

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

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

Prescription Drug Name	Drug Tier	Notes
<b>Adhd/Anti-Narcolepsy/Anti-Obesity/Aorexiant</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate oral tablet 10 mg</i>	T2	PA; QL (180 EA per 30 days); AL (Min 4 Years and Max 17 Years)
<i>amphetamine sulfate oral tablet 5 mg</i>	T2	PA; QL (3 EA per 1 day); AL (Min 4 Years and Max 17 Years)
EVEKEO ORAL TABLET 10 MG	T2	PA; QL (180 EA per 30 days); AL (Min 4 Years and Max 17 Years)

Prescription Drug Name	Drug Tier	Notes
EVEKEO ORAL TABLET 5 MG	T2	PA; QL (3 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<b>Anorexiant Combinations</b>		
<i>phentermine-topiramate er</i>	T2	PA
<b>Anorexiants Non-Amphetamine</b>		
<i>benzphetamine hcl oral tablet 50 mg</i>	T2	PA; QL (3 EA per 1 day)
<i>diethylpropion hcl er</i>	T2	PA; QL (1 EA per 1 day)
<i>diethylpropion hcl oral</i>	T2	PA; QL (3 EA per 1 day)
LOMAIRA	T2	PA; QL (3 EA per 1 day)
<i>phendimetrazine tartrate</i>	T2	PA; QL (6 EA per 1 day)
<i>phendimetrazine tartrate er</i>	T2	PA; QL (1 EA per 1 day)
<i>phentermine hcl oral capsule</i>	T1	QL (1 EA per 1 day)
<i>phentermine hcl oral tablet 37.5 mg</i>	T1	QL (1 EA per 1 day)
<i>phentermine hcl oral tablet 8 mg</i>	T1	QL (3 EA per 1 day)
<b>Lipase Inhibitors</b>		
<i>orlistat oral</i>	T2	PA
XENICAL	T2	PA; QL (3 EA per 1 day)
<b>Alternative Medicines</b>		
<b>Alternative Medicine - Me's</b>		
<i>gmp melatonin oral tablet</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>melatonin oral tablet 3 mg, 5 mg</i>	T3	
<b>Analgesics - Anti-Inflammatory</b>		
<b>Nonsteroidal Anti-Inflammatory Agents (Nsaids)</b>		
<i>all day pain relief tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
<i>all day relief tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
<i>childrens ibuprofen suspension 100 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)
<i>childrens ibuprofen suspension 200 mg/10ml oral</i>	T1	QL (1800 ML per 30 days)
<i>ft all day pain relief</i>	T1	QL (120 EA per 30 days)
<i>ft ibuprofen</i>	T1	QL (120 EA per 30 days)
<i>ft ibuprofen childrens</i>	T1	QL (1800 ML per 30 days)
<i>ft ibuprofen ib childrens</i>	T1	
<i>ft ibuprofen infants</i>	T1	QL (240 ML per 30 days)
<i>ft ibuprofen minis</i>	T1	QL (120 EA per 30 days)
<i>ft naproxen sodium</i>	T1	QL (120 EA per 30 days)
<i>ft pain relief oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>gnp childrens ibuprofen suspension 100 mg/5ml oral</i>	T1	QL (1800 ML per 30 days)

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

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

Prescription Drug Name	Drug Tier	Notes
<i>ibuprofen oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	T1	QL (240 ML per 30 days)
<i>naproxen sodium capsule 220 mg oral</i>	T1	QL (4 EA per 1 day)
<i>naproxen sodium tablet 220 mg oral</i>	T1	QL (120 EA per 30 days)
<i>qc ibuprofen childrens</i>	T1	QL (1800 ML per 30 days)
<i>qc ibuprofen infants</i>	T1	QL (240 ML per 30 days)
<i>sm ibuprofen ib tablet 200 mg oral</i>	T1	QL (120 EA per 30 days)

**Analgesics - Nonnarcotic**

**Analgesics Other**

<i>acetaminophen childrens suspension 160 mg/5ml oral</i>	T3	
<i>acetaminophen childrens tablet chewable 160 mg oral</i>	T3	
<i>acetaminophen er tablet extended release 650 mg oral</i>	T3	
<i>acetaminophen extra strength tablet 500 mg oral</i>	T3	
<i>acetaminophen suppository 120 mg rectal</i>	T3	
<i>acetaminophen suppository 650 mg rectal</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>acetaminophen tablet 325 mg oral</i>	T3	
<i>acetaminophen tablet 500 mg oral</i>	T3	
<i>arthritis pain relief tablet extended release 650 mg oral</i>	T3	
<i>ed-apap liquid 160 mg/5ml oral</i>	T3	
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL	T3	
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	T3	
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	T3	
<i>gnp acetaminophen tablet 325 mg oral</i>	T3	
<i>gnp infants pain/fever suspension 160 mg/5ml oral</i>	T3	
<i>gnp pain relief extra strength tablet 500 mg oral</i>	T3	
<i>gnp pain relief tablet 325 mg oral</i>	T3	
<i>goodsense arthritis pain tablet extended release 650 mg oral</i>	T3	
<i>goodsense pain &amp; fever child suspension 160 mg/5ml oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>goodsense pain relief extra st tablet 500 mg oral</i>	T3	
<i>goodsense pain relief tablet 325 mg oral</i>	T3	
MAPAP CHILDRENS TABLET CHEWABLE 160 MG ORAL	T3	
<i>pain &amp; fever childrens suspension 160 mg/5ml oral</i>	T3	
<i>pain relief extra strength tablet 500 mg oral</i>	T3	
<b>Salicylates</b>		
<i>aspirin ec low dose tablet delayed release 81 mg oral</i>	T3	
<i>aspirin ec low strength tablet delayed release 81 mg oral</i>	T3	
<i>aspirin low dose tablet chewable 81 mg oral</i>	T3	
<i>aspirin low dose tablet delayed release 81 mg oral</i>	T3	
<i>aspirin suppository 300 mg rectal</i>	T3	QL (180 EA per 30 days)
<i>aspirin tablet 325 mg oral</i>	T3	QL (360 EA per 30 days)
<i>aspirin tablet chewable 81 mg oral</i>	T3	QL (12 EA per 1 day)
<i>aspirin tablet chewable 81 mg oral</i>	T3	
<i>aspirin tablet delayed release 325 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>aspirin tablet delayed release 81 mg oral</i>	T3	
<i>gnp adult aspirin low strength tablet chewable 81 mg oral</i>	T3	
<i>gnp aspirin tablet delayed release 325 mg oral</i>	T3	
<i>goodsense aspirin tablet 325 mg oral</i>	T3	QL (360 EA per 30 days)
<i>goodsense aspirin tablet chewable 81 mg oral</i>	T3	
<b>Antacids</b>		
<b>Antacid &amp; Simethicone</b>		
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	T3	
<i>antacid anti-gas max strength suspension 400-400-40 mg/5ml oral</i>	T3	
<i>antacid fast relief suspension 200-200-20 mg/5ml oral</i>	T3	
<i>gnp antacid &amp; anti-gas suspension 400-400-40 mg/5ml oral</i>	T3	
<i>mag-al plus xs liquid 400-400-40 mg/5ml oral</i>	T3	
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
MINTOX SUSPENSION 200- 200-20 MG/5ML ORAL	T3	
<b>Antacid Combinations</b>		
ACID GONE SUSPENSION 95- 358 MG/15ML ORAL	T3	
<b>Antacids - Aluminum Salts</b>		
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	T3	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate tablet 325 mg oral</i>	T3	
<i>sodium bicarbonate tablet 650 mg oral</i>	T3	
<b>Antacids - Calcium Salts</b>		
<i>antacid calcium tablet chewable 500 mg oral</i>	T3	
<i>antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>antacid tablet chewable 500 mg oral</i>	T3	
<i>antacid ultra strength tablet chewable 1000 mg oral</i>	T3	
<i>calcium antacid</i>	T3	
<i>calcium antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>calcium carbonate antacid tablet chewable 500 mg oral</i>	T3	
CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL	T3	
<i>gnp antacid extra strength tablet chewable 750 mg oral</i>	T3	
<i>gnp antacid tablet chewable 500 mg oral</i>	T3	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tablet 400 mg oral</i>	T3	
<i>magnesium oxide tablet 420 mg oral</i>	T3	
<b>Antidiarrheal/Probiotic Agents</b>		
<b>Antidiarrheal Agents - Misc.</b>		
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief tablet chewable 262 mg oral</i>	T3	
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief tablet chewable 262 mg oral</i>	T3	
<b>Antiperistaltic Agents</b>		
<i>anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<i>anti-diarrheal tablet 2 mg oral</i>	T3	
<i>gnp anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Notes
<i>gnp anti-diarrheal tablet 2 mg oral</i>	T3	
<b>Antidiarrheals</b>		
<b>Antidiarrheal Agents - Misc.</b>		
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief tablet chewable 262 mg oral</i>	T3	
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief tablet chewable 262 mg oral</i>	T3	
<b>Antiperistaltic Agents</b>		
<i>anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<i>anti-diarrheal tablet 2 mg oral</i>	T3	
<i>gnp anti-diarrheal capsule 2 mg oral</i>	T3	QL (240 EA per 30 days)
<i>gnp anti-diarrheal tablet 2 mg oral</i>	T3	
<b>Antidotes</b>		
<b>Opioid Antagonists</b>		
<i>ft naloxone hcl</i>	T1	
<i>gnp naloxone hcl</i>	T1	
<i>naloxone hcl nasal</i>	T1	
NARCAN	T1	
<b>Antidotes And Specific Antagonists</b>		
<b>Opioid Antagonists</b>		
<i>ft naloxone hcl</i>	T1	
<i>gnp naloxone hcl</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>naloxone hcl nasal</i>	T1	
NARCAN	T1	
<b>Antiemetics</b>		
<b>Antiemetic Combinations</b>		
<i>anti-nausea solution 1.87-1.87-21.5 oral</i>	T2	PA
<i>gnp anti-nausea relief</i>	T1	
<b>Antiemetics - Anticholinergic</b>		
DRIMINATE TABLET 50 MG ORAL	T1	
<i>ft motion sickness</i>	T1	
<i>gnp motion sickness relief oral tablet chewable</i>	T1	
<i>meclizine hcl tablet 12.5 mg oral (otc)</i>	T1	
<i>meclizine hcl tablet chewable 25 mg oral (otc)</i>	T1	
<i>motion sickness relief tablet 50 mg oral</i>	T1	
<i>motion-time tablet chewable 25 mg oral</i>	T1	
<b>Antihistamines</b>		
<b>Antihistamines - Alkylamines</b>		
<i>aller-chlor tablet 4 mg oral</i>	T3	
<i>allergy relief tablet 4 mg oral</i>	T3	
<i>allergy tablet 4 mg oral</i>	T3	
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	T3	
<b>Antihistamines - Ethanolamines</b>		

