 MG	T3	PA; QL (30 EA per 14 days)
Tetracyclines		
<i>avidoxy</i>	T3	PA
<i>demeclocycline hcl oral</i>	T1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	T3	PA

Prescription Drug Name	Drug Tier	Notes
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	T3	
<i>doxycycline hyclate oral tablet 50 mg</i>	T3	PA
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg</i>	T3	
<i>doxycycline hyclate oral tablet delayed release 200 mg</i>	T3	QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	T3	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T3	PA
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T1	

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>doxycycline monohydrate oral tablet 150 mg</i>	T3	PA
MINOCIN INTRAVENOUS	MB	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	T1	
<i>minocycline hcl oral</i>	T1	
MONDOXYNE NL ORAL CAPSULE 100 MG	T3	PA
SEYSARA	T3	PA
TARGADOX	T3	PA
<i>tetracycline hcl oral capsule</i>	T1	
<i>tetracycline hcl oral tablet</i>	T3	PA
Thyroid Agents		
Antithyroid Agents		
<i>methimazole oral</i>	T1	MM
<i>propylthiouracil oral</i>	T1	MM
Thyroid Hormones		
ARMOUR THYROID	T3	MM
CYTOMEL	T3	MM
LEVO-T	T1	MM
<i>levothyroxine sodium oral capsule</i>	T3	PA; MM
<i>levothyroxine sodium oral tablet</i>	T1	MM
LEVOXYL	T1	MM
<i>liothyronine sodium oral</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>niva thyroid</i>	T3	MM
NP THYROID	T1	MM
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T3	MM
SYNTHROID	T3	MM
THYQUIDITY	T3	PA; MM
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	T1	MM
TIROSINT	T3	PA; MM
TIROSINT-SOL	T3	PA; MM
UNITHROID	T1	MM
Toxoids		
Toxoid Combinations		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	QL (0.5 ML per 1 day)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 1 day)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 1 day)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0	QL (0.5 ML per 1 day)

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
INFANRIX	\$0	QL (0.5 ML per 1 day)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 1 day); AR (Min 4 Years and Max 6 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 1 day); AR (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	QL (0.5 EA per 1 day); AR (Max 4 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0	QL (0.5 ML per 1 day); AR (Min 4 Years and Max 6 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 1 day); AR (Min 4 Years and Max 6 Years)
TENIVAC INTRAMUSCULAR SUSPENSION	\$0	QL (0.5 ML per 60 days)
VAXELIS	\$0	QL (0.5 ML per 1 day); AR (Max 4 Years)
Ulcer Drugs		
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		

Prescription Drug Name	Drug Tier	Notes
VOQUEZNA ORAL TABLET 10 MG	T3	PA; QL (1 EA per 1 day)
VOQUEZNA ORAL TABLET 20 MG	T3	PA; QL (2 EA per 1 day)
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK	T3	
VOQUEZNA TRIPLE PAK	T3	
Anticholinergic Combinations		
<i>chlordiazepoxide-clidinium</i>	T1	
Antispasmodics		
<i>dicyclomine hcl oral capsule</i>	T1	MM
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1	MM
<i>dicyclomine hcl oral tablet 20 mg</i>	T1	MM
Belladonna Alkaloids		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	MM
<i>hyoscyamine sulfate oral</i>	T1	MM
<i>hyoscyamine sulfate sublingual</i>	T1	MM
<i>hyosyne</i>	T1	MM
LEVIBID	T3	MM
LEVSIN ORAL TABLET	T3	MM

