



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:
Health Partners Plans
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.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVE AGENTS		
<i>ivermectin 3 mg tablet</i>	1	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	1	QL
<i>nitrofurantoin macrocrystal 100 mg capsule</i>	1	QL
<i>nitrofurantoin macrocrystal 25 mg capsule</i>	1	
<i>nitrofurantoin macrocrystal 50 mg capsule</i>	1	QL
<i>nitrofurantoin monohyd/m-cryst 100 mg capsule</i>	1	QL
<i>trimethoprim 100 mg tablet</i>	1	QL
ANTIBACTERIALS		
<i>amoxicillin 125 mg tab chew</i>	1	QL
<i>amoxicillin 125 mg/5ml susp recon</i>	1	QL
<i>amoxicillin 200 mg/5ml susp recon</i>	1	QL
<i>amoxicillin 250 mg capsule</i>	1	QL
<i>amoxicillin 250 mg tab chew</i>	1	QL
<i>amoxicillin 250 mg/5ml susp recon</i>	1	QL
<i>amoxicillin 400 mg/5ml susp recon</i>	1	QL
<i>amoxicillin 500 mg capsule</i>	1	QL
<i>amoxicillin 500 mg tablet</i>	1	QL
<i>amoxicillin 875 mg tablet</i>	1	QL
<i>amoxicillin/potassium clav 200-28.5/5 susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 200-28.5mg tab chew</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 250-125 mg tablet</i>	1	QL C Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin/potassium clav 250-62.5/5 susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 400-57mg tab chew</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 400-57mg/5 susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 500-125 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 600-42.9/5 susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin/potassium clav 875-125 mg tablet</i>	1	QL 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 C Maximum day supply of 5 per fill
<i>azithromycin 100 mg/5ml susp recon</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 200 mg/5ml susp recon</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 250 mg tablet</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 500 mg tablet</i>	1	QL
<i>azithromycin 600 mg tablet</i>	1	QL
BICILLIN L-A 1,200,000 UNITS <i>penicillin g benzathine</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BICILLIN L-A 2,400,000 UNITS <i>penicillin g benzathine</i>	1	QL
BICILLIN L-A 600,000 UNIT/ML <i>penicillin g benzathine</i>	1	
<i>cefaclor 250 mg capsule</i>	1	QL
<i>cefaclor 500 mg capsule</i>	1	QL
<i>cefaclor 500 mg tab er 12h</i>	1	QL
<i>cefadroxil 1 g tablet</i>	1	QL
<i>cefadroxil 250 mg/5ml susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>cefadroxil 500 mg capsule</i>	1	QL
<i>cefadroxil 500 mg/5ml susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>cefdinir 125 mg/5ml susp recon</i>	1	QL
<i>cefdinir 250 mg/5ml susp recon</i>	1	QL
<i>cefdinir 300 mg capsule</i>	1	QL
<i>cefpodoxime proxetil 100 mg tablet</i>	1	QL
<i>cefpodoxime proxetil 100 mg/5ml susp recon</i>	1	QL
<i>cefpodoxime proxetil 200 mg tablet</i>	1	QL
<i>cefpodoxime proxetil 50 mg/5 ml susp recon</i>	1	QL
<i>cefprozil 125 mg/5ml susp recon</i>	1	QL
<i>cefprozil 250 mg tablet</i>	1	QL
<i>cefprozil 250 mg/5ml susp recon</i>	1	QL
<i>cefprozil 500 mg tablet</i>	1	QL
<i>ceftriaxone in is-osm dextrose 1 g/50 ml froz.piggy</i>	1	QL
<i>ceftriaxone in is-osm dextrose 1 g/50 ml piggyback</i>	1	
<i>ceftriaxone in is-osm dextrose 2 g/50 ml froz.piggy</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin hcl 500 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 750 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 125 mg/5ml susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 250 mg tablet</i>	1	QL
<i>clarithromycin 250 mg/5ml susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tab er 24h</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tablet</i>	1	QL
<i>clindamycin hcl 150 mg capsule</i>	1	QL
<i>clindamycin hcl 300 mg capsule</i>	1	QL
<i>clindamycin hcl 75 mg capsule</i>	1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	1	QL
<i>dicloxacillin sodium 250 mg capsule</i>	1	QL
<i>dicloxacillin sodium 500 mg capsule</i>	1	QL
<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
<i>doxycycline monohydrate 150 mg tablet</i>	1	QL
<i>doxycycline monohydrate 50 mg tablet</i>	1	QL
<i>doxycycline monohydrate 75 mg tablet</i>	1	QL
<i>erythromycin base 250 mg capsule dr</i>	1	QL
<i>erythromycin base 250 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base 500 mg tablet</i>	1	QL
<i>erythromycin ethylsuccinate 200 mg/5ml susp recon</i>	1	
<i>erythromycin ethylsuccinate 400 mg tablet</i>	1	QL
<i>levofloxacin 250 mg tablet</i>	1	QL
<i>levofloxacin 250mg/10ml solution</i>	1	QL
<i>levofloxacin 500 mg tablet</i>	1	QL
<i>levofloxacin 500mg/20ml solution</i>	1	
<i>levofloxacin 750 mg tablet</i>	1	QL
<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
<i>minocycline hcl 50 mg capsule</i>	1	QL
<i>minocycline hcl 75 mg capsule</i>	1	QL
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL
<i>neomycin sulfate 500 mg tablet</i>	1	QL
<i>ofloxacin 200 mg tablet</i>	1	QL
<i>ofloxacin 300 mg tablet</i>	1	QL
<i>ofloxacin 400 mg tablet</i>	1	QL
<i>paromomycin sulfate 250 mg capsule</i>	1	QL
<i>penicillin v potassium 125 mg/5ml soln recon</i>	1	QL
<i>penicillin v potassium 250 mg tablet</i>	1	QL
<i>penicillin v potassium 250 mg/5ml soln recon</i>	1	QL
<i>penicillin v potassium 500 mg tablet</i>	1	QL
<i>rifabutin 150 mg capsule</i>	1	QL
<i>rifampin 150 mg capsule</i>	1	QL
<i>rifampin 300 mg capsule</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ketoconazole 200 mg tablet</i>	1	QL
<i>nystatin 150mm unit powder(ea)</i>	1	
<i>nystatin 500k unit tablet</i>	1	QL
<i>nystatin 500mm unit powder(ea)</i>	1	
<i>nystatin 50mm unit powder(ea)</i>	1	
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
<i>terbinafine hcl 250 mg tablet</i>	1	QL
ANTIMYCOBACTERIALS		
CIPRO 10% SUSPENSION <i>ciprofloxacin</i>	1	QL C Maximum day supply of 14 per fill
CIPRO 5% SUSPENSION <i>ciprofloxacin</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 100 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 250 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 500 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 750 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 125 mg/5ml susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 250 mg tablet</i>	1	QL
<i>clarithromycin 250 mg/5ml susp recon</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tab er 24h</i>	1	QL C Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clarithromycin 500 mg tablet</i>	1	QL
<i>dapsone 100 mg tablet</i>	1	QL
<i>dapsone 25 mg tablet</i>	1	QL
<i>ethambutol hcl 100 mg tablet</i>	1	QL
<i>ethambutol hcl 400 mg tablet</i>	1	QL
<i>isoniazid 100 mg tablet</i>	1	QL
<i>isoniazid 300 mg tablet</i>	1	QL
<i>isoniazid 50 mg/5 ml solution</i>	1	QL
<i>levofloxacin 250 mg tablet</i>	1	QL
<i>levofloxacin 250mg/10ml solution</i>	1	QL
<i>levofloxacin 500 mg tablet</i>	1	QL
<i>levofloxacin 500mg/20ml solution</i>	1	
<i>levofloxacin 750 mg tablet</i>	1	QL
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL
<i>pyrazinamide 500 mg tablet</i>	1	QL
<i>rifabutin 150 mg capsule</i>	1	QL
<i>rifampin 150 mg capsule</i>	1	QL
<i>rifampin 300 mg capsule</i>	1	QL
ANTIPROTOZOALS		
<i>chloroquine phosphate 250 mg tablet</i>	1	QL
<i>chloroquine phosphate 500 mg tablet</i>	1	QL
<i>dapsone 100 mg tablet</i>	1	QL
<i>dapsone 25 mg tablet</i>	1	QL
<i>hydroxychloroquine sulfate 200 mg tablet</i>	1	QL
<i>mefloquine hcl 250 mg tablet</i>	1	QL
<i>metronidazole 250 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metronidazole 500 mg tablet</i>	1	QL
<i>paromomycin sulfate 250 mg capsule</i>	1	QL
<i>primaquine phosphate 26.3 mg tablet</i>	1	QL
<i>quinidine sulfate 200 mg tablet</i>	1	QL
<i>quinidine sulfate 300 mg tablet</i>	1	QL
<i>quinidine sulfate 300 mg tablet er</i>	1	QL
<i>tinidazole 250 mg tablet</i>	1	QL AL1 At least 3 yrs old
<i>tinidazole 500 mg tablet</i>	1	QL AL1 At least 3 yrs old
ANTIVIRALS (SYSTEMIC)		
<i>abacavir sulfate 300 mg tablet</i>	1	QL
<i>abacavir sulfate/lamivudine 600-300mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>abacavir/lamivudine/zidovudine 150-300mg tablet</i>	1	QL
<i>acyclovir 200 mg capsule</i>	1	QL
<i>acyclovir 200 mg/5ml oral susp</i>	1	QL
<i>acyclovir 400 mg tablet</i>	1	QL
<i>acyclovir 800 mg tablet</i>	1	QL
<i>amantadine hcl 100 mg capsule</i>	1	QL
<i>amantadine hcl 100 mg tablet</i>	1	QL
<i>amantadine hcl 50 mg/5 ml solution</i>	1	QL
APTIVUS 250 MG CAPSULE <i>tipranavir</i>	2	QL AL1 At least 2 yrs old
ATRIPLA TABLET <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	QL AL1 At least 12 yrs old
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	2	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTELENCE 100 MG TABLET <i>etravirine</i>	2	QL AL1 At least 6 yrs old
INTELENCE 200 MG TABLET <i>etravirine</i>	2	QL AL1 At least 6 yrs old
INVIRASE 200 MG CAPSULE <i>saquinavir mesylate</i>	2	QL AL1 At least 16 yrs old
INVIRASE 500 MG TABLET <i>saquinavir mesylate</i>	2	QL AL1 At least 16 yrs old
ISENTRESS 100 MG TABLET CHEW <i>raltegravir potassium</i>	2	QL 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 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
KALETRA 100-25 MG TABLET <i>lopinavir/ritonavir</i>	2	QL
KALETRA 200-50 MG TABLET <i>lopinavir/ritonavir</i>	2	QL
<i>lamivudine 10 mg/ml solution</i>	1	QL
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine 150 mg tablet</i>	1	QL
<i>lamivudine 300 mg tablet</i>	1	QL
<i>lamivudine/zidovudine 150-300mg tablet</i>	1	QL
LEXIVA 700 MG TABLET <i>fosamprenavir calcium</i>	2	QL
<i>lopinavir/ritonavir 400-100/5 solution</i>	1	QL
<i>nevirapine 100 mg tab er 24h</i>	1	