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

Prescription Drug Name	Drug Tier	Notes
<i>allergy relief capsule 25 mg oral</i>	T3	
<i>allergy relief tablet 25 mg oral</i>	T3	
BANOPHEN CAPSULE 25 MG ORAL	T3	
BANOPHEN LIQUID 12.5 MG/5ML ORAL	T3	
BANOPHEN TABLET 25 MG ORAL	T3	
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	T3	
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	T3	
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral</i>	T3	
<i>diphenhydramine hcl tablet 25 mg oral</i>	T3	
<i>gnp allergy relief capsule 25 mg oral</i>	T3	
<i>gnp allergy relief tablet chewable 12.5 mg oral</i>	T3	
<i>gnp allergy tablet 25 mg oral</i>	T3	
<i>pharbedryl capsule 25 mg oral</i>	T3	
<i>pharbedryl capsule 50 mg oral</i>	T3	
<b>Antihistamines - Non-Sedating</b>		
<i>24hr allergy relief tablet 180 mg oral</i>	T1	QL (30 EA per 30 days)

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

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

Prescription Drug Name	Drug Tier	Notes
<i>cetirizine hcl tablet chewable 10 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>cetirizine hcl tablet chewable 5 mg oral</i>	T2	PA; QL (30 EA per 30 days)
<i>childrens loratadine solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	T1	QL (30 EA per 30 days)
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	T1	QL (60 EA per 30 days)
<i>ft all day allergy</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy 24 hour</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy childrens</i>	T1	
<i>ft all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>ft allergy childrens</i>	T1	QL (300 ML per 30 days)
<i>ft allergy relief 12 hour</i>	T1	QL (60 EA per 30 days)
<i>ft allergy relief 24 hour</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief cetirizine</i>	T1	
<i>ft allergy relief childrens oral solution</i>	T1	
<i>ft allergy relief childrens oral tablet chewable</i>	T1	QL (60 EA per 30 days)
<i>ft allergy relief loratadine</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>ft allergy relief oral tablet 10 mg, 180 mg</i>	T1	QL (30 EA per 30 days)
<i>gnp all day allergy childrens solution 1 mg/ml oral</i>	T1	
<i>gnp all day allergy childrens solution 5 mg/5ml oral</i>	T1	
<i>gnp all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>gnp all day allergy tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>gnp allergy relief tablet 180 mg oral</i>	T1	QL (30 EA per 30 days)
<i>gnp fexofenadine hcl</i>	T1	QL (30 EA per 30 days)
<i>gnp loratadine childrens solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>gnp loratadine solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>gnp loratadine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>goodsense all day allergy solution 5 mg/5ml oral</i>	T1	
<i>goodsense all day allergy tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>goodsense allergy relief child</i>	T1	QL (300 ML per 30 days)
<i>goodsense allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	T1	QL (30 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Notes
<i>loratadine capsule 10 mg oral</i>	T2	PA
<i>loratadine childrens oral tablet chewable</i>	T1	QL (60 EA per 30 days)
<i>loratadine childrens solution 5 mg/5ml oral</i>	T1	QL (300 ML per 30 days)
<i>loratadine oral solution</i>	T1	QL (300 ML per 30 days)
<i>loratadine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief (cetirizine)</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral capsule 10 mg</i>	T2	PA; QL (1 EA per 1 day)
<i>qc allergy relief oral tablet 10 mg, 180 mg</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 60 mg</i>	T1	QL (60 EA per 30 days)
<i>sm loratadine tablet 10 mg oral</i>	T1	QL (30 EA per 30 days)
<b>Contraceptives</b>		
<b>Emergency Contraceptives</b>		
AFTERA TABLET 1.5 MG ORAL	T3	
ECONTRA ONE-STEP TABLET 1.5 MG ORAL	T3	
<i>levonorgestrel tablet 1.5 mg oral (otc)</i>	T3	
MY CHOICE TABLET 1.5 MG ORAL	T3	
MY WAY TABLET 1.5 MG ORAL (OTC)	T3	
NEW DAY TABLET 1.5 MG ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
OPCICON ONE-STEP TABLET 1.5 MG ORAL	T3	
OPTION 2 TABLET 1.5 MG ORAL	T3	
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	T3	
TAKE ACTION TABLET 1.5 MG ORAL	T3	
<b>Progestin Contraceptives - Oral</b>		
OPILL	T1	
<b>Cough/Cold/Allergy</b>		
<b>Antitussive-Expectorant</b>		
<i>diabetic siltussin-dm liquid 100-10 mg/5ml oral</i>	T3	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years)
<i>guaifenesin-codeine oral solution 200-20 mg/10ml</i>	T3	QL (60 ML per 1 day); AL (Min 18 Years)
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i>	T3	QL (60 ML per 30 days); AL (Min 18 Years and Max 999 Years)

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

Prescription Drug Name	Drug Tier	Notes
<i>guaifenesin-codeine solution 200-20 mg/10ml oral</i>	T3	QL (60 ML per 30 days); AL (Min 18 Years and Max 999 Years)
<i>guaifenesin-dm syrup 100-10 mg/5ml oral</i>	T3	
MUCINEX DM TABLET EXTENDED RELEASE 12 HOUR 30-600 MG ORAL (OTC)	T3	
<i>mucus relief dm tablet extended release 12 hour 30-600 mg oral</i>	T3	
<i>tusnel diabetic liquid 10-100 mg/5ml oral</i>	T3	
<i>tussin dm liquid 100-10 mg/5ml oral</i>	T3	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	T3	
<b>Antitussive-Expectorants-Decongestant</b>		
<i>robafen cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	T3	
<i>tussin cf cough &amp; cold liquid 5-10-100 mg/5ml oral</i>	T3	
<b>Decongestant &amp; Antihistamine</b>		
<i>allergy relief d-12</i>	T2	PA; QL (60 EA per 30 days)
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>allergy relief/nasal decongest tablet extended release 24 hour 10-240 mg oral</i>	T1	QL (30 EA per 30 days)
<i>allergy/congestion relief tablet extended release 12 hour 5-120 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>allergy-d 12hr</i>	T1	QL (60 EA per 30 days)
<i>allergy-d 24hr</i>	T1	QL (30 EA per 30 days)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	T1	QL (60 EA per 30 days)
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	T2	PA; QL (60 EA per 30 days)
<i>cvs allergy relief-d12</i>	T2	PA; QL (30 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	T1	QL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i>	T2	PA; QL (60 EA per 30 days)
<i>ft all day allergy-d</i>	T1	QL (60 EA per 30 days)

