



Health Partners Plans

2017 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2017 Formulary. This formulary covers members under Health Partners Plans Medicaid plan. The drugs listed in the Health Partners Plans Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are specific manufacturers who have not contracted with the rebate program of the Federal government. The drugs listed in the Health Partners Plans Formulary have been reviewed and approved by the Health Partners Plans Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Health Partners Plans members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

Preface

The Health Partners Plans Formulary is organized by sections, which refer to either a drug/ pharmacologic class or disease state. Each section contains a list of drugs selected to be on this formulary. Prescribing a drug product that is available generically is encouraged when appropriate. Prescriptions for generically available non-prescription (OTC) drugs deemed medically necessary by the plan are eligible for coverage. Generally, OTC medications are less costly than prescription alternatives and their use can contribute to cost-effective therapy. The over-the-counter (OTC) products listed in the formulary are covered with a prescription.

Pharmacy and Therapeutics

(P&T) Committee

The actions of the Health Partners Plans P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy providers in the Health Partners Plans network will be notified through correspondence from the Health Partners Plans pharmacy department.

Product Selection Criteria

The Health Partners Plans P&T Committee will consider all FDA approved drugs for inclusion in the formulary. The evaluation process includes a literature review; expert opinion by respected medical professionals or through TEC (Technical Evaluation Center) may also be sought. Formal reviews are prepared which typically address the following information:

1. Safety
2. Effectiveness
3. Comparison studies
4. Approved indications
5. Adverse effects
6. Contraindications
7. Pharmacokinetics
8. Patient compliance considerations
9. Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

Plan Limits

A maximum of 30-day supply of medication is eligible for coverage. The prescriber is urged to prescribe in amounts that adhere to accepted standards of care. The days

supply must be accurately determined by the dispensing pharmacist to assure compliance with plan parameters. Specific limits based on FDA guidelines, medication package inserts and accepted standards of care may apply to medication treatments under clinical review. Prescription quantities cannot be altered unless approved by the physician, and must be within the limits of the plan's days supply. Prescribed medications or regimens that are non-formulary require prior authorization.

Immediate Need (5/15-day Emergency Supply)

If a member presents at a pharmacy a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, Health Partners Plans will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Health Partners Plans will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.

If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 34 Days), Health Partners Plans will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Health Partners Plans mailed to the member, with a copy to the prescriber, an advanced written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Health Partners Plans will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the recipient is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

Formulary Product Descriptions

This formulary lists all specific strengths and dosage forms that are covered. **When a strength or dosage form is specified, only the product identified will be covered. Other strengths/ dosage forms of the referenced product are not covered.**

For specific questions please contact the Health Partners Plans Pharmacy department at 215-991-4300.

Generic Substitution

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. The appropriate use of generic drugs is one method of providing cost conscious drug therapy. Health Partners Plans will not cover any drugs by companies that do not participate in the Federal Rebate Program or are DESI drugs. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available. Brand necessary prescriptions for drugs with A-rated generics require prior authorization.

The MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

The generic drug will contain the same active ingredient(s) and be the same

strength and dosage form as the brand name counterpart.

The FDA has given the generic an "A" rating compared to the branded counterpart indicating bioequivalence and has determined the generic is therapeutically equivalent to the referenced brand. The ratings of generic drugs are available by referring to the FDA reference *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the brand name product.

State laws or regulation may indicate the ability to practice generic substitution for selected products or categories of drugs. There are now many brand name products that are repackaged or distributed under a generic label. These generic versions should always be considered therapeutically equivalent and substitutable for the source branded product irrespective of rating.

Drugs Efficacy Study Implementation (DESI) Drugs

Health Partners Plans does not reimburse for DESI drugs. DESI drugs are those drugs first marketed between 1938 and 1962 which were approved as safe, but not required to show effectiveness for FDA product approval. The DESI program subsequently made a determination of fully effective for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products. Examples of DESI Drugs include:

Midrin
Vytone
Anusol HC
Donnatal
Tigan
Naldeen

Prior Authorization (PA)

To ensure that select medications are utilized appropriately, Prior Authorization may be required for the dispensing of

specific products. These medications may require Prior Authorization for the following reasons:

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available
- Medications and/or treatments under clinical investigation
- Medications used for non-FDA approved indications
- Prescription costs that exceed \$1000 per claim
- Prescriptions that exceed set plan limits (days supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High end oral and self administered injectable medications
- Medications with Health Partners Plans P&T Committee approved treatment guidelines

To request a prior authorization the physician or a member of his/her staff should contact Health Partners Plans either by fax at (866) 240-3712, or phone at (215) 991-4300. All non-emergency requests can be faxed 24 hours per day; calls should be placed from 9:00 A.M. to 5:00 P.M., Monday through Friday.

In the event of an immediate need after business hours, the call should be made to Health Partners Plans Member Services at (800) 553-0784. The call will be evaluated and routed to a pharmacist-on-call.

The physician may use the Health Partners Plans Prior Authorization/Medical Exception form or a letter of request, *but must include the following information* for quick and appropriate review to take place:

- Name and recipient number of member
- Date of birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days' supply (duration of therapy) and number of refills
- Route of administration

- Diagnosis
- Medical rationale for request
- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision (e.g., labs)

Upon receiving the Prior Authorization Medical Exception Request from the prescriber, Health Partners Plans will render a decision within 24 hours. The Medical Director will review each prior authorization request and make the final decision of approval or denial complete with a signature and date. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter using The Department of Public Welfare (DPW) approved language. DPW approved language is used for all denial letters and mailed to the member or parent/guardian, in the case of a child. A copy of the member denial letter is also faxed to the prescribing physician.

If the Prior Authorization Medical Exception Request is denied, the prescriber can submit a written appeal to Health Partners Plans Complaints & Grievances explaining the medical necessity of the medical treatment in question. At any time during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director.

Health Partners Plans Specialty and Injectable Medication Program

Health Partners Plans supports appropriate use of injectables and has established procedures for prescribing and suppliers. Under the direction of the Health Partners Plans Pharmacy department, the physician provider has the primary responsibility for obtaining Prior Authorization for medications included in this program. Call the Health Partners Plans Pharmacy department at 215-991-4300 for authorization on specialty medications. The following medications, although not limited to, can be obtained through the retail pharmacy benefit without

prior authorization.

GENERIC NAME	BRAND NAME
ceftriaxone	Rocephin®
cyanocobalamin	Vitamin B-12
epinephrine	Epipen®, Epipen® Jr.
fluphenazine decanoate	Prolixin Decanoate
glucagon	Glucagon
haloperidol decanoate	Haldol Decanoate
heparin sodium	Heparin
Insulin	
medroxyprogesterone acetate 150 mg only	Depo-Provera
methylprednisolone acetate	Depo-Medrol
methylprednisolone sod. succ.	Solu-Medrol
penicillin g benzathine	Bicillin L.A.
penicillin g potassium	Pfizerpen
sumatriptan	Imitrex
triamcinolone acetonide	Kenalog-40

Quantity Limitations (QL)

All Food and Drug Administration (FDA) quantities apply. Many drug products on the Health Partners Plans Formulary have quantity limits based upon the dosage described in product labeling.

Drugs subject to quantity limits may change. Contact Health Partners Plans Pharmacy department at 215-991-4300 for more information.

Recipient Restriction Program

Health Partners Plans participates in the Pennsylvania Department of Public Welfare Recipient Restriction Program. Members identified through the DUR program with suspected patterns of abuse will be referred to the Recipient Restriction Program. Providers requesting information on this program may contact Health Partners Plans Pharmacy department at 215-991-4300.

Editor

Your comments and suggestions regarding the Health Partners Plans 2017 Formulary are encouraged. Your input is vital to this

formulary's continued success. All responses will be reviewed and considered. Please send your comments to:
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Attn: Pharmacy Director
901 Market Street
Suite 500
Philadelphia, PA 19107
Phone: (215) 991-4300
Internet: www.healthpartnersplans.com

Notice

The information contained in the Health Partners Plans Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers. Neither Health Partners Plans warrants or assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. Health Partners Plans does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer product literature or standard references for more detailed information. The information contained in this document is proprietary information subject to a licensing agreement. The information may not be copied in whole or in part without the written permission of Health Partners Plans. All rights reserved. Trade names are the intellectual property of the respective product owners.

Legend	
Y	Yes – drug is covered
GP	Generic Preferred – Brand name drug with AB-rated generic available; use generic
PA	Prior Authorization required
QL	Quantity Limits apply
OTC	Over the Counter (not all covered OTC products are listed)

LEGEND

TIER	DESCRIPTION	
1	Generics	
2	Brands	
3	Specialty	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
GL	Gender Limit	This prescription drug may only be covered for a single gender.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.

LIST OF COVERED PRESCRIPTION MEDICATIONS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>ivermectin 3 mg tablet</i>	1	
ANTIBACTERIALS		
<i>amoxicillin 125 mg tab chew</i>	1	QL 4 / 1 days
<i>amoxicillin 125 mg/5ml susp recon</i>	1	QL 25 / 1 days
<i>amoxicillin 200 mg/5ml susp recon</i>	1	QL 25 / 1 days
<i>amoxicillin 250 mg capsule</i>	1	QL 4 / 1 days
<i>amoxicillin 250 mg tab chew</i>	1	QL 4 / 1 days
<i>amoxicillin 250 mg/5ml susp recon</i>	1	QL 25 / 1 days
<i>amoxicillin 400 mg/5ml susp recon</i>	1	QL 25 / 1 days
<i>amoxicillin 500 mg capsule</i>	1	QL 4 / 1 days
<i>amoxicillin 500 mg tablet</i>	1	QL 8 / 1 days
<i>amoxicillin 875 mg tablet</i>	1	QL 4 / 1 days
<i>amoxicillin/potassium clav 200-28.5/5 susp recon</i>	1	QL 25 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 200-28.5mg tab chew</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 250-125 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 250-62.5/5 susp recon</i>	1	QL 25 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 400-57mg tab chew</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 400-57mg/5 susp recon</i>	1	QL 25 / 1 days C Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin/potassium clav 500-125 mg tablet</i>	1	QL 3 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 600-42.9/5 susp recon</i>	1	QL 30 / 1 days C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 875-125 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ampicillin trihydrate 125 mg/5ml susp recon</i>	1	
<i>ampicillin trihydrate 250 mg capsule</i>	1	
<i>ampicillin trihydrate 250 mg/5ml susp recon</i>	1	
<i>ampicillin trihydrate 500 mg capsule</i>	1	
<i>azithromycin 1 g packet</i>	1	QL 1 / 1 days C Maximum day supply of 5 per fill
<i>azithromycin 100 mg/5ml susp recon</i>	1	QL 25 / 1 days C Maximum day supply of 5 per fill
<i>azithromycin 200 mg/5ml susp recon</i>	1	QL 25 / 1 days C Maximum day supply of 5 per fill
<i>azithromycin 250 mg tablet</i>	1	QL 4 / 1 days C Maximum day supply of 5 per fill
<i>azithromycin 500 mg tablet</i>	1	QL 10 / 23 days
<i>azithromycin 600 mg tablet</i>	1	QL 2 / 1 days
BICILLIN L-A 1,200,000 UNITS <i>penicillin g benzathine</i>	1	QL 4 / 365 days
BICILLIN L-A 2,400,000 UNITS <i>penicillin g benzathine</i>	1	QL 12 / 365 days
BICILLIN L-A 600,000 UNIT/ML <i>penicillin g benzathine</i>	1	
<i>cefaclor 250 mg capsule</i>	1	QL 4 / 1 days
<i>cefaclor 500 mg capsule</i>	1	QL 4 / 1 days
<i>cefaclor 500 mg tab er 12h</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cefadroxil 1 g tablet	1	QL 2 / 1 days
cefadroxil 250 mg/5ml susp recon	1	QL 10 / 1 days C Maximum day supply of 14 per fill
cefadroxil 500 mg capsule	1	QL 8 / 1 days
cefadroxil 500 mg/5ml susp recon	1	QL 10 / 1 days C Maximum day supply of 14 per fill
cefdinir 125 mg/5ml susp recon	1	QL 12 / 1 days
cefdinir 250 mg/5ml susp recon	1	QL 12 / 1 days
cefdinir 300 mg capsule	1	QL 2 / 1 days
cefpodoxime proxetil 100 mg tablet	1	QL 3 / 1 days
cefpodoxime proxetil 100 mg/5ml susp recon	1	QL 40 / 1 days
cefpodoxime proxetil 200 mg tablet	1	QL 4 / 1 days
cefpodoxime proxetil 50 mg/5 ml susp recon	1	QL 40 / 1 days
cefprozil 125 mg/5ml susp recon	1	QL 10 / 1 days
cefprozil 250 mg tablet	1	QL 1 / 1 days
cefprozil 250 mg/5ml susp recon	1	QL 10 / 1 days
cefprozil 500 mg tablet	1	QL 1 / 1 days
ceftriaxone sodium 1 g vial	1	QL 2 / 1 days
ceftriaxone sodium 1 g vial port	1	QL 2 / 1 days
ceftriaxone sodium 10 g vial	1	QL 1 / 1 days
ceftriaxone sodium 2 g vial	1	QL 2 / 1 days
ceftriaxone sodium 2 g vial port	1	QL 2 / 1 days
ceftriaxone sodium 250 mg vial	1	QL 2 / 1 days
ceftriaxone sodium 500 mg vial	1	QL 2 / 1 days
ceftriaxone in is-osm dextrose 1 g/50 ml froz.piggy	1	QL 2 / 1 days
ceftriaxone in is-osm dextrose 1 g/50 ml piggyback	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone in is-osm dextrose 2 g/50 ml froz.piggy</i>	1	QL 2 / 1 days
<i>ceftriaxone in is-osm dextrose 2 g/50 ml piggyback</i>	1	
<i>cefuroxime axetil 250 mg tablet</i>	1	QL 2 / 1 days
<i>cefuroxime axetil 500 mg tablet</i>	1	QL 2 / 1 days
<i>cephalexin 125 mg/5ml susp recon</i>	1	QL 80 / 1 days C Maximum day supply of 14 per fill
<i>cephalexin 250 mg capsule</i>	1	QL 8 / 1 days C Maximum day supply of 14 per fill
<i>cephalexin 250 mg/5ml susp recon</i>	1	QL 80 / 1 days C Maximum day supply of 14 per fill
<i>cephalexin 500 mg capsule</i>	1	QL 8 / 1 days C Maximum day supply of 14 per fill
CIPRO 10% SUSPENSION <i>ciprofloxacin</i>	1	QL 15 / 1 days C Maximum day supply of 14 per fill
CIPRO 5% SUSPENSION <i>ciprofloxacin</i>	1	QL 15 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 100 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 250 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 500 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 750 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 125 mg/5ml susp recon</i>	1	QL 20 / 1 days C Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clarithromycin 250 mg tablet</i>	1	QL 2 / 1 days
<i>clarithromycin 250 mg/5ml susp recon</i>	1	QL 20 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tab er 24h</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tablet</i>	1	QL 3 / 1 days
<i>clindamycin hcl 150 mg capsule</i>	1	QL 12 / 1 days
<i>clindamycin hcl 300 mg capsule</i>	1	QL 6 / 1 days
<i>clindamycin hcl 75 mg capsule</i>	1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	1	QL 120 / 1 days
<i>dicloxacillin sodium 250 mg capsule</i>	1	QL 8 / 1 days
<i>dicloxacillin sodium 500 mg capsule</i>	1	QL 8 / 1 days
<i>doxycycline hyclate 100 mg capsule</i>	1	
<i>doxycycline hyclate 100 mg tablet</i>	1	
<i>doxycycline hyclate 50 mg capsule</i>	1	
<i>doxycycline monohydrate 100 mg tablet</i>	1	QL 2 / 1 days
<i>doxycycline monohydrate 150 mg tablet</i>	1	QL 2 / 1 days
<i>doxycycline monohydrate 50 mg tablet</i>	1	QL 1 / 1 days
<i>doxycycline monohydrate 75 mg tablet</i>	1	QL 2 / 1 days
<i>erythromycin base 250 mg capsule dr</i>	1	QL 8 / 1 days
<i>erythromycin base 250 mg capsule dr</i>	1	QL 8 / 1 days
<i>erythromycin base 250 mg tablet</i>	1	QL 8 / 1 days
<i>erythromycin base 500 mg tablet</i>	1	QL 8 / 1 days
<i>erythromycin ethylsuccinate 200 mg/5ml susp recon</i>	1	
<i>erythromycin ethylsuccinate 400 mg tablet</i>	1	QL 10 / 1 days
<i>levofloxacin 250 mg tablet</i>	1	QL 1 / 1 days
<i>levofloxacin 250mg/10ml solution</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin 250mg/10ml solution</i>	1	
<i>levofloxacin 500 mg tablet</i>	1	QL 1 / 1 days
<i>levofloxacin 500mg/20ml solution</i>	1	
<i>levofloxacin 750 mg tablet</i>	1	QL 1 / 1 days
<i>linezolid 100 mg/5ml susp recon</i>	1	PA
<i>linezolid 600 mg tablet</i>	1	PA
<i>minocycline hcl 100 mg capsule</i>	1	QL 2 / 1 days
<i>minocycline hcl 50 mg capsule</i>	1	QL 2 / 1 days
<i>minocycline hcl 75 mg capsule</i>	1	QL 2 / 1 days
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 14 / 1 month
<i>neomycin sulfate 500 mg tablet</i>	1	QL 8 / 1 days
<i>ofloxacin 200 mg tablet</i>	1	QL 28 / 26 days
<i>ofloxacin 300 mg tablet</i>	1	QL 28 / 26 days
<i>ofloxacin 400 mg tablet</i>	1	QL 28 / 26 days
<i>paromomycin sulfate 250 mg capsule</i>	1	QL 4 / 1 days
<i>penicillin v potassium 125 mg/5ml soln recon</i>	1	QL 40 / 1 days
<i>penicillin v potassium 250 mg tablet</i>	1	QL 4 / 1 days
<i>penicillin v potassium 250 mg/5ml soln recon</i>	1	QL 40 / 1 days
<i>penicillin v potassium 500 mg tablet</i>	1	QL 4 / 1 days
<i>rifabutin 150 mg capsule</i>	1	QL 2 / 1 days
<i>rifampin 150 mg capsule</i>	1	QL 2 / 1 days
<i>rifampin 300 mg capsule</i>	1	QL 2 / 1 days
<i>sulfadiazine 500 mg tablet</i>	1	QL 8 / 1 days
<i>sulfamethoxazole/trimethoprim 200-40mg/5 oral susp</i>	1	
<i>sulfamethoxazole/trimethoprim 400mg-80mg tablet</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160 mg tablet</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160/20 oral susp</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfasalazine 500 mg tablet</i>	1	QL 12 / 1 days
<i>sulfasalazine 500 mg tablet dr</i>	1	QL 12 / 1 days
SUPRAX 400 MG CAPSULE <i>cefixime</i>	2	QL 1 / 1 days
SUPRAX 400 MG TABLET <i>cefixime</i>	2	QL 10 / 10 days
<i>tetracycline hcl 250 mg capsule</i>	1	QL 4 / 1 days
<i>tetracycline hcl 500 mg capsule</i>	1	QL 4 / 1 days
<i>vancomycin hcl 125 mg capsule</i>	1	QL 4 / 1 days C Max of 10 day supply per every 3 months
<i>vancomycin hcl 250 mg capsule</i>	1	QL 8 / 1 days C Max of 10 day supply per every 3 months
ANTIFUNGAL (SYSTEMIC)		
<i>fluconazole 10 mg/ml susp recon</i>	1	QL 40 / 1 days
<i>fluconazole 100 mg tablet</i>	1	QL 2 / 1 days
<i>fluconazole 150 mg tablet</i>	1	QL 2 / 1 days
<i>fluconazole 200 mg tablet</i>	1	QL 2 / 1 days
<i>fluconazole 40 mg/ml susp recon</i>	1	QL 10 / 1 days
<i>fluconazole 50 mg tablet</i>	1	QL 2 / 1 days
<i>griseofulvin ultramicrosize 125 mg tablet</i>	1	QL 3 / 1 days
<i>griseofulvin ultramicrosize 250 mg tablet</i>	1	QL 3 / 1 days
<i>griseofulvin, microsize 125 mg/5ml oral susp</i>	1	QL 40 / 1 days
<i>griseofulvin, microsize 500 mg tablet</i>	1	QL 2 / 1 days
<i>ketoconazole 200 mg tablet</i>	1	QL 2 / 1 days
<i>nystatin 150mm unit powder(ea)</i>	1	
<i>nystatin 500k unit tablet</i>	1	QL 6 / 1 days
<i>nystatin 500mm unit powder(ea)</i>	1	
<i>nystatin 50mm unit powder(ea)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
<i>terbinafine hcl 250 mg tablet</i>	1	QL 1 / 1 days
ANTIMYCOBACTERIALS		
CIPRO 10% SUSPENSION <i>ciprofloxacin</i>	1	QL 15 / 1 days C Maximum day supply of 14 per fill
CIPRO 5% SUSPENSION <i>ciprofloxacin</i>	1	QL 15 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 100 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 250 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 500 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 750 mg tablet</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 125 mg/5ml susp recon</i>	1	QL 20 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 250 mg tablet</i>	1	QL 2 / 1 days
<i>clarithromycin 250 mg/5ml susp recon</i>	1	QL 20 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tab er 24h</i>	1	QL 2 / 1 days C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tablet</i>	1	QL 3 / 1 days
<i>dapsone 100 mg tablet</i>	1	QL 1 / 1 days
<i>dapsone 25 mg tablet</i>	1	QL 3 / 1 days
<i>ethambutol hcl 100 mg tablet</i>	1	QL 10 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ethambutol hcl 400 mg tablet</i>	1	QL 10 / 1 days
<i>isoniazid 100 mg tablet</i>	1	QL 3 / 1 days
<i>isoniazid 300 mg tablet</i>	1	QL 3 / 1 days
<i>isoniazid 50 mg/5 ml solution</i>	1	QL 90 / 1 days
<i>levofloxacin 250 mg tablet</i>	1	QL 1 / 1 days
<i>levofloxacin 250mg/10ml solution</i>	1	QL 30 / 1 days
<i>levofloxacin 250mg/10ml solution</i>	1	
<i>levofloxacin 500 mg tablet</i>	1	QL 1 / 1 days
<i>levofloxacin 500mg/20ml solution</i>	1	
<i>levofloxacin 750 mg tablet</i>	1	QL 1 / 1 days
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 14 / 1 month
<i>pyrazinamide 500 mg tablet</i>	1	QL 8 / 1 days
<i>rifabutin 150 mg capsule</i>	1	QL 2 / 1 days
<i>rifampin 150 mg capsule</i>	1	QL 2 / 1 days
<i>rifampin 300 mg capsule</i>	1	QL 2 / 1 days
ANTIPROTOZOALS		
<i>chloroquine phosphate 250 mg tablet</i>	1	QL 2 / 1 days
<i>chloroquine phosphate 500 mg tablet</i>	1	QL 1 / 1 days
<i>dapsone 100 mg tablet</i>	1	QL 1 / 1 days
<i>dapsone 25 mg tablet</i>	1	QL 3 / 1 days
<i>hydroxychloroquine sulfate 200 mg tablet</i>	1	QL 4 / 1 days
<i>mefloquine hcl 250 mg tablet</i>	1	QL 5 / 26 days
<i>metronidazole 250 mg tablet</i>	1	QL 3 / 1 days
<i>metronidazole 500 mg tablet</i>	1	QL 4 / 1 days
<i>paromomycin sulfate 250 mg capsule</i>	1	QL 4 / 1 days
<i>primaquine phosphate 26.3 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quinidine sulfate 200 mg tablet</i>	1	QL 6 / 1 days
<i>quinidine sulfate 300 mg tablet</i>	1	QL 6 / 1 days
<i>quinidine sulfate 300 mg tablet er</i>	1	QL 3 / 1 days
<i>tinidazole 250 mg tablet</i>	1	QL 4 / 1 days AL1 At least 3 yrs old
<i>tinidazole 500 mg tablet</i>	1	QL 4 / 1 days AL1 At least 3 yrs old
ANTIVIRALS (SYSTEMIC)		
<i>abacavir sulfate 300 mg tablet</i>	1	QL 60 / 30 days
<i>abacavir sulfate/lamivudine 600-300mg tablet</i>	1	QL 30 / 30 days AL1 At least 18 yrs old
<i>abacavir/lamivudine/zidovudine 150-300mg tablet</i>	1	QL 60 / 30 days
<i>acyclovir 200 mg capsule</i>	1	QL 5 / 1 days
<i>acyclovir 200 mg/5ml oral susp</i>	1	QL 50 / 1 days
<i>acyclovir 400 mg tablet</i>	1	QL 5 / 1 days
<i>acyclovir 800 mg tablet</i>	1	QL 5 / 1 days
<i>amantadine hcl 100 mg capsule</i>	1	QL 4 / 1 days
<i>amantadine hcl 100 mg tablet</i>	1	QL 4 / 1 days
<i>amantadine hcl 50 mg/5 ml solution</i>	1	QL 40 / 1 days
<i>amantadine hcl 50 mg/5 ml solution</i>	1	QL 40 / 1 days
APTIVUS 250 MG CAPSULE <i>tipranavir</i>	2	QL 120 / 30 days AL1 At least 2 yrs old
ATRIPLA TABLET <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	QL 30 / 30 days AL1 At least 12 yrs old
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	2	QL 20 / 1 days
COMPLERA TABLET <i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	2	QL 1 / 1 days AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CRIXIVAN 200 MG CAPSULE <i>indinavir sulfate</i>	2	QL 360 / 30 days AL1 At least 16 yrs old
CRIXIVAN 400 MG CAPSULE <i>indinavir sulfate</i>	2	QL 180 / 30 days AL1 At least 16 yrs old
DESCOVY 200-25 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	2	QL 1 / 1 days AL1 At least 12 yrs old
<i>didanosine 125 mg capsule dr</i>	1	QL 60 / 30 days AL1 At least 6 yrs old
<i>didanosine 200 mg capsule dr</i>	1	QL 60 / 30 days AL1 At least 6 yrs old
<i>didanosine 250 mg capsule dr</i>	1	QL 30 / 30 days AL1 At least 6 yrs old
<i>didanosine 400 mg capsule dr</i>	1	QL 30 / 30 days AL1 At least 6 yrs old
EDURANT 25 MG TABLET <i>rilpivirine hcl</i>	2	QL 30 / 30 days AL1 At least 18 yrs old
EMTRIVA 200 MG CAPSULE <i>emtricitabine</i>	2	QL 30 / 30 days
<i>entecavir 0.5 mg tablet</i>	1	QL 1 / 1 days
<i>entecavir 1 mg tablet</i>	1	QL 1 / 1 days
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
<i>famciclovir 125 mg tablet</i>	1	QL 3 / 1 days
<i>famciclovir 250 mg tablet</i>	1	QL 3 / 1 days
<i>famciclovir 500 mg tablet</i>	1	QL 3 / 3 days
GENVOYA TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>	2	QL 1 / 1 days AL1 At least 12 yrs old
INTELENCE 100 MG TABLET <i>etravirine</i>	2	QL 120 / days AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTELENCE 200 MG TABLET <i>etravirine</i>	2	QL 60 / 30 days AL1 At least 6 yrs old
INVIRASE 200 MG CAPSULE <i>saquinavir mesylate</i>	2	QL 300 / 30 days AL1 At least 16 yrs old
INVIRASE 500 MG TABLET <i>saquinavir mesylate</i>	2	QL 120 / 30 days AL1 At least 16 yrs old
ISENTRESS 100 MG TABLET CHEW <i>raltegravir potassium</i>	2	QL 8 / 1 days AL1 2 to 12 yrs old C Age of 12 or greater will require prior authorization for this dosage form
ISENTRESS 25 MG TABLET CHEW <i>raltegravir potassium</i>	2	QL 6 / 1 days AL1 2 to 12 yrs old C Age of 12 or greater will require prior authorization for this dosage form
ISENTRESS 400 MG TABLET <i>raltegravir potassium</i>	2	QL 2 / 1 days
KALETRA 100-25 MG TABLET <i>lopinavir/ritonavir</i>	2	QL 300 / 30 days
KALETRA 200-50 MG TABLET <i>lopinavir/ritonavir</i>	2	QL 150 / 30 days
<i>lamivudine 10 mg/ml solution</i>	1	QL 900 / 30 days
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine 150 mg tablet</i>	1	QL 60 / 30 days
<i>lamivudine 300 mg tablet</i>	1	QL 30 / 30 days
<i>lamivudine/zidovudine 150-300mg tablet</i>	1	QL 60 / 30 days
LEXIVA 700 MG TABLET <i>fosamprenavir calcium</i>	2	QL 120 / 30 days
<i>lopinavir/ritonavir 400-100/5 solution</i>	1	QL 400 / 30 days
<i>nevirapine 100 mg tab er 24h</i>	1	
NORVIR 100 MG SOFTGEL CAP <i>ritonavir</i>	2	QL 360 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORVIR 100 MG TABLET <i>ritonavir</i>	2	QL 360 / 30 days
NORVIR 80 MG/ML SOLUTION <i>ritonavir</i>	2	QL 480 / 30 days
ODEFSEY TABLET <i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>	2	QL 1 / 1 days AL1 At least 12 yrs old
<i>oseltamivir phosphate 30 mg capsule</i>	1	QL 20 / 365 days AL1 At least 1 yrs old C Limit of 10 day supply every 365 days
<i>oseltamivir phosphate 45 mg capsule</i>	1	QL 10 / 365 days AL1 At least 18 yrs old C Limit of 10 day supply every 365 days
<i>oseltamivir phosphate 75 mg capsule</i>	1	QL 10 / 365 days AL1 At least 1 yrs old C Limit of 10 day supply every 365 days
PREZCOBIX 800 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	2	QL 12 / 1 days
PREZISTA 150 MG TABLET <i>darunavir ethanolate</i>	2	QL 120 / 30 days
PREZISTA 400 MG TABLET <i>darunavir ethanolate</i>	2	QL 60 / 30 days
PREZISTA 600 MG TABLET <i>darunavir ethanolate</i>	2	QL 60 / 30 days
PREZISTA 800 MG TABLET <i>darunavir ethanolate</i>	2	QL 1 / 1 days
RESCRIPTOR 100 MG TABLET <i>delavirdine mesylate</i>	2	QL 360 / 30 days AL1 At least 16 yrs old
RESCRIPTOR 200 MG TABLET <i>delavirdine mesylate</i>	2	QL 180 / 30 days AL1 At least 16 yrs old
REYATAZ 150 MG CAPSULE <i>atazanavir sulfate</i>	2	QL 60 / 30 days AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REYATAZ 200 MG CAPSULE <i>atazanavir sulfate</i>	2	QL 60 / 30 days AL1 At least 6 yrs old
REYATAZ 300 MG CAPSULE <i>atazanavir sulfate</i>	2	QL 30 / 30 days AL1 At least 6 yrs old
<i>ribavirin 200 mg capsule</i>	3	QL 7 / 1 days PA
<i>ribavirin 200 mg tablet</i>	3	QL 7 / 1 days PA
SELZENTRY 150 MG TABLET <i>maraviroc</i>	2	QL 120 / 30 days AL1 At least 18 yrs old
SELZENTRY 300 MG TABLET <i>maraviroc</i>	2	QL 120 / 30 days AL1 At least 18 yrs old
SOVALDI 400 MG TABLET <i>sofosbuvir</i>	3	PA
<i>stavudine 1 mg/ml soln recon</i>	1	QL 2400 / 30 days
<i>stavudine 15 mg capsule</i>	1	QL 120 / 30 days
<i>stavudine 20 mg capsule</i>	1	QL 120 / 30 days