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNAGIS 50 MG/0.5 ML VIAL <i>palivizumab</i>	3	PA
TAMIFLU 6 MG/ML SUSPENSION <i>oseltamivir phosphate</i>	2	QL AL1 At least 1 yrs old C 50 ml per 10 day supply allowed per 365 days
TIVICAY 50 MG TABLET <i>dolutegravir sodium</i>	2	QL AL1 At least 12 yrs old
TRIUMEQ TABLET <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	2	QL AL1 At least 18 yrs old
TRUVADA 100 MG-150 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	
TRUVADA 133 MG-200 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	
TRUVADA 167 MG-250 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	
TRUVADA 200 MG-300 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	QL AL1 At least 12 yrs old
<i>valacyclovir hcl 1000 mg tablet</i>	1	QL
<i>valacyclovir hcl 500 mg tablet</i>	1	QL
VIDEX 2 GM PEDIATRIC SOLN <i>didanosine</i>	2	QL
VIDEX 4 GM PEDIATRIC SOLN <i>didanosine</i>	2	QL
VIRACEPT 250 MG TABLET <i>nelfinavir mesylate</i>	2	QL AL1 At least 2 yrs old
VIRACEPT 625 MG TABLET <i>nelfinavir mesylate</i>	2	QL AL1 At least 2 yrs old
VIREAD 150 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old
VIREAD 200 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old
VIREAD 250 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIREAD 300 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old
VITEKTA 150 MG TABLET <i>elvitegravir</i>	2	QL AL1 At least 18 yrs old
VITEKTA 85 MG TABLET <i>elvitegravir</i>	2	QL 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
<i>zidovudine 10 mg/ml syrup</i>	1	QL
<i>zidovudine 100 mg capsule</i>	1	QL
<i>zidovudine 300 mg tablet</i>	1	QL
ANTIHISTAMINE DRUGS		
ALL DAY ALLERGY 10 MG CHEW TAB <i>cetirizine hcl</i>	1	QL
ALL DAY ALLERGY 10 MG TABLET <i>cetirizine hcl</i>	1	QL
ALLER-CHLOR 2 MG/5 ML SYRUP <i>chlorpheniramine maleate</i>	1	QL
ALLER-CHLOR 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
ALLERGY-TIME 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
<i>cetirizine hcl 1 mg/ml solution</i>	1	QL
<i>cetirizine hcl 10 mg tab chew</i>	1	QL
<i>cetirizine hcl 10 mg tablet</i>	1	QL
<i>cetirizine hcl 5 mg tab chew</i>	1	QL
<i>cetirizine hcl 5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cetirizine hcl 5 mg/5 ml solution</i>	1	
CHILD ALL DAY ALLERGY 1 MG/ML <i>cetirizine hcl</i>	1	QL
CHILD'S ALLER-TEC 1 MG/ML SOLN <i>cetirizine hcl</i>	1	QL
CHLOR-TRIMETON ALLERGY <i>chlorpheniramine maleate</i>	1	QL
<i>chlorpheniramine maleate 4 mg tablet</i>	1	QL
<i>cyproheptadine hcl 2 mg/5 ml syrup</i>	1	QL
<i>cyproheptadine hcl 4 mg tablet</i>	1	QL
<i>cyproheptadine hcl 4 mg/10 ml syrup</i>	1	QL
<i>dimenhydrinate 50 mg tablet</i>	1	QL
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	1	QL
<i>diphenhydramine hcl 12.5mg/5ml liquid</i>	1	QL
<i>diphenhydramine hcl 12.5mg/5ml syrup</i>	1	QL
<i>diphenhydramine hcl 25 mg capsule</i>	1	QL
<i>diphenhydramine hcl 25 mg tablet</i>	1	QL
<i>diphenhydramine hcl 50 mg capsule</i>	1	QL
<i>diphenhydramine hcl 50 mg tablet</i>	1	QL
<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
EQL ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
EQL ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
<i>fexofenadine hcl 180 mg tablet</i>	1	QL
<i>fexofenadine hcl 30 mg/5 ml oral susp</i>	1	QL AL1 At least 2 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fexofenadine hcl 60 mg tablet</i>	1	QL AL1 At least 12 yrs old
GNP ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
GNP ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
GNP CHLD ALL DAY ALLER 1 MG/ML <i>cetirizine hcl</i>	1	QL
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
HM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
<i>hydroxyzine hcl 10 mg tablet</i>	1	QL
<i>hydroxyzine hcl 10 mg/5 ml solution</i>	1	QL
<i>hydroxyzine hcl 25 mg tablet</i>	1	QL
<i>hydroxyzine hcl 50 mg tablet</i>	1	QL
<i>hydroxyzine pamoate 100 mg capsule</i>	1	QL
<i>hydroxyzine pamoate 25 mg capsule</i>	1	QL
<i>hydroxyzine pamoate 50 mg capsule</i>	1	QL
KRO ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
KRO ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	QL
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
<i>loratadine 10 mg tablet</i>	1	QL
<i>loratadine 5 mg/5 ml solution</i>	1	QL
<i>meclizine hcl 12.5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meclizine hcl 25 mg tab chew</i>	1	QL
<i>meclizine hcl 25 mg tablet</i>	1	QL
NON-DROWSY ALLERGY 10 MG TAB <i>loratadine</i>	1	QL
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL
PHENADOZ 12.5 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PHENADOZ 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg supp.rect</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 25 mg supp.rect</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 50 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	QL 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 AL1 At least 6 yrs old
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROMETHEGAN 50 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL
QC ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL
SIMPLY SLEEP 25 MG CAPLET <i>diphenhydramine hcl</i>	1	QL
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SM ALL DAY ALLERGY 1 MG/ML SYR <i>cetirizine hcl</i>	1	QL
SM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
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
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 10 MCG/0.5 ML PED VL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B 20 MCG/ML SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENGRIX-B 20 MCG/ML VIAL <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
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
HYPERRHO S-D 1500 UNITS SYR <i>rho(d) immune globulin</i>	2	
PNEUMOVAX 23 SYRINGE <i>pneumococcal 23-valent polysaccharide vaccine</i>	2	AL1 At least 19 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 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
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
RHOGAM ULTRA-FILTERED PLUS SYR <i>rho(d) immune globulin</i>	2	
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
<i>benztropine mesylate 0.5 mg tablet</i>	1	QL
<i>benztropine mesylate 1 mg tablet</i>	1	QL
<i>benztropine mesylate 2 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dicyclomine hcl 10 mg capsule</i>	1	QL
<i>dicyclomine hcl 20 mg tablet</i>	1	QL
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	1	QL
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	QL
<i>glycopyrrolate 1 mg tablet</i>	1	QL
<i>glycopyrrolate 2 mg tablet</i>	1	QL
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab rapidis</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	QL
<i>hyoscyamine sulfate 0.125 mg tablet</i>	1	QL
<i>hyoscyamine sulfate 0.125mg/ml drops</i>	1	QL
<i>hyoscyamine sulfate 0.375 mg tab er 12h</i>	1	QL
<i>hyoscyamine sulfate 125mcg/5ml elixir</i>	1	QL
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
<i>ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb</i>	1	
<i>propantheline bromide 15 mg tablet</i>	1	QL
SPIRIVA 18 MCG CP-HANDIHALER <i>tiotropium bromide</i>	2	QL PA
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	2	QL 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
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	2	QL PA AL1 At least 18 yrs old
<i>trihexyphenidyl hcl 2 mg tablet</i>	1	QL
<i>trihexyphenidyl hcl 2 mg/5 ml elixir</i>	1	QL
<i>trihexyphenidyl hcl 5 mg tablet</i>	1	QL
TUDORZA PRESSAIR 400 MCG INH <i>aclidinium bromide</i>	2	PA AL1 At least 18 yrs old
<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
<i>albuterol sulfate 2 mg/5 ml syrup</i>	1	QL
<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
<i>albuterol sulfate 4 mg tablet</i>	1	QL
<i>albuterol sulfate 5 mg/ml solution</i>	1	
<i>albuterol sulfate 8 mg tab er 12h</i>	1	QL
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
<i>bethanechol chloride 10 mg tablet</i>	1	QL
<i>bethanechol chloride 25 mg tablet</i>	1	QL
<i>bethanechol chloride 5 mg tablet</i>	1	QL
<i>bethanechol chloride 50 mg tablet</i>	1	QL
BREO ELLIPTA 100-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BREO ELLIPTA 200-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
CHANTIX 0.5 MG TABLET <i>varenicline tartrate</i>	2	QL 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 AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG TABLET <i>varenicline tartrate</i>	2	QL AL1 At least 18 yrs old
CHANTIX STARTING MONTH BOX <i>varenicline tartrate</i>	2	QL AL1 At least 18 yrs old C Max 1 fill every 180 days
CHILDS SUDAFED 15 MG/5 ML LIQ <i>pseudoephedrine hcl</i>	1	
<i>clonidine 0.1mg/24hr patch tdwk</i>	1	QL
<i>clonidine 0.2mg/24hr patch tdwk</i>	1	QL
<i>clonidine 0.3mg/24hr patch tdwk</i>	1	QL
<i>clonidine hcl 0.1 mg tablet</i>	1	QL
<i>clonidine hcl 0.2 mg tablet</i>	1	QL
<i>clonidine hcl 0.3 mg tablet</i>	1	QL
CLORPRES 0.1-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
CLORPRES 0.2-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
CLORPRES 0.3-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONGEST-EZE 60-400 MG CAPLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
CONGESTAC TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
<i>donepezil hcl 10 mg tab rapdis</i>	1	QL AL1 At least 18 yrs old
<i>donepezil hcl 10 mg tablet</i>	1	QL
<i>donepezil hcl 5 mg tab rapdis</i>	1	QL AL1 At least 18 yrs old
<i>donepezil hcl 5 mg tablet</i>	1	QL
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
<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	
EXELON 2 MG/ML ORAL SOLUTION <i>rivastigmine tartrate</i>	2	QL
<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
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metaproterenol sulfate 10 mg tablet</i>	1	QL
<i>metaproterenol sulfate 10 mg/5 ml syrup</i>	1	QL
<i>metaproterenol sulfate 20 mg tablet</i>	1	QL
<i>methyldopa 250 mg tablet</i>	1	QL
<i>methyldopa 500 mg tablet</i>	1	QL
<i>midodrine hcl 10 mg tablet</i>	1	QL
<i>midodrine hcl 2.5 mg tablet</i>	1	QL
<i>midodrine hcl 5 mg tablet</i>	1	QL
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
<i>nicotine 14mg/24hr patch td24</i>	1	QL
<i>nicotine 21 mg/24hr patch td24</i>	1	QL
<i>nicotine 21-14-7mg patch dysq</i>	1	QL
<i>nicotine 7mg/24hr patch td24</i>	1	QL
<i>nicotine polacrilex 2 mg gum</i>	1	QL
<i>nicotine polacrilex 2 mg lozenge</i>	1	QL
<i>nicotine polacrilex 2 mg lozng mini</i>	1	QL
<i>nicotine polacrilex 4 mg gum</i>	1	QL
<i>nicotine polacrilex 4 mg lozenge</i>	1	QL
<i>nicotine polacrilex 4 mg lozng mini</i>	1	QL
NICOTROL CARTRIDGE INHALER <i>nicotine</i>	1	QL
NICOTROL NS 10 MG/ML SPRAY <i>nicotine</i>	2	QL
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	QL AL1 At least 6 yrs old
<i>pilocarpine hcl 5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pilocarpine hcl 7.5 mg tablet</i>	1	QL
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL AL1 At least 6 yrs old
<i>pseudoephedrine hcl 120 mg tablet er</i>	1	QL
<i>pseudoephedrine hcl 30 mg tablet</i>	1	QL
<i>pseudoephedrine hcl 60 mg tablet</i>	1	QL
<i>pyridostigmine bromide 180 mg tablet er</i>	1	
<i>pyridostigmine bromide 60 mg tablet</i>	1	QL
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL
<i>rivastigmine 13.3mg/24h patch td24</i>	1	QL
<i>rivastigmine 4.6mg/24hr patch td24</i>	1	QL
<i>rivastigmine 9.5mg/24hr patch td24</i>	1	QL
<i>rivastigmine tartrate 1.5 mg capsule</i>	1	QL
<i>rivastigmine tartrate 3 mg capsule</i>	1	QL
<i>rivastigmine tartrate 4.5 mg capsule</i>	1	QL
<i>rivastigmine tartrate 6 mg capsule</i>	1	QL
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	2	QL
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	2	QL PA AL1 At least 18 yrs old
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	2	QL
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
<i>terbutaline sulfate 2.5 mg tablet</i>	1	QL
<i>terbutaline sulfate 5 mg tablet</i>	1	QL
VENTOLIN HFA 90 MCG INHALER <i>albuterol sulfate</i>	1	QL
SKELETAL MUSCLE RELAXANTS		
<i>baclofen 10 mg tablet</i>	1	QL
<i>baclofen 20 mg tablet</i>	1	QL
<i>carisoprodol 350 mg tablet</i>	1	QL
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	QL
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	QL
<i>chlorzoxazone 500 mg tablet</i>	1	QL
<i>cyclobenzaprine hcl 10 mg tablet</i>	1	QL
<i>cyclobenzaprine hcl 5 mg tablet</i>	1	QL
<i>dantrolene sodium 100 mg capsule</i>	1	QL
<i>dantrolene sodium 25 mg capsule</i>	1	QL
<i>dantrolene sodium 50 mg capsule</i>	1	QL
<i>methocarbamol 500 mg tablet</i>	1	QL
<i>methocarbamol 750 mg tablet</i>	1	QL
<i>orphenadrine citrate 100 mg tablet er</i>	1	QL
<i>tizanidine hcl 2 mg tablet</i>	1	QL
<i>tizanidine hcl 4 mg tablet</i>	1	QL
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL
<i>acebutolol hcl 400 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alfuzosin hcl 10 mg tab er 24h</i>	1	QL
<i>atenolol 100 mg tablet</i>	1	QL
<i>atenolol 25 mg tablet</i>	1	QL
<i>atenolol 50 mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL
<i>betaxolol hcl 10 mg tablet</i>	1	QL
<i>betaxolol hcl 20 mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL
<i>carvedilol 12.5 mg tablet</i>	1	QL
<i>carvedilol 25 mg tablet</i>	1	QL
<i>carvedilol 3.125 mg tablet</i>	1	QL
<i>carvedilol 6.25 mg tablet</i>	1	QL
<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
<i>doxazosin mesylate 2 mg tablet</i>	1	QL
<i>doxazosin mesylate 4 mg tablet</i>	1	QL
<i>doxazosin mesylate 8 mg tablet</i>	1	QL
<i>labetalol hcl 100 mg tablet</i>	1	QL
<i>labetalol hcl 200 mg tablet</i>	1	QL
<i>labetalol hcl 300 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL
<i>metoprolol tartrate 100 mg tablet</i>	1	QL
<i>metoprolol tartrate 25 mg tablet</i>	1	QL
<i>metoprolol tartrate 50 mg tablet</i>	1	QL
<i>nadolol 20 mg tablet</i>	1	QL
<i>nadolol 40 mg tablet</i>	1	QL
<i>nadolol 80 mg tablet</i>	1	QL
<i>pindolol 10 mg tablet</i>	1	QL
<i>pindolol 5 mg tablet</i>	1	QL
<i>prazosin hcl 1 mg capsule</i>	1	QL
<i>prazosin hcl 2 mg capsule</i>	1	QL
<i>prazosin hcl 5 mg capsule</i>	1	QL
<i>propranolol hcl 10 mg tablet</i>	1	QL
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 20 mg tablet</i>	1	QL
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL
<i>propranolol hcl 40 mg tablet</i>	1	QL
<i>propranolol hcl 40mg/5ml solution</i>	1	QL
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 60 mg tablet</i>	1	QL
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 80 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL
<i>sotalol hcl 120 mg tablet</i>	1	QL
<i>sotalol hcl 160 mg tablet</i>	1	QL
<i>sotalol hcl 240 mg tablet</i>	1	QL
<i>sotalol hcl 80 mg tablet</i>	1	QL
<i>tamsulosin hcl 0.4 mg cap er 24h</i>	1	QL
<i>terazosin hcl 1 mg capsule</i>	1	QL
<i>terazosin hcl 10 mg capsule</i>	1	QL
<i>terazosin hcl 2 mg capsule</i>	1	QL
<i>terazosin hcl 5 mg capsule</i>	1	QL
<i>timolol maleate 10 mg tablet</i>	1	QL
<i>timolol maleate 20 mg tablet</i>	1	QL
<i>timolol maleate 5 mg tablet</i>	1	QL
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTIANEMIA DRUGS		
CENTRUM COMPLETE MULTIVIT TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
CEROVITE ADVANCED FORM TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
CERTAVITE-ANTIOXIDANT TABLET <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ferrous gluconate 240(27)mg tablet</i>	1	
<i>ferrous gluconate 324(36)mg tablet</i>	1	QL
<i>ferrous gluconate 324(37.5) tablet</i>	1	QL
<i>ferrous gluconate 324(38)mg tablet</i>	1	QL
<i>ferrous sulfate 15 mg/ml drops</i>	1	QL
<i>ferrous sulfate 220 (44)/5 elixir</i>	1	QL
<i>ferrous sulfate 220 (44)/5 solution</i>	1	QL
<i>ferrous sulfate 325(65) mg tablet</i>	1	QL
<i>ferrous sulfate 325(65) mg tablet dr</i>	1	QL
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 GL Female
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL 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 75/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pnv no.95/ferrous fum/folic ac 28mg-0.8mg tablet</i>	1	QL GL Female
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL GL Female
<i>pnv119/iron fum/folic/docusate 29-1-25 mg tablet</i>	1	
POLY-VI-SOL WITH IRON DROPS <i>pediatric multivitamin combination no.80/ferrous sulfate</i>	2	
<i>prenat 115/iron fum/folic/dss 29-1-25 mg tablet</i>	1	
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal vit 90/iron fum/folic 9 mg-0.5mg tablet</i>	1	QL GL Female
<i>prenatal vit 93/iron fum/folic 9mg-267mcg tablet</i>	1	QL GL Female
<i>prenatal vit no.124/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit no.129/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit no.130/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL GL Female
<i>prenatal vit/iron fum/folic ac 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit/iron fum/folic ac 28mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vits96/iron fum/folic 27mg-0.8mg tablet</i>	1	QL GL Female
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL GL Female
SE-NATAL 19 CHEWABLE TABLET <i>prenatal vits with calcium#118/ferrous fumarate/folic acid</i>	1	QL 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 GL Female
TRICARE PRENATAL TABLET <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>	1	QL GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 GL Female
VIRT-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
<i>vit b comp/c/folic/iron/vit e 500-400-18 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 GL Female
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
<i>desmopressin acetate 0.1 mg/ml solution</i>	1	QL
<i>desmopressin acetate 0.2 mg tablet</i>	1	QL
<i>desmopressin acetate 10/spray spray/pump</i>	1	QL
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
<i>aspirin 300 mg supp.rect</i>	1	QL
<i>aspirin 325 mg tablet</i>	1	QL
<i>aspirin 325 mg tablet dr</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aspirin 500 mg tablet dr</i>	1	QL
<i>aspirin 600 mg supp.rect</i>	1	QL
<i>aspirin 650 mg tablet dr</i>	1	QL
<i>aspirin 81 mg tab chew</i>	1	QL
<i>aspirin 81 mg tablet dr</i>	1	QL
<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	1	QL
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL
<i>cilostazol 100 mg tablet</i>	1	QL
<i>cilostazol 50 mg tablet</i>	1	QL
<i>clopidogrel bisulfate 75 mg tablet</i>	1	QL
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole 50 mg tablet</i>	1	QL
<i>dipyridamole 75 mg tablet</i>	1	QL
ECOTRIN EC 325 MG TABLET <i>aspirin</i>	1	QL
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL
<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.
<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.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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 sod,porcine/0.9 % nacl 100/ml kit</i>	1	
<i>heparin sodium,porcine 10 unit/ml vial</i>	1	
<i>heparin sodium,porcine 100/ml (1) syringe</i>	1	
<i>heparin sodium,porcine 100/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 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(1) cartridge</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 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
<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 AL1 At least 18 yrs old C Max of 70 tablets per 365 days
XARELTO 15 MG TABLET <i>rivaroxaban</i>	2	QL 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 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 At least 18 yrs old Limit of 51 tablets every 365 days
<i>pentoxifylline 400 mg tablet er</i>	1	QL
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
CARDIOVASCULAR DRUGS		
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium 10 mg tablet</i>	1	QL
<i>atorvastatin calcium 20 mg tablet</i>	1	QL
<i>atorvastatin calcium 40 mg tablet</i>	1	QL
<i>atorvastatin calcium 80 mg tablet</i>	1	QL
<i>cholestyramine (with sugar) 4 g powd pack</i>	1	QL
<i>cholestyramine (with sugar) 4 g powder</i>	1	QL
<i>cholestyramine/aspartame 4 g powd pack</i>	1	QL
<i>cholestyramine/aspartame 4 g powder</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 160 mg tablet</i>	1	QL
<i>fenofibrate 54 mg tablet</i>	1	QL
<i>fenofibrate nanocrystallized 145mg tablet</i>	1	QL
<i>fenofibrate nanocrystallized 48 mg tablet</i>	1	QL
<i>fenofibrate,micronized 134 mg capsule</i>	1	QL
<i>fenofibrate,micronized 200 mg capsule</i>	1	QL
<i>fenofibrate,micronized 67 mg capsule</i>	1	QL
<i>gemfibrozil 600 mg tablet</i>	1	QL
<i>lovastatin 10 mg tablet</i>	1	QL
<i>lovastatin 20 mg tablet</i>	1	QL
<i>lovastatin 40 mg tablet</i>	1	QL
<i>niacin (inositol niacinate) 500 mg tablet</i>	1	QL
<i>niacin 100 mg tablet</i>	1	QL
<i>niacin 1000 mg tablet er</i>	1	QL
<i>niacin 125 mg capsule er</i>	1	QL
<i>niacin 250 mg capsule er</i>	1	QL
<i>niacin 250 mg tablet</i>	1	QL
<i>niacin 250 mg tablet er</i>	1	QL
<i>niacin 50 mg tablet</i>	1	QL
<i>niacin 500 mg capsule er</i>	1	QL
<i>niacin 500 mg tablet</i>	1	QL
<i>niacin 500 mg tablet er</i>	1	QL
<i>niacin 750 mg tablet er</i>	1	QL
NIACOR 500 MG TABLET <i>niacin</i>	2	QL
<i>omega-3 acid ethyl esters 1 g capsule</i>	1	QL
PRALUENT 150 MG/ML PEN <i>alirocumab</i>	3	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRALUENT 150 MG/ML SYRINGE <i>alirocumab</i>	3	QL PA
PRALUENT 75 MG/ML PEN <i>alirocumab</i>	3	QL PA
PRALUENT 75 MG/ML SYRINGE <i>alirocumab</i>	3	QL PA
<i>pravastatin sodium 10 mg tablet</i>	1	QL
<i>pravastatin sodium 20 mg tablet</i>	1	QL
<i>pravastatin sodium 40 mg tablet</i>	1	QL
<i>pravastatin sodium 80 mg tablet</i>	1	QL
PREVALITE PACKET <i>cholestyramine/aspartame</i>	1	
PREVALITE POWDER <i>cholestyramine/aspartame</i>	1	QL
REPATHA 140 MG/ML SURECLICK <i>evolocumab</i>	3	QL PA
REPATHA 140 MG/ML SYRINGE <i>evolocumab</i>	3	QL PA
REPATHA 420 MG/3.5ML PUSHTRONX <i>evolocumab</i>	3	PA
<i>rosuvastatin calcium 10 mg tablet</i>	1	QL AL1 At least 10 yrs old
<i>rosuvastatin calcium 20 mg tablet</i>	1	QL AL1 At least 10 yrs old
<i>rosuvastatin calcium 40 mg tablet</i>	1	QL AL1 At least 10 yrs old
<i>rosuvastatin calcium 5 mg tablet</i>	1	QL AL1 At least 10 yrs old
<i>simvastatin 10 mg tablet</i>	1	QL
<i>simvastatin 20 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 40 mg tablet</i>	1	QL
<i>simvastatin 5 mg tablet</i>	1	QL
<i>simvastatin 80 mg tablet</i>	1	QL
SLO-NIACIN 500 MG TABLET <i>niacin</i>	1	QL
SLO-NIACIN 750 MG TABLET <i>niacin</i>	1	QL
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate 10 mg tablet</i>	1	QL
<i>amlodipine besylate 2.5 mg tablet</i>	1	QL
<i>amlodipine besylate 5 mg tablet</i>	1	QL
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL
<i>diltiazem hcl 120 mg capsule er</i>	1	QL
<i>diltiazem hcl 120 mg tablet</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL
<i>nicardipine hcl 20 mg capsule</i>	1	QL
<i>nicardipine hcl 30 mg capsule</i>	1	QL
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL
<i>nifedipine 10 mg capsule</i>	1	QL
<i>nifedipine 20 mg capsule</i>	1	QL
<i>nifedipine 30 mg tab er 24</i>	1	QL
<i>nifedipine 30 mg tablet er</i>	1	QL
<i>nifedipine 60 mg tab er 24</i>	1	QL
<i>nifedipine 60 mg tablet er</i>	1	QL
<i>nifedipine 90 mg tab er 24</i>	1	QL
<i>nifedipine 90 mg tablet er</i>	1	QL
<i>nisoldipine 17 mg tab er 24h</i>	1	QL
<i>nisoldipine 20 mg tab er 24h</i>	1	QL
<i>nisoldipine 25.5 mg tab er 24h</i>	1	QL
<i>nisoldipine 30 mg tab er 24h</i>	1	QL
<i>nisoldipine 34 mg tab er 24h</i>	1	QL
<i>nisoldipine 40 mg tab er 24h</i>	1	QL
<i>nisoldipine 8.5mg tab er 24h</i>	1	QL
<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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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
<i>verapamil hcl 120 mg tablet</i>	1	QL
<i>verapamil hcl 120 mg tablet er</i>	1	QL
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL
<i>verapamil hcl 180 mg tablet er</i>	1	QL
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL
<i>verapamil hcl 240 mg tablet er</i>	1	QL
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL
<i>verapamil hcl 40 mg tablet</i>	1	QL
<i>verapamil hcl 80 mg tablet</i>	1	QL
CARDIAC DRUGS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL
<i>acebutolol hcl 400 mg capsule</i>	1	QL
<i>amiodarone hcl 200 mg tablet</i>	1	QL
<i>amiodarone hcl 400 mg tablet</i>	1	QL
<i>atenolol 100 mg tablet</i>	1	QL
<i>atenolol 25 mg tablet</i>	1	QL
<i>atenolol 50 mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL
<i>betaxolol hcl 10 mg tablet</i>	1	QL
<i>betaxolol hcl 20 mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL
<i>carvedilol 12.5 mg tablet</i>	1	QL
<i>carvedilol 25 mg tablet</i>	1	QL
<i>carvedilol 3.125 mg tablet</i>	1	QL
<i>carvedilol 6.25 mg tablet</i>	1	QL
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 250 mcg tablet</i>	1	
<i>digoxin 50 mcg/ml solution</i>	1	QL
DILANTIN 30 MG CAPSULE <i>phenytoin sodium extended</i>	2	QL
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL
<i>diltiazem hcl 120 mg capsule er</i>	1	QL
<i>diltiazem hcl 120 mg tablet</i>	1	QL
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL
<i>diltiazem hcl 180 mg capsule er</i>	1	QL
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL
<i>diltiazem hcl 240 mg capsule er</i>	1	QL
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 30 mg tablet</i>	1	QL
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 300 mg capsule er</i>	1	QL
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 360 mg capsule er</i>	1	QL
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 420 mg capsule er</i>	1	QL
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 60 mg tablet</i>	1	QL
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 90 mg tablet</i>	1	QL
<i>disopyramide phosphate 100 mg capsule</i>	1	QL
<i>disopyramide phosphate 150 mg capsule</i>	1	QL
<i>flecainide acetate 100 mg tablet</i>	1	QL
<i>flecainide acetate 150 mg tablet</i>	1	QL
<i>flecainide acetate 50 mg tablet</i>	1	QL
<i>labetalol hcl 100 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>labetalol hcl 200 mg tablet</i>	1	QL
<i>labetalol hcl 300 mg tablet</i>	1	QL
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL
<i>metoprolol tartrate 100 mg tablet</i>	1	QL
<i>metoprolol tartrate 25 mg tablet</i>	1	QL
<i>metoprolol tartrate 50 mg tablet</i>	1	QL
<i>mexiletine hcl 150 mg capsule</i>	1	QL
<i>mexiletine hcl 200 mg capsule</i>	1	QL
<i>mexiletine hcl 250 mg capsule</i>	1	QL
<i>nadolol 20 mg tablet</i>	1	QL
<i>nadolol 40 mg tablet</i>	1	QL
<i>nadolol 80 mg tablet</i>	1	QL
<i>phenytoin 125 mg/5ml oral susp</i>	1	QL
<i>phenytoin 50 mg tab chew</i>	1	QL
<i>phenytoin sodium extended 100 mg capsule</i>	1	QL
<i>phenytoin sodium extended 200 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sodium extended 300 mg capsule</i>	1	QL
<i>pindolol 10 mg tablet</i>	1	QL
<i>pindolol 5 mg tablet</i>	1	QL
<i>propafenone hcl 150 mg tablet</i>	1	QL
<i>propafenone hcl 225 mg tablet</i>	1	QL
<i>propafenone hcl 300 mg tablet</i>	1	QL
<i>propranolol hcl 10 mg tablet</i>	1	QL
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 20 mg tablet</i>	1	QL
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL
<i>propranolol hcl 40 mg tablet</i>	1	QL
<i>propranolol hcl 40mg/5ml solution</i>	1	QL
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 60 mg tablet</i>	1	QL
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 80 mg tablet</i>	1	QL
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL
<i>quinidine sulfate 200 mg tablet</i>	1	QL
<i>quinidine sulfate 300 mg tablet</i>	1	QL
<i>quinidine sulfate 300 mg tablet er</i>	1	QL
<i>sotalol hcl 120 mg tablet</i>	1	QL
<i>sotalol hcl 160 mg tablet</i>	1	QL
<i>sotalol hcl 240 mg tablet</i>	1	QL
<i>sotalol hcl 80 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate 10 mg tablet</i>	1	QL
<i>timolol maleate 20 mg tablet</i>	1	QL
<i>timolol maleate 5 mg tablet</i>	1	QL