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

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

Prescription Drug Name	Drug Tier	Notes
<i>ed bron gp liquid 5-100 mg/5ml oral</i>	T3	
<i>mucus relief d tablet extended release 12 hour 60-600 mg oral</i>	T3	
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 60-600 mg oral</i>	T3	
<b>Expectorants</b>		
<i>chest congestion relief oral liquid</i>	T3	
<i>guaifenesin liquid 100 mg/5ml oral</i>	T3	
<i>mucus relief max st tablet extended release 12 hour 1200 mg oral</i>	T3	
<i>tussin mucus &amp; chest congest liquid 100 mg/5ml oral</i>	T3	
<b>Non-Narc Antitussive-Decongestant-Antihistamine</b>		
<i>m-end dmx liquid 20-0.667-10 mg/5ml oral</i>	T3	
<b>Dermatologicals</b>		
<b>Acne Products</b>		
<i>acne medication 10 gel 10 % external</i>	T1	
<i>acne medication 5 gel 5 % external (otc)</i>	T1	
<i>adapalene gel 0.1 % external (rx)</i>	T2	PA; AL (Max 20 Years)
<i>benzoyl peroxide external gel 2.5 %</i>	T1	

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

Prescription Drug Name	Drug Tier	Notes
<i>benzoyl peroxide gel 10 % external (otc)</i>	T1	
<i>benzoyl peroxide gel 5 % external (otc)</i>	T1	
<i>benzoyl peroxide wash external liquid</i>	T1	
Antibiotic Mixtures Topical		
<i>double antibiotic ointment 500-10000 unit/gm external</i>	T1	
<i>ft antibiotic + pain relief</i>	T1	
<i>ft double antibiotic</i>	T1	
<i>ft triple antibiotic</i>	T1	
<i>ft triple antibiotic + pain</i>	T1	
<i>gnp antibiotic/pain relief</i>	T1	
<i>gnp triple antibiotic ointment external</i>	T1	
<i>gnp triple antibiotic plus ointment 1 % external</i>	T1	
<i>qc triple antibiotic</i>	T1	
<i>qc triple antibiotic pain rlf</i>	T1	
<i>triple antibiotic external ointment</i>	T1	
<i>triple antibiotic ointment 3.5-400-5000 external</i>	T1	
<i>triple antibiotic ointment 5-400-5000 external</i>	T1	
<i>triple antibiotic plus ointment 1 % external</i>	T1	

Prescription Drug Name	Drug Tier	Notes
<i>triple antibiotic+pain relief</i>	T1	
Antibiotics - Topical		
<i>bacitracin ointment 500 unit/gm external</i>	T1	
<i>bacitracin zinc ointment 500 unit/gm external</i>	T1	
<i>ft antibiotic</i>	T1	
<i>gnp bacitracin zinc ointment 500 unit/gm external</i>	T1	
<i>qc bacitracin zinc</i>	T1	
Antifungals - Topical		
<i>antifungal (tolnaftate) cream 1 % external</i>	T1	
<i>antifungal maximum strength</i>	T1	
<i>athletes foot (terbinafine)</i>	T1	
<i>athletes foot powder spray aerosol powder 1 % external</i>	T1	
<i>butenafine hcl cream 1 % external</i>	T1	
<i>ft antifungal external cream 1 %</i>	T1	
<i>ft athletes foot (terbinafine)</i>	T1	
<i>gnp terbinafine hydrochloride cream 1 % external</i>	T1	
<i>gnp tolnaftate cream 1 % external</i>	T1	
MICOMITIN	T2	PA

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

Prescription Drug Name	Drug Tier	Notes
<i>terbinafine hcl cream 1 % external</i>	T1	
TINACTIN EXTERNAL CREAM	T2	PA
<i>tolnaftate antifungal external cream</i>	T1	
<i>tolnaftate cream 1 % external</i>	T1	
<i>tolnaftate powder 1 % external</i>	T1	
TRIPENICOL C	T2	PA
TRITOLNACIDE C	T2	PA
TRITOLNACIDE S	T2	PA
<b>Anti-Inflammatory Agents - Topical</b>		
<i>arthritis pain reliever external</i>	T1	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 1 %</i>	T1	QL (960 GM per 30 days)
<i>ft arthritis pain</i>	T1	QL (960 GM per 30 days)
<i>gnp arthritis pain external</i>	T1	QL (960 GM per 30 days)
<i>gnp diclofenac sodium</i>	T1	QL (960 GM per 30 days)
<i>goodsense arthritis pain external</i>	T1	QL (960 GM per 30 days)
<b>Antiseborrheic Products</b>		
<i>anti-dandruff shampoo 1 % external</i>	T3	
<b>Antivirals - Topical</b>		
<i>docosanol external</i>	T1	QL (30 GM per 30 days)
<b>Corticosteroids - Topical</b>		

Prescription Drug Name	Drug Tier	Notes
<i>anti-itch maximum strength cream 1 % external</i>	T1	
AQUANIL HC	T2	PA
<i>ft itch relief max strength</i>	T1	
<i>ft itch relief/aloe max str</i>	T1	
<i>gnp hydrocortisone cream 0.5 % external</i>	T1	
<i>gnp hydrocortisone max st ointment 1 % external</i>	T1	
<i>gnp hydrocortisone plus cream 1 % external</i>	T1	
<i>gnp hydrocortisone/aloe cream 1 % external</i>	T1	
<i>hydrocortisone acetate external cream 1 %</i>	T1	
<i>hydrocortisone cream 0.5 % external</i>	T1	
<i>hydrocortisone cream 1 % external (otc)</i>	T1	
<i>hydrocortisone max st cream 1 % external</i>	T1	
<i>hydrocortisone max st/12 moist cream 1 % external</i>	T1	
<i>hydrocortisone ointment 0.5 % external</i>	T1	
<i>hydrocortisone ointment 1 % external (otc)</i>	T1	

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

Prescription Drug Name	Drug Tier	Notes
<i>hydrocortisone/aloe max str</i>	T1	
<i>qc hydrocortisone max st</i>	T1	
<b>Emollients</b>		
<i>ammonium lactate cream 12 % external (otc)</i>	T3	
<i>ammonium lactate lotion 12 % external (otc)</i>	T3	
<b>Imidazole-Related Antifungals - Topical</b>		
<i>alevazol ointment 1 % external</i>	T1	
<i>antifungal cream 2 % external</i>	T1	
<i>antifungal powder 2 % external</i>	T1	
<i>athletes foot (clotrimazole)</i>	T1	
<i>athletes foot external solution</i>	T2	PA
<i>athletes foot powder spray aerosol powder 2 % external</i>	T1	
<i>baza antifungal cream 2 % external</i>	T1	
<i>clotrimazole anti-fungal cream 1 % external (otc)</i>	T1	
<i>clotrimazole athletes foot</i>	T1	
<i>clotrimazole cream 1 % external (otc)</i>	T1	
<i>clotrimazole solution 1 % external (otc)</i>	T2	PA

Prescription Drug Name	Drug Tier	Notes
<i>ft antifungal external cream 2 %</i>	T1	
<i>ft athletes foot (clotrimaz)</i>	T1	
<i>gnp athletes foot cream 1 % external</i>	T1	
<i>gnp miconazorb af powder 2 % external</i>	T1	
<i>miconazole nitrate cream 2 % external (otc)</i>	T1	
<i>miconazole nitrate external solution</i>	T1	
MICRO GUARD POWDER 2 % EXTERNAL	T1	
MYCOZYL AC	T2	PA
MYCOZYL AP	T1	
<i>qc clotrimazole external</i>	T1	
<i>tm-clotrimazole</i>	T1	
TRIMAZOLE	T2	PA
<b>Keratolytic/Antimitotic Agents</b>		
<i>corn &amp; callus remover liquid 17 % external</i>	T3	
<b>Liniments</b>		
<i>pain relieving cream 10 % external</i>	T3	
<b>Local Anesthetics - Topical</b>		
ANLIDO 24	T2	PA; QL (4 EA per 1 day)
<i>arthritis pain relieving cream 0.075 % external</i>	T1	