<i>stavudine 30 mg capsule</i>	1	QL 60 / 30 days
<i>stavudine 40 mg capsule</i>	1	QL 60 / 30 days
STRIBILD TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
SUSTIVA 200 MG CAPSULE <i>efavirenz</i>	2	QL 90 / 30 days
SUSTIVA 50 MG CAPSULE <i>efavirenz</i>	2	QL 240 / 30 days
SUSTIVA 600 MG TABLET <i>efavirenz</i>	2	QL 30 / 30 days
SYNAGIS 100 MG/1 ML VIAL <i>palivizumab</i>	3	PA
SYNAGIS 50 MG/0.5 ML VIAL <i>palivizumab</i>	3	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIVICAY 50 MG TABLET <i>dolutegravir sodium</i>	2	QL 2 / 1 days AL1 At least 12 yrs old
TRIUMEQ TABLET <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
TRUVADA 200 MG-300 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	QL 30 / 30 days AL1 At least 12 yrs old
<i>valacyclovir hcl 1000 mg tablet</i>	1	QL 4 / 1 days
<i>valacyclovir hcl 500 mg tablet</i>	1	QL 4 / 1 days
VIDEX 2 GM PEDIATRIC SOLN <i>didanosine</i>	2	QL 1200 / 30 days
VIDEX 4 GM PEDIATRIC SOLN <i>didanosine</i>	2	QL 1200 / 30 days
VIRACEPT 250 MG TABLET <i>nelfinavir mesylate</i>	2	QL 270 / 30 days AL1 At least 2 yrs old
VIRACEPT 625 MG TABLET <i>nelfinavir mesylate</i>	2	QL 120 / 30 days AL1 At least 2 yrs old
VIREAD 150 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL 2 / 1 days AL1 At least 2 yrs old
VIREAD 200 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL 1 / 1 days AL1 At least 2 yrs old
VIREAD 250 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL 1 / 1 days AL1 At least 2 yrs old
VIREAD 300 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL 30 / days AL1 At least 2 yrs old
VITEKTA 150 MG TABLET <i>elvitegravir</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
VITEKTA 85 MG TABLET <i>elvitegravir</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
ZEPATIER 50-100 MG TABLET <i>elbasvir/grazoprevir</i>	3	PA
ZIAGEN 20 MG/ML SOLUTION <i>abacavir sulfate</i>	2	QL 900 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zidovudine 10 mg/ml syrup</i>	1	QL 1800 / 30 days
<i>zidovudine 100 mg capsule</i>	1	QL 180 / 30 days
<i>zidovudine 300 mg tablet</i>	1	QL 60 / 30 days
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	1	QL 90 / 1 days
<i>nitrofurantoin macrocrystal 100 mg capsule</i>	1	QL 4 / 1 days
<i>nitrofurantoin macrocrystal 25 mg capsule</i>	1	
<i>nitrofurantoin macrocrystal 50 mg capsule</i>	1	QL 4 / 1 days
<i>nitrofurantoin monohyd/m-cryst 100 mg capsule</i>	1	QL 2 / 1 days
<i>trimethoprim 100 mg tablet</i>	1	QL 2 / 1 days
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 4 / 1 days
ALLER-CHLOR 2 MG/5 ML SYRUP <i>chlorpheniramine maleate</i>	1	QL 240 / 15 days
ALLER-CHLOR 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
EQL ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
GNP ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
KRO ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
ALLERGY-TIME 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
CHLOR-TRIMETON ALLERGY <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
<i>chlorpheniramine 4 mg tablet</i>	1	QL 6 / 1 days
<i>qc chlorpheniramine 4 mg tab</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra chlorpheniramine 4 mg tab</i>	1	QL 100 / 26 days
<i>sb chlorpheniramine 4 mg tab</i>	1	QL 100 / 26 days
<i>clemastine fum 1.34 mg tablet</i>	1	QL 2 / 1 days
<i>cyproheptadine hcl 2 mg/5 ml syrup</i>	1	QL 30 / 1 days
<i>cyproheptadine hcl 4 mg tablet</i>	1	QL 8 / 1 days
<i>cyproheptadine hcl 4 mg/10 ml syrup</i>	1	QL 30 / 1 days
<i>dimenhydrinate 50 mg tablet</i>	1	QL 8 / 1 days
<i>diphenhydramine 12.5 mg/5 ml</i>	1	QL 30 / 1 days
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	1	QL 240 / 15 days
<i>diphenhydramine 12.5 mg/5 ml</i>	1	QL 30 / 1 days
<i>diphenhydramine cough syrup</i>	1	QL 240 / 15 days
<i>diphenhydramine 25 mg capsule</i>	1	QL 6 / 1 days
<i>diphenhydramine 25 mg caplet</i>	1	QL 6 / 1 days
<i>diphenhydramine 50 mg capsule</i>	1	QL 6 / 1 days
<i>diphenhydramine 50 mg tablet</i>	1	QL 6 / 1 days
<i>diphenhydramine hcl 50 mg/ml vial</i>	1	
DRAMAMINE LESS DROWSY 25 MG TB <i>meclizine hcl</i>	1	
ED-CHLORTAN 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
<i>hydroxyzine hcl 10 mg tablet</i>	1	QL 6 / 1 days
<i>hydroxyzine hcl 10 mg/5 ml solution</i>	1	QL 30 / 1 days
<i>hydroxyzine hcl 10 mg/5 ml solution</i>	1	QL 30 / 1 days
<i>hydroxyzine hcl 25 mg tablet</i>	1	QL 6 / 1 days
<i>hydroxyzine hcl 50 mg tablet</i>	1	QL 6 / 1 days
<i>hydroxyzine pamoate 100 mg capsule</i>	1	QL 6 / 1 days
<i>hydroxyzine pamoate 25 mg capsule</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine pamoate 50 mg capsule</i>	1	QL 6 / 1 days
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
<i>meclizine 12.5 mg caplet</i>	1	QL 4 / 1 days
<i>meclizine 12.5 mg tablet</i>	1	QL 4 / 1 days
<i>meclizine 25 mg tablet chew</i>	1	QL 4 / 1 days
<i>meclizine 25 mg tablet</i>	1	QL 4 / 1 days
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL 100 / 26 days
PHENADOZ 12.5 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
PHENADOZ 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	QL 180 / 30 days AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg supp.rect</i>	1	QL 6 / days AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 25 mg supp.rect</i>	1	QL 12 / days AL1 At least 6 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 50 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	QL 30 / 1 days AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
PROMETHEGAN 50 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL 240 / 14 days
SIMPLY SLEEP 25 MG CAPLET <i>diphenhydramine hcl</i>	1	QL 100 / 26 days
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SECOND GENERATION ANTIHISTAMINES		
ALL DAY ALLERGY 10 MG CHEW TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
ALL DAY ALLERGY 10 MG TABLET <i>cetirizine hcl</i>	1	QL 1 / 1 days
EQL ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
GNP ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
HM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KRO ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
QC ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
SM ALL DAY ALLERGY 1 MG/ML SYR <i>cetirizine hcl</i>	1	QL 10 / 1 days
SM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
<i>cetirizine hcl 1 mg/ml soln</i>	1	QL 10 / 1 days
<i>cetirizine hcl 1 mg/ml solution</i>	1	QL 10 / 1 days
<i>pv cetirizine hcl 1 mg/ml soln</i>	1	QL 10 / 1 days
<i>cetirizine hcl 10 mg chew tab</i>	1	QL 1 / 1 days
<i>cetirizine hcl 10 mg tablet</i>	1	QL 4 / 1 days
<i>pv cetirizine hcl 10 mg tablet</i>	1	QL 1 / 1 days
<i>ra cetirizine hcl 10 mg tablet</i>	1	QL 1 / 1 days
<i>cetirizine hcl 5 mg chew tab</i>	1	QL 1 / 1 days
<i>cetirizine hcl 5 mg tablet</i>	1	QL 1 / 1 days
<i>cetirizine hcl 5 mg/5 ml syrup</i>	1	
CHILD ALL DAY ALLERGY 1 MG/ML <i>cetirizine hcl</i>	1	QL 10 / 1 days
GNP CHLD ALL DAY ALLER 1 MG/ML <i>cetirizine hcl</i>	1	QL 10 / 1 days
CHILD'S ALLER-TEC 1 MG/ML SOLN <i>cetirizine hcl</i>	1	QL 10 / 1 days
<i>fexofenadine hcl 180 mg tablet</i>	1	QL 1 / 1 days
<i>hm fexofenadine hcl 180 mg tab</i>	1	QL 1 / 1 days
<i>pv fexofenadine hcl 180 mg tab</i>	1	QL 1 / 1 days
<i>sm fexofenadine hcl 180 mg tab</i>	1	QL 1 / 1 days
<i>fexofenadine hcl 30 mg/5 ml</i>	1	QL 30 / 1 days AL1 At least 2 yrs old
<i>fexofenadine hcl 60 mg tablet</i>	1	QL 2 / 1 days AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	QL 1 / 1 days
<i>cvs loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>gnp loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>qc loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>ra loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>sb loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>sm loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>child loratadine 5 mg/5 ml syr</i>	1	QL 10 / 1 days
<i>eqi loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>gnp chld loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>gnp loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>hm child loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>loratadine 5 mg/5 ml soln</i>	1	QL 10 / 1 days
<i>loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>loratadine allergy 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>loratadine hives 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>pv child loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>pv loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>ra loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>sm child loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>sm loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
NON-DROWSY ALLERGY 10 MG TAB <i>loratadine</i>	1	QL 1 / 1 days
ANTINEOPLASTIC AGENTS		
ALKERAN 2 MG TABLET <i>melfalan</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>anastrozole 1 mg tablet</i>	1	QL 1 / 1 days
<i>bicalutamide 50 mg tablet</i>	1	QL 1 / 1 days
<i>capecitabine 150 mg tablet</i>	1	PA
<i>capecitabine 500 mg tablet</i>	1	PA
<i>cyclophosphamide 25 mg capsule</i>	1	
<i>cyclophosphamide 25 mg tablet</i>	1	
<i>cyclophosphamide 50 mg capsule</i>	1	
<i>cyclophosphamide 50 mg tablet</i>	1	
DROXIA 200 MG CAPSULE <i>hydroxyurea</i>	2	
DROXIA 300 MG CAPSULE <i>hydroxyurea</i>	2	
DROXIA 400 MG CAPSULE <i>hydroxyurea</i>	2	
EMCYT 140 MG CAPSULE <i>estramustine phosphate sodium</i>	2	
<i>etoposide 50 mg capsule</i>	1	
<i>exemestane 25 mg tablet</i>	1	QL 1 / 1 days
FARESTON 60 MG TABLET <i>toremifene citrate</i>	2	QL 4 / 1 days
<i>flutamide 125 mg capsule</i>	1	QL 6 / 1 days
GLEOSTINE 10 MG CAPSULE <i>lomustine</i>	3	
GLEOSTINE 100 MG CAPSULE <i>lomustine</i>	3	
GLEOSTINE 40 MG CAPSULE <i>lomustine</i>	3	
HEXALEN 50 MG CAPSULE <i>altretamine</i>	3	
<i>hydroxyurea 500 mg capsule</i>	1	
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET <i>chlorambucil</i>	2	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	QL 0.072 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	QL 0.072 / 1 days PA
<i>lomustine 10 mg capsule</i>	1	
<i>lomustine 100 mg capsule</i>	1	
<i>lomustine 40 mg capsule</i>	1	
LUPRON DEPOT-PED 7.5 MG KIT <i>leuprolide acetate</i>	3	PA
LYSODREN 500 MG TABLET <i>mitotane</i>	2	
<i>megestrol acetate 20 mg tablet</i>	1	QL 8 / 1 days
<i>megestrol acetate 40 mg tablet</i>	1	QL 8 / 1 days
<i>megestrol acetate 400mg/10ml oral susp</i>	1	
<i>megestrol acetate 400mg/10ml oral susp</i>	1	
<i>mercaptopurine 50 mg tablet</i>	1	
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
MYLERAN 2 MG TABLET <i>busulfan</i>	2	QL 4 / 1 days
<i>nilutamide 150 mg tablet</i>	1	QL 2 / 1 days
TABLOID 40 MG TABLET <i>thioguanine</i>	2	
<i>tamoxifen citrate 10 mg tablet</i>	1	QL 2 / 1 days
<i>tamoxifen citrate 20 mg tablet</i>	1	QL 2 / 1 days
<i>temozolomide 100 mg capsule</i>	1	
<i>temozolomide 140 mg capsule</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
temozolomide 180 mg capsule	1	
temozolomide 20 mg capsule	1	
temozolomide 250 mg capsule	1	
temozolomide 5 mg capsule	1	
tretinoin 10 mg capsule	1	AL1 At least 20 yrs old C Prior authorization required for members less than 20 years old
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
HYPERRHO S-D 1500 UNITS SYR <i>rho(d) immune globulin</i>	2	
RHOGAM ULTRA-FILTERED PLUS SYR <i>rho(d) immune globulin</i>	2	
TOXOIDS		
ADACEL TDAP SYRINGE <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	2	AL1 At least 18 yrs old
ADACEL TDAP VIAL <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	2	AL1 At least 18 yrs old
VACCINES		
AFLURIA 2016-2017 SYRINGE <i>influenza virus vaccine trivalent 2016-2017 (5 years up)/pf</i>	2	AL1 At least 19 yrs old
AFLURIA 2016-2017 VIAL <i>influenza virus vaccine trivalent 2016-2017 (5 yr and older)</i>	2	AL1 At least 19 yrs old
AFLURIA QUAD 2016-2017 SYRINGE <i>influenza virus vaccine quadrivalent 2016-17(18yr and up)/pf</i>	2	
AFLURIA QUAD 2016-2017 VIAL <i>influenza virus vaccine quadrivalent 2016-17(18 year and up)</i>	2	
ENGRIX-B 20 MCG/ML SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B 20 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B 10 MCG/0.5 ML PED VL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B PEDI 10 MCG/0.5 SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
FLUARIX QUAD 2016-2017 SYRINGE <i>influenza virus vaccine quadval split 2016-17(36 mos up)/pf</i>	2	AL1 At least 19 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUBLOK 2016-2017 VIAL <i>influenza virus vaccine tv 2016-17(18 yrs and older)rcmb/pf</i>	2	AL1 At least 19 yrs old
FLUCELVAX QUAD 2016-2017 SYR <i>flu vaccine qs 2016-2017(4 years and older)cell derived/pf</i>	2	AL1 At least 19 yrs old
FLULAVAL QUAD 2016-2017 SYR <i>influenza virus vaccine qvalsplrit 2016-2017(6 mos and up)/pf</i>	2	AL1 At least 19 yrs old
FLULAVAL QUAD 2016-2017 VIAL <i>influenza virus vaccine qvalsplrit 2016-2017(6 mos and older)</i>	2	AL1 At least 19 yrs old
FLUVIRIN 2016-2017 SYRINGE <i>influenza virus vaccine trival 2016-2017 (4yr and older)/pf</i>	2	AL1 At least 19 yrs old
FLUVIRIN 2016-2017 VIAL <i>influenza virus vaccine trivalent 2016-2017 (4 yr and older)</i>	2	AL1 At least 19 yrs old
FLUZONE HIGH-DOSE 2016-17 SYR <i>influenza virus vaccine trival split 2016-2017(65 yr up)/pf</i>	2	AL1 At least 65 yrs old
FLUZONE INTRADERM QUAD 2016-17 <i>influenza virus vaccine quadrivalent 2016-17(18yrs-64yrs)/pf</i>	2	AL1 19 to 64 yrs old
FLUZONE QUAD 2016-2017 SYRINGE <i>influenza virus vaccine quadval split 2016-17(36 mos up)/pf</i>	2	AL1 At least 19 yrs old
FLUZONE QUAD 2016-2017 VIAL <i>influenza virus vaccine quadval split 2016-17(36 mos up)/pf</i>	2	AL1 At least 19 yrs old
FLUZONE QUAD 2016-2017 VIAL <i>influenza virus vaccine qvalsplrit 2016-2017(6 mos and older)</i>	2	AL1 At least 19 yrs old
HAVRIX 1,440 UNITS/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
HAVRIX 1,440 UNITS/ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
HAVRIX 720 UNIT/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
HAVRIX 720 UNITS/0.5 ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
PNEUMOVAX 23 SYRINGE <i>pneumococcal 23-valent polysaccharide vaccine</i>	2	AL1 At least 19 yrs old
PNEUMOVAX 23 VIAL <i>pneumococcal 23-valent polysaccharide vaccine</i>	2	AL1 At least 19 yrs old
PREVNAR 13 SYRINGE <i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>	2	QL 1 / 1 days AL1 At least 19 yrs old
RECOMBIVAX HB 10 MCG/ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RECOMBIVAX HB 10 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 40 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 5 MCG/0.5 ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 5 MCG/0.5 ML VL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
TWINRIX VACCINE SYRINGE <i>hepatitis a virus and hepatitis b virus vaccine/pf</i>	2	AL1 At least 18 yrs old
TWINRIX VACCINE VIAL <i>hepatitis a virus and hepatitis b virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 25 UNITS/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 25 UNITS/0.5 ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 50 UNITS/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 50 UNITS/ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROVENT HFA INHALER <i>ipratropium bromide</i>	2	QL 12.9 / 26 days
<i>benztropine mesylate 0.5 mg tablet</i>	1	QL 4 / 1 days
<i>benztropine mesylate 1 mg tablet</i>	1	QL 4 / 1 days
<i>benztropine mesylate 2 mg tablet</i>	1	QL 4 / 1 days
COMBIVENT RESPIMAT INHAL SPRAY <i>ipratropium bromide/albuterol sulfate</i>	2	QL 4 / 20 days
		PA
		AL1 At least 18 yrs old
		C PA required for initial fill or greater than 45 days since last fill
<i>dicyclomine hcl 10 mg capsule</i>	1	QL 8 / 1 days
<i>dicyclomine hcl 20 mg tablet</i>	1	QL 8 / 1 days
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	1	QL 40 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	QL 8 / 1 days
<i>glycopyrrolate 1 mg tablet</i>	1	QL 6 / 1 days
<i>glycopyrrolate 2 mg tablet</i>	1	QL 4 / 1 days
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab rapdis</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	QL 12 / 1 days
<i>hyoscyamine sulfate 0.125 mg tablet</i>	1	QL 12 / 1 days
<i>hyoscyamine sulfate 0.125mg/ml drops</i>	1	QL 12 / 1 days
<i>hyoscyamine sulfate 0.375 mg tab er 12h</i>	1	QL 4 / 1 days
<i>hyoscyamine sulfate 0.375 mg tab er 12h</i>	1	QL 4 / 1 days
<i>hyoscyamine sulfate 125mcg/5ml elixir</i>	1	QL 60 / 1 days
<i>hyoscyamine sulfate 125mcg/5ml elixir</i>	1	QL 60 / 1 days
HYOSYNE 0.125 MG/ML DROP <i>hyoscyamine sulfate</i>	1	
HYOSYNE 125 MCG/5 ML ELIXIR <i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide 0.2 mg/ml solution</i>	1	QL 10 / 1 days
<i>ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb</i>	1	
<i>propantheline bromide 15 mg tablet</i>	1	QL 5 / 1 days
SPIRIVA 18 MCG CP-HANDIHALER <i>tiotropium bromide</i>	2	QL 1 / 1 month PA
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	2	QL 1 / 1 month PA AL1 At least 12 yrs old C PA required for initial fill or greater than 45 days since last fill
SPIRIVA RESPIMAT 2.5 MCG INH <i>tiotropium bromide</i>	2	QL 1 / 1 month PA AL1 At least 18 yrs old C PA required for initial fill or greater than 45 days since last fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	2	QL 1 / 1 fill PA AL1 At least 18 yrs old
<i>trihexyphenidyl hcl 2 mg tablet</i>	1	QL 7 / 1 days
<i>trihexyphenidyl hcl 2 mg/5 ml elixir</i>	1	QL 38 / 1 days
<i>trihexyphenidyl hcl 5 mg tablet</i>	1	QL 3 / 1 days
TUDORZA PRESSAIR 400 MCG INH <i>aclidinium bromide</i>	2	PA AL1 At least 18 yrs old
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX 0.5 MG TABLET <i>varenicline tartrate</i>	2	QL 2 / 1 days AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG CONT MONTH BOX <i>varenicline tartrate</i>	2	QL 2 / 1 days AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG TABLET <i>varenicline tartrate</i>	2	QL 2 / 1 days AL1 At least 18 yrs old
CHANTIX STARTING MONTH BOX <i>varenicline tartrate</i>	2	QL 2 / 1 days AL1 At least 18 yrs old C Max of 180 tablets per 365 days
<i>cvs nicotine 14 mg/24 hr patch</i>	1	QL 28 / 28 days
<i>cvs nicotine 14 mg/24hr patch</i>	1	QL 28 / 28 days
<i>eq nicotine 14 mg/24hr patch</i>	1	QL 28 / 28 days
<i>hm nicotine 14 mg/24hr patch</i>	1	QL 28 / 28 days
<i>kro nicotine 14 mg/24 hr patch</i>	1	QL 28 / 28 days
<i>nicotine 14 mg/24 hr patch</i>	1	QL 28 / 28 days
<i>nicotine 14 mg/24hr patch</i>	1	QL 28 / 28 days
<i>pv nicotine 14 mg/24 hr patch</i>	1	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra nicotine 14 mg/24hr patch</i>	1	QL 28 / 28 days
<i>sm nicotine 14 mg/24hr patch</i>	1	QL 28 / 28 days
<i>eq nicotine 21 mg/24hr patch</i>	1	QL 28 / 28 days
<i>hm nicotine 21 mg/24hr patch</i>	1	QL 28 / 28 days
<i>kro nicotine 21 mg/24hr patch</i>	1	QL 28 / 28 days
<i>nicotine 21 mg/24 hr patch</i>	1	QL 28 / 28 days
<i>nicotine 21 mg/24hr patch</i>	1	QL 28 / 28 days
<i>pv nicotine 21 mg/24 hr patch</i>	1	QL 28 / 28 days
<i>ra nicotine 21 mg/24hr patch</i>	1	QL 28 / 28 days
<i>sm nicotine 21 mg/24hr patch</i>	1	QL 28 / 28 days
<i>nicotine transdermal system</i>	1	QL 28 / 28 days
<i>cvs nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>eq nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>hm nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>kro nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>pv nicotine 7 mg/24 hr patch</i>	1	QL 28 / 28 days
<i>ra nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>sm nicotine 7 mg/24hr patch</i>	1	QL 28 / 28 days
<i>cvs nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>eq nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>eql nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>gnp nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>hm nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>kro nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>ldr nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>pc nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>pv nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>ra nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>sm nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>sw nicotine 2 mg chewing gum</i>	1	QL 24 / 1 days
<i>cvs nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>eq nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>eql nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>gnp nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>hm nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>kro nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>nicotine 2 mg mini lozenge</i>	1	QL 24 / 1 days
<i>ra nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>ra nicotine 2 mg mini lozenge</i>	1	QL 24 / 1 days
<i>sm nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>sw nicotine 2 mg lozenge</i>	1	QL 24 / 1 days
<i>cvs nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>eq nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>eql nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>gnp nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>hm nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>kro nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>ldr nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>ra nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>sm nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>sw nicotine 4 mg chewing gum</i>	1	QL 24 / 1 days
<i>cvs nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>eq nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>eqi nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>gnp nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>hm nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>kro nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>nicotine 4 mg mini lozenge</i>	1	QL 24 / 1 days
<i>ra nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>ra nicotine 4 mg mini lozenge</i>	1	QL 24 / 1 days
<i>sm nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
<i>sw nicotine 4 mg lozenge</i>	1	QL 24 / 1 days
NICOTROL CARTRIDGE INHALER <i>nicotine</i>	1	QL 168 / 30 days
NICOTROL NS 10 MG/ML SPRAY <i>nicotine</i>	2	QL 60 / 30 days
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol chloride 10 mg tablet</i>	1	QL 4 / 1 days
<i>bethanechol chloride 25 mg tablet</i>	1	QL 4 / 1 days
<i>bethanechol chloride 5 mg tablet</i>	1	QL 4 / 1 days
<i>bethanechol chloride 50 mg tablet</i>	1	QL 4 / 1 days
<i>donepezil hcl 10 mg tab rapdis</i>	1	QL 1 / 1 days AL1 At least 18 yrs old
<i>donepezil hcl 10 mg tablet</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>donepezil hcl 5 mg tab rapdis</i>	1	QL 2 / 1 days AL1 At least 18 yrs old
<i>donepezil hcl 5 mg tablet</i>	1	QL 1 / 1 days
EXELON 2 MG/ML ORAL SOLUTION <i>rivastigmine tartrate</i>	2	QL 6 / 1 days
<i>pilocarpine hcl 5 mg tablet</i>	1	QL 4 / 1 days
<i>pilocarpine hcl 7.5 mg tablet</i>	1	QL 4 / 1 days
<i>pyridostigmine bromide 180 mg tablet er</i>	1	
<i>pyridostigmine bromide 60 mg tablet</i>	1	QL 8 / 1 days
<i>rivastigmine 13.3mg/24h patch td24</i>	1	QL 1 / 1 days
<i>rivastigmine 4.6mg/24hr patch td24</i>	1	QL 1 / 1 days
<i>rivastigmine 9.5mg/24hr patch td24</i>	1	QL 1 / 1 days
<i>rivastigmine tartrate 1.5 mg capsule</i>	1	QL 2 / 1 days
<i>rivastigmine tartrate 3 mg capsule</i>	1	QL 2 / 1 days
<i>rivastigmine tartrate 4.5 mg capsule</i>	1	QL 2 / 1 days
<i>rivastigmine tartrate 6 mg capsule</i>	1	QL 2 / 1 days
SKELETAL MUSCLE RELAXANTS		
<i>baclofen 10 mg tablet</i>	1	QL 5 / 1 days
<i>baclofen 20 mg tablet</i>	1	QL 4 / 1 days
<i>carisoprodol 350 mg tablet</i>	1	QL 4 / 1 days
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	QL 3 / 1 days
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	QL 3 / 1 days
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	QL 3 / 1 days
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	QL 3 / 1 days
<i>chlorzoxazone 500 mg tablet</i>	1	QL 6 / 1 days
<i>cyclobenzaprine hcl 10 mg tablet</i>	1	QL 3 / 1 days
<i>cyclobenzaprine hcl 5 mg tablet</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dantrolene sodium 100 mg capsule</i>	1	QL 4 / 1 days
<i>dantrolene sodium 25 mg capsule</i>	1	QL 4 / 1 days
<i>dantrolene sodium 50 mg capsule</i>	1	QL 4 / 1 days
<i>methocarbamol 500 mg tablet</i>	1	QL 16 / 1 days
<i>methocarbamol 750 mg tablet</i>	1	QL 10 / 1 days
<i>orphenadrine citrate 100 mg tablet er</i>	1	QL 2 / 1 days
<i>tizanidine hcl 2 mg tablet</i>	1	QL 6 / 1 days
<i>tizanidine hcl 4 mg tablet</i>	1	QL 6 / 1 days
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL 3 / 1 days
<i>acebutolol hcl 400 mg capsule</i>	1	QL 3 / 1 days
<i>alfuzosin hcl 10 mg tab er 24h</i>	1	QL 1 / 1 days
<i>atenolol 100 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 25 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 50 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL 4 / 1 days
<i>bisoprolol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprolol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprolol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>carvedilol 12.5 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 25 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carvedilol 3.125 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 6.25 mg tablet</i>	1	QL 2 / 1 days
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	1	
<i>dihydroergotamine mesylate 1 mg/ml vial</i>	1	
<i>doxazosin mesylate 1 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 2 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 4 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 8 mg tablet</i>	1	QL 2 / 1 days
<i>labetalol hcl 100 mg tablet</i>	1	QL 14 / 1 days
<i>labetalol hcl 200 mg tablet</i>	1	QL 12 / 1 days
<i>labetalol hcl 300 mg tablet</i>	1	QL 8 / 1 days
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol tartrate 100 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 25 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 50 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 20 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 40 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 80 mg tablet</i>	1	QL 4 / 1 days
<i>pindolol 10 mg tablet</i>	1	QL 6 / 1 days
<i>pindolol 5 mg tablet</i>	1	QL 6 / 1 days
<i>prazosin hcl 1 mg capsule</i>	1	QL 4 / 1 days
<i>prazosin hcl 2 mg capsule</i>	1	QL 4 / 1 days
<i>prazosin hcl 5 mg capsule</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl 10 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 20 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 40 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 40mg/5ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 60 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 80 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 6 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 240 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>tamsulosin hcl 0.4 mg cap er 24h</i>	1	QL 1 / 1 days
<i>terazosin hcl 1 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 10 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 2 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 5 mg capsule</i>	1	QL 2 / 1 days
<i>timolol maleate 10 mg tablet</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate 20 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 5 mg tablet</i>	1	QL 3 / 1 days
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 4 / 1 days
<i>albuterol sulfate 0.63mg/3ml vial-neb</i>	1	
<i>albuterol sulfate 1.25mg/3ml vial-neb</i>	1	
<i>albuterol sulfate 2 mg tablet</i>	1	QL 4 / 1 days
<i>albuterol sulfate 2 mg/5 ml syrup</i>	1	QL 40 / 1 days
<i>albuterol sulfate 2.5 mg/0.5 vial-neb</i>	1	
<i>albuterol sulfate 2.5 mg/3ml vial-neb</i>	1	
<i>albuterol sulfate 4 mg tab er 12h</i>	1	QL 4 / 1 days
<i>albuterol sulfate 4 mg tablet</i>	1	QL 4 / 1 days
<i>albuterol sulfate 5 mg/ml solution</i>	1	
<i>albuterol sulfate 8 mg tab er 12h</i>	1	QL 4 / 1 days
AUVI-Q 0.3 MG AUTO-INJECTOR <i>epinephrine</i>	2	
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
CHILDS SUDAFED 15 MG/5 ML LIQ <i>pseudoephedrine hcl</i>	1	
<i>clonidine 0.1mg/24hr patch tdwk</i>	1	QL 4 / 22 days
<i>clonidine 0.2mg/24hr patch tdwk</i>	1	QL 4 / 22 days
<i>clonidine 0.3mg/24hr patch tdwk</i>	1	QL 4 / 22 days
<i>clonidine hcl 0.1 mg tablet</i>	1	QL 8 / 1 days
<i>clonidine hcl 0.2 mg tablet</i>	1	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl 0.3 mg tablet</i>	1	QL 8 / 1 days
CLORPRES 0.1-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
CLORPRES 0.2-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
CLORPRES 0.3-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
COMBIVENT RESPIMAT INHAL SPRAY <i>ipratropium bromide/albuterol sulfate</i>	2	QL 4 / 20 days
		PA
		AL1 At least 18 yrs old
		C PA required for initial fill or greater than 45 days since last fill
CONGEST-EZE 60-400 MG CAPLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
CONGESTAC TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL 13 / 30 days
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL 13 / 30 days
<i>epinephrine 0.15/0.15 auto inject</i>	1	
<i>epinephrine 0.15mg/0.3 auto inject</i>	1	
EPIPEN 2-PAK 0.3 MG AUTO-INJCT <i>epinephrine</i>	2	
EPIPEN JR 2-PAK 0.15 MG INJCTR <i>epinephrine</i>	2	
<i>ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb</i>	1	
<i>levalbuterol hcl 0.31mg/3ml vial-neb</i>	1	AL1 Up to 12 yrs old
		C Prior authorization is required for members over the age of 12
<i>levalbuterol hcl 0.63mg/3ml vial-neb</i>	1	AL1 Up to 12 yrs old
		C Prior authorization is required for members over the age of 12
<i>levalbuterol hcl 1.25mg/3ml vial-neb</i>	1	AL1 Up to 12 yrs old
		C Prior authorization is required for members over the age of 12