<i>verapamil hcl 100 mg cap24h pct</i>	1	
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL
<i>verapamil hcl 120 mg tablet</i>	1	QL
<i>verapamil hcl 120 mg tablet er</i>	1	QL
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL
<i>verapamil hcl 180 mg tablet er</i>	1	QL
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL
<i>verapamil hcl 240 mg tablet er</i>	1	QL
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL
<i>verapamil hcl 40 mg tablet</i>	1	QL
<i>verapamil hcl 80 mg tablet</i>	1	QL
<i>acebutolol hcl 200 mg capsule</i>	1	QL
<i>acebutolol hcl 400 mg capsule</i>	1	QL
<i>amlodipine besylate 10 mg tablet</i>	1	QL
<i>amlodipine besylate 2.5 mg tablet</i>	1	QL
<i>amlodipine besylate 5 mg tablet</i>	1	QL
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL
<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	1	QL
<i>atenolol 100 mg tablet</i>	1	QL
<i>atenolol 25 mg tablet</i>	1	QL
<i>atenolol 50 mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL
<i>betaxolol hcl 10 mg tablet</i>	1	QL
<i>betaxolol hcl 20 mg tablet</i>	1	QL
<i>bisoprolol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL
<i>bisoprolol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL
<i>bisoprolol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL
<i>carvedilol 12.5 mg tablet</i>	1	QL
<i>carvedilol 25 mg tablet</i>	1	QL
<i>carvedilol 3.125 mg tablet</i>	1	QL
<i>carvedilol 6.25 mg tablet</i>	1	QL
<i>cilostazol 100 mg tablet</i>	1	QL
<i>cilostazol 50 mg tablet</i>	1	QL
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL
<i>diltiazem hcl 120 mg cap er 12h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 120 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 120 mg cap er deg</i>	1	QL
<i>diltiazem hcl 120 mg capsule er</i>	1	QL
<i>diltiazem hcl 120 mg tablet</i>	1	QL
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL
<i>diltiazem hcl 180 mg capsule er</i>	1	QL
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL
<i>diltiazem hcl 240 mg capsule er</i>	1	QL
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 30 mg tablet</i>	1	QL
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 300 mg capsule er</i>	1	QL
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 360 mg capsule er</i>	1	QL
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 420 mg capsule er</i>	1	QL
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 60 mg tablet</i>	1	QL
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 90 mg tablet</i>	1	QL
<i>dipyridamole 25 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole 50 mg tablet</i>	1	QL
<i>dipyridamole 75 mg tablet</i>	1	QL
<i>doxazosin mesylate 1 mg tablet</i>	1	QL
<i>doxazosin mesylate 2 mg tablet</i>	1	QL
<i>doxazosin mesylate 4 mg tablet</i>	1	QL
<i>doxazosin mesylate 8 mg tablet</i>	1	QL
<i>isosorbide dinitrate 10 mg tablet</i>	1	QL
<i>isosorbide dinitrate 2.5 mg tab subl</i>	1	QL
<i>isosorbide dinitrate 20 mg tablet</i>	1	QL
<i>isosorbide dinitrate 30 mg tablet</i>	1	QL
<i>isosorbide dinitrate 40 mg tablet er</i>	1	QL
<i>isosorbide dinitrate 5 mg tab subl</i>	1	QL
<i>isosorbide dinitrate 5 mg tablet</i>	1	QL
<i>isosorbide mononitrate 10 mg tablet</i>	1	QL
<i>isosorbide mononitrate 120 mg tab er 24h</i>	1	QL
<i>isosorbide mononitrate 20 mg tablet</i>	1	QL
<i>isosorbide mononitrate 30 mg tab er 24h</i>	1	QL
<i>isosorbide mononitrate 60 mg tab er 24h</i>	1	QL
<i>labetalol hcl 100 mg tablet</i>	1	QL
<i>labetalol hcl 200 mg tablet</i>	1	QL
<i>labetalol hcl 300 mg tablet</i>	1	QL
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL
<i>metoprolol succinate 100 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 200 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 25 mg tab er 24h</i>	1	QL
<i>metoprolol succinate 50 mg tab er 24h</i>	1	QL
<i>metoprolol tartrate 100 mg tablet</i>	1	QL
<i>metoprolol tartrate 25 mg tablet</i>	1	QL
<i>metoprolol tartrate 50 mg tablet</i>	1	QL
<i>nadolol 20 mg tablet</i>	1	QL
<i>nadolol 40 mg tablet</i>	1	QL
<i>nadolol 80 mg tablet</i>	1	QL
<i>nicardipine hcl 20 mg capsule</i>	1	QL
<i>nicardipine hcl 30 mg capsule</i>	1	QL
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL
<i>nifedipine 10 mg capsule</i>	1	QL
<i>nifedipine 20 mg capsule</i>	1	QL
<i>nifedipine 30 mg tab er 24</i>	1	QL
<i>nifedipine 30 mg tablet er</i>	1	QL
<i>nifedipine 60 mg tab er 24</i>	1	QL
<i>nifedipine 60 mg tablet er</i>	1	QL
<i>nifedipine 90 mg tab er 24</i>	1	QL
<i>nifedipine 90 mg tablet er</i>	1	QL
NITRO-BID 2% OINTMENT <i>nitroglycerin</i>	2	
<i>nitroglycerin 0.1mg/hr patch td24</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin 0.2mg/hr patch td24</i>	1	QL
<i>nitroglycerin 0.4 mg tab sublingual</i>	1	
<i>nitroglycerin 0.4mg/hr patch td24</i>	1	QL
<i>nitroglycerin 0.6mg/hr patch td24</i>	1	QL
<i>nitroglycerin 2.5 mg capsule er</i>	1	QL
<i>nitroglycerin 6.5 mg capsule er</i>	1	QL
<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>pindolol 10 mg tablet</i>	1	QL
<i>pindolol 5 mg tablet</i>	1	QL
<i>prazosin hcl 1 mg capsule</i>	1	QL
<i>prazosin hcl 2 mg capsule</i>	1	QL
<i>prazosin hcl 5 mg capsule</i>	1	QL
<i>propranolol hcl 10 mg tablet</i>	1	QL
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 20 mg tablet</i>	1	QL
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL
<i>propranolol hcl 40 mg tablet</i>	1	QL
<i>propranolol hcl 40mg/5ml solution</i>	1	QL
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 60 mg tablet</i>	1	QL
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl 80 mg tablet</i>	1	QL
<i>propranolol/hydrochlorothiazid 40 mg-25mg tablet</i>	1	QL
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL
<i>sotalol hcl 120 mg tablet</i>	1	QL
<i>sotalol hcl 160 mg tablet</i>	1	QL
<i>sotalol hcl 240 mg tablet</i>	1	QL
<i>sotalol hcl 80 mg tablet</i>	1	QL
<i>terazosin hcl 1 mg capsule</i>	1	QL
<i>terazosin hcl 10 mg capsule</i>	1	QL
<i>terazosin hcl 2 mg capsule</i>	1	QL
<i>terazosin hcl 5 mg capsule</i>	1	QL
<i>timolol maleate 10 mg tablet</i>	1	QL
<i>timolol maleate 20 mg tablet</i>	1	QL
<i>timolol maleate 5 mg tablet</i>	1	QL
<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
<i>verapamil hcl 120 mg tablet</i>	1	QL
<i>verapamil hcl 120 mg tablet er</i>	1	QL
<i>verapamil hcl 180 mg cap24h pel</i>	1	QL
<i>verapamil hcl 180 mg tablet er</i>	1	QL
<i>verapamil hcl 200 mg cap24h pct</i>	1	
<i>verapamil hcl 240 mg cap24h pel</i>	1	QL
<i>verapamil hcl 240 mg tablet er</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl 300 mg cap24h pct</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	1	QL
<i>verapamil hcl 40 mg tablet</i>	1	QL
<i>verapamil hcl 80 mg tablet</i>	1	QL
HYPOTENSIVE AGENTS		
<i>acebutolol hcl 200 mg capsule</i>	1	QL
<i>acebutolol hcl 400 mg capsule</i>	1	QL
<i>acetazolamide 125 mg tablet</i>	1	QL
<i>acetazolamide 250 mg tablet</i>	1	QL
<i>acetazolamide 500 mg capsule er</i>	1	QL
<i>amiloride hcl 5 mg tablet</i>	1	QL
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	1	QL
<i>amlodipine besylate 10 mg tablet</i>	1	QL
<i>amlodipine besylate 2.5 mg tablet</i>	1	QL
<i>amlodipine besylate 5 mg tablet</i>	1	QL
<i>amlodipine besylate/benazepril 10 mg-20mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 10 mg-40mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-10 mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-20 mg capsule</i>	1	QL
<i>amlodipine besylate/benazepril 5 mg-40 mg capsule</i>	1	QL
<i>atenolol 100 mg tablet</i>	1	QL
<i>atenolol 25 mg tablet</i>	1	QL
<i>atenolol 50 mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>benazepril hcl 10 mg tablet</i>	1	QL
<i>benazepril hcl 20 mg tablet</i>	1	QL
<i>benazepril hcl 40 mg tablet</i>	1	QL
<i>benazepril hcl 5 mg tablet</i>	1	QL
<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
<i>betaxolol hcl 20 mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL
<i>bisoprolol fumarate 10 mg tablet</i>	1	QL
<i>bisoprolol fumarate 5 mg tablet</i>	1	QL
<i>bumetanide 0.5 mg tablet</i>	1	QL
<i>bumetanide 1 mg tablet</i>	1	QL
<i>bumetanide 2 mg tablet</i>	1	QL
<i>captopril 100 mg tablet</i>	1	QL
<i>captopril 12.5 mg tablet</i>	1	QL
<i>captopril 25 mg tablet</i>	1	QL
<i>captopril 50 mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 25 mg-15mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 25 mg-25mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 50 mg-15mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 50 mg-25mg tablet</i>	1	QL
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carvedilol 12.5 mg tablet	1	QL
carvedilol 25 mg tablet	1	QL
carvedilol 3.125 mg tablet	1	QL
carvedilol 6.25 mg tablet	1	QL
chlorothiazide 250 mg tablet	1	QL
chlorothiazide 500 mg tablet	1	QL
chlorthalidone 25 mg tablet	1	QL
chlorthalidone 50 mg tablet	1	QL
clonidine 0.1mg/24hr patch tdwk	1	QL
clonidine 0.2mg/24hr patch tdwk	1	QL
clonidine 0.3mg/24hr patch tdwk	1	QL
clonidine hcl 0.1 mg tablet	1	QL
clonidine hcl 0.2 mg tablet	1	QL
clonidine hcl 0.3 mg tablet	1	QL
CLORPRES 0.1-15 TABLET clonidine hcl/chlorthalidone	2	QL
CLORPRES 0.2-15 TABLET clonidine hcl/chlorthalidone	2	QL
CLORPRES 0.3-15 TABLET clonidine hcl/chlorthalidone	2	QL
DILT XR 120 MG CAPSULE diltiazem hcl	1	QL
DILT XR 180 MG CAPSULE diltiazem hcl	1	QL
DILT XR 240 MG CAPSULE diltiazem hcl	1	QL
diltiazem hcl 120 mg cap er 12h	1	QL
diltiazem hcl 120 mg cap er 24h	1	QL
diltiazem hcl 120 mg cap er deg	1	QL
diltiazem hcl 120 mg capsule er	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl 120 mg tablet</i>	1	QL
<i>diltiazem hcl 180 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 180 mg cap er deg</i>	1	QL
<i>diltiazem hcl 180 mg capsule er</i>	1	QL
<i>diltiazem hcl 180 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 240 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 240 mg cap er deg</i>	1	QL
<i>diltiazem hcl 240 mg capsule er</i>	1	QL
<i>diltiazem hcl 240 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 30 mg tablet</i>	1	QL
<i>diltiazem hcl 300 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 300 mg capsule er</i>	1	QL
<i>diltiazem hcl 300 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 360 mg cap er 24h</i>	1	QL
<i>diltiazem hcl 360 mg capsule er</i>	1	QL
<i>diltiazem hcl 360 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 420 mg capsule er</i>	1	QL
<i>diltiazem hcl 420 mg tab er 24h</i>	1	QL
<i>diltiazem hcl 60 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 60 mg tablet</i>	1	QL
<i>diltiazem hcl 90 mg cap er 12h</i>	1	QL
<i>diltiazem hcl 90 mg tablet</i>	1	QL
DIURIL 250 MG/5 ML ORAL SUSP <i>chlorothiazide</i>	2	QL
<i>doxazosin mesylate 1 mg tablet</i>	1	QL
<i>doxazosin mesylate 2 mg tablet</i>	1	QL
<i>doxazosin mesylate 4 mg tablet</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydralazine hcl 100 mg tablet</i>	1	QL
<i>hydralazine hcl 25 mg tablet</i>	1	QL
<i>hydralazine hcl 50 mg tablet</i>	1	QL
<i>hydrochlorothiazide 12.5 mg capsule</i>	1	QL
<i>hydrochlorothiazide 12.5 mg tablet</i>	1	QL
<i>hydrochlorothiazide 25 mg tablet</i>	1	QL
<i>hydrochlorothiazide 50 mg tablet</i>	1	QL
<i>indapamide 1.25 mg tablet</i>	1	QL
<i>indapamide 2.5 mg tablet</i>	1	QL
<i>irbesartan 150 mg tablet</i>	1	QL
<i>irbesartan 300 mg tablet</i>	1	QL
<i>irbesartan 75 mg tablet</i>	1	QL
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QL
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QL
<i>labetalol hcl 100 mg tablet</i>	1	QL
<i>labetalol hcl 200 mg tablet</i>	1	QL
<i>labetalol hcl 300 mg tablet</i>	1	QL
<i>lisinopril 10 mg tablet</i>	1	QL
<i>lisinopril 2.5 mg tablet</i>	1	QL
<i>lisinopril 20 mg tablet</i>	1	QL
<i>lisinopril 30 mg tablet</i>	1	QL
<i>lisinopril 40 mg tablet</i>	1	QL
<i>lisinopril 5 mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>minoxidil 10 mg tablet</i>	1	QL
<i>minoxidil 2.5 mg tablet</i>	1	QL
<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
<i>nadolol 40 mg tablet</i>	1	QL
<i>nadolol 80 mg tablet</i>	1	QL
<i>nicardipine hcl 20 mg capsule</i>	1	QL
<i>nicardipine hcl 30 mg capsule</i>	1	QL
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL
<i>nifedipine 10 mg capsule</i>	1	QL
<i>nifedipine 20 mg capsule</i>	1	QL
<i>nifedipine 30 mg tab er 24</i>	1	QL
<i>nifedipine 30 mg tablet er</i>	1	QL
<i>nifedipine 60 mg tab er 24</i>	1	QL
<i>nifedipine 60 mg tablet er</i>	1	QL
<i>nifedipine 90 mg tab er 24</i>	1	QL
<i>nifedipine 90 mg tablet er</i>	1	QL
<i>nisoldipine 17 mg tab er 24h</i>	1	QL
<i>nisoldipine 20 mg tab er 24h</i>	1	QL
<i>nisoldipine 25.5 mg tab er 24h</i>	1	QL
<i>nisoldipine 30 mg tab er 24h</i>	1	QL
<i>nisoldipine 34 mg tab er 24h</i>	1	QL
<i>nisoldipine 40 mg tab er 24h</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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
<i>ramipril 10 mg capsule</i>	1	QL
<i>ramipril 2.5 mg capsule</i>	1	QL
<i>ramipril 5 mg capsule</i>	1	QL
<i>reserpine 0.1 mg tablet</i>	1	QL
<i>reserpine 0.25 mg tablet</i>	1	QL
<i>sotalol hcl 120 mg tablet</i>	1	QL
<i>sotalol hcl 160 mg tablet</i>	1	QL
<i>sotalol hcl 240 mg tablet</i>	1	QL
<i>sotalol hcl 80 mg tablet</i>	1	QL
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	1	QL
<i>spironolactone 100 mg tablet</i>	1	QL
<i>spironolactone 25 mg tablet</i>	1	QL
<i>spironolactone 50 mg tablet</i>	1	QL
<i>terazosin hcl 1 mg capsule</i>	1	QL
<i>terazosin hcl 10 mg capsule</i>	1	QL
<i>terazosin hcl 2 mg capsule</i>	1	QL
<i>terazosin hcl 5 mg capsule</i>	1	QL
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline anhydrous 100 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL
<i>timolol maleate 10 mg tablet</i>	1	QL
<i>timolol maleate 20 mg tablet</i>	1	QL
<i>timolol maleate 5 mg tablet</i>	1	QL
<i>torseamide 10 mg tablet</i>	1	
<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>triamterene/hydrochlorothiazid 37.5-25 mg capsule</i>	1	QL
<i>triamterene/hydrochlorothiazid 37.5-25 mg tablet</i>	1	QL
<i>triamterene/hydrochlorothiazid 50 mg-25mg capsule</i>	1	QL
<i>triamterene/hydrochlorothiazid 75 mg-50mg tablet</i>	1	QL
<i>valsartan 160 mg tablet</i>	1	QL
<i>valsartan 320 mg tablet</i>	1	QL
<i>valsartan 40 mg tablet</i>	1	QL
<i>valsartan 80 mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 160-12.5mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 160-25mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 320-12.5mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 320mg-25mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 80-12.5mg tablet</i>	1	QL
<i>verapamil hcl 100 mg cap24h pct</i>	1	
<i>verapamil hcl 120 mg cap24h pel</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>captopril 12.5 mg tablet</i>	1	QL
<i>captopril 25 mg tablet</i>	1	QL
<i>captopril 50 mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 25 mg-15mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 25 mg-25mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 50 mg-15mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 50 mg-25mg tablet</i>	1	QL
<i>enalapril maleate 10 mg tablet</i>	1	QL
<i>enalapril maleate 2.5 mg tablet</i>	1	QL
<i>enalapril maleate 20 mg tablet</i>	1	QL
<i>enalapril maleate 5 mg tablet</i>	1	QL
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	QL
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	QL
<i>fosinopril sodium 10 mg tablet</i>	1	QL
<i>fosinopril sodium 20 mg tablet</i>	1	QL
<i>fosinopril sodium 40 mg tablet</i>	1	QL
<i>irbesartan 150 mg tablet</i>	1	QL
<i>irbesartan 300 mg tablet</i>	1	QL
<i>irbesartan 75 mg tablet</i>	1	QL
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QL
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QL
<i>lisinopril 10 mg tablet</i>	1	QL
<i>lisinopril 2.5 mg tablet</i>	1	QL
<i>lisinopril 20 mg tablet</i>	1	QL
<i>lisinopril 30 mg tablet</i>	1	QL
<i>lisinopril 40 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lisinopril 5 mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	QL
<i>losartan potassium 100 mg tablet</i>	1	QL
<i>losartan potassium 25 mg tablet</i>	1	QL
<i>losartan potassium 50 mg tablet</i>	1	QL
<i>losartan/hydrochlorothiazide 100-12.5mg tablet</i>	1	QL
<i>losartan/hydrochlorothiazide 100mg-25mg tablet</i>	1	QL
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	QL
<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
<i>quinapril hcl 20 mg tablet</i>	1	QL
<i>quinapril hcl 40 mg tablet</i>	1	QL
<i>quinapril hcl 5 mg tablet</i>	1	QL
<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
<i>ramipril 10 mg capsule</i>	1	QL
<i>ramipril 2.5 mg capsule</i>	1	QL
<i>ramipril 5 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	1	QL
<i>spironolactone 100 mg tablet</i>	1	QL
<i>spironolactone 25 mg tablet</i>	1	QL
<i>spironolactone 50 mg tablet</i>	1	QL
<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>valsartan 160 mg tablet</i>	1	QL
<i>valsartan 320 mg tablet</i>	1	QL
<i>valsartan 40 mg tablet</i>	1	QL
<i>valsartan 80 mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 160-12.5mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 160-25mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 320-12.5mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 320mg-25mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 80-12.5mg tablet</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
8 HOUR ER 650 MG CAPLET <i>acetaminophen</i>	1	
<i>acetaminophen 120 mg supp.rect</i>	1	QL
<i>acetaminophen 160 mg/5ml elixir</i>	1	QL
<i>acetaminophen 160 mg/5ml solution</i>	1	QL
<i>acetaminophen 325 mg tablet</i>	1	QL
<i>acetaminophen 500 mg tablet</i>	1	QL
<i>acetaminophen 650 mg supp.rect</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen with codeine 300mg-15mg tablet</i>	1	QL
<i>acetaminophen with codeine 300mg-30mg tablet</i>	1	QL
<i>acetaminophen with codeine 300mg-60mg tablet</i>	1	QL
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN RELF ER 650 MG <i>acetaminophen</i>	1	
ASPIR-TRIN EC 325 MG TABLET <i>aspirin</i>	1	QL
<i>aspirin 300 mg supp.rect</i>	1	QL
<i>aspirin 325 mg tablet</i>	1	QL
<i>aspirin 325 mg tablet dr</i>	1	QL
<i>aspirin 500 mg tablet dr</i>	1	QL
<i>aspirin 600 mg supp.rect</i>	1	QL
<i>aspirin 650 mg tablet dr</i>	1	QL
<i>aspirin 81 mg tab chew</i>	1	QL
<i>aspirin 81 mg tablet dr</i>	1	QL
<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	1	QL
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL
BENGAY ULTRA STRENGTH CRM <i>methyl salicylate/menthol/camphor</i>	1	
BETATEMP 160 MG/5 ML SUSP <i>acetaminophen</i>	1	QL
BUPRENEX 0.3 MG/ML AMPUL <i>buprenorphine hcl</i>	2	
<i>buprenorphine hcl 2 mg tab subl</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl 8 mg tab subl</i>	1	PA
<i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>	1	QL
<i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>	1	QL
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	QL
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	QL
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	QL
<i>celecoxib 100 mg capsule</i>	1	QL AL1 At least 2 yrs old
<i>celecoxib 200 mg capsule</i>	1	QL AL1 At least 18 yrs old
<i>celecoxib 400 mg capsule</i>	1	QL AL1 At least 18 yrs old
<i>celecoxib 50 mg capsule</i>	1	QL AL1 At least 2 yrs old
CHILD PAIN-FEVER 160 MG/5 ML <i>acetaminophen</i>	1	QL
CHILDREN'S ADVIL 100 MG/5 ML <i>ibuprofen</i>	1	QL
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	QL
<i>diclofenac potassium 50 mg tablet</i>	1	QL
<i>diclofenac sodium 1 % gel (gram)</i>	1	QL
<i>diclofenac sodium 100 mg tab er 24h</i>	1	QL
<i>diclofenac sodium 25 mg tablet dr</i>	1	QL
<i>diclofenac sodium 50 mg tablet dr</i>	1	QL
<i>diclofenac sodium 75 mg tablet dr</i>	1	QL
<i>diflunisal 500 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ECOTRIN EC 325 MG TABLET <i>aspirin</i>	1	QL
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL
ENDOCET 5-325 TABLET <i>oxycodone hcl/acetaminophen</i>	1	QL
<i>etodolac 200 mg capsule</i>	1	QL
<i>etodolac 300 mg capsule</i>	1	QL
<i>etodolac 400 mg tablet</i>	1	QL
<i>etodolac 500 mg tablet</i>	1	QL
<i>fenoprofen calcium 600 mg tablet</i>	1	QL
<i>fentanyl 100 mcg/hr patch td72</i>	1	QL
<i>fentanyl 12 mcg/hr patch td72</i>	1	QL
<i>fentanyl 25 mcg/hr patch td72</i>	1	QL
<i>fentanyl 50mcg/hr patch td72</i>	1	QL
<i>fentanyl 75mcg/hr patch td72</i>	1	QL
FEVERALL 325 MG SUPPOSITORY <i>acetaminophen</i>	1	QL
FEVERALL 80 MG SUPPOSITORY <i>acetaminophen</i>	1	QL
<i>flurbiprofen 100 mg tablet</i>	1	QL
<i>flurbiprofen 50 mg tablet</i>	1	QL
<i>gabapentin 100 mg capsule</i>	1	QL
<i>gabapentin 250 mg/5ml solution</i>	1	QL
<i>gabapentin 300 mg capsule</i>	1	QL
<i>gabapentin 400 mg capsule</i>	1	QL
<i>gabapentin 600 mg tablet</i>	1	QL
<i>gabapentin 800 mg tablet</i>	1	QL
GS ARTHRITIS PAIN ER 650 MG <i>acetaminophen</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocodone/acetaminophen 10mg-325mg tablet	1	QL
hydrocodone/acetaminophen 5 mg-325mg tablet	1	QL
hydrocodone/acetaminophen 7.5-325 mg tablet	1	QL
hydrocodone/ibuprofen 7.5-200 mg tablet	1	QL
hydromorphone hcl 2 mg tablet	1	
hydromorphone hcl 3 mg supp.rect	1	
hydromorphone hcl 4 mg tablet	1	
hydromorphone hcl 8 mg tablet	1	
ibuprofen 100 mg/5ml oral susp	1	QL
ibuprofen 200 mg tablet	1	QL
ibuprofen 400 mg tablet	1	QL
ibuprofen 50 mg/1.25 drops susp	1	QL
ibuprofen 600 mg tablet	1	QL
ibuprofen 800 mg tablet	1	QL
ICY HOT CREAM methyl salicylate/menthol	1	QL
indomethacin 25 mg capsule	1	QL
indomethacin 50 mg capsule	1	QL
indomethacin 75 mg capsule er	1	QL
INFANT'S MOTRIN 50 MG/1.25 ML ibuprofen	1	QL
INFANTS' MOTRIN 50 MG/1.25 ML ibuprofen	1	QL
ketoprofen 200 mg cap24h pel	1	QL
ketoprofen 50 mg capsule	1	QL
ketoprofen 75 mg capsule	1	QL
ketorolac tromethamine 10 mg tablet	1	QL
MAPAP ARTHRITIS ER 650 MG CPLT acetaminophen	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meclofenamate sodium 100 mg capsule</i>	1	QL
<i>meclofenamate sodium 50 mg capsule</i>	1	QL
<i>meloxicam 15 mg tablet</i>	1	QL
<i>meloxicam 7.5 mg tablet</i>	1	QL
<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
<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
<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
<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
<i>morphine sulfate 5 mg supp.rect</i>	1	
<i>morphine sulfate 60 mg tablet er</i>	1	QL
MOTRIN IB 200 MG CAPLET <i>ibuprofen</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nabumetone 500 mg tablet</i>	1	QL
<i>nabumetone 750 mg tablet</i>	1	QL
<i>naproxen 125 mg/5ml oral susp</i>	1	QL
<i>naproxen 250 mg tablet</i>	1	QL
<i>naproxen 375 mg tablet</i>	1	QL
<i>naproxen 375 mg tablet dr</i>	1	QL
<i>naproxen 500 mg tablet</i>	1	QL
<i>naproxen 500 mg tablet dr</i>	1	QL
<i>naproxen sodium 220 mg tablet</i>	1	QL
<i>naproxen sodium 275 mg tablet</i>	1	QL
<i>naproxen sodium 550 mg tablet</i>	1	QL
<i>oxaprozin 600 mg tablet</i>	1	QL
<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
<i>oxycodone hcl/acetaminophen 5 mg-325mg tablet</i>	1	QL
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	1	QL
PAIN RELIEVER 500 MG CAPLET <i>acetaminophen</i>	1	QL
PAIN RELIEVER 500 MG TABLET <i>acetaminophen</i>	1	QL
PEDIACARE FEVER REDUCER SUSP <i>acetaminophen</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pentazocine hcl/naloxone hcl 50mg-0.5mg tablet</i>	1	QL
<i>piroxicam 10 mg capsule</i>	1	QL
<i>piroxicam 20 mg capsule</i>	1	QL
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL 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
<i>salsalate 750 mg tablet</i>	1	QL
SM ARTHRITIS PAIN ER 650 MG <i>acetaminophen</i>	1	
SUBOXONE 12 MG-3 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL PA
SUBOXONE 2 MG-0.5 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL PA
SUBOXONE 4 MG-1 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL PA
SUBOXONE 8 MG-2 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL PA
<i>sulindac 150 mg tablet</i>	1	QL
<i>sulindac 200 mg tablet</i>	1	QL
<i>tolmetin sodium 200 mg tablet</i>	1	QL
<i>tolmetin sodium 400 mg capsule</i>	1	QL
<i>tolmetin sodium 600 mg tablet</i>	1	QL
<i>tramadol hcl 50 mg tablet</i>	1	
<i>tramadol hcl/acetaminophen 37.5-325mg tablet</i>	1	QL
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
<i>butalb/acetaminophen/cafeine 50-325-40 capsule</i>	1	QL
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL
<i>caffeine citrate 60 mg/3 ml solution</i>	1	AL1 Up to 1 yrs old
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	QL
<i>dexmethylphenidate hcl 10 mg cpbp 50-50</i>	1	QL 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 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 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 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 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 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 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 AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 40 mg cpbp 50-50</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 5 mg cpbp 50-50</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>dexmethylphenidate hcl 5 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior authorization required for members over the age of 20
<i>dextroamphetamine sulfate 10 mg capsule er</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine sulfate 10 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine sulfate 15 mg capsule er</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine sulfate 5 mg capsule er</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine/amphetamine 10 mg cap er 24h</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 10 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 12.5 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 15 mg cap er 24h</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 15 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 20 mg cap er 24h</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 20 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 25 mg cap er 24h</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine/amphetamine 30 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 5 mg cap er 24h</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 5 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>dextroamphetamine/amphetamine 7.5 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
METADATE ER 20 MG TABLET <i>methylphenidate hcl</i>	2	QL AL1 C Up to 21 yrs old Prior Authorization required for members over the age of 20
<i>methylphenidate hcl 10 mg cpbp 30-70</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 10 mg tab chew</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 10 mg tablet</i>	1	QL AL1 C Up to 21 yrs old 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 AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 2.5 mg tab chew</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg cpbp 30-70</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg cpbp 50-50</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 20 mg tablet er</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 27 mg tab er 24</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 30 mg cpbp 30-70</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl 36 mg tab er 24</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 40 mg cpbp 30-70</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 40 mg cpbp 50-50</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 5 mg tab chew</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 5 mg tablet</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 50 mg cpbp 30-70</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 54 mg tab er 24</i>	1	QL AL1 C Up to 21 yrs old Prior Authorization is required for members over the age of 20
<i>methylphenidate hcl 60 mg cpbp 30-70</i>	1	QL AL1 C At least 6 yrs old Prior Authorization is required for members over the age of 20