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

Prescription Drug Name	Drug Tier	Notes
<i>capsaicin cream 0.1 % external</i>	T1	
<i>capsaicin external cream 0.025 %</i>	T1	
<i>capsaicin external cream 0.05 %</i>	T2	PA
<i>capsaicin hp</i>	T1	
<i>capsaid es arthritis relief</i>	T1	
<i>capzix</i>	T2	PA
<i>cvs capsaicin hp</i>	T1	
DERMACINRX CAPSAICIN	T2	PA
DERMACINRX LIDOCAINE EXTERNAL CREAM	T2	PA
DERMACINRX PENETRAL	T2	PA
DOLOGESIC PAIN RELIEF ROLL-ON	T1	
<i>ft pain relief max strength</i>	T1	QL (4 EA per 1 day)
LIDAFLEX	T2	PA; QL (4 EA per 1 day)
<i>lidocaine cream 4 % external</i>	T1	
<i>lidocaine external patch 4 %</i>	T1	QL (4 EA per 1 day)
<i>lidocaine pain relief</i>	T1	QL (4 EA per 1 day)
<i>lidocaine pain relief max st external liquid</i>	T1	
<i>lidocaine pain relief max st external patch</i>	T1	QL (4 EA per 1 day)
TRIOGEL	T2	PA

Prescription Drug Name	Drug Tier	Notes
<b>Scabicide Combinations</b>		
<i>ft lice killing max st</i>	T1	
<i>gnp lice killing</i>	T1	
<i>goodsense complete lice kit</i>	T1	
<i>lice killing shampoo max str</i>	T1	
VANALICE GEL 0.3-3.5 % EXTERNAL	T2	PA
<b>Scabicides &amp; Pediculicides</b>		
<i>gnp lice treatment liquid 1 % external</i>	T1	
<b>Diagnostic Products</b>		
<b>Multiple Urine Tests</b>		
CHEMSTRIP UGK	T3	QL (100 EA per 30 days)
KETO-DIASTIX STRIP IN VITRO	T3	QL (100 EA per 30 days)
<b>Gastrointestinal Agents - Misc.</b>		
<b>Antiflatulents</b>		
<i>gas relief extra strength capsule 125 mg oral</i>	T3	
<i>gas relief tablet chewable 80 mg oral</i>	T3	
<i>gnp gas relief tablet chewable 80 mg oral</i>	T3	
<i>simethicone tablet chewable 125 mg oral</i>	T3	
<i>simethicone tablet chewable 80 mg oral</i>	T3	
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phos binder) oral tablet</i>	T1	QL (360 EA per 30 days)

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

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

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

Prescription Drug Name	Drug Tier	Notes
CALPHRON TABLET 667 MG ORAL	T1	QL (360 EA per 30 days)
<b>Genitourinary Agents - Miscellaneous</b>		
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T3	
<b>Hematopoietic Agents</b>		
<b>Cobalamins</b>		
<i>b-12 tablet 100 mcg oral</i>	T3	
<i>b-12 tablet 1000 mcg oral</i>	T3	
<i>b-12 tablet 250 mcg oral</i>	T3	
<i>b-12 tablet 500 mcg oral</i>	T3	
<i>b-12 tr tablet extended release 1000 mcg oral</i>	T3	
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	T3	
<i>gnp b-12 tablet sublingual 2500 mcg sublingual</i>	T3	AL (Max 19 Years)
<i>gnp vitamin b-12 oral tablet</i>	T3	
<i>gnp vitamin b-12 tablet extended release 1000 mcg oral</i>	T3	
<i>kp vitamin b-12 tablet 1000 mcg oral</i>	T3	
<i>vitamin b 12 tablet 500 mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitamin b-12 oral tablet 500 mcg</i>	T3	
<i>vitamin b12 tablet 100 mcg oral</i>	T3	
<i>vitamin b-12 tablet 100 mcg oral</i>	T3	
<i>vitamin b-12 tablet 1000 mcg oral</i>	T3	
<i>vitamin b-12 tablet 250 mcg oral</i>	T3	
<i>vitamin b-12 tablet sublingual 2500 mcg sublingual</i>	T3	AL (Max 19 Years)
<b>Folic Acid/Folates</b>		
<i>folate tablet 400 mcg oral</i>	T3	
<i>folic acid tablet 1 mg oral (otc)</i>	T3	
<i>folic acid tablet 1 mg oral (rx)</i>	T3	
<i>folic acid tablet 400 mcg oral</i>	T3	
<i>folic acid tablet 800 mcg oral</i>	T3	
<i>gnp folic acid</i>	T3	
<i>kp folic acid tablet 800 mcg oral</i>	T3	
<i>true folic acid oral tablet 400 mcg</i>	T3	
<b>Iron</b>		
FERATE ORAL TABLET 240 (27 FE) MG	T3	
FERATE TABLET 240 (27 FE) MG ORAL	T3	

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

Prescription Drug Name	Drug Tier	Notes
FERGON	T3	
FEROSUL ORAL TABLET	T3	
FERROCITE ORAL TABLET 324 MG	T3	
FERROCITE TABLET 324 MG ORAL	T3	PA
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg</i>	T3	
<i>ferrous gluconate tablet 240 (27 fe) mg oral</i>	T3	
<i>ferrous gluconate tablet 324 (38 fe) mg oral</i>	T3	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	T3	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	T3	
<i>ferrous sulfate oral tablet delayed release</i>	T3	
<i>ferrous sulfate tablet 325 (65 fe) mg oral</i>	T3	
<i>gnp iron oral tablet 200 (65 fe) mg</i>	T3	
<i>gnp iron oral tablet extended release 45 mg</i>	T3	
<i>gnp iron tablet 200 (65 fe) mg oral</i>	T3	
<i>gnp iron tablet extended release 45 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>iron 27</i>	T3	
<i>iron high-potency tablet 325 mg oral</i>	T1	
<i>iron slow release oral tablet extended release 45 mg</i>	T3	
<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	T3	
<b>Iron Combinations</b>		
FERREX 150 FORTE ORAL CAPSULE 150-0.025-1 MG	T1	
FOLITAB 500	T2	PA
TANDEM ORAL CAPSULE 53-53 MG	T1	
<b>Hypnotics</b>		
<b>Antihistamine Hypnotics</b>		
<i>gnp sleep aid tablet 25 mg oral</i>	T3	
<i>sleep aid tablet 25 mg oral</i>	T3	
<b>Hypnotics/Sedatives/Sleep Disorder Agents</b>		
<b>Antihistamine Hypnotics</b>		
<i>gnp sleep aid tablet 25 mg oral</i>	T3	
<i>sleep aid tablet 25 mg oral</i>	T3	
<b>Laxatives</b>		
<b>Bulk Laxatives</b>		
<i>fiber laxative oral tablet</i>	T3	
<i>fiber tablet 625 mg oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>fiber-lax tablet 625 mg oral</i>	T3	
<i>gnp fiber powder 43 % oral</i>	T3	
<i>gnp fiber-caps tablet 625 mg oral</i>	T3	
REGULOID POWDER 43 % ORAL	T3	
<b>Laxatives - Miscellaneous</b>		
CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
<i>gavilax powder 17 gm/scoop oral</i>	T3	
<i>glycerin (infants &amp; children) rectal suppository 1 gm</i>	T3	
<i>glycerin (pediatric) suppository 1.2 gm rectal</i>	T3	
GLYCOLAX POWDER 17 GM/SCOOP ORAL	T3	
GNP CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
GOODSENSE CLEARLAX POWDER 17 GM/SCOOP ORAL	T3	
PEDIA-LAX SUPPOSITORY 2.8 GM RECTAL	T3	
<i>peg 3350 powder 17 gm/scoop oral</i>	T3	

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

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

Prescription Drug Name	Drug Tier	Notes
<i>hm enema enema 7-19 gm/118ml rectal</i>	T3	
<b>Saline Laxatives</b>		
<i>gnp milk of magnesia suspension 1200 mg/15ml oral</i>	T3	
<i>magnesium citrate solution 1.745 gm/30ml oral</i>	T3	
<i>milk of magnesia suspension 1200 mg/15ml oral</i>	T3	
<i>milk of magnesia suspension 400 mg/5ml oral</i>	T3	
<i>milk of magnesia suspension 7.75 % oral</i>	T3	
<b>Stimulant Laxatives</b>		
<i>bisacodyl ec tablet delayed release 5 mg oral</i>	T3	
<i>bisacodyl suppository 10 mg rectal</i>	T3	
<i>chocolated laxative tablet chewable 15 mg oral</i>	T3	
DULCOLAX SUPPOSITORY 10 MG RECTAL	T3	
DULCOLAX TABLET DELAYED RELEASE 5 MG ORAL	T3	
FLEET MINI ENEMA ENEMA 10 MG/30ML RECTAL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gentle laxative tablet delayed release 5 mg oral</i>	T3	
<i>gnp gentle laxative suppository 10 mg rectal</i>	T3	
<i>gnp womens gentle laxative tablet delayed release 5 mg oral</i>	T3	
<i>laxative suppository 10 mg rectal</i>	T3	
<i>senna syrup 8.8 mg/5ml oral</i>	T3	
<i>senna tablet 8.6 mg oral</i>	T3	
<i>senna-tabs tablet 8.6 mg oral</i>	T3	
<i>senna-time tablet 8.6 mg oral</i>	T3	
SENOKOT TABLET 8.6 MG ORAL	T3	
<b>Surfactant Laxatives</b>		
COLACE CAPSULE 100 MG ORAL	T3	
COLACE CLEAR CAPSULE 50 MG ORAL	T3	
<i>docqlace capsule 100 mg oral</i>	T3	
<i>docusate sodium capsule 100 mg oral</i>	T3	
DOK CAPSULE 100 MG ORAL	T3	
DULCOLAX STOOL SOFTENER	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>stool softener capsule 100 mg oral</i>	T3	
<i>stool softener capsule 240 mg oral</i>	T3	
<b>Medical Devices</b>		
<b>Needles &amp; Syringes</b>		
BD ALLERGIST TRAY	T3	QL (200 EA per 34 days)
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD ECLIPSE SYRINGE 25G X 1" 3 ML, 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD INTEGRA SYRINGE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 5 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE/NEEDLE	T3	QL (200 EA per 34 days)
BD TB SYRINGE 21G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
<i>syringe luer lock 23g x 1" 3 ml</i>	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
<b>Medical Devices And Supplies</b>		