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
<i>metaproterenol sulfate 10 mg tablet</i>	1	QL 4 / 1 days
<i>metaproterenol sulfate 10 mg/5 ml syrup</i>	1	QL 40 / 1 days
<i>metaproterenol sulfate 20 mg tablet</i>	1	QL 4 / 1 days
<i>methyldopa 250 mg tablet</i>	1	QL 6 / 1 days
<i>methyldopa 500 mg tablet</i>	1	QL 6 / 1 days
<i>midodrine hcl 10 mg tablet</i>	1	QL 3 / 1 days
<i>midodrine hcl 2.5 mg tablet</i>	1	QL 3 / 1 days
<i>midodrine hcl 5 mg tablet</i>	1	QL 3 / 1 days
MUCINEX D ER 1,200-120 MG TAB <i>guaifenesin/pseudoephedrine hcl</i>	2	
MUCINEX D ER 600-60 MG TABLET <i>guaifenesin/pseudoephedrine hcl</i>	2	QL 2 / 1 days
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	QL 180 / 30 days AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
<i>gnp pseudoephedrine er 120 mg</i>	1	QL 2 / 1 days
<i>pseudoephedrine er 120 mg tab</i>	1	QL 2 / 1 days
<i>pseudoephedrine 30 mg tablet</i>	1	QL 100 / 26 days
<i>pseudoephedrine 60 mg tablet</i>	1	QL 100 / 26 days
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL 240 / 14 days
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	2	QL 1 / 1 fill PA AL1 At least 18 yrs old
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	2	QL 1 / 1 month
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
<i>terbutaline sulfate 2.5 mg tablet</i>	1	QL 3 / 1 days
<i>terbutaline sulfate 5 mg tablet</i>	1	QL 3 / 1 days
VENTOLIN HFA 90 MCG INHALER <i>albuterol sulfate</i>	1	QL 34 / 34 days
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTIANEMIA DRUGS		
CENTRUM COMPLETE MULTIVIT TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
CEROVITE ADVANCED FORM TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
CERTAVITE-ANTIOXIDANT TABLET <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
COMPLETENATE TABLET CHEW <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	1	
FER-IRON 15 MG/1 ML DROPS <i>ferrous sulfate</i>	1	QL 50 / 26 days
FERGON 27 MG TABLET <i>ferrous gluconate</i>	1	
FERRAPLUS 90 TABLET <i>iron, carbonyl/folic acid/vit b12/vitamin c/docusate sodium</i>	1	
FERRO-TIME 325 MG TABLET <i>ferrous sulfate</i>	1	QL 100 / 26 days
<i>ferrous gluconate 240 mg tab</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv ferrous gluconate 27 mg tab</i>	1	
<i>ferrous gluconate 324 mg tab</i>	1	QL 100 / 26 days
<i>ferrous gluconate 324 mg tab</i>	1	QL 100 / 26 days
<i>ferrous gluconate 324 mg tab</i>	1	QL 100 / 26 days
<i>child ferrous sulfate 15 mg/ml</i>	1	QL 50 / 26 days
<i>ferrous sulf 15 mg iron/ml drp</i>	1	QL 50 / 26 days
<i>ferrous sulf 220 mg/5 ml elix</i>	1	QL 15 / 1 days
<i>ferrous sulf 220 mg/5 ml elix</i>	1	QL 15 / 1 days
<i>ferrous sulfate 325 mg tablet</i>	1	
<i>iron 65 mg tablet</i>	1	
<i>v-r ferrous sulfate 325 mg tab</i>	1	QL 100 / 26 days
<i>ferrous sulf ec 325 mg tablet</i>	1	QL 100 / 26 days
FOLIVANE-OB CAPSULE <i>prenatal vitamin no.15/iron fumarate,polysac comp/folic acid</i>	1	
INATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
NEPHRON FA TABLET <i>ferrous fumarate/docusate/folic acid/vitamin b comp and c</i>	1	
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 75/fluoride/iron 0.25-10/ml drops</i>	1	
POLY-VI-SOL WITH IRON DROPS <i>pediatric multivitamin combination no.80/ferrous sulfate</i>	2	
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
<i>prenatal one daily tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin formula tb</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>ra prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenat 115/iron fum/folic/dss 29-1-25 mg tablet</i>	1	
<i>prenatal 19 tablet</i>	1	
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamins tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
SE-NATAL 19 CHEWABLE TABLET <i>prenatal vits with calcium#118/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
SE-NATAL 19 TABLET <i>prenatal vits no.119/iron fumarate/folic acid/docusate sod.</i>	1	
TRIADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
TRICARE PRENATAL TABLET <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VINACAL B PRENATAL COMBO PACK <i>prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6</i>	1	
VINATE ONE TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
VIRT-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
<i>vitamin b complex tablet</i>	1	
VOL-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-TAB RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHEMORRHAGIC AGENTS		
AMICAR 0.25 GRAM/ML ORAL SOLN <i>aminocaproic acid</i>	2	
AMICAR 1,000 MG TABLET <i>aminocaproic acid</i>	2	
AMICAR 500 MG TABLET <i>aminocaproic acid</i>	2	
<i>desmopressin acetate 0.1 mg tablet</i>	1	QL 6 / 1 days
<i>desmopressin acetate 0.1 mg/ml solution</i>	1	QL 15 / 26 days
<i>desmopressin acetate 0.2 mg tablet</i>	1	QL 6 / 1 days
<i>desmopressin acetate 10/spray spray/pump</i>	1	QL 15 / 26 days
<i>desmopressin acetate 10/spray spray/pump</i>	1	QL 15 / 26 days
STIMATE 1.5 MG/ML NASAL SPRAY <i>desmopressin acetate</i>	2	AL1 Up to 20 yrs old
<i>tranexamic acid 650 mg tablet</i>	1	AL1 At least 12 yrs old
ANTITHROMBOTIC AGENTS		
ASPIR-TRIN EC 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>aspirin 300 mg suppository</i>	1	QL 12 / days
<i>aspirin 325 mg coated tablet</i>	1	QL 100 / 26 days
<i>aspirin 325 mg lite-coat tab</i>	1	QL 100 / 26 days
<i>aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>bayer aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin 325 mg caplet</i>	1	QL 100 / 26 days
<i>cvs aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>eq aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>eql aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin 325 mg tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kro aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>pub aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>qc aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>soba aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>qc aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>v-r aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin ec 500 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin 600 mg suppository</i>	1	QL 12 / days
<i>aspirin ec 650 mg tablet</i>	1	QL 6 / 1 days
<i>aspirin 81 mg chewable tablet</i>	1	QL 100 / 26 days
<i>aspirin 81 mg tablet chew</i>	1	QL 100 / 26 days
<i>cvs aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>eq aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eql aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>gnp aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>hm aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>kro aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>pub aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>pv aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>ra aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>sm aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>eq aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>eql aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL 100 / 26 days
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	1	QL 60 / 20 days
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>cilostazol 100 mg tablet</i>	1	QL 2 / 1 days
<i>cilostazol 50 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clopidogrel bisulfate 75 mg tablet</i>	1	QL 4 / 1 days
COUMADIN 1 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 10 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 2 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 2.5 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 3 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 4 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 5 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 6 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 7.5 MG TABLET <i>warfarin sodium</i>	2	
<i>dipyridamole 25 mg tablet</i>	1	QL 4 / 1 days
<i>dipyridamole 50 mg tablet</i>	1	QL 8 / 1 days
<i>dipyridamole 75 mg tablet</i>	1	QL 4 / 1 days
ECOTRIN EC 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>enoxaparin sodium 100 mg/ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>enoxaparin sodium 120mg/.8ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium 150 mg/ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>enoxaparin sodium 300mg/3ml vial</i>	1	C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>enoxaparin sodium 80mg/0.8ml syringe</i>	1	PA C A 30 day supply will be allowed at a retail pharmacy without Prior Authorization. This 30 day supply can only be given every 90 days at a retail pharmacy.
<i>heparin sodium,porcine 10 unit/ml vial</i>	1	
<i>heparin sodium,porcine 10 unit/ml vial</i>	1	
<i>heparin sodium,porcine 100/ml (1) syringe</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>heparin sodium,porcine 100/ml vial</i>	1	
<i>heparin sodium,porcine 100/ml vial</i>	1	
<i>heparin sodium,porcine 1000/ml vial</i>	1	
<i>heparin sodium,porcine 1000/ml vial</i>	1	
<i>heparin sodium,porcine 1000/ml vial</i>	1	
<i>heparin sodium,porcine 10000/ml vial</i>	1	
<i>heparin sodium,porcine 10000/ml vial</i>	1	
<i>heparin sodium,porcine 10000/ml vial</i>	1	
<i>heparin sodium,porcine 180/mg powder</i>	1	
<i>heparin sodium,porcine 180/mg powder</i>	1	
<i>heparin sodium,porcine 200/2 ml syringe</i>	1	
<i>heparin sodium,porcine 20000/ml vial</i>	1	
<i>heparin sodium,porcine 300/3 ml syringe</i>	1	
<i>heparin sodium,porcine 500/5 ml syringe</i>	1	
<i>heparin sodium,porcine 5000/ml vial</i>	1	
<i>heparin sodium,porcine 5000/ml vial</i>	1	
<i>heparin sodium,porcine 5000/ml vial</i>	1	
<i>heparin sodium,porcine 5000/ml(1) cartridge</i>	1	
<i>heparin sod,porcine/0.9 % nacl 100/ml kit</i>	1	
<i>heparin sodium,porcine/pf 10 unit/ml syringe</i>	1	
<i>heparin sodium,porcine/pf 10 unit/ml syringe</i>	1	
<i>heparin sodium,porcine/pf 10 unit/ml syringe</i>	1	
<i>heparin sodium,porcine/pf 10 unit/ml vial</i>	1	
<i>heparin sodium,porcine/pf 10 unit/ml vial</i>	1	
<i>heparin sodium,porcine/pf 100/ml (1) vial</i>	1	
<i>heparin sodium,porcine/pf 1000/10 ml syringe</i>	1	
<i>heparin sodium,porcine/pf 200/2 ml syringe</i>	1	
<i>heparin sodium,porcine/pf 300/3 ml syringe</i>	1	
<i>heparin sodium,porcine/pf 500/5 ml syringe</i>	1	
JANTOVEN 1 MG TABLET <i>warfarin sodium</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JANTOVEN 10 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 2 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 2.5 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 3 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 4 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 5 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 6 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 7.5 MG TABLET <i>warfarin sodium</i>	2	
<i>ticlopidine hcl 250 mg tablet</i>	1	QL 2 / 1 days
<i>warfarin sodium 1 mg tablet</i>	1	
<i>warfarin sodium 10 mg tablet</i>	1	
<i>warfarin sodium 2 mg tablet</i>	1	
<i>warfarin sodium 2.5 mg tablet</i>	1	
<i>warfarin sodium 3 mg tablet</i>	1	
<i>warfarin sodium 4 mg tablet</i>	1	
<i>warfarin sodium 5 mg tablet</i>	1	
<i>warfarin sodium 6 mg tablet</i>	1	
<i>warfarin sodium 7.5 mg tablet</i>	1	
XARELTO 10 MG TABLET <i>rivaroxaban</i>	2	QL 1 / 1 days AL1 At least 18 yrs old C Max of 70 tablets per 365 days
XARELTO 15 MG TABLET <i>rivaroxaban</i>	2	QL 2 / 1 days PA AL1 At least 18 yrs old C First 30 days - no PA needed. After 30 days, PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XARELTO 20 MG TABLET <i>rivaroxaban</i>	2	QL PA AL1 C 1 / 1 days At least 18 yrs old First 30 days - no PA needed. After 30 days, PA required
XARELTO STARTER PACK <i>rivaroxaban</i>	2	QL AL1 C 51 / 1 years At least 18 yrs old Limit of 51 tablets every 365 days
HEMATOPOIETIC AGENTS		
PROCRIT 10,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 2,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 20,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 3,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 4,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 40,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline 400 mg tablet er</i>	1	QL 3 / 1 days
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol 12.5 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 25 mg tablet</i>	1	QL 4 / 1 days
<i>carvedilol 3.125 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 6.25 mg tablet</i>	1	QL 2 / 1 days
<i>doxazosin mesylate 1 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 2 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 4 mg tablet</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxazosin mesylate 8 mg tablet</i>	1	QL 2 / 1 days
<i>labetalol hcl 100 mg tablet</i>	1	QL 14 / 1 days
<i>labetalol hcl 200 mg tablet</i>	1	QL 12 / 1 days
<i>labetalol hcl 300 mg tablet</i>	1	QL 8 / 1 days
<i>prazosin hcl 1 mg capsule</i>	1	QL 4 / 1 days
<i>prazosin hcl 2 mg capsule</i>	1	QL 4 / 1 days
<i>prazosin hcl 5 mg capsule</i>	1	QL 4 / 1 days
<i>terazosin hcl 1 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 10 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 2 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 5 mg capsule</i>	1	QL 2 / 1 days
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium 10 mg tablet</i>	1	QL 1 / 1 days
<i>atorvastatin calcium 20 mg tablet</i>	1	QL 1 / 1 days
<i>atorvastatin calcium 40 mg tablet</i>	1	QL 1 / 1 days
<i>atorvastatin calcium 80 mg tablet</i>	1	QL 1 / 1 days
<i>cholestyramine (with sugar) 4 g powd pack</i>	1	QL 6 / 1 days
<i>cholestyramine (with sugar) 4 g powder</i>	1	QL 54 / 1 days
<i>cholestyramine/aspartame 4 g powd pack</i>	1	QL 6 / 1 days
<i>cholestyramine/aspartame 4 g powder</i>	1	QL 54 / 1 days
<i>fenofibrate 160 mg tablet</i>	1	QL 1 / 1 days
<i>fenofibrate 54 mg tablet</i>	1	QL 1 / 1 days
<i>fenofibrate nanocrystallized 145mg tablet</i>	1	QL 1 / 1 days
<i>fenofibrate nanocrystallized 48 mg tablet</i>	1	QL 1 / 1 days
<i>fenofibrate,micronized 134 mg capsule</i>	1	QL 1 / 1 days
<i>fenofibrate,micronized 200 mg capsule</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate,micronized 67 mg capsule</i>	1	QL 1 / 1 days
<i>gemfibrozil 600 mg tablet</i>	1	QL 2 / 1 days
<i>lovastatin 10 mg tablet</i>	1	QL 1 / 1 days
<i>lovastatin 20 mg tablet</i>	1	QL 1 / 1 days
<i>lovastatin 40 mg tablet</i>	1	QL 2 / 1 days
<i>eqi niacin 100 mg tablet</i>	1	QL 2 / 1 days
<i>niacin 100 mg tablet</i>	1	QL 2 / 1 days
<i>ra niacin 100 mg tablet</i>	1	QL 2 / 1 days
<i>niacin er 1,000 mg caplet</i>	1	QL 2 / 1 days
<i>niacin er 1,000 mg tablet</i>	1	QL 2 / 1 days
<i>niacin 125 mg capsule sa</i>	1	QL 100 / 26 days
<i>niacin sa 250 mg capsule</i>	1	QL 2 / 1 days
<i>niacin tr 250 mg capsule</i>	1	QL 2 / 1 days
<i>gnp niacin 250 mg tablet</i>	1	QL 2 / 1 days
<i>niacin 250 mg tablet</i>	1	QL 2 / 1 days
<i>hm niacin tr 250 mg tablet</i>	1	QL 2 / 1 days
<i>niacin 250 mg tablet sa</i>	1	QL 2 / 1 days
<i>sm niacin tr 250 mg tablet</i>	1	QL 2 / 1 days
<i>niacin 50 mg caplet</i>	1	QL 2 / 1 days
<i>niacin 50 mg tablet</i>	1	QL 2 / 1 days
<i>niacin 500 mg capsule sa</i>	1	QL 2 / 1 days
<i>niacin tr 500 mg capsule</i>	1	QL 2 / 1 days
<i>niacin 500 mg tablet</i>	1	QL 2 / 1 days
<i>pv niacin 500 mg tablet</i>	1	QL 2 / 1 days
<i>ra niacin 500 mg tablet</i>	1	QL 2 / 1 days
<i>niacin er 500 mg caplet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>niacin er 500 mg tablet</i>	1	QL 4 / 1 days
<i>niacin tr 500 mg caplet</i>	1	QL 4 / 1 days
<i>niacin tr 500 mg tablet</i>	1	QL 4 / 1 days
<i>niacin 750 mg tablet sa</i>	1	QL 2 / 1 days
<i>pv niacin 500 mg tablet</i>	1	QL 100 / 26 days
<i>ra niacin 500 mg tablet</i>	1	QL 100 / 26 days
NIACOR 500 MG TABLET <i>niacin</i>	2	QL 6 / 1 days
<i>omega-3 acid ethyl esters 1 g capsule</i>	1	QL 4 / 1 days
PRALUENT 150 MG/ML PEN <i>alirocumab</i>	3	QL 2 / 28 days PA
PRALUENT 75 MG/ML PEN <i>alirocumab</i>	3	QL 2 / 28 days PA
PRALUENT 150 MG/ML SYRINGE <i>alirocumab</i>	3	QL 2 / 28 days PA
PRALUENT 75 MG/ML SYRINGE <i>alirocumab</i>	3	QL 2 / 28 days PA
<i>pravastatin sodium 10 mg tablet</i>	1	QL 1 / 1 days
<i>pravastatin sodium 20 mg tablet</i>	1	QL 1 / 1 days
<i>pravastatin sodium 40 mg tablet</i>	1	QL 1 / 1 days
<i>pravastatin sodium 80 mg tablet</i>	1	QL 1 / 1 days
PREVALITE PACKET <i>cholestyramine/aspartame</i>	1	
PREVALITE POWDER <i>cholestyramine/aspartame</i>	1	QL 54 / 1 days
REPATHA 420 MG/3.5ML PUSHTRONX <i>evolocumab</i>	3	PA
REPATHA 140 MG/ML SURECLICK <i>evolocumab</i>	3	QL 3 / 28 days PA
REPATHA 140 MG/ML SYRINGE <i>evolocumab</i>	3	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium 10 mg tablet</i>	1	QL 1 / 1 days AL1 At least 10 yrs old
<i>rosuvastatin calcium 20 mg tablet</i>	1	QL 1 / 1 days AL1 At least 10 yrs old
<i>rosuvastatin calcium 40 mg tablet</i>	1	QL 1 / 1 days AL1 At least 10 yrs old
<i>rosuvastatin calcium 5 mg tablet</i>	1	QL 1 / 1 days AL1 At least 10 yrs old
<i>simvastatin 10 mg tablet</i>	1	QL 1 / 1 days
<i>simvastatin 20 mg tablet</i>	1	QL 1 / 1 days
<i>simvastatin 40 mg tablet</i>	1	QL 1 / 1 days
<i>simvastatin 5 mg tablet</i>	1	QL 1 / 1 days
<i>simvastatin 80 mg tablet</i>	1	QL 1 / 1 days
SLO-NIACIN 500 MG TABLET <i>niacin</i>	1	QL 100 / 26 days
SLO-NIACIN 750 MG TABLET <i>niacin</i>	1	QL 2 / 1 days
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL 3 / 1 days
<i>acebutolol hcl 400 mg capsule</i>	1	QL 3 / 1 days
<i>atenolol 100 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 25 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 50 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL 4 / 1 days
<i>bisoprolol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprolol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprolol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>carvedilol 12.5 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 25 mg tablet</i>	1	QL 4 / 1 days
<i>carvedilol 3.125 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 6.25 mg tablet</i>	1	QL 2 / 1 days
<i>labetalol hcl 100 mg tablet</i>	1	QL 14 / 1 days
<i>labetalol hcl 200 mg tablet</i>	1	QL 12 / 1 days
<i>labetalol hcl 300 mg tablet</i>	1	QL 8 / 1 days
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol tartrate 100 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 25 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 50 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 20 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 40 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 80 mg tablet</i>	1	QL 4 / 1 days
<i>pindolol 10 mg tablet</i>	1	QL 6 / 1 days
<i>pindolol 5 mg tablet</i>	1	QL 6 / 1 days
<i>propranolol hcl 10 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl 20 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 40 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 40mg/5ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 60 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 80 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 6 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 240 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>timolol maleate 10 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 20 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 5 mg tablet</i>	1	QL 3 / 1 days
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate 10 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate 2.5 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate 5 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL 1 / 1 days
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL 1 / 1 days
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg tablet</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 180 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 30 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 60 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 90 mg tablet</i>	1	QL 3 / 1 days
<i>felodipine 10 mg tab er 24h</i>	1	QL 1 / 1 days
<i>felodipine 2.5 mg tab er 24h</i>	1	QL 1 / 1 days
<i>felodipine 5 mg tab er 24h</i>	1	QL 1 / 1 days
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
<i>nicardipine hcl 20 mg capsule</i>	1	QL 6 / 1 days
<i>nicardipine hcl 30 mg capsule</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL 2 / 1 days
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL 2 / 1 days
<i>nifedipine 10 mg capsule</i>	1	QL 4 / 1 days
<i>nifedipine 20 mg capsule</i>	1	QL 4 / 1 days
<i>nifedipine 30 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 30 mg tablet er</i>	1	QL 2 / 1 days
<i>nifedipine 60 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 60 mg tablet er</i>	1	QL 2 / 1 days
<i>nifedipine 90 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 90 mg tablet er</i>	1	QL 2 / 1 days
<i>nisoldipine 17 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 20 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 25.5 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 30 mg tab er 24h</i>	1	QL 2 / 1 days
<i>nisoldipine 34 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 40 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 8.5mg tab er 24h</i>	1	QL 1 / 1 days
<i>trandolapril/verapamil hcl 1mg-240 mg tab bp 24h</i>	1	
<i>trandolapril/verapamil hcl 2 mg-180mg tab bp 24h</i>	1	
<i>trandolapril/verapamil hcl 2mg-240 mg tab bp 24h</i>	1	
<i>trandolapril/verapamil hcl 4mg-240 mg tab bp 24h</i>	1	
<i>verapamil hcl 100 mg cap24h pct</i>	1	
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg tablet</i>	1	QL 4 / 1 days
<i>verapamil hcl 120 mg tablet er</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL 1 / 1 days
<i>verapamil hcl 40 mg tablet</i>	1	QL 3 / 1 days
<i>verapamil hcl 80 mg tablet</i>	1	QL 4 / 1 days
CARDIAC DRUGS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL 3 / 1 days
<i>acebutolol hcl 400 mg capsule</i>	1	QL 3 / 1 days
<i>amiodarone hcl 200 mg tablet</i>	1	QL 4 / 1 days
<i>amiodarone hcl 400 mg tablet</i>	1	QL 4 / 1 days
<i>atenolol 100 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 25 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 50 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL 4 / 1 days
<i>bisoprolol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprolol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL 1 / 1 days
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL 1 / 1 days
<i>carvedilol 12.5 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 25 mg tablet</i>	1	QL 4 / 1 days
<i>carvedilol 3.125 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 6.25 mg tablet</i>	1	QL 2 / 1 days
DIGITEK 125 MCG TABLET <i>digoxin</i>	1	
DIGITEK 250 MCG TABLET <i>digoxin</i>	1	
<i>digoxin 125 mcg tablet</i>	1	
<i>digoxin 125 mcg tablet</i>	1	
<i>digoxin 250 mcg tablet</i>	1	
<i>digoxin 250 mcg tablet</i>	1	
<i>digoxin 50 mcg/ml solution</i>	1	QL 5 / 1 days
DILANTIN 30 MG CAPSULE <i>phenytoin sodium extended</i>	2	QL 9 / 1 days
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 180 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 30 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 60 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 90 mg tablet</i>	1	QL 3 / 1 days
<i>disopyramide phosphate 100 mg capsule</i>	1	QL 16 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>disopyramide phosphate 150 mg capsule</i>	1	QL 10 / 1 days
<i>flecainide acetate 100 mg tablet</i>	1	QL 3 / 1 days
<i>flecainide acetate 150 mg tablet</i>	1	QL 2 / 1 days
<i>flecainide acetate 50 mg tablet</i>	1	QL 3 / 1 days
<i>labetalol hcl 100 mg tablet</i>	1	QL 14 / 1 days
<i>labetalol hcl 200 mg tablet</i>	1	QL 12 / 1 days
<i>labetalol hcl 300 mg tablet</i>	1	QL 8 / 1 days
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol tartrate 100 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 25 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 50 mg tablet</i>	1	QL 4 / 1 days
<i>mexiletine hcl 150 mg capsule</i>	1	QL 8 / 1 days
<i>mexiletine hcl 200 mg capsule</i>	1	QL 6 / 1 days
<i>mexiletine hcl 250 mg capsule</i>	1	QL 4 / 1 days
<i>nadolol 20 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 40 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nadolol 80 mg tablet</i>	1	QL 4 / 1 days
<i>phenytoin 125 mg/5ml oral susp</i>	1	QL 15 / 1 days
<i>phenytoin 50 mg tab chew</i>	1	QL 8 / 1 days
<i>phenytoin sodium extended 100 mg capsule</i>	1	QL 12 / 1 days
<i>phenytoin sodium extended 200 mg capsule</i>	1	QL 2 / 1 days
<i>phenytoin sodium extended 300 mg capsule</i>	1	QL 1 / 1 days
<i>pindolol 10 mg tablet</i>	1	QL 6 / 1 days
<i>pindolol 5 mg tablet</i>	1	QL 6 / 1 days
<i>propafenone hcl 150 mg tablet</i>	1	QL 3 / 1 days
<i>propafenone hcl 225 mg tablet</i>	1	QL 3 / 1 days
<i>propafenone hcl 300 mg tablet</i>	1	QL 3 / 1 days
<i>propranolol hcl 10 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 20 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 40 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 40mg/5ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 60 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 80 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>quinidine sulfate 200 mg tablet</i>	1	QL 6 / 1 days
<i>quinidine sulfate 300 mg tablet</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quinidine sulfate 300 mg tablet er</i>	1	QL 3 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 6 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 240 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>timolol maleate 10 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 20 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 5 mg tablet</i>	1	QL 3 / 1 days
<i>verapamil hcl 100 mg cap24h pct</i>	1	
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg tablet</i>	1	QL 4 / 1 days
<i>verapamil hcl 120 mg tablet er</i>	1	QL 1 / 1 days
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL 1 / 1 days
<i>verapamil hcl 40 mg tablet</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl 80 mg tablet</i>	1	QL 4 / 1 days
HYPOTENSIVE AGENTS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL 3 / 1 days
<i>acebutolol hcl 400 mg capsule</i>	1	QL 3 / 1 days
<i>acetazolamide 125 mg tablet</i>	1	QL 4 / 1 days
<i>acetazolamide 250 mg tablet</i>	1	QL 4 / 1 days
<i>acetazolamide 500 mg capsule er</i>	1	QL 2 / 1 days
<i>amiloride hcl 5 mg tablet</i>	1	QL 4 / 1 days
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	1	QL 2 / 1 days
<i>amlodipine besylate 10 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate 2.5 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate 5 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL 1 / 1 days
<i>atenolol 100 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 25 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol 50 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>benazepril hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril hcl 40 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>benazepril hcl 5 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril/hydrochlorothiazide 10-12.5mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 5-6.25mg tablet</i>	1	
<i>betaxolol hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>betaxolol hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL 2 / 1 days
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL 4 / 1 days
<i>bisoprol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bumetanide 0.5 mg tablet</i>	1	QL 5 / 1 days
<i>bumetanide 1 mg tablet</i>	1	QL 5 / 1 days
<i>bumetanide 2 mg tablet</i>	1	QL 5 / 1 days
<i>captopril 100 mg tablet</i>	1	QL 3 / 1 days
<i>captopril 12.5 mg tablet</i>	1	QL 3 / 1 days
<i>captopril 25 mg tablet</i>	1	QL 3 / 1 days
<i>captopril 50 mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 25 mg-15mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 25 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>captopril/hydrochlorothiazide 50 mg-15mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 50 mg-25mg tablet</i>	1	QL 2 / 1 days
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL 1 / 1 days
<i>carvedilol 12.5 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 25 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carvedilol 3.125 mg tablet</i>	1	QL 2 / 1 days
<i>carvedilol 6.25 mg tablet</i>	1	QL 2 / 1 days
<i>chlorothiazide 250 mg tablet</i>	1	QL 4 / 1 days
<i>chlorothiazide 500 mg tablet</i>	1	QL 4 / 1 days
<i>chlorthalidone 25 mg tablet</i>	1	QL 4 / 1 days
<i>chlorthalidone 50 mg tablet</i>	1	QL 4 / 1 days
<i>clonidine 0.1mg/24hr patch tdwk</i>	1	QL 4 / 22 days
<i>clonidine 0.2mg/24hr patch tdwk</i>	1	QL 4 / 22 days
<i>clonidine 0.3mg/24hr patch tdwk</i>	1	QL 4 / 22 days
<i>clonidine hcl 0.1 mg tablet</i>	1	QL 8 / 1 days
<i>clonidine hcl 0.2 mg tablet</i>	1	QL 8 / 1 days
<i>clonidine hcl 0.3 mg tablet</i>	1	QL 8 / 1 days
CLORPRES 0.1-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
CLORPRES 0.2-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
CLORPRES 0.3-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 180 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 30 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 60 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 90 mg tablet</i>	1	QL 3 / 1 days
DIURIL 250 MG/5 ML ORAL SUSP <i>chlorothiazide</i>	2	QL 40 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxazosin mesylate 1 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 2 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 4 mg tablet</i>	1	QL 1 / 1 days
<i>doxazosin mesylate 8 mg tablet</i>	1	QL 2 / 1 days
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	
<i>enalapril maleate 10 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 20 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 5 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	QL 1 / 1 days
<i>felodipine 10 mg tab er 24h</i>	1	QL 1 / 1 days
<i>felodipine 2.5 mg tab er 24h</i>	1	QL 1 / 1 days
<i>felodipine 5 mg tab er 24h</i>	1	QL 1 / 1 days
<i>fosinopril sodium 10 mg tablet</i>	1	QL 2 / 1 days
<i>fosinopril sodium 20 mg tablet</i>	1	QL 2 / 1 days
<i>fosinopril sodium 40 mg tablet</i>	1	QL 2 / 1 days
<i>furosemide 10 mg/ml solution</i>	1	QL 60 / 1 days
<i>furosemide 20 mg tablet</i>	1	QL 15 / 1 days
<i>furosemide 40 mg tablet</i>	1	QL 15 / 1 days
<i>furosemide 40mg/5ml solution</i>	1	QL 75 / 1 days
<i>furosemide 80 mg tablet</i>	1	QL 7 / 1 days
<i>guanfacine hcl 1 mg tab er 24h</i>	1	QL 2 / 1 days
<i>guanfacine hcl 1 mg tablet</i>	1	QL 3 / 1 days
<i>guanfacine hcl 2 mg tab er 24h</i>	1	QL 2 / 1 days
<i>guanfacine hcl 2 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl 3 mg tab er 24h</i>	1	QL 2 / 1 days
<i>guanfacine hcl 4 mg tab er 24h</i>	1	QL 1 / 1 days
<i>hydralazine hcl 10 mg tablet</i>	1	QL 4 / 1 days
<i>hydralazine hcl 100 mg tablet</i>	1	QL 3 / 1 days
<i>hydralazine hcl 25 mg tablet</i>	1	QL 4 / 1 days
<i>hydralazine hcl 50 mg tablet</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 12.5 mg capsule</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 12.5 mg tablet</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 25 mg tablet</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 50 mg tablet</i>	1	QL 4 / 1 days
<i>indapamide 1.25 mg tablet</i>	1	QL 4 / 1 days
<i>indapamide 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>irbesartan 150 mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan 300 mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan 75 mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QL 1 / 1 days
<i>labetalol hcl 100 mg tablet</i>	1	QL 14 / 1 days
<i>labetalol hcl 200 mg tablet</i>	1	QL 12 / 1 days
<i>labetalol hcl 300 mg tablet</i>	1	QL 8 / 1 days
<i>lisinopril 10 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 20 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 30 mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril 40 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 5 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	QL 2 / 1 days
<i>losartan potassium 100 mg tablet</i>	1	QL 1 / 1 days
<i>losartan potassium 25 mg tablet</i>	1	QL 3 / 1 days
<i>losartan potassium 50 mg tablet</i>	1	QL 3 / 1 days
<i>losartan/hydrochlorothiazide 100-12.5mg tablet</i>	1	QL 1 / 1 days
<i>losartan/hydrochlorothiazide 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	QL 1 / 1 days
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
<i>methyclothiazide 5 mg tablet</i>	1	QL 2 / 1 days
<i>methyldopa 250 mg tablet</i>	1	QL 6 / 1 days
<i>methyldopa 500 mg tablet</i>	1	QL 6 / 1 days
<i>metolazone 10 mg tablet</i>	1	QL 2 / 1 days
<i>metolazone 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>metolazone 5 mg tablet</i>	1	QL 2 / 1 days
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL 2 / 1 days
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate 100 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 25 mg tablet</i>	1	QL 4 / 1 days
<i>metoprolol tartrate 50 mg tablet</i>	1	QL 4 / 1 days
<i>minoxidil 10 mg tablet</i>	1	QL 10 / 1 days
<i>minoxidil 2.5 mg tablet</i>	1	QL 4 / 1 days
<i>moexipril/hydrochlorothiazide 15-12.5mg tablet</i>	1	
<i>moexipril/hydrochlorothiazide 15-25mg tablet</i>	1	
<i>moexipril/hydrochlorothiazide 7.5-12.5mg tablet</i>	1	
<i>nadolol 20 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 40 mg tablet</i>	1	QL 4 / 1 days
<i>nadolol 80 mg tablet</i>	1	QL 4 / 1 days
<i>nicardipine hcl 20 mg capsule</i>	1	QL 6 / 1 days
<i>nicardipine hcl 30 mg capsule</i>	1	QL 4 / 1 days
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL 2 / 1 days
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL 2 / 1 days
<i>nifedipine 10 mg capsule</i>	1	QL 4 / 1 days
<i>nifedipine 20 mg capsule</i>	1	QL 4 / 1 days
<i>nifedipine 30 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 30 mg tablet er</i>	1	QL 2 / 1 days
<i>nifedipine 60 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 60 mg tablet er</i>	1	QL 2 / 1 days
<i>nifedipine 90 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 90 mg tablet er</i>	1	QL 2 / 1 days
<i>nisoldipine 17 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 20 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 25.5 mg tab er 24h</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nisoldipine 30 mg tab er 24h</i>	1	QL 2 / 1 days
<i>nisoldipine 34 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 40 mg tab er 24h</i>	1	QL 1 / 1 days
<i>nisoldipine 8.5mg tab er 24h</i>	1	QL 1 / 1 days
<i>perindopril erbumine 2 mg tablet</i>	1	
<i>perindopril erbumine 4 mg tablet</i>	1	
<i>perindopril erbumine 8 mg tablet</i>	1	
<i>pindolol 10 mg tablet</i>	1	QL 6 / 1 days
<i>pindolol 5 mg tablet</i>	1	QL 6 / 1 days
<i>prazosin hcl 1 mg capsule</i>	1	QL 4 / 1 days
<i>prazosin hcl 2 mg capsule</i>	1	QL 4 / 1 days
<i>prazosin hcl 5 mg capsule</i>	1	QL 4 / 1 days
<i>propranolol hcl 10 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 20 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 40 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 40mg/5ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 60 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 80 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>quinapril hcl 10 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quinapril hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>quinapril hcl 40 mg tablet</i>	1	QL 2 / 1 days
<i>quinapril hcl 5 mg tablet</i>	1	QL 2 / 1 days
<i>quinapril/hydrochlorothiazide 10-12.5mg tablet</i>	1	
<i>quinapril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	
<i>quinapril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	
<i>ramipril 1.25 mg capsule</i>	1	QL 2 / 1 days
<i>ramipril 10 mg capsule</i>	1	QL 2 / 1 days
<i>ramipril 2.5 mg capsule</i>	1	QL 2 / 1 days
<i>ramipril 5 mg capsule</i>	1	QL 2 / 1 days
<i>reserpine 0.1 mg tablet</i>	1	QL 5 / 1 days
<i>reserpine 0.25 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 120 mg tablet</i>	1	QL 6 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 160 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 240 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>sotalol hcl 80 mg tablet</i>	1	QL 2 / 1 days
<i>spironolactone 100 mg tablet</i>	1	QL 4 / 1 days
<i>spironolactone 25 mg tablet</i>	1	QL 2 / 1 days
<i>spironolactone 50 mg tablet</i>	1	QL 2 / 1 days
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	1	QL 8 / 1 days
<i>terazosin hcl 1 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 10 mg capsule</i>	1	QL 2 / 1 days
<i>terazosin hcl 2 mg capsule</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
terazosin hcl 5 mg capsule	1	QL 2 / 1 days
THEOCHRON ER 300 MG TABLET theophylline anhydrous	2	
theophylline anhydrous 100 mg tab er 12h	1	QL 4 / 1 days
theophylline anhydrous 200 mg tab er 12h	1	QL 3 / 1 days
theophylline anhydrous 300 mg tab er 12h	1	QL 2 / 1 days
theophylline anhydrous 400 mg tab er 24h	1	QL 1 / 1 days
theophylline anhydrous 450 mg tab er 12h	1	QL 1 / 1 days
theophylline anhydrous 600 mg tab er 24h	1	QL 1 / 1 days
theophylline anhydrous 80 mg/15ml elixir	1	QL 75 / 1 days
theophylline anhydrous 80 mg/15ml solution	1	QL 75 / 1 days
timolol maleate 10 mg tablet	1	QL 3 / 1 days
timolol maleate 20 mg tablet	1	QL 3 / 1 days
timolol maleate 5 mg tablet	1	QL 3 / 1 days
torseamide 10 mg tablet	1	
trandolapril/verapamil hcl 1mg-240 mg tab bp 24h	1	
trandolapril/verapamil hcl 2 mg-180mg tab bp 24h	1	
trandolapril/verapamil hcl 2mg-240 mg tab bp 24h	1	
trandolapril/verapamil hcl 4mg-240 mg tab bp 24h	1	
triamterene/hydrochlorothiazid 37.5-25 mg capsule	1	QL 2 / 1 days
triamterene/hydrochlorothiazid 37.5-25 mg tablet	1	QL 1 / 1 days
triamterene/hydrochlorothiazid 50 mg-25mg capsule	1	QL 1 / 1 days
triamterene/hydrochlorothiazid 75 mg-50mg tablet	1	QL 1 / 1 days
valsartan 160 mg tablet	1	QL 2 / 1 days
valsartan 320 mg tablet	1	QL 1 / 1 days
valsartan 40 mg tablet	1	QL 2 / 1 days
valsartan 80 mg tablet	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>valsartan/hydrochlorothiazide 160-12.5mg tablet</i>	1	QL 2 / 1 days
<i>valsartan/hydrochlorothiazide 160-25mg tablet</i>	1	QL 2 / 1 days
<i>valsartan/hydrochlorothiazide 320-12.5mg tablet</i>	1	QL 1 / 1 days
<i>valsartan/hydrochlorothiazide 320mg-25mg tablet</i>	1	QL 1 / 1 days
<i>valsartan/hydrochlorothiazide 80-12.5mg tablet</i>	1	QL 2 / 1 days
<i>verapamil hcl 100 mg cap24h pct</i>	1	
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg tablet</i>	1	QL 4 / 1 days
<i>verapamil hcl 120 mg tablet er</i>	1	QL 1 / 1 days
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL 1 / 1 days
<i>verapamil hcl 40 mg tablet</i>	1	QL 3 / 1 days
<i>verapamil hcl 80 mg tablet</i>	1	QL 4 / 1 days
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL 1 / 1 days
<i>benazepril hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril hcl 20 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril hcl 40 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril hcl 5 mg tablet</i>	1	QL 2 / 1 days
<i>benazepril/hydrochlorothiazide 10-12.5mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 5-6.25mg tablet</i>	1	
<i>captopril 100 mg tablet</i>	1	QL 3 / 1 days
<i>captopril 12.5 mg tablet</i>	1	QL 3 / 1 days
<i>captopril 25 mg tablet</i>	1	QL 3 / 1 days
<i>captopril 50 mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 25 mg-15mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 25 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>captopril/hydrochlorothiazide 50 mg-15mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 10 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 20 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril maleate 5 mg tablet</i>	1	QL 2 / 1 days
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	QL 1 / 1 days
<i>fosinopril sodium 10 mg tablet</i>	1	QL 2 / 1 days
<i>fosinopril sodium 20 mg tablet</i>	1	QL 2 / 1 days
<i>fosinopril sodium 40 mg tablet</i>	1	QL 2 / 1 days
<i>irbesartan 150 mg tablet</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>irbesartan 300 mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan 75 mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril 10 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 20 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 30 mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril 40 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril 5 mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	QL 2 / 1 days
<i>losartan potassium 100 mg tablet</i>	1	QL 1 / 1 days
<i>losartan potassium 25 mg tablet</i>	1	QL 3 / 1 days
<i>losartan potassium 50 mg tablet</i>	1	QL 3 / 1 days
<i>losartan/hydrochlorothiazide 100-12.5mg tablet</i>	1	QL 1 / 1 days
<i>losartan/hydrochlorothiazide 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	QL 1 / 1 days
<i>moexipril/hydrochlorothiazide 15-12.5mg tablet</i>	1	
<i>moexipril/hydrochlorothiazide 15-25mg tablet</i>	1	
<i>moexipril/hydrochlorothiazide 7.5-12.5mg tablet</i>	1	
<i>perindopril erbumine 2 mg tablet</i>	1	
<i>perindopril erbumine 4 mg tablet</i>	1	
<i>perindopril erbumine 8 mg tablet</i>	1	
<i>quinapril hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>quinapril hcl 20 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quinapril hcl 40 mg tablet	1	QL 2 / 1 days
quinapril hcl 5 mg tablet	1	QL 2 / 1 days
quinapril/hydrochlorothiazide 10-12.5mg tablet	1	
quinapril/hydrochlorothiazide 20 mg-25mg tablet	1	
quinapril/hydrochlorothiazide 20-12.5 mg tablet	1	
ramipril 1.25 mg capsule	1	QL 2 / 1 days
ramipril 10 mg capsule	1	QL 2 / 1 days
ramipril 2.5 mg capsule	1	QL 2 / 1 days
ramipril 5 mg capsule	1	QL 2 / 1 days
spironolactone 100 mg tablet	1	QL 4 / 1 days
spironolactone 25 mg tablet	1	QL 2 / 1 days
spironolactone 50 mg tablet	1	QL 2 / 1 days
spironolact/hydrochlorothiazid 25 mg-25mg tablet	1	QL 8 / 1 days
trandolapril/verapamil hcl 1mg-240 mg tab bp 24h	1	
trandolapril/verapamil hcl 2 mg-180mg tab bp 24h	1	
trandolapril/verapamil hcl 2mg-240 mg tab bp 24h	1	
trandolapril/verapamil hcl 4mg-240 mg tab bp 24h	1	
valsartan 160 mg tablet	1	QL 2 / 1 days
valsartan 320 mg tablet	1	QL 1 / 1 days
valsartan 40 mg tablet	1	QL 2 / 1 days
valsartan 80 mg tablet	1	QL 2 / 1 days
valsartan/hydrochlorothiazide 160-12.5mg tablet	1	QL 2 / 1 days
valsartan/hydrochlorothiazide 160-25mg tablet	1	QL 2 / 1 days
valsartan/hydrochlorothiazide 320-12.5mg tablet	1	QL 1 / 1 days
valsartan/hydrochlorothiazide 320mg-25mg tablet	1	QL 1 / 1 days
valsartan/hydrochlorothiazide 80-12.5mg tablet	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VASODILATING AGENTS		
<i>amlodipine besylate 10 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate 2.5 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate 5 mg tablet</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL 1 / 1 days
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL 1 / 1 days
<i>aspirin/dipyridamole 25mg-200mg cpmp 12hr</i>	1	QL 60 / 20 days
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL 1 / 1 days
<i>cilostazol 100 mg tablet</i>	1	QL 2 / 1 days
<i>cilostazol 50 mg tablet</i>	1	QL 2 / 1 days
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL 1 / 1 days
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 120 mg tablet</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL 1 / 1 days
<i>diltiazem hcl 180 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg capsule er</i>	1	QL 2 / 1 days
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 30 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg capsule er</i>	1	QL 1 / 1 days
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL 1 / 1 days
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 60 mg tablet</i>	1	QL 4 / 1 days
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL 2 / 1 days
<i>diltiazem hcl 90 mg tablet</i>	1	QL 3 / 1 days
<i>dipyridamole 25 mg tablet</i>	1	QL 4 / 1 days
<i>dipyridamole 50 mg tablet</i>	1	QL 8 / 1 days
<i>dipyridamole 75 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isosorbide dinitrate 10 mg tablet</i>	1	QL 8 / 1 days
<i>isosorbide dinitrate 2.5 mg tab subl</i>	1	QL 3 / 1 days
<i>isosorbide dinitrate 20 mg tablet</i>	1	QL 8 / 1 days
<i>isosorbide dinitrate 30 mg tablet</i>	1	QL 8 / 1 days
<i>isosorbide dinitrate 40 mg tablet er</i>	1	QL 2 / 1 days
<i>isosorbide dinitrate 5 mg tab subl</i>	1	QL 3 / 1 days
<i>isosorbide dinitrate 5 mg tablet</i>	1	QL 8 / 1 days
<i>isosorbide mononitrate 10 mg tablet</i>	1	QL 2 / 1 days
<i>isosorbide mononitrate 120 mg tab er 24h</i>	1	QL 2 / 1 days
<i>isosorbide mononitrate 20 mg tablet</i>	1	QL 2 / 1 days
<i>isosorbide mononitrate 30 mg tab er 24h</i>	1	QL 3 / 1 days
<i>isosorbide mononitrate 60 mg tab er 24h</i>	1	QL 2 / 1 days
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL 1 / 1 days
<i>nicardipine hcl 20 mg capsule</i>	1	QL 6 / 1 days
<i>nicardipine hcl 30 mg capsule</i>	1	QL 4 / 1 days
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL 2 / 1 days
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL 2 / 1 days
<i>nifedipine 10 mg capsule</i>	1	QL 4 / 1 days
<i>nifedipine 20 mg capsule</i>	1	QL 4 / 1 days
<i>nifedipine 30 mg tab er 24</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nifedipine 30 mg tablet er</i>	1	QL 2 / 1 days
<i>nifedipine 60 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 60 mg tablet er</i>	1	QL 2 / 1 days