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN LA 60 MG CAPSULE <i>methylphenidate hcl</i>	2	QL AL1 C At least 6 yrs old 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 AL1 C 6 to 21 yrs old Prior Authorization is required for members over the age of 20
VYVANSE 30 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL AL1 C 6 to 21 yrs old Prior Authorization is required for members over the age of 20
VYVANSE 40 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL AL1 C 6 to 21 yrs old Prior Authorization is required for members over the age of 20
VYVANSE 50 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL AL1 C 6 to 21 yrs old Prior Authorization is required for members over the age of 20
VYVANSE 60 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL AL1 C 6 to 21 yrs old Prior Authorization is required for members over the age of 20
VYVANSE 70 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	QL AL1 C 6 to 21 yrs old Prior Authorization is required for members over the age of 20
ANTICONVULSANTS		
carbamazepine 100 mg cpmp 12hr	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbamazepine 100 mg tab chew	1	QL
carbamazepine 100 mg tab er 12h	1	
carbamazepine 100 mg/5ml oral susp	1	QL
carbamazepine 200 mg cpmp 12hr	1	QL
carbamazepine 200 mg tab er 12h	1	QL
carbamazepine 200 mg tablet	1	QL
carbamazepine 300 mg cpmp 12hr	1	QL
carbamazepine 400 mg tab er 12h	1	QL
clonazepam 0.125 mg tab rapdis	1	QL
		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 0.25 mg tab rapdis	1	QL
		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 0.5 mg tab rapdis	1	QL
		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 0.5 mg tablet	1	QL
clonazepam 1 mg tab rapdis	1	QL
		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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clonazepam 1 mg tablet	1	QL
clonazepam 2 mg tab rapdis	1	QL
		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
clorazepate dipotassium 15 mg tablet	1	QL
clorazepate dipotassium 3.75 mg tablet	1	QL
clorazepate dipotassium 7.5 mg tablet	1	QL
diazepam 10 mg tablet	1	QL
diazepam 12.5-15-20 kit	1	QL
diazepam 2 mg tablet	1	QL
diazepam 2.5 mg kit	1	QL
diazepam 5 mg tablet	1	QL
diazepam 5 mg/5 ml solution	1	QL
diazepam 5 mg/ml oral conc	1	QL
diazepam 5-7.5-10mg kit	1	QL
DILANTIN 30 MG CAPSULE phenytoin sodium extended	2	QL
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
ethosuximide 250 mg/5ml solution	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam 750 mg tablet</i>	1	QL
<i>lorazepam 0.5 mg tablet</i>	1	QL
<i>lorazepam 1 mg tablet</i>	1	QL
<i>lorazepam 2 mg tablet</i>	1	QL
<i>lorazepam 2 mg/ml oral conc</i>	1	QL
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	1	QL
<i>oxcarbazepine 150 mg tablet</i>	1	QL
<i>oxcarbazepine 300 mg tablet</i>	1	QL
<i>oxcarbazepine 300 mg/5ml oral susp</i>	1	QL
<i>oxcarbazepine 600 mg tablet</i>	1	QL
<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 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
<i>phenytoin 50 mg tab chew</i>	1	QL
<i>phenytoin sodium extended 100 mg capsule</i>	1	QL
<i>phenytoin sodium extended 200 mg capsule</i>	1	QL
<i>phenytoin sodium extended 300 mg capsule</i>	1	QL
<i>primidone 250 mg tablet</i>	1	QL
<i>primidone 50 mg tablet</i>	1	QL
<i>tiagabine hcl 2 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tiagabine hcl 4 mg tablet</i>	1	QL
<i>topiramate 100 mg tablet</i>	1	QL
<i>topiramate 15 mg cap sprink</i>	1	QL
<i>topiramate 200 mg tablet</i>	1	QL
<i>topiramate 25 mg cap sprink</i>	1	QL
<i>topiramate 25 mg tablet</i>	1	QL
<i>topiramate 50 mg tablet</i>	1	QL
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	
<i>valproic acid 250 mg capsule</i>	1	
VIMPAT 10 MG/ML SOLUTION <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 100 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 150 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 200 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 50 MG TABLET <i>lacosamide</i>	2	QL 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	
ANTIMIGRAINE AGENTS		
ASPIR-TRIN EC 325 MG TABLET <i>aspirin</i>	1	QL
<i>aspirin 300 mg supp.rect</i>	1	QL
<i>aspirin 325 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aspirin 325 mg tablet dr</i>	1	QL
<i>aspirin 500 mg tablet dr</i>	1	QL
<i>aspirin 600 mg supp.rect</i>	1	QL
<i>aspirin 650 mg tablet dr</i>	1	QL
<i>aspirin 81 mg tab chew</i>	1	QL
<i>aspirin 81 mg tablet dr</i>	1	QL
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL
<i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>	1	QL
<i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>	1	QL
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	QL
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	QL
<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
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL
<i>naratriptan hcl 1 mg tablet</i>	1	QL
<i>naratriptan hcl 2.5 mg tablet</i>	1	QL
<i>propranolol hcl 10 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl 120 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 160 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 20 mg tablet</i>	1	QL
<i>propranolol hcl 20 mg/5 ml solution</i>	1	QL
<i>propranolol hcl 40 mg tablet</i>	1	QL
<i>propranolol hcl 40mg/5ml solution</i>	1	QL
<i>propranolol hcl 60 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 60 mg tablet</i>	1	QL
<i>propranolol hcl 80 mg cap sa 24h</i>	1	QL
<i>propranolol hcl 80 mg tablet</i>	1	QL
<i>rizatriptan benzoate 10 mg tab rapdis</i>	1	QL
<i>rizatriptan benzoate 10 mg tablet</i>	1	QL
<i>rizatriptan benzoate 5 mg tab rapdis</i>	1	QL
<i>rizatriptan benzoate 5 mg tablet</i>	1	QL
<i>sumatriptan 20 mg spray</i>	1	QL
<i>sumatriptan 5 mg spray</i>	1	QL
<i>sumatriptan succinate 100 mg tablet</i>	1	QL
<i>sumatriptan succinate 25 mg tablet</i>	1	QL
<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
<i>sumatriptan succinate 6 mg/0.5ml cartridge</i>	1	QL
<i>sumatriptan succinate 6 mg/0.5ml pen injctr</i>	1	QL
<i>sumatriptan succinate 6 mg/0.5ml vial</i>	1	QL
<i>timolol maleate 10 mg tablet</i>	1	QL
<i>timolol maleate 20 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate 5 mg tablet</i>	1	QL
<i>tramadol hcl/acetaminophen 37.5-325mg tablet</i>	1	QL
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	
<i>valproic acid 250 mg capsule</i>	1	
ANTIPARKINSONIAN AGENTS (CNS)		
<i>amantadine hcl 100 mg capsule</i>	1	QL
<i>amantadine hcl 100 mg tablet</i>	1	QL
<i>amantadine hcl 50 mg/5 ml solution</i>	1	QL
<i>benztropine mesylate 0.5 mg tablet</i>	1	QL
<i>benztropine mesylate 1 mg tablet</i>	1	QL
<i>benztropine mesylate 2 mg tablet</i>	1	QL
<i>bromocriptine mesylate 2.5 mg tablet</i>	1	QL
<i>bromocriptine mesylate 5 mg capsule</i>	1	QL
<i>cabergoline 0.5 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>carbidopa/levodopa 10mg-100mg tablet</i>	1	QL
<i>carbidopa/levodopa 25mg-100mg tablet</i>	1	QL
<i>carbidopa/levodopa 25mg-100mg tablet er</i>	1	QL
<i>carbidopa/levodopa 25mg-250mg tablet</i>	1	QL
<i>carbidopa/levodopa 50mg-200mg tablet er</i>	1	QL
<i>pramipexole di-hcl 0.125 mg tablet</i>	1	QL
<i>pramipexole di-hcl 0.25 mg tablet</i>	1	QL
<i>pramipexole di-hcl 0.5 mg tablet</i>	1	QL
<i>pramipexole di-hcl 0.75 mg tablet</i>	1	QL
<i>pramipexole di-hcl 1 mg tablet</i>	1	QL
<i>pramipexole di-hcl 1.5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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
<i>ropinirole hcl 0.5 mg tablet</i>	1	QL
<i>ropinirole hcl 1 mg tablet</i>	1	QL
<i>ropinirole hcl 2 mg tablet</i>	1	QL
<i>ropinirole hcl 3 mg tablet</i>	1	QL
<i>ropinirole hcl 4 mg tablet</i>	1	QL
<i>ropinirole hcl 5 mg tablet</i>	1	QL
<i>selegiline hcl 5 mg capsule</i>	1	QL
<i>selegiline hcl 5 mg tablet</i>	1	QL
<i>tolcapone 100 mg tablet</i>	1	QL
<i>trihexyphenidyl hcl 2 mg tablet</i>	1	QL
<i>trihexyphenidyl hcl 2 mg/5 ml elixir</i>	1	QL
<i>trihexyphenidyl hcl 5 mg tablet</i>	1	QL
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
<i>alprazolam 0.25 mg tablet</i>	1	QL
<i>alprazolam 0.5 mg tablet</i>	1	QL
<i>alprazolam 1 mg tablet</i>	1	QL
<i>alprazolam 2 mg tablet</i>	1	QL
<i>amitriptyline/chlordiazepoxide 12.5mg-5mg tablet</i>	1	QL
<i>amitriptyline/chlordiazepoxide 25 mg-10mg tablet</i>	1	QL
<i>buspirone hcl 10 mg tablet</i>	1	QL
<i>buspirone hcl 15 mg tablet</i>	1	QL
<i>buspirone hcl 30 mg tablet</i>	1	QL
<i>buspirone hcl 5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>buspirone hcl 7.5 mg tablet</i>	1	QL
<i>butalb/acetaminophen/cafeine 50-325-40 capsule</i>	1	QL
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	1	QL
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QL
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	QL
<i>butalbital/aspirin/cafeine 50-325-40 capsule</i>	1	QL
<i>chlordiazepoxide hcl 10 mg capsule</i>	1	QL
<i>chlordiazepoxide hcl 25 mg capsule</i>	1	QL
<i>chlordiazepoxide hcl 5 mg capsule</i>	1	QL
<i>clonazepam 0.125 mg tab rapdis</i>	1	QL
		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
		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
		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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clonazepam 1 mg tablet	1	QL
clonazepam 2 mg tab rapdis	1	QL
		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
clorazepate dipotassium 15 mg tablet	1	QL
clorazepate dipotassium 3.75 mg tablet	1	QL
clorazepate dipotassium 7.5 mg tablet	1	QL
codeine/butalbital/asa/cafein 30-50-325 capsule	1	QL
diazepam 10 mg tablet	1	QL
diazepam 12.5-15-20 kit	1	QL
diazepam 2 mg tablet	1	QL
diazepam 2.5 mg kit	1	QL
diazepam 5 mg tablet	1	QL
diazepam 5 mg/5 ml solution	1	QL
diazepam 5 mg/ml oral conc	1	QL
diazepam 5-7.5-10mg kit	1	QL
diphenhydramine hcl 25 mg tablet	1	QL
diphenhydramine hcl 50 mg tablet	1	QL
estazolam 1 mg tablet	1	QL
estazolam 2 mg tablet	1	QL
eszopiclone 1 mg tablet	1	QL AL1 At least 18 yrs old
eszopiclone 2 mg tablet	1	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone 3 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>flurazepam hcl 15 mg capsule</i>	1	QL
<i>flurazepam hcl 30 mg capsule</i>	1	QL
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
<i>hydroxyzine hcl 10 mg tablet</i>	1	QL
<i>hydroxyzine hcl 10 mg/5 ml solution</i>	1	QL
<i>hydroxyzine hcl 25 mg tablet</i>	1	QL
<i>hydroxyzine hcl 50 mg tablet</i>	1	QL
<i>hydroxyzine pamoate 100 mg capsule</i>	1	QL
<i>hydroxyzine pamoate 25 mg capsule</i>	1	QL
<i>hydroxyzine pamoate 50 mg capsule</i>	1	QL
<i>lorazepam 0.5 mg tablet</i>	1	QL
<i>lorazepam 1 mg tablet</i>	1	QL
<i>lorazepam 2 mg tablet</i>	1	QL
<i>lorazepam 2 mg/ml oral conc</i>	1	QL
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	1	QL
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL
<i>oxazepam 10 mg capsule</i>	1	QL
<i>oxazepam 15 mg capsule</i>	1	QL
<i>oxazepam 30 mg capsule</i>	1	QL
PHENADOZ 12.5 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHENADOZ 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL 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 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 AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 25 mg supp.rect</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 50 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 50 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL
SIMPLY SLEEP 25 MG CAPLET <i>diphenhydramine hcl</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
<i>temazepam 15 mg capsule</i>	1	QL
<i>temazepam 30 mg capsule</i>	1	QL
<i>triazolam 0.125 mg tablet</i>	1	QL
<i>triazolam 0.25 mg tablet</i>	1	QL
<i>zaleplon 10 mg capsule</i>	1	QL
<i>zaleplon 5 mg capsule</i>	1	QL
<i>zolpidem tartrate 10 mg tablet</i>	1	QL
<i>zolpidem tartrate 5 mg tablet</i>	1	QL
<i>acamprosate calcium 333 mg tablet dr</i>	1	QL AL1 At least 18 yrs old
<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	
<i>duloxetine hcl 20 mg capsule dr</i>	1	QL
<i>duloxetine hcl 30 mg capsule dr</i>	1	QL
<i>duloxetine hcl 60 mg capsule dr</i>	1	QL
EVZIO 0.4 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL
EVZIO 2 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL C Maximum of 2 auto-injectors per fill
<i>guanfacine hcl 1 mg tab er 24h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl 1 mg tablet</i>	1	QL
<i>guanfacine hcl 2 mg tab er 24h</i>	1	QL
<i>guanfacine hcl 2 mg tablet</i>	1	QL
<i>guanfacine hcl 3 mg tab er 24h</i>	1	QL
<i>guanfacine hcl 4 mg tab er 24h</i>	1	QL
<i>lithium carbonate 150 mg capsule</i>	1	QL
<i>lithium carbonate 300 mg capsule</i>	1	QL
<i>lithium carbonate 300 mg tablet</i>	1	QL
<i>lithium carbonate 300 mg tablet er</i>	1	QL
<i>lithium carbonate 450 mg tablet er</i>	1	QL
<i>lithium carbonate 600 mg capsule</i>	1	QL
<i>memantine hcl 10 mg tablet</i>	1	QL
<i>memantine hcl 2 mg/ml solution</i>	1	QL
<i>memantine hcl 5 mg tablet</i>	1	QL
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	1	QL
<i>naloxone hcl 0.4 mg/ml syringe</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
STRATTERA 10 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 100 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 18 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 25 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRATTERA 40 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 60 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 80 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	
<i>valproic acid 250 mg capsule</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA ER 300 MG SYR <i>aripiprazole</i>	3	QL PA AL1 At least 18 yrs old
ABILIFY MAINTENA ER 300 MG VL <i>aripiprazole</i>	3	QL PA AL1 At least 18 yrs old
ABILIFY MAINTENA ER 400 MG SYR <i>aripiprazole</i>	3	QL PA AL1 At least 18 yrs old
ABILIFY MAINTENA ER 400 MG VL <i>aripiprazole</i>	3	QL PA AL1 At least 18 yrs old
<i>amitriptyline hcl 10 mg tablet</i>	1	QL
<i>amitriptyline hcl 100 mg tablet</i>	1	QL
<i>amitriptyline hcl 150 mg tablet</i>	1	QL
<i>amitriptyline hcl 25 mg tablet</i>	1	QL
<i>amitriptyline hcl 50 mg tablet</i>	1	QL
<i>amitriptyline hcl 75 mg tablet</i>	1	QL
<i>amitriptyline/chlordiazepoxide 12.5mg-5mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline/chlordiazepoxide 25 mg-10mg tablet</i>	1	QL
<i>amoxapine 100 mg tablet</i>	1	QL
<i>amoxapine 150 mg tablet</i>	1	QL
<i>amoxapine 25 mg tablet</i>	1	QL
<i>amoxapine 50 mg tablet</i>	1	QL
<i>aripiprazole 1 mg/ml solution</i>	1	QL C PA required for members less than 18 years old
<i>aripiprazole 10 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>aripiprazole 10 mg tablet</i>	1	QL C PA required for member under the age of 18
<i>aripiprazole 15 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>aripiprazole 15 mg tablet</i>	1	QL C PA required for members under the age of 18
<i>aripiprazole 2 mg tablet</i>	1	QL C PA required for members under the age of 18
<i>aripiprazole 20 mg tablet</i>	1	QL C PA required for members under the age of 18
<i>aripiprazole 30 mg tablet</i>	1	QL C PA required for members under the age of 18
<i>aripiprazole 5 mg tablet</i>	1	QL C PA required for members under the age of 18