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

Prescription Drug Name	Drug Tier	Notes
<b>Needles &amp; Syringes</b>		
BD ALLERGIST TRAY	T3	QL (200 EA per 34 days)
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD ECLIPSE SYRINGE 25G X 1" 3 ML, 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
BD INTEGRA SYRINGE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 5 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	T3	QL (200 EA per 34 days)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)

Prescription Drug Name	Drug Tier	Notes
BD SYRINGE/NEEDLE	T3	QL (200 EA per 34 days)
BD TB SYRINGE 21G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	T3	QL (200 EA per 34 days)
MONOJECT TB SYRINGE 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
<i>syringe luer lock 23g x 1" 3 ml</i>	T3	QL (200 EA per 34 days)
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML, 25G X 5/8" 3 ML	T3	QL (200 EA per 34 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML	T3	QL (200 EA per 34 days)
<b>Minerals &amp; Electrolytes</b>		
<b>Calcium</b>		
<i>calcium 600 tablet 1500 (600 ca) mg oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	T3	
<i>calcium carbonate tablet 1500 (600 ca) mg oral</i>	T3	
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	T3	
<i>oyster shell calcium tablet 500 mg oral</i>	T3	
<b>Calcium Combinations</b>		
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	T3	
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	T3	
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral</i>	T3	
<i>calcium citrate + d tablet 315-5 mg-mcg oral</i>	T3	
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral</i>	T3	
<i>calcium citrate + tablet 315-5 mg-mcg oral</i>	T3	
<i>calcium citrate+d3 tablet 315-6.25 mg-mcg oral</i>	T3	
<i>calcium citrate-vitamin d tablet 315-5 mg-mcg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
CITRACAL MAXIMUM TABLET 315-6.25 MG-MCG ORAL	T3	
CITRACAL PETITES/VITAMIN D TABLET 200-6.25 MG-MCG ORAL	T3	
<i>gnp calcium 500 +d3 tablet 500-15 mg-mcg oral</i>	T3	
<i>gnp calcium citrate +d3 tablet 315-6.25 mg-mcg oral</i>	T3	
<i>kp calcium citrate+d tablet 315-6.25 mg- mcg oral</i>	T3	
OYSCO 500+D TABLET 500-5 MG- MCG ORAL	T3	
<i>oyster shell calcium + d tablet 500-10 mg- mcg oral</i>	T3	
<i>oyster shell calcium + d3 tablet 500-10 mg- mcg oral</i>	T3	
<i>oyster shell calcium tablet 500-10 mg-mcg oral</i>	T3	
<i>oyster shell calcium w/d tablet 500-5 mg- mcg oral</i>	T3	
<b>Magnesium</b>		
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>	T3	
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL	T3	
MAGOX 400 TABLET 400 (240 MG) MG ORAL	T3	
<b>Phosphate</b>		
K-PHOS	T3	
K-PHOS-NEUTRAL	T3	
PHOSPHA 250 NEUTRAL	T3	
<b>Multivitamins</b>		
<b>B-Complex Vitamins</b>		
<i>b complex capsule oral</i>	T3	
<i>b complex vitamins capsule oral</i>	T3	
<i>vitamin b complex oral capsule</i>	T3	
<b>B-Complex W/ C &amp; E + Zn</b>		
<i>stress b/zinc tablet oral</i>	T3	
<i>stress b-complex/vit c/zinc tablet oral</i>	T3	
<i>stress formula/zinc (b-compl) tablet oral</i>	T3	
<b>B-Complex W/ C &amp; Folic Acid</b>		
<i>b complex-c-folic acid tablet oral</i>	T3	
<i>b-complex/folic acid/vitamin c tablet extended release oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>kp b complex-c tablet oral</i>	T3	
<i>super b complex/fa/vit c tablet oral</i>	T3	
<i>super b-complex/vit c/fa tablet oral</i>	T3	
<b>B-Complex W/ Folic Acid</b>		
<i>b complex vitamins (w/ fa) capsule oral</i>	T3	
<i>b-complex (folic acid) tablet oral</i>	T3	
<i>kobee tablet oral</i>	T3	
<b>B-Complex W/ Minerals</b>		
ELDERTONIC LIQUID ORAL	T3	
<b>Multiple Vitamins W/ Calcium</b>		
<i>essential one daily multivit tablet oral</i>	T3	
<i>gnp one daily womens health tablet oral</i>	T3	
<b>Multiple Vitamins W/ Iron</b>		
<i>daily vite multivitamin/iron tablet oral</i>	T3	
<i>multiple vitamins/iron tablet oral</i>	T3	
<i>stress formula/iron tablet oral</i>	T3	
<b>Multiple Vitamins W/ Minerals</b>		
<i>adult one daily gummies tablet chewable oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
ALIVE ULTRA POTENCY WOMENS 50+ TABLET ORAL	T3	
ALIVE WOMENS GUMMY TABLET CHEWABLE ORAL	T3	
<i>antioxidant formula tablet oral</i>	T3	
BACMIN TABLET ORAL	T3	
<i>body/hair/skin/nails capsule oral</i>	T3	
CENTRUM ADULTS TABLET ORAL	T3	
CENTRUM FLAVOR BURST ADULT TABLET CHEWABLE ORAL	T3	
CENTRUM LIQUID ORAL	T3	
CENTRUM SILVER TABLET CHEWABLE ORAL	T3	
CENTRUM SILVER TABLET ORAL	T3	
<i>century mature tablet oral</i>	T3	
CEROVITE SENIOR TABLET ORAL	T3	
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	T3	
CERTAVITE/ANTIOXIDANTS TABLET ORAL	T3	
COMPETE TABLET ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>complete multivitamin/mineral liquid oral</i>	T3	
<i>daily multiple vitamins/min tablet oral</i>	T3	
<i>dekas bariatric tablet chewable oral</i>	T3	
DEKAS PLUS OCEAN	T3	
DEKAS PLUS ORAL CAPSULE	T3	
DEKAS PLUS TABLET CHEWABLE ORAL	T3	
<i>dialyvite 800/ultra d tablet oral</i>	T3	
<i>freedavite tablet oral</i>	T3	
<i>gnp hair/skin/nails tablet oral</i>	T3	
<i>gnp healthy eyes tablet oral</i>	T3	
<i>gnp mega multi for men tablet oral</i>	T3	
<i>gnp mega multi for women tablet oral</i>	T3	
<i>gnp one daily mens health 50+ tablet oral</i>	T3	
<i>gnp one daily mens/lycopene tablet oral</i>	T3	
<i>gnp one daily womens 50+ tablet oral</i>	T3	
<i>gnp therapeutic-m tablet oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
ICAPS AREDS FORMULA TABLET ORAL	T3	
ICAPS CAPSULE ORAL	T3	
ICAPS LUTEIN & OMEGA-3 CAPSULE ORAL	T3	
ICAPS MV TABLET ORAL	T3	
<i>i-vite tablet oral</i>	T3	
LIVITA ADULTS	T3	
<i>multi + omega-3 adult gummies tablet chewable oral</i>	T3	
<i>multi adult gummies tablet chewable oral</i>	T3	
<i>multi vitamin/minerals tablet oral</i>	T3	
<i>multiple vitamins/womens tablet oral</i>	T3	
<i>multivit/multimineral adult</i>	T3	
<i>multivitamin gummies adult tablet chewable oral</i>	T3	
<i>multivitamin gummies mens tablet chewable oral</i>	T3	
<i>multi-vitamin gummies tablet chewable oral</i>	T3	
<i>multivitamin gummies womens tablet chewable oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>multivitamin liquid oral</i>	T3	
<i>multi-vitamin monocaps tablet oral</i>	T3	
<i>multi-vitamin/minerals tablet oral</i>	T3	
<i>multi-vite liquid oral</i>	T3	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	T3	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	T3	
MVW COMPLETE FORMULATION MINIS	T3	
MVW COMPLETE FORMULATION ORAL CAPSULE	T3	
MVW MODULATOR FORMULATION MINI	T3	
MVW ORANGE CHEWABLES	T3	
OCUVITE ADULT 50+ CAPSULE ORAL	T3	
OCUVITE EXTRA TABLET ORAL	T3	
OCUVITE EYE + MULTI TABLET ORAL	T3	
OCUVITE EYE HEALTH GUMMIES TABLET CHEWABLE ORAL	T3	
OCUVITE-LUTEIN CAPSULE ORAL	T3	