<i>nifedipine 90 mg tab er 24</i>	1	QL 2 / 1 days
<i>nifedipine 90 mg tablet er</i>	1	QL 2 / 1 days
NITRO-BID 2% OINTMENT <i>nitroglycerin</i>	2	
<i>nitroglycerin 0.1mg/hr patch td24</i>	1	QL 1 / 1 days
<i>nitroglycerin 0.2mg/hr patch td24</i>	1	QL 1 / 1 days
<i>nitroglycerin 0.4 mg tab subl</i>	1	
<i>nitroglycerin 0.4mg/hr patch td24</i>	1	QL 1 / 1 days
<i>nitroglycerin 0.6mg/hr patch td24</i>	1	QL 1 / 1 days
<i>nitroglycerin 2.5 mg capsule er</i>	1	QL 4 / 1 days
<i>nitroglycerin 6.5 mg capsule er</i>	1	QL 4 / 1 days
<i>nitroglycerin 9 mg capsule er</i>	1	
NITROLINGUAL 0.4 MG SPRAY <i>nitroglycerin</i>	1	
NITROSTAT 0.3 MG TABLET SL <i>nitroglycerin</i>	2	
NITROSTAT 0.6 MG TABLET SL <i>nitroglycerin</i>	2	
<i>trandolapril/verapamil hcl 1mg-240 mg tab bp 24h</i>	1	
<i>trandolapril/verapamil hcl 2 mg-180mg tab bp 24h</i>	1	
<i>trandolapril/verapamil hcl 2mg-240 mg tab bp 24h</i>	1	
<i>trandolapril/verapamil hcl 4mg-240 mg tab bp 24h</i>	1	
<i>verapamil hcl 100 mg cap24h pct</i>	1	
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 120 mg tablet</i>	1	QL 4 / 1 days
<i>verapamil hcl 120 mg tablet er</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 180 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL 2 / 1 days
<i>verapamil hcl 240 mg tablet er</i>	1	QL 2 / 1 days
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL 1 / 1 days
<i>verapamil hcl 40 mg tablet</i>	1	QL 3 / 1 days
<i>verapamil hcl 80 mg tablet</i>	1	QL 4 / 1 days
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
8 HOUR ER 650 MG CAPLET <i>acetaminophen</i>	1	
<i>acetaminophen 120 mg suppos</i>	1	QL 5 / 1 days
<i>acetaminophen 160 mg/5 ml elx</i>	1	QL 30 / 1 days
<i>acetaminophen 160 mg/5 ml sol</i>	1	QL 30 / 1 days
<i>acetaminophen 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs acetaminophen 325 mg tab</i>	1	QL 100 / 26 days
<i>kro acetaminophen 325 mg tab</i>	1	QL 100 / 26 days
<i>acetaminophen 500 mg caplet</i>	1	QL 100 / 26 days
<i>acetaminophen 500 mg gelcap</i>	1	QL 100 / 26 days
<i>acetaminophen 500 mg tablet</i>	1	QL 100 / 26 days
<i>eq acetaminophen 500 mg caplet</i>	1	QL 100 / 26 days
<i>eq acetaminophen 500 mg gelcap</i>	1	QL 100 / 26 days
<i>eq acetaminophen 500 mg tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kro acetaminophen 500 mg cplt</i>	1	QL 100 / 26 days
<i>kro acetaminophen 500 mg gelcp</i>	1	QL 100 / 26 days
<i>kro acetaminophen 500 mg geltb</i>	1	QL 100 / 26 days
<i>ra acetaminophen 500 mg caplet</i>	1	QL 100 / 26 days
<i>ra acetaminophen 500 mg gelcap</i>	1	QL 100 / 26 days
<i>ra acetaminophen 500 mg tablet</i>	1	QL 100 / 26 days
<i>acetaminophen 650 mg suppos</i>	1	QL 12 / days
<i>acetaminophen with codeine 300mg-15mg tablet</i>	1	QL 13 / 1 days
<i>acetaminophen with codeine 300mg-30mg tablet</i>	1	QL 12 / 1 days
<i>acetaminophen with codeine 300mg-60mg tablet</i>	1	QL 6 / 1 days
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
GS ARTHRITIS PAIN ER 650 MG <i>acetaminophen</i>	1	
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN RELF ER 650 MG <i>acetaminophen</i>	1	
SM ARTHRITIS PAIN ER 650 MG <i>acetaminophen</i>	1	
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ASPIR-TRIN EC 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>aspirin 300 mg suppository</i>	1	QL 12 / days
<i>aspirin 325 mg coated tablet</i>	1	QL 100 / 26 days
<i>aspirin 325 mg lite-coat tab</i>	1	QL 100 / 26 days
<i>aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>bayer aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin 325 mg caplet</i>	1	QL 100 / 26 days
<i>cvs aspirin 325 mg tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>eqi aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>pub aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>qc aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>soba aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>qc aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>v-r aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin ec 500 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin 600 mg suppository</i>	1	QL 12 / days
<i>aspirin ec 650 mg tablet</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aspirin 81 mg chewable tablet</i>	1	QL 100 / 26 days
<i>aspirin 81 mg tablet chew</i>	1	QL 100 / 26 days
<i>cvs aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>eq aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>eql aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>gnp aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>hm aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>kro aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>pub aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>pv aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>ra aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>sm aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>eq aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>eql aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL 100 / 26 days
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	1	QL 60 / 20 days
BENGAY ULTRA STRENGTH CRM <i>methyl salicylate/menthol/camphor</i>	1	
BETATEMP 160 MG/5 ML SUSP <i>acetaminophen</i>	1	QL 180 / 10 days
BUPRENEX 0.3 MG/ML AMPUL <i>buprenorphine hcl</i>	2	
<i>buprenorphine hcl 2 mg tab subl</i>	1	PA
<i>buprenorphine hcl 8 mg tab subl</i>	1	PA
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	QL 6 / 1 days
<i>butalb/acetaminophen/cafeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	1	QL 6 / 1 days
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL 6 / 1 days
<i>butalbital/aspirin/cafeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	QL 3 / 1 days
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	QL 3 / 1 days
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	QL 3 / 1 days
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	QL 3 / 1 days
<i>celecoxib 100 mg capsule</i>	1	QL 2 / 1 days AL1 At least 2 yrs old
<i>celecoxib 200 mg capsule</i>	1	QL 2 / 1 days AL1 At least 18 yrs old
<i>celecoxib 400 mg capsule</i>	1	QL 1 / 1 days AL1 At least 18 yrs old
<i>celecoxib 50 mg capsule</i>	1	QL 2 / 1 days AL1 At least 2 yrs old
CHILDREN'S ADVIL 100 MG/5 ML <i>ibuprofen</i>	1	QL 120 / 7 days
CHILD PAIN-FEVER 160 MG/5 ML <i>acetaminophen</i>	1	QL 180 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>codeine/butalbital/asa/cafein 30-50-325 capsule</i>	1	QL 6 / 1 days
<i>codeine/butalbital/asa/cafein 30-50-325 capsule</i>	1	QL 6 / 1 days
<i>diclofenac potassium 50 mg tablet</i>	1	QL 4 / 1 days
<i>diclofenac sodium 1 % gel (gram)</i>	1	QL 500 / 30 days
<i>diclofenac sodium 100 mg tab er 24h</i>	1	QL 2 / 1 days
<i>diclofenac sodium 25 mg tablet dr</i>	1	QL 4 / 1 days
<i>diclofenac sodium 25 mg tablet dr</i>	1	QL 4 / 1 days
<i>diclofenac sodium 50 mg tablet dr</i>	1	QL 4 / 1 days
<i>diclofenac sodium 50 mg tablet dr</i>	1	QL 4 / 1 days
<i>diclofenac sodium 75 mg tablet dr</i>	1	QL 2 / 1 days
<i>diclofenac sodium 75 mg tablet dr</i>	1	QL 2 / 1 days
<i>diflunisal 500 mg tablet</i>	1	QL 3 / 1 days
ECOTRIN EC 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
ENDOCET 5-325 TABLET <i>oxycodone hcl/acetaminophen</i>	1	QL 12 / 1 days
<i>etodolac 200 mg capsule</i>	1	QL 5 / 1 days
<i>etodolac 300 mg capsule</i>	1	QL 3 / 1 days
<i>etodolac 400 mg tablet</i>	1	QL 2 / 1 days
<i>etodolac 500 mg tablet</i>	1	QL 2 / 1 days
<i>fenoprofen calcium 600 mg tablet</i>	1	QL 5 / 1 days
<i>fentanyl 100 mcg/hr patch td72</i>	1	QL 10 / 26 days
<i>fentanyl 12 mcg/hr patch td72</i>	1	QL 10 / 26 days
<i>fentanyl 25 mcg/hr patch td72</i>	1	QL 10 / 26 days
<i>fentanyl 50mcg/hr patch td72</i>	1	QL 10 / 26 days
<i>fentanyl 75mcg/hr patch td72</i>	1	QL 10 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FEVERALL 325 MG SUPPOSITORY <i>acetaminophen</i>	1	QL 5 / 1 days
FEVERALL 80 MG SUPPOSITORY <i>acetaminophen</i>	1	QL 5 / 1 days
<i>flurbiprofen 100 mg tablet</i>	1	QL 3 / 1 days
<i>flurbiprofen 50 mg tablet</i>	1	QL 3 / 1 days
<i>gabapentin 100 mg capsule</i>	1	QL 6 / 1 days
<i>gabapentin 250 mg/5ml solution</i>	1	QL 16 / 1 days
<i>gabapentin 300 mg capsule</i>	1	QL 6 / 1 days
<i>gabapentin 400 mg capsule</i>	1	QL 6 / 1 days
<i>gabapentin 600 mg tablet</i>	1	QL 6 / 1 days
<i>gabapentin 800 mg tablet</i>	1	QL 4 / 1 days
<i>hydrocodone/acetaminophen 10mg-325mg tablet</i>	1	QL 6 / 1 days
<i>hydrocodone/acetaminophen 5 mg-325mg tablet</i>	1	QL 12 / 1 days
<i>hydrocodone/acetaminophen 7.5-325 mg tablet</i>	1	QL 8 / 1 days
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	1	QL 5 / 1 days
<i>hydromorphone hcl 2 mg tablet</i>	1	
<i>hydromorphone hcl 3 mg supp.rect</i>	1	
<i>hydromorphone hcl 4 mg tablet</i>	1	
<i>hydromorphone hcl 8 mg tablet</i>	1	
<i>ibuprofen 100 mg tablet</i>	1	QL 12 / 1 days
<i>children ibuprofen 100 mg/5 ml</i>	1	QL 120 / 7 days
<i>eqi ibuprofen 100 mg/5 ml susp</i>	1	QL 120 / 7 days
<i>ibuprofen 100 mg/5 ml susp</i>	1	QL 30 / 1 days
<i>qc ibuprofen 100 mg/5 ml susp</i>	1	QL 120 / 7 days
<i>ra ibuprofen 100 mg/5 ml susp</i>	1	QL 120 / 7 days
<i>sm ibuprofen 100 mg/5 ml susp</i>	1	QL 120 / 7 days
<i>cvs ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>cvs ibuprofen ib 200 mg tablet</i>	1	QL 12 / 1 days
<i>eq ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>eq ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>eql ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>eql ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>gnp ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>gnp ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>hm ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>hm ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>kro ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>kro ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>pub ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>pv ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>pv ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>qc ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>qc ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>ra ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>ra ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>sb ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>sb ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>sm ibuprofen 200 mg caplet</i>	1	QL 12 / 1 days
<i>sm ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>sm ibuprofen ib 200 mg caplet</i>	1	QL 12 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm ibuprofen ib 200 mg tablet</i>	1	QL 12 / 1 days
<i>v-r ibuprofen 200 mg tablet</i>	1	QL 12 / 1 days
<i>ibuprofen 400 mg tablet</i>	1	QL 6 / 1 days
<i>cvs infant ibuprofen susp drop</i>	1	QL 15 / 7 days
<i>eql inf ibuprofen 50 mg/1.25ml</i>	1	QL 15 / 7 days
<i>gnp infant ibuprofen susp drop</i>	1	QL 15 / 7 days
<i>hm inf ibuprofen 50 mg/1.25 ml</i>	1	QL 15 / 7 days
<i>infant ibuprofen 50 mg/1.25 ml</i>	1	QL 8 / 1 days
<i>kro infants' ibu 50 mg/1.25 ml</i>	1	QL 15 / 7 days
<i>ra infant ibuprofen susp drop</i>	1	QL 15 / 7 days
<i>sb inf ibuprofen 50 mg/1.25 ml</i>	1	QL 15 / 7 days
<i>sm infant ibuprofen susp drop</i>	1	QL 15 / 7 days
<i>ibuprofen 600 mg tablet</i>	1	QL 5 / 1 days
<i>ibuprofen 800 mg tablet</i>	1	QL 4 / 1 days
ICY HOT CREAM <i>methyl salicylate/menthol</i>	1	QL 90 / 180 days
<i>indomethacin 25 mg capsule</i>	1	QL 4 / 1 days
<i>indomethacin 50 mg capsule</i>	1	QL 4 / 1 days
<i>indomethacin 75 mg capsule er</i>	1	QL 3 / 1 days
INFANT'S MOTRIN 50 MG/1.25 ML <i>ibuprofen</i>	1	QL 8 / 1 days
INFANTS' MOTRIN 50 MG/1.25 ML <i>ibuprofen</i>	1	QL 8 / 1 days
<i>ketoprofen 200 mg cap24h pel</i>	1	QL 1 / 1 days
<i>ketoprofen 50 mg capsule</i>	1	QL 6 / 1 days
<i>ketoprofen 75 mg capsule</i>	1	QL 4 / 1 days
<i>ketorolac tromethamine 10 mg tablet</i>	1	QL 20 / 90 days
MAPAP ARTHRITIS ER 650 MG CPLT <i>acetaminophen</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meclofenamate sodium 100 mg capsule</i>	1	QL 4 / 1 days
<i>meclofenamate sodium 50 mg capsule</i>	1	QL 4 / 1 days
<i>meloxicam 15 mg tablet</i>	1	QL 1 / 1 days
<i>meloxicam 7.5 mg tablet</i>	1	QL 2 / 1 days
<i>meperidine hcl 100 mg tablet</i>	1	
<i>meperidine hcl 50 mg tablet</i>	1	
<i>meperidine hcl 50 mg/5 ml solution</i>	1	
<i>methadone hcl 10 mg tablet</i>	1	
<i>methadone hcl 10 mg/5 ml solution</i>	1	
<i>methadone hcl 10 mg/ml oral conc</i>	1	
<i>methadone hcl 5 mg tablet</i>	1	
<i>methadone hcl 5 mg/5 ml solution</i>	1	
METHADONE INTENSOL 10 MG/ML <i>methadone hcl</i>	1	
<i>morphine sulfate 10 mg supp.rect</i>	1	
<i>morphine sulfate 10 mg/5 ml solution</i>	1	
<i>morphine sulfate 100 mg tablet er</i>	1	QL 3 / 1 days
<i>morphine sulfate 100 mg/5ml solution</i>	1	
<i>morphine sulfate 15 mg tablet</i>	1	
<i>morphine sulfate 15 mg tablet er</i>	1	QL 3 / 1 days
<i>morphine sulfate 20 mg supp.rect</i>	1	
<i>morphine sulfate 20 mg/5 ml solution</i>	1	
<i>morphine sulfate 200 mg tablet er</i>	1	QL 3 / 1 days
<i>morphine sulfate 30 mg supp.rect</i>	1	
<i>morphine sulfate 30 mg tablet</i>	1	
<i>morphine sulfate 30 mg tablet er</i>	1	QL 3 / 1 days
<i>morphine sulfate 5 mg supp.rect</i>	1	
<i>morphine sulfate 60 mg tablet er</i>	1	QL 3 / 1 days
MOTRIN IB 200 MG CAPLET <i>ibuprofen</i>	2	QL 12 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nabumetone 500 mg tablet</i>	1	QL 4 / 1 days
<i>nabumetone 750 mg tablet</i>	1	QL 2 / 1 days
<i>naproxen 125 mg/5ml oral susp</i>	1	QL 60 / 1 days
<i>naproxen 250 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen 375 mg tablet</i>	1	QL 4 / 1 days
<i>naproxen 375 mg tablet dr</i>	1	QL 2 / 1 days
<i>naproxen 500 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen 500 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen 500 mg tablet dr</i>	1	QL 2 / 1 days
<i>cvs naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>cvs naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>eq naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>eq naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>eq1 naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>eq1 naproxen sodium 220 mg tab</i>	1	QL 3 / 1 days
<i>gnp naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>gnp naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>gs naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>hm naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>kro naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>kro naproxen sodium 220 mg tab</i>	1	QL 3 / 1 days
<i>naproxen sodium 220 mg caplet</i>	1	QL 3 / 1 days
<i>naproxen sodium 220 mg tablet</i>	1	QL 3 / 1 days
<i>pub naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>pvt naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>qc naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>sb naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>sb naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>sm naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>sm naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>v-r naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen sodium 275 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen sodium 550 mg tablet</i>	1	QL 3 / 1 days
<i>oxaprozin 600 mg tablet</i>	1	QL 3 / 1 days
<i>oxaprozin 600 mg tablet</i>	1	QL 3 / 1 days
<i>oxycodone hcl 10 mg tablet</i>	1	
<i>oxycodone hcl 15 mg tablet</i>	1	
<i>oxycodone hcl 20 mg tablet</i>	1	
<i>oxycodone hcl 20 mg/ml oral conc</i>	1	
<i>oxycodone hcl 30 mg tablet</i>	1	
<i>oxycodone hcl 5 mg capsule</i>	1	
<i>oxycodone hcl 5 mg tablet</i>	1	
<i>oxycodone hcl 5 mg/5 ml solution</i>	1	
<i>oxycodone hcl/acetaminophen 2.5-325 mg tablet</i>	1	QL 12 / 1 days
<i>oxycodone hcl/acetaminophen 5 mg-325mg tablet</i>	1	QL 12 / 1 days
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	1	QL 12 / 1 days
PAIN RELIEVER 500 MG CAPLET <i>acetaminophen</i>	1	QL 100 / 26 days
PAIN RELIEVER 500 MG TABLET <i>acetaminophen</i>	1	QL 100 / 26 days
PEDIACARE FEVER REDUCER SUSP <i>acetaminophen</i>	1	QL 180 / 10 days
<i>pentazocine hcl/naloxone hcl 50mg-0.5mg tablet</i>	1	QL 12 / 1 days
<i>piroxicam 10 mg capsule</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>piroxicam 20 mg capsule</i>	1	QL 1 / 1 days
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
Q-PAP 160 MG/5 ML SOLUTION <i>acetaminophen</i>	1	
<i>salsalate 500 mg tablet</i>	1	QL 6 / 1 days
<i>salsalate 750 mg tablet</i>	1	QL 4 / 1 days
SUBOXONE 12 MG-3 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL 1 / 1 days PA
SUBOXONE 2 MG-0.5 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL 1 / 1 days PA
SUBOXONE 4 MG-1 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL 1 / 1 days PA
SUBOXONE 8 MG-2 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL 2 / 1 days PA
<i>sulindac 150 mg tablet</i>	1	QL 2 / 1 days
<i>sulindac 200 mg tablet</i>	1	QL 2 / 1 days
<i>tolmetin sodium 200 mg tablet</i>	1	QL 4 / 1 days
<i>tolmetin sodium 400 mg capsule</i>	1	QL 4 / 1 days
<i>tolmetin sodium 600 mg tablet</i>	1	QL 3 / 1 days
<i>tramadol hcl 50 mg tablet</i>	1	
<i>tramadol hcl/acetaminophen 37.5-325mg tablet</i>	1	QL 8 / 1 days
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
<i>butalb/acetaminophen/cafeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	1	QL 6 / 1 days
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>caffeine citrate 60 mg/3 ml solution</i>	1	AL1 Up to 1 yrs old
<i>codeine/butalbital/asa/caffeine 30-50-325 capsule</i>	1	QL 6 / 1 days
<i>codeine/butalbital/asa/caffeine 30-50-325 capsule</i>	1	QL 6 / 1 days
<i>dexmethylphenidate hcl 10 mg cpbp 50-50</i>	1	QL 2 / 1 days
		AL1 At least 6 yrs old
		C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 10 mg tablet</i>	1	QL 2 / 1 days
		AL1 Up to 21 yrs old
		C Prior authorization required for members over the age of 20
<i>dexmethylphenidate hcl 15 mg cpbp 50-50</i>	1	QL 2 / 1 days
		AL1 At least 6 yrs old
		C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 2.5 mg tablet</i>	1	QL 2 / 1 days
		AL1 Up to 21 yrs old
		C Prior authorization required for members over the age of 20
<i>dexmethylphenidate hcl 20 mg cpbp 50-50</i>	1	QL 2 / 1 days
		AL1 At least 6 yrs old
		C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 25 mg cpbp 50-50</i>	1	QL 1 / 1 days
		AL1 At least 6 yrs old
		C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 30 mg cpbp 50-50</i>	1	QL 1 / 1 days
		AL1 At least 6 yrs old
		C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl 35 mg cpbp 50-50</i>	1	QL 1 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 40 mg cpbp 50-50</i>	1	QL 1 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 5 mg cpbp 50-50</i>	1	QL 2 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 5 mg tablet</i>	1	QL 2 / 1 days AL1 Up to 21 yrs old C Prior authorization required for members over the age of 20
<i>dextroamphetamine/amphetamine 10 mg cap er 24h</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 10 mg tablet</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 12.5 mg tablet</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 15 mg cap er 24h</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine/amphetamine 20 mg cap er 24h</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 20 mg tablet</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 25 mg cap er 24h</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 30 mg cap er 24h</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 30 mg tablet</i>	1	QL 2 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 5 mg cap er 24h</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 5 mg tablet</i>	1	QL 4 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 7.5 mg tablet</i>	1	QL 4 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate 10 mg tablet</i>	1	QL 4 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine sulfate 15 mg capsule er</i>	1	QL 4 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine sulfate 5 mg capsule er</i>	1	QL 2 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine sulfate 5 mg tablet</i>	1	QL 6 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
METADATE ER 20 MG TABLET <i>methylphenidate hcl</i>	2	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization required for members over the age of 20
<i>methylphenidate hcl 10 mg cpbp 30-70</i>	1	QL 2 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 10 mg tab chew</i>	1	QL 6 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 10 mg tablet</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl 18 mg tab er 24</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 2.5 mg tab chew</i>	1	QL 4 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg cpbp 30-70</i>	1	QL 2 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg cpbp 50-50</i>	1	QL 2 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg tablet</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg tablet er</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg tablet er</i>	1	QL 3 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 27 mg tab er 24</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl 30 mg cpbp 50-50</i>	1	QL 2 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 36 mg tab er 24</i>	1	QL 2 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 40 mg cpbp 30-70</i>	1	QL 1 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 40 mg cpbp 50-50</i>	1	QL 1 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 5 mg tab chew</i>	1	QL 4 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 5 mg tablet</i>	1	QL 4 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 50 mg cpbp 30-70</i>	1	QL 1 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 54 mg tab er 24</i>	1	QL 1 / 1 days AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN LA 10 MG CAPSULE <i>methylphenidate hcl</i>	2	QL 2 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
RITALIN LA 60 MG CAPSULE <i>methylphenidate hcl</i>	2	QL 1 / 1 days AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 10 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	C Prior Authorization required for members over the age of 20
VYVANSE 20 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL 1 / 1 days AL1 6 to 21 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 30 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL 1 / 1 days AL1 6 to 21 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 40 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL 1 / 1 days AL1 6 to 21 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 50 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL 1 / 1 days AL1 6 to 21 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 60 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL 1 / 1 days AL1 6 to 21 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 70 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL 1 / 1 days AL1 6 to 21 yrs old C Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
<i>carbamazepine 100 mg cpm 12hr</i>	1	QL 4 / 1 days
<i>carbamazepine 100 mg tab chew</i>	1	QL 8 / 1 days
<i>carbamazepine 100 mg tab er 12h</i>	1	
<i>carbamazepine 100 mg/5ml oral susp</i>	1	QL 80 / 1 days
<i>carbamazepine 200 mg cpm 12hr</i>	1	QL 4 / 1 days
<i>carbamazepine 200 mg tab er 12h</i>	1	QL 4 / 1 days
<i>carbamazepine 200 mg tablet</i>	1	QL 8 / 1 days
<i>carbamazepine 300 mg cpm 12hr</i>	1	QL 4 / 1 days
<i>carbamazepine 400 mg tab er 12h</i>	1	QL 4 / 1 days
<i>clonazepam 0.125 mg tab rapdis</i>	1	QL 3 / 1 days
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.25 mg tab rapdis</i>	1	QL 3 / 1 days
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.5 mg tab rapdis</i>	1	QL 3 / 1 days
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.5 mg tablet</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clonazepam 1 mg tablet	1	QL 6 / 1 days
clonazepam 2 mg tab rapdis	1	QL 3 / 1 days
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
clonazepam 2 mg tablet	1	QL 6 / 1 days
clorazepate dipotassium 15 mg tablet	1	QL 6 / 1 days
clorazepate dipotassium 3.75 mg tablet	1	QL 4 / 1 days
clorazepate dipotassium 7.5 mg tablet	1	QL 4 / 1 days
diazepam 10 mg tablet	1	QL 4 / 1 days
diazepam 12.5-15-20 kit	1	QL 2 / 23 days
diazepam 2 mg tablet	1	QL 4 / 1 days
diazepam 2.5 mg kit	1	QL 2 / 23 days
diazepam 5 mg tablet	1	QL 4 / 1 days
diazepam 5 mg/5 ml solution	1	QL 40 / 1 days
diazepam 5 mg/ml oral conc	1	QL 8 / 1 days
diazepam 5-7.5-10mg kit	1	QL 2 / 23 days
DILANTIN 30 MG CAPSULE phenytoin sodium extended	2	QL 9 / 1 days
divalproex sodium 125 mg cap dr spr	1	
divalproex sodium 125 mg tablet dr	1	
divalproex sodium 250 mg tab er 24h	1	
divalproex sodium 250 mg tablet dr	1	
divalproex sodium 500 mg tab er 24h	1	
divalproex sodium 500 mg tablet dr	1	
ethosuximide 250 mg capsule	1	QL 6 / 1 days
ethosuximide 250 mg/5ml solution	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>felbamate 400 mg tablet</i>	1	QL 9 / 1 days
<i>felbamate 600 mg tablet</i>	1	QL 6 / 1 days
<i>felbamate 600 mg/5ml oral susp</i>	1	QL 30 / 1 days
<i>gabapentin 100 mg capsule</i>	1	QL 6 / 1 days
<i>gabapentin 250 mg/5ml solution</i>	1	QL 16 / 1 days
<i>gabapentin 300 mg capsule</i>	1	QL 6 / 1 days
<i>gabapentin 400 mg capsule</i>	1	QL 6 / 1 days
<i>gabapentin 600 mg tablet</i>	1	QL 6 / 1 days
<i>gabapentin 800 mg tablet</i>	1	QL 4 / 1 days
GABITRIL 12 MG TABLET <i>tiagabine hcl</i>	2	QL 4 / 1 days
GABITRIL 16 MG TABLET <i>tiagabine hcl</i>	2	QL 3 / 1 days
LAMICTAL TB START KIT (ORANGE) <i>lamotrigine</i>	2	C Generic Preferred
<i>lamotrigine 100 mg tablet</i>	1	QL 5 / 1 days
<i>lamotrigine 150 mg tablet</i>	1	QL 3 / 1 days
<i>lamotrigine 200 mg tablet</i>	1	QL 3 / 1 days
<i>lamotrigine 25 mg tablet</i>	1	
<i>lamotrigine 25 mg tb chw dsp</i>	1	
<i>lamotrigine 25mg (35) tab ds pk</i>	1	
<i>lamotrigine 5 mg tb chw dsp</i>	1	
<i>levetiracetam 100 mg/ml solution</i>	1	QL 30 / 1 days
<i>levetiracetam 1000 mg tablet</i>	1	QL 4 / 1 days
<i>levetiracetam 250 mg tablet</i>	1	QL 4 / 1 days
<i>levetiracetam 500 mg tab er 24h</i>	1	QL 6 / 1 days AL1 At least 12 yrs old
<i>levetiracetam 500 mg tablet</i>	1	QL 4 / 1 days
<i>levetiracetam 750 mg tab er 24h</i>	1	QL 4 / 1 days AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam 750 mg tablet</i>	1	QL 4 / 1 days
<i>lorazepam 0.5 mg tablet</i>	1	QL 6 / 1 days
<i>lorazepam 1 mg tablet</i>	1	QL 6 / 1 days
<i>lorazepam 2 mg tablet</i>	1	QL 4 / 1 days
<i>lorazepam 2 mg/ml oral conc</i>	1	QL 5 / 1 days
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	1	QL 5 / 1 days
<i>oxcarbazepine 150 mg tablet</i>	1	QL 4 / 1 days
<i>oxcarbazepine 300 mg tablet</i>	1	QL 4 / 1 days
<i>oxcarbazepine 300 mg/5ml oral susp</i>	1	QL 40 / 1 days
<i>oxcarbazepine 600 mg tablet</i>	1	QL 4 / 1 days
<i>phenobarbital 100 mg tablet</i>	1	
<i>phenobarbital 15 mg tablet</i>	1	
<i>phenobarbital 16.2 mg tablet</i>	1	
<i>phenobarbital 20 mg/5 ml elixir</i>	1	
<i>phenobarbital 20 mg/5 ml elixir</i>	1	
<i>phenobarbital 30 mg tablet</i>	1	
<i>phenobarbital 32.4 mg tablet</i>	1	
<i>phenobarbital 60 mg tablet</i>	1	
<i>phenobarbital 64.8 mg tablet</i>	1	
<i>phenobarbital 97.2mg tablet</i>	1	
<i>phenytoin 125 mg/5ml oral susp</i>	1	QL 15 / 1 days
<i>phenytoin 50 mg tab chew</i>	1	QL 8 / 1 days
<i>phenytoin sodium extended 100 mg capsule</i>	1	QL 12 / 1 days
<i>phenytoin sodium extended 200 mg capsule</i>	1	QL 2 / 1 days
<i>phenytoin sodium extended 300 mg capsule</i>	1	QL 1 / 1 days
<i>primidone 250 mg tablet</i>	1	QL 8 / 1 days
<i>primidone 50 mg tablet</i>	1	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tiagabine hcl 2 mg tablet</i>	1	QL 14 / 1 days
<i>tiagabine hcl 4 mg tablet</i>	1	QL 14 / 1 days
<i>topiramate 100 mg tablet</i>	1	QL 4 / 1 days
<i>topiramate 15 mg cap sprink</i>	1	QL 4 / 1 days
<i>topiramate 200 mg tablet</i>	1	QL 4 / 1 days
<i>topiramate 25 mg cap sprink</i>	1	QL 4 / 1 days
<i>topiramate 25 mg tablet</i>	1	QL 4 / 1 days
<i>topiramate 50 mg tablet</i>	1	QL 4 / 1 days
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	
VIMPAT 10 MG/ML SOLUTION <i>lacosamide</i>	2	QL 40 / 1 days AL1 At least 17 yrs old
VIMPAT 100 MG TABLET <i>lacosamide</i>	2	QL 2 / 1 days AL1 At least 17 yrs old
VIMPAT 150 MG TABLET <i>lacosamide</i>	2	QL 2 / 1 days AL1 At least 17 yrs old
VIMPAT 200 MG TABLET <i>lacosamide</i>	2	QL 2 / 1 days AL1 At least 17 yrs old
VIMPAT 50 MG TABLET <i>lacosamide</i>	2	QL 2 / 1 days AL1 At least 17 yrs old
VIMPAT STARTER KIT <i>lacosamide</i>	2	AL1 At least 17 yrs old
<i>zonisamide 100 mg capsule</i>	1	
<i>zonisamide 25 mg capsule</i>	1	
<i>zonisamide 50 mg capsule</i>	1	
ANTIMANIC AGENTS		
<i>divalproex sodium 125 mg cap dr spr</i>	1	
<i>divalproex sodium 125 mg tablet dr</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium 250 mg tab er 24h</i>	1	
<i>divalproex sodium 250 mg tablet dr</i>	1	
<i>divalproex sodium 500 mg tab er 24h</i>	1	
<i>divalproex sodium 500 mg tablet dr</i>	1	
<i>lithium carbonate 150 mg capsule</i>	1	QL 4 / 1 days
<i>lithium carbonate 300 mg capsule</i>	1	QL 4 / 1 days
<i>lithium carbonate 300 mg tablet</i>	1	QL 4 / 1 days
<i>lithium carbonate 300 mg tablet er</i>	1	QL 4 / 1 days
<i>lithium carbonate 450 mg tablet er</i>	1	QL 4 / 1 days
<i>lithium carbonate 600 mg capsule</i>	1	QL 4 / 1 days
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	
ANTIMIGRAINE AGENTS		
ASPIR-TRIN EC 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>aspirin 300 mg suppository</i>	1	QL 12 / days
<i>aspirin 325 mg coated tablet</i>	1	QL 100 / 26 days
<i>aspirin 325 mg lite-coat tab</i>	1	QL 100 / 26 days
<i>aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>bayer aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin 325 mg caplet</i>	1	QL 100 / 26 days
<i>cvs aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>eq aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>eql aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin 325 mg tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pub aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>qc aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>soba aspirin 325 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>qc aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>v-r aspirin ec 325 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin ec 500 mg tablet</i>	1	QL 100 / 26 days
<i>aspirin 600 mg suppository</i>	1	QL 12 / days
<i>aspirin ec 650 mg tablet</i>	1	QL 6 / 1 days
<i>aspirin 81 mg chewable tablet</i>	1	QL 100 / 26 days
<i>aspirin 81 mg tablet chew</i>	1	QL 100 / 26 days
<i>cvs aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>eq aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>eql aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>hm aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>kro aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>pub aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>pv aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>ra aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>sm aspirin 81 mg chewable tab</i>	1	QL 100 / 26 days
<i>aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>cvs aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>eq aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>eql aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>gnp aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>hm aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>kro aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>pv aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>ra aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>sb aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
<i>sm aspirin ec 81 mg tablet</i>	1	QL 100 / 26 days
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL 100 / 26 days
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>	1	QL 6 / 1 days
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL 6 / 1 days
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>codeine/butalbital/asa/cafein 30-50-325 capsule</i>	1	QL 6 / 1 days
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	1	
<i>dihydroergotamine mesylate 1 mg/ml vial</i>	1	
<i>divalproex sodium 125 mg cap dr spr</i>	1	
<i>divalproex sodium 125 mg tablet dr</i>	1	
<i>divalproex sodium 250 mg tab er 24h</i>	1	
<i>divalproex sodium 250 mg tablet dr</i>	1	
<i>divalproex sodium 500 mg tab er 24h</i>	1	
<i>divalproex sodium 500 mg tablet dr</i>	1	
ECOTRIN EC 325 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL 100 / 26 days
<i>naratriptan hcl 1 mg tablet</i>	1	QL 9 / 24 days
<i>naratriptan hcl 1 mg tablet</i>	1	QL 9 / 24 days
<i>naratriptan hcl 2.5 mg tablet</i>	1	QL 9 / 24 days
<i>naratriptan hcl 2.5 mg tablet</i>	1	QL 9 / 24 days
<i>propranolol hcl 10 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 20 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 40 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 40mg/5ml solution</i>	1	QL 80 / 1 days
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 60 mg tablet</i>	1	QL 8 / 1 days
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL 1 / 1 days
<i>propranolol hcl 80 mg tablet</i>	1	QL 8 / 1 days
<i>rizatriptan benzoate 10 mg tab rapdis</i>	1	QL 9 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>rizatriptan benzoate 10 mg tablet</i>	1	QL 9 / 24 days
<i>rizatriptan benzoate 5 mg tab rapdis</i>	1	QL 9 / 24 days
<i>rizatriptan benzoate 5 mg tablet</i>	1	QL 9 / 24 days
<i>sumatriptan 20 mg spray</i>	1	QL 6 / 24 days
<i>sumatriptan 5 mg spray</i>	1	QL 6 / 24 days
<i>sumatriptan succinate 100 mg tablet</i>	1	QL 9 / 24 days
<i>sumatriptan succinate 25 mg tablet</i>	1	QL 9 / 24 days
<i>sumatriptan succinate 4 mg/0.5ml cartridge</i>	1	
<i>sumatriptan succinate 4 mg/0.5ml pen injctr</i>	1	
<i>sumatriptan succinate 50 mg tablet</i>	1	QL 9 / 24 days
<i>sumatriptan succinate 6 mg/0.5ml cartridge</i>	1	QL 2 / 24 days
<i>sumatriptan succinate 6 mg/0.5ml pen injctr</i>	1	QL 2 / 24 days
<i>sumatriptan succinate 6 mg/0.5ml vial</i>	1	QL 2 / 24 days
<i>timolol maleate 10 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 20 mg tablet</i>	1	QL 3 / 1 days
<i>timolol maleate 5 mg tablet</i>	1	QL 3 / 1 days
<i>tramadol hcl/acetaminophen 37.5-325mg tablet</i>	1	QL 8 / 1 days
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	
ANTIPARKINSONIAN AGENTS (CNS)		
<i>amantadine hcl 100 mg capsule</i>	1	QL 4 / 1 days
<i>amantadine hcl 100 mg tablet</i>	1	QL 4 / 1 days
<i>amantadine hcl 50 mg/5 ml solution</i>	1	QL 40 / 1 days
<i>amantadine hcl 50 mg/5 ml solution</i>	1	QL 40 / 1 days
<i>benztropine mesylate 0.5 mg tablet</i>	1	QL 4 / 1 days
<i>benztropine mesylate 1 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>benztropine mesylate 2 mg tablet</i>	1	QL 4 / 1 days
<i>bromocriptine mesylate 2.5 mg tablet</i>	1	QL 20 / 1 days
<i>bromocriptine mesylate 5 mg capsule</i>	1	QL 20 / 1 days
<i>cabergoline 0.5 mg tablet</i>	1	QL 16 / 30 days AL1 At least 18 yrs old
<i>carbidopa/levodopa 10mg-100mg tablet</i>	1	QL 20 / 1 days
<i>carbidopa/levodopa 25mg-100mg tablet</i>	1	QL 8 / 1 days
<i>carbidopa/levodopa 25mg-100mg tablet er</i>	1	QL 12 / 1 days
<i>carbidopa/levodopa 25mg-250mg tablet</i>	1	QL 8 / 1 days
<i>carbidopa/levodopa 50mg-200mg tablet er</i>	1	QL 12 / 1 days
<i>pramipexole di-hcl 0.125 mg tablet</i>	1	QL 3 / 1 days
<i>pramipexole di-hcl 0.25 mg tablet</i>	1	QL 3 / 1 days
<i>pramipexole di-hcl 0.5 mg tablet</i>	1	QL 3 / 1 days
<i>pramipexole di-hcl 0.75 mg tablet</i>	1	QL 3 / 1 days
<i>pramipexole di-hcl 1 mg tablet</i>	1	QL 3 / 1 days
<i>pramipexole di-hcl 1.5 mg tablet</i>	1	QL 3 / 1 days
<i>rasagiline mesylate 0.5 mg tablet</i>	1	
<i>rasagiline mesylate 1 mg tablet</i>	1	
<i>ropinirole hcl 0.25 mg tablet</i>	1	QL 3 / 1 days
<i>ropinirole hcl 0.5 mg tablet</i>	1	QL 3 / 1 days
<i>ropinirole hcl 1 mg tablet</i>	1	QL 3 / 1 days
<i>ropinirole hcl 2 mg tablet</i>	1	QL 3 / 1 days
<i>ropinirole hcl 3 mg tablet</i>	1	QL 3 / 1 days
<i>ropinirole hcl 4 mg tablet</i>	1	QL 3 / 1 days
<i>ropinirole hcl 5 mg tablet</i>	1	QL 3 / 1 days
<i>selegiline hcl 5 mg capsule</i>	1	QL 2 / 1 days
<i>selegiline hcl 5 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tolcapone 100 mg tablet</i>	1	QL 3 / 1 days
<i>trihexyphenidyl hcl 2 mg tablet</i>	1	QL 7 / 1 days
<i>trihexyphenidyl hcl 2 mg/5 ml elixir</i>	1	QL 38 / 1 days
<i>trihexyphenidyl hcl 5 mg tablet</i>	1	QL 3 / 1 days
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
<i>alprazolam 0.25 mg tablet</i>	1	QL 6 / 1 days
<i>alprazolam 0.5 mg tablet</i>	1	QL 6 / 1 days
<i>alprazolam 1 mg tablet</i>	1	QL 6 / 1 days
<i>alprazolam 2 mg tablet</i>	1	QL 3 / 1 days
<i>amitriptyline/chlordiazepoxide 12.5mg-5mg tablet</i>	1	QL 6 / 1 days
<i>amitriptyline/chlordiazepoxide 25 mg-10mg tablet</i>	1	QL 6 / 1 days
<i>buspirone hcl 10 mg tablet</i>	1	QL 6 / 1 days
<i>buspirone hcl 15 mg tablet</i>	1	QL 4 / 1 days
<i>buspirone hcl 30 mg tablet</i>	1	QL 2 / 1 days
<i>buspirone hcl 5 mg tablet</i>	1	QL 6 / 1 days
<i>buspirone hcl 7.5 mg tablet</i>	1	QL 4 / 1 days
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	QL 6 / 1 days
<i>butalb/acetaminophen/cafeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	1	QL 6 / 1 days
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL 6 / 1 days
<i>butalbital/aspirin/cafeine 50-325-40 capsule</i>	1	QL 6 / 1 days
<i>chlordiazepoxide hcl 10 mg capsule</i>	1	QL 10 / 1 days
<i>chlordiazepoxide hcl 25 mg capsule</i>	1	QL 12 / 1 days
<i>chlordiazepoxide hcl 5 mg capsule</i>	1	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonazepam 0.25 mg tab rapdis</i>	1	QL 3 / 1 days ST C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.5 mg tab rapdis</i>	1	QL 3 / 1 days ST C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.5 mg tablet</i>	1	QL 6 / 1 days
<i>clonazepam 1 mg tab rapdis</i>	1	QL 3 / 1 days ST C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 1 mg tablet</i>	1	QL 6 / 1 days
<i>clonazepam 2 mg tab rapdis</i>	1	QL 3 / 1 days ST C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 2 mg tablet</i>	1	QL 6 / 1 days
<i>clorazepate dipotassium 15 mg tablet</i>	1	QL 6 / 1 days
<i>clorazepate dipotassium 3.75 mg tablet</i>	1	QL 4 / 1 days
<i>clorazepate dipotassium 7.5 mg tablet</i>	1	QL 4 / 1 days
<i>codeine/butalbital/asa/cafein 30-50-325 capsule</i>	1	QL 6 / 1 days
<i>codeine/butalbital/asa/cafein 30-50-325 capsule</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diazepam 10 mg tablet	1	QL 4 / 1 days
diazepam 12.5-15-20 kit	1	QL 2 / 23 days
diazepam 2 mg tablet	1	QL 4 / 1 days
diazepam 2.5 mg kit	1	QL 2 / 23 days
diazepam 5 mg tablet	1	QL 4 / 1 days
diazepam 5 mg/5 ml solution	1	QL 40 / 1 days
diazepam 5 mg/ml oral conc	1	QL 8 / 1 days
diazepam 5-7.5-10mg kit	1	QL 2 / 23 days
diphenhydramine 25 mg caplet	1	QL 6 / 1 days
diphenhydramine 50 mg tablet	1	QL 6 / 1 days
estazolam 1 mg tablet	1	QL 1 / 1 days
estazolam 2 mg tablet	1	QL 1 / 1 days
eszopiclone 1 mg tablet	1	QL 1 / 1 days AL1 At least 18 yrs old
eszopiclone 2 mg tablet	1	QL 1 / 1 days AL1 At least 18 yrs old
eszopiclone 3 mg tablet	1	QL 1 / 1 days AL1 At least 18 yrs old
flurazepam hcl 15 mg capsule	1	QL 1 / 1 days
flurazepam hcl 30 mg capsule	1	QL 1 / 1 days
hydroxyzine hcl 10 mg tablet	1	QL 6 / 1 days
hydroxyzine hcl 10 mg/5 ml solution	1	QL 30 / 1 days
hydroxyzine hcl 10 mg/5 ml solution	1	QL 30 / 1 days
hydroxyzine hcl 25 mg tablet	1	QL 6 / 1 days
hydroxyzine hcl 50 mg tablet	1	QL 6 / 1 days
hydroxyzine pamoate 100 mg capsule	1	QL 6 / 1 days
hydroxyzine pamoate 25 mg capsule	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine pamoate 50 mg capsule</i>	1	QL 6 / 1 days
<i>lorazepam 0.5 mg tablet</i>	1	QL 6 / 1 days
<i>lorazepam 1 mg tablet</i>	1	QL 6 / 1 days
<i>lorazepam 2 mg tablet</i>	1	QL 4 / 1 days
<i>lorazepam 2 mg/ml oral conc</i>	1	QL 5 / 1 days
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	1	QL 5 / 1 days
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL 100 / 26 days
<i>oxazepam 10 mg capsule</i>	1	QL 8 / 1 days
<i>oxazepam 15 mg capsule</i>	1	QL 4 / 1 days
<i>oxazepam 30 mg capsule</i>	1	QL 4 / 1 days
PHENADOZ 12.5 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
PHENADOZ 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
<i>phenobarbital 100 mg tablet</i>	1	
<i>phenobarbital 15 mg tablet</i>	1	
<i>phenobarbital 16.2 mg tablet</i>	1	
<i>phenobarbital 20 mg/5 ml elixir</i>	1	
<i>phenobarbital 20 mg/5 ml elixir</i>	1	
<i>phenobarbital 30 mg tablet</i>	1	
<i>phenobarbital 32.4 mg tablet</i>	1	
<i>phenobarbital 60 mg tablet</i>	1	
<i>phenobarbital 64.8 mg tablet</i>	1	
<i>phenobarbital 97.2mg tablet</i>	1	
<i>promethazine hcl 12.5 mg supp.rect</i>	1	QL 6 / days AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl 25 mg supp.rect</i>	1	QL 12 / days AL1 At least 6 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 50 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	QL 30 / 1 days AL1 At least 6 yrs old
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days AL1 At least 6 yrs old
PROMETHEGAN 50 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 12 / days
SIMPLY SLEEP 25 MG CAPLET <i>diphenhydramine hcl</i>	1	QL 100 / 26 days
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
<i>temazepam 15 mg capsule</i>	1	QL 1 / 1 days
<i>temazepam 30 mg capsule</i>	1	QL 1 / 1 days
<i>triazolam 0.125 mg tablet</i>	1	QL 2 / 1 days
<i>triazolam 0.25 mg tablet</i>	1	QL 1 / 1 days
<i>zaleplon 10 mg capsule</i>	1	QL 2 / 1 days
<i>zaleplon 5 mg capsule</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate 10 mg tablet</i>	1	QL 1 / 1 days
<i>zolpidem tartrate 5 mg tablet</i>	1	QL 1 / 1 days
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium 333 mg tablet dr</i>	1	QL 6 / 1 days AL1 At least 18 yrs old
<i>guanfacine hcl 1 mg tab er 24h</i>	1	QL 2 / 1 days
<i>guanfacine hcl 1 mg tablet</i>	1	QL 3 / 1 days
<i>guanfacine hcl 2 mg tab er 24h</i>	1	QL 2 / 1 days
<i>guanfacine hcl 2 mg tablet</i>	1	QL 2 / 1 days
<i>guanfacine hcl 3 mg tab er 24h</i>	1	QL 2 / 1 days
<i>guanfacine hcl 4 mg tab er 24h</i>	1	QL 1 / 1 days
<i>memantine hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>memantine hcl 2 mg/ml solution</i>	1	QL 10 / 1 days
<i>memantine hcl 5 mg tablet</i>	1	QL 2 / 1 days
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	1	QL 2 / 1 days
STRATTERA 10 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 2 / 1 days AL1 At least 6 yrs old
STRATTERA 100 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 1 / 1 days AL1 At least 6 yrs old
STRATTERA 18 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 2 / 1 days AL1 At least 6 yrs old
STRATTERA 25 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 2 / 1 days AL1 At least 6 yrs old
STRATTERA 40 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 2 / 1 days AL1 At least 6 yrs old
STRATTERA 60 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 1 / 1 days AL1 At least 6 yrs old
STRATTERA 80 MG CAPSULE <i>atomoxetine hcl</i>	2	QL 1 / 1 days AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIBROMYALGIA AGENTS		
<i>duloxetine hcl 20 mg capsule dr</i>	1	QL 2 / 1 days
<i>duloxetine hcl 30 mg capsule dr</i>	1	QL 2 / 1 days
<i>duloxetine hcl 60 mg capsule dr</i>	1	QL 2 / 1 days
OPIATE ANTAGONISTS		
EVZIO 0.4 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL 4 / 90 days
<i>naloxone hcl 0.4 mg/ml syringe</i>	1	
<i>naloxone hcl 0.4 mg/ml vial</i>	1	
<i>naloxone hcl 0.4 mg/ml vial</i>	1	
<i>naloxone hcl 1 mg/ml syringe</i>	1	
<i>naltrexone hcl 50 mg tablet</i>	1	
NARCAN 4 MG NASAL SPRAY <i>naloxone hcl</i>	2	QL 4 / 90 days
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA ER 300 MG SYR <i>aripiprazole</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
ABILIFY MAINTENA ER 300 MG VL <i>aripiprazole</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
ABILIFY MAINTENA ER 400 MG SYR <i>aripiprazole</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
ABILIFY MAINTENA ER 400 MG VL <i>aripiprazole</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
<i>amitriptyline hcl 10 mg tablet</i>	1	QL 3 / 1 days
<i>amitriptyline hcl 100 mg tablet</i>	1	QL 3 / 1 days
<i>amitriptyline hcl 150 mg tablet</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl 25 mg tablet</i>	1	QL 3 / 1 days
<i>amitriptyline hcl 50 mg tablet</i>	1	QL 3 / 1 days
<i>amitriptyline hcl 75 mg tablet</i>	1	QL 3 / 1 days
<i>amitriptyline/chlordiazepoxide 12.5mg-5mg tablet</i>	1	QL 6 / 1 days
<i>amitriptyline/chlordiazepoxide 25 mg-10mg tablet</i>	1	QL 6 / 1 days
<i>amoxapine 100 mg tablet</i>	1	QL 4 / 1 days
<i>amoxapine 150 mg tablet</i>	1	QL 4 / 1 days
<i>amoxapine 25 mg tablet</i>	1	QL 4 / 1 days
<i>amoxapine 50 mg tablet</i>	1	QL 4 / 1 days
<i>aripiprazole 1 mg/ml solution</i>	1	QL 25 / 1 days C PA required for members less than 18 years old
<i>aripiprazole 10 mg tab rapdis</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>aripiprazole 10 mg tablet</i>	1	QL 1 / 1 days C PA required for member under the age of 18
<i>aripiprazole 15 mg tab rapdis</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>aripiprazole 15 mg tablet</i>	1	QL 1.5 / 1 days C PA required for members under the age of 18
<i>aripiprazole 2 mg tablet</i>	1	QL 2 / 1 days C PA required for members under the age of 18
<i>aripiprazole 20 mg tablet</i>	1	QL 1 / 1 days C PA required for members under the age of 18