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BUDEPRION SR 150 MG TABLET <i>bupropion hcl</i>	1	QL
BUPROBAN 150 MG TABLET <i>bupropion hcl</i>	1	QL
<i>bupropion hcl 100 mg tab er 12h</i>	1	QL
<i>bupropion hcl 100 mg tablet</i>	1	QL
<i>bupropion hcl 100 mg tablet er</i>	1	QL
<i>bupropion hcl 150 mg tab er 12h</i>	1	QL
<i>bupropion hcl 150 mg tab er 24h</i>	1	QL
<i>bupropion hcl 150 mg tablet er</i>	1	QL
<i>bupropion hcl 200 mg tab er 12h</i>	1	QL
<i>bupropion hcl 200 mg tablet er</i>	1	QL
<i>bupropion hcl 300 mg tab er 24h</i>	1	QL
<i>bupropion hcl 75 mg tablet</i>	1	QL
<i>citalopram hydrobromide 10 mg tablet</i>	1	QL
<i>citalopram hydrobromide 10 mg/5 ml solution</i>	1	QL
<i>citalopram hydrobromide 20 mg tablet</i>	1	QL
<i>citalopram hydrobromide 40 mg tablet</i>	1	QL
<i>clozapine 100 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>clozapine 200 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>clozapine 25 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>clozapine 50 mg tablet</i>	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	1	QL
<i>desipramine hcl 10 mg tablet</i>	1	QL
<i>desipramine hcl 100 mg tablet</i>	1	QL
<i>desipramine hcl 150 mg tablet</i>	1	QL
<i>desipramine hcl 25 mg tablet</i>	1	QL
<i>desipramine hcl 50 mg tablet</i>	1	QL
<i>desipramine hcl 75 mg tablet</i>	1	QL
<i>doxepin hcl 10 mg capsule</i>	1	QL
<i>doxepin hcl 10 mg/ml oral conc</i>	1	QL
<i>doxepin hcl 100 mg capsule</i>	1	QL
<i>doxepin hcl 150 mg capsule</i>	1	QL
<i>doxepin hcl 25 mg capsule</i>	1	QL
<i>doxepin hcl 50 mg capsule</i>	1	QL
<i>doxepin hcl 75 mg capsule</i>	1	QL
<i>duloxetine hcl 20 mg capsule dr</i>	1	QL
<i>duloxetine hcl 30 mg capsule dr</i>	1	QL
<i>duloxetine hcl 60 mg capsule dr</i>	1	QL
<i>escitalopram oxalate 10 mg tablet</i>	1	QL
<i>escitalopram oxalate 20 mg tablet</i>	1	QL
<i>escitalopram oxalate 5 mg tablet</i>	1	QL
<i>escitalopram oxalate 5 mg/5 ml solution</i>	1	QL
<i>fluoxetine hcl 10 mg capsule</i>	1	QL
<i>fluoxetine hcl 10 mg tablet</i>	1	QL
<i>fluoxetine hcl 20 mg capsule</i>	1	QL
<i>fluoxetine hcl 20 mg tablet</i>	1	QL
<i>fluoxetine hcl 20 mg/5 ml solution</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 40 mg capsule</i>	1	QL
<i>fluphenazine decanoate 25 mg/ml vial</i>	1	QL C PA required for members less than 18 years old
<i>fluphenazine hcl 2.5 mg/5ml elixir</i>	1	QL C PA required for members less than 18 years old
<i>fluphenazine hcl 2.5 mg/ml vial</i>	1	QL C PA required for members less than 18 years old
<i>fluphenazine hcl 5 mg/ml oral conc</i>	1	QL C PA required for members less than 18 years old
<i>fluvoxamine maleate 100 mg tablet</i>	1	QL
<i>fluvoxamine maleate 25 mg tablet</i>	1	QL
<i>fluvoxamine maleate 50 mg tablet</i>	1	QL
<i>haloperidol 0.5 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 1 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 10 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 2 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol 20 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 5 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol decanoate 100 mg/ml ampul</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol decanoate 100 mg/ml vial</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol decanoate 50 mg/ml ampul</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol decanoate 50 mg/ml vial</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol lactate 5 mg/ml ampul</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol lactate 5 mg/ml vial</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>imipramine hcl 10 mg tablet</i>	1	QL
<i>imipramine hcl 25 mg tablet</i>	1	QL
<i>imipramine hcl 50 mg tablet</i>	1	QL
INVEGA SUSTENNA 117 MG/0.75 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA SUSTENNA 156 MG/ML SYRG <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 234 MG/1.5 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA SUSTENNA 39 MG/0.25 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA SUSTENNA 78 MG/0.5 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 273 MG/0.875 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 410 MG/1.315 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 546 MG/1.75 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 819 MG/2.625 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old
<i>loxapine succinate 10 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>loxapine succinate 25 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>loxapine succinate 5 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>loxapine succinate 50 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>maprotiline hcl 25 mg tablet</i>	1	QL
<i>maprotiline hcl 50 mg tablet</i>	1	QL
<i>maprotiline hcl 75 mg tablet</i>	1	QL
<i>mirtazapine 15 mg tab rapdis</i>	1	QL
<i>mirtazapine 15 mg tablet</i>	1	QL
<i>mirtazapine 30 mg tab rapdis</i>	1	QL
<i>mirtazapine 30 mg tablet</i>	1	QL
<i>mirtazapine 45 mg tab rapdis</i>	1	QL
<i>mirtazapine 45 mg tablet</i>	1	QL
<i>mirtazapine 7.5 mg tablet</i>	1	QL
<i>nefazodone hcl 100 mg tablet</i>	1	QL
<i>nefazodone hcl 150 mg tablet</i>	1	QL
<i>nefazodone hcl 200 mg tablet</i>	1	QL
<i>nefazodone hcl 250 mg tablet</i>	1	QL
<i>nefazodone hcl 50 mg tablet</i>	1	QL
<i>nortriptyline hcl 10 mg capsule</i>	1	QL
<i>nortriptyline hcl 10 mg/5 ml solution</i>	1	QL
<i>nortriptyline hcl 25 mg capsule</i>	1	QL
<i>nortriptyline hcl 50 mg capsule</i>	1	QL
<i>nortriptyline hcl 75 mg capsule</i>	1	QL
<i>olanzapine 10 mg tab rapdis</i>	1	QL
		C PA required for members less than 18 years old
<i>olanzapine 10 mg tablet</i>	1	QL
		C PA required for members less than 18 years old
<i>olanzapine 15 mg tab rapdis</i>	1	QL
		C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine 15 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>olanzapine 2.5 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>olanzapine 20 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>olanzapine 20 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>olanzapine 5 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>olanzapine 5 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>olanzapine 7.5 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>paroxetine hcl 10 mg tablet</i>	1	QL
<i>paroxetine hcl 20 mg tablet</i>	1	QL
<i>paroxetine hcl 30 mg tablet</i>	1	QL
<i>paroxetine hcl 40 mg tablet</i>	1	QL
<i>perphenazine 16 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine 2 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>perphenazine 4 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine 8 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>perphenazine/amitriptyline hcl 2 mg-10 mg tablet</i>	1	QL
<i>perphenazine/amitriptyline hcl 2 mg-25 mg tablet</i>	1	QL
<i>perphenazine/amitriptyline hcl 4 mg-25 mg tablet</i>	1	QL
<i>perphenazine/amitriptyline hcl 4 mg-50 mg tablet</i>	1	QL
<i>perphenazine/amitriptyline hcl 4mg-10mg tablet</i>	1	QL
<i>pimozide 1 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>pimozide 2 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>prochlorperazine 25 mg supp.rect</i>	1	QL
<i>prochlorperazine maleate 10 mg tablet</i>	1	QL
<i>prochlorperazine maleate 5 mg tablet</i>	1	QL
<i>protriptyline hcl 10 mg tablet</i>	1	QL
<i>protriptyline hcl 5 mg tablet</i>	1	QL
<i>quetiapine fumarate 100 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 200 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 25 mg tablet</i>	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 300 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 400 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 50 mg tablet</i>	1	QL 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 PA AL1 At least 18 yrs old
RISPERDAL CONSTA 25 MG SYR <i>risperidone microspheres</i>	3	QL PA AL1 At least 18 yrs old
RISPERDAL CONSTA 37.5 MG SYR <i>risperidone microspheres</i>	3	QL PA AL1 At least 18 yrs old
RISPERDAL CONSTA 50 MG SYR <i>risperidone microspheres</i>	3	QL PA AL1 At least 18 yrs old
<i>risperidone 0.25 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 0.25 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 0.5 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risperidone 0.5 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 1 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 1 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 1 mg/ml solution</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 2 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 2 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 3 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 3 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 4 mg tab rapdis</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 4 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>selegiline hcl 5 mg capsule</i>	1	QL
<i>selegiline hcl 5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl 100 mg tablet</i>	1	QL
<i>sertraline hcl 20 mg/ml oral conc</i>	1	QL
<i>sertraline hcl 25 mg tablet</i>	1	QL
<i>sertraline hcl 50 mg tablet</i>	1	QL
<i>thioridazine hcl 10 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thioridazine hcl 100 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thioridazine hcl 25 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thioridazine hcl 50 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thiothixene 1 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thiothixene 10 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thiothixene 2 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>thiothixene 5 mg capsule</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>tranylcypromine sulfate 10 mg tablet</i>	1	QL
<i>trazodone hcl 100 mg tablet</i>	1	QL
<i>trazodone hcl 150 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>trazodone hcl 300 mg tablet</i>	1	QL
<i>trazodone hcl 50 mg tablet</i>	1	QL
<i>trifluoperazine hcl 1 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>trifluoperazine hcl 10 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>trifluoperazine hcl 2 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>trifluoperazine hcl 5 mg tablet</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>venlafaxine hcl 100 mg tablet</i>	1	QL
<i>venlafaxine hcl 150 mg cap er 24h</i>	1	QL
<i>venlafaxine hcl 25 mg tablet</i>	1	QL
<i>venlafaxine hcl 37.5 mg cap er 24h</i>	1	QL
<i>venlafaxine hcl 37.5 mg tablet</i>	1	QL
<i>venlafaxine hcl 50 mg tablet</i>	1	QL
<i>venlafaxine hcl 75 mg cap er 24h</i>	1	QL
<i>venlafaxine hcl 75 mg tablet</i>	1	QL
<i>ziprasidone hcl 20 mg capsule</i>	1	QL C PA required for members less than 18 years old
<i>ziprasidone hcl 40 mg capsule</i>	1	QL C PA required for members less than 18 years old
<i>ziprasidone hcl 60 mg capsule</i>	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ziprasidone hcl 80 mg capsule</i>	1	QL C PA required for members less than 18 years old
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
DIURETICS		
<i>acetazolamide 125 mg tablet</i>	1	QL
<i>acetazolamide 250 mg tablet</i>	1	QL
<i>acetazolamide 500 mg capsule er</i>	1	QL
<i>amiloride hcl 5 mg tablet</i>	1	QL
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 100mg-25mg tablet</i>	1	QL
<i>atenolol/chlorthalidone 50 mg-25mg tablet</i>	1	QL
<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>bisoprol/hydrochlorothiazide 10-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 2.5-6.25mg tablet</i>	1	QL
<i>bisoprol/hydrochlorothiazide 5-6.25mg tablet</i>	1	QL
<i>bumetanide 0.5 mg tablet</i>	1	QL
<i>bumetanide 1 mg tablet</i>	1	QL
<i>bumetanide 2 mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 25 mg-15mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 25 mg-25mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 50 mg-15mg tablet</i>	1	QL
<i>captopril/hydrochlorothiazide 50 mg-25mg tablet</i>	1	QL
<i>chlorothiazide 250 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlorothiazide 500 mg tablet</i>	1	QL
<i>chlorthalidone 25 mg tablet</i>	1	QL
<i>chlorthalidone 50 mg tablet</i>	1	QL
CLORPRES 0.1-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
CLORPRES 0.2-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
CLORPRES 0.3-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
DIURIL 250 MG/5 ML ORAL SUSP <i>chlorothiazide</i>	2	QL
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	QL
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	QL
<i>furosemide 10 mg/ml solution</i>	1	QL
<i>furosemide 20 mg tablet</i>	1	QL
<i>furosemide 40 mg tablet</i>	1	QL
<i>furosemide 40mg/5ml solution</i>	1	QL
<i>furosemide 80 mg tablet</i>	1	QL
<i>hydrochlorothiazide 12.5 mg capsule</i>	1	QL
<i>hydrochlorothiazide 12.5 mg tablet</i>	1	QL
<i>hydrochlorothiazide 25 mg tablet</i>	1	QL
<i>hydrochlorothiazide 50 mg tablet</i>	1	QL
<i>indapamide 1.25 mg tablet</i>	1	QL
<i>indapamide 2.5 mg tablet</i>	1	QL
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QL
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QL
<i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>	1	QL
<i>losartan/hydrochlorothiazide 100-12.5mg tablet</i>	1	QL
<i>losartan/hydrochlorothiazide 100mg-25mg tablet</i>	1	QL
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	QL
<i>methyclothiazide 5 mg tablet</i>	1	QL
<i>metolazone 10 mg tablet</i>	1	QL
<i>metolazone 2.5 mg tablet</i>	1	QL
<i>metolazone 5 mg tablet</i>	1	QL
<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
<i>propranolol/hydrochlorothiazid 80 mg-25mg tablet</i>	1	QL
<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>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	1	QL
<i>spironolactone 100 mg tablet</i>	1	QL
<i>spironolactone 25 mg tablet</i>	1	QL
<i>spironolactone 50 mg tablet</i>	1	QL
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline anhydrous 100 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL
<i>torseamide 10 mg tablet</i>	1	
<i>triamterene/hydrochlorothiazid 37.5-25 mg capsule</i>	1	QL
<i>triamterene/hydrochlorothiazid 37.5-25 mg tablet</i>	1	QL
<i>triamterene/hydrochlorothiazid 50 mg-25mg capsule</i>	1	QL
<i>triamterene/hydrochlorothiazid 75 mg-50mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 160-12.5mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 160-25mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 320-12.5mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 320mg-25mg tablet</i>	1	QL
<i>valsartan/hydrochlorothiazide 80-12.5mg tablet</i>	1	QL
<i>calcium carbonate 200(500)mg tab chew</i>	1	
<i>calcium carbonate 500(1250) tablet</i>	1	QL
<i>calcium carbonate/vitamin d2 250 mg-125 tablet</i>	1	QL
<i>calcium carbonate/vitamin d2 500 mg-200 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 250 mg-125 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 500 mg-100 tab chew</i>	1	QL
<i>calcium carbonate/vitamin d3 500 mg-200 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 500 mg-400 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-125 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-200 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-400 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-800 tablet</i>	1	QL
<i>calcium gluconate 45(500) mg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>citric acid/sodium citrate 334-500mg solution</i>	1	QL
CONSTULOSE 10 GM/15 ML SOLN <i>lactulose</i>	1	
CYTRA-2 ORAL SOLUTION <i>citric acid/sodium citrate</i>	1	QL
<i>dextrose 4 g tab chew</i>	1	
ENULOSE 10 GM/15 ML SOLUTION <i>lactulose</i>	1	
GENERLAC 10 GM/15 ML SOLUTION <i>lactulose</i>	1	
INATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL GL Female
K EFFERVESCENT 25 MEQ TABLET <i>potassium bicarbonate/citric acid</i>	1	QL
<i>lactulose 10 g/15 ml solution</i>	1	QL
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL GL Female
ORACIT ORAL SOLUTION <i>citric acid/sodium citrate</i>	1	QL
ORALYTE ELECTROLYTE SOLN <i>electrolytes/dextrose</i>	1	QL
ORALYTE FREEZER POPS <i>electrolytes/dextrose</i>	1	QL
ORALYTE SOLUTION <i>electrolytes/dextrose</i>	1	QL
OYSCO 500-VIT D3 200 TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL
OYSCO D TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL
PHOS-NAK PACKET <i>sodium phosphate/potassium phosphates, monobasic and bibasic</i>	1	QL
PHOSPHA 250 NEUTRAL TABLET <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	1	
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL GL Female
<i>potassium bicarbonate/cit ac 25 meq tablet eff</i>	1	QL
<i>potassium chloride 10 meq capsule er</i>	1	QL
<i>potassium chloride 10 meq tab er prt</i>	1	QL
<i>potassium chloride 10 meq tablet er</i>	1	QL
<i>potassium chloride 20 meq packet</i>	1	QL
<i>potassium chloride 20 meq tab er prt</i>	1	QL
<i>potassium chloride 20 meq tablet er</i>	1	QL
<i>potassium chloride 20meq/15ml liquid</i>	1	QL
<i>potassium chloride 40meq/15ml liquid</i>	1	QL
<i>potassium chloride 8 meq capsule er</i>	1	
<i>potassium chloride 8 meq tablet er</i>	1	QL
<i>potassium citrate 10 meq tablet er</i>	1	QL
<i>potassium citrate 15 meq tablet er</i>	1	
<i>potassium citrate 5 meq tablet er</i>	1	QL
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL GL Female
<i>prenatal vit 93/iron fum/folic 9mg-267mcg tablet</i>	1	QL GL Female
<i>prenatal vit no.129/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit no.130/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL GL Female
<i>prenatal vit/iron fum/folic ac 27mg-0.8mg tablet</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal vit/iron fum/folic ac 28mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vits96/iron fum/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>probenecid 500 mg tablet</i>	1	QL
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL GL Female
<i>sodium bicarbonate powder</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	
<i>sodium chloride for inhalation 7 % vial-neb</i>	1	QL ST
<i>sodium chloride irrig solution 0.9 % irrig soln</i>	1	
TRIADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL 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 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 GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ION-REMOVING AGENTS		
calcium acetate 667 mg capsule	1	QL
calcium acetate 667 mg tablet	1	
CALPHRON 667 MG TABLET calcium acetate	1	
ELIPHOS 667 MG TABLET calcium acetate	1	
KIONEX 15 GM/60 ML SUSPENSION sodium polystyrene sulfonate/sorbitol solution	1	
KIONEX POWDER sodium polystyrene sulfonate	1	QL
RENAGEL 400 MG TABLET sevelamer hcl	2	QL
RENAGEL 800 MG TABLET sevelamer hcl	2	QL
REVELA 800 MG TABLET sevelamer carbonate	2	QL
sodium polystyrene sulfonate powder	1	QL
sodium polystyrene sulfonate 15 g/60 ml oral susp	1	QL
sodium polystyrene sulfonate 30 g/120ml enema	1	QL
SPS 30 GM/120 ML ENEMA sodium polystyrene sulfonate/sorbitol solution	1	QL
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTI-INFECTIVES (EENT)		
ACETASOL HC EAR DROPS hydrocortisone/acetic acid	1	
acetic acid 2 % solution	1	
bacitracin 500 unit/g oint. (g)	1	QL
bacitracin/polymyxin b sulfate 500-10k/g oint. (g)	1	QL
BLEPHAMIDE EYE DROPS sulfacetamide sodium/prednisolone acetate	1	QL
BLEPHAMIDE EYE OINTMENT sulfacetamide sodium/prednisolone acetate	1	QL
CARBAMOXIDE 6.5% EAR DROPS carbamide peroxide	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
chlorhexidine gluconate 0.12 % mouthwash	1	QL
ciprofloxacin hcl 0.3 % drops	1	QL
CVS EAR DROPS 6.5% carbamide peroxide	1	QL
DEBROX 6.5% EAR DROPS carbamide peroxide	1	QL
doxycycline hyclate 20 mg tablet	1	
EAR DROPS 6.5% carbamide peroxide	1	QL
EQL EAR DROPS 6.5% carbamide peroxide	1	QL
erythromycin base 5 mg/g oint. (g)	1	QL
gentamicin sulfate 0.3 % drops	1	QL
gentamicin sulfate 0.3 % oint. (g)	1	QL
GNP EAR DROPS 6.5% carbamide peroxide	1	QL
hydrocortisone/acetic acid 1 %-2 % drops	1	
neomycin su/bacitra/polymyxin 3.5mg-400 oint. (g)	1	
neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)	1	
neomycin/polymyxin b/dexametha 0.1 % drops susp	1	QL
neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)	1	
neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp	1	
neomycin/polymyxin b/hydrocort 3.5-10k-1 solution	1	
neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp	1	QL
neomycin/polymyxn b/gramicidin 1.75mg-10k drops	1	QL
NEOSPORIN EYE DROPS neomycin sulfate/polymyxin b sulfate/gramicidin d	1	QL
ofloxacin 0.3 % drops	1	QL
PERIOGARD 0.12% ORAL RINSE chlorhexidine gluconate	1	
polymyxin b sulf/trimethoprim 10000-1/ml drops	1	QL
RA EAR DROPS 6.5% carbamide peroxide	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SM EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL
<i>sulfacetamide sodium 10 % drops</i>	1	QL
<i>sulfacetamide/prednisolone sp 10 %-0.23% drops</i>	1	QL
TOBRADEX EYE OINTMENT <i>tobramycin/dexamethasone</i>	2	QL
TOBRADEX ST EYE DROPS <i>tobramycin/dexamethasone</i>	2	
<i>tobramycin 0.3 % drops</i>	1	QL
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	1	QL
TOBREX 0.3% EYE OINTMENT <i>tobramycin</i>	2	QL
<i>trifluridine 1 % drops</i>	1	QL
ANTI-INFLAMMATORY AGENTS (EENT)		
ACETASOL HC EAR DROPS <i>hydrocortisone/acetic acid</i>	1	
ALREX 0.2% EYE DROPS <i>loteprednol etabonate</i>	1	QL
<i>budesonide 32mcg spray/pump</i>	1	QL AL1 At least 6 yrs old
<i>dexamethasone sod phosphate 0.1 % drops</i>	1	QL
<i>diclofenac sodium 0.1 % drops</i>	1	
FLAREX 0.1% EYE DROPS <i>fluorometholone acetate</i>	2	QL
<i>flunisolide 25 mcg spray</i>	1	QL AL1 At least 6 yrs old
<i>fluocinolone acetonide oil 0.01 % drops</i>	1	QL AL1 At least 2 yrs old
<i>fluorometholone 0.1 % drops susp</i>	1	QL
<i>flurbiprofen sodium 0.03 % drops</i>	1	QL
<i>fluticasone propionate 50 mcg spray susp</i>	1	QL
FML FORTE 0.25% EYE DROPS <i>fluorometholone</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FML S.O.P. 0.1% OINTMENT <i>fluorometholone</i>	2	QL
<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
<i>neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	1	
<i>neomycin/polymyxin b/dexametha 0.1 % drops susp</i>	1	QL
<i>neomycin/polymyxin b/dexametha 3.5-10k-1 oint. (g)</i>	1	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	1	QL
PRED MILD 0.12% EYE DROPS <i>prednisolone acetate</i>	1	QL
<i>prednisolone acetate 1 % drops susp</i>	1	QL
<i>prednisolone sod phosphate 1 % drops</i>	1	QL
RESTASIS 0.05% EYE EMULSION <i>cyclosporine</i>	2	QL
TOBRADEX EYE OINTMENT <i>tobramycin/dexamethasone</i>	2	QL
TOBRADEX ST EYE DROPS <i>tobramycin/dexamethasone</i>	2	
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	1	QL
<i>triamcinolone acetonide 55 mcg spray</i>	1	C Must have two fills of fluticasone in the past 60 days Will process if HIV medications are in the prescription profile
TRIESENCE 40 MG/ML VIAL <i>triamcinolone acetonide/pf</i>	2	
VEXOL 1% EYE DROPS <i>rimexolone</i>	2	QL
ANTIGLAUCOMA AGENTS		
<i>acetazolamide 125 mg tablet</i>	1	QL
<i>acetazolamide 250 mg tablet</i>	1	QL
<i>acetazolamide 500 mg capsule er</i>	1	QL
ALPHAGAN P 0.1% DROPS <i>brimonidine tartrate</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZOPT 1% EYE DROPS <i>brinzolamide</i>	2	QL
<i>brimonidine tartrate 0.15 % drops</i>	1	QL
<i>brimonidine tartrate 0.2 % drops</i>	1	QL
<i>dorzolamide hcl 2 % drops</i>	1	QL
<i>dorzolamide hcl/timolol maleate 22.3-6.8/1 drops</i>	1	QL
<i>latanoprost 0.005 % drops</i>	1	QL
<i>levobunolol hcl 0.5 % drops</i>	1	QL
<i>methazolamide 25 mg tablet</i>	1	QL
<i>methazolamide 50 mg tablet</i>	1	QL
<i>pilocarpine hcl 1 % drops</i>	1	QL
<i>pilocarpine hcl 2 % drops</i>	1	QL
<i>pilocarpine hcl 4 % drops</i>	1	QL
<i>timolol maleate 0.25 % drops</i>	1	QL
<i>timolol maleate 0.25 % sol-gel</i>	1	QL
<i>timolol maleate 0.5 % drops</i>	1	QL
<i>timolol maleate 0.5 % sol-gel</i>	1	QL
TRAVATAN Z 0.004% EYE DROP <i>travoprost</i>	2	QL
AFRIN 0.05% NASAL SPRAY <i>oxymetazoline hcl</i>	1	QL
ALAWAY 0.025% EYE DROPS <i>ketotifen fumarate</i>	1	QL
ALOCRIAL 2% EYE DROPS <i>nedocromil sodium</i>	2	QL
ALOMIDE 0.1% EYE DROPS <i>loxamide tromethamine</i>	2	QL
ALTACHLORE 5% OINTMENT <i>sodium chloride</i>	1	QL
ALTACHLORE 5% OPHTH SOLN <i>sodium chloride</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>antipyrine/benzocaine 5.4 %-1.4% drops</i>	1	
ARTIFICIAL TEARS 1.4 % DROPS <i>polyvinyl alcohol</i>	1	QL
ARTIFICIAL TEARS EYE OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL
<i>atropine sulfate 1 % drops</i>	1	QL
<i>atropine sulfate 1 % oint. (g)</i>	1	QL
AUROGUARD OTIC SOLUTION <i>antipyrine/benzocaine</i>	1	
<i>azelastine hcl 137 mcg spray/pump</i>	1	QL AL1 At least 5 yrs old
BION TEARS EYE DROPS <i>dextran 70/hypromellose/pf</i>	1	QL
<i>cromolyn sodium 4 % drops</i>	1	QL
<i>cromolyn sodium 5.2 mg spray/pump</i>	1	QL
<i>cyclopentolate hcl 0.5 % drops</i>	1	QL
<i>cyclopentolate hcl 1 % drops</i>	1	QL
<i>cyclopentolate hcl 2 % drops</i>	1	QL
HOMATROPAIRE 5% EYE DROPS <i>homatropine hbr</i>	1	QL
<i>ipratropium bromide 21 mcg spray</i>	1	
<i>ipratropium bromide 42 mcg spray</i>	1	
<i>ketotifen fumarate 0.025 % drops</i>	1	QL
<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	
MURO-128 2% EYE DROPS <i>sodium chloride</i>	1	
MURO-128 5% EYE DROPS <i>sodium chloride</i>	1	QL
MURO-128 5% EYE OINTMENT <i>sodium chloride</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NAPHCONE-A EYE DROPS <i>naphazoline hcl/pheniramine maleate</i>	1	QL
NEO-SYNEPHRINE 0.25% SPRAY <i>phenylephrine hcl</i>	1	QL
NEO-SYNEPHRINE 0.5% SPRAY <i>phenylephrine hcl</i>	1	QL
NEO-SYNEPHRINE 1% SPRAY <i>phenylephrine hcl</i>	1	QL
<i>olopatadine hcl 0.1 % drops</i>	1	QL
<i>phenylephrine hcl 2.5 % drops</i>	1	
REFRESH CLASSIC EYE DROPS <i>polyvinyl alcohol/povidone/pf</i>	1	QL
REFRESH LIQUIGEL 1% EYE DROPS <i>carboxymethylcellulose sodium</i>	1	QL
REFRESH P.M. OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL
REFRESH TEARS 0.5% EYE DROPS <i>carboxymethylcellulose sodium</i>	1	QL
SOCHLOR 5% EYE DROPS <i>sodium chloride</i>	1	QL
<i>sodium chloride 5 % drops</i>	1	QL
<i>sodium chloride 5 % oint. (g)</i>	1	QL
TEARS AGAIN 1.4 % DROPS <i>polyvinyl alcohol</i>	1	QL
TEARS AGAIN EYE OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL
TEARS NATURALE FREE DROPS <i>dextran 70/hypromellose/pf</i>	1	QL
TEARS NATURALE-II EYE DROPS <i>dextran 70/hypromellose</i>	1	QL
<i>tropicamide 0.5 % drops</i>	1	QL
<i>tropicamide 1 % drops</i>	1	QL
ZADITOR 0.025% (0.035%) DROPS <i>ketotifen fumarate</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL DRUGS		
ANTIEMETICS		
<i>aprepitant 125 mg capsule</i>	1	QL
<i>aprepitant 125mg-80mg cap ds pk</i>	1	QL
<i>aprepitant 40 mg capsule</i>	1	QL
<i>aprepitant 80 mg capsule</i>	1	QL
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	1	QL
<i>dimenhydrinate 50 mg tablet</i>	1	QL
DRAMAMINE LESS DROWSY 25 MG TB <i>meclizine hcl</i>	1	
EMETROL ORAL SOLUTION <i>phosphorated carbohydrate (dextrose amd fructose)</i>	1	
<i>meclizine hcl 12.5 mg tablet</i>	1	QL
<i>meclizine hcl 25 mg tab chew</i>	1	QL
<i>meclizine hcl 25 mg tablet</i>	1	QL
<i>ondansetron 4 mg tab rapdis</i>	1	QL
<i>ondansetron 8 mg tab rapdis</i>	1	QL
<i>ondansetron hcl 4 mg tablet</i>	1	QL
<i>ondansetron hcl 4 mg/5 ml solution</i>	1	QL
<i>ondansetron hcl 8 mg tablet</i>	1	QL
<i>prochlorperazine 25 mg supp.rect</i>	1	QL
<i>prochlorperazine maleate 10 mg tablet</i>	1	QL
<i>prochlorperazine maleate 5 mg tablet</i>	1	QL
<i>trimethobenzamide hcl 300 mg capsule</i>	1	QL
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE 1 GM/10 ML SUSP <i>sucrafate</i>	1	QL
<i>cimetidine 200 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cimetidine 300 mg tablet</i>	1	QL
<i>cimetidine 400 mg tablet</i>	1	QL
<i>cimetidine 800 mg tablet</i>	1	QL
<i>cimetidine hcl 300 mg/5ml solution</i>	1	QL
<i>famotidine 20 mg tablet</i>	1	QL
<i>famotidine 40 mg tablet</i>	1	QL
<i>lansoprazole 15 mg capsule dr</i>	1	QL
<i>lansoprazole 30 mg capsule dr</i>	1	QL
<i>misoprostol 100 mcg tablet</i>	1	QL
<i>misoprostol 200 mcg tablet</i>	1	QL
<i>omeprazole 10 mg capsule dr</i>	1	QL
<i>omeprazole 20 mg capsule dr</i>	1	QL
<i>omeprazole 40 mg capsule dr</i>	1	QL
<i>omeprazole magnesium 20 mg capsule dr</i>	1	QL
<i>pantoprazole sodium 20 mg tablet dr</i>	1	QL
<i>pantoprazole sodium 40 mg tablet dr</i>	1	QL
PEPCID AC 20 MG TABLET <i>famotidine</i>	1	
<i>rabeprazole sodium 20 mg tablet dr</i>	1	QL AL1 At least 12 yrs old
<i>ranitidine hcl 15 mg/ml syrup</i>	1	QL
<i>ranitidine hcl 150 mg tablet</i>	1	QL
<i>ranitidine hcl 300 mg tablet</i>	1	QL
<i>ranitidine hcl 75 mg tablet</i>	1	QL
<i>sucralfate 1 g tablet</i>	1	QL
<i>aluminum hydroxide 320 mg/5ml oral susp</i>	1	
<i>aluminum hydroxide 600 mg/5ml oral susp</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
ANTI-DIARRHEAL 2 MG TABLET <i>loperamide hcl</i>	1	QL
APRISO ER 0.375 GRAM CAPSULE <i>mesalamine</i>	2	QL AL1 At least 18 yrs old
ASACOL HD DR 800 MG TABLET <i>mesalamine</i>	2	QL AL1 At least 18 yrs old
<i>balsalazide disodium 750 mg capsule</i>	1	QL
<i>bisacodyl 10 mg supp.rect</i>	1	QL
<i>bisacodyl 5 mg tablet dr</i>	1	QL
<i>calcium carbonate 200(500)mg tab chew</i>	1	
CANASA 1,000 MG SUPPOSITORY <i>mesalamine</i>	2	QL AL1 At least 18 yrs old
COLACE 100 MG CAPSULE <i>docusate sodium</i>	1	
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	
CVS ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
CVS INFT GAS RLF 20 MG/0.3 DRP <i>simethicone</i>	1	QL
CVS SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
DELZICOL DR 400 MG CAPSULE <i>mesalamine</i>	2	QL
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	1	QL
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOCUPRENE 100 MG TABLET <i>docusate sodium</i>	1	
<i>docusate calcium 240 mg capsule</i>	1	
<i>docusate sodium 100 mg capsule</i>	1	QL
<i>docusate sodium 100 mg tablet</i>	1	QL
<i>docusate sodium 250 mg capsule</i>	1	QL
<i>docusate sodium 50 mg/5 ml liquid</i>	1	QL
<i>docusate sodium 60 mg/15ml syrup</i>	1	QL
DULCOLAX SS 100 MG SOFTGEL <i>docusate sodium</i>	1	QL
EQ ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
EQL ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
EQL SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
FIBER THERAPY POWDER <i>psyllium husk (with sugar)</i>	1	
FIBER-LAX CAPTABS <i>calcium polycarbophil</i>	1	QL
FLEET BISACODYL 10 MG ENEMA <i>bisacodyl</i>	1	QL
FLEET BISACODYL EC 5 MG TAB <i>bisacodyl</i>	1	QL
FLEET ENEMA <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	1	QL
FLEET GLYCERIN 2 GM ADULT SUPP <i>glycerin</i>	1	QL
FLEET GLYCERIN ADULT SUPPOS <i>glycerin</i>	1	QL
FLEET MINERAL OIL ENEMA <i>mineral oil</i>	1	
FLEET PEDIA-LAX ENEMA <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	1	QL
FLEET PEDIA-LAX SUPPOSITORIES <i>glycerin</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GAS RELIEF 20 MG/0.3 ML DROPS <i>simethicone</i>	1	QL
GAS RELIEF DROPS 20 MG/0.3 ML <i>simethicone</i>	1	QL
GAS-X EX-STR 125 MG TAB CHEW <i>simethicone</i>	1	QL
GAS-X TABLET CHEWABLE <i>simethicone</i>	1	QL
GAVILAX POWDER <i>polyethylene glycol 3350</i>	1	QL
GAVISCON 80-14.2 MG TAB CHEW <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginic ac</i>	1	QL
<i>glycerin adult supp.rect</i>	1	QL
<i>glycerin pediatric supp.rect</i>	1	QL
GNP ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
GNP INFANT GAS RELIEF DROPS <i>simethicone</i>	1	QL
GNP SENNA LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
GNP SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
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
HM ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
HM INF GAS RELIEF 20 MG/0.3 ML <i>simethicone</i>	1	QL
HM SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
HUMIRA 10 MG/0.2 ML SYRINGE <i>adalimumab</i>	3	PA
HUMIRA 20 MG/0.4 ML SYRINGE <i>adalimumab</i>	3	QL PA
HUMIRA 40 MG/0.8 ML PEN <i>adalimumab</i>	3	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	3	QL PA
HUMIRA PEDIATRIC CROHN'S START <i>adalimumab</i>	3	QL PA
HUMIRA PEN CROHN-UC-HS STARTER <i>adalimumab</i>	3	QL PA
HUMIRA PEN PSORIASIS-UVEITIS <i>adalimumab</i>	3	QL PA
HYDROCIL INSTANT POWDER <i>psyllium seed</i>	1	
INF GAS REL 20 MG/0.3 ML DROP <i>simethicone</i>	1	QL
INFANT GAS RELIEF DROPS <i>simethicone</i>	1	QL
<i>ipecac syrup</i>	1	QL
KAOPECTATE 240 MG SOFTGEL <i>docusate calcium</i>	1	