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

Prescription Drug Name	Drug Tier	Notes
OCUVITE-LUTEIN TABLET ORAL	T3	
ONCOVITE TABLET ORAL	T3	
ONE-A-DAY MENS 50+ ADVANTAGE TABLET ORAL	T3	
ONE-A-DAY WOMENS 50+ ADVANTAGE TABLET ORAL	T3	
OPTISOURCE POST BARIATRIC SURG TABLET CHEWABLE ORAL	T3	
OPURITY BYPASS OPTIMIZED TABLET CHEWABLE ORAL	T3	
<i>parvlex tablet oral</i>	T3	
PRESERVISION AREDS 2 CAPSULE ORAL	T3	
PRESERVISION AREDS CAPSULE ORAL	T3	
PRESERVISION AREDS TABLET ORAL	T3	
PRESERVISION/LUTEIN CAPSULE ORAL	T3	
PRORENAL + D TABLET ORAL	T3	
PRORENAL + D W/ OMEGA-3 CAPSULE ORAL	T3	
PROSIGHT TABLET ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<i>quin b strong tablet oral</i>	T3	
<i>quintabs-m tablet oral</i>	T3	
RENAPLEX TABLET ORAL	T3	
RENAPLEX-D TABLET ORAL	T3	
<i>sentry senior tablet oral</i>	T3	
<i>super thera vite m tablet oral</i>	T3	
<i>support liquid oral (rx)</i>	T3	
SYSTANE ICAPS AREDS2 CAPSULE ORAL	T3	
SYSTANE ICAPS AREDS2 TABLET CHEWABLE ORAL	T3	
SYSTANE ICAPS AREDS2 TABLET ORAL	T3	
<i>therapeutic formula/hematinics tablet oral</i>	T3	
<i>therapeutic-m tablet oral</i>	T3	
<i>ultra freeda tablet oral</i>	T3	
<i>ultra freeda/iron tablet oral</i>	T3	
<i>vitamins a-d-e/selenium tablet oral</i>	T3	
YELETS TEENAGE FORMULA TABLET ORAL	T3	

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

Prescription Drug Name	Drug Tier	Notes
YOUR LIFE MULTI ADULT GUMMIES TABLET CHEWABLE ORAL	T3	
<b>Multivitamins</b>		
<i>daily multiple vitamins tablet oral</i>	T3	
<i>daily value multivitamin tablet oral</i>	T3	
<i>daily vite tablet oral</i>	T3	
<i>daily vites tablet oral</i>	T3	
<i>daily-vite tablet oral</i>	T3	
<i>dekas essential capsule oral</i>	T3	
<i>dekas essential liquid oral</i>	T3	
<i>gnp essential one daily tablet oral</i>	T3	
<i>multiple vitamins tablet oral</i>	T3	
<i>multi-vitamin tablet oral</i>	T3	
<i>multi-vitamins tablet oral</i>	T3	
<i>once daily tablet oral</i>	T3	
<i>stress formula tablet oral</i>	T3	
TAB-A-VITE/BETA CAROTENE TABLET ORAL	T3	
THERA TABLET ORAL	T3	
THEREMS TABLET ORAL	T3	

Prescription Drug Name	Drug Tier	Notes
<b>Ped Multi Vitamins W/FI &amp; Fe</b>		
POLY-VI-FLOR/IRON	T3	
<b>Ped Multiple Vitamins W/ Minerals</b>		
DEKAS PLUS LIQUID ORAL	T3	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	T3	
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	T3	
MVW COMPLETE FORMULATION ORAL SOLUTION	T3	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	T3	
<i>mvw hi-d drops w/extra vit d</i>	T3	
MVW MODULATOR FORMULATION PEDS	T3	
<b>Ped Mv W/ Fluoride</b>		
<i>multivitamin/fluoride oral suspension</i>	T3	
<b>Ped Mv W/ Iron</b>		
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	T3	
<i>multivitamin infant &amp; toddler oral solution 11 mg/ml</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>pc pediatric poly-vita/fe drop</i>	T3	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	T3	
<i>poly-vita/iron</i>	T3	
<i>poly-vite/iron</i>	T3	
<b>Prenatal Mv &amp; Min W/Fe-Fa</b>		
<i>prenatal oral tablet 27-0.8 mg</i>	T2	PA
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	T2	PA
<b>Specialty Vitamins Products</b>		
<i>a thru z advantage tablet oral</i>	T3	
CENTRUM PERFORMANCE TABLET ORAL	T3	
CENTRUM SPECIALIST ENERGY TABLET ORAL	T3	
ELON MATRIX 5000 COMPLETE TABLET ORAL	T3	
ELON MATRIX COMPLETE TABLET ORAL	T3	
MG PLUS PROTEIN TABLET 133 MG ORAL	T3	
<i>vitamins for hair tablet oral</i>	T3	
<b>Vitamins W/ Lipotropics</b>		
<i>b complex formula 1 (lipotrop) tablet oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>balance b-100 tablet oral</i>	T3	
<i>mega multiple/chelated mineral tablet oral</i>	T3	
<b>Nasal Agents - Systemic And Topical</b>		
<b>Nasal Agents - Misc.</b>		
<i>deep sea nasal spray solution 0.65 % nasal</i>	T3	
<i>nasal moisturizing spray solution 0.65 % nasal</i>	T3	
<i>saline mist spray solution 0.65 % nasal</i>	T3	
<i>saline nasal spray</i>	T3	
<b>Nasal Steroids</b>		
<i>allergy nasal spray (momet)</i>	T2	PA; QL (17.1 ML per 30 days)
<i>budesonide suspension 32 mcg/act nasal (otc)</i>	T2	PA; QL (17.4 ML per 30 days)
<i>fluticasone propionate nasal</i>	T2	PA; QL (19.8 GM per 30 days)
<i>ft 24 hour nasal allergy</i>	T2	PA; QL (17.1 ML per 30 days)
<i>ft allergy relief 24 hr</i>	T2	PA; QL (19.8 ML per 30 days)
<i>gnp 24 hour nasal allergy aerosol 55 mcg/act nasal</i>	T2	PA; QL (17.1 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Notes
<i>goodsense 24-hr allergy nasal</i>	T2	PA; QL (19.8 ML per 30 days)
<i>goodsense nasal allergy spray aerosol 55 mcg/act nasal</i>	T2	PA; QL (17.1 ML per 30 days)
<i>mometasone furoate nasal</i>	T2	PA; QL (17.1 GM per 30 days)
<i>nasal allergy 24 hour aerosol 55 mcg/act nasal</i>	T2	PA; QL (0.57 ML per 1 day)
NASONEX 24HR	T2	PA; QL (17.1 ML per 30 days)
<i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc)</i>	T2	PA; QL (0.57 ML per 1 day)
<b>Systemic Decongestants</b>		
<i>gnp nasal decongestant tablet 30 mg oral</i>	T3	
<i>nasal decongestant tablet 30 mg oral</i>	T3	
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	T3	
SUDOGEST MAXIMUM STRENGTH TABLET 30 MG ORAL	T3	
SUDOGEST TABLET 30 MG ORAL	T3	
SUDOGEST TABLET 60 MG ORAL	T3	
<b>Topical Decongestants</b>		
<i>12 hour nasal spray solution 0.05 % nasal</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gnp nasal spray solution 0.05 % nasal</i>	T3	
<i>gnp no drip nasal spray solution 0.05 % nasal</i>	T3	
<i>nasal decongestant spray solution 0.05 % nasal</i>	T3	
<i>nasal spray 12 hour solution 0.05 % nasal</i>	T3	
<i>no drip nasal spray solution 0.05 % nasal</i>	T3	
<i>oxymetazoline hcl solution 0.05 % nasal</i>	T3	
<i>sinus nasal spray solution 0.05 % nasal</i>	T3	
<b>Ophthalmic Agents</b>		
<b>Artificial Tear And Lubricant Combinations</b>		
GENTEAL TEARS MODERATE PF SOLUTION 0.1-0.3 % OPTHALMIC	T3	
GENTEAL TEARS PF SOLUTION 0.1-0.3 % OPTHALMIC	T3	
GENTEAL TEARS SOLUTION 0.1-0.3 % OPTHALMIC	T3	
REFRESH OPTIVE SOLUTION 0.5-0.9 % OPTHALMIC	T3	
REFRESH SOLUTION 1.4-0.6 % OPTHALMIC	T3	
<b>Artificial Tear Solutions</b>		