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole 30 mg tablet</i>	1	QL 1 / 1 days C PA required for members under the age of 18
<i>aripiprazole 5 mg tablet</i>	1	QL 1.5 / 1 days C PA required for members under the age of 18
BUDEPRION SR 150 MG TABLET <i>bupropion hcl</i>	1	QL 2 / 1 days
BUPROBAN 150 MG TABLET <i>bupropion hcl</i>	1	QL 2 / 1 days
<i>bupropion hcl 100 mg tab er 12h</i>	1	QL 2 / 1 days
<i>bupropion hcl 100 mg tablet</i>	1	QL 4 / 1 days
<i>bupropion hcl 100 mg tablet er</i>	1	QL 2 / 1 days
<i>bupropion hcl 150 mg tab er 12h</i>	1	QL 2 / 1 days
<i>bupropion hcl 150 mg tab er 24h</i>	1	QL 2 / 1 days
<i>bupropion hcl 150 mg tablet er</i>	1	QL 2 / 1 days
<i>bupropion hcl 200 mg tab er 12h</i>	1	QL 2 / 1 days
<i>bupropion hcl 200 mg tablet er</i>	1	QL 2 / 1 days
<i>bupropion hcl 300 mg tab er 24h</i>	1	QL 1 / 1 days
<i>bupropion hcl 75 mg tablet</i>	1	QL 4 / 1 days
<i>citalopram hydrobromide 10 mg tablet</i>	1	QL 1.5 / 1 days
<i>citalopram hydrobromide 10 mg/5 ml solution</i>	1	QL 20 / 1 days
<i>citalopram hydrobromide 20 mg tablet</i>	1	QL 1.5 / 1 days
<i>citalopram hydrobromide 40 mg tablet</i>	1	QL 1.5 / 1 days
<i>clozapine 100 mg tablet</i>	1	QL 9 / 1 days C PA required for members less than 18 years old
<i>clozapine 200 mg tablet</i>	1	QL 4 / 1 days C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clozapine 25 mg tablet</i>	1	QL 6 / 1 days C PA required for members less than 18 years old
<i>clozapine 50 mg tablet</i>	1	QL 3 / 1 days C PA required for members less than 18 years old
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	1	QL 12 / days
<i>desipramine hcl 10 mg tablet</i>	1	QL 2 / 1 days
<i>desipramine hcl 100 mg tablet</i>	1	QL 2 / 1 days
<i>desipramine hcl 150 mg tablet</i>	1	QL 2 / 1 days
<i>desipramine hcl 25 mg tablet</i>	1	QL 2 / 1 days
<i>desipramine hcl 50 mg tablet</i>	1	QL 2 / 1 days
<i>desipramine hcl 75 mg tablet</i>	1	QL 2 / 1 days
<i>doxepin hcl 10 mg capsule</i>	1	QL 2 / 1 days
<i>doxepin hcl 10 mg/ml oral conc</i>	1	QL 30 / 1 days
<i>doxepin hcl 100 mg capsule</i>	1	QL 3 / 1 days
<i>doxepin hcl 150 mg capsule</i>	1	QL 2 / 1 days
<i>doxepin hcl 25 mg capsule</i>	1	QL 2 / 1 days
<i>doxepin hcl 50 mg capsule</i>	1	QL 2 / 1 days
<i>doxepin hcl 75 mg capsule</i>	1	QL 2 / 1 days
<i>duloxetine hcl 20 mg capsule dr</i>	1	QL 2 / 1 days
<i>duloxetine hcl 30 mg capsule dr</i>	1	QL 2 / 1 days
<i>duloxetine hcl 60 mg capsule dr</i>	1	QL 2 / 1 days
<i>escitalopram oxalate 10 mg tablet</i>	1	QL 1.5 / 1 days
<i>escitalopram oxalate 20 mg tablet</i>	1	QL 1 / 1 days
<i>escitalopram oxalate 5 mg tablet</i>	1	QL 1.5 / 1 days
<i>escitalopram oxalate 5 mg/5 ml solution</i>	1	QL 20 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 10 mg capsule</i>	1	QL 3 / 1 days
<i>fluoxetine hcl 10 mg tablet</i>	1	QL 3 / 1 days
<i>fluoxetine hcl 20 mg capsule</i>	1	QL 4 / 1 days
<i>fluoxetine hcl 20 mg tablet</i>	1	QL 4 / 1 days
<i>fluoxetine hcl 20 mg/5 ml solution</i>	1	QL 5 / 1 days
<i>fluoxetine hcl 40 mg capsule</i>	1	QL 2 / 1 days
<i>fluphenazine decanoate 25 mg/ml vial</i>	1	QL 10 / 26 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>fluphenazine hcl 2.5 mg/5ml elixir</i>	1	QL 20 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>fluphenazine hcl 2.5 mg/ml vial</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>fluphenazine hcl 5 mg/ml oral conc</i>	1	QL 8 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>fluvoxamine maleate 100 mg tablet</i>	1	QL 3 / 1 days
<i>fluvoxamine maleate 25 mg tablet</i>	1	QL 1 / 1 days
<i>fluvoxamine maleate 50 mg tablet</i>	1	QL 1.5 / 1 days
<i>haloperidol 0.5 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 1 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 10 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 2 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 20 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 5 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol decanoate 100 mg/ml ampul</i>	1	QL 4 / 1 days C PA required for members less than 18 years old
<i>haloperidol decanoate 100 mg/ml vial</i>	1	QL 4 / 1 days C PA required for members less than 18 years old
<i>haloperidol decanoate 50 mg/ml ampul</i>	1	QL 9 / 1 days C PA required for members less than 18 years old
<i>haloperidol decanoate 50 mg/ml vial</i>	1	QL 9 / 1 days C PA required for members less than 18 years old
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	QL 50 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol lactate 5 mg/ml ampul</i>	1	QL 20 / 1 days C PA required for members less than 18 years old
<i>haloperidol lactate 5 mg/ml vial</i>	1	QL 20 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol lactate 5 mg/ml vial</i>	1	QL 20 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>imipramine hcl 10 mg tablet</i>	1	QL 6 / 1 days
<i>imipramine hcl 25 mg tablet</i>	1	QL 6 / 1 days
<i>imipramine hcl 50 mg tablet</i>	1	QL 6 / 1 days
INVEGA SUSTENNA 117 MG/0.75 ML <i>paliperidone palmitate</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
INVEGA SUSTENNA 156 MG/ML SYRG <i>paliperidone palmitate</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
INVEGA SUSTENNA 234 MG/1.5 ML <i>paliperidone palmitate</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
INVEGA SUSTENNA 39 MG/0.25 ML <i>paliperidone palmitate</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
INVEGA SUSTENNA 78 MG/0.5 ML <i>paliperidone palmitate</i>	3	QL 1 / 28 days PA AL1 At least 18 yrs old
INVEGA TRINZA 273 MG/0.875 ML <i>paliperidone palmitate</i>	3	QL 1 / 84 days PA AL1 At least 18 yrs old
INVEGA TRINZA 410 MG/1.315 ML <i>paliperidone palmitate</i>	3	QL 1 / 84 days PA AL1 At least 18 yrs old
INVEGA TRINZA 546 MG/1.75 ML <i>paliperidone palmitate</i>	3	QL 1 / 84 days PA AL1 At least 18 yrs old
INVEGA TRINZA 819 MG/2.625 ML <i>paliperidone palmitate</i>	3	QL 1 / 84 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>loxapine succinate 10 mg capsule</i>	1	QL 8 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>loxapine succinate 25 mg capsule</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>loxapine succinate 5 mg capsule</i>	1	QL 12 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>loxapine succinate 50 mg capsule</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>maprotiline hcl 25 mg tablet</i>	1	QL 2 / 1 days
<i>maprotiline hcl 50 mg tablet</i>	1	QL 2 / 1 days
<i>maprotiline hcl 75 mg tablet</i>	1	QL 2 / 1 days
<i>mirtazapine 15 mg tab rapdis</i>	1	QL 1 / 1 days
<i>mirtazapine 15 mg tablet</i>	1	QL 1 / 1 days
<i>mirtazapine 30 mg tab rapdis</i>	1	QL 1 / 1 days
<i>mirtazapine 30 mg tablet</i>	1	QL 1 / 1 days
<i>mirtazapine 45 mg tab rapdis</i>	1	QL 1 / 1 days
<i>mirtazapine 45 mg tablet</i>	1	QL 1 / 1 days
<i>mirtazapine 7.5 mg tablet</i>	1	QL 1 / 1 days
<i>nefazodone hcl 100 mg tablet</i>	1	QL 2 / 1 days
<i>nefazodone hcl 150 mg tablet</i>	1	QL 2 / 1 days
<i>nefazodone hcl 200 mg tablet</i>	1	QL 3 / 1 days
<i>nefazodone hcl 250 mg tablet</i>	1	QL 2 / 1 days
<i>nefazodone hcl 50 mg tablet</i>	1	QL 2 / 1 days
<i>nortriptyline hcl 10 mg capsule</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nortriptyline hcl 10 mg/5 ml solution</i>	1	QL 75 / 1 days
<i>nortriptyline hcl 25 mg capsule</i>	1	QL 3 / 1 days
<i>nortriptyline hcl 50 mg capsule</i>	1	QL 2 / 1 days
<i>nortriptyline hcl 75 mg capsule</i>	1	QL 3 / 1 days
<i>olanzapine 10 mg tab rapdis</i>	1	QL 1 / 1 days C PA required for members less than 18 years old
<i>olanzapine 10 mg tablet</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>olanzapine 15 mg tab rapdis</i>	1	QL 1 / 1 days C PA required for members less than 18 years old
<i>olanzapine 15 mg tablet</i>	1	QL 1 / 1 days C PA required for members less than 18 years old
<i>olanzapine 2.5 mg tablet</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>olanzapine 20 mg tab rapdis</i>	1	QL 1 / 1 days C PA required for members less than 18 years old
<i>olanzapine 20 mg tablet</i>	1	QL 1 / 1 days C PA required for members less than 18 years old
<i>olanzapine 5 mg tab rapdis</i>	1	QL 1 / 1 days C PA required for members less than 18 years old
<i>olanzapine 5 mg tablet</i>	1	QL 2 / 1 days C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine 7.5 mg tablet</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>paroxetine hcl 10 mg tablet</i>	1	QL 1.5 / 1 days
<i>paroxetine hcl 20 mg tablet</i>	1	QL 1.5 / 1 days
<i>paroxetine hcl 30 mg tablet</i>	1	QL 2 / 1 days
<i>paroxetine hcl 40 mg tablet</i>	1	QL 1.5 / 1 days
<i>perphenazine 16 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine 2 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine 4 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine 8 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine/amitriptyline hcl 2 mg-10 mg tablet</i>	1	QL 8 / 1 days
<i>perphenazine/amitriptyline hcl 2 mg-25 mg tablet</i>	1	QL 8 / 1 days
<i>perphenazine/amitriptyline hcl 4 mg-25 mg tablet</i>	1	QL 4 / 1 days
<i>perphenazine/amitriptyline hcl 4 mg-50 mg tablet</i>	1	QL 4 / 1 days
<i>perphenazine/amitriptyline hcl 4mg-10mg tablet</i>	1	QL 4 / 1 days
<i>pimozide 1 mg tablet</i>	1	QL 10 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>pimozide 2 mg tablet</i>	1	QL 5 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine 25 mg supp.rect</i>	1	QL 12 / days
<i>prochlorperazine maleate 10 mg tablet</i>	1	QL 4 / 1 days
<i>prochlorperazine maleate 5 mg tablet</i>	1	QL 4 / 1 days
<i>protriptyline hcl 10 mg tablet</i>	1	QL 6 / 1 days
<i>protriptyline hcl 5 mg tablet</i>	1	QL 6 / 1 days
<i>quetiapine fumarate 100 mg tablet</i>	1	QL 3 / 1 days C PA required for members less than 18 years old
<i>quetiapine fumarate 200 mg tablet</i>	1	QL 4 / 1 days C PA required for members less than 18 years old
<i>quetiapine fumarate 25 mg tablet</i>	1	QL 4 / 1 days C PA required for members less than 18 years old
<i>quetiapine fumarate 300 mg tablet</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>quetiapine fumarate 400 mg tablet</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>quetiapine fumarate 50 mg tablet</i>	1	QL 4 / 1 days C PA required for members less than 18 years old
<i>rasagiline mesylate 0.5 mg tablet</i>	1	
<i>rasagiline mesylate 1 mg tablet</i>	1	
RISPERDAL CONSTA 12.5 MG SYR <i>risperidone microspheres</i>	3	QL 2 / 28 days PA AL1 At least 18 yrs old
RISPERDAL CONSTA 25 MG SYR <i>risperidone microspheres</i>	3	QL 2 / 28 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA 37.5 MG SYR <i>risperidone microspheres</i>	3	QL 2 / 28 days PA AL1 At least 18 yrs old
RISPERDAL CONSTA 50 MG SYR <i>risperidone microspheres</i>	3	QL 2 / 28 days PA AL1 At least 18 yrs old
<i>risperidone 0.25 mg tab rapdis</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>risperidone 0.25 mg tablet</i>	1	QL 5 / 1 days C PA required for members less than 18 years old
<i>risperidone 0.5 mg tab rapdis</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>risperidone 0.5 mg tablet</i>	1	QL 5 / 1 days C PA required for members less than 18 years old
<i>risperidone 1 mg tab rapdis</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>risperidone 1 mg tablet</i>	1	QL 5 / 1 days C PA required for members less than 18 years old
<i>risperidone 1 mg/ml solution</i>	1	QL 8 / 1 days C PA required for members less than 18 years old
<i>risperidone 2 mg tab rapdis</i>	1	QL 2 / 1 days C PA required for members less than 18 years old
<i>risperidone 2 mg tablet</i>	1	QL 3 / 1 days C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risperidone 3 mg tab rapdis</i>	1	QL C 2 / 1 days PA required for members less than 18 years old
<i>risperidone 3 mg tablet</i>	1	QL C 2 / 1 days PA required for members less than 18 years old
<i>risperidone 4 mg tab rapdis</i>	1	QL C 2 / 1 days PA required for members less than 18 years old
<i>risperidone 4 mg tablet</i>	1	QL C 2 / 1 days PA required for members less than 18 years old
<i>selegiline hcl 5 mg capsule</i>	1	QL 2 / 1 days
<i>selegiline hcl 5 mg tablet</i>	1	QL 2 / 1 days
<i>sertraline hcl 100 mg tablet</i>	1	QL 2 / 1 days
<i>sertraline hcl 20 mg/ml oral conc</i>	1	QL 10 / 1 days
<i>sertraline hcl 25 mg tablet</i>	1	QL 1.5 / 1 days
<i>sertraline hcl 50 mg tablet</i>	1	QL 1.5 / 1 days
<i>thioridazine hcl 10 mg tablet</i>	1	QL C 8 / 1 days PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thioridazine hcl 100 mg tablet</i>	1	QL C 8 / 1 days PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thioridazine hcl 25 mg tablet</i>	1	QL C 8 / 1 days PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thioridazine hcl 50 mg tablet</i>	1	QL C 8 / 1 days PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>thiothixene 10 mg capsule</i>	1	QL 6 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thiothixene 2 mg capsule</i>	1	QL 6 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thiothixene 5 mg capsule</i>	1	QL 6 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>tranylcypromine sulfate 10 mg tablet</i>	1	QL 6 / 1 days
<i>trazodone hcl 100 mg tablet</i>	1	QL 3 / 1 days
<i>trazodone hcl 150 mg tablet</i>	1	QL 3 / 1 days
<i>trazodone hcl 300 mg tablet</i>	1	QL 2 / 1 days
<i>trazodone hcl 50 mg tablet</i>	1	QL 3 / 1 days
<i>trifluoperazine hcl 1 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>trifluoperazine hcl 10 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>trifluoperazine hcl 2 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>trifluoperazine hcl 5 mg tablet</i>	1	QL 4 / 1 days C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>venlafaxine hcl 100 mg tablet</i>	1	QL 3 / 1 days
<i>venlafaxine hcl 150 mg cap er 24h</i>	1	QL 2 / 1 days
<i>venlafaxine hcl 25 mg tablet</i>	1	QL 3 / 1 days
<i>venlafaxine hcl 37.5 mg cap er 24h</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl 37.5 mg tablet</i>	1	QL 3 / 1 days
<i>venlafaxine hcl 50 mg tablet</i>	1	QL 3 / 1 days
<i>venlafaxine hcl 75 mg cap er 24h</i>	1	QL 3 / 1 days
<i>venlafaxine hcl 75 mg tablet</i>	1	QL 3 / 1 days
<i>ziprasidone hcl 20 mg capsule</i>	1	QL 3 / 1 days C PA required for members less than 18 years old
<i>ziprasidone hcl 40 mg capsule</i>	1	QL 3 / 1 days C PA required for members less than 18 years old
<i>ziprasidone hcl 60 mg capsule</i>	1	QL 3 / 1 days C PA required for members less than 18 years old
<i>ziprasidone hcl 80 mg capsule</i>	1	QL 3 / 1 days C PA required for members less than 18 years old
DEVICES		
<i>precision xtr b-ketone strip</i>	2	
<i>contour meter</i>	2	QL 1 / 365 days
<i>contour next ez meter</i>	2	QL 1 / 365 days
<i>contour next meter</i>	1	QL 1 / 365 days
<i>contour next one meter</i>	2	
<i>contour next usb meter</i>	2	QL 1 / 365 days
<i>freestyle insulinx glucose sys</i>	2	
<i>precision xtra monitor</i>	2	
<i>precision xtra monitor nfrs</i>	2	
<i>contour meter system</i>	2	
<i>contour next ez meter system</i>	2	
<i>freestyle freedom lite meter</i>	2	
<i>freestyle lite meter</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>freestyle lite meter nfrs</i>	2	
<i>breeze 2 meter</i>	2	QL 1 / 365 days
EUFLEXXA 20 MG/2 ML SYRINGE <i>hyaluronate sodium</i>	3	QL 12 / 180 days
<i>cool mist humidifier</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>cool moisture humidifier</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>humidifier</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>humidifier, ultrasonic</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>ultrasonic humidifier</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler,assist device,accesory each</i>	2	
<i>fingerstix lancets</i>	1	QL 200 / 26 days
<i>microlet lancets</i>	1	QL 200 / 26 days
<i>single-let lancets</i>	1	QL 200 / 26 days
<i>sodium chloride for inhalation 7 % vial-neb</i>	1	QL 480 / 30 days ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>assure id syr 0.5 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch 0.5 ml syr 29gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch 0.5 ml syr 30gx5/16</i>	1	QL 200 / 24 days
<i>assure id syr 1 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch 1 ml syr 29gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insuln 1ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insuln 1ml 30gx5/16</i>	1	QL 200 / 24 days
<i>easy touch 1 ml syr 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insuln 1ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insuln 1ml 31gx5/16</i>	1	QL 200 / 24 days
<i>easy touch 1 ml syr 27gx1/2"</i>	1	QL 200 / 24 days
<i>bd safetyglide syringe 27gx5/8</i>	1	QL 200 / 24 days
<i>comfort ez syr 1 ml 28gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 1 ml</i>	1	QL 200 / 24 days
<i>sure comfort 1 ml syringe</i>	1	QL 200 / 24 days
<i>advocate ins syr 1 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>bd integra syr 1 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>ca insulin syr 1 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez syr 1 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 1 ml</i>	1	QL 200 / 24 days
<i>sure comfort 1 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins syr 1 ml 29g</i>	1	QL 200 / 24 days
<i>vanishpoint u-100 29x1/2 syr</i>	1	QL 200 / 24 days
<i>reli-on insulin 1 ml syr</i>	1	QL 200 / 24 days
<i>advocate ins syr 1 ml 30gx5/16</i>	1	QL 200 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ca insulin syr 1 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>comfort ez syr 1 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>easy comfort insulin 1 ml syr</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 1 ml</i>	1	QL 200 / 24 days
<i>freestyle prec 1 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>sure comfort 1 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins syr 1 ml 30g</i>	1	QL 200 / 24 days
<i>careone syr 1 ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez syr 1 ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy comfort syr 1 ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch 1 ml syr 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 1 ml</i>	1	QL 200 / 24 days
<i>sure comfort 1 ml syringe</i>	1	QL 200 / 24 days
<i>advocate ins 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>ca insulin syr 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>careone syr 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>comfort ez syr 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>easy comfort 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 1 ml</i>	1	QL 200 / 24 days
<i>freestyle prec 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>sure comfort 1 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii 1 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>bd syr 0.3 ml 8mmx31g (1/2)</i>	1	QL 200 / 24 days
<i>bd syr 0.3 ml 6mmx31g (1/2)</i>	1	QL 200 / 24 days
<i>advocate ins syr 0.3ml 29gx1/2</i>	1	QL 200 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bd saftgld ins syr 0.3 ml 29g</i>	1	QL 200 / 24 days
<i>ca insulin syr 0.3 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez syr 0.3 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>sure comfort 3/10 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins 0.3 ml 29g</i>	1	QL 200 / 24 days
<i>advocate ins 0.3 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>ca ins syr 0.3 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>comfort ez ins 0.3ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>easy comfort 0.3 ml syringe</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 0.3 ml</i>	1	QL 200 / 24 days
<i>sure comfort 3/10 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins 0.3 ml 30g</i>	1	QL 200 / 24 days
<i>bd syringe 0.3 ml 12.7mmx30g</i>	1	QL 200 / 24 days
<i>careone syr 0.3 ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez ins 0.3ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch 0.3 ml syr 30gx1/2"</i>	1	QL 200 / 24 days
<i>sure comfort 3/10 ml syringe</i>	1	QL 200 / 24 days
<i>advocate ins 0.3 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>bd saftgld ins 0.3 ml 31gx5/16</i>	1	QL 200 / 24 days
<i>ca ins syr 0.3 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>careone syr 0.3 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>comfort ez insulin syr 0.3 ml</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 0.3 ml</i>	1	QL 200 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sure comfort 0.3 ml syringe</i>	1	QL 200 / 24 days
<i>sure comfort 3/10 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins 0.3 ml 31g</i>	1	QL 200 / 24 days
<i>easy touch 0.5 ml syr 27gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez syr 0.5 ml 28gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 0.5 ml</i>	1	QL 200 / 24 days
<i>sure comfort 0.5 ml syringe</i>	1	QL 200 / 24 days
<i>advocate ins syr 0.5ml 29gx1/2</i>	1	QL 200 / 24 days
<i>ca insulin syr 0.5 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez syr 0.5 ml 29gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 0.5 ml</i>	1	QL 200 / 24 days
<i>sure comfort 0.5 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins 0.5 ml 29g</i>	1	QL 200 / 24 days
<i>advocate ins 0.5 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>bd saftgld ins syr 0.5 ml 30g</i>	1	QL 200 / 24 days
<i>ca ins syr 0.5 ml 30gx5/16"</i>	1	QL 200 / 24 days
<i>comfort ez insulin syr 0.5 ml</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>easy comfort 0.5 ml syringe</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 0.5 ml</i>	1	QL 200 / 24 days
<i>freestyle prec 0.5 ml 30gx5/16</i>	1	QL 200 / 24 days
<i>sure comfort 0.5 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins 0.5 ml 30g</i>	1	QL 200 / 24 days
<i>bd syringe 0.5 ml 12.7mmx30g</i>	1	QL 200 / 24 days
<i>careone syr 0.5 ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>comfort ez syr 0.5 ml 30gx1/2"</i>	1	QL 200 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>easy comfort 0.5 ml 30gx1/2"</i>	1	QL 200 / 24 days
<i>easy touch 0.5 ml syr 30gx1/2"</i>	1	QL 200 / 24 days
<i>sure comfort 0.5 ml syringe</i>	1	QL 200 / 24 days
<i>vanishpoint 0.5 ml 30gx1/2" sy</i>	1	QL 200 / 24 days
<i>advocate ins 0.5 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>ca ins syr 0.5 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>careone syr 0.5 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>comfort ez insulin syr 0.5 ml</i>	1	QL 200 / 24 days
<i>drug mart ultra comfort syr</i>	1	QL 200 / 24 days
<i>easy comfort 0.5 ml 31gx5/16"</i>	1	QL 200 / 24 days
<i>easy touch insulin syr 0.5 ml</i>	1	QL 200 / 24 days
<i>freestyle prec 0.5 ml 31gx5/16</i>	1	QL 200 / 24 days
<i>sure comfort 0.5 ml syringe</i>	1	QL 200 / 24 days
<i>ultra-thin ii ins 0.5 ml 31g</i>	1	QL 200 / 24 days
<i>bd luer-lok syringe 1 ml</i>	1	QL 200 / 24 days
<i>bd luer-lok syringe 1 ml</i>	1	QL 200 / 24 days
<i>vaporizer 1 gallon</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>vaporizer 1.2 gallon</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>vaporizer 1.7 gallon</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>vaporizer 3 gallon</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old
<i>warm steam vaporizer</i>	1	QL 1 / 365 days AL1 Up to 21 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
<i>contour next strips</i>	2	QL 150 / 30 days
<i>contour test strips</i>	2	QL 150 / 30 days
		C For 150 strips, must use one box of 50 strips and one box of 100 strips
<i>freestyle insulinx test strip</i>	2	QL 150 / 30 days
<i>freestyle insulinx test strips</i>	2	QL 150 / 30 days
<i>freestyle lite test strip</i>	2	QL 150 / 30 days
<i>freestyle lite test strips</i>	2	QL 150 / 30 days
<i>freestyle test strips</i>	2	QL 150 / 30 days
<i>precision xtra test strips</i>	2	QL 150 / 30 days
<i>breeze 2 disc test strip</i>	2	QL 200 / 22 days
GLUCAGEN DIAGNOSTIC 1 MG VIAL <i>glucagon,human recombinant</i>	1	QL 2 / 22 days
URINE AND FECES CONTENTS		
<i>keto-diastix reagent strips</i>	1	QL 200 / 25 day
<i>chek-stix strips</i>	1	
<i>combistix reagent strips</i>	1	
<i>hema-combistix reagent strips</i>	1	QL 150 / 30 days
<i>labstix reagent strips</i>	1	QL 150 / 30 days
<i>multistix 5 strips</i>	1	QL 150 / 30 days
<i>multistix 7 reagent strips</i>	1	QL 150 / 30 days
<i>multistix 8 sg reagent strips</i>	1	QL 150 / 30 days
<i>multistix 9 reagent strips</i>	1	QL 150 / 30 days
<i>multistix 9 sg reagent strips</i>	1	QL 150 / 30 days
<i>multistix reagent strips</i>	1	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>uristix 4 reagent strips</i>	1	QL 150 / 30 days
<i>uristix reagent strips</i>	1	QL 150 / 30 days
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
PHOSPHA 250 NEUTRAL TABLET <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	1	
ALKALINIZING AGENTS		
<i>citric acid/sodium citrate 334-500mg solution</i>	1	QL 120 / 1 days
CYTRA-2 ORAL SOLUTION <i>citric acid/sodium citrate</i>	1	QL 120 / 1 days
ORACIT ORAL SOLUTION <i>citric acid/sodium citrate</i>	1	QL 120 / 1 days
<i>potassium citrate 10 meq tablet er</i>	1	QL 10 / 1 days
<i>potassium citrate 15 meq tablet er</i>	1	
<i>potassium citrate 5 meq tablet er</i>	1	QL 10 / 1 days
<i>sodium bicarbonate powder</i>	1	
<i>sodium bicarbonate 1 meq/ml syringe</i>	1	
<i>sodium bicarbonate 1 meq/ml syringe</i>	1	
<i>sodium bicarbonate 1 meq/ml vial</i>	1	
<i>sodium bicarbonate 10meq/10ml syringe</i>	1	
AMMONIA DETOXICANTS		
CONSTULOSE 10 GM/15 ML SOLN <i>lactulose</i>	1	
ENULOSE 10 GM/15 ML SOLUTION <i>lactulose</i>	1	
GENERLAC 10 GM/15 ML SOLUTION <i>lactulose</i>	1	
<i>lactulose 10 g/15 ml solution</i>	1	QL 120 / 1 days
CALORIC AGENTS		
<i>cvs glucose 4 gram tablet chew</i>	1	
<i>drug mart glucose 4 gm tab chw</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fifty50 glucose 4 gm tablet</i>	1	
<i>glucose 4 gram tablet chew</i>	1	
<i>gnp glucose 4 gram tablet chew</i>	1	
<i>gnp quick dissolve glucose tab</i>	1	
<i>hm glucose 4 gram tablet chew</i>	1	
<i>kro glucose 4 gram tablet chew</i>	1	
<i>kroger glucose 4 gram tab chew</i>	1	
<i>leader glucose 4 gm tab chew</i>	1	
<i>leader quick dissolve gluc tab</i>	1	
<i>longs glucose 4 gram tab chew</i>	1	
<i>meijer glucose 4 gram tab chew</i>	1	
<i>ms glucose 4 gram tablet chew</i>	1	
<i>ms quick dissolve glucose tab</i>	1	
<i>preferred plus glucose tab chw</i>	1	
<i>pub glucose 4 gram tablet chew</i>	1	
<i>pv glucose 4 gram tablet chew</i>	1	
<i>ra glucose 4 gram tablet chew</i>	1	
<i>reli-on glucose 4 gram tab chw</i>	1	
<i>sm glucose 4 gram tab chew</i>	1	
<i>smart sense glucose 4 gram tab</i>	1	
<i>up&up glucose 4 gram tab chew</i>	1	
DIURETICS		
<i>acetazolamide 125 mg tablet</i>	1	QL 4 / 1 days
<i>acetazolamide 250 mg tablet</i>	1	QL 4 / 1 days
<i>acetazolamide 500 mg capsule er</i>	1	QL 2 / 1 days
<i>amiloride hcl 5 mg tablet</i>	1	QL 4 / 1 days
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	1	QL 2 / 1 days
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>benazepril/hydrochlorothiazide 10-12.5mg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>benazepril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	
<i>benazepril/hydrochlorothiazide 5-6.25mg tablet</i>	1	
<i>bisoprol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bisoprol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL 1 / 1 days
<i>bumetanide 0.5 mg tablet</i>	1	QL 5 / 1 days
<i>bumetanide 1 mg tablet</i>	1	QL 5 / 1 days
<i>bumetanide 2 mg tablet</i>	1	QL 5 / 1 days
<i>captopril/hydrochlorothiazide 25 mg-15mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 25 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>captopril/hydrochlorothiazide 50 mg-15mg tablet</i>	1	QL 3 / 1 days
<i>captopril/hydrochlorothiazide 50 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>chlorothiazide 250 mg tablet</i>	1	QL 4 / 1 days
<i>chlorothiazide 500 mg tablet</i>	1	QL 4 / 1 days
<i>chlorthalidone 25 mg tablet</i>	1	QL 4 / 1 days
<i>chlorthalidone 50 mg tablet</i>	1	QL 4 / 1 days
CLORPRES 0.1-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
CLORPRES 0.2-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
CLORPRES 0.3-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL 2 / 1 days
DIURIL 250 MG/5 ML ORAL SUSP <i>chlorothiazide</i>	2	QL 40 / 1 days
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	QL 1 / 1 days
<i>furosemide 10 mg/ml solution</i>	1	QL 60 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>furosemide 20 mg tablet</i>	1	QL 15 / 1 days
<i>furosemide 40 mg tablet</i>	1	QL 15 / 1 days
<i>furosemide 40mg/5ml solution</i>	1	QL 75 / 1 days
<i>furosemide 80 mg tablet</i>	1	QL 7 / 1 days
<i>hydrochlorothiazide 12.5 mg capsule</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 12.5 mg tablet</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 25 mg tablet</i>	1	QL 4 / 1 days
<i>hydrochlorothiazide 50 mg tablet</i>	1	QL 4 / 1 days
<i>indapamide 1.25 mg tablet</i>	1	QL 4 / 1 days
<i>indapamide 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QL 1 / 1 days
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet</i>	1	QL 1 / 1 days
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	QL 2 / 1 days
<i>losartan/hydrochlorothiazide 100-12.5mg tablet</i>	1	QL 1 / 1 days
<i>losartan/hydrochlorothiazide 100mg-25mg tablet</i>	1	QL 1 / 1 days
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	QL 1 / 1 days
<i>methyclothiazide 5 mg tablet</i>	1	QL 2 / 1 days
<i>metolazone 10 mg tablet</i>	1	QL 2 / 1 days
<i>metolazone 2.5 mg tablet</i>	1	QL 2 / 1 days
<i>metolazone 5 mg tablet</i>	1	QL 2 / 1 days
<i>moexipril/hydrochlorothiazide 15-12.5mg tablet</i>	1	
<i>moexipril/hydrochlorothiazide 15-25mg tablet</i>	1	
<i>moexipril/hydrochlorothiazide 7.5-12.5mg tablet</i>	1	
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL 2 / 1 days
<i>quinapril/hydrochlorothiazide 10-12.5mg tablet</i>	1	
<i>quinapril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	
<i>quinapril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	
<i>spironolactone 100 mg tablet</i>	1	QL 4 / 1 days
<i>spironolactone 25 mg tablet</i>	1	QL 2 / 1 days
<i>spironolactone 50 mg tablet</i>	1	QL 2 / 1 days
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	1	QL 8 / 1 days
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline anhydrous 100 mg tab er 12h</i>	1	QL 4 / 1 days
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL 3 / 1 days
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL 2 / 1 days
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL 75 / 1 days
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL 75 / 1 days
<i>torseamide 10 mg tablet</i>	1	
<i>triamterene/hydrochlorothiazid 37.5-25 mg capsule</i>	1	QL 2 / 1 days
<i>triamterene/hydrochlorothiazid 37.5-25 mg tablet</i>	1	QL 1 / 1 days
<i>triamterene/hydrochlorothiazid 50 mg-25mg capsule</i>	1	QL 1 / 1 days
<i>triamterene/hydrochlorothiazid 75 mg-50mg tablet</i>	1	QL 1 / 1 days
<i>valsartan/hydrochlorothiazide 160-12.5mg tablet</i>	1	QL 2 / 1 days
<i>valsartan/hydrochlorothiazide 160-25mg tablet</i>	1	QL 2 / 1 days
<i>valsartan/hydrochlorothiazide 320-12.5mg tablet</i>	1	QL 1 / 1 days
<i>valsartan/hydrochlorothiazide 320mg-25mg tablet</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>valsartan/hydrochlorothiazide 80-12.5mg tablet</i>	1	QL 2 / 1 days
ION-REMOVING AGENTS		
<i>calcium acetate 667 mg capsule</i>	1	QL 12 / 1 days
<i>calcium acetate 667 mg capsule</i>	1	QL 12 / 1 days
<i>calcium acetate 667 mg tablet</i>	1	
CALPHRON 667 MG TABLET <i>calcium acetate</i>	1	
ELIPHOS 667 MG TABLET <i>calcium acetate</i>	1	
KIONEX 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
KIONEX POWDER <i>sodium polystyrene sulfonate</i>	1	QL 60 / 1 days
RENAGEL 400 MG TABLET <i>sevelamer hcl</i>	2	QL 16 / 1 days
RENAGEL 800 MG TABLET <i>sevelamer hcl</i>	2	QL 16 / 1 days
RENVELA 800 MG TABLET <i>sevelamer carbonate</i>	2	QL 17 / 1 days
<i>sodium polystyrene sulfonate powder</i>	1	QL 60 / 1 days
<i>sodium polystyrene sulfonate 15 g/60 ml oral susp</i>	1	QL 24 / 1 days
<i>sodium polystyrene sulfonate 30 g/120ml enema</i>	1	QL 480 / 1 days
SPS 30 GM/120 ML ENEMA <i>sodium polystyrene sulfonate/sorbitol solution</i>	1	QL 480 / 1 days
IRRIGATING SOLUTIONS		
<i>sodium chloride irrig solution 0.9 % irrig soln</i>	1	
REPLACEMENT PREPARATIONS		
<i>calcium carb 500 mg tab chew</i>	1	
<i>oyster shell calcium 500 mg tb</i>	1	QL 100 / 26 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>calcium-500 mg tablet chewable</i>	1	QL 100 / 26 days
<i>calcium 500-vit d3 200 caplet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcium 500-vit d3 200 tablet</i>	1	QL 100 / 26 days
<i>cvs calcium 500-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>hm calcium 500-vit d3 200 cplt</i>	1	QL 100 / 26 days
<i>oyster shell 500-vit d3 200 tb</i>	1	QL 100 / 26 days
<i>pv calcium 500-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>ra oyster shell 500-vit d3 200</i>	1	QL 100 / 26 days
<i>sm calcium 500-vit d3 200 cplt</i>	1	QL 100 / 26 days
<i>calcium 500-vit d3 400 tablet</i>	1	QL 100 / 26 days
<i>eq calcium 500-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>oyster shell calcium tablet</i>	1	QL 100 / 26 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>sm calcium 500-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>calcium 600 + vit d tablet</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 200 tablet</i>	1	QL 100 / 26 days
<i>eqi calcium 600-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>pv calcium 600-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 400 caplet</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 400 tablet</i>	1	QL 100 / 26 days
<i>hm calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>pv calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>ra calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>sm calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 800 tablet</i>	1	QL 100 / 26 days
<i>cvs calcium 600-vit d3 800 tab</i>	1	QL 100 / 26 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>ra oyster shell-vit d tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>calcium gluconate 500 mg tab</i>	1	
INATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
K EFFERVESCENT 25 MEQ TABLET <i>potassium bicarbonate/citric acid</i>	1	QL 4 / 1 days
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
ORALYTE ELECTROLYTE SOLN <i>electrolytes/dextrose</i>	1	QL 1014 / 1 days
ORALYTE FREEZER POPS <i>electrolytes/dextrose</i>	1	QL 1014 / 1 days
ORALYTE SOLUTION <i>electrolytes/dextrose</i>	1	QL 1014 / 1 days
OYSCO 500-VIT D3 200 TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL 100 / 26 days
OYSCO D TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL 100 / 26 days
PHOS-NAK PACKET <i>sodium phosphate/potassium phosphates, monobasic and bibasic</i>	1	QL 4 / 1 days
<i>potassium bicarbonate/cit ac 25 meq tablet eff</i>	1	QL 4 / 1 days
<i>potassium chloride 10 meq capsule er</i>	1	QL 5 / 1 days
<i>potassium chloride 10 meq tab er prt</i>	1	QL 5 / 1 days
<i>potassium chloride 10 meq tablet er</i>	1	QL 5 / 1 days
<i>potassium chloride 20 meq packet</i>	1	QL 5 / 1 days
<i>potassium chloride 20 meq tab er prt</i>	1	QL 5 / 1 days
<i>potassium chloride 20 meq tablet er</i>	1	QL 5 / 1 days
<i>potassium chloride 20meq/15ml liquid</i>	1	QL 60 / 1 days
<i>potassium chloride 20meq/15ml liquid</i>	1	QL 60 / 1 days
<i>potassium chloride 40meq/15ml liquid</i>	1	QL 60 / 1 days
<i>potassium chloride 8 meq capsule er</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride 8 meq tablet er</i>	1	QL 5 / 1 days
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
<i>prenatal one daily tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin formula tb</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>ra prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
<i>sodium chloride for inhalation 7 % vial-neb</i>	1	QL 480 / 30 days ST
TRIADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
TUMS TABLET CHEWABLE <i>calcium carbonate</i>	1	
VINATE ONE TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
VIRT-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-TAB RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
URICOSURIC AGENTS		
<i>probenecid 500 mg tablet</i>	1	QL 4 / 1 days
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTI-INFECTIVES (EENT)		
ACETASOL HC EAR DROPS <i>hydrocortisone/acetic acid</i>	1	
<i>acetic acid 2 % solution</i>	1	
<i>bacitracin 500 unit/g oint. (g)</i>	1	QL 7 / fill
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	1	QL 7 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLEPHAMIDE EYE DROPS <i>sulfacetamide sodium/prednisolone acetate</i>	1	QL 10 / 10 days
BLEPHAMIDE EYE OINTMENT <i>sulfacetamide sodium/prednisolone acetate</i>	1	QL 7 / 18 days
CARBAMOXIDE 6.5% EAR DROPS <i>carbamide peroxide</i>	1	QL 15 / 15 days
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	QL 30 / 1 days
<i>ciprofloxacin hcl 0.3 % drops</i>	1	QL 5 / 18 days
DEBROX 6.5% EAR DROPS <i>carbamide peroxide</i>	1	QL 15 / 15 days
<i>doxycycline hyclate 20 mg tablet</i>	1	
CVS EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL 15 / 15 days
EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL 15 / 15 days
EQL EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL 15 / 15 days
GNP EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL 15 / 15 days
RA EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL 15 / 15 days
SM EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL 15 / 15 days
<i>erythromycin base 5 mg/g oint. (g)</i>	1	QL 7 / 18 days
<i>gentamicin sulfite 0.3 % drops</i>	1	QL 15 / 18 days
<i>gentamicin sulfite 0.3 % drops</i>	1	QL 15 / 18 days
<i>gentamicin sulfite 0.3 % oint. (g)</i>	1	QL 7 / 18 days
<i>gentamicin sulfite 0.3 % oint. (g)</i>	1	QL 7 / 18 days
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	1	
<i>neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	1	
<i>neomycin su/bacitra/polymyxin 3.5mg-400 oint. (g)</i>	1	
<i>neomycin/polymyxn b/gramicidin 1.75mg-10k drops</i>	1	QL 10 / 15 days
<i>neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
neomycin/polymyxin b/hydrocort 3.5-10k-1 solution	1	
neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp	1	QL 10 / 15 days
neomycin/polymyxin b/dexametha 0.1 % drops susp	1	QL 5 / 18 days
neomycin/polymyxin b/dexametha 3.5-10k-1 oint. (g)	1	
NEOSPORIN EYE DROPS neomycin sulfate/polymyxin b sulfate/gramicidin d	1	QL 10 / 15 days
ofloxacin 0.3 % drops	1	
ofloxacin 0.3 % drops	1	QL 10 / 7 days
PERIOGARD 0.12% ORAL RINSE chlorhexidine gluconate	1	
polymyxin b sulf/trimethoprim 10000-1/ml drops	1	QL 10 / 15 days
sulfacetamide sodium 10 % drops	1	QL 15 / 18 days
sulfacetamide/prednisolone sp 10 %-0.23% drops	1	QL 10 / 10 days
sulfacetamide/prednisolone sp 10 %-0.23% drops	1	QL 10 / 10 days
TOBRADEX EYE OINTMENT tobramycin/dexamethasone	2	QL 3.5 / 18 days
TOBRADEX ST EYE DROPS tobramycin/dexamethasone	2	
tobramycin 0.3 % drops	1	QL 5 / 18 days
tobramycin/dexamethasone 0.3 %-0.1% drops susp	1	QL 5 / 18 days
TOBREX 0.3% EYE OINTMENT tobramycin	2	QL 3.5 / 18 days
trifluridine 1 % drops	1	QL 7.5 / 18 days
ANTI-INFLAMMATORY AGENTS (EENT)		
ACETASOL HC EAR DROPS hydrocortisone/acetic acid	1	
ALREX 0.2% EYE DROPS loteprednol etabonate	1	QL 5 / 18 days
budesonide 32 mcg nasal spray	1	
dexamethasone sod phosphate 0.1 % drops	1	QL 5 / 10 days
diclofenac sodium 0.1 % drops	1	
FLAREX 0.1% EYE DROPS fluorometholone acetate	2	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>flunisolide 25 mcg spray</i>	1	QL AL1 0.84 / 1 days At least 6 yrs old
<i>fluocinolone acetonide oil 0.01 % drops</i>	1	QL AL1 20 / 24 days At least 2 yrs old
<i>fluorometholone 0.1 % drops susp</i>	1	QL 5 / 18 days
<i>flurbiprofen sodium 0.03 % drops</i>	1	QL 5 / 10 days
<i>fluticasone propionate 50 mcg spray susp</i>	1	QL 16 / 20 days
FML FORTE 0.25% EYE DROPS <i>fluorometholone</i>	2	QL 10 / 30 days
FML S.O.P. 0.1% OINTMENT <i>fluorometholone</i>	2	QL 3.5 / 18 days
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	1	
<i>ketorolac tromethamine 0.4 % drops</i>	1	
<i>ketorolac tromethamine 0.5 % drops</i>	1	QL 5 / 18 days
<i>neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	1	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	1	QL 10 / 15 days
<i>neomycin/polymyxin b/dexametha 0.1 % drops susp</i>	1	QL 5 / 18 days
<i>neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)</i>	1	
PRED MILD 0.12% EYE DROPS <i>prednisolone acetate</i>	1	QL 5 / 18 days
<i>prednisolone acetate 1 % drops susp</i>	1	QL 10 / 18 days
<i>prednisolone sod phosphate 1 % drops</i>	1	QL 10 / 18 days
RESTASIS 0.05% EYE EMULSION <i>cyclosporine</i>	2	QL 2 / 1 days
TOBRADEX EYE OINTMENT <i>tobramycin/dexamethasone</i>	2	QL 3.5 / 18 days
TOBRADEX ST EYE DROPS <i>tobramycin/dexamethasone</i>	2	
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	1	QL 5 / 18 days
<i>triamcinolone 55 mcg nasal spr</i>	1	C Must have two fills of fluticasone in the past 60 days Will process if HIV medications are in the prescription profile