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
LEVSIN/SL	T3	MM
NULEV	T3	MM
<i>oscimin oral tablet</i>	T3	MM
<i>oscimin sublingual</i>	T3	MM
H-2 Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T1	MM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	MM
<i>famotidine oral suspension reconstituted</i>	T1	MM
<i>famotidine oral tablet 40 mg</i>	T1	MM
<i>famotidine premixed</i>	MB	
<i>nizatidine oral capsule</i>	T1	MM
Misc. Anti-Ulcer		
CARAFATE ORAL TABLET	T3	PA; MM
<i>sucralfate oral</i>	T1	MM
Proton Pump Inhibitor-Antacid Combinations		
KONVOMEF	T3	PA; MM; QL (20 ML per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	T3	PA; MM; QL (1 EA per 1 day)
Proton Pump Inhibitors		
ACIPHEX	T3	PA; MM; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
DEXILANT	T3	PA; MM; QL (2 EA per 1 day)
<i>dexlansoprazole</i>	T1	PA; MM; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	T1	PA; MM; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet</i>	T1	PA; MM; QL (1 EA per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	MB	
<i>lansoprazole oral capsule delayed release 30 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	T1	PA; MM; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	T3	PA; MM; QL (2 EA per 1 day)
NEXIUM ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	T1	MM

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
<i>pantoprazole sodium oral packet</i>	T1	PA; MM; QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	T1	MM; QL (2 EA per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T3	PA; MM; QL (2 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	T3	PA; MM; QL (1 EA per 1 day)
PRILOSEC ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
PROTONIX ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE	T3	PA; MM; QL (2 EA per 1 day)
<i>rabeprazole sodium oral capsule sprinkle</i>	T3	PA; MM; QL (1 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	T1	MM; QL (2 EA per 1 day)
Quaternary Anticholinergics		
CUVPOSA	T3	MM
GLYCATE	T3	MM
<i>glycopyrrolate oral solution</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	MM
<i>glycopyrrolate oral tablet 1.5 mg</i>	T3	MM
<i>methscopolamine bromide oral</i>	T1	
Ulcer Anti-Infective W/ Bismuth Combinations		
<i>bis subcit-metronid-tetracyc</i>	T3	
<i>bismuth/metronidaz/te-tracyclin</i>	T3	
PYLERA	T3	
Ulcer Anti-Infective W/ Proton Pump Inhibitors		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	T3	
TALICIA	T3	
Ulcer Drugs - Prostaglandins		
CYTOTEC	T3	MM
<i>misoprostol oral</i>	T1	MM
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		
VOQUEZNA ORAL TABLET 10 MG	T3	PA; QL (1 EA per 1 day)
VOQUEZNA ORAL TABLET 20 MG	T3	PA; QL (2 EA per 1 day)

	Drug Tier	Notes
lowercase italics = Generic drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
UPPERCASE = Brand name drugs	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK	T3	
VOQUEZNA TRIPLE PAK	T3	
Anticholinergic Combinations		
<i>chlordiazepoxide-clidinium</i>	T1	
Antispasmodics		
<i>dicyclomine hcl oral capsule</i>	T1	MM
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1	MM
<i>dicyclomine hcl oral tablet 20 mg</i>	T1	MM
Belladonna Alkaloids		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	MM
<i>hyoscyamine sulfate oral</i>	T1	MM
<i>hyoscyamine sulfate sublingual</i>	T1	MM
<i>hyosyne</i>	T1	MM
LEVBID	T3	MM
LEVSIN ORAL TABLET	T3	MM
LEVSIN/SL	T3	MM
NULEV	T3	MM
<i>oscimin oral tablet</i>	T3	MM
<i>oscimin sublingual</i>	T3	MM