KAOPECTATE 262 MG/15 ML SUSP <i>bismuth subsalicylate</i>	1	QL
KAOPECTATE EXTRA STRENGTH LIQ <i>bismuth subsalicylate</i>	1	QL
KONSYL PSYLLIUM FIBER PACKET <i>psyllium husk (with sugar)</i>	1	
KONSYL PSYLLIUM FIBER PACKET <i>psyllium husk/aspartame</i>	1	
KRO INFT GAS RLF 20 MG/0.3 ML <i>simethicone</i>	1	QL
LAX STOOL SOFTENER-SENNAB TAB <i>sennosides/docusate sodium</i>	1	QL
LIALDA DR 1.2 GM TABLET <i>mesalamine</i>	2	QL AL1 At least 18 yrs old
LINZESS 145 MCG CAPSULE <i>linaclotide</i>	2	QL 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 PA C PA required for initial fill or greater than 45 days since last fill
<i>loperamide hcl 1 mg/5 ml liquid</i>	1	QL
<i>loperamide hcl 2 mg capsule</i>	1	QL
<i>loperamide hcl 2 mg tablet</i>	1	QL
MAALOX ADVANCED SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL
MAALOX ADVANCED TAB CHEW <i>calcium carbonate/simethicone</i>	1	
MAALOX MAXIMUM STRENGTH SUSP <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL
<i>magnesium citrate solution</i>	1	
<i>magnesium oxide 400 mg tablet</i>	1	QL
<i>mesalamine 4 g/60 ml enema</i>	1	QL
METAMUCIL FIBER SINGLES PACKET <i>psyllium husk/aspartame</i>	1	
METAMUCIL POWDER <i>psyllium husk (with sugar)</i>	1	
METAMUCIL POWDER <i>psyllium husk/aspartame</i>	1	
METAMUCIL POWDER <i>psyllium seed</i>	1	
METAMUCIL POWDER <i>psyllium seed (with sugar)</i>	1	
METAMUCIL SUGAR FREE POWDER <i>psyllium husk/aspartame</i>	1	
<i>metoclopramide hcl 10 mg tablet</i>	1	QL
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	QL
<i>metoclopramide hcl 5 mg tablet</i>	1	QL
<i>metoclopramide hcl 5 mg/5 ml solution</i>	1	QL
<i>mineral oil enema</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mineral oil oil</i>	1	QL
MINERAL OIL LAXATIVE <i>mineral oil</i>	1	
MINERAL OIL, HEAVY <i>mineral oil</i>	1	
MINTOX PLUS TABLET CHEWABLE <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	2	
MOVIPREP POWDER PACKET <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
NATURAL VEGETABLE POWDER <i>psyllium seed (with dextrose)</i>	1	
PANCRELIPASE DR 5,000 UNIT CAP <i>lipase/protease/amylase</i>	1	
<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	
PENTASA 250 MG CAPSULE <i>mesalamine</i>	2	QL
PENTASA 500 MG CAPSULE <i>mesalamine</i>	2	QL
PEPTO-BISMOL 525 MG/30 ML SUSP <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL CAPLET <i>bismuth subsalicylate</i>	1	QL
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
PERI-COLACE TABLET <i>sennosides/docusate sodium</i>	1	QL
<i>pnv119/iron fum/folic/docusate 29-1-25 mg tablet</i>	1	
<i>polyethylene glycol 3350 17g powd pack</i>	1	QL
<i>polyethylene glycol 3350 17g/dose powder</i>	1	QL
PUB INFANTS' GAS RELIEF DROPS <i>simethicone</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PV ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
PV FIBER LAXATIVE POWDER <i>psyllium seed</i>	1	
PV FIBER LAXATIVE POWDER <i>psyllium seed (with sugar)</i>	1	
PV SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
QC ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
QC NATURAL VEGETABLE POWDER <i>psyllium husk (with sugar)</i>	1	
QC NATURAL VEGETABLE POWDER <i>psyllium seed</i>	1	
QC NATURAL VEGETABLE POWDER <i>psyllium seed (with dextrose)</i>	1	
RA ANTI DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
RA ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
RA SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
RA SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
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	
RULOX SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL
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
SENNALAX 8.6 MG TABLET <i>sennosides</i>	1	QL
SENNALAX LAX 8.6 MG TABLET <i>sennosides</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
SENNA LAXATIVE 8.6 MG TABLET <i>sennosides</i>	1	QL
SENNA LAXATIVE 8.6 MG TABLET <i>sennosides</i>	1	QL
SENNA SYRUP <i>senna leaf extract</i>	1	
SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
SENNA-TIME 8.6 MG TABLET <i>sennosides</i>	1	QL
<i>sennosides 8.8mg/5ml syrup</i>	1	QL
<i>sennosides/docusate sodium 8.6mg-50mg tablet</i>	1	QL
SENOKOT-S TABLET <i>sennosides/docusate sodium</i>	1	QL
<i>simethicone 125 mg tab chew</i>	1	
<i>simethicone 40mg/0.6ml drops susp</i>	1	QL
<i>simethicone 80 mg tab chew</i>	1	
SM ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
SM FIBER SMOOTH POWDER <i>psyllium seed</i>	1	
SM FOAMING ANTACID TABLET CHEW <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginic ac</i>	1	
SM SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
SMOOTHLAX POWDER PACKET <i>polyethylene glycol 3350</i>	1	QL
<i>sodium bicarbonate 325 mg tablet</i>	1	
<i>sodium bicarbonate 650 mg tablet</i>	1	
SOF-LAX 100 MG GELCAP <i>docusate sodium</i>	1	QL
<i>sorbitol solution 70 % solution</i>	2	QL
<i>sulfasalazine 500 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfasalazine 500 mg tablet dr</i>	1	QL
TUMS TABLET CHEWABLE <i>calcium carbonate</i>	1	
ULTRA A-D 2 MG CAPLET <i>loperamide hcl</i>	1	QL
<i>ursodiol 250 mg tablet</i>	1	
<i>ursodiol 300 mg capsule</i>	1	QL
<i>ursodiol 500 mg tablet</i>	1	
V-R ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
V-R GAS RELIEF INFANT DROPS <i>simethicone</i>	1	QL
HORMONES AND SYNTHETIC SUBSTITUTES		
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tablet</i>	1	QL
<i>acarbose 25 mg tablet</i>	1	QL
<i>acarbose 50 mg tablet</i>	1	QL
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
APIDRA SOLOSTAR 100 UNITS/ML <i>insulin glulisine</i>	2	QL
BASAGLAR 100 UNIT/ML KWIKPEN <i>insulin glargine,human recombinant analog</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlorpropamide 100 mg tablet</i>	1	QL
<i>chlorpropamide 250 mg tablet</i>	1	QL
<i>glimepiride 1 mg tablet</i>	1	QL
<i>glimepiride 2 mg tablet</i>	1	QL
<i>glimepiride 4 mg tablet</i>	1	QL
<i>glipizide 10 mg tab er 24</i>	1	QL
<i>glipizide 10 mg tablet</i>	1	QL
<i>glipizide 2.5 mg tab er 24</i>	1	QL
<i>glipizide 5 mg tab er 24</i>	1	QL
<i>glipizide 5 mg tablet</i>	1	QL
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL
<i>glipizide/metformin hcl 2.5-500 mg tablet</i>	1	QL
<i>glipizide/metformin hcl 5 mg-500mg tablet</i>	1	QL
<i>glyburide 1.25 mg tablet</i>	1	QL
<i>glyburide 2.5 mg tablet</i>	1	QL
<i>glyburide 5 mg tablet</i>	1	QL
<i>glyburide,micronized 1.5 mg tablet</i>	1	QL
<i>glyburide,micronized 3 mg tablet</i>	1	QL
<i>glyburide,micronized 6 mg tablet</i>	1	QL
<i>glyburide/metformin hcl 1.25-250mg tablet</i>	1	QL
<i>glyburide/metformin hcl 2.5-500 mg tablet</i>	1	QL
<i>glyburide/metformin hcl 5 mg-500mg tablet</i>	1	QL
HUMALOG 100 UNITS/ML CARTRIDGE <i>insulin lispro</i>	2	QL
HUMALOG 100 UNITS/ML KWIKPEN <i>insulin lispro</i>	2	QL
HUMALOG 100 UNITS/ML VIAL <i>insulin lispro</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMALOG 200 UNITS/ML KWIKPEN <i>insulin lispro</i>	2	QL
HUMALOG MIX 50-50 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMALOG MIX 50-50 VIAL <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMALOG MIX 75-25 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMALOG MIX 75-25 VIAL <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	2	QL
HUMULIN 70/30 KWIKPEN <i>insulin nph human isophane/insulin regular, human</i>	2	QL
HUMULIN N 100 UNITS/ML KWIKPEN <i>insulin nph human isophane</i>	2	QL
HUMULIN N 100 UNITS/ML VIAL <i>insulin nph human isophane</i>	2	QL
HUMULIN R 100 UNITS/ML VIAL <i>insulin regular, human</i>	2	QL
HUMULIN R 500 UNITS/ML KWIKPEN <i>insulin regular, human</i>	2	
HUMULIN R 500 UNITS/ML VIAL <i>insulin regular, human</i>	2	QL PA
LANTUS 100 UNITS/ML VIAL <i>insulin glargine,human recombinant analog</i>	2	QL
LANTUS SOLOSTAR 100 UNITS/ML <i>insulin glargine,human recombinant analog</i>	2	QL
<i>metformin hcl 1000 mg tablet</i>	1	QL
<i>metformin hcl 500 mg tab er 24h</i>	1	QL
<i>metformin hcl 500 mg tabergr24h</i>	1	QL
<i>metformin hcl 500 mg tablet</i>	1	QL
<i>metformin hcl 750 mg tab er 24h</i>	1	QL
<i>metformin hcl 850 mg tablet</i>	1	QL
<i>nateglinide 120 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nateglinide 60 mg tablet</i>	1	QL
<i>pioglitazone hcl 15 mg tablet</i>	1	QL
<i>pioglitazone hcl 30 mg tablet</i>	1	QL
<i>pioglitazone hcl 45 mg tablet</i>	1	QL
<i>pioglitazone hcl/glimepiride 30 mg-2 mg tablet</i>	1	QL
<i>pioglitazone hcl/glimepiride 30 mg-4 mg tablet</i>	1	QL
<i>pioglitazone hcl/metformin hcl 15mg-500mg tablet</i>	1	QL
<i>pioglitazone hcl/metformin hcl 15mg-850mg tablet</i>	1	QL
RELION HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	2	QL
RELION HUMULIN N 100 UNIT/ML <i>insulin nph human isophane</i>	2	QL
RELION HUMULIN R 100 UNIT/ML <i>insulin regular, human</i>	2	QL
<i>repaglinide 0.5 mg tablet</i>	1	QL
<i>repaglinide 1 mg tablet</i>	1	QL
<i>repaglinide 2 mg tablet</i>	1	QL
<i>tolazamide 250 mg tablet</i>	1	QL
<i>tolazamide 500 mg tablet</i>	1	QL
<i>tolbutamide 500 mg tablet</i>	1	QL
TOUJEO SOLOSTAR 300 UNITS/ML <i>insulin glargine,human recombinant analog</i>	2	QL AL1 At least 18 yrs old
TRULICITY 0.75 MG/0.5 ML PEN <i>dulaglutide</i>	2	QL 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)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGEN 1 MG HYPOKIT <i>glucagon,human recombinant</i>	1	QL
GLUCAGEN 1 MG HYPOKIT 2-PACK <i>glucagon,human recombinant</i>	1	QL
GLUCAGEN DIAGNOSTIC 1 MG VIAL <i>glucagon,human recombinant</i>	1	QL
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon,human recombinant</i>	1	QL
ESTROGENS AND ANTIESTROGENS		
<i>estradiol .025mg/24h patch tds</i>	1	QL C Quantity Limit is 1 patch for replacement patch
<i>estradiol .025mg/24h patch tdk</i>	1	QL
<i>estradiol .0375mg/24 patch tds</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol .0375mg/24 patch tdk</i>	1	
<i>estradiol .075mg/24h patch tds</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol .075mg/24h patch tdk</i>	1	QL
<i>estradiol 0.05mg/24h patch tds</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.05mg/24h patch tdk</i>	1	QL
<i>estradiol 0.1mg/24hr patch tds</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.1mg/24hr patch tdk</i>	1	QL
<i>estradiol 0.5 mg tablet</i>	1	
<i>estradiol 1 mg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol 2 mg tablet</i>	1	
<i>estropipate 0.75 mg tablet</i>	1	QL
<i>estropipate 1.5 mg tablet</i>	1	QL
<i>estropipate 3 mg tablet</i>	1	QL
MENEST 0.3 MG TABLET <i>estrogens,esterified</i>	1	QL
MENEST 0.625 MG TABLET <i>estrogens,esterified</i>	1	QL
MENEST 1.25 MG TABLET <i>estrogens,esterified</i>	1	QL
MENEST 2.5 MG TABLET <i>estrogens,esterified</i>	1	QL
PREMARIN 0.3 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 0.45 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 0.625 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 0.9 MG TABLET <i>estrogens, conjugated</i>	1	QL
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
PREMPRO 0.3 MG-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.45-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.625-2.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
<i>raloxifene hcl 60 mg tablet</i>	1	QL
A-HYDROCORT 100 MG VIAL <i>hydrocortisone sod succinate</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROSPAN 80 MCG INHALER <i>flunisolide</i>	2	QL
APRI 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL
ARANELLE 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
ARNUITY ELLIPTA 100 MCG INH <i>fluticasone furoate</i>	2	QL AL1 At least 12 yrs old
ARNUITY ELLIPTA 200 MCG INH <i>fluticasone furoate</i>	2	QL AL1 At least 12 yrs old
AVIANE-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
AZURETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	QL
BALZIVA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
BREO ELLIPTA 100-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BREO ELLIPTA 200-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
<i>budesonide 0.25mg/2ml ampul-neb</i>	1	QL
<i>budesonide 0.5 mg/2ml ampul-neb</i>	1	QL
<i>budesonide 1 mg/2 ml ampul-neb</i>	1	QL
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	1	
CAMILA 0.35 MG TABLET <i>norethindrone</i>	1	QL
CAZIENT 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL
<i>cortisone acetate 25 mg tablet</i>	1	QL
CRYSELLE-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
CYCLAFEM 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
CYCLAFEM 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPO-MEDROL 20 MG/ML VIAL <i>methylprednisolone acetate</i>	2	QL
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	QL
<i>desmopressin acetate 0.1 mg tablet</i>	1	QL
<i>desmopressin acetate 0.1 mg/ml solution</i>	1	QL
<i>desmopressin acetate 0.2 mg tablet</i>	1	QL
<i>desmopressin acetate 10/spray spray/pump</i>	1	QL
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
<i>dexamethasone 0.5 mg/5ml solution</i>	1	
<i>dexamethasone 0.75 mg tablet</i>	1	
<i>dexamethasone 1 mg tablet</i>	1	
<i>dexamethasone 1.5 mg tablet</i>	1	
<i>dexamethasone 2 mg tablet</i>	1	
<i>dexamethasone 4 mg tablet</i>	1	
<i>dexamethasone 6 mg tablet</i>	1	
DEXAMETHASONE INTENSOL 1MG/1ML <i>dexamethasone</i>	1	
<i>dexamethasone sod phosphate 4 mg/ml vial</i>	1	
DEXPAK 13 DAY 1.5 MG TABLET <i>dexamethasone</i>	2	
DEXPAK 6 DAY 1.5 MG TABLET <i>dexamethasone</i>	2	
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
ELINEST-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
ELLA 30 MG TABLET <i>ulipristal acetate</i>	2	QL
ENPRESSE-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
ERRIN 0.35 MG TABLET <i>norethindrone</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT 100 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT 250 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT 50 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 110 MCG INHALER <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 220 MCG INHALER <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	2	QL
<i>fludrocortisone acetate 0.1 mg tablet</i>	1	QL
GIANVI 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL
GILDESS FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
GILDESS FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
HEATHER TABLET <i>norethindrone</i>	1	QL
<i>hydrocortisone 10 mg tablet</i>	1	QL
<i>hydrocortisone 20 mg tablet</i>	1	QL
<i>hydrocortisone 5 mg tablet</i>	1	QL
<i>hydroxyprogesterone caproate 100 % powder</i>	1	
JOLIVETTE TABLET <i>norethindrone</i>	1	QL
JUNEL 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
JUNEL 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
JUNEL FE 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
JUNEL FE 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
KARIVA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KELNOR 1-35 28 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL
LARIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
LARIN FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
LEENA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
LESSINA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	QL PA
LEVORA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
LOW-OGESTREL-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
LUPRON DEPOT-PED 7.5 MG KIT <i>leuprolide acetate</i>	3	PA
LUTERA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
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
MEDROL 2 MG TABLET <i>methylprednisolone</i>	2	QL
<i>medroxyprogesterone acetate 10 mg tablet</i>	1	QL
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	1	QL
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	1	QL
<i>medroxyprogesterone acetate 2.5 mg tablet</i>	1	QL
<i>medroxyprogesterone acetate 5 mg tablet</i>	1	QL
<i>methylprednisolone 16 mg tablet</i>	1	QL
<i>methylprednisolone 32 mg tablet</i>	1	QL
<i>methylprednisolone 4 mg tab ds pk</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone 4 mg tablet</i>	1	QL
<i>methylprednisolone 8 mg tablet</i>	1	QL
<i>methylprednisolone acetate 40 mg/ml vial</i>	1	QL
<i>methylprednisolone acetate 80 mg/ml vial</i>	1	QL
<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	
MICROGESTIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
MICROGESTIN 21 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
MICROGESTIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
MICROGESTIN FE 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
MILLIPRED 5 MG TABLET <i>prednisolone</i>	2	QL
MILLIPRED DP 5 MG 12-DAY PACK <i>prednisolone</i>	2	
MILLIPRED DP 5 MG 6-DAY PACK <i>prednisolone</i>	2	
MONONESSA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
NECON 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NECON 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NECON 1-50-28 TABLET <i>norethindrone-mestranol</i>	1	QL
NECON 10-11-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NECON 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORA-BE TABLET <i>norethindrone</i>	1	QL
NORDITROPIN FLEXPPO 10 MG/1.5 <i>somatropin</i>	3	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
<i>norethindrone 0.35 mg tablet</i>	1	QL
<i>norethindrone acetate 5 mg tablet</i>	1	QL
NORTREL 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORTREL 1-35 21 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORTREL 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORTREL 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NUVARING VAGINAL RING <i>etonogestrel/ethinyl estradiol</i>	2	QL
OCELLA 3 MG-0.03 MG TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL
OGESTREL TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
PLAN B ONE-STEP 1.5 MG TABLET <i>levonorgestrel</i>	2	QL
PORTIA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
<i>prednisolone 15 mg/5 ml solution</i>	1	QL
<i>prednisolone sod phosphate 15 mg/5 ml solution</i>	1	QL
<i>prednisolone sod phosphate 5 mg/5 ml solution</i>	1	QL
<i>prednisone 1 mg tablet</i>	1	QL
<i>prednisone 10 mg tab ds pk</i>	1	
<i>prednisone 10 mg tablet</i>	1	QL
<i>prednisone 2.5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisone 20 mg tablet</i>	1	QL
<i>prednisone 5 mg tab ds pk</i>	1	QL
<i>prednisone 5 mg tablet</i>	1	QL
<i>prednisone 5 mg/5 ml solution</i>	1	QL
PREDNISONE 5 MG/ML SOLUTION <i>prednisone</i>	1	QL
<i>prednisone 50 mg tablet</i>	1	QL
PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
<i>progesterone, micronized 100 mg capsule</i>	1	QL
<i>progesterone, micronized 200 mg capsule</i>	1	QL
PULMICORT 180 MCG FLEXHALER <i>budesonide</i>	2	QL
PULMICORT 90 MCG FLEXHALER <i>budesonide</i>	2	QL
QVAR 40 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL
QVAR 80 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL
RECLIPSEN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL
SPRINTEC 28 DAY TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
SRONYX 0.10-0.02 MG TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
STIMATE 1.5 MG/ML NASAL SPRAY <i>desmopressin acetate</i>	2	AL1 Up to 20 yrs old
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
<i>testosterone 12.5/1.25g gel md pmp</i>	1	QL PA
<i>testosterone 25mg(1%) gel packet</i>	1	QL PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
testosterone 50 mg (1%) gel packet	1	QL PA AL1 At least 18 yrs old
testosterone cypionate 100 mg/ml vial	1	QL PA AL1 At least 12 yrs old
testosterone cypionate 200 mg/ml vial	1	QL PA AL1 At least 12 yrs old
testosterone enanthate 200 mg/ml vial	1	QL PA AL1 At least 12 yrs old
TILIA FE 28 TABLET norethindrone acetate-ethinyl estradiol/ferrous fumarate	1	QL
TRI-LEGEST FE-28 DAY TABLET norethindrone acetate-ethinyl estradiol/ferrous fumarate	1	QL
TRI-PREVIFEM TABLET norgestimate-ethinyl estradiol	1	QL
TRI-SPRINTEC TABLET norgestimate-ethinyl estradiol	1	QL
TRINESSA TABLET norgestimate-ethinyl estradiol	1	QL
TRIVORA-28 TABLET levonorgestrel-ethinyl estradiol	1	QL
VELIVET 28 DAY TABLET desogestrel-ethinyl estradiol	1	QL
WYMZYA FE CHEWABLE TABLET norethindrone-ethinyl estradiol/ferrous fumarate	1	QL
XULANE PATCH norelgestromin/ethinyl estradiol	1	QL C Quantity Limit for replacement patch is one patch
ZARAH TABLET ethinyl estradiol/drospirenone	1	QL
ZENCHENT 0.4 MG-35 MCG TABLET norethindrone-ethinyl estradiol	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZENCHENT FE TABLET CHEWABLE <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL
ZEOSA CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL
ZOVIA 1-35E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL
ZOVIA 1-50E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium 88 mcg tablet</i>	1	
<i>liothyronine sodium 25 mcg tablet</i>	1	QL AL1 At least 1 yrs old
<i>liothyronine sodium 5 mcg tablet</i>	1	QL
<i>liothyronine sodium 50 mcg tablet</i>	1	QL AL1 At least 1 yrs old
<i>methimazole 10 mg tablet</i>	1	QL
<i>methimazole 5 mg tablet</i>	1	QL
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
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine 100 mg/ml vial</i>	1	
<i>acetylcysteine 200 mg/ml vial</i>	1	
<i>alendronate sodium 10 mg tablet</i>	1	QL
<i>alendronate sodium 35 mg tablet</i>	1	QL
<i>alendronate sodium 40 mg tablet</i>	1	QL
<i>alendronate sodium 5 mg tablet</i>	1	QL
<i>alendronate sodium 70 mg tablet</i>	1	QL
<i>alendronate sodium 70 mg/75ml solution</i>	1	QL AL1 At least 18 yrs old
<i>allopurinol 100 mg tablet</i>	1	QL
<i>allopurinol 300 mg tablet</i>	1	QL
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 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
<i>azathioprine 50 mg tablet</i>	1	
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	1	
CHEMET 100 MG CAPSULE <i>succimer</i>	2	
<i>colchicine 0.6 mg capsule</i>	1	
<i>colchicine 0.6 mg tablet</i>	1	QL
COPAXONE 20 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
COPAXONE 40 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
CUPRIMINE 250 MG CAPSULE <i>penicillamine</i>	2	QL
<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	
<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	
<i>disulfiram 250 mg tablet</i>	1	QL
<i>disulfiram 500 mg tablet</i>	1	QL
ELMIRON 100 MG CAPSULE <i>pentosan polysulfate sodium</i>	2	QL
ENBREL 25 MG KIT <i>etanercept</i>	3	QL PA
ENBREL 25 MG/0.5 ML SYRINGE <i>etanercept</i>	3	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENBREL 50 MG/ML SURECLICK SYR <i>etanercept</i>	3	QL PA
ENBREL 50 MG/ML SYRINGE <i>etanercept</i>	3	QL PA
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	2	QL AL1 At least 18 yrs old
EVZIO 0.4 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL
EVZIO 2 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL C Maximum of 2 auto-injectors per fill
<i>finasteride 5 mg tablet</i>	1	QL
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	
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	
GILENYA 0.5 MG CAPSULE <i>fingolimod hcl</i>	2	PA C PA required for initial fill or greater than 45 days since last fill
GLATOPA 20 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
GLUCAGEN 1 MG HYPOKIT <i>glucagon, human recombinant</i>	1	QL
GLUCAGEN 1 MG HYPOKIT 2-PACK <i>glucagon, human recombinant</i>	1	QL
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon, human recombinant</i>	1	QL
HUMIRA 10 MG/0.2 ML SYRINGE <i>adalimumab</i>	3	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA 20 MG/0.4 ML SYRINGE <i>adalimumab</i>	3	QL PA
HUMIRA 40 MG/0.8 ML PEN <i>adalimumab</i>	3	QL PA
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	3	QL PA
HUMIRA PEDIATRIC CROHN'S START <i>adalimumab</i>	3	QL PA
HUMIRA PEN CROHN-UC-HS STARTER <i>adalimumab</i>	3	QL PA
HUMIRA PEN PSORIASIS-UVEITIS <i>adalimumab</i>	3	QL PA
<i>hydroxychloroquine sulfate 200 mg tablet</i>	1	QL
<i>ibandronate sodium 150 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>indomethacin 25 mg capsule</i>	1	QL
<i>indomethacin 50 mg capsule</i>	1	QL
<i>indomethacin 75 mg capsule er</i>	1	QL
KIONEX 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
KIONEX POWDER <i>sodium polystyrene sulfonate</i>	1	QL
<i>leflunomide 10 mg tablet</i>	1	QL
<i>leflunomide 20 mg tablet</i>	1	QL
<i>leucovorin calcium 10 mg tablet</i>	1	QL
<i>leucovorin calcium 15 mg tablet</i>	1	QL
<i>leucovorin calcium 25 mg tablet</i>	1	QL
<i>leucovorin calcium 5 mg tablet</i>	1	QL
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	2	QL
<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/pf 25 mg/ml vial</i>	1	
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	1	
<i>mycophenolate mofetil 250 mg capsule</i>	1	
<i>mycophenolate mofetil 500 mg tablet</i>	1	
<i>mycophenolate sodium 180 mg tablet dr</i>	1	QL
<i>mycophenolate sodium 360 mg tablet dr</i>	1	QL
<i>naloxone hcl 0.4 mg/ml syringe</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	
<i>naproxen 125 mg/5ml oral susp</i>	1	QL
<i>naproxen 250 mg tablet</i>	1	QL
<i>naproxen 375 mg tablet</i>	1	QL
<i>naproxen 375 mg tablet dr</i>	1	QL
<i>naproxen 500 mg tablet</i>	1	QL
<i>naproxen 500 mg tablet dr</i>	1	QL
<i>naproxen sodium 220 mg tablet</i>	1	QL
<i>naproxen sodium 275 mg tablet</i>	1	QL
<i>naproxen sodium 550 mg tablet</i>	1	QL
NARCAN 4 MG NASAL SPRAY <i>naloxone hcl</i>	2	QL
NEORAL 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	2	
OCUVITE SOFTGEL <i>ascorbic acid/vitamin e/lutein/minerals/omega-3 fatty acids</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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.16 w-fluoride 0.25 mg tab chew</i>	1	QL
<i>pedi multivit no.16 w-fluoride 0.5 mg tab chew</i>	1	QL
<i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>	1	QL
<i>pedi multivit no.17 w-fluoride 0.25 mg tab chew</i>	1	QL
<i>pedi multivit no.17 w-fluoride 0.5 mg tab chew</i>	1	QL
<i>pedi multivit no.17 w-fluoride 1 mg tab chew</i>	1	QL
PHOS-FLUR ORAL RINSE <i>sodium fluoride</i>	1	
PREVIDENT 1.1% GEL <i>sodium fluoride</i>	1	
PREZCOBIX 800 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	2	QL AL1 At least 18 yrs old
<i>probenecid 500 mg tablet</i>	1	QL
PROGRAF 0.5 MG CAPSULE <i>tacrolimus</i>	2	
PROGRAF 1 MG CAPSULE <i>tacrolimus</i>	2	
PROGRAF 5 MG CAPSULE <i>tacrolimus</i>	2	
<i>raloxifene hcl 60 mg tablet</i>	1	QL
RAPAMUNE 1 MG/ML ORAL SOLN <i>sirolimus</i>	2	
RENAGEL 400 MG TABLET <i>sevelamer hcl</i>	2	QL
RENAGEL 800 MG TABLET <i>sevelamer hcl</i>	2	QL
REVELA 800 MG TABLET <i>sevelamer carbonate</i>	2	QL
REPHRESH VAGINAL APPLICATOR <i>polycarbophil</i>	2	
RIDAURA 3 MG CAPSULE <i>auranofin</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 100 MG/ML SOLN <i>cyclosporine</i>	2	
SENSIPAR 30 MG TABLET <i>cinacalcet hcl</i>	2	QL
SENSIPAR 60 MG TABLET <i>cinacalcet hcl</i>	2	QL
SENSIPAR 90 MG TABLET <i>cinacalcet hcl</i>	2	QL
<i>sirolimus 1 mg tablet</i>	1	
<i>sirolimus 2 mg tablet</i>	1	
<i>sodium fluoride 0.2 % solution</i>	1	
<i>sodium fluoride 0.25(0.55) tab chew</i>	1	QL
<i>sodium fluoride 0.5 mg/ml drops</i>	1	QL
<i>sodium fluoride 0.5(1.1)mg tab chew</i>	1	QL
<i>sodium fluoride 1mg(2.2mg) tab chew</i>	1	QL
<i>sodium polystyrene sulfonate powder</i>	1	QL
<i>sodium polystyrene sulfonate 15 g/60 ml oral susp</i>	1	QL
<i>sodium polystyrene sulfonate 30 g/120ml enema</i>	1	QL
SPS 30 GM/120 ML ENEMA <i>sodium polystyrene sulfonate/sorbitol solution</i>	1	QL
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
<i>stannous fluoride 0.63% soln(gram)</i>	1	
<i>sulfasalazine 500 mg tablet</i>	1	QL
<i>sulfasalazine 500 mg tablet dr</i>	1	QL
<i>tacrolimus 0.5 mg capsule</i>	1	
<i>tacrolimus 1 mg capsule</i>	1	
<i>tacrolimus 5 mg capsule</i>	1	
TECFIDERA DR 120 MG CAPSULE <i>dimethyl fumarate</i>	3	PA
TECFIDERA DR 240 MG CAPSULE <i>dimethyl fumarate</i>	3	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TECFIDERA STARTER PACK <i>dimethyl fumarate</i>	3	PA
TYBOST 150 MG TABLET <i>cobicistat</i>	2	QL AL1 At least 18 yrs old
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES (RESPIRATORY TRACT AGENTS)		
ALL DAY ALLERGY 10 MG CHEW TAB <i>cetirizine hcl</i>	1	QL
ALL DAY ALLERGY 10 MG TABLET <i>cetirizine hcl</i>	1	QL
ALLER-CHLOR 2 MG/5 ML SYRUP <i>chlorpheniramine maleate</i>	1	QL
ALLER-CHLOR 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
ALLERGY-TIME 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
<i>cetirizine hcl 1 mg/ml solution</i>	1	QL
<i>cetirizine hcl 10 mg tab chew</i>	1	QL
<i>cetirizine hcl 10 mg tablet</i>	1	QL
<i>cetirizine hcl 5 mg tab chew</i>	1	QL
<i>cetirizine hcl 5 mg tablet</i>	1	QL
<i>cetirizine hcl 5 mg/5 ml solution</i>	1	
CHILD ALL DAY ALLERGY 1 MG/ML <i>cetirizine hcl</i>	1	QL
CHILD'S ALLER-TEC 1 MG/ML SOLN <i>cetirizine hcl</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHLOR-TRIMETON ALLERGY <i>chlorpheniramine maleate</i>	1	QL
<i>chlorpheniramine maleate 4 mg tablet</i>	1	QL
<i>cyproheptadine hcl 2 mg/5 ml syrup</i>	1	QL
<i>cyproheptadine hcl 4 mg tablet</i>	1	QL
<i>cyproheptadine hcl 4 mg/10 ml syrup</i>	1	QL
<i>dimenhydrinate 50 mg tablet</i>	1	QL
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	1	QL
<i>diphenhydramine hcl 12.5mg/5ml liquid</i>	1	QL
<i>diphenhydramine hcl 12.5mg/5ml syrup</i>	1	QL
<i>diphenhydramine hcl 25 mg capsule</i>	1	QL
<i>diphenhydramine hcl 25 mg tablet</i>	1	QL
<i>diphenhydramine hcl 50 mg capsule</i>	1	QL
<i>diphenhydramine hcl 50 mg tablet</i>	1	QL
<i>diphenhydramine hcl 50 mg/ml vial</i>	1	
ED-CHLORTAN 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
EQL ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
EQL ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
<i>fexofenadine hcl 180 mg tablet</i>	1	QL
<i>fexofenadine hcl 30 mg/5 ml oral susp</i>	1	QL AL1 At least 2 yrs old
<i>fexofenadine hcl 60 mg tablet</i>	1	QL AL1 At least 12 yrs old
GNP ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
GNP ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
GNP CHLD ALL DAY ALLER 1 MG/ML <i>cetirizine hcl</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
HM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
KRO ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
KRO ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	QL
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
<i>loratadine 10 mg tablet</i>	1	QL
<i>loratadine 5 mg/5 ml solution</i>	1	QL
NON-DROWSY ALLERGY 10 MG TAB <i>loratadine</i>	1	QL
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 12.5 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 50 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	QL AL1 At least 6 yrs old
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1	QL AL1 At least 6 yrs old
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	QL AL1 At least 6 yrs old
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
QC ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL
SIMPLY SLEEP 25 MG CAPLET <i>diphenhydramine hcl</i>	1	QL
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SM ALL DAY ALLERGY 1 MG/ML SYR <i>cetirizine hcl</i>	1	QL
SM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
BRONCHODILATORS		
<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
<i>albuterol sulfate 2 mg/5 ml syrup</i>	1	QL
<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
<i>albuterol sulfate 4 mg tablet</i>	1	QL
<i>albuterol sulfate 5 mg/ml solution</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate 8 mg tab er 12h</i>	1	QL
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
ATROVENT HFA INHALER <i>ipratropium bromide</i>	2	QL
BREO ELLIPTA 100-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BREO ELLIPTA 200-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
CHILDS SUDAFED 15 MG/5 ML LIQ <i>pseudoephedrine hcl</i>	1	
		QL
		PA
COMBIVENT RESPIMAT INHAL SPRAY <i>ipratropium bromide/albuterol sulfate</i>	2	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
CONGESTAC TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	1	QL
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	QL
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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
<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
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
<i>metaproterenol sulfate 10 mg/5 ml syrup</i>	1	QL
<i>metaproterenol sulfate 20 mg tablet</i>	1	QL
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
<i>pseudoephedrine hcl 120 mg tablet er</i>	1	QL
<i>pseudoephedrine hcl 30 mg tablet</i>	1	QL