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIESENCE 40 MG/ML VIAL <i>triamcinolone acetonide/pf</i>	2	
VEXOL 1% EYE DROPS <i>rimexolone</i>	2	QL 5 / 18 days
ANTIALLERGIC AGENTS		
ALAWAY 0.025% EYE DROPS <i>ketotifen fumarate</i>	1	QL 10 / 18 days
ALOCRI 2% EYE DROPS <i>nedocromil sodium</i>	2	QL 5 / 18 days
ALOMIDE 0.1% EYE DROPS <i>lodoxamide tromethamine</i>	2	QL 10 / 18 days
<i>azelastine hcl 137 mcg spray/pump</i>	1	QL 1 / 24 days AL1 At least 5 yrs old
<i>cromolyn sodium 4 % drops</i>	1	QL 10 / 18 days
<i>cromolyn sodium nasal solution</i>	1	QL 26 / 26 days
<i>cromolyn sodium nasal spray</i>	1	QL 26 / 26 days
<i>ketotifen fum 0.025% eye drops</i>	1	QL 10 / 18 days
<i>olopatadine hcl 0.1 % drops</i>	1	QL 5 / 25 days
ZADITOR 0.025% (0.035%) DROPS <i>ketotifen fumarate</i>	1	QL 10 / 18 days
ANTIGLAUCOMA AGENTS		
<i>acetazolamide 125 mg tablet</i>	1	QL 4 / 1 days
<i>acetazolamide 250 mg tablet</i>	1	QL 4 / 1 days
<i>acetazolamide 500 mg capsule er</i>	1	QL 2 / 1 days
ALPHAGAN P 0.1% DROPS <i>brimonidine tartrate</i>	2	QL 15 / 26 days
AZOPT 1% EYE DROPS <i>brinzolamide</i>	2	QL 10 / 34 days
<i>brimonidine tartrate 0.15 % drops</i>	1	QL 15 / 26 days
<i>brimonidine tartrate 0.2 % drops</i>	1	QL 5 / 18 days
<i>dorzolamide hcl 2 % drops</i>	1	QL 10 / 18 days
<i>dorzolamide hcl/timolol maleat 22.3-6.8/1 drops</i>	1	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>latanoprost 0.005 % drops</i>	1	QL 2.5 / 18 days
<i>levobunolol hcl 0.5 % drops</i>	1	QL 5 / 18 days
<i>methazolamide 25 mg tablet</i>	1	QL 4 / 1 days
<i>methazolamide 50 mg tablet</i>	1	QL 4 / 1 days
<i>pilocarpine hcl 1 % drops</i>	1	QL 15 / 18 days
<i>pilocarpine hcl 2 % drops</i>	1	QL 15 / 18 days
<i>pilocarpine hcl 4 % drops</i>	1	QL 15 / 18 days
<i>timolol maleate 0.25 % drops</i>	1	QL 5 / 18 days
<i>timolol maleate 0.25 % sol-gel</i>	1	QL 5 / 18 days
<i>timolol maleate 0.25 % sol-gel</i>	1	QL 5 / 18 days
<i>timolol maleate 0.5 % drops</i>	1	QL 5 / 18 days
<i>timolol maleate 0.5 % sol-gel</i>	1	QL 5 / 18 days
<i>timolol maleate 0.5 % sol-gel</i>	1	QL 5 / 18 days
TRAVATAN Z 0.004% EYE DROP <i>travoprost</i>	2	QL 5 / 18 days
EENT DRUGS, MISCELLANEOUS		
ALTACHLORE 5% OINTMENT <i>sodium chloride</i>	1	QL 7 / days
ALTACHLORE 5% OPHTH SOLN <i>sodium chloride</i>	1	QL 30 / days
ARTIFICIAL TEARS 1.4 % DROPS <i>polyvinyl alcohol</i>	1	QL 15 / 15 days
ARTIFICIAL TEARS EYE OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL 3.5 / 7 days
BION TEARS EYE DROPS <i>dextran 70/hypromellose/pf</i>	1	QL 28 / 15 days
<i>ipratropium bromide 21 mcg spray</i>	1	
<i>ipratropium bromide 42 mcg spray</i>	1	
MURO-128 2% EYE DROPS <i>sodium chloride</i>	1	
MURO-128 5% EYE DROPS <i>sodium chloride</i>	1	QL 30 / days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MURO-128 5% EYE OINTMENT <i>sodium chloride</i>	1	QL 7 / days
REFRESH CLASSIC EYE DROPS <i>polyvinyl alcohol/povidone/pf</i>	1	QL 30 / 7 days
REFRESH LIQUIGEL 1% EYE DROPS <i>carboxymethylcellulose sodium</i>	1	QL 15 / 7 days
REFRESH P.M. OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL 3.5 / 7 days
REFRESH TEARS 0.5% EYE DROPS <i>carboxymethylcellulose sodium</i>	1	QL 15 / 7 days
SOCHLOR 5% EYE DROPS <i>sodium chloride</i>	1	QL 30 / days
<i>cvs sodium chloride 5% eye drp</i>	1	QL 30 / days
<i>ra sodium chloride 5% eye drop</i>	1	QL 30 / days
<i>sodium chloride 5% eye drop</i>	1	QL 30 / days
<i>cvs sodium chloride 5% oint</i>	1	QL 7 / days
<i>sochlor 5% eye ointment</i>	1	QL 7 / days
<i>sodium chloride 5% eye oint</i>	1	QL 7 / days
TEARS AGAIN 1.4 % DROPS <i>polyvinyl alcohol</i>	1	QL 15 / 15 days
TEARS AGAIN EYE OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL 3.5 / 15 days
TEARS NATURALE FREE DROPS <i>dextran 70/hypromellose/pf</i>	1	QL 28 / 15 days
TEARS NATURALE-II EYE DROPS <i>dextran 70/hypromellose</i>	1	QL 15 / 15 days
LOCAL ANESTHETICS (EENT)		
<i>antipyrine/benzocaine 5.4 %-1.4% drops</i>	1	
AUROGUARD OTIC SOLUTION <i>antipyrine/benzocaine</i>	1	
<i>lidocaine hcl 2 % jel/pf app</i>	1	
<i>lidocaine hcl 2 % jelly(ml)</i>	1	
<i>lidocaine hcl 2 % solution</i>	1	
<i>lidocaine hcl 40 mg/ml solution</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYDRIATICS		
<i>atropine sulfate 1 % drops</i>	1	QL 5 / 18 days
<i>atropine sulfate 1 % oint. (g)</i>	1	QL 7 / 18 days
HOMATROPAIRE 5% EYE DROPS <i>homatropine hbr</i>	1	QL 5 / 18 days
<i>tropicamide 0.5 % drops</i>	1	QL 15 / 18 days
<i>tropicamide 1 % drops</i>	1	QL 15 / 18 days
VASOCONSTRICTORS		
AFRIN 0.05% NASAL SPRAY <i>oxymetazoline hcl</i>	1	QL 15 / days
NAPHCN-A EYE DROPS <i>naphazoline hcl/pheniramine maleate</i>	1	QL 15 / 18 days
NEO-SYNEPHRINE 0.25% SPRAY <i>phenylephrine hcl</i>	1	QL 15 / 15 days
NEO-SYNEPHRINE 0.5% SPRAY <i>phenylephrine hcl</i>	1	QL 15 / 15 days
NEO-SYNEPHRINE 1% SPRAY <i>phenylephrine hcl</i>	1	QL 15 / 15 days
<i>phenylephrine hcl 2.5 % drops</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
<i>aluminum hydroxide gel</i>	1	
<i>aluminum hydroxide gel</i>	1	
<i>calcium carb 500 mg tab chew</i>	1	
SM FOAMING ANTACID TABLET CHEW <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginic ac</i>	1	
GAVISCON 80-14.2 MG TAB CHEW <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginic ac</i>	1	QL 16 / 1 days
KAOPLECTATE 262 MG/15 ML SUSP <i>bismuth subsalicylate</i>	1	QL 240 / 22 days
KAOPLECTATE EXTRA STRENGTH LIQ <i>bismuth subsalicylate</i>	1	QL 240 / 22 days
MAALOX ADVANCED SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAALOX ADVANCED TAB CHEW <i>calcium carbonate/simethicone</i>	1	
MAALOX MAXIMUM STRENGTH SUSP <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL 30 / 1 days
<i>magnesium oxide 400 mg tablet</i>	1	QL 2 / 1 days
<i>magnesium-oxide 400 mg tablet</i>	1	QL 2 / 1 days
MINTOX PLUS TABLET CHEWABLE <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	2	
PEPTO-BISMOL CAPLET <i>bismuth subsalicylate</i>	1	QL 40 / 10 days
PEPTO-BISMOL MAX STR SUSP <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL SUSPENSION <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL TABLET CHEW <i>bismuth subsalicylate</i>	1	QL 40 / 10 days
RULOX SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL 30 / 1 days
<i>sodium bicarb 325 mg tablet</i>	1	
<i>sodium bicarb 10 grain tablet</i>	1	
<i>sodium bicarb 650 mg tablet</i>	1	
TUMS TABLET CHEWABLE <i>calcium carbonate</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
APRISO ER 0.375 GRAM CAPSULE <i>mesalamine</i>	2	QL 4 / 1 days AL1 At least 18 yrs old
ASACOL HD DR 800 MG TABLET <i>mesalamine</i>	2	QL 6 / 1 days AL1 At least 18 yrs old
<i>balsalazide disodium 750 mg capsule</i>	1	QL 9 / 1 days
CANASA 1,000 MG SUPPOSITORY <i>mesalamine</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
DELZICOL DR 400 MG CAPSULE <i>mesalamine</i>	2	QL 6 / 1 days
LIALDA DR 1.2 GM TABLET <i>mesalamine</i>	2	QL 4 / 1 days AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 4 g/60 ml enema</i>	1	QL 60 / 1 days
PENTASA 250 MG CAPSULE <i>mesalamine</i>	2	QL 8 / 1 days
PENTASA 500 MG CAPSULE <i>mesalamine</i>	2	QL 8 / 1 days
<i>sulfasalazine 500 mg tablet</i>	1	QL 12 / 1 days
<i>sulfasalazine 500 mg tablet dr</i>	1	QL 12 / 1 days
ANTIDIARRHEA AGENTS		
ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
ANTI-DIARRHEAL 2 MG TABLET <i>loperamide hcl</i>	1	QL 8 / 1 days
CVS ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
EQ ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
EQL ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
GNP ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
HM ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
PV ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
QC ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
RA ANTI DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
RA ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
SM ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
V-R ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	1	QL 40 / 1 days
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KAOPECTATE 262 MG/15 ML SUSP <i>bismuth subsalicylate</i>	1	QL 240 / 22 days
KAOPECTATE EXTRA STRENGTH LIQ <i>bismuth subsalicylate</i>	1	QL 240 / 22 days
<i>loperamide 1 mg/5 ml liquid</i>	1	QL 120 / 10 days
<i>loperamide 1 mg/5 ml solution</i>	1	QL 120 / 10 days
<i>hm loperamide 2 mg softgel</i>	1	QL 8 / 1 days
<i>loperamide hcl 2 mg capsule</i>	1	QL 8 / 1 days
<i>loperamide 2 mg caplet</i>	1	QL 8 / 1 days
<i>loperamide 2 mg tablet</i>	1	QL 8 / 1 days
PEPTO-BISMOL CAPLET <i>bismuth subsalicylate</i>	1	QL 40 / 10 days
PEPTO-BISMOL MAX STR SUSP <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL SUSPENSION <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL TABLET CHEW <i>bismuth subsalicylate</i>	1	QL 40 / 10 days
ULTRA A-D 2 MG CAPLET <i>loperamide hcl</i>	1	QL 8 / 1 days
ANTIEMETICS		
<i>aprepitant 125 mg capsule</i>	1	QL 1 / 1 days
<i>aprepitant 125mg-80mg cap ds pk</i>	1	QL 1 / 1 days
<i>aprepitant 40 mg capsule</i>	1	QL 1 / 1 days
<i>aprepitant 80 mg capsule</i>	1	QL 1 / 1 days
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	1	QL 12 / days
<i>dimenhydrinate 50 mg tablet</i>	1	QL 8 / 1 days
DRAMAMINE LESS DROWSY 25 MG TB <i>meclizine hcl</i>	1	
EMETROL ORAL SOLUTION <i>phosphorated carbohydrate (dextrose amd fructose)</i>	1	
<i>meclizine 12.5 mg caplet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meclizine 12.5 mg tablet</i>	1	QL 4 / 1 days
<i>meclizine 25 mg tablet chew</i>	1	QL 4 / 1 days
<i>meclizine 25 mg tablet</i>	1	QL 4 / 1 days
<i>ondansetron 4 mg tab rapdis</i>	1	QL 3 / 1 days
<i>ondansetron 8 mg tab rapdis</i>	1	QL 3 / 1 days
<i>ondansetron hcl 4 mg tablet</i>	1	QL 3 / 1 days
<i>ondansetron hcl 4 mg/5 ml solution</i>	1	QL 50 / 25 days
<i>ondansetron hcl 8 mg tablet</i>	1	QL 3 / 1 days
<i>prochlorperazine 25 mg supp.rect</i>	1	QL 12 / days
<i>prochlorperazine maleate 10 mg tablet</i>	1	QL 4 / 1 days
<i>prochlorperazine maleate 5 mg tablet</i>	1	QL 4 / 1 days
<i>trimethobenzamide hcl 300 mg capsule</i>	1	QL 3 / 1 days
ANTIFLATULENTS		
GAS RELIEF 20 MG/0.3 ML DROPS <i>simethicone</i>	1	QL 2.4 / 1 days
GAS-X EX-STR 125 MG TAB CHEW <i>simethicone</i>	1	QL 100 / 22 days
GAS-X TABLET CHEWABLE <i>simethicone</i>	1	QL 6 / 1 days
GNP INFANT GAS RELIEF DROPS <i>simethicone</i>	1	QL 2.4 / 1 days
INFANT GAS RELIEF DROPS <i>simethicone</i>	1	QL 2.4 / 1 days
CVS INFT GAS RLF 20 MG/0.3 DRP <i>simethicone</i>	1	QL 2.4 / 1 days
GAS RELIEF DROPS 20 MG/0.3 ML <i>simethicone</i>	1	QL 2.4 / 1 days
HM INF GAS RELIEF 20 MG/0.3 ML <i>simethicone</i>	1	QL 2.4 / 1 days
INF GAS REL 20 MG/0.3 ML DROP <i>simethicone</i>	1	QL 2.4 / 1 days
KRO INFT GAS RLF 20 MG/0.3 ML <i>simethicone</i>	1	QL 2.4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PUB INFANTS' GAS RELIEF DROPS <i>simethicone</i>	1	QL 2.4 / 1 days
V-R GAS RELIEF INFANT DROPS <i>simethicone</i>	1	QL 2.4 / 1 days
MAALOX ADVANCED SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL 30 / 1 days
MAALOX ADVANCED TAB CHEW <i>calcium carbonate/simethicone</i>	1	
MAALOX MAXIMUM STRENGTH SUSP <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL 30 / 1 days
MINTOX PLUS TABLET CHEWABLE <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	2	
RULOX SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL 30 / 1 days
<i>simethicone 125 mg tab chew</i>	1	
<i>simethicone 40 mg/0.6 ml drop</i>	1	QL 2.4 / 1 days
<i>simethicone 80 mg tab chew</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE 1 GM/10 ML SUSP <i>sucralfate</i>	1	QL 40 / 1 days
<i>cimetidine 200 mg tablet</i>	1	QL 4 / 1 days
<i>cvs cimetidine 200 mg tablet</i>	1	QL 4 / 1 days
<i>gnp cimetidine 200 mg tablet</i>	1	QL 4 / 1 days
<i>cimetidine 300 mg tablet</i>	1	QL 8 / 1 days
<i>cimetidine 400 mg tablet</i>	1	QL 6 / 1 days
<i>cimetidine 800 mg tablet</i>	1	QL 3 / 1 days
<i>cimetidine hcl 300 mg/5ml solution</i>	1	QL 40 / 1 days
<i>famotidine 20 mg tablet</i>	1	QL 4 / 1 days
<i>hm famotidine 20 mg tablet</i>	1	QL 2 / 1 days
<i>pub famotidine 20 mg tablet</i>	1	QL 2 / 1 days
<i>famotidine 40 mg tablet</i>	1	QL 2 / 1 days
<i>eqi lansoprazole dr 15 mg cap</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kro lansoprazole dr 15 mg cap</i>	1	
<i>lansoprazole dr 15 mg capsule</i>	1	QL 2 / 1 days
<i>lansoprazole 30 mg capsule dr</i>	1	QL 2 / 1 days
<i>misoprostol 100 mcg tablet</i>	1	QL 8 / 1 days
<i>misoprostol 200 mcg tablet</i>	1	QL 4 / 1 days
<i>omeprazole 10 mg capsule dr</i>	1	QL 1 / 1 days
<i>omeprazole 20 mg capsule dr</i>	1	QL 2 / 1 days
<i>omeprazole 40 mg capsule dr</i>	1	QL 2 / 1 days
<i>cvs omeprazole mag dr 20.6 mg</i>	1	QL 2 / 1 days
<i>eq omeprazole mag dr 20.6 mg</i>	1	QL 2 / 1 days
<i>kro omeprazole mag dr 20.6 mg</i>	1	QL 2 / 1 days
<i>omeprazole mag dr 20.6 mg cap</i>	1	QL 2 / 1 days
<i>pv omeprazole mag dr 20.6 mg</i>	1	QL 2 / 1 days
<i>qc omeprazole mag dr 20.6 mg</i>	1	QL 2 / 1 days
<i>pantoprazole sodium 20 mg tablet dr</i>	1	QL 2 / 1 days
<i>pantoprazole sodium 40 mg tablet dr</i>	1	QL 2 / 1 days
PEPCID AC 20 MG TABLET <i>famotidine</i>	1	
<i>rabeprazole sodium 20 mg tablet dr</i>	1	QL 1 / 1 days AL1 At least 12 yrs old
<i>ranitidine hcl 15 mg/ml syrup</i>	1	QL 40 / 1 days
<i>ranitidine hcl 15 mg/ml syrup</i>	1	QL 40 / 1 days
<i>eq ranitidine 150 mg tablet</i>	1	QL 4 / 1 days
<i>pub ranitidine 150 mg tablet</i>	1	QL 4 / 1 days
<i>ranitidine 150 mg tablet</i>	1	QL 4 / 1 days
<i>ranitidine hcl 300 mg tablet</i>	1	QL 2 / 1 days
<i>cvs ranitidine 75 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra ranitidine 75 mg tablet</i>	1	QL 2 / 1 days
<i>ranitidine 75 mg tablet</i>	1	QL 2 / 1 days
<i>sucralfate 1 g tablet</i>	1	QL 4 / 1 days
CATHARTICS AND LAXATIVES		
FLEET GLYCERIN 2 GM ADULT SUPP <i>glycerin</i>	1	QL 12 / 22 days
FLEET GLYCERIN ADULT SUPPOS <i>glycerin</i>	1	QL 12 / 22 days
<i>bisacodyl 10 mg suppository</i>	1	QL 12 / days
<i>cvs bisacodyl 10 mg suppos</i>	1	QL 12 / days
<i>pv bisacodyl lax 10 mg supp</i>	1	QL 12 / days
<i>bisacodyl ec 5 mg tablet</i>	1	QL 100 / 26 days
<i>cvs bisacodyl ec 5 mg tablet</i>	1	QL 100 / 26 days
<i>ra bisacodyl ec 5 mg tablet</i>	1	QL 100 / 26 days
<i>sb bisacodyl ec 5 mg tablet</i>	1	QL 100 / 26 days
FLEET BISACODYL 10 MG ENEMA <i>bisacodyl</i>	1	QL 74 / days
FLEET BISACODYL EC 5 MG TAB <i>bisacodyl</i>	1	QL 100 / 22 days
COLACE 100 MG CAPSULE <i>docusate sodium</i>	1	
COLACE 50 MG CAPSULE <i>docusate sodium</i>	1	
DOCUPRENE 100 MG TABLET <i>docusate sodium</i>	1	
<i>docusate cal 240 mg capsule</i>	1	
<i>docusate cal 240 mg softgel</i>	1	
<i>sm docusate cal 240 mg softgel</i>	1	
<i>docusate sodium 100 mg capsule</i>	1	QL 4 / 1 days
<i>docusate sodium 100 mg softgel</i>	1	QL 4 / 1 days
<i>pub docusate sodium 100 mg cap</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sb docusate sod 100 mg capsule</i>	1	QL 4 / 1 days
<i>sb docusate sod 100 mg softgel</i>	1	QL 4 / 1 days
<i>docusate sodium 100 mg tablet</i>	1	QL 4 / 1 days
<i>docusate sodium 250 mg capsule</i>	1	QL 4 / 1 days
<i>docusate sodium 250 mg softgel</i>	1	QL 4 / 1 days
<i>docusate sodium 50 mg/5 ml liq</i>	1	QL 40 / 1 days
<i>docusate sod 60 mg/15 ml syrp</i>	1	QL 90 / 1 days
DULCOLAX SS 100 MG SOFTGEL <i>docusate sodium</i>	1	QL 4 / 1 days
FLEET ENEMA <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	1	QL 266 / days
PV FIBER LAXATIVE POWDER <i>psyllium seed</i>	1	
PV FIBER LAXATIVE POWDER <i>psyllium seed (with sugar)</i>	1	
SM FIBER SMOOTH POWDER <i>psyllium seed</i>	1	
FIBER THERAPY POWDER <i>psyllium husk (with sugar)</i>	1	
FIBER-LAX CAPTABS <i>calcium polycarbophil</i>	1	QL 100 / 26 days
GAVILAX POWDER <i>polyethylene glycol 3350</i>	1	QL 18 / 1 days
<i>cvs glycerin suppository</i>	1	QL 12 / 26 days
<i>glycerin adult suppository</i>	1	QL 12 / 26 days
<i>glycerin suppository</i>	1	QL 12 / 26 days
<i>gnp glycerin suppository</i>	1	QL 12 / 26 days
<i>pv glycerin adult suppository</i>	1	QL 12 / 26 days
<i>ra glycerin adult suppository</i>	1	QL 12 / 26 days
<i>sm glycerin adult suppository</i>	1	QL 12 / 26 days
<i>cvs glycerin suppository</i>	1	QL 12 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glycerin pediatric suppos</i>	1	QL 12 / 26 days
<i>glycerin suppository</i>	1	QL 12 / 26 days
<i>gnp glycerin suppository</i>	1	QL 12 / 26 days
<i>infant & child glycerin suppos</i>	1	QL 12 / 26 days
<i>pv infant glycerin suppos</i>	1	QL 12 / 26 days
<i>ra glycerin pediatric supp</i>	1	QL 12 / 26 days
<i>sm glycerin pediatric suppo</i>	1	QL 12 / 26 days
GOLYTELY PACKET <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
HEALTHYLAX POWDER PACKET <i>polyethylene glycol 3350</i>	1	QL 2 / 1 days
HYDROCIL INSTANT POWDER <i>psyllium seed</i>	1	
KAOPLECTATE 240 MG SOFTGEL <i>docusate calcium</i>	1	
KONSYL PSYLLIUM FIBER PACKET <i>psyllium husk (with sugar)</i>	1	
KONSYL PSYLLIUM FIBER PACKET <i>psyllium husk/aspartame</i>	1	
LAX STOOL SOFTENER-SENNA TAB <i>sennosides/docusate sodium</i>	1	QL 4 / 1 days
<i>cvs citrate of magnesia soln</i>	1	
<i>cvs magnesium citrate soln</i>	1	
<i>eq magnesium citrate solution</i>	1	
<i>hm magnesium citrate solution</i>	1	
<i>magnesium citrate solution</i>	1	
<i>pv magnesium citrate solution</i>	1	
<i>qc magnesium citrate solution</i>	1	
<i>sm magnesium citrate solution</i>	1	
METAMUCIL POWDER <i>psyllium husk (with sugar)</i>	1	
METAMUCIL POWDER <i>psyllium husk/aspartame</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METAMUCIL POWDER <i>psyllium seed</i>	1	
METAMUCIL POWDER <i>psyllium seed (with sugar)</i>	1	
METAMUCIL FIBER SINGLES PACKET <i>psyllium husk/aspartame</i>	1	
METAMUCIL SUGAR FREE POWDER <i>psyllium husk/aspartame</i>	1	
<i>cvs mineral oil enema</i>	1	QL 266 / days
<i>gnp mineral oil enema</i>	1	QL 266 / days
<i>hm mineral oil enema</i>	1	QL 266 / days
<i>mineral oil enema</i>	1	QL 266 / days
<i>sm mineral oil enema</i>	1	QL 266 / days
<i>cvs mineral oil</i>	1	QL 45 / 1 days
<i>hm mineral oil</i>	1	QL 45 / 1 days
<i>mineral oil</i>	1	QL 45 / 1 days
<i>pv mineral oil</i>	1	QL 45 / 1 days
<i>qc mineral oil heavy</i>	1	QL 45 / 1 days
<i>sm mineral oil heavy</i>	1	QL 45 / 1 days
MINERAL OIL LAXATIVE <i>mineral oil</i>	1	
MINERAL OIL, HEAVY <i>mineral oil</i>	1	
FLEET MINERAL OIL ENEMA <i>mineral oil</i>	1	
MOVIPREP POWDER PACKET <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
NATURAL VEGETABLE POWDER <i>psyllium seed</i>	1	
NATURAL VEGETABLE POWDER <i>psyllium seed (with dextrose)</i>	1	
QC NATURAL VEGETABLE POWDER <i>psyllium husk (with sugar)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC NATURAL VEGETABLE POWDER <i>psyllium seed</i>	1	
QC NATURAL VEGETABLE POWDER <i>psyllium seed (with dextrose)</i>	1	
FLEET PEDIA-LAX SUPPOSITORIES <i>glycerin</i>	1	QL 12 / 22 days
FLEET PEDIA-LAX ENEMA <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	1	QL 132 / days
<i>peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon</i>	1	
<i>peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon</i>	1	
PERI-COLACE TABLET <i>sennosides/docusate sodium</i>	1	QL 4 / 1 days
<i>polyethylene glycol 3350 powd</i>	1	QL 18 / 1 days
<i>polyethylene glycol 3350 powd</i>	1	QL 18 / 1 days
<i>prenatal 19 tablet</i>	1	
REGULOID LAXATIVE POWDER <i>psyllium seed</i>	1	
REGULOID POWDER <i>psyllium seed (with sugar)</i>	1	
REGULOID POWDER ORANGE <i>psyllium seed (with sugar)</i>	1	
SE-NATAL 19 TABLET <i>prenatal vits no.119/iron fumarate/folic acid/docusate sod.</i>	1	
SENEXON-S TABLET <i>sennosides/docusate sodium</i>	1	QL 4 / 1 days
HM SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
PV SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
RA SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL 100 / 26 days
SENNA LAXATIVE 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SENNA SYRUP <i>senna leaf extract</i>	1	
SENNA-TIME 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
GNP SENNA LAX 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
GNP SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
RA SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
SENNA LAX 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
CVS SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL 100 / 26 days
EQL SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL 100 / 26 days
SENNA LAXATIVE 8.6 MG TABLET <i>sennosides</i>	1	QL 100 / 26 days
SM SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL 100 / 26 days
<i>senna 8.8 mg/5 ml syrup</i>	1	QL 40 / 1 days
<i>senna 8.8 mg/5 ml syrup grx</i>	1	QL 40 / 1 days
<i>sennosides-docusate sodium tab</i>	1	QL 4 / 1 days
SENOKOT-S TABLET <i>sennosides/docusate sodium</i>	1	QL 4 / 1 days
SMOOTHLAX POWDER PACKET <i>polyethylene glycol 3350</i>	1	QL 2 / 1 days
SOF-LAX 100 MG GELCAP <i>docusate sodium</i>	1	QL 4 / 1 days
<i>sorbitol 70% solution</i>	2	QL 120 / 1 days
CHOLELITHOLYTIC AGENTS		
<i>ursodiol 250 mg tablet</i>	1	
<i>ursodiol 300 mg capsule</i>	1	QL 3 / 1 days
<i>ursodiol 500 mg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIGESTANTS		
CREON DR 12,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
CREON DR 24,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
CREON DR 36,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
CREON DR 6,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
PANCRELIPASE DR 5,000 UNIT CAP <i>lipase/protease/amylase</i>	1	
EMETICS		
<i>ipecac syrup</i>	1	QL 30 / 10 days
<i>pv ipecac syrup</i>	1	QL 30 / 10 days
GI DRUGS, MISCELLANEOUS		
HUMIRA 10 MG/0.2 ML SYRINGE <i>adalimumab</i>	3	PA
HUMIRA 20 MG/0.4 ML SYRINGE <i>adalimumab</i>	3	QL 0.115 / 1 days PA
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	3	QL 0.229 / 1 days PA
HUMIRA PEDIATRIC CROHN'S START <i>adalimumab</i>	3	QL 3 / 28 days PA
HUMIRA 40 MG/0.8 ML PEN <i>adalimumab</i>	3	QL 0.229 / 1 days PA
HUMIRA PEN CROHN-UC-HS STARTER <i>adalimumab</i>	3	QL 6 / 28 days PA
HUMIRA PEN PSORIASIS-UVEITIS <i>adalimumab</i>	3	QL 4 / 35 days PA
LINZESS 145 MCG CAPSULE <i>linaclotide</i>	2	QL 1 / 1 days PA C PA required for initial fill or greater than 45 days since last fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LINZESS 290 MCG CAPSULE <i>linaclotide</i>	2	QL 1 / 1 days PA C PA required for initial fill or greater than 45 days since last fill
PROKINETIC AGENTS		
<i>metoclopramide hcl 10 mg tablet</i>	1	QL 4 / 1 days
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	QL 40 / 1 days
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	QL 40 / 1 days
<i>metoclopramide hcl 5 mg tablet</i>	1	QL 4 / 1 days
<i>metoclopramide hcl 5 mg/5 ml solution</i>	1	QL 40 / 1 days
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE <i>auranofin</i>	2	QL 3 / 1 days
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE <i>succimer</i>	2	
CUPRIMINE 250 MG CAPSULE <i>penicillamine</i>	2	QL 16 / 1 days
EXJADE 125 MG TABLET <i>deferasirox</i>	3	PA
EXJADE 250 MG TABLET <i>deferasirox</i>	3	PA
EXJADE 500 MG TABLET <i>deferasirox</i>	3	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
A-HYDROCORT 100 MG VIAL <i>hydrocortisone sod succinate</i>	2	QL 4 / 24 days
AEROSPAN 80 MCG INHALER <i>flunisolide</i>	2	QL 1 / 1 month
<i>budesonide 0.25mg/2ml ampul-neb</i>	1	QL 8 / 1 days
<i>budesonide 0.5 mg/2ml ampul-neb</i>	1	QL 4 / 1 days
<i>budesonide 1 mg/2 ml ampul-neb</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cortisone acetate 25 mg tablet	1	QL 12 / 1 days
DEPO-MEDROL 20 MG/ML VIAL methylprednisolone acetate	2	QL 8 / 1 days
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5ml elixir	1	
dexamethasone 0.5 mg/5ml solution	1	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 mg tablet	1	
DEXAMETHASONE INTENSOL 1MG/1ML dexamethasone	1	
dexamethasone sod phosphate 4 mg/ml vial	1	
dexamethasone sod phosphate 4 mg/ml vial	1	
dexamethasone sod phosphate 4 mg/ml vial	1	
DEXPAK 13 DAY 1.5 MG TABLET dexamethasone	2	
DEXPAK 6 DAY 1.5 MG TABLET dexamethasone	2	
DULERA 100 MCG/5 MCG INHALER mometasone furoate/formoterol fumarate	2	QL 13 / 30 days
DULERA 200 MCG/5 MCG INHALER mometasone furoate/formoterol fumarate	2	QL 13 / 30 days
FLOVENT 100 MCG DISKUS fluticasone propionate	2	QL 60 / 30 days
FLOVENT 250 MCG DISKUS fluticasone propionate	2	QL 60 / 30 days
FLOVENT 50 MCG DISKUS fluticasone propionate	2	QL 60 / 30 days
FLOVENT HFA 110 MCG INHALER fluticasone propionate	2	QL 12 / 30 days
FLOVENT HFA 220 MCG INHALER fluticasone propionate	2	QL 12 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	2	QL 12 / 30 days
<i>fludrocortisone acetate 0.1 mg tablet</i>	1	QL 2 / 1 days
<i>hydrocortisone 10 mg tablet</i>	1	QL 12 / 1 days
<i>hydrocortisone 20 mg tablet</i>	1	QL 12 / 1 days
<i>hydrocortisone 5 mg tablet</i>	1	QL 12 / 1 days
MEDROL 2 MG TABLET <i>methylprednisolone</i>	2	QL 4 / 1 days
<i>methylprednisolone 16 mg tablet</i>	1	QL 4 / 1 days
<i>methylprednisolone 32 mg tablet</i>	1	QL 2 / 1 days
<i>methylprednisolone 4 mg tab ds pk</i>	1	
<i>methylprednisolone 4 mg tablet</i>	1	QL 4 / 1 days
<i>methylprednisolone 8 mg tablet</i>	1	QL 4 / 1 days
<i>methylprednisolone acetate 40 mg/ml vial</i>	1	QL 4 / 1 days
<i>methylprednisolone acetate 80 mg/ml vial</i>	1	QL 2 / 1 days
<i>methylprednisolone sod succ 1000 mg vial</i>	1	
<i>methylprednisolone sod succ 125 mg vial</i>	1	
<i>methylprednisolone sod succ 40 mg vial</i>	1	
MILLIPRED 5 MG TABLET <i>prednisolone</i>	2	QL 12 / 1 days
MILLIPRED DP 5 MG 12-DAY PACK <i>prednisolone</i>	2	
MILLIPRED DP 5 MG 6-DAY PACK <i>prednisolone</i>	2	
<i>prednisolone 15 mg/5 ml solution</i>	1	QL 20 / 1 days
<i>prednisolone 15 mg/5 ml solution</i>	1	QL 20 / 1 days
<i>prednisolone sod phosphate 15 mg/5 ml solution</i>	1	QL 20 / 1 days
<i>prednisolone sod phosphate 5 mg/5 ml solution</i>	1	QL 12 / 1 days
<i>prednisone 1 mg tablet</i>	1	QL 8 / 1 days
<i>prednisone 10 mg tab ds pk</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisone 10 mg tablet</i>	1	QL 6 / 1 days
<i>prednisone 2.5 mg tablet</i>	1	QL 8 / 1 days
<i>prednisone 20 mg tablet</i>	1	QL 3 / 1 days
<i>prednisone 5 mg tab ds pk</i>	1	QL 8 / 1 days
<i>prednisone 5 mg tablet</i>	1	QL 8 / 1 days
<i>prednisone 5 mg/5 ml solution</i>	1	QL 60 / 1 days
<i>prednisone 50 mg tablet</i>	1	QL 1 / 1 days
PREDNISONE 5 MG/ML SOLUTION <i>prednisone</i>	1	QL 12 / 1 days
PULMICORT 180 MCG FLEXHALER <i>budesonide</i>	2	QL 1 / 30 days
PULMICORT 90 MCG FLEXHALER <i>budesonide</i>	2	QL 1 / 30 days
QVAR 40 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL 9 / 20 days
QVAR 80 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL 9 / 20 days
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
ANDROGENS		
<i>testosterone 12.5/1.25g gel md pmp</i>	1	QL 150 / 26 days PA
<i>testosterone 25mg(1%) gel packet</i>	1	QL 150 / 26 days PA
<i>testosterone 50 mg (1%) gel (gram)</i>	1	QL 5 / 1 days AL1 At least 18 yrs old
<i>testosterone 50 mg (1%) gel packet</i>	1	QL 150 / 26 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tablet</i>	1	QL 3 / 1 days
<i>acarbose 25 mg tablet</i>	1	QL 3 / 1 days
<i>acarbose 50 mg tablet</i>	1	QL 3 / 1 days
AFREZZA 30-4 UNIT / 60-8 UNIT <i>insulin regular, human</i>	2	
AFREZZA 4 UNIT CARTRIDGE <i>insulin regular, human</i>	2	
AFREZZA 4 UNIT/8 UNIT/12 UNIT <i>insulin regular, human</i>	2	
AFREZZA 60-4 UNIT / 30-8 UNIT <i>insulin regular, human</i>	2	
AFREZZA 60-8 UNIT / 30-12 UNIT <i>insulin regular, human</i>	2	
AFREZZA 90-4 UNIT / 90-8 UNIT <i>insulin regular, human</i>	2	
APIDRA 100 UNITS/ML VIAL <i>insulin glulisine</i>	2	QL 30 / 26 days
APIDRA SOLOSTAR 100 UNITS/ML <i>insulin glulisine</i>	2	QL 45 / 26 days
BASAGLAR 100 UNIT/ML KWIKPEN <i>insulin glargine,human recombinant analog</i>	2	
<i>chlorpropamide 100 mg tablet</i>	1	QL 7 / 1 days
<i>chlorpropamide 250 mg tablet</i>	1	QL 3 / 1 days
<i>glimepiride 1 mg tablet</i>	1	QL 2 / 1 days
<i>glimepiride 2 mg tablet</i>	1	QL 3 / 1 days
<i>glimepiride 4 mg tablet</i>	1	QL 2 / 1 days
<i>glipizide 10 mg tab er 24</i>	1	QL 2 / 1 days
<i>glipizide 10 mg tab er 24</i>	1	QL 2 / 1 days
<i>glipizide 10 mg tablet</i>	1	QL 4 / 1 days
<i>glipizide 2.5 mg tab er 24</i>	1	QL 8 / 1 days
<i>glipizide 2.5 mg tab er 24</i>	1	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glipizide 5 mg tab er 24</i>	1	QL 4 / 1 days
<i>glipizide 5 mg tab er 24</i>	1	QL 4 / 1 days
<i>glipizide 5 mg tablet</i>	1	QL 4 / 1 days
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL 7 / 1 days
<i>glipizide/metformin hcl 2.5-500 mg tablet</i>	1	QL 5 / 1 days
<i>glipizide/metformin hcl 5 mg-500mg tablet</i>	1	QL 4 / 1 days
<i>glyburide 1.25 mg tablet</i>	1	QL 4 / 1 days
<i>glyburide 2.5 mg tablet</i>	1	QL 4 / 1 days
<i>glyburide 5 mg tablet</i>	1	QL 4 / 1 days
<i>glyburide,micronized 1.5 mg tablet</i>	1	QL 2 / 1 days
<i>glyburide,micronized 3 mg tablet</i>	1	QL 2 / 1 days
<i>glyburide,micronized 6 mg tablet</i>	1	QL 2 / 1 days
<i>glyburide/metformin hcl 1.25-250mg tablet</i>	1	QL 4 / 1 days
<i>glyburide/metformin hcl 2.5-500 mg tablet</i>	1	QL 4 / 1 days
<i>glyburide/metformin hcl 5 mg-500mg tablet</i>	1	QL 4 / 1 days
HUMALOG 100 UNITS/ML CARTRIDGE <i>insulin lispro</i>	2	QL 40 / 30 days
HUMALOG 100 UNITS/ML VIAL <i>insulin lispro</i>	2	QL 40 / 30 days
HUMALOG 100 UNITS/ML KWIKPEN <i>insulin lispro</i>	2	QL 45 / 30 days
HUMALOG 200 UNITS/ML KWIKPEN <i>insulin lispro</i>	2	QL 18 / 23 days
HUMALOG MIX 50-50 VIAL <i>insulin lispro protamine and insulin lispro</i>	2	QL 40 / 30 days
HUMALOG MIX 50-50 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	2	QL 45 / 30 days
HUMALOG MIX 75-25 VIAL <i>insulin lispro protamine and insulin lispro</i>	2	QL 40 / 30 days
HUMALOG MIX 75-25 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	2	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	2	QL 40 / 30 days
RELION HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	2	QL 40 / 30 days
HUMULIN 70/30 KWIKPEN <i>insulin nph human isophane/insulin regular, human</i>	2	QL 45 / 30 days
HUMULIN N 100 UNITS/ML VIAL <i>insulin nph human isophane</i>	2	QL 40 / 30 days
RELION HUMULIN N 100 UNIT/ML <i>insulin nph human isophane</i>	2	QL 40 / 30 days
HUMULIN N 100 UNITS/ML KWIKPEN <i>insulin nph human isophane</i>	2	QL 45 / 30 days
HUMULIN R 100 UNITS/ML VIAL <i>insulin regular, human</i>	2	QL 40 / 30 days
RELION HUMULIN R 100 UNIT/ML <i>insulin regular, human</i>	2	QL 40 / 30 days
HUMULIN R 500 UNITS/ML VIAL <i>insulin regular, human</i>	2	QL 1 / 1 month PA
HUMULIN R 500 UNITS/ML KWIKPEN <i>insulin regular, human</i>	2	PA
LANTUS 100 UNITS/ML VIAL <i>insulin glargine,human recombinant analog</i>	2	QL 40 / 30 days
LANTUS SOLOSTAR 100 UNITS/ML <i>insulin glargine,human recombinant analog</i>	2	QL 45 / 30 days
metformin hcl 1000 mg tablet	1	QL 2 / 1 days
metformin hcl 500 mg tab er 24h	1	QL 4 / 1 days
metformin hcl 500 mg tabergr24h	1	QL 4 / 1 days
metformin hcl 500 mg tablet	1	QL 5 / 1 days
metformin hcl 750 mg tab er 24h	1	QL 2 / 1 days
metformin hcl 850 mg tablet	1	QL 3 / 1 days
nateglinide 120 mg tablet	1	QL 3 / 1 days
nateglinide 60 mg tablet	1	QL 3 / 1 days
pioglitazone hcl 15 mg tablet	1	QL 1 / 1 days
pioglitazone hcl 30 mg tablet	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl 45 mg tablet</i>	1	QL 1 / 1 days
<i>pioglitazone hcl/glimepiride 30 mg-2 mg tablet</i>	1	QL 1 / 1 days
<i>pioglitazone hcl/glimepiride 30 mg-4 mg tablet</i>	1	QL 1 / 1 days
<i>pioglitazone hcl/metformin hcl 15mg-500mg tablet</i>	1	QL 3 / 1 days
<i>pioglitazone hcl/metformin hcl 15mg-850mg tablet</i>	1	QL 3 / 1 days
<i>repaglinide 0.5 mg tablet</i>	1	QL 4 / 1 days
<i>repaglinide 1 mg tablet</i>	1	QL 4 / 1 days
<i>repaglinide 2 mg tablet</i>	1	QL 8 / 1 days
<i>tolazamide 250 mg tablet</i>	1	QL 4 / 1 days
<i>tolazamide 500 mg tablet</i>	1	QL 2 / 1 days
<i>tolbutamide 500 mg tablet</i>	1	QL 6 / 1 days
TOUJEO SOLOSTAR 300 UNITS/ML <i>insulin glargine,human recombinant analog</i>	2	QL 0.44 / 1 days AL1 At least 18 yrs old
TRULICITY 0.75 MG/0.5 ML PEN <i>dulaglutide</i>	2	QL 2 / 28 days AL1 At least 18 yrs old C Step Therapy with any metformin product at any dose (lookback of 6 days in the previous 90 days)
TRULICITY 1.5 MG/0.5 ML PEN <i>dulaglutide</i>	2	QL 2 / 28 days AL1 At least 18 yrs old C Step Therapy with any metformin product at any dose (lookback of 6 days in the previous 90 days)
ANTIHYPOLYCEMIC AGENTS		
GLUCAGEN 1 MG HYPOKIT <i>glucagon,human recombinant</i>	1	QL 1 / 22 days
GLUCAGEN 1 MG HYPOKIT 2-PACK <i>glucagon,human recombinant</i>	1	QL 2 / 22 days
GLUCAGEN DIAGNOSTIC 1 MG VIAL <i>glucagon,human recombinant</i>	1	QL 2 / 22 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon,human recombinant</i>	1	QL 1 / 26 days
CONTRACEPTIVES		
APRI 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
ARANELLE 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
AVIANE-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
AZURETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	QL 28 / 28 days
BALZIVA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
CAMILA 0.35 MG TABLET <i>norethindrone</i>	1	QL 28 / 28 days
CAZIAN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
CRYSELLE-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
CYCLAFEM 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
CYCLAFEM 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
ELINEST-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
ELLA 30 MG TABLET <i>ulipristal acetate</i>	2	QL 1 / 1 fill
ENPRESSE-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
ERRIN 0.35 MG TABLET <i>norethindrone</i>	1	QL 28 / 28 days
GIANVI 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL 28 / 28 days
GILDESS FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
GILDESS FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
HEATHER TABLET <i>norethindrone</i>	1	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JOLIVETTE TABLET <i>norethindrone</i>	1	QL 28 / 28 days
JUNEL 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL 21 / 21 days
JUNEL 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL 21 / 21 days
JUNEL FE 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
JUNEL FE 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
KARIVA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	QL 28 / 28 days
KELNOR 1-35 28 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL 28 / 28 days
LARIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
LARIN FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
LEENA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
LESSINA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
LEVORA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
LOW-OGESTREL-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
LUTERA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
MICROGESTIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL 21 / 21 days
MICROGESTIN 21 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol</i>	1	QL 21 / 21 days
MICROGESTIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
MICROGESTIN FE 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
MONONESSA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL 28 / 28 days
NECON 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NECON 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
NECON 1-50-28 TABLET <i>norethindrone-mestranol</i>	1	QL 28 / 28 days
NECON 10-11-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
NECON 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
NORA-BE TABLET <i>norethindrone</i>	1	QL 28 / 28 days
<i>norethindrone 0.35 mg tablet</i>	1	QL 28 / 28 days
NORTREL 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
NORTREL 1-35 21 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 21 / 21 days
NORTREL 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
NORTREL 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
NUVARING VAGINAL RING <i>etonogestrel/ethinyl estradiol</i>	2	QL 1 / 28 days
OCELLA 3 MG-0.03 MG TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL 28 / 28 days
OGESTREL TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
PLAN B ONE-STEP 1.5 MG TABLET <i>levonorgestrel</i>	2	QL 1 / 1 fill
PORTIA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL 28 / 28 days
RECLIPSEN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
SPRINTEC 28 DAY TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL 28 / 28 days
SRONYX 0.10-0.02 MG TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
TILIA FE 28 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRI-LEGEST FE-28 DAY TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
TRI-PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL 28 / 28 days
TRI-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL 28 / 28 days
TRINESSA TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL 28 / 28 days
TRIVORA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
VELIVET 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL 28 / 28 days
WYMZYA FE CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
XULANE PATCH <i>norelgestromin/ethinyl estradiol</i>	1	QL 3 / 28 days C Quantity Limit for replacement patch is one patch
ZARAH TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL 28 / 28 days
ZENCHENT 0.4 MG-35 MCG TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL 28 / 28 days
ZENCHENT FE TABLET CHEWABLE <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
ZEOSA CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL 28 / 28 days
ZOVIA 1-35E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL 28 / 28 days
ZOVIA 1-50E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL 28 / 28 days
ESTROGENS AND ANTIESTROGENS		
<i>estradiol .025mg/24h patch tds</i>	1	QL 8 / 28 days C Quantity Limit is 1 patch for replacement patch
<i>estradiol .025mg/24h patch tdk</i>	1	QL 4 / days
<i>estradiol .0375mg/24 patch tds</i>	1	QL 8 / 28 days C Quantity Limit of 1 patch for replacement patch