Prescription Drug Name	Drug Tier	Notes
H-2 Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T1	MM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	MM
<i>famotidine oral suspension reconstituted</i>	T1	MM
<i>famotidine oral tablet 40 mg</i>	T1	MM
<i>famotidine premixed</i>	MB	
<i>nizatidine oral capsule</i>	T1	MM
Misc. Anti-Ulcer		
CARAFATE ORAL TABLET	T3	PA; MM
<i>sucralfate oral</i>	T1	MM
Proton Pump Inhibitor-Antacid Combinations		
KONVOMEF	T3	PA; MM; QL (20 ML per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	T3	PA; MM; QL (1 EA per 1 day)
Proton Pump Inhibitors		
ACIPHEX	T3	PA; MM; QL (2 EA per 1 day)
DEXILANT	T3	PA; MM; QL (2 EA per 1 day)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>dexlansoprazole</i>	T1	PA; MM; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	T1	PA; MM; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet</i>	T1	PA; MM; QL (1 EA per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	MB	
<i>lansoprazole oral capsule delayed release 30 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	T1	PA; MM; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	T3	PA; MM; QL (2 EA per 1 day)
NEXIUM ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	T1	MM; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	T1	MM
<i>pantoprazole sodium oral packet</i>	T1	PA; MM; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Notes
<i>pantoprazole sodium oral tablet delayed release</i>	T1	MM; QL (2 EA per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T3	PA; MM; QL (2 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	T3	PA; MM; QL (1 EA per 1 day)
PRILOSEC ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
PROTONIX ORAL PACKET	T3	PA; MM; QL (1 EA per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE	T3	PA; MM; QL (2 EA per 1 day)
<i>rabeprazole sodium oral capsule sprinkle</i>	T3	PA; MM; QL (1 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	T1	MM; QL (2 EA per 1 day)
Quaternary Anticholinergics		
CUVPOSA	T3	MM
GLYCATE	T3	MM
<i>glycopyrrolate oral solution</i>	T1	MM
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	MM
<i>glycopyrrolate oral tablet 1.5 mg</i>	T3	MM

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>methscopolamine bromide oral</i>	T1	
Ulcer Anti-Infective W/ Bismuth Combinations		
<i>bis subcit-metronid-tetracyc</i>	T3	
<i>bismuth/metronidaz/te tracyclin</i>	T3	
PYLERA	T3	
Ulcer Anti-Infective W/ Proton Pump Inhibitors		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	T3	
TALICIA	T3	
Ulcer Drugs - Prostaglandins		
CYTOTEC	T3	MM
<i>misoprostol oral</i>	T1	MM
Urinary Antispasmodics		
Beta-3 Adrenergic Agonists		
GEMTESA	T3	PA; MM
<i>mirabegron er</i>	T1	MM
MYRBETRIQ	T2	MM
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)		
<i>darifenacin hydrobromide er</i>	T1	MM
<i>fesoterodine fumarate er</i>	T1	MM
<i>oxybutynin chloride er</i>	T1	MM
<i>oxybutynin chloride oral solution</i>	T1	MM

Prescription Drug Name	Drug Tier	Notes
<i>oxybutynin chloride oral tablet</i>	T1	MM
OXYTROL	T3	PA; MM
<i>solifenacin succinate</i>	T1	MM
<i>tolterodine tartrate</i>	T1	MM
<i>tolterodine tartrate er</i>	T1	MM
TOVIAZ	T3	PA; MM
<i>tropium chloride</i>	T1	MM
<i>tropium chloride er</i>	T1	MM
VESICARE	T3	PA; MM
Urinary Antispasmodic - Antimuscarinics (Antichol)		
<i>darifenacin hydrobromide er</i>	T1	MM
<i>fesoterodine fumarate er</i>	T1	MM
<i>oxybutynin chloride er</i>	T1	MM
<i>oxybutynin chloride oral solution</i>	T1	MM
<i>oxybutynin chloride oral tablet</i>	T1	MM
OXYTROL	T3	PA; MM
<i>solifenacin succinate</i>	T1	MM
<i>tolterodine tartrate</i>	T1	MM
<i>tolterodine tartrate er</i>	T1	MM
TOVIAZ	T3	PA; MM
<i>tropium chloride</i>	T1	MM
<i>tropium chloride er</i>	T1	MM
VESICARE	T3	PA; MM
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
GEMTESA	T3	PA; MM
<i>mirabegron er</i>	T1	MM
MYRBETRIQ	T2	MM
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride oral</i>	T1	MM
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	T1	MM
Vaccines		
Bacterial Vaccines		
ACTHIB	\$0	QL (3 EA per 999 days)
BEXSERO	\$0	QL (1.5 ML per 999 days); AR (Max 25 Years)
CAPVAXIVE	T2	
HIBERIX INJECTION	\$0	QL (4 EA per 999 days)
MENQUADFI INTRAMUSCULAR SOLUTION	\$0	QL (0.5 ML per 999 days)
MENVEO INTRAMUSCULAR SOLUTION	\$0	QL (1 ML per 999 days); AR (Max 55 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	QL (4 EA per 999 days); AR (Max 55 Years)