<i>pseudoephedrine hcl 60 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	2	QL
SPIRIVA 18 MCG CP-HANDIHALER <i>tiotropium bromide</i>	2	QL PA
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	2	QL 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 PA AL1 At least 18 yrs old C PA required for initial fill or greater than 45 days since last fill
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	2	QL
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
<i>terbutaline sulfate 2.5 mg tablet</i>	1	QL
<i>terbutaline sulfate 5 mg tablet</i>	1	QL
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline anhydrous 100 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL
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
<i>acetylcysteine 100 mg/ml vial</i>	1	
<i>acetylcysteine 200 mg/ml vial</i>	1	
AEROSPAN 80 MCG INHALER <i>flunisolide</i>	2	QL
ALOCRI 2% EYE DROPS <i>nedocromil sodium</i>	2	QL
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
ARNUITY ELLIPTA 100 MCG INH <i>fluticasone furoate</i>	2	QL AL1 At least 12 yrs old
ARNUITY ELLIPTA 200 MCG INH <i>fluticasone furoate</i>	2	QL AL1 At least 12 yrs old
<i>benzonatate 100 mg capsule</i>	1	QL
<i>benzonatate 200 mg capsule</i>	1	QL
BIOCOTRON LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
BREO ELLIPTA 100-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BREO ELLIPTA 200-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
<i>budesonide 0.25mg/2ml ampul-neb</i>	1	QL
<i>budesonide 0.5 mg/2ml ampul-neb</i>	1	QL
<i>budesonide 1 mg/2 ml ampul-neb</i>	1	QL
<i>budesonide 32mcg spray/pump</i>	1	QL AL1 At least 6 yrs old
CHERATUSSIN AC SYRUP <i>codeine phosphate/guaifenesin</i>	1	QL
<i>codeine phosphate/guaifenesin 10-100mg/5 liquid</i>	1	QL
<i>codeine phosphate/guaifenesin 20-200/10 liquid</i>	1	QL
CONGEST-EZE 60-400 MG CAPLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
CONGESTAC TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	QL
<i>cromolyn sodium 4 % drops</i>	1	QL
<i>cromolyn sodium 5.2 mg spray/pump</i>	1	QL
DIABETIC TUSSIN DM LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
DIABETIC TUSSIN EX LIQUID <i>guaifenesin</i>	1	QL
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
EXPECTORANT 200 MG TABLET <i>guaifenesin</i>	1	
EXPECTORANT DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
FLOVENT 100 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT 250 MCG DISKUS <i>fluticasone propionate</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT 50 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 110 MCG INHALER <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 220 MCG INHALER <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	2	QL
<i>flunisolide 25 mcg spray</i>	1	QL AL1 At least 6 yrs old
<i>fluticasone propionate 50 mcg spray susp</i>	1	QL
GUAIATUSSIN AC LIQUID <i>codeine phosphate/guaifenesin</i>	1	QL
<i>guaifenesin 100 mg/5ml liquid</i>	1	QL
<i>guaifenesin 200 mg tablet</i>	1	QL
<i>guaifenesin/dextromethorphan 100-10mg/5 syrup</i>	1	QL
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	1	
<i>montelukast sodium 10 mg tablet</i>	1	QL
<i>montelukast sodium 4 mg gran pack</i>	1	QL
<i>montelukast sodium 4 mg tab chew</i>	1	QL
<i>montelukast sodium 5 mg tab chew</i>	1	QL
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
MUCINEX DM ER 1,200-60 MG TAB <i>guaifenesin/dextromethorphan hbr</i>	2	QL
MUCINEX DM ER 600-30 MG TABLET <i>guaifenesin/dextromethorphan hbr</i>	2	QL
MUCINEX ER 1,200 MG TABLET <i>guaifenesin</i>	2	
MUCINEX ER 600 MG TABLET <i>guaifenesin</i>	2	
ORGAN-I NR 200 MG TABLET <i>guaifenesin</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1	QL 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 AL1 At least 6 yrs old
PULMICORT 180 MCG FLEXHALER <i>budesonide</i>	2	QL
PULMICORT 90 MCG FLEXHALER <i>budesonide</i>	2	QL
PV TUSSIN 100 MG/5 ML LIQUID <i>guaifenesin</i>	1	QL
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
Q-TUSSIN 100 MG/5 ML SOLUTION <i>guaifenesin</i>	1	QL
Q-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
QVAR 40 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL
QVAR 80 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL
REFENESEN 200 MG TABLET <i>guaifenesin</i>	1	
RI-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
RI-TUSSIN SYRUP <i>guaifenesin</i>	1	QL
ROBAFEN 100 MG/5 ML SYRUP <i>guaifenesin</i>	1	QL
ROBAFEN DM CGH-CHEST CONG SYRP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ROBAFEN-DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ROBITUSSIN PEDIATRIC COUGH SYP <i>dextromethorphan hbr</i>	1	QL
SCOT-TUSSIN 100 MG/5 ML LIQ <i>guaifenesin</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SILTUSSIN DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
SILTUSSIN DM DAS LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
SILTUSSIN SA 100 MG/5 ML SYR <i>guaifenesin</i>	1	QL
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
<i>triamcinolone acetonide 55 mcg spray</i>	1	C Must have two fills of fluticasone in the past 60 days Will process if HIV medications are in the prescription profile
TUSNEL DIABETIC LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ULTRA DM FREE & CLEAR LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
<i>zafirlukast 10 mg tablet</i>	1	QL
<i>zafirlukast 20 mg tablet</i>	1	QL
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
<i>alcohol antiseptic pads med. pad</i>	1	
ANTI-FUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL
ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL
ANTIFUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL
<i>bacitracin 500 unit/g oint. (g)</i>	1	QL
<i>bacitracin 500 unit/g packet</i>	1	QL
<i>bacitracin/polymyxin b sulfate packet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	1	QL
BENZAMYCINPAK GEL <i>erythromycin base/benzoyl peroxide</i>	2	C Generic Preferred
BETASEPT 4% SURGICAL SCRUB <i>chlorhexidine gluconate</i>	1	QL
CARRINGTON ANTIFUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL
<i>ciclopirox 0.77 % gel (gram)</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL
<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 (g)</i>	1	QL
<i>clotrimazole 1 % cream/appl</i>	1	QL
<i>clotrimazole 1 % solution</i>	1	QL
<i>clotrimazole 10 mg troche</i>	1	QL
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	1	QL AL1 At least 17 yrs old
CVS ANTI-FUNGAL 2% POWDER <i>miconazole nitrate</i>	1	
CVS TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
CVS TRIPLE ANTIBIOTIC PLUS OIN <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
DESENEX 2% POWDER <i>miconazole nitrate</i>	2	QL
DESENEX 2% SPRAY LIQUID <i>miconazole nitrate</i>	2	QL
DESENEX 2% SPRAY POWDER <i>miconazole nitrate</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EQ TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
EQL ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
EQL ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL
<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	
<i>erythromycin/benzoyl peroxide 3 %-5 % gel (gram)</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	
GNP ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
GNP TRIPLE ANTIBIOTIC + OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
GNP TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
HM TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
HM TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>ketoconazole 2 % cream (g)</i>	1	
<i>ketoconazole 2 % shampoo</i>	1	
KRO TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
LAMISIL AF DEFENS 1% SPRAY PWD <i>tolnaftate</i>	2	QL
LAMISIL AT 1% CREAM <i>terbinafine hcl</i>	2	
<i>lindane 1 % lotion</i>	1	
<i>lindane 1 % shampoo</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOTRIMIN AF 2% POWDER <i>miconazole nitrate</i>	2	QL
<i>malathion 0.5 % lotion</i>	1	QL AL1 At least 6 yrs old
METROGEL-VAGINAL 0.75% GEL <i>metronidazole</i>	2	
<i>metronidazole 0.75 % cream (g)</i>	1	QL
<i>metronidazole 0.75 % gel (gram)</i>	1	QL
<i>metronidazole 0.75 % gel w/appl</i>	1	QL
MICATIN 2% ANTIFUNGAL CREAM <i>miconazole nitrate</i>	2	QL
<i>miconazole nitrate 100 mg supp.vag</i>	1	QL
<i>miconazole nitrate 2 % cream (g)</i>	1	QL
<i>miconazole nitrate 2 % cream/appl</i>	1	QL
<i>miconazole nitrate 200 mg supp.vag</i>	1	QL
<i>miconazole nitrate 200 mg-2 % cmb pf crm</i>	1	QL
<i>miconazole nitrate 200 mg-2 % kit</i>	1	QL
<i>miconazole/cleanser 17 on wipe 200 mg-2 % kit</i>	1	QL
<i>mupirocin 2 % oint. (g)</i>	1	
<i>mupirocin calcium 2 % cream (g)</i>	1	
NUZOLE 2% CREAM <i>miconazole nitrate</i>	1	QL
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEDI-DRI TOPICAL POWDER <i>nystatin</i>	1	
<i>permethrin 1 % liquid</i>	1	QL
<i>permethrin 5 % cream (g)</i>	1	QL
PUB TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
PV TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
PV TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
RA TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
RA TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
SB TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>silver sulfadiazine 1 % cream (g)</i>	1	
SM ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
SM ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL
SM TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
SM TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>spinosad 0.9 % suspension</i>	1	QL
<i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>	1	
<i>sulfacetamide sodium 10 % suspension</i>	1	
<i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>	1	
<i>terbinafine hcl 1 % cream (g)</i>	1	
<i>terconazole 0.4 % cream/appl</i>	1	QL AL1 At least 18 yrs old
<i>terconazole 0.8 % cream/appl</i>	1	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>terconazole 80 mg supp.vag</i>	1	QL AL1 At least 18 yrs old
<i>tolnaftate 1 % cream (g)</i>	1	QL
<i>tolnaftate 1 % powder</i>	1	QL
<i>tolnaftate 1 % solution</i>	1	QL
TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
TRIPLE ANTIBIOTIC PLUS OINTMNT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
VAGISTAT-3 COMBO PACK <i>miconazole nitrate</i>	1	QL
VANDAZOLE VAGINAL 0.75% GEL <i>metronidazole</i>	2	QL
ZEASORB 2% POWDER <i>miconazole nitrate</i>	1	QL
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP 10 MG CAPSULE <i>methoxsalen</i>	1	
<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	
<i>alclometasone dipropionate 0.05 % cream (g)</i>	1	QL AL1 At least 1 yrs old
<i>alclometasone dipropionate 0.05 % oint. (g)</i>	1	QL AL1 At least 1 yrs old
AMLACTIN 12% LOTION <i>ammonium lactate</i>	1	
AMLACTIN MOISTURIZING BODY LOT <i>ammonium lactate</i>	1	
<i>ammonium lactate 12 % cream (g)</i>	1	
<i>ammonium lactate 12 % lotion</i>	1	
AMNESTEEM 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
ANTI-ITCH 1% OINTMENT <i>hydrocortisone</i>	1	QL
ANTI-ITCH 2% CREAM <i>diphenhydramine hcl</i>	1	QL
ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
ANTI-ITCH CREAM <i>benzocaine/resorcinol</i>	1	QL
ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
BANOPHEN ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	
<i>benzoyl peroxide 10 % cleanser</i>	1	
<i>benzoyl peroxide 10 % gel (gram)</i>	1	
<i>benzoyl peroxide 5 % cleanser</i>	1	
<i>benzoyl peroxide 5 % gel (gram)</i>	1	
<i>benzoyl peroxide 6 % cleanser</i>	1	
BETA HC 1% LOTION <i>hydrocortisone</i>	1	
<i>betamethasone dipropionate 0.05 % cream (g)</i>	1	QL
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % oint. (g)</i>	1	
<i>betamethasone valerate 0.1 % cream (g)</i>	1	QL
<i>betamethasone valerate 0.1 % lotion</i>	1	QL
<i>betamethasone valerate 0.1 % oint. (g)</i>	1	
<i>betamethasone/propylene glyc 0.05 % cream (g)</i>	1	QL AL1 At least 13 yrs old
<i>betamethasone/propylene glyc 0.05 % oint. (g)</i>	1	QL AL1 At least 13 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETATAR GEL SHAMPOO <i>coal tar</i>	1	
<i>calamine lotion</i>	1	QL
<i>calamine/zinc oxide 8 %-8 % lotion</i>	1	QL
<i>calcipotriene 0.005 % oint. (g)</i>	1	
<i>calcipotriene 0.005 % solution</i>	1	
CAPEX SHAMPOO <i>fluocinolone acetonide</i>	2	
<i>capsaicin 0.025 % cream (g)</i>	1	QL
<i>capsaicin 0.075 % cream (g)</i>	1	QL
CAPZASIN-HP 0.1% CREAM <i>capsaicin</i>	1	QL
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
<i>clobetasol propionate 0.05 % gel (gram)</i>	1	QL AL1 At least 12 yrs old
<i>clobetasol propionate 0.05 % oint. (g)</i>	1	QL AL1 At least 12 yrs old
<i>clobetasol propionate 0.05 % solution</i>	1	QL AL1 At least 12 yrs old
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	1	QL AL1 At least 17 yrs old
<i>coal tar 20 % solution</i>	1	
COLOCORT 100 MG ENEMA <i>hydrocortisone</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONDYLOX 0.5% GEL <i>podofilox</i>	2	
CORTIZONE-10 1% CREME <i>hydrocortisone</i>	2	QL
CORTIZONE-10 1% CREME <i>hydrocortisone/aloe vera</i>	2	QL
CORTIZONE-10 1% LOTION <i>hydrocortisone</i>	2	
CORTIZONE-10 1% OINTMENT <i>hydrocortisone</i>	2	QL
CORTIZONE-10 COOLING 1% GEL <i>hydrocortisone</i>	2	
CORTIZONE-10 PLUS 1% CREME <i>hydrocortisone</i>	2	QL
CORTIZONE-10 PLUS CREME <i>hydrocortisone</i>	2	QL
<i>desonide 0.05 % cream (g)</i>	1	QL AL1 At least 18 yrs old
<i>desonide 0.05 % lotion</i>	1	QL AL1 At least 18 yrs old
<i>desonide 0.05 % oint. (g)</i>	1	QL AL1 At least 18 yrs old
<i>diclofenac sodium 1 % gel (gram)</i>	1	QL
<i>diflorasone diacetate 0.05 % cream (g)</i>	1	
<i>diflorasone diacetate 0.05 % oint. (g)</i>	1	QL
EQ ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
<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
<i>fluocinolone/shower cap 0.01 % oil</i>	1	AL1 At least 18 yrs old
<i>fluocinonide 0.05 % cream (g)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluocinonide 0.05 % gel (gram)</i>	1	QL
<i>fluocinonide 0.05 % oint. (g)</i>	1	QL
<i>fluocinonide 0.05 % solution</i>	1	QL
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	1	QL
FLUOROPLEX 1% CREAM <i>fluorouracil</i>	2	
<i>fluorouracil 2 % solution</i>	1	
<i>fluorouracil 5 % cream (g)</i>	1	
<i>fluorouracil 5 % solution</i>	1	
<i>fluticasone propionate 0.005 % oint. (g)</i>	1	QL
<i>fluticasone propionate 0.05 % cream (g)</i>	1	
GNP ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
<i>halobetasol propionate 0.05 % cream (g)</i>	1	QL AL1 At least 12 yrs old
<i>halobetasol propionate 0.05 % oint. (g)</i>	1	AL1 At least 12 yrs old
HEMORRHOIDAL HYGIENE PADS <i>witch hazel</i>	1	
HEMORRHOIDAL OINTMENT <i>phenylephrine hcl/mineral oil/petrolatum,white</i>	1	QL
HEMORRHOIDAL OINTMENT <i>phenylephrine hcl/shark liver oil/mineral oil/wh.petrolatum</i>	1	QL
HEMORRHOIDAL OINTMENT <i>skin respiratory factor/shark liver oil</i>	1	QL
HYDRO SKIN 1% LOTION <i>hydrocortisone</i>	1	QL
<i>hydrocortisone 0.5 % cream (g)</i>	1	QL
<i>hydrocortisone 0.5 % oint. (g)</i>	1	QL
<i>hydrocortisone 1 % cream (g)</i>	1	QL
<i>hydrocortisone 1 % crm/pe app</i>	1	QL
<i>hydrocortisone 1 % lotion</i>	1	QL
<i>hydrocortisone 1 % oint. (g)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocortisone 1 % packet	1	QL
hydrocortisone 100mg/60ml enema	1	QL
hydrocortisone 2.5 % cream (g)	1	
hydrocortisone 2.5 % crm/pe app	1	
hydrocortisone 2.5 % lotion	1	QL
hydrocortisone 2.5 % oint. (g)	1	
hydrocortisone acetate 0.5 % cream (g)	1	QL
hydrocortisone acetate 1 % cream (g)	1	QL
hydrocortisone acetate 1 % oint. (g)	1	QL
hydrocortisone valerate 0.2 % cream (g)	1	QL
hydrocortisone valerate 0.2 % oint. (g)	1	QL
hydrocortisone/aloe vera 1 % cream (g)	1	QL
imiquimod 5 % cream pack	1	QL
IONIL T SHAMPOO coal tar	1	
lidocaine 5 % adh. patch	1	QL AL1 At least 18 yrs old
lidocaine 5 % oint. (g)	1	QL
lidocaine hcl 4 % solution	1	
lidocaine/prilocaine 2.5 %-2.5% cream (g)	1	QL
lidocaine/prilocaine 2.5 %-2.5% kit	1	QL
mineral oil oil	1	QL
mometasone furoate 0.1 % cream (g)	1	QL AL1 At least 2 yrs old
mometasone furoate 0.1 % oint. (g)	1	QL AL1 At least 2 yrs old
mometasone furoate 0.1 % solution	1	QL AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYORISAN 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
MYORISAN 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
MYORISAN 30 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
MYORISAN 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
PC TAR SHAMPOO <i>coal tar</i>	1	
<i>petrolatum,white/lanolin oint. (g)</i>	1	
<i>phenazopyridine hcl 100 mg tablet</i>	1	
<i>phenazopyridine hcl 200 mg tablet</i>	1	
PODOCON-25 LIQUID <i>podophyllum resin</i>	1	
<i>podofilox 0.5 % solution</i>	1	
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	
QC ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
RA ANTI-ITCH 1% OINTMENT <i>hydrocortisone</i>	1	QL
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
<i>salicylic acid 6 % crm er (g)</i>	1	QL
<i>salicylic acid 6 % gel (gram)</i>	1	QL
SANTYL OINTMENT <i>collagenase clostridium histolyticum</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SB ANTI-ITCH 2%-0.1% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
SM ALLERGY 2% CREAM <i>diphenhydramine hcl</i>	1	
SM ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
<i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>	1	
<i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>	1	
<i>tacrolimus 0.03 % oint. (g)</i>	1	PA AL1 At least 2 yrs old
<i>tacrolimus 0.1 % oint. (g)</i>	1	PA AL1 At least 16 yrs old
TERA-GEL TAR 0.5% SHAMPOO <i>coal tar</i>	1	
THERA-GEL 0.5% SHAMPOO <i>coal tar</i>	1	
<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	
<i>triamcinolone acetonide 0.025 % cream (g)</i>	1	QL
<i>triamcinolone acetonide 0.025 % lotion</i>	1	QL
<i>triamcinolone acetonide 0.025 % oint. (g)</i>	1	QL
<i>triamcinolone acetonide 0.1 % cream (g)</i>	1	QL
<i>triamcinolone acetonide 0.1 % lotion</i>	1	
<i>triamcinolone acetonide 0.1 % oint. (g)</i>	1	QL
<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
<i>triamcinolone acetonide 0.5 % oint. (g)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
urea 40 % lotion	1	QL
vitamins a and d oint. (g)	1	
vits a and d/white pet/lanolin oint. (g)	1	
X-SEB T PLUS SHAMPOO coal tar	1	
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
ZENATANE 40 MG CAPSULE isotretinoin	1	PA AL1 At least 12 yrs old
zinc oxide oint. (g)	1	
zinc oxide 20 % oint. (g)	1	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
oxybutynin chloride 10 mg tab er 24	1	QL
oxybutynin chloride 15 mg tab er 24	1	QL
oxybutynin chloride 5 mg tab er 24	1	QL
oxybutynin chloride 5 mg tablet	1	QL
oxybutynin chloride 5 mg/5 ml syrup	1	QL
tolterodine tartrate 1 mg tablet	1	QL
tolterodine tartrate 2 mg cap er 24h	1	QL
tolterodine tartrate 2 mg tablet	1	QL
tolterodine tartrate 4 mg cap er 24h	1	QL
tropium chloride 20 mg tablet	1	QL
tropium chloride 60 mg cap er 24h	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
<i>theophylline anhydrous 200 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 300 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 400 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 450 mg tab er 12h</i>	1	QL
<i>theophylline anhydrous 600 mg tab er 24h</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	QL
<i>theophylline anhydrous 80 mg/15ml solution</i>	1	QL
UNCATEGORIZED		
ALKERAN 2 MG TABLET <i>melfalan</i>	2	
<i>anastrozole 1 mg tablet</i>	1	QL
<i>bicalutamide 50 mg tablet</i>	1	QL
<i>blood ketone test,strips strip</i>	2	
<i>blood sugar diagnostic strip</i>	2	QL C For 150 strips, must use one box of 50 strips and one box of 100 strips
<i>blood sugar diagnostic, disc strip</i>	2	QL
<i>blood-glucose meter each</i>	2	QL
<i>blood-glucose meter kit</i>	2	
<i>blood-glucose meter, disc-type kit</i>	2	QL
<i>capecitabine 150 mg tablet</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>capecitabine 500 mg tablet</i>	1	PA
CHEMET 100 MG CAPSULE <i>succimer</i>	2	
<i>compound vehicle susp sf no.20 oral susp</i>	1	
<i>compounding vehicle no.8 liquid</i>	1	
<i>compounding vehicle susp no.19 oral susp</i>	1	
CUPRIMINE 250 MG CAPSULE <i>penicillamine</i>	2	QL
<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	
EUFLEXXA 20 MG/2 ML SYRINGE <i>hyaluronate sodium</i>	3	QL
<i>exemestane 25 mg tablet</i>	1	QL
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
FARESTON 60 MG TABLET <i>toremifene citrate</i>	2	QL
<i>flutamide 125 mg capsule</i>	1	QL
GLEOSTINE 10 MG CAPSULE <i>lomustine</i>	3	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLEOSTINE 100 MG CAPSULE <i>lomustine</i>	3	
GLEOSTINE 40 MG CAPSULE <i>lomustine</i>	3	
GLUCAGEN DIAGNOSTIC 1 MG VIAL <i>glucagon,human recombinant</i>	1	QL
HEXALEN 50 MG CAPSULE <i>altretamine</i>	3	
<i>humidifier each</i>	1	QL AL1 Up to 21 yrs old
<i>hydroxyurea 500 mg capsule</i>	1	
<i>inhaler, assist devices spacer</i>	2	
<i>inhaler,assist device,accesory each</i>	2	
<i>lancets each</i>	1	QL
<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 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
<i>megestrol acetate 40 mg tablet</i>	1	QL
<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/pf 25 mg/ml vial</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYLERAN 2 MG TABLET <i>busulfan</i>	2	QL
<i>nilutamide 150 mg tablet</i>	1	QL
<i>polyethylene glycol 3350 powder</i>	1	QL
RIDAURA 3 MG CAPSULE <i>auranofin</i>	2	QL
<i>sodium chloride for inhalation 7 % vial-neb</i>	1	QL ST
<i>syrge-ndl,ins 0.3 ml half mark 31 gx5/16" disp syrin</i>	1	QL
<i>syrge-ndl,ins 0.3 ml half mark 31gx15/64" disp syrin</i>	1	QL
<i>syring-needl,disp,insul,0.3 ml 29 g x1/2" disp syrin</i>	1	QL
<i>syring-needl,disp,insul,0.3 ml 30g x5/16" disp syrin</i>	1	QL
<i>syring-needl,disp,insul,0.3 ml 30gx1/2" disp syrin</i>	1	QL
<i>syring-needl,disp,insul,0.3 ml 31 gx5/16" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 27gx1/2" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 27gx5/8" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 28gx1/2" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 29 g x1/2" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 29gx7/16" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 30g x5/16" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 30gx1/2" disp syrin</i>	1	QL
<i>syringe and needle,insulin,1ml 31 gx5/16" disp syrin</i>	1	QL
<i>syringe, disposable, 1 ml disp syrin</i>	1	QL
<i>syringe,insulin,needless 1 ml disp syrin</i>	1	QL
<i>syringe,needle,insuln,safe,1ml 29 g x1/2" disp syrin</i>	1	QL
<i>syringe,needle,insuln,safe,1ml 30g x5/16" disp syrin</i>	1	QL
<i>syringe,needle,insuln,safe,1ml 30gx1/2" disp syrin</i>	1	QL
<i>syringe,needle,insuln,safe,1ml 31 gx5/16" disp syrin</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
syringe,needle,insuln,sf 0.5ml 29 g x1/2" disp syrin	1	QL
syringe,needle,insuln,sf 0.5ml 30g x5/16" disp syrin	1	QL
syringe-needle,insulin,0.5 ml 27gx1/2" disp syrin	1	QL
syringe-needle,insulin,0.5 ml 28gx1/2" disp syrin	1	QL
syringe-needle,insulin,0.5 ml 29 g x1/2" disp syrin	1	QL
syringe-needle,insulin,0.5 ml 30g x5/16" disp syrin	1	QL
syringe-needle,insulin,0.5 ml 30gx1/2" disp syrin	1	QL
syringe-needle,insulin,0.5 ml 31 gx5/16" disp syrin	1	QL
TABLOID 40 MG TABLET thioguanine	2	
tamoxifen citrate 10 mg tablet	1	QL
tamoxifen citrate 20 mg tablet	1	QL
temozolomide 100 mg capsule	1	PA
temozolomide 140 mg capsule	1	PA
temozolomide 180 mg capsule	1	PA
temozolomide 20 mg capsule	1	PA
temozolomide 250 mg capsule	1	PA
temozolomide 5 mg capsule	1	PA
tretinoin 10 mg capsule	1	AL1 At least 20 yrs old C Prior authorization required for members less than 20 years old
urine glucose-acet test strip strip	1	QL
urine multiple test strips strip	1	QL
vaporizer each	1	QL AL1 Up to 21 yrs old
water for injection,sterile iv soln	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VITAMINS		
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
AQUADEKS PEDIATRIC LIQUID <i>pediatric multivitamin no.40/phytonadione (vit k1)</i>	1	QL
AQUADEKS SOFTGEL <i>multivitamin with mins no.52/folic acid/vit k1/ubidecarenone</i>	1	QL
<i>ascorbate calcium 500 mg tablet</i>	1	QL
<i>ascorbic acid 100 mg tablet</i>	1	QL
<i>ascorbic acid 1000 mg tablet</i>	1	QL
<i>ascorbic acid 1000 mg tablet er</i>	1	QL
<i>ascorbic acid 250 mg tab chew</i>	1	QL
<i>ascorbic acid 250 mg tablet</i>	1	QL
<i>ascorbic acid 500 mg tab chew</i>	1	QL
<i>ascorbic acid 500 mg tablet</i>	1	QL
<i>ascorbic acid 500 mg tablet er</i>	1	QL
<i>ascorbic acid 500 mg/5ml syrup</i>	1	
<i>ascorbic acid/ascorbate sodium 250 mg tab chew</i>	1	QL
<i>ascorbic acid/ascorbate sodium 500 mg tab chew</i>	1	QL
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	
BEE-ZEE TABLET <i>multivitamin with minerals</i>	1	QL
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcitriol 0.25 mcg capsule</i>	1	QL
<i>calcitriol 0.5 mcg capsule</i>	1	QL
<i>calcitriol 1 mcg/ml solution</i>	1	QL
<i>calcium carbonate/vitamin d2 250 mg-125 tablet</i>	1	QL
<i>calcium carbonate/vitamin d2 500 mg-200 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 250 mg-125 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 500 mg-100 tab chew</i>	1	QL
<i>calcium carbonate/vitamin d3 500 mg-200 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 500 mg-400 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-125 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-200 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-400 tablet</i>	1	QL
<i>calcium carbonate/vitamin d3 600 mg-800 tablet</i>	1	QL
CENTRUM COMPLETE MULTIVIT TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
CEROVITE ADVANCED FORM TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
CERTAVITE-ANTIOXIDANT TABLET <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
<i>cholecalciferol (vitamin d3) 1000 unit capsule</i>	1	QL
<i>cholecalciferol (vitamin d3) 1000 unit tablet</i>	1	QL
<i>cholecalciferol (vitamin d3) 2000 unit capsule</i>	1	
<i>cholecalciferol (vitamin d3) 2000 unit tablet</i>	1	
<i>cholecalciferol (vitamin d3) 400 unit tablet</i>	1	QL
<i>cholecalciferol (vitamin d3) 400/ml drops</i>	1	
<i>cholecalciferol (vitamin d3) 50000 unit capsule</i>	1	
COMPLETENATE TABLET CHEW <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	1	
<i>cyanocobalamin (vitamin b-12) 100 mcg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyanocobalamin (vitamin b-12) 1000 mcg tab subl	1	
cyanocobalamin (vitamin b-12) 1000 mcg tablet	1	
cyanocobalamin (vitamin b-12) 1000 mcg tablet er	1	
cyanocobalamin (vitamin b-12) 1000mcg/ml vial	1	
cyanocobalamin (vitamin b-12) 50 mcg tablet	1	
cyanocobalamin (vitamin b-12) 500 mcg tablet	1	
cyanocobalamin (vitamin b-12) 5000 mcg tab rapdis	1	
DIALYVITE WITH ZINC TABLET vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide	1	
ergocalciferol (vitamin d2) 400 unit tablet	1	
ergocalciferol (vitamin d2) 50000 unit capsule	1	QL
ergocalciferol (vitamin d2) 8000/ml drops	1	QL
FABB TABLET cyanocobalamin/folic acid/pyridoxine	1	
FERRAPLUS 90 TABLET iron, carbonyl/folic acid/vit b12/vitamin c/docusate sodium	1	
FOLBIC TABLET cyanocobalamin/folic acid/pyridoxine	1	
folic acid 0.4 mg tablet	1	QL
folic acid 0.8 mg tablet	1	QL
folic acid 1 mg tablet	1	QL
FOLIVANE-OB CAPSULE prenatal vitamin no.15/iron fumarate,polysac comp/folic acid	1	
FOLPLEX 2.2 TABLET cyanocobalamin/folic acid/pyridoxine	1	
I-VITE TABLET beta-carotene(a) w-c and e/lutein/minerals	1	
ICAPS PLUS TABLET multivitamin with minerals	1	QL
INATAL ADVANCE TABLET prenatal vit with calcium 15/iron/folic acid/docusate sodium	1	QL GL Female
MEGA MULTIVIT-CHELATED MIN TAB multivitamin with minerals	1	QL
MEGA MULTIVITAMIN-MINERAL TAB multivitamin with minerals	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	2	QL
<i>multivitamin with minerals tablet</i>	1	QL
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL GL Female
MYVITALIFE SOFT-GEL CAPSULE <i>multivitamin with minerals</i>	1	
NEPHROCAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</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
OYSCO 500-VIT D3 200 TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL
OYSCO D TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL
<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.16 w-fluoride 0.25 mg tab chew</i>	1	QL
<i>pedi multivit no.16 w-fluoride 0.5 mg tab chew</i>	1	QL
<i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>	1	QL
<i>pedi multivit no.17 w-fluoride 0.25 mg tab chew</i>	1	QL
<i>pedi multivit no.17 w-fluoride 0.5 mg tab chew</i>	1	QL
<i>pedi multivit no.17 w-fluoride 1 mg tab chew</i>	1	QL
<i>pnv no.5/ferrous fum/folic ac 106.5-1mg capsule</i>	1	
<i>pnv no.95/ferrous fum/folic ac 28mg-0.8mg tablet</i>	1	QL GL Female
<i>pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	1	QL GL Female
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pnv119/iron fum/folic/docusate 29-1-25 mg tablet</i>	1	
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
<i>prenat 115/iron fum/folic/dss 29-1-25 mg tablet</i>	1	
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL GL Female
<i>prenatal vit 90/iron fum/folic 9 mg-0.5mg tablet</i>	1	QL GL Female
<i>prenatal vit 93/iron fum/folic 9mg-267mcg tablet</i>	1	QL GL Female
<i>prenatal vit calc,iron,folic tablet</i>	1	QL GL Female
<i>prenatal vit no.124/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit no.129/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit no.130/iron/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	QL GL Female
<i>prenatal vit/iron fum/folic ac 27mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vit/iron fum/folic ac 28mg-0.8mg tablet</i>	1	QL GL Female
<i>prenatal vits96/iron fum/folic 27mg-0.8mg tablet</i>	1	QL GL Female
<i>pyridoxine hcl (vitamin b6) 100 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pyridoxine hcl (vitamin b6) 25 mg tablet</i>	1	QL
<i>pyridoxine hcl (vitamin b6) 50 mg tablet</i>	1	QL
RA BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
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
RENO CAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	
<i>riboflavin 100 mg tablet</i>	2	
<i>riboflavin 25 mg tablet</i>	2	
<i>riboflavin 50 mg tablet</i>	2	
RIGHT STEP PRENATAL VIT TAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	1	QL GL Female
SE-NATAL 19 CHEWABLE TABLET <i>prenatal vits with calcium#118/ferrous fumarate/folic acid</i>	1	QL GL Female
SE-NATAL 19 TABLET <i>prenatal vits no.119/iron fumarate/folic acid/docusate sod.</i>	1	
SM BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
SOOTHING PUREWAY-C 500 MG TAB <i>ascorbic acid</i>	1	QL
TAB-A-VITE-MINERALS TABLET <i>multivitamin with minerals</i>	1	QL
<i>thiamine hcl 100 mg tablet</i>	1	
<i>thiamine mononitrate 100 mg tablet</i>	1	
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 GL Female
TRICARE PRENATAL TABLET <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>	1	QL GL Female
TRINATAL RX 1 TABLET <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
V-R BALANCED B-50 TABLET <i>vitamin b complex</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 GL Female
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	
VIRT-VITE FORTE TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>vit b comp/c/folic/iron/vit e 500-400-18 tablet</i>	1	
<i>vit c/ascorbate calcium,sodium 500mg/15ml liquid</i>	1	
<i>vitamin a 10000 unit capsule</i>	1	QL
<i>vitamin a 25000 unit capsule</i>	1	QL
<i>vitamin a 8000 unit capsule</i>	1	QL
<i>vitamin a palmitate 10000 unit capsule</i>	1	QL
<i>vitamin b complex capsule</i>	1	
<i>vitamin b complex tablet</i>	1	
<i>vitamin e (dl,tocopheryl acet) 1000 unit capsule</i>	1	QL
<i>vitamin e (dl,tocopheryl acet) 200 unit capsule</i>	1	QL
<i>vitamin e (dl,tocopheryl acet) 400 unit capsule</i>	1	QL
<i>vitamin e 100 unit capsule</i>	1	QL
<i>vitamin e 1000 unit capsule</i>	1	QL
<i>vitamin e 200 unit capsule</i>	1	QL
<i>vitamin e 400 unit capsule</i>	1	QL
<i>vitamin e acetate 1000 unit capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin e acetate 200 unit capsule</i>	1	QL
<i>vitamin e acetate 400 unit capsule</i>	1	QL
<i>vitamin e acetate 600 unit capsule</i>	1	QL
<i>vitamin e mixed 1000 unit capsule</i>	1	QL
<i>vitamin e mixed 400 unit capsule</i>	1	QL
VOL-CARE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</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 GL Female