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol .0375mg/24 patch tdwk</i>	1	
<i>estradiol .0375mg/24 patch tdwk</i>	1	
<i>estradiol .075mg/24h patch tds</i>	1	QL C 8 / 28 days Quantity Limit of 1 patch for replacement patch
<i>estradiol .075mg/24h patch tdwk</i>	1	QL 4 / days
<i>estradiol .075mg/24h patch tdwk</i>	1	QL 4 / days
<i>estradiol 0.05mg/24h patch tds</i>	1	QL C 8 / 28 days Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.05mg/24h patch tdwk</i>	1	QL 4 / days
<i>estradiol 0.05mg/24h patch tdwk</i>	1	QL 4 / days
<i>estradiol 0.1mg/24hr patch tds</i>	1	QL C 8 / 28 days Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.1mg/24hr patch tdwk</i>	1	QL 4 / days
<i>estradiol 0.1mg/24hr patch tdwk</i>	1	QL 4 / days
<i>estradiol 0.5 mg tablet</i>	1	
<i>estradiol 1 mg tablet</i>	1	
<i>estradiol 2 mg tablet</i>	1	
<i>estropipate 0.75 mg tablet</i>	1	QL 1 / 1 days
<i>estropipate 1.5 mg tablet</i>	1	QL 1 / 1 days
<i>estropipate 3 mg tablet</i>	1	QL 3 / 1 days
MENEST 0.3 MG TABLET <i>estrogens,esterified</i>	1	QL 1 / 1 days
MENEST 0.625 MG TABLET <i>estrogens,esterified</i>	1	QL 1 / 1 days
MENEST 1.25 MG TABLET <i>estrogens,esterified</i>	1	QL 1 / 1 days
MENEST 2.5 MG TABLET <i>estrogens,esterified</i>	1	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN 0.3 MG TABLET <i>estrogens, conjugated</i>	1	QL 1 / 1 days
PREMARIN 0.45 MG TABLET <i>estrogens, conjugated</i>	1	QL 1 / 1 days
PREMARIN 0.625 MG TABLET <i>estrogens, conjugated</i>	1	QL 1 / 1 days
PREMARIN 0.9 MG TABLET <i>estrogens, conjugated</i>	1	QL 1 / 1 days
PREMARIN 1.25 MG TABLET <i>estrogens, conjugated</i>	1	
PREMARIN VAGINAL CREAM-APPL <i>estrogens, conjugated</i>	1	
PREMPHASE 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL 1 / 1 days
PREMPRO 0.3 MG-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL 1 / 1 days
PREMPRO 0.45-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL 1 / 1 days
PREMPRO 0.625-2.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL 1 / 1 days
PREMPRO 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL 1 / 1 days
<i>raloxifene hcl 60 mg tablet</i>	1	QL 1 / 1 days
GONADOTROPINS		
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	QL 0.072 / 1 days PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	QL 0.072 / 1 days PA
LUPRON DEPOT-PED 7.5 MG KIT <i>leuprolide acetate</i>	3	PA
PARATHYROID		
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	1	
PITUITARY		
<i>desmopressin acetate 0.1 mg tablet</i>	1	QL 6 / 1 days
<i>desmopressin acetate 0.1 mg/ml solution</i>	1	QL 15 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>desmopressin acetate 0.2 mg tablet</i>	1	QL 6 / 1 days
<i>desmopressin acetate 10/spray spray/pump</i>	1	QL 15 / 26 days
<i>desmopressin acetate 10/spray spray/pump</i>	1	QL 15 / 26 days
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	QL 15 / 26 days
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	QL 15 / 26 days
NORDITROPIN FLEXPPO 10 MG/1.5 <i>somatropin</i>	3	PA
NORDITROPIN FLEXPPO 15 MG/1.5 <i>somatropin</i>	3	PA
NORDITROPIN FLEXPPO 30 MG/3 ML <i>somatropin</i>	3	PA
NORDITROPIN FLEXPPO 5 MG/1.5 <i>somatropin</i>	3	PA
NORDITROPIN NORDIFLEX 30 MG/3 <i>somatropin</i>	3	PA
STIMATE 1.5 MG/ML NASAL SPRAY <i>desmopressin acetate</i>	2	AL1 Up to 20 yrs old
PROGESTINS		
<i>hydroxyprogesterone caproate 100 % powder</i>	1	
MAKENA 1,250 MG/5 ML VIAL <i>hydroxyprogesterone caproate</i>	2	PA
MAKENA 250 MG/ML VIAL <i>hydroxyprogesterone caproate/pf</i>	2	PA
<i>medroxyprogesterone acetate 10 mg tablet</i>	1	QL 1 / 1 days
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	1	QL 1 / 68 days
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	1	QL 1 / 68 days
<i>medroxyprogesterone acetate 2.5 mg tablet</i>	1	QL 1 / 1 days
<i>medroxyprogesterone acetate 5 mg tablet</i>	1	QL 1 / 1 days
<i>norethindrone acetate 5 mg tablet</i>	1	QL 90 / 26 days
<i>progesterone, micronized 100 mg capsule</i>	1	QL 2 / 1 days
<i>progesterone, micronized 200 mg capsule</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THYROID AND ANTITHYROID AGENTS		
ARMOUR THYROID 120 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 15 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 180 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 240 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 30 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 300 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 60 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 90 MG TABLET <i>thyroid,pork</i>	2	
<i>levothyroxine sodium 100 mcg tablet</i>	1	
<i>levothyroxine sodium 112 mcg tablet</i>	1	
<i>levothyroxine sodium 125 mcg tablet</i>	1	
<i>levothyroxine sodium 137 mcg tablet</i>	1	
<i>levothyroxine sodium 150 mcg tablet</i>	1	
<i>levothyroxine sodium 175mcg tablet</i>	1	
<i>levothyroxine sodium 200 mcg tablet</i>	1	
<i>levothyroxine sodium 25 mcg tablet</i>	1	
<i>levothyroxine sodium 300 mcg tablet</i>	1	
<i>levothyroxine sodium 50 mcg tablet</i>	1	
<i>levothyroxine sodium 75 mcg tablet</i>	1	
<i>levothyroxine sodium 88 mcg tablet</i>	1	
<i>liothyronine sodium 25 mcg tablet</i>	1	QL 3 / 1 days AL1 At least 1 yrs old
<i>liothyronine sodium 5 mcg tablet</i>	1	QL 4 / 1 days
<i>liothyronine sodium 50 mcg tablet</i>	1	QL 2 / 1 days AL1 At least 1 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methimazole 10 mg tablet</i>	1	QL 6 / 1 days
<i>methimazole 5 mg tablet</i>	1	QL 9 / 1 days
NP THYROID 15 MG TABLET <i>thyroid,pork</i>	1	
NP THYROID 30 MG TABLET <i>thyroid,pork</i>	1	
NP THYROID 60 MG TABLET <i>thyroid,pork</i>	1	
NP THYROID 90 MG TABLET <i>thyroid,pork</i>	1	
<i>propylthiouracil 50 mg tablet</i>	1	QL 9 / 1 days
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
SYNTHROID 100 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 112 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 125 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 137 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 150 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 175 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 200 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 25 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 300 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 50 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 75 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 88 MCG TABLET <i>levothyroxine sodium</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>finasteride 5 mg tablet</i>	1	QL 1 / 1 days
ALCOHOL DETERRENTS		
<i>disulfiram 250 mg tablet</i>	1	QL 1 / 1 days
<i>disulfiram 500 mg tablet</i>	1	QL 1 / 1 days
<i>naltrexone hcl 50 mg tablet</i>	1	
ANTIDOTES		
CHEMET 100 MG CAPSULE <i>succimer</i>	2	
EVZIO 0.4 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL 4 / 90 days
GLUCAGEN 1 MG HYPOKIT <i>glucagon,human recombinant</i>	1	QL 1 / 22 days
GLUCAGEN 1 MG HYPOKIT 2-PACK <i>glucagon,human recombinant</i>	1	QL 2 / 22 days
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon,human recombinant</i>	1	QL 1 / 26 days
KIONEX 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
KIONEX POWDER <i>sodium polystyrene sulfonate</i>	1	QL 60 / 1 days
<i>leucovorin calcium 10 mg tablet</i>	1	QL 2 / 1 days
<i>leucovorin calcium 15 mg tablet</i>	1	QL 1 / 1 days
<i>leucovorin calcium 25 mg tablet</i>	1	QL 1 / 1 days
<i>leucovorin calcium 5 mg tablet</i>	1	QL 3 / 1 days
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	2	QL 5 / 1 days
<i>naloxone hcl 0.4 mg/ml syringe</i>	1	
<i>naloxone hcl 0.4 mg/ml vial</i>	1	
<i>naloxone hcl 0.4 mg/ml vial</i>	1	
<i>naloxone hcl 1 mg/ml syringe</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NARCAN 4 MG NASAL SPRAY <i>naloxone hcl</i>	2	QL 4 / 90 days
RENAGEL 400 MG TABLET <i>sevelamer hcl</i>	2	QL 16 / 1 days
RENAGEL 800 MG TABLET <i>sevelamer hcl</i>	2	QL 16 / 1 days
REVELA 800 MG TABLET <i>sevelamer carbonate</i>	2	QL 17 / 1 days
<i>sodium polystyrene sulfonate powder</i>	1	QL 60 / 1 days
<i>sodium polystyrene sulfonate 15 g/60 ml oral susp</i>	1	QL 24 / 1 days
<i>sodium polystyrene sulfonate 30 g/120ml enema</i>	1	QL 480 / 1 days
SPS 30 GM/120 ML ENEMA <i>sodium polystyrene sulfonate/sorbitol solution</i>	1	QL 480 / 1 days
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	QL 8 / 1 days
<i>allopurinol 300 mg tablet</i>	1	QL 2 / 1 days
<i>colchicine 0.6 mg capsule</i>	1	
<i>colchicine 0.6 mg tablet</i>	1	QL 4 / 1 days
<i>indomethacin 25 mg capsule</i>	1	QL 4 / 1 days
<i>indomethacin 50 mg capsule</i>	1	QL 4 / 1 days
<i>indomethacin 75 mg capsule er</i>	1	QL 3 / 1 days
<i>naproxen 125 mg/5ml oral susp</i>	1	QL 60 / 1 days
<i>naproxen 250 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen 375 mg tablet</i>	1	QL 4 / 1 days
<i>naproxen 375 mg tablet dr</i>	1	QL 2 / 1 days
<i>naproxen 500 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen 500 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen 500 mg tablet dr</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>cvs naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>eq naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>eq naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>eql naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>eql naproxen sodium 220 mg tab</i>	1	QL 3 / 1 days
<i>gnp naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>gnp naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>gs naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>hm naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>kro naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>kro naproxen sodium 220 mg tab</i>	1	QL 3 / 1 days
<i>naproxen sodium 220 mg caplet</i>	1	QL 3 / 1 days
<i>naproxen sodium 220 mg tablet</i>	1	QL 3 / 1 days
<i>pub naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>pv naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>qc naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>ra naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>sb naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>sb naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>sm naproxen sod 220 mg caplet</i>	1	QL 3 / 1 days
<i>sm naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>v-r naproxen sod 220 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen sodium 275 mg tablet</i>	1	QL 3 / 1 days
<i>naproxen sodium 550 mg tablet</i>	1	QL 3 / 1 days
<i>probenecid 500 mg tablet</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BONE RESORPTION INHIBITORS		
<i>alendronate sodium 10 mg tablet</i>	1	QL 1 / 1 days
<i>alendronate sodium 35 mg tablet</i>	1	QL 4 / 28 days
<i>alendronate sodium 40 mg tablet</i>	1	QL 1 / 1 days
<i>alendronate sodium 5 mg tablet</i>	1	QL 1 / 1 days
<i>alendronate sodium 70 mg tablet</i>	1	QL 4 / 28 days
<i>alendronate sodium 70 mg/75ml solution</i>	1	QL 10.7 / 1 days AL1 At least 18 yrs old
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	1	
<i>ibandronate sodium 150 mg tablet</i>	1	QL 0.04 / 1 days AL1 At least 18 yrs old
<i>raloxifene hcl 60 mg tablet</i>	1	QL 1 / 1 days
CARIOSTATIC AGENTS		
FLUOR-A-DAY 0.25 MG TAB CHEW <i>sodium fluoride/xylitol</i>	1	
FLUOR-A-DAY 0.5 MG TAB CHEW <i>sodium fluoride/xylitol</i>	1	
FLUOR-A-DAY 1 MG TABLET CHEW <i>sodium fluoride/xylitol</i>	1	
<i>pedi multivit no.16 w-fluoride 0.25 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.16 w-fluoride 0.5 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 75/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit no.17 w-fluoride 0.25 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.17 w-fluoride 0.5 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.17 w-fluoride 0.5 mg tab chew</i>	1	
<i>pedi multivit no.17 w-fluoride 1 mg tab chew</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHOS-FLUR ORAL RINSE <i>sodium fluoride</i>	1	
PREVIDENT 1.1% GEL <i>sodium fluoride</i>	1	
<i>sodium fluoride 0.2 % solution</i>	1	
<i>sodium fluoride 0.25(0.55) tab chew</i>	1	QL 4 / 1 days
<i>sodium fluoride 0.5 mg/ml drops</i>	1	QL 1.67 / 1 days
<i>sodium fluoride 0.5(1.1)mg tab chew</i>	1	QL 2 / 1 days
<i>sodium fluoride 0.5(1.1)mg tab chew</i>	1	QL 2 / 1 days
<i>sodium fluoride 1mg(2.2mg) tab chew</i>	1	QL 1 / 1 days
<i>sodium fluoride 1mg(2.2mg) tab chew</i>	1	QL 1 / 1 days
<i>stannous fluoride 0.63% soln(gram)</i>	1	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
<i>azathioprine 50 mg tablet</i>	1	
CUPRIMINE 250 MG CAPSULE <i>penicillamine</i>	2	QL 16 / 1 days
<i>cyclosporine 100 mg capsule</i>	1	
<i>cyclosporine 25 mg capsule</i>	1	
<i>cyclosporine, modified 100 mg capsule</i>	1	
<i>cyclosporine, modified 100 mg/ml solution</i>	1	
<i>cyclosporine, modified 25 mg capsule</i>	1	
<i>cyclosporine, modified 50 mg capsule</i>	1	
ENBREL 25 MG KIT <i>etanercept</i>	3	QL 8 / 28 days PA
ENBREL 25 MG/0.5 ML SYRINGE <i>etanercept</i>	3	QL 4 / 28 days PA
ENBREL 50 MG/ML SURECLICK SYR <i>etanercept</i>	3	QL 8 / 28 days PA
ENBREL 50 MG/ML SYRINGE <i>etanercept</i>	3	QL 8 / 28 days PA
GENGRAF 100 MG CAPSULE <i>cyclosporine, modified</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENGRAF 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	2	
GENGRAF 25 MG CAPSULE <i>cyclosporine, modified</i>	2	
HUMIRA 10 MG/0.2 ML SYRINGE <i>adalimumab</i>	3	PA
HUMIRA 20 MG/0.4 ML SYRINGE <i>adalimumab</i>	3	QL 0.115 / 1 days PA
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	3	QL 0.229 / 1 days PA
HUMIRA PEDIATRIC CROHN'S START <i>adalimumab</i>	3	QL 3 / 28 days PA
HUMIRA 40 MG/0.8 ML PEN <i>adalimumab</i>	3	QL 0.229 / 1 days PA
HUMIRA PEN CROHN-UC-HS STARTER <i>adalimumab</i>	3	QL 6 / 28 days PA
HUMIRA PEN PSORIASIS-UVEITIS <i>adalimumab</i>	3	QL 4 / 35 days PA
<i>hydroxychloroquine sulfate 200 mg tablet</i>	1	QL 4 / 1 days
<i>leflunomide 10 mg tablet</i>	1	QL 1 / 1 days
<i>leflunomide 20 mg tablet</i>	1	QL 5 / 1 days
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
NEORAL 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIDAURA 3 MG CAPSULE <i>auranofin</i>	2	QL 3 / 1 days
SANDIMMUNE 100 MG/ML SOLN <i>cyclosporine</i>	2	
<i>sulfasalazine 500 mg tablet</i>	1	QL 12 / 1 days
<i>sulfasalazine 500 mg tablet dr</i>	1	QL 12 / 1 days
IMMUNOMODULATORY AGENTS		
AUBAGIO 14 MG TABLET <i>teriflunomide</i>	3	PA C PA required for initial fill or greater than 45 days since last fill
AUBAGIO 7 MG TABLET <i>teriflunomide</i>	3	PA C PA required for initial fill or greater than 45 days since last fill
AVONEX 30 MCG VIAL KIT <i>interferon beta-1a/albumin human</i>	3	PA
AVONEX PREFILLED SYR 30 MCG <i>interferon beta-1a</i>	3	PA
AVONEX PREFILLED SYR 30 MCG KT <i>interferon beta-1a</i>	3	PA
AVONEX PEN 30 MCG/0.5 ML <i>interferon beta-1a</i>	3	PA
AVONEX PEN 30 MCG/0.5 ML KIT <i>interferon beta-1a</i>	3	PA
<i>azathioprine 50 mg tablet</i>	1	
COPAXONE 20 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
COPAXONE 40 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
<i>cyclosporine 100 mg capsule</i>	1	
<i>cyclosporine 25 mg capsule</i>	1	
<i>cyclosporine, modified 100 mg capsule</i>	1	
<i>cyclosporine, modified 100 mg/ml solution</i>	1	
<i>cyclosporine, modified 25 mg capsule</i>	1	
<i>cyclosporine, modified 50 mg capsule</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG KIT <i>etanercept</i>	3	QL 8 / 28 days PA
ENBREL 25 MG/0.5 ML SYRINGE <i>etanercept</i>	3	QL 4 / 28 days PA
ENBREL 50 MG/ML SURECLICK SYR <i>etanercept</i>	3	QL 8 / 28 days PA
ENBREL 50 MG/ML SYRINGE <i>etanercept</i>	3	QL 8 / 28 days PA
GENGRAF 100 MG CAPSULE <i>cyclosporine, modified</i>	2	
GENGRAF 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	2	
GENGRAF 25 MG CAPSULE <i>cyclosporine, modified</i>	2	
GLATOPA 20 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
HUMIRA 10 MG/0.2 ML SYRINGE <i>adalimumab</i>	3	PA
HUMIRA 20 MG/0.4 ML SYRINGE <i>adalimumab</i>	3	QL 0.115 / 1 days PA
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	3	QL 0.229 / 1 days PA
HUMIRA PEDIATRIC CROHN'S START <i>adalimumab</i>	3	QL 3 / 28 days PA
HUMIRA 40 MG/0.8 ML PEN <i>adalimumab</i>	3	QL 0.229 / 1 days PA
HUMIRA PEN CROHN-UC-HS STARTER <i>adalimumab</i>	3	QL 6 / 28 days PA
HUMIRA PEN PSORIASIS-UVEITIS <i>adalimumab</i>	3	QL 4 / 35 days PA
<i>hydroxychloroquine sulfate 200 mg tablet</i>	1	QL 4 / 1 days
<i>leflunomide 10 mg tablet</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leflunomide 20 mg tablet</i>	1	QL 5 / 1 days
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
NEORAL 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	2	
RIDAURA 3 MG CAPSULE <i>auranofin</i>	2	QL 3 / 1 days
SANDIMMUNE 100 MG/ML SOLN <i>cyclosporine</i>	2	
<i>sulfasalazine 500 mg tablet</i>	1	QL 12 / 1 days
<i>sulfasalazine 500 mg tablet dr</i>	1	QL 12 / 1 days
TECFIDERA DR 120 MG CAPSULE <i>dimethyl fumarate</i>	3	PA
TECFIDERA DR 240 MG CAPSULE <i>dimethyl fumarate</i>	3	PA
TECFIDERA STARTER PACK <i>dimethyl fumarate</i>	3	PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tablet</i>	1	
<i>cyclophosphamide 25 mg capsule</i>	1	
<i>cyclophosphamide 25 mg tablet</i>	1	
<i>cyclophosphamide 50 mg capsule</i>	1	
<i>cyclophosphamide 50 mg tablet</i>	1	
<i>cyclosporine 100 mg capsule</i>	1	
<i>cyclosporine 25 mg capsule</i>	1	
<i>cyclosporine, modified 100 mg capsule</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyclosporine, modified 100 mg/ml solution	1	
cyclosporine, modified 25 mg capsule	1	
cyclosporine, modified 50 mg capsule	1	
GENGRAF 100 MG CAPSULE cyclosporine, modified	2	
GENGRAF 100 MG/ML SOLUTION cyclosporine, modified	2	
GENGRAF 25 MG CAPSULE cyclosporine, modified	2	
mercaptopurine 50 mg tablet	1	
methotrexate sodium 2.5 mg tablet	1	
methotrexate sodium 25 mg/ml vial	1	
methotrexate sodium 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
methotrexate sodium/pf 25 mg/ml vial	1	
mycophenolate mofetil 200 mg/ml susp recon	1	
mycophenolate mofetil 250 mg capsule	1	
mycophenolate mofetil 500 mg tablet	1	
mycophenolate sodium 180 mg tablet dr	1	QL 8 / 1 days
mycophenolate sodium 360 mg tablet dr	1	QL 120 / 26 days
NEORAL 100 MG/ML SOLUTION cyclosporine, modified	2	
PROGRAF 0.5 MG CAPSULE tacrolimus	2	
PROGRAF 1 MG CAPSULE tacrolimus	2	
PROGRAF 5 MG CAPSULE tacrolimus	2	
RAPAMUNE 1 MG/ML ORAL SOLN sirolimus	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 100 MG/ML SOLN <i>cyclosporine</i>	2	
<i>sirolimus 1 mg tablet</i>	1	
<i>sirolimus 2 mg tablet</i>	1	
<i>tacrolimus 0.5 mg capsule</i>	1	
<i>tacrolimus 1 mg capsule</i>	1	
<i>tacrolimus 5 mg capsule</i>	1	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine 100 mg/ml vial</i>	1	
<i>acetylcysteine 200 mg/ml vial</i>	1	
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	1	
OCUVITE SOFTGEL <i>ascorbic acid/vitamin e/lutein/minerals/omega-3 fatty acids</i>	1	QL 1 / 1 days
PREZCOBIX 800 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
REPHRESH VAGINAL APPLICATOR <i>polycarbophil</i>	2	
SENSIPAR 30 MG TABLET <i>cinacalcet hcl</i>	2	QL 2 / 1 days
SENSIPAR 60 MG TABLET <i>cinacalcet hcl</i>	2	QL 2 / 1 days
SENSIPAR 90 MG TABLET <i>cinacalcet hcl</i>	2	QL 2 / 1 days
TYBOST 150 MG TABLET <i>cobicistat</i>	2	QL 1 / 1 days AL1 At least 18 yrs old
PROTECTIVE AGENTS		
ELMIRON 100 MG CAPSULE <i>pentosan polysulfate sodium</i>	2	QL 3 / 1 days
PHARMACEUTICAL AIDS		
<i>ora sweet oral syrup</i>	1	
<i>ora-sweet oral syrup</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ora-blend suspension</i>	1	
<i>ora plus suspension</i>	1	
<i>ora-plus suspending vehicle</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	QL 18 / 1 days
<i>water for injection,sterile iv soln</i>	1	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
AEROSPAN 80 MCG INHALER <i>flunisolide</i>	2	QL 1 / 1 month
ALOCRIIL 2% EYE DROPS <i>nedocromil sodium</i>	2	QL 5 / 18 days
<i>budesonide 0.25mg/2ml ampul-neb</i>	1	QL 8 / 1 days
<i>budesonide 0.5 mg/2ml ampul-neb</i>	1	QL 4 / 1 days
<i>budesonide 1 mg/2 ml ampul-neb</i>	1	QL 2 / 1 days
<i>budesonide 32 mcg nasal spray</i>	1	
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	QL 8 / 1 days
<i>cromolyn sodium 4 % drops</i>	1	QL 10 / 18 days
<i>cromolyn sodium nasal solution</i>	1	QL 26 / 26 days
<i>cromolyn sodium nasal spray</i>	1	QL 26 / 26 days
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL 13 / 30 days
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL 13 / 30 days
FLOVENT 100 MCG DISKUS <i>fluticasone propionate</i>	2	QL 60 / 30 days
FLOVENT 250 MCG DISKUS <i>fluticasone propionate</i>	2	QL 60 / 30 days
FLOVENT 50 MCG DISKUS <i>fluticasone propionate</i>	2	QL 60 / 30 days
FLOVENT HFA 110 MCG INHALER <i>fluticasone propionate</i>	2	QL 12 / 30 days
FLOVENT HFA 220 MCG INHALER <i>fluticasone propionate</i>	2	QL 12 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	2	QL 12 / 30 days
<i>flunisolide 25 mcg spray</i>	1	QL 0.84 / 1 days AL1 At least 6 yrs old
<i>fluticasone propionate 50 mcg spray susp</i>	1	QL 16 / 20 days
<i>montelukast sodium 10 mg tablet</i>	1	QL 1 / 1 days
<i>montelukast sodium 4 mg gran pack</i>	1	QL 1 / 1 days
<i>montelukast sodium 4 mg tab chew</i>	1	QL 1 / 1 days
<i>montelukast sodium 5 mg tab chew</i>	1	QL 1 / 1 days
PULMICORT 180 MCG FLEXHALER <i>budesonide</i>	2	QL 1 / 30 days
PULMICORT 90 MCG FLEXHALER <i>budesonide</i>	2	QL 1 / 30 days
QVAR 40 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL 9 / 20 days
QVAR 80 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL 9 / 20 days
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
<i>triamcinolone 55 mcg nasal spr</i>	1	C Must have two fills of fluticasone in the past 60 days Will process if HIV medications are in the prescription profile
<i>zafirlukast 10 mg tablet</i>	1	QL 4 / 1 days
<i>zafirlukast 20 mg tablet</i>	1	QL 2 / 1 days
ANTIHISTAMINES (RESPIRATORY TRACT AGENTS)		
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 4 / 1 days
ALL DAY ALLERGY 10 MG CHEW TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
ALL DAY ALLERGY 10 MG TABLET <i>cetirizine hcl</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EQL ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
GNP ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
HM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
KRO ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
QC ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
SM ALL DAY ALLERGY 1 MG/ML SYR <i>cetirizine hcl</i>	1	QL 10 / 1 days
SM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL 1 / 1 days
ALLER-CHLOR 2 MG/5 ML SYRUP <i>chlorpheniramine maleate</i>	1	QL 240 / 15 days
ALLER-CHLOR 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
EQL ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
GNP ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
KRO ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
ALLERGY-TIME 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
<i>cetirizine hcl 1 mg/ml soln</i>	1	QL 10 / 1 days
<i>cetirizine hcl 1 mg/ml solution</i>	1	QL 10 / 1 days
<i>pv cetirizine hcl 1 mg/ml soln</i>	1	QL 10 / 1 days
<i>cetirizine hcl 10 mg chew tab</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cetirizine hcl 10 mg tablet</i>	1	QL 4 / 1 days
<i>pv cetirizine hcl 10 mg tablet</i>	1	QL 1 / 1 days
<i>ra cetirizine hcl 10 mg tablet</i>	1	QL 1 / 1 days
<i>cetirizine hcl 5 mg chew tab</i>	1	QL 1 / 1 days
<i>cetirizine hcl 5 mg tablet</i>	1	QL 1 / 1 days
<i>cetirizine hcl 5 mg/5 ml syrup</i>	1	
CHILD ALL DAY ALLERGY 1 MG/ML <i>cetirizine hcl</i>	1	QL 10 / 1 days
GNP CHLD ALL DAY ALLER 1 MG/ML <i>cetirizine hcl</i>	1	QL 10 / 1 days
CHILD'S ALLER-TEC 1 MG/ML SOLN <i>cetirizine hcl</i>	1	QL 10 / 1 days
CHLOR-TRIMETON ALLERGY <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
<i>chlorpheniramine 4 mg tablet</i>	1	QL 6 / 1 days
<i>qc chlorpheniramine 4 mg tab</i>	1	QL 100 / 26 days
<i>ra chlorpheniramine 4 mg tab</i>	1	QL 100 / 26 days
<i>sb chlorpheniramine 4 mg tab</i>	1	QL 100 / 26 days
<i>clemastine fum 1.34 mg tablet</i>	1	QL 2 / 1 days
<i>cyproheptadine hcl 2 mg/5 ml syrup</i>	1	QL 30 / 1 days
<i>cyproheptadine hcl 4 mg tablet</i>	1	QL 8 / 1 days
<i>cyproheptadine hcl 4 mg/10 ml syrup</i>	1	QL 30 / 1 days
<i>dimenhydrinate 50 mg tablet</i>	1	QL 8 / 1 days
<i>diphenhydramine 12.5 mg/5 ml</i>	1	QL 30 / 1 days
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	1	QL 240 / 15 days
<i>diphenhydramine 12.5 mg/5 ml</i>	1	QL 30 / 1 days
<i>diphenhydramine cough syrup</i>	1	QL 240 / 15 days
<i>diphenhydramine 25 mg capsule</i>	1	QL 6 / 1 days
<i>diphenhydramine 25 mg caplet</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diphenhydramine 50 mg capsule</i>	1	QL 6 / 1 days
<i>diphenhydramine 50 mg tablet</i>	1	QL 6 / 1 days
<i>diphenhydramine hcl 50 mg/ml vial</i>	1	
ED-CHLORTAN 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL 100 / 26 days
<i>fexofenadine hcl 180 mg tablet</i>	1	QL 1 / 1 days
<i>hm fexofenadine hcl 180 mg tab</i>	1	QL 1 / 1 days
<i>pv fexofenadine hcl 180 mg tab</i>	1	QL 1 / 1 days
<i>sm fexofenadine hcl 180 mg tab</i>	1	QL 1 / 1 days
<i>fexofenadine hcl 30 mg/5 ml</i>	1	QL 30 / 1 days AL1 At least 2 yrs old
<i>fexofenadine hcl 60 mg tablet</i>	1	QL 2 / 1 days AL1 At least 12 yrs old
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	QL 1 / 1 days
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
<i>cvs loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>gnp loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>qc loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>ra loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>sb loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>sm loratadine 10 mg tablet</i>	1	QL 1 / 1 days
<i>child loratadine 5 mg/5 ml syr</i>	1	QL 10 / 1 days
<i>eqi loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>gnp chld loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>gnp loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>hm child loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>loratadine 5 mg/5 ml soln</i>	1	QL 10 / 1 days
<i>loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>loratadine allergy 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>loratadine hives 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>pv child loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>pv loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>ra loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
<i>sm child loratadine 5 mg/5 ml</i>	1	QL 10 / 1 days
<i>sm loratadine 5 mg/5 ml syrup</i>	1	QL 10 / 1 days
NON-DROWSY ALLERGY 10 MG TAB <i>loratadine</i>	1	QL 1 / 1 days
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL 100 / 26 days
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	QL 180 / 30 days AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 50 mg tablet</i>	1	QL 4 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	QL 30 / 1 days AL1 At least 6 yrs old
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL 240 / 14 days
SIMPLY SLEEP 25 MG CAPLET <i>diphenhydramine hcl</i>	1	QL 100 / 26 days
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL 4 / 1 days AL1 At least 2 yrs old
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
ANTITUSSIVES		
<i>benzonatate 100 mg capsule</i>	1	QL 3 / 1 days
<i>benzonatate 200 mg capsule</i>	1	QL 3 / 1 days
BIOCOTRON LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
CHERATUSSIN AC SYRUP <i>codeine phosphate/guaifenesin</i>	1	QL 180 / days
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guaifen-codeine 100-10 mg/5 ml</i>	1	QL 240 / 30 days
<i>guaifenesin-codeine syrup</i>	1	QL 240 / 30 days
<i>guaifenesin-codeine syrup</i>	1	QL 240 / 30 days
DIABETIC TUSSIN DM LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
EXPECTORANT DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
GUAIA TUSSIN AC LIQUID <i>codeine phosphate/guaifenesin</i>	1	QL 180 / 30 days
<i>guaifenesin dm syrup</i>	1	QL 240 / 14 days
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	1	
MUCINEX DM ER 1,200-60 MG TAB <i>guaifenesin/dextromethorphan hbr</i>	2	QL 2 / 1 days
MUCINEX DM ER 600-30 MG TABLET <i>guaifenesin/dextromethorphan hbr</i>	2	QL 3 / 1 days
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 240 / 30 days AL1 At least 6 yrs old
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
Q-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
RI-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
ROBAFEN DM CGH-CHEST CONG SYRP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
ROBAFEN-DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROBITUSSIN PEDIATRIC COUGH SYP <i>dextromethorphan hbr</i>	1	QL 80 / 1 days
SILTUSSIN DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
SILTUSSIN DM DAS LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
TUSNEL DIABETIC LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
ULTRA DM FREE & CLEAR LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
BRONCHODILATORS		
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 4 / 1 days
<i>albuterol sulfate 0.63mg/3ml vial-neb</i>	1	
<i>albuterol sulfate 1.25mg/3ml vial-neb</i>	1	
<i>albuterol sulfate 2 mg tablet</i>	1	QL 4 / 1 days
<i>albuterol sulfate 2 mg/5 ml syrup</i>	1	QL 40 / 1 days
<i>albuterol sulfate 2.5 mg/0.5 vial-neb</i>	1	
<i>albuterol sulfate 2.5 mg/3ml vial-neb</i>	1	
<i>albuterol sulfate 4 mg tab er 12h</i>	1	QL 4 / 1 days
<i>albuterol sulfate 4 mg tablet</i>	1	QL 4 / 1 days
<i>albuterol sulfate 5 mg/ml solution</i>	1	
<i>albuterol sulfate 8 mg tab er 12h</i>	1	QL 4 / 1 days
ATROVENT HFA INHALER <i>ipratropium bromide</i>	2	QL 12.9 / 26 days
AUVI-Q 0.3 MG AUTO-INJECTOR <i>epinephrine</i>	2	
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHILDS SUDAFED 15 MG/5 ML LIQ <i>pseudoephedrine hcl</i>	1	
COMBIVENT RESPIMAT INHAL SPRAY <i>ipratropium bromide/albuterol sulfate</i>	2	QL 4 / 20 days PA AL1 At least 18 yrs old C PA required for initial fill or greater than 45 days since last fill
CONGEST-EZE 60-400 MG CAPLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
CONGESTAC TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	1	QL 40 / 1 days
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	QL 8 / 1 days
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL 13 / 30 days
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL 13 / 30 days
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	
<i>epinephrine 0.15/0.15 auto injct</i>	1	
<i>epinephrine 0.15mg/0.3 auto injct</i>	1	
EPIPEN 2-PAK 0.3 MG AUTO-INJCT <i>epinephrine</i>	2	
EPIPEN JR 2-PAK 0.15 MG INJCTR <i>epinephrine</i>	2	
<i>ipratropium bromide 0.2 mg/ml solution</i>	1	QL 10 / 1 days
<i>ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb</i>	1	
<i>levalbuterol hcl 0.31mg/3ml vial-neb</i>	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12
<i>levalbuterol hcl 0.63mg/3ml vial-neb</i>	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12
<i>levalbuterol hcl 1.25mg/3ml vial-neb</i>	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
LUFYLLIN 200 MG TABLET <i>dyphylline</i>	2	
LUFYLLIN-400 TABLET <i>dyphylline</i>	2	
<i>metaproterenol sulfate 10 mg tablet</i>	1	QL 4 / 1 days
<i>metaproterenol sulfate 10 mg/5 ml syrup</i>	1	QL 40 / 1 days
<i>metaproterenol sulfate 20 mg tablet</i>	1	QL 4 / 1 days
MUCINEX D ER 1,200-120 MG TAB <i>guaifenesin/pseudoephedrine hcl</i>	2	
MUCINEX D ER 600-60 MG TABLET <i>guaifenesin/pseudoephedrine hcl</i>	2	QL 2 / 1 days
<i>gnp pseudoephedrine er 120 mg</i>	1	QL 2 / 1 days
<i>pseudoephedrine er 120 mg tab</i>	1	QL 2 / 1 days
<i>pseudoephedrine 30 mg tablet</i>	1	QL 100 / 26 days
<i>pseudoephedrine 60 mg tablet</i>	1	QL 100 / 26 days
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL 180 / days
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL 240 / 14 days
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	2	QL 60 / 30 days
SPIRIVA 18 MCG CP-HANDIHALER <i>tiotropium bromide</i>	2	QL 1 / 1 month PA
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	2	QL 1 / 1 month PA AL1 At least 12 yrs old C PA required for initial fill or greater than 45 days since last fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	2	QL 1 / 1 month
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL 100 / 80 days
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL 10.2 / days
<i>terbutaline sulfate 2.5 mg tablet</i>	1	QL 3 / 1 days
<i>terbutaline sulfate 5 mg tablet</i>	1	QL 3 / 1 days
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline anhydrous 100 mg tab er 12h</i>	1	QL 4 / 1 days
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL 3 / 1 days
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL 2 / 1 days
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL 75 / 1 days
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL 75 / 1 days
TUDORZA PRESSAIR 400 MCG INH <i>acclidinium bromide</i>	2	PA AL1 At least 18 yrs old
VENTOLIN HFA 90 MCG INHALER <i>albuterol sulfate</i>	1	QL 34 / 34 days
EXPECTORANTS		
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL 240 / 10 days
BIOCOTRON LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
CHERATUSSIN AC SYRUP <i>codeine phosphate/guaifenesin</i>	1	QL 180 / days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
codeine-guaifen 10-100 mg/5 ml	1	QL 240 / 30 days
guaifen-codeine 100-10 mg/5 ml	1	QL 240 / 30 days
guaifenesin-codeine syrup	1	QL 240 / 30 days
guaifenesin-codeine syrup	1	QL 240 / 30 days
CONGEST-EZE 60-400 MG CAPLET guaifenesin/pseudoephedrine hcl	1	QL 240 / 10 days
CONGESTAC TABLET guaifenesin/pseudoephedrine hcl	1	QL 240 / 10 days
DIABETIC TUSSIN DM LIQUID guaifenesin/dextromethorphan hbr	1	QL 240 / 14 days
DIABETIC TUSSIN EX LIQUID guaifenesin	1	QL 240 / 7 days
EXPECTORANT 200 MG TABLET guaifenesin	1	
EXPECTORANT DM COUGH SYRUP guaifenesin/dextromethorphan hbr	1	QL 240 / 14 days
GUAIATUSSIN AC LIQUID codeine phosphate/guaifenesin	1	QL 180 / 30 days
guaifenesin 100 mg/5 ml liquid	1	QL 240 / 7 days
guaifenesin 100 mg/5 ml soln	1	QL 240 / 7 days
guaifenesin 100 mg/5 ml syrup	1	QL 240 / 7 days
guaifenesin 200 mg/10 ml soln	1	QL 240 / 7 days
guaifenesin 300 mg/15 ml soln	1	QL 240 / 7 days
guaifenesin 200 mg tablet	1	QL 12 / 1 days
guaifenesin dm syrup	1	QL 240 / 14 days
MUCINEX ER 1,200 MG TABLET guaifenesin	2	
MUCINEX ER 600 MG TABLET guaifenesin	2	
MUCINEX D ER 1,200-120 MG TAB guaifenesin/pseudoephedrine hcl	2	
MUCINEX D ER 600-60 MG TABLET guaifenesin/pseudoephedrine hcl	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MUCINEX DM ER 1,200-60 MG TAB <i>guaifenesin/dextromethorphan hbr</i>	2	QL 2 / 1 days
MUCINEX DM ER 600-30 MG TABLET <i>guaifenesin/dextromethorphan hbr</i>	2	QL 3 / 1 days
ORGAN-I NR 200 MG TABLET <i>guaifenesin</i>	1	
Q-TUSSIN 100 MG/5 ML SOLUTION <i>guaifenesin</i>	1	QL 240 / 7 days
Q-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
REFENESEN 200 MG TABLET <i>guaifenesin</i>	1	
RI-TUSSIN SYRUP <i>guaifenesin</i>	1	QL 240 / 7 days
RI-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
ROBAFEN 100 MG/5 ML SYRUP <i>guaifenesin</i>	1	QL 240 / 7 days
ROBAFEN DM CGH-CHEST CONG SYRP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
ROBAFEN-DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
SCOT-TUSSIN 100 MG/5 ML LIQ <i>guaifenesin</i>	1	QL 240 / 7 days
SILTUSSIN DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
SILTUSSIN DM DAS LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
SILTUSSIN SA 100 MG/5 ML SYR <i>guaifenesin</i>	1	QL 240 / 7 days
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
TUSNEL DIABETIC LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days
PV TUSSIN 100 MG/5 ML LIQUID <i>guaifenesin</i>	1	QL 100 / 26 days
ULTRA DM FREE & CLEAR LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MUCOLYTIC AGENTS		
<i>acetylcysteine 100 mg/ml vial</i>	1	
<i>acetylcysteine 200 mg/ml vial</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
<i>alcohol 70% pads</i>	1	
<i>alcohol 70% prep pads</i>	1	
<i>alcohol 70% swabs</i>	1	
<i>alcohol prep pads</i>	1	
<i>alcohol prep swabs</i>	1	
<i>alcohol swab</i>	1	
<i>alcohol swabs</i>	1	
<i>bd single use swab</i>	1	
<i>curity alcohol preps</i>	1	
<i>cvs alcohol 70% prep pads</i>	1	
<i>cvs alcohol 70% prep swabs</i>	1	
<i>cvs alcohol swabs</i>	1	
<i>cvs isopropyl alcohol 70% wipe</i>	1	
<i>easy touch alcohol 70% pads</i>	1	
<i>fifty50 alcohol prep pads</i>	1	
<i>gnp alcohol swab</i>	1	
<i>gnp isopropyl alcohol 70% wipe</i>	1	
<i>heb incontrol alcohol 70% pads</i>	1	
<i>isopropyl alcohol 70% wipes</i>	1	
<i>iv antiseptic wipes</i>	1	
<i>iv prep antiseptic wipes</i>	1	
<i>kro alcohol 70% prep pads</i>	1	
<i>kro alcohol 70% swabs</i>	1	
<i>pharm choice alcohol prep pads</i>	1	
<i>prep ease alcohol pads</i>	1	
<i>pro comfort alcohol 70% pads</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv isopropyl alcohol 70% wipes</i>	1	
<i>qc alcohol 70% swabs</i>	1	
<i>ra alcohol swabs</i>	1	
<i>ra isopropyl alcohol 70% wipes</i>	1	
<i>relion alcohol 70% swabs</i>	1	
<i>saps care alcohol prep pads</i>	1	
<i>sm alcohol 70% prep pads</i>	1	
<i>sm alcohol prep pads</i>	1	
<i>sure comfort alcohol prep pads</i>	1	
<i>sure-prep alcohol prep pads</i>	1	
<i>ultilet alcohol sterl swab</i>	1	
<i>v-r alcohol prep pads</i>	1	
<i>webcol alcohol preps</i>	1	
CVS ANTI-FUNGAL 2% POWDER <i>miconazole nitrate</i>	1	
ANTI-FUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL 15 / 7 days
ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL 30 / 7 days
EQL ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL 30 / 7 days
GNP ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL 30 / 7 days
SM ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL 30 / 7 days
ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL 30 / 7 days
ANTIFUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL 15 / 7 days
CARRINGTON ANTIFUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL 15 / 7 days
EQL ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL 30 / 7 days
SM ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bacitracin 500 unit/gm ointmnt</i>	1	QL 30 / 10 days
<i>first aid bacitracin ointment</i>	1	QL 30 / 10 days
<i>qc bacitracin 500 unit/gm oint</i>	1	QL 30 / 10 days
<i>ra bacitracin 500 unit/gm oint</i>	1	QL 30 / 10 days
<i>bacitracin 500 unit/gm ointmnt</i>	1	QL 30 / 10 days
<i>bacitracin-polymyxin ointment</i>	1	QL 30 / 10 days
<i>bacitracin-polymyxin ointment</i>	1	QL 30 / 10 days
BENZAMYCINPAK GEL <i>erythromycin base/benzoyl peroxide</i>	2	C Generic Preferred
BETASEPT 4% SURGICAL SCRUB <i>chlorhexidine gluconate</i>	1	QL 120 / 10 days
<i>ciclopirox 0.77 % gel (gram)</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL 6.6 / 68 days
<i>ciclopirox olamine 0.77 % cream (g)</i>	1	
<i>ciclopirox olamine 0.77 % suspension</i>	1	
<i>clindamycin phosphate 1 % gel (gram)</i>	1	
<i>clindamycin phosphate 1 % lotion</i>	1	
<i>clindamycin phosphate 1 % med. swab</i>	1	
<i>clindamycin phosphate 1 % solution</i>	1	
<i>clindamycin phosphate 2 % cream/appl</i>	1	
<i>clotrimazole 1% cream</i>	1	QL 30 / 7 days
<i>cvs clotrimazole 1% cream</i>	1	QL 30 / 7 days
<i>pv clotrimazole 1% cream</i>	1	
<i>qc clotrimazole 1% cream</i>	1	QL 30 / 7 days
<i>sm clotrimazole af 1% cream</i>	1	QL 30 / 7 days
<i>clotrimazole 1% cream</i>	1	QL 30 / 7 days
<i>clotrimazole 1% solution</i>	1	QL 30 / 26 days
<i>sm clotrimazole 1% solution</i>	1	QL 30 / 26 days
<i>clotrimazole 10 mg troche</i>	1	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	1	QL 45 / 28 days AL1 At least 17 yrs old
DESENEX 2% POWDER <i>miconazole nitrate</i>	2	QL 70 / 15 days
DESENEX 2% SPRAY LIQUID <i>miconazole nitrate</i>	2	QL 100 / 10 days
DESENEX 2% SPRAY POWDER <i>miconazole nitrate</i>	2	QL 100 / 10 days
<i>erythromycin/benzoyl peroxide 3 %-5 % gel (gram)</i>	1	
<i>erythromycin base/ethanol 2 % gel (gram)</i>	1	
<i>erythromycin base/ethanol 2 % med. swab</i>	1	
<i>erythromycin base/ethanol 2 % solution</i>	1	
EURAX 10% CREAM <i>crotamiton</i>	2	
EURAX 10% LOTION <i>crotamiton</i>	2	
<i>gentamicin sulfate 0.1 % cream (g)</i>	1	
<i>gentamicin sulfate 0.1 % oint. (g)</i>	1	
<i>ketoconazole 2 % cream (g)</i>	1	
<i>ketoconazole 2 % shampoo</i>	1	
LAMISIL AF DEFENS 1% SPRAY PWD <i>tolnaftate</i>	2	QL 45 / 7 days
LAMISIL AT 1% CREAM <i>terbinafine hcl</i>	2	
<i>lindane 1 % lotion</i>	1	
<i>lindane 1 % shampoo</i>	1	
LOTRIMIN AF 2% POWDER <i>miconazole nitrate</i>	2	QL 70 / 15 days
<i>malathion 0.5 % lotion</i>	1	QL 118 / 30 days AL1 At least 6 yrs old
METROGEL-VAGINAL 0.75% GEL <i>metronidazole</i>	2	
<i>metronidazole 0.75 % cream (g)</i>	1	QL 45 / 26 days
<i>metronidazole 0.75 % gel (gram)</i>	1	QL 45 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metronidazole 0.75 % gel w/appl</i>	1	QL 70 / 1 days
MICATIN 2% ANTIFUNGAL CREAM <i>miconazole nitrate</i>	2	QL 15 / 7 days
<i>miconazole 100 mg vag supp</i>	1	QL 7 / 7 days
<i>miconazole 7 100 mg vag supp</i>	1	QL 7 / 7 days