Prescription Drug Name	Drug Tier	Notes
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0	QL (0.5 ML per 1 day); AR (Max 6 Years)
PENBRAYA	\$0	QL (1 EA per 1 day); AR (Max 25 Years)
<i>penmenvy</i>	\$0	QL (2 doses per 1 lifetime); AR (Min 10 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	\$0	QL (1 ML per 999 days)
PREVNAR 20	\$0	
TRUMENBA	\$0	QL (1.5 ML per 999 days); AR (Max 25 Years)
VAXNEUVANCE	\$0	
Viral Vaccine Combinations		
M-M-R II INJECTION	\$0	QL (2 EA per 999 days)
PRIORIX	\$0	QL (2 EA per 999 days)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	QL (0.5 EA per 1 day); AR (Min 1 Years and Max 12 Years)

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (1 ML per 1 day)
Viral Vaccines		
ABRYSVO	\$0	
AFLURIA	\$0	QL (0.5 ML per 30 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days)
AREXVY	\$0	
AUDENZ	\$0	
COMIRNATY 5-11 YEARS	\$0	QL (0.3 ML per 1 day); AR (Min 5 Years and Max 11 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	QL (1 ML per 1 day)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	\$0	QL (0.5 ML per 1 day); AR (Max 19 Years)

Prescription Drug Name	Drug Tier	Notes
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	\$0	QL (1 ML per 1 day); AR (Max 19 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days); AR (Min 9 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0	QL (0.5 ML per 30 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days)
FLUMIST	\$0	QL (1 EA per 30 days); AR (Min 2 Years and Max 49 Years)
FLUZONE INTRAMUSCULAR SUSPENSION	\$0	QL (0.5 ML per 30 days)

lowercase italics = Generic drugs	Drug Tier \$0 = \$0 Co-pay MB = Medical Benefit T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Drug	Notes AR = Age Restrictions MM = Maintenance Medication PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Notes
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days)
GARDASIL 9	\$0	QL (1.5 ML per 999 days); AR (Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	\$0	QL (1 ML per 1 day)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	QL (0.5 ML per 30 days)
IPOL INJECTION SUSPENSION	\$0	QL (1.5 ML per 999 days)
JYNNEOS	\$0	QL (1 ML per 999 days)
MNEXSPIKE	\$0	QL (0.2 ML per 1 day); AR (Min 12 Years)
MRESVIA	\$0	
<i>nuvaxovid covid-19 vaccine</i>	\$0	QL (0.5 ML per 1 day); AR (Min 12 Years)

Prescription Drug Name	Drug Tier	Notes
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0	QL (1 ML per 1 day)
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	\$0	QL (0.5 ML per 1 day)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML	\$0	QL (1 ML per 1 day)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	\$0	QL (0.5 ML per 1 day)
ROTARIX ORAL SUSPENSION	\$0	QL (1 ML per 1 day); AR (Max 1 Years)
ROTATEQ ORAL SOLUTION	\$0	QL (1.5 ML per 1 day); AR (Max 1 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	