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

Prescription Drug Name	Drug Tier	Notes
GENTEAL TEARS SOLUTION 0.1-0.2-0.3 % OPHTHALMIC	T3	
<b>Artificial Tears And Lubricants</b>		
REFRESH PLUS SOLUTION 0.5 % OPHTHALMIC	T3	
REFRESH TEARS SOLUTION 0.5 % OPHTHALMIC	T3	
<b>Ophthalmic Antiallergic</b>		
ALAWAY CHILDRENS ALLERGY SOLUTION 0.035 % OPHTHALMIC	T1	
ALAWAY SOLUTION 0.035 % OPHTHALMIC	T1	
<i>eye itch relief solution 0.035 % ophthalmic</i>	T1	
<i>ft eye allergy itch &amp; redness</i>	T1	
<i>ft eye allergy itch relief</i>	T1	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	T1	
<i>olopatadine hcl ophthalmic</i>	T1	
PATADAY OPHTHALMIC SOLUTION 0.1 %	T2	PA
ZADITOR SOLUTION 0.035 % OPHTHALMIC	T1	
<b>Ophthalmic Decongestant Combinations</b>		

Prescription Drug Name	Drug Tier	Notes
NAPHCON-A SOLUTION 0.025-0.3 % OPHTHALMIC	T1	
<b>Ophthalmic Hyperosmolar Products</b>		
MURO 128 OINTMENT 5 % OPHTHALMIC	T3	
MURO 128 SOLUTION 5 % OPHTHALMIC	T3	
<i>sodium chloride (hypertonic)</i>	T3	
<b>Otic Agents</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>ear drops solution 6.5 % otic</i>	T3	
<i>earwax removal kit solution 6.5 % otic</i>	T3	
<i>earwax treatment drops solution 6.5 % otic</i>	T3	
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
<b>Smoking Deterrents</b>		
<i>ft nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>ft nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine mini lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Notes
<i>gnp nicotine patch 24 hour 14 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine polacrilex gum 4 mg mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine gum 2 mg mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>goodsense nicotine lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	T1	QL (720 EA per 30 days)
<i>goodsense nicotine polacrilex</i>	T1	QL (720 EA per 30 days)
NICORELIEF GUM 2 MG MOUTH/THROAT	T1	QL (720 EA per 30 days)
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	T2	PA
<i>nicotine mini</i>	T1	QL (600 EA per 30 days)

Prescription Drug Name	Drug Tier	Notes
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	T1	QL (30 EA per 30 days)
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	T1	QL (30 EA per 30 days)
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	T1	QL (30 EA per 30 days)
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	T1	QL (30 EA per 30 days)
<i>sm nicotine lozenge 2 mg mouth/throat</i>	T1	QL (600 EA per 30 days)
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat</i>	T1	QL (600 EA per 30 days)

### Ulcer Drugs

### H-2 Antagonist-Antacid Combinations

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

Prescription Drug Name	Drug Tier	Notes
<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	T2	PA
<i>ft acid reducer + antacid</i>	T1	
<i>goodsense dual action complete</i>	T1	
<b>H-2 Antagonists</b>		
<i>acid controller max st tablet 20 mg oral</i>	T1	QL (4 EA per 1 day)
<i>acid reducer maximum strength tablet 20 mg oral</i>	T1	QL (4 EA per 1 day)
<i>acid reducer tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>famotidine maximum strength</i>	T1	QL (4 EA per 1 day)
<i>famotidine tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<i>ft acid reducer max strength</i>	T1	QL (4 EA per 1 day)
<i>heartburn relief max st tablet 20 mg oral</i>	T1	QL (4 EA per 1 day)
<i>heartburn relief tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
<b>Proton Pump Inhibitor-Antacid Combinations</b>		
<i>goodsense omeprazole/sodium bicarbonate</i>	T2	QL (30 EA per 30 days)
<b>Proton Pump Inhibitors</b>		
<i>acid reducer oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)

Prescription Drug Name	Drug Tier	Notes
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>ft acid reducer oral capsule delayed release 15 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>ft acid reducer oral capsule delayed release 20 mg</i>	T1	QL (60 EA per 30 days)
<i>ft omeprazole</i>	T2	PA; QL (2 EA per 1 day)
<i>gnp omeprazole oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
<i>gnp omeprazole oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
<i>gnp omeprazole oral tablet delayed release dispersible</i>	T2	PA; AL (Min 6 Years)
<b>GOODSENSE ESOMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL</b>	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>omeprazole magnesium</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)

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

Prescription Drug Name	Drug Tier	Notes
<i>omeprazole oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
<i>omeprazole oral tablet delayed release dispersible</i>	T2	PA; AL (Min 6 Years)
PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years and Max 999 Years)

Prescription Drug Name	Drug Tier	Notes
<i>heartburn relief max st tablet 20 mg oral</i>	T1	QL (4 EA per 1 day)
<i>heartburn relief tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)

Proton Pump Inhibitor-Antacid Combinations		
<i>goodsense omeprazole/sodium bicarbonate</i>	T2	QL (30 EA per 30 days)

Proton Pump Inhibitors		
<i>acid reducer oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)

<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 999 Years)
--	----	--

<i>ft acid reducer oral capsule delayed release 15 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
---	----	--

<i>ft acid reducer oral capsule delayed release 20 mg</i>	T1	QL (60 EA per 30 days)
---	----	------------------------

<i>ft omeprazole</i>	T2	PA; QL (2 EA per 1 day)
----------------------	----	-------------------------

<i>gnp omeprazole oral capsule delayed release</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
--	----	--

<i>gnp omeprazole oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
---	----	---

<i>gnp omeprazole oral tablet delayed release dispersible</i>	T2	PA; AL (Min 6 Years)
---	----	----------------------

**Ulcer Drugs/Antispasmodics/Anticholinergics**

**H-2 Antagonist-Antacid Combinations**

<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	T2	PA
---	----	----

<i>ft acid reducer + antacid</i>	T1	
----------------------------------	----	--

<i>goodsense dual action complete</i>	T1	
---------------------------------------	----	--

**H-2 Antagonists**

<i>acid controller max strength tablet 20 mg oral</i>	T1	QL (4 EA per 1 day)
---	----	---------------------

<i>acid reducer maximum strength tablet 20 mg oral</i>	T1	QL (4 EA per 1 day)
--	----	---------------------

<i>acid reducer tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
---------------------------------------	----	------------------------

<i>famotidine maximum strength</i>	T1	QL (4 EA per 1 day)
------------------------------------	----	---------------------

<i>famotidine tablet 10 mg oral</i>	T1	QL (60 EA per 30 days)
-------------------------------------	----	------------------------

<i>ft acid reducer max strength</i>	T1	QL (4 EA per 1 day)
-------------------------------------	----	---------------------

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

Prescription Drug Name	Drug Tier	Notes
GOODSENSE ESOMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years)
<i>omeprazole magnesium</i>	T2	PA; QL (60 EA per 30 days); AL (Min 6 Years)
<i>omeprazole oral tablet delayed release</i>	T2	PA; QL (2 EA per 1 day); AL (Min 6 Years)
<i>omeprazole oral tablet delayed release dispersible</i>	T2	PA; AL (Min 6 Years)
PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL	T2	PA; QL (30 EA per 30 days); AL (Min 6 Years and Max 999 Years)
<b>Urinary Antispasmodics</b>		
<b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic)</b>		
OXYTROL FOR WOMEN	T1	QL (8.7 EA per 30 days)
<b>Urinary Antispasmodic - Antimuscarinics (Antichol)</b>		
OXYTROL FOR WOMEN	T1	QL (8.7 EA per 30 days)
<b>Vaginal Products</b>		
<b>Imidazole-Related Antifungals</b>		