<i>pv miconazole 7 100 mg vag sup</i>	1	QL 7 / 7 days
<i>sm miconazole 7 100 mg vag sup</i>	1	QL 7 / 7 days
<i>miconazole nitrate 2% cream</i>	1	QL 15 / 7 days
<i>pv miconazole nitrate 2% cream</i>	1	QL 15 / 7 days
<i>sm miconazole nitrate 2% cream</i>	1	QL 15 / 7 days
<i>cvx miconazole 7 cream</i>	1	QL 45 / 7 days
<i>eq miconazole 7 cream</i>	1	QL 45 / 7 days
<i>eq miconazole nitrate 2% crm</i>	1	QL 45 / 7 days
<i>eq1 miconazole 7 cream</i>	1	QL 45 / 7 days
<i>gnp miconazole 7 cream</i>	1	QL 45 / 7 days
<i>kro miconazole 7 cream</i>	1	QL 45 / 7 days
<i>miconazole 7 cream</i>	1	QL 45 / 7 days
<i>miconazole nitrate 2% cream</i>	1	QL 45 / 7 days
<i>pv miconazole 7 cream</i>	1	QL 45 / 7 days
<i>qc miconazole 7 cream</i>	1	QL 45 / 7 days
<i>ra miconazole 7 cream</i>	1	QL 45 / 7 days
<i>sm miconazole 7 cream</i>	1	QL 45 / 7 days
<i>sm miconazole nitrate 2% cream</i>	1	QL 45 / 7 days
<i>miconazole nitrate 200 mg supp.vag</i>	1	QL 3 / 3 days
<i>cvx miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>cvx miconazole 3 combo pack</i>	1	QL 1 / 3 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eql miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>gnp miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>kro miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>pub miconazole3day combo pack</i>	1	QL 1 / 3 days
<i>pv miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>ra miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>sm miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>mupirocin 2 % oint. (g)</i>	1	
<i>mupirocin calcium 2 % cream (g)</i>	1	
NUZOLE 2% CREAM <i>miconazole nitrate</i>	1	QL 15 / 7 days
NYAMYC 100,000 UNITS/GM POWDER <i>nystatin</i>	1	
<i>nystatin 100000/g cream (g)</i>	1	
<i>nystatin 100000/g oint. (g)</i>	1	
<i>nystatin 100000/g powder</i>	1	
<i>nystatin/triamcin 100000-0.1 cream (g)</i>	1	
<i>nystatin/triamcin 100000-0.1 oint. (g)</i>	1	
NYSTOP 100,000 UNITS/GM POWDER <i>nystatin</i>	1	
PEDI-DRI TOPICAL POWDER <i>nystatin</i>	1	
<i>cvs permethrin 1% lotion</i>	1	QL 120 / 26 days
<i>permethrin 1% lotion</i>	1	QL 120 / 26 days
<i>permethrin 5 % cream (g)</i>	1	QL 120 / 180 days
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>silver sulfadiazine 1 % cream (g)</i>	1	
<i>spinosad 0.9 % suspension</i>	1	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium 10 % suspension</i>	1	
<i>sulfacetamide sodium 10 % suspension</i>	1	
<i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>	1	
<i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>	1	
<i>gnp terbinafine 1% cream</i>	1	
<i>terbinafine 1% cream</i>	1	
<i>terconazole 0.4 % cream/appl</i>	1	QL 45 / 14 days AL1 At least 18 yrs old
<i>terconazole 0.8 % cream/appl</i>	1	QL 20 / 14 days AL1 At least 18 yrs old
<i>terconazole 80 mg supp.vag</i>	1	QL 3 / 14 days AL1 At least 18 yrs old
<i>gnp tolnaftate 1% cream</i>	1	QL 15 / 7 days
<i>pv tolnaftate 1% cream</i>	1	QL 15 / 7 days
<i>qc tolnaftate 1% cream</i>	1	QL 15 / 7 days
<i>tolnaftate 1% cream</i>	1	QL 15 / 7 days
<i>tolnaftate af 1% cream</i>	1	QL 15 / 7 days
<i>tolnaftate 1% powder</i>	1	QL 45 / 7 days
<i>tolnaftate 1% solution</i>	1	QL 10 / 22 days
CVS TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
EQ TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
GNP TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
HM TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
KRO TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
PUB TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
PV TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RA TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
SB TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
SM TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL 30 / 10 days
CVS TRIPLE ANTIBIOTIC PLUS OIN <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
GNP TRIPLE ANTIBIOTIC + OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
HM TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
PV TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
RA TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
SM TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
TRIPLE ANTIBIOTIC PLUS OINTMNT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL 30 / 10 days
VAGISTAT-3 COMBO PACK <i>miconazole nitrate</i>	1	QL 1 / 7 days
VANDAZOLE VAGINAL 0.75% GEL <i>metronidazole</i>	2	QL 70 / days
ZEASORB 2% POWDER <i>miconazole nitrate</i>	1	QL 71 / 15 days
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
<i>alclometasone dipropionate 0.05 % cream (g)</i>	1	QL 15 / 14 days AL1 At least 1 yrs old
<i>alclometasone dipropionate 0.05 % oint. (g)</i>	1	QL 60 / 24 days AL1 At least 1 yrs old
ANTI-ITCH 1% OINTMENT <i>hydrocortisone</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RA ANTI-ITCH 1% OINTMENT <i>hydrocortisone</i>	1	QL 30 / 7 days
BETA HC 1% LOTION <i>hydrocortisone</i>	1	
<i>betamethasone dipropionate 0.05 % cream (g)</i>	1	QL 45 / 28 days
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % oint. (g)</i>	1	
<i>betamethasone/propylene glyc 0.05 % cream (g)</i>	1	QL 15 / 14 days
<i>betamethasone/propylene glyc 0.05 % oint. (g)</i>	1	QL 50 / 24 days AL1 At least 13 yrs old
<i>betamethasone valerate 0.1 % cream (g)</i>	1	QL 45 / 24 days
<i>betamethasone valerate 0.1 % lotion</i>	1	QL 60 / 27 days
<i>betamethasone valerate 0.1 % oint. (g)</i>	1	
CAPEX SHAMPOO <i>fluocinolone acetonide</i>	2	
<i>clobetasol propionate 0.05 % gel (gram)</i>	1	QL 60 / 24 days AL1 At least 12 yrs old
<i>clobetasol propionate 0.05 % oint. (g)</i>	1	QL 60 / 27 days
<i>clobetasol propionate 0.05 % solution</i>	1	QL 50 / 24 days AL1 At least 12 yrs old
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	1	QL 45 / 28 days AL1 At least 17 yrs old
COLOCORT 100 MG ENEMA <i>hydrocortisone</i>	1	QL 240 / 1 days
CORTIZONE-10 1% CREME <i>hydrocortisone</i>	2	QL 30 / 7 days
CORTIZONE-10 1% LOTION <i>hydrocortisone</i>	2	
CORTIZONE-10 1% OINTMENT <i>hydrocortisone</i>	2	QL 30 / 7 days
CORTIZONE-10 COOLING 1% GEL <i>hydrocortisone</i>	2	
CORTIZONE-10 PLUS 1% CREME <i>hydrocortisone</i>	2	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CORTIZONE-10 PLUS CREME <i>hydrocortisone</i>	2	QL 30 / 7 days
<i>desonide 0.05 % cream (g)</i>	1	QL 120 / 24 days AL1 At least 18 yrs old
<i>desonide 0.05 % lotion</i>	1	QL 90 / 24 days AL1 At least 18 yrs old
<i>desonide 0.05 % oint. (g)</i>	1	QL 60 / 27 days AL1 At least 18 yrs old
<i>diflorasone diacetate 0.05 % cream (g)</i>	1	
<i>diflorasone diacetate 0.05 % oint. (g)</i>	1	QL 60 / 27 days
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % cream (g)</i>	1	
<i>fluocinolone acetonide 0.025 % oint. (g)</i>	1	QL 60 / 30 days
<i>fluocinolone/shower cap 0.01 % oil</i>	1	AL1 At least 18 yrs old
<i>fluocinonide 0.05 % cream (g)</i>	1	QL 120 / 24 days
<i>fluocinonide 0.05 % gel (gram)</i>	1	QL 60 / 24 days
<i>fluocinonide 0.05 % oint. (g)</i>	1	QL 60 / 24 days
<i>fluocinonide 0.05 % solution</i>	1	QL 60 / 24 days
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	1	QL 60 / 24 days
<i>fluticasone propionate 0.005 % oint. (g)</i>	1	QL 15 / 14 days
<i>fluticasone propionate 0.05 % cream (g)</i>	1	
<i>halobetasol propionate 0.05 % cream (g)</i>	1	QL 50 / 24 days AL1 At least 12 yrs old
<i>halobetasol propionate 0.05 % oint. (g)</i>	1	
HYDRO SKIN 1% LOTION <i>hydrocortisone</i>	1	QL 120 / 27 days
<i>hydrocortisone 0.5% cream</i>	1	QL 30 / 7 days
<i>ra hydrocortisone 0.5% crm</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm hydrocortisone 0.5% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone 0.5% ointment</i>	1	QL 30 / 7 days
<i>sm hydrocortisone 0.5% ointmnt</i>	1	QL 30 / 7 days
<i>cvs hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>eq hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>gnp hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>hm hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone plus 1% cream</i>	1	QL 30 / 7 days
<i>pv hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>qc hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>ra hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>sb hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>sm hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone 1 % crm/pe app</i>	1	QL 30 / 7 days
<i>hydrocortisone 1% lotion</i>	1	QL 120 / 27 days
<i>cvs hydrocortisone 1% oint</i>	1	QL 30 / 7 days
<i>hydrocortisone 1% ointment</i>	1	QL 30 / 7 days
<i>pv hydrocortisone 1% ointment</i>	1	QL 30 / 7 days
<i>sb hydrocortisone 1% ointment</i>	1	QL 30 / 7 days
<i>sm hydrocortisone 1% ointment</i>	1	QL 30 / 7 days
<i>hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone 100mg/60ml enema</i>	1	QL 240 / 1 day
<i>hydrocortisone 2.5 % cream (g)</i>	1	
<i>hydrocortisone 2.5 % crm/pe app</i>	1	
<i>hydrocortisone 2.5 % lotion</i>	1	QL 118 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 2.5 % oint. (g)</i>	1	
<i>hydrocortisone 0.5% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone 1% cream</i>	1	QL 30 / 7 days
<i>hydrocortisone 1% ointment</i>	1	QL 30 / 7 days
<i>hydrocortisone valerate 0.2 % cream (g)</i>	1	QL 60 / 24 days
<i>hydrocortisone valerate 0.2 % oint. (g)</i>	1	QL 60 / 24 days
<i>hydrocortisone plus 1% cream</i>	1	QL 30 / 7 days
<i>mometasone furoate 0.1 % cream (g)</i>	1	QL 45 / 26 days AL1 At least 2 yrs old
<i>mometasone furoate 0.1 % oint. (g)</i>	1	QL 45 / 19 days AL1 At least 2 yrs old
<i>mometasone furoate 0.1 % solution</i>	1	QL 30 / 14 days
PROCTOFOAM-HC 1%-1% FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	2	
PROCTOSOL-HC 2.5% CREAM <i>hydrocortisone</i>	1	
PROCTOZONE-HC 2.5% CREAM <i>hydrocortisone</i>	1	
<i>triamcinolone acetonide 0.025 % cream (g)</i>	1	QL 456 / 24 days
<i>triamcinolone acetonide 0.025 % lotion</i>	1	QL 120 / 24 days
<i>triamcinolone acetonide 0.025 % oint. (g)</i>	1	QL 456 / 24 days
<i>triamcinolone acetonide 0.1 % cream (g)</i>	1	QL 456 / 24 days
<i>triamcinolone acetonide 0.1 % lotion</i>	1	
<i>triamcinolone acetonide 0.1 % oint. (g)</i>	1	QL 456 / 24 days
<i>triamcinolone acetonide 0.1 % paste (g)</i>	1	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	1	
<i>triamcinolone acetonide 0.5 % cream (g)</i>	1	QL 60 / 27 days
<i>triamcinolone acetonide 0.5 % oint. (g)</i>	1	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPRURITICS AND LOCAL ANESTHETICS		
SM ALLERGY 2% CREAM <i>diphenhydramine hcl</i>	1	
ANTI-ITCH 2% CREAM <i>diphenhydramine hcl</i>	1	QL 30 / 7 days
ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
EQ ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
GNP ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
QC ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
SB ANTI-ITCH 2%-0.1% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
SM ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL 30 / 7 days
ANTI-ITCH CREAM <i>benzocaine/resorcinol</i>	1	QL 30 / 7 days
BANOPHEN ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	
<i>lidocaine 5 % adh. patch</i>	1	QL 1 / 1 days AL1 At least 18 yrs old
<i>lidocaine 5 % oint. (g)</i>	1	QL 35.4 / 30 days
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	1	QL 150 / 30 days
<i>lidocaine/prilocaine 2.5 %-2.5% kit</i>	1	QL 150 / 30 days
<i>phenazopyridine hcl 100 mg tablet</i>	1	
<i>phenazopyridine hcl 200 mg tablet</i>	1	
PROCTOFOAM-HC 1%-1% FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	2	
ASTRINGENTS		
HEMORRHOIDAL HYGIENE PADS <i>witch hazel</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin 0.01 % gel (gram)</i>	1	
<i>tretinoin 0.025 % cream (g)</i>	1	
<i>tretinoin 0.025 % gel (gram)</i>	1	
<i>tretinoin 0.05 % cream (g)</i>	1	
<i>tretinoin 0.1 % cream (g)</i>	1	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP 10 MG CAPSULE <i>methoxsalen</i>	1	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
AMLACTIN 12% LOTION <i>ammonium lactate</i>	1	
AMLACTIN MOISTURIZING BODY LOT <i>ammonium lactate</i>	1	
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
<i>calamine lotion</i>	1	QL 240 / 7 days
<i>calamine plain lotion</i>	1	QL 240 / 7 days
<i>pv calamine lotion</i>	1	QL 240 / 7 days
<i>ra calamine lotion</i>	1	QL 240 / 7 days
<i>sm calamine lotion</i>	1	QL 240 / 7 days
<i>calamine lotion</i>	1	QL 240 / 7 days
<i>sm calamine lotion</i>	1	QL 240 / 7 days
<i>mineral oil</i>	1	QL 45 / 1 days
<i>topical light mineral oil</i>	1	
<i>vitamin a & d ointment</i>	1	
<i>vitamin a & d ointment</i>	1	
<i>vitamin a & d ointment</i>	1	
<i>zinc oxide ointment</i>	1	
<i>gnp zinc oxide 20% ointment</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv zinc oxide 20% ointment</i>	1	
<i>zinc oxide 20% ointment</i>	1	
<i>zinc oxide ointment</i>	1	
KERATOLYTIC AGENTS		
<i>benzoyl peroxide 10% wash</i>	1	
<i>benzoyl peroxide 10% gel</i>	1	
<i>benzoyl peroxide 5% wash</i>	1	
<i>benzoyl peroxide 5% gel</i>	1	
<i>benzoyl peroxide 6% cleanser</i>	1	
SAL-PLANT 17% GEL <i>salicylic acid</i>	1	
<i>salicylic acid 27.5 % liq-film</i>	1	
<i>salicylic acid 6 % cream (g)</i>	1	QL 400 / 24 days
<i>salicylic acid 6 % crm er (g)</i>	1	QL 400 / 24 days
<i>salicylic acid 6 % gel (gram)</i>	1	QL 40 / 24 days
<i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>	1	
<i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>	1	
<i>urea 40 % lotion</i>	1	QL 240 / 24 days
KERATOPLASTIC AGENTS		
BETATAR GEL SHAMPOO <i>coal tar</i>	1	
<i>coal tar solution</i>	1	
<i>coal tar 20 % solution</i>	1	
IONIL T SHAMPOO <i>coal tar</i>	1	
PC TAR SHAMPOO <i>coal tar</i>	1	
TERA-GEL TAR 0.5% SHAMPOO <i>coal tar</i>	1	
THERA-GEL 0.5% SHAMPOO <i>coal tar</i>	1	
X-SEB T PLUS SHAMPOO <i>coal tar</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>adapalene 0.1 % cream (g)</i>	1	C PA required for members over the age of 21
<i>adapalene 0.1 % gel (gram)</i>	1	
AMNESTEEM 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
AMNESTEEM 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
AMNESTEEM 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
<i>calcipotriene 0.005 % oint. (g)</i>	1	
<i>calcipotriene 0.005 % solution</i>	1	
<i>capsaicin 0.025% cream</i>	1	QL 60 / 20 days
<i>capsicum oleoresn 0.025% crm</i>	1	QL 60 / 20 days
<i>capsaicin 0.075% cream</i>	1	QL 60 / 20 days
<i>capsicum oleoresn 0.075% crm</i>	1	QL 60 / 20 days
CAPZASIN-HP 0.1% CREAM <i>capsaicin</i>	1	QL 60 / 20 days
CLARAVIS 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CLARAVIS 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CLARAVIS 30 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CLARAVIS 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CONDYLOX 0.5% GEL <i>podofilox</i>	2	
<i>diclofenac sodium 1 % gel (gram)</i>	1	QL 500 / 30 days
FLUOROPLEX 1% CREAM <i>fluorouracil</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluorouracil 2 % solution	1	
fluorouracil 5 % cream (g)	1	
fluorouracil 5 % solution	1	
HEMORRHOIDAL OINTMENT phenylephrine hcl/mineral oil/petrolatum, white	1	QL 114 / 30 days
HEMORRHOIDAL OINTMENT phenylephrine hcl/shark liver oil/mineral oil/wh.petrolatum	1	QL 114 / 30 days
HEMORRHOIDAL OINTMENT skin respiratory factor/shark liver oil	1	QL 114 / 30 days
imiquimod 5 % cream pack	1	QL 48 / 365 days
MYORISAN 10 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
MYORISAN 20 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
MYORISAN 30 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
MYORISAN 40 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
PODOCON-25 LIQUID podophyllum resin	1	
podofilox 0.5 % solution	1	
SANTYL OINTMENT collagenase clostridium histolyticum	1	
tacrolimus 0.03 % oint. (g)	1	PA AL1 At least 2 yrs old
tacrolimus 0.1 % oint. (g)	1	PA AL1 At least 16 yrs old
ZENATANE 10 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
ZENATANE 20 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
ZENATANE 30 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZENATANE 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride 10 mg tab er 24</i>	1	QL 1 / 1 days
<i>oxybutynin chloride 15 mg tab er 24</i>	1	QL 1 / 1 days
<i>oxybutynin chloride 5 mg tab er 24</i>	1	QL 1 / 1 days
<i>oxybutynin chloride 5 mg tablet</i>	1	QL 4 / 1 days
<i>oxybutynin chloride 5 mg/5 ml syrup</i>	1	QL 20 / 1 days
<i>tolterodine tartrate 1 mg tablet</i>	1	QL 2 / 1 days
<i>tolterodine tartrate 2 mg cap er 24h</i>	1	QL 1 / 1 days
<i>tolterodine tartrate 2 mg tablet</i>	1	QL 2 / 1 days
<i>tolterodine tartrate 4 mg cap er 24h</i>	1	QL 1 / 1 days
<i>trospium chloride 20 mg tablet</i>	1	QL 2 / 1 days
<i>trospium chloride 60 mg cap er 24h</i>	1	QL 1 / 1 days
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	
LUFYLLIN 200 MG TABLET <i>dyphylline</i>	2	
LUFYLLIN-400 TABLET <i>dyphylline</i>	2	
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline anhydrous 100 mg tab er 12h</i>	1	QL 4 / 1 days
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL 3 / 1 days
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL 2 / 1 days
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL 1 / 1 days
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL 75 / 1 days
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL 75 / 1 days
VITAMINS		
MULTIVITAMIN PREPARATIONS		
APATATE FORTE LIQUID <i>multivitamin with minerals</i>	1	
AQUADEKS CHEWABLE TABLET <i>multivitamin, minerals no.51/folic acid/vit k1/ubidecarenone</i>	1	QL 2 / 1 days
AQUADEKS PEDIATRIC LIQUID <i>pediatric multivitamin no.40/phytonadione (vit k1)</i>	1	QL 2 / 1 days
AQUADEKS SOFTGEL <i>multivitamin with min no.52/folic acid/vit k1/ubidecarenone</i>	1	QL 2 / 1 days
BEE-ZEE TABLET <i>multivitamin with minerals</i>	1	QL 1 / 1 days
BIOSUPP LIQUID <i>multivitamin with minerals</i>	1	
BODY, HAIR, SKIN AND NAILS CAP <i>multivit,calcium,iron,min/folic acid/choline/inositol/paba</i>	1	
CENTRUM COMPLETE MULTIVIT TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
CEROVITE ADVANCED FORM TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
CERTAVITE-ANTIOXIDANT TABLET <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
COMPLETENATE TABLET CHEW <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	1	
FOLIVANE-OB CAPSULE <i>prenatal vitamin no.15/iron fumarate,polysac comp/folic acid</i>	1	
I-VITE TABLET <i>beta-carotene(a) w-c and e/lutein/minerals</i>	1	
ICAPS PLUS TABLET <i>multivitamin with minerals</i>	1	QL 1 / 1 days
INATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
MEGA MULTIVIT-CHELATED MIN TAB <i>multivitamin with minerals</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEGA MULTIVITAMIN-MINERAL TAB <i>multivitamin with minerals</i>	1	QL 1 / 1 days
<i>multiple vitamin w-minerals tb</i>	1	QL 1 / 1 days
<i>multivit-minerals tablet</i>	1	QL 1 / 1 days
<i>pv daily multivitamin-min tab</i>	1	QL 1 / 1 days
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
MYVITALIFE SOFT-GEL CAPSULE <i>multivitamin with minerals</i>	1	
OCUVITE WITH LUTEIN TABLET <i>beta-carotene(a) w-c and e/lutein/minerals</i>	1	
ONE-A-DAY MAX FORMULA TAB <i>multivitamin with minerals</i>	1	QL 1 / 1 days
<i>pedi multivit no.16 w-fluoride 0.25 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.16 w-fluoride 0.5 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 75/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit no.17 w-fluoride 0.25 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.17 w-fluoride 0.5 mg tab chew</i>	1	QL 1 / 1 days
<i>pedi multivit no.17 w-fluoride 0.5 mg tab chew</i>	1	
<i>pedi multivit no.17 w-fluoride 1 mg tab chew</i>	1	QL 1 / 1 days
POLY-VI-SOL DROPS <i>pediatric multivitamin no.81</i>	2	
POLY-VI-SOL WITH IRON DROPS <i>pediatric multivitamin combination no.80/ferrous sulfate</i>	2	
POLYVITAMIN WITH IRON TAB CHEW <i>multivitamin with iron and other minerals</i>	1	QL 34 / 26 days
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
<i>cvs prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal one daily tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv no.5/ferrous fum/folic ac 106.5-1mg capsule</i>	1	
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin formula tb</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>ra prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenat 115/iron fum/folic/dss 29-1-25 mg tablet</i>	1	
<i>prenatal 19 tablet</i>	1	
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamins tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
SE-NATAL 19 CHEWABLE TABLET <i>prenatal vits with calcium#118/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
SE-NATAL 19 TABLET <i>prenatal vits no.119/iron fumarate/folic acid/docusate sod.</i>	1	
TAB-A-VITE-MINERALS TABLET <i>multivitamin with minerals</i>	1	QL 1 / 1 days
TRI-VI-SOL DROPS <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>	2	
TRIADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
TRICARE PRENATAL TABLET <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VINACAL B PRENATAL COMBO PACK <i>prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6</i>	1	
VINATE ONE TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VINATE-M TABLET <i>prenatal vitamins with calcium/ferrous fumarate/folic ac/sel</i>	1	
VIRT-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-TAB RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
VITAMIN A		
TRI-VI-SOL DROPS <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>	2	
<i>gnp vitamin a 10,000 unit sfgl</i>	1	QL 100 / 26 days
<i>ra vitamin a 10,000 unit sftgl</i>	1	QL 100 / 26 days
<i>vitamin a 10,000 units capsule</i>	1	QL 100 / 26 days
<i>vitamin a 10,000 units softgel</i>	1	QL 2 / 1 days
<i>vitamin a 25,000 units capsule</i>	1	QL 2 / 1 days
<i>cvs vitamin a 8,000 unit sftgl</i>	1	QL 2 / 1 days
<i>v-r vitamin a 8,000 unit sftgl</i>	1	QL 2 / 1 days
<i>vitamin a 8,000 unit capsule</i>	1	QL 2 / 1 days
<i>vitamin a 8,000 units softgel</i>	1	QL 2 / 1 days
<i>vitamin a 10,000 units softgel</i>	1	QL 2 / 1 days
VITAMIN B COMPLEX		
AQUADEKS CHEWABLE TABLET <i>multivitamin, minerals no.51/folic acid/vit k1/ubidecarenone</i>	1	QL 2 / 1 days
AQUADEKS SOFTGEL <i>multivitamin with min no.52/folic acid/vit k1/ubidecarenone</i>	1	QL 2 / 1 days
BALANCED B-100 TABLET <i>vit b complex 100 combo no.3/herbs</i>	1	
BALANCED B-100 TABLET <i>vitamin b complex</i>	1	
BALANCED B-50 TABLET <i>vitamin b complex</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RA BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
SM BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
V-R BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
CENTRUM COMPLETE MULTIVIT TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
CEROVITE ADVANCED FORM TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
CERTAVITE-ANTIOXIDANT TABLET <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL 100 / 34 days
COMPLETENATE TABLET CHEW <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	1	
<i>ra vitamin b-12 100 mcg tablet</i>	1	
<i>sm vitamin b-12 100 mcg tablet</i>	1	
<i>v-r vitamin b12 100 mcg tablet</i>	1	
<i>vitamin b-12 100 mcg tablet</i>	1	
<i>vitamin b-12 1,000 mcg tab sl</i>	1	
<i>cvs vitamin b-12 1,000 mcg tab</i>	1	
<i>fn vitamin b-12 1,000 mcg tab</i>	1	
<i>pv vitamin b-12 1,000 mcg tab</i>	1	
<i>vitamin b-12 1,000 mcg tablet</i>	1	
<i>eq1 vitamin b-12 1,000 mcg tab</i>	1	
<i>gnp vit b-12 er 1,000 mcg tab</i>	1	
<i>hm vit b-12 tr 1,000 mcg tab</i>	1	
<i>ra vit b12 1,000 mcg tab sa</i>	1	
<i>ra vitamin b12 tr 1,000 mcg tb</i>	1	
<i>sm vitamin b12 1,000 mcg tab</i>	1	
<i>vitamin b-12 1,000 mcg tab sa</i>	1	
<i>vitamin b-12 er 1,000 mcg tab</i>	1	
<i>vitamin b-12 tr 1,000 mcg tab</i>	1	
<i>vitamin b12 1,000 mcg tab sa</i>	1	
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin b12 50 mcg tablet</i>	1	
<i>b-12 500 mcg tablet</i>	1	
<i>eql vitamin b-12 500 mcg tab</i>	1	
<i>hm vitamin b-12 500 mcg tablet</i>	1	
<i>pv b-12 500 mcg tablet</i>	1	
<i>sm vitamin b-12 500 mcg tablet</i>	1	
<i>vitamin b-12 500 mcg tablet</i>	1	
<i>vitamin b12 500 mcg tablet</i>	1	
<i>cvs vitamin b12 5,000 mcg tab</i>	1	
DIALYVITE WITH ZINC TABLET <i>vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide</i>	1	
FABB TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
FERRAPLUS 90 TABLET <i>iron, carbonyl/folic acid/vit b12/vitamin c/docusate sodium</i>	1	
FOLBIC TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>eql folic acid 400 mcg tab</i>	1	QL 100 / 26 days
<i>folic acid 0.4 mg tablet</i>	1	QL 1 / 1 days
<i>folic acid 400 mcg tablet</i>	1	QL 100 / 26 days
<i>gnp folic acid 400 mcg tablet</i>	1	QL 100 / 26 days
<i>hm folic acid 400 mcg tablet</i>	1	QL 100 / 26 days
<i>pv folic acid 400 mcg tablet</i>	1	QL 100 / 26 days
<i>ra folic acid 0.4 mg tablet</i>	1	QL 100 / 26 days
<i>sm folic acid 0.4 mg tablet</i>	1	QL 100 / 26 days
<i>sm folic acid 400 mcg tablet</i>	1	QL 100 / 26 days
<i>cvs folic acid 800 mcg tablet</i>	1	QL 100 / 26 days
<i>folic acid 0.8 mg tablet</i>	1	QL 1 / 1 days
<i>folic acid 800 mcg tablet</i>	1	QL 100 / 26 days
<i>pv folic acid 800 mcg tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra folic acid 800 mcg tablet</i>	1	QL 100 / 26 days
<i>sv folic acid 800 mcg tablet</i>	1	QL 100 / 26 days
<i>folic acid 1 mg tablet</i>	1	QL 100 / 26 days
<i>folic acid 1,000 mcg tablet</i>	1	QL 100 / 26 days
FOLIVANE-OB CAPSULE <i>prenatal vitamin no.15/iron fumarate,polysac comp/folic acid</i>	1	
FOLPLEX 2.2 TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
INATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
NEPHROCAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
<i>prenatal one daily tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin formula tb</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>ra prenatal tablet</i>	1	QL 1 / 1 days GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenat 115/iron fum/folic/dss 29-1-25 mg tablet</i>	1	
<i>prenatal 19 tablet</i>	1	
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamins tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vitamin tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal formula tablet</i>	1	QL 1 / 1 days GL Female
<i>prenatal tablet</i>	1	QL 1 / 1 days GL Female
<i>cvs vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>eql vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>gnp vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>pv vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>ra vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>sm vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>v-r vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>vitamin b-6 100 mg tablet</i>	1	QL 2 / 1 days
<i>vitamin b-6 25 mg tablet</i>	1	QL 2 / 1 days
<i>pv b-6 50 mg tablet</i>	1	QL 2 / 1 days
<i>ra vitamin b-6 50 mg tablet</i>	1	QL 2 / 1 days
<i>v-r vitamin b-6 50 mg tab</i>	1	QL 2 / 1 days
<i>vitamin b-6 50 mg tablet</i>	1	QL 2 / 1 days
RENA-VITE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	1	
RENAL CAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	QL 1 / 1 days
RENO CAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	
<i>vitamin b-2 100 mg tablet</i>	2	
<i>vitamin b-2 25 mg tablet</i>	2	
<i>vitamin b-2 50 mg tablet</i>	2	
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
SE-NATAL 19 CHEWABLE TABLET <i>prenatal vits with calcium#118/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
SE-NATAL 19 TABLET <i>prenatal vits no.119/iron fumarate/folic acid/docusate sod.</i>	1	
<i>b-1 100 mg tablet</i>	1	
<i>gnp vitamin b-1 100 mg tablet</i>	1	
<i>pv vitamin b-1 100 mg tablet</i>	1	
<i>ra vitamin b-1 100 mg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm vitamin b-1 100 mg tablet</i>	1	
<i>vitamin b-1 100 mg tablet</i>	1	
<i>vitamin b-1 100 mg tablet</i>	1	
TRIADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 1 / 1 days GL Female
TRICARE PRENATAL TABLET <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
TRINATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
TRIPHROCAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	
VINACAL B PRENATAL COMBO PACK <i>prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6</i>	1	
VINATE ONE TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 1 / 1 days GL Female
VIRT-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VIRT-VITE FORTE TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>vitamin b complex tablet</i>	1	
<i>b complex capsule</i>	1	
<i>vitamin b complex capsule</i>	1	
<i>b complex tablet</i>	1	
<i>b-complex with b12 tablet</i>	1	
<i>eq1 b complex 100 tablet</i>	1	
<i>eq1 b complex 50 tablet</i>	1	
<i>pv b complex tablet</i>	1	
<i>ra b-complex tablet</i>	1	
<i>ra b-complex-vitamin b-12 tab</i>	1	
<i>vitamin b complex tablet</i>	1	
VOL-CARE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VOL-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-TAB RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL 1 / 1 days GL Female
VITAMIN C		
<i>vitamin c 500 mg tablet</i>	1	QL 100 / 26 days
<i>vitamin c 100 mg tablet</i>	1	QL 2 / 1 days
<i>cvs vitamin c 1,000 mg caplet</i>	1	QL 100 / 26 days
<i>cvs vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>eqi vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>gnp vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>hm vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>pv vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>ra vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>sm vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>v-r vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>vitamin c 1,000 mg caplet</i>	1	QL 100 / 26 days
<i>vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>c-1,000 mg tablet sa</i>	1	QL 100 / 26 days
<i>pv vitamin c 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>ra vitamin c 1,000 mg tab sa</i>	1	QL 100 / 26 days
<i>vitamin c tr 1,000 mg tablet</i>	1	QL 100 / 26 days
<i>v-r vit c 250 mg tablet chew</i>	1	QL 2 / 1 days
<i>vitamin c 250 mg tablet chew</i>	1	QL 2 / 1 days
<i>ascorbic acid 250 mg tablet</i>	1	QL 2 / 1 days
<i>gnp vitamin c 250 mg tablet</i>	1	QL 2 / 1 days
<i>ra vitamin c 250 mg tablet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm vitamin c 250 mg tablet</i>	1	QL 2 / 1 days
<i>vitamin c 250 mg tablet</i>	1	QL 2 / 1 days
<i>eql vitamin c 500 mg chew tab</i>	1	QL 2 / 1 days
<i>eql vitamin c 500 mg tab chew</i>	1	QL 2 / 1 days
<i>gnp vitamin c 500 mg tab chew</i>	1	QL 2 / 1 days
<i>hm vitamin c 500 mg tab chew</i>	1	QL 2 / 1 days
<i>ra vitamin c 500 mg tab chew</i>	1	QL 2 / 1 days
<i>sm vit c 500 mg tablet chew</i>	1	QL 2 / 1 days
<i>sv vitamin c 500 mg tab chew</i>	1	QL 2 / 1 days
<i>v-r vit c 500 mg tablet chew</i>	1	QL 2 / 1 days
<i>vitamin c 500 mg chew tablet</i>	1	QL 2 / 1 days
<i>vitamin c 500 mg tablet chew</i>	1	QL 2 / 1 days
<i>vitamin c-500 mg tablet chew</i>	1	QL 2 / 1 days
<i>ascorbic acid 500 mg tablet</i>	1	QL 2 / 1 days
<i>cvs vitamin c 500 mg caplet</i>	1	QL 2 / 1 days
<i>cvs vitamin c 500 mg tablet</i>	1	QL 2 / 1 days
<i>eql vit c-rose hips 500 mg tab</i>	1	QL 2 / 1 days
<i>eql vitamin c 500 mg tablet</i>	1	QL 2 / 1 days
<i>gnp vitamin c 500 mg tablet</i>	1	QL 2 / 1 days
<i>hm vitamin c 500 mg caplet</i>	1	QL 2 / 1 days
<i>pv vitamin c 500 mg tablet</i>	1	QL 2 / 1 days
<i>ra vit c-rose hips 500 mg tab</i>	1	QL 2 / 1 days
<i>ra vitamin c 500 mg tablet</i>	1	QL 2 / 1 days
<i>sm vitamin c 500 mg caplet</i>	1	QL 2 / 1 days
<i>sm vitamin c 500 mg tablet</i>	1	QL 2 / 1 days
<i>v-r vitamin c 500 mg caplet</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
v-r vitamin c 500 mg tablet	1	QL 2 / 1 days
vitamin c 500 mg caplet	1	QL 2 / 1 days
vitamin c 500 mg tablet	1	QL 2 / 1 days
vitamin c-500 mg tablet	1	QL 2 / 1 days
gnp vitamin c er 500 mg tablet	1	QL 100 / 26 days
hm vitamin c tr 500 mg tablet	1	QL 100 / 26 days
pv vitamin c tr 500 mg tablet	1	QL 100 / 26 days
ra vitamin c tr 500 mg caplet	1	QL 100 / 26 days
ra vitamin c tr 500 mg tablet	1	QL 100 / 26 days
sm vitamin c tr 500 mg tablet	1	QL 100 / 26 days
v-r vitamin c tr 500 mg caplet	1	QL 100 / 26 days
vitamin c tr 500 mg caplet	1	QL 100 / 26 days
vitamin c tr 500 mg tablet	1	QL 100 / 26 days
vitamin c 500 mg/5 ml liquid	1	
vitamin c 500 mg/5 ml syrup	1	
vitamin c 500 mg/15 ml liquid	1	
pv vitamin c 250 mg tab chew	1	QL 100 / 26 days
ra vitamin c 500 mg chew tab	1	QL 100 / 26 days
DIALYVITE WITH ZINC TABLET vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide	1	
FERRAPLUS 90 TABLET iron, carbonyl/folic acid/vit b12/vitamin c/docusate sodium	1	
NEPHROCAPS SOFTGEL vitamin b complex and vitamin c no.20/folic acid	1	
RENA-VITE RX TABLET vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin	1	
RENAL CAPS SOFTGEL vitamin b complex and vitamin c no.20/folic acid	1	QL 1 / 1 days
RENO CAPS SOFTGEL vitamin b complex and vitamin c no.20/folic acid	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOOTHING PUREWAY-C 500 MG TAB <i>ascorbic acid</i>	1	QL 2 / 1 days
TRI-VI-SOL DROPS <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>	2	
TRIPHROCAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	
<i>vitamin b complex tablet</i>	1	
VOL-CARE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	1	
VITAMIN D		
<i>calcitriol 0.25 mcg capsule</i>	1	QL 4 / 1 days
<i>calcitriol 0.5 mcg capsule</i>	1	QL 4 / 1 days
<i>calcitriol 1 mcg/ml solution</i>	1	QL 2 / 1 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>calcium-500 mg tablet chewable</i>	1	QL 100 / 26 days
<i>calcium 500-vit d3 200 caplet</i>	1	QL 100 / 26 days
<i>calcium 500-vit d3 200 tablet</i>	1	QL 100 / 26 days
<i>cvs calcium 500-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>hm calcium 500-vit d3 200 cplt</i>	1	QL 100 / 26 days
<i>oyster shell 500-vit d3 200 tb</i>	1	QL 100 / 26 days
<i>pv calcium 500-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>ra oyster shell 500-vit d3 200</i>	1	QL 100 / 26 days
<i>sm calcium 500-vit d3 200 cplt</i>	1	QL 100 / 26 days
<i>calcium 500-vit d3 400 tablet</i>	1	QL 100 / 26 days
<i>eq calcium 500-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>oyster shell calcium tablet</i>	1	QL 100 / 26 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>sm calcium 500-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>calcium 600 + vit d tablet</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcium 600-vit d3 200 tablet</i>	1	QL 100 / 26 days
<i>eqi calcium 600-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>pv calcium 600-vit d3 200 tab</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 400 caplet</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 400 tablet</i>	1	QL 100 / 26 days
<i>hm calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>pv calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>ra calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>sm calcium 600-vit d3 400 tab</i>	1	QL 100 / 26 days
<i>calcium 600-vit d3 800 tablet</i>	1	QL 100 / 26 days
<i>cvs calcium 600-vit d3 800 tab</i>	1	QL 100 / 26 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>ra oyster shell-vit d tablet</i>	1	QL 100 / 26 days
<i>oyster shell calcium-vit d tab</i>	1	QL 100 / 26 days
<i>cvs vitamin d3 1,000 unit sfgl</i>	1	QL 2 / 1 days
<i>sv vitamin d3 1,000 unit sftgl</i>	1	QL 2 / 1 days
<i>vitamin d3 1,000 unit softgel</i>	1	QL 2 / 1 days
<i>gnp vitamin d3 1,000 unit tab</i>	1	QL 2 / 1 days
<i>hm vitamin d3 1,000 unit tab</i>	1	QL 2 / 1 days
<i>pv vitamin d3 1,000 unit tab</i>	1	QL 2 / 1 days
<i>ra vitamin d3 1,000 unit tab</i>	1	QL 2 / 1 days
<i>sm vitamin d3 1,000 unit tab</i>	1	QL 2 / 1 days
<i>vitamin d3 1,000 unit tablet</i>	1	QL 2 / 1 days
<i>cvs vitamin d3 2,000 unit sfgl</i>	1	
<i>hm vitamin d3 2,000 unit sftgl</i>	1	
<i>pv vitamin d3 2,000 unit sftgl</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra vitamin d3 2,000 unit sfgl</i>	1	
<i>ra vitamin d3 2,000 unit sftgl</i>	1	
<i>sm vitamin d3 2,000 unit sftgl</i>	1	
<i>vitamin d3 2,000 unit softgel</i>	1	
<i>gnp vitamin d3 2,000 unit tab</i>	1	
<i>pv vitamin d3 2,000 unit tab</i>	1	
<i>vitamin d3 2,000 unit tablet</i>	1	
<i>gnp vitamin d3 400 unit tablet</i>	1	QL 5 / 1 days
<i>hm vitamin d3 400 unit tablet</i>	1	QL 5 / 1 days
<i>pv vitamin d3 400 unit tablet</i>	1	QL 5 / 1 days
<i>sm vitamin d3 400 unit tablet</i>	1	QL 5 / 1 days
<i>vitamin d-400 tablet</i>	1	QL 5 / 1 days
<i>vitamin d3 400 unit tablet</i>	1	QL 5 / 1 days
<i>vitamin d3 400 unit/ml drop</i>	1	
<i>d3-50 50,000 units capsule</i>	1	
<i>vitamin d3 50,000 units caps</i>	1	
<i>vitamin d 400 unit tablet</i>	1	
<i>vitamin d2 400 unit tablet</i>	1	
<i>ergocalciferol (vitamin d2) 50000 unit capsule</i>	1	QL 8 / 30 days
<i>ergocalciferol 8,000 units/ml</i>	1	QL 2 / 1 days
OYSCO 500-VIT D3 200 TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL 100 / 26 days
OYSCO D TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL 100 / 26 days
TRI-VI-SOL DROPS <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>	2	
VITAMIN E		
<i>vitamin b complex tablet</i>	1	
<i>vitamin e 100 unit capsule</i>	1	QL 100 / 26 days
<i>vitamin e 100 unit softgel</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs vitamin e 1,000 units cap</i>	1	QL 100 / 26 days
<i>eql vitamin e 1,000 unit sftgl</i>	1	QL 100 / 26 days
<i>pv vitamin e 1,000 units sftgl</i>	1	QL 100 / 26 days
<i>ra vitamin e 1,000 units sftgl</i>	1	QL 100 / 26 days
<i>sm vitamin e 1,000 unit sftgel</i>	1	QL 100 / 26 days
<i>v-r vitamin e 1,000 units sftg</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 units capsule</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 units softgel</i>	1	QL 100 / 26 days
<i>ra vitamin e 200 unit softgel</i>	1	QL 100 / 26 days
<i>sm vitamin e 200 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 200 unit capsule</i>	1	QL 100 / 26 days
<i>vitamin e 200 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 200 units capsule</i>	1	QL 100 / 26 days
<i>cvs vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
<i>eql vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>gnp vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>hm vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>ra vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>sm vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
<i>sm vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>v-r vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
<i>v-r vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
<i>vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>sm vitamin e 1,000 unit sftgel</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 unit softgel</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm vitamin e 200 unit softgel</i>	1	QL 2 / 1 days
<i>vitamin e 200 unit softgel</i>	1	QL 2 / 1 days
<i>gnp vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>hm vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>pv vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>ra vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>sm vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
<i>vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>pv vitamin e 1,000 unit sftgel</i>	1	QL 100 / 26 days
<i>sv vitamin e 1,000 unit sftgel</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 units capsule</i>	1	QL 100 / 26 days
<i>gnp vitamin e 200 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 200 unit capsule</i>	1	QL 100 / 26 days
<i>vitamin e 200 unit softgel</i>	1	QL 100 / 26 days
<i>cvs vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>pv vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>sv vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
<i>vitamin e 400 unit softgel</i>	1	QL 100 / 26 days
<i>vitamin e 600 unit capsule</i>	1	QL 2 / 1 days
<i>pv vitamin e 1,000 units sftgl</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 units capsule</i>	1	QL 100 / 26 days
<i>vitamin e 1,000 units softgel</i>	1	QL 100 / 26 days
<i>pv vitamin e 400 unit softgel</i>	1	QL 100 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin e 400 unit capsule</i>	1	QL 100 / 26 days
VITAMIN K ACTIVITY		
AQUADEKS PEDIATRIC LIQUID <i>pediatric multivitamin no.40/phytonadione (vit k1)</i>	1	QL 2 / 1 days
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	2	QL 5 / 1 days

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v-r vit c 500 mg tablet chew	250	vaporizer 1.7 gallon	146
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v-r vitamin b-6 50 mg tab	247	VARENICLINE TARTRATE	32
v-r vitamin b12 100 mcg tablet	243	VELIVET	189
v-r vitamin c 1,000 mg tablet	249	VENLAFAXINE HCL	139,140
v-r vitamin c 500 mg caplet	250	VENTOLIN HFA	43,217
v-r vitamin c 500 mg tablet	251	VERAPAMIL HCL	63,64,69,70,81,88,89
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vitamin b-6 100 mg tablet	247	vitamin e 200 unit capsule	255,256
vitamin b-6 25 mg tablet	247	vitamin e 200 unit softgel	255,256
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