Drug Tier

\$0 = \$0 Co-pay

MB = Medical Benefit

T1 = Generic

T2 = Preferred Brand

T3 = Non-Preferred Drug

Notes

AR = Age Restrictions

MM = Maintenance Medication

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
SPIKEVAX 6M-11Y	\$0	QL (0.25 ML per 1 day); AR (Min 6 Months and Max 11 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 ML per 1 day); AR (Min 12 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0	QL (0.5 ML per 1 day); AR (Min 1 Years and Max 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	QL (1 ML per 1 day); AR (Min 1 Years and Max 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	\$0	QL (0.5 ML per 1 day); AR (Min 1 Years and Max 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	\$0	QL (1 ML per 1 day); AR (Min 1 Years and Max 18 Years)
VARIVAX INJECTION	\$0	QL (2 EA per 999 days)

Vaginal Products

Prescription Drug Name	Drug Tier	Notes
Imidazole-Related Antifungals		
GYNAZOLE-1	T1	
<i>miconazole 3 vaginal suppository</i>	T1	
<i>terconazole</i>	T1	
Miscellaneous Vaginal Products		
INTRAROSA	T3	PA
Spermicides		
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	
Vaginal Anti-Infectives		
CLEOCIN VAGINAL	T3	PA
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	
<i>metronidazole vaginal</i>	T1	
NUVESSA	T3	PA
VANDAZOLE	T3	PA
XACIATO	T3	
Vaginal Estrogens		
ESTRACE VAGINAL CREAM 0.01 %	T3	PA; MM
<i>estradiol vaginal cream 0.01 %</i>	T1	MM
<i>estradiol vaginal tablet</i>	T1	MM
ESTRING VAGINAL RING 7.5 MCG/24HR	T2	MM
FEMRING	T3	PA; MM

Drug Tier

\$0 = \$0 Co-pay

MB = Medical Benefit

T1 = Generic

T2 = Preferred Brand

T3 = Non-Preferred Drug

Notes

AR = Age Restrictions

MM = Maintenance Medication

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Notes
IMVEXXY MAINTENANCE PACK	T2	MM
IMVEXXY STARTER PACK	T2	
PREMARIN VAGINAL	T2	MM
VAGIFEM VAGINAL TABLET 10 MCG	T3	PA; MM
YUVAFEM	T1	MM
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %	T3	
CRINONE VAGINAL GEL 8 %	T3	PA
ENDOMETRIN	T2	
Vasopressors		
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	T3	QL (6 EA per 180 days); AR (Max 4 Years)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	T3	PA; QL (6 EA per 180 days)
<i>epinephrine injection solution auto-injector</i>	T1	QL (6 EA per 180 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T3	PA; QL (6 EA per 180 days)

Prescription Drug Name	Drug Tier	Notes
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T3	PA; QL (6 EA per 180 days)
NEFFY NASAL SOLUTION 1 MG/0.1ML	T3	PA; QL (6 EA per 180 days)
NEFFY NASAL SOLUTION 2 MG/0.1ML	T3	PA
Neurogenic Orthostatic Hypotension (Noh) - Agents		
<i>droxidopa</i>	T1	PA; MM
NORTHERA	T3	PA; MM
Vasopressors		
<i>midodrine hcl</i>	T1	
Vitamins		
Vitamin C		
ASCOR	MB	
Vitamin D		
D3-50	T1	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T3	
DRISDOL ORAL CAPSULE	T3	MM
<i>ergocalciferol oral capsule</i>	T1	MM
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	MM

lowercase italics = Generic drugs	Drug Tier	Notes
UPPERCASE = Brand name drugs	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Drug	ST = Step Therapy

Prescription Drug Name	Drug Tier	Notes
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	T1	

Prescription Drug Name	Drug Tier	Notes
Vitamin K		
<i>phytonadione oral</i>	T1	

	Drug Tier	Notes
	\$0 = \$0 Co-pay	AR = Age Restrictions
	MB = Medical Benefit	MM = Maintenance Medication
	T1 = Generic	PA = Prior Authorization
lowercase italics = Generic drugs	T2 = Preferred Brand	QL = Quantity Limit
UPPERCASE = Brand name drugs	T3 = Non-Preferred Drug	ST = Step Therapy

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