Prescription Drug Name	Drug Tier	Notes
<i>3 day vaginal cream 2 % vaginal</i>	T1	
<i>7 day vaginal cream 2 % vaginal</i>	T1	
<i>clotrimazole cream 1 % vaginal</i>	T1	
<i>ft 7 day vaginal</i>	T1	
<i>ft clotrimazole</i>	T1	
<i>ft clotrimazole 3</i>	T1	
<i>ft miconazole 1</i>	T1	
<i>ft miconazole 3 comb pack-supp</i>	T1	
<i>ft miconazole 3 combo pack</i>	T1	
<i>ft miconazole 7</i>	T1	
<i>ft tioconazole-1</i>	T1	
<i>gnp clotrimazole 3 cream 2 % vaginal</i>	T1	
<i>gnp miconazole 3 kit 200 &amp; 2 mg-% (9gm) vaginal</i>	T1	
<i>gnp miconazole 7 cream 2 % vaginal</i>	T1	
<i>miconazole 1 kit 1200 &amp; 2 mg &amp; % vaginal</i>	T1	
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal</i>	T1	
<i>miconazole 7 cream 2 % vaginal</i>	T1	
<i>miconazole 7 suppository 100 mg vaginal</i>	T1	
<i>miconazole nitrate combo pack</i>	T1	

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

Prescription Drug Name	Drug Tier	Notes
<i>miconazole nitrate cream 2 % vaginal</i>	T1	
MONISTAT 7 COMBO PACK APP KIT 100 & 2 MG-% (9GM) VAGINAL	T2	PA
<i>tioconazole-1 ointment 6.5 % vaginal</i>	T1	
VAGISTAT-3 KIT 200 & 2 MG-% (9GM) VAGINAL	T1	PA
<b>Vitamins</b>		
<b>Biotin</b>		
<i>biotin capsule 5 mg oral</i>	T3	
<i>biotin maximum strength capsule 5000 mcg oral</i>	T3	
<i>biotin tablet 1000 mcg oral</i>	T3	
<i>biotin tablet 5 mg oral</i>	T3	
<i>biotin tablet 5000 mcg oral</i>	T3	
<i>gnp biotin capsule 5000 mcg oral</i>	T3	
<i>super biotin capsule 5000 mcg oral</i>	T3	
<i>super biotin tablet 5000 mcg oral</i>	T3	
<b>Vitamin A</b>		
<i>a-10000 capsule 3 mg (10000 ut) oral</i>	T3	
<i>beta carotene capsule 25000 unit oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>gnp vitamin a capsule 3000 mcg oral</i>	T3	
<i>vitamin a capsule 2400 mcg (8000 ut) oral</i>	T3	
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	T3	
<i>vitamin a-beta carotene capsule 25000 unit oral</i>	T3	
<b>Vitamin B-1</b>		
<i>b-1 tablet 250 mg oral</i>	T3	
<i>thiamine mononitrate tablet 100 mg oral</i>	T3	AL (Max 19 Years)
<i>vitamin b-1 tablet 250 mg oral</i>	T3	
<i>vitamin b-1 tablet 50 mg oral</i>	T3	
<b>Vitamin B-2</b>		
<i>b-2 tablet 100 mg oral</i>	T3	
<i>vitamin b-2 tablet 25 mg oral</i>	T3	
<b>Vitamin B-3</b>		
<i>niacin er capsule extended release 250 mg oral</i>	T2	PA
<b>Vitamin B-5</b>		
<i>calcium pantothenate tablet 500 mg oral</i>	T3	
<b>Vitamin B-6</b>		
<i>b-6 tablet 250 mg oral</i>	T3	
<i>gnp vitamin b-6 tablet 100 mg oral</i>	T3	
<i>vitamin b-6 tablet 100 mg oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>vitamin b-6 tablet 25 mg oral</i>	T3	
<i>vitamin b-6 tablet 50 mg oral</i>	T3	
<b>Vitamin C</b>		
<i>acerola c-500 tablet chewable 500 mg oral</i>	T3	
<i>ascorbic acid tablet 500 mg oral</i>	T3	
<i>c 1000 tablet 1000 mg oral</i>	T3	
<i>c 500 tablet chewable 500 mg oral</i>	T3	
<i>c-1000 tablet 1000 mg oral</i>	T3	
<i>c-250 tablet chewable 250 mg oral</i>	T3	
<i>c-500 tablet chewable 500 mg oral</i>	T3	
<i>c-chewable tablet chewable 500 mg oral</i>	T3	
<i>fruit c 500 tablet chewable 500 mg oral</i>	T3	
<i>fruity c tablet chewable 250 mg oral</i>	T3	
<i>gnp vitamin c tablet 1000 mg oral</i>	T3	
<i>gnp vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>gnp vitamin c tablet 500 mg oral</i>	T3	
<i>gnp vitamin c tablet chewable 500 mg oral</i>	T3	
<i>gnp vitamin c/rose hips tablet 1000 mg oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>natural c/rose hips tablet 1000 mg oral</i>	T3	
<i>vitamin c liquid 500 mg/5ml oral</i>	T3	
<i>vitamin c plus wild rose hips tablet chewable 500 mg oral</i>	T3	
<i>vitamin c tablet 1000 mg oral</i>	T3	
<i>vitamin c tablet 250 mg oral</i>	T3	AL (Max 19 Years)
<i>vitamin c tablet 500 mg oral</i>	T3	
<i>vitamin c tablet chewable 250 mg oral</i>	T3	
<i>vitamin c tablet chewable 500 mg oral</i>	T3	
<i>vitamin c-rose hips tablet 500 mg oral</i>	T3	
<b>Vitamin D</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	T3	
<i>d 1000 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>d 10000 capsule 250 mcg (10000 ut) oral</i>	T3	
<i>d2000 ultra strength capsule 50 mcg (2000 ut) oral</i>	T3	
<i>d3-1000 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>d3-1000 tablet 25 mcg (1000 ut) oral</i>	T3	
<i>d-5000 tablet 125 mcg (5000 ut) oral</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
DECARA CAPSULE 625 MCG (25000 UT) ORAL	T3	
DIALYVITE VITAMIN D 5000	T3	
D-VI-SOL LIQUID 10 MCG/ML ORAL	T3	
<i>d-vite pediatric</i>	T3	
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>ergocalciferol oral solution 200 mcg/ml</i>	T3	
<i>gnp d 1000 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>gnp vitamin d3 extra strength tablet 25 mcg (1000 ut) oral</i>	T3	
<i>kp vitamin d capsule 25 mcg (1000 ut) oral</i>	T3	
<i>kp vitamin d3 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T3	
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>vitamin d high potency capsule 25 mcg (1000 ut) oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitamin d infant oral liquid 10 mcg/ml</i>	T3	
<i>vitamin d oral liquid 10 mcg/ml</i>	T3	
<i>vitamin d tablet 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	T3	
<i>vitamin d3 capsule 125 mcg (5000 ut) oral</i>	T3	
<i>vitamin d-3 capsule 25 mcg (1000 ut) oral</i>	T3	
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	T3	
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	T3	
<i>vitamin d3 super strength oral capsule</i>	T3	
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	T3	
<i>vitamin d3 ultra strength</i>	T3	
WEEKLY-D	T3	
<b>Vitamin E</b>		
<i>e 1000 capsule 450 mg (1000 ut) oral</i>	T3	
<i>e200 capsule 90 mg (200 unit) oral</i>	T3	
<i>e-200 capsule 90 mg (200 unit) oral</i>	T3	
<i>e-400 capsule 180 mg (400 unit) oral</i>	T3	
<i>e400 oral capsule 180 mg (400 unit)</i>	T3	

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

Prescription Drug Name	Drug Tier	Notes
<i>gnp vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>gnp vitamin e capsule 400 unit oral</i>	T3	
<i>gnp vitamin e capsule 450 mg (1000 ut) oral</i>	T3	
<i>gnp vitamin e capsule 90 mg (200 unit) oral</i>	T3	
<i>vitamin e capsule 100 unit oral</i>	T3	
<i>vitamin e capsule 1000 unit oral</i>	T3	
<i>vitamin e capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e capsule 200 unit oral</i>	T3	
<i>vitamin e capsule 400 unit oral</i>	T3	

Prescription Drug Name	Drug Tier	Notes
<i>vitamin e capsule 45 mg (100 unit) oral</i>	T3	
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	T3	
<i>vitamin e capsule 90 mg (200 unit) oral</i>	T3	
<i>vitamin e high potency capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e water soluble capsule 180 mg (400 unit) oral</i>	T3	
<i>vitamin e water soluble capsule 450 mg (1000 ut) oral</i>	T3	
<i>vitamin e/d-alpha natural capsule 268 mg (400 unit) oral</i>	T3	

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

#### Drug Tier

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

#### Notes

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

## Index

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