Index of covered drugs

6

60PSE-400GFN	28,171,174
60PSE-4CPM	20,28,167,171

8

8 HOUR	76
8-MOP	183

A

A-HYDROCORT	149
ABACAVIR SULFATE	14,20
ABACAVIR SULFATE/DOLUTEGRAVIR SODIUM/LAMIVUDINE	19
ABACAVIR SULFATE/LAMIVUDINE	14
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	14
ABILIFY MAINTENA	106
ACAMPROSATE CALCIUM	104
ACARBOSE	144
ACEBUTOLOL HCL	33,50,55,62
ACETAMINOPHEN	76,77,78,79,80,82,83
ACETAMINOPHEN WITH CODEINE PHOSPHATE	77
ACETASOL HC	127,129
ACETAZOLAMIDE	62,120,130
ACETIC ACID	127
ACETYLCYSTEINE	160,174
ACLIDINIUM BROMIDE	28,174
ACYCLOVIR	14
ADACEL TDAP	24
ADALIMUMAB	138,139,162,163
ADAPALENE	183
ADULT GLYCERIN	137
AEROSPAN	150,174
AFLURIA 2016-2017	24
AFLURIA QUAD 2016-2017	24
AFREZZA	144
AFRIN	131
ALAWAY	131
ALBUTEROL SULFATE	28,33,170,171,174
ALCLOMETASONE DIPROPIONATE	183
ALCOHOL ANTISEPTIC PADS	178

ALENDRONATE SODIUM	160
ALFUZOSIN HCL	34
ALIROCUMAB	45,46
ALKERAN	192
ALL DAY ALLERGY	20,21,22,24,167,168,169,170
ALLER-CHLOR	20,167
ALLERGY	20,21,22,167,168,169
ALLERGY CREAM	190
ALLERGY-TIME	20,167
ALLOPURINOL	160
ALOCRIAL	131,174
ALOMIDE	131
ALPHAGAN P	130
ALPRAZOLAM	99
ALREX	129
ALTACHLORE	131
ALTRETAMINE	194
ALUMINUM HYDROXIDE	135
AMANTADINE HCL	14,98
AMICAR	39
AMILORIDE HCL	62,120
AMILORIDE HCL/HYDROCHLOROTHIAZIDE	62,120
AMINOCAPROIC ACID	39
AMIODARONE HCL	50
AMITRIPTYLINE HCL	106
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE	99,106,107
AMLACTIN	183
AMLODIPINE BESYLATE	47,55,62
AMLODIPINE BESYLATE/BENAZEPRIL HCL	47,55,56,62,73
AMMONIUM LACTATE	183
AMNESTEEM	183,184
AMOXAPINE	107
AMOXICILLIN	5
AMOXICILLIN/POTASSIUM CLAVULANATE	5,6
AMPICILLIN TRIHYDRATE	6
ANASTROZOLE	192
ANTI-DIARRHEAL	136,137,138,142,143,144
ANTI-FUNGAL	179
ANTI-FUNGAL CREAM	178

ANTI-ITCH184,186,187,189,190
 ANTI-ITCH CREAM184
 ANTIFUNGAL178,180,182
 ANTIFUNGAL CREAM178,179,180,182
 ANTIPYRINE/BENZOCAINE132
 APATATE FORTE197
 APIDRA144
 APIDRA SOLOSTAR144
 APREPITANT134
 APRI150
 APRISO136
 APTIVUS14
 AQUADEKS197
 ARANELLE150
 ARIPIRAZOLE106,107
 ARMOUR THYROID158
 ARNUITY ELLIPTA150,174
 ARTHRITIS PAIN77,79
 ARTHRITIS PAIN RELIEF77,83
 ARTHRITIS PAIN RELIEVER77
 ARTIFICIAL TEARS132
 ASACOL HD136
 ASCORBATE CALCIUM197
 ASCORBIC ACID197,202
 ASCORBIC ACID/ASCORBATE
 CALCIUM/ASCORBATE SODIUM203
 ASCORBIC ACID/ASCORBATE SODIUM197
 ASCORBIC ACID/VITAMIN
 E/LUTEIN/MINERALS/OMEGA-3 FATTY ACIDS . . 164
 ASPIR-TRIN39,77,95
 ASPIRIN39,40,41,77,79,95,96
 ASPIRIN/DIPYRIDAMOLE40,56,77
 ATAZANAVIR SULFATE18
 ATAZANAVIR SULFATE/COBICISTAT15,162
 ATENOLOL34,50,56,62
 ATENOLOL/CHLORTHALIDONE34,50,56,62,120
 ATOMOXETINE HCL105,106
 ATORVASTATIN CALCIUM44
 ATRIPLA14
 ATROPINE SULFATE132
 ATROVENT HFA26,171

AUBAGIO160
 AURANOFIN165,195
 AUROGUARD132
 AVIANE150
 AVONEX160,161
 AVONEX PEN160
 AZATHIOPRINE161
 AZELASTINE HCL132
 AZITHROMYCIN6
 AZOPT131
 AZURETTE150

B

BACITRACIN127,178
 BACITRACIN/POLYMYXIN B SULFATE . . 127,178,179
 BACLOFEN33
 BALANCED B-100197
 BALANCED B-50197,202,203
 BALSALAZIDE DISODIUM136
 BALZIVA150
 BANOPHEN ANTI-ITCH184
 BARACLUDE14
 BASAGLAR KWIKPEN U-100144
 BECLOMETHASONE DIPROPIONATE156,177
 BEE-ZEE197
 BENAZEPRIL HCL63,73
 BENAZEPRIL
 HCL/HYDROCHLOROTHIAZIDE63,73,120
 BENGAY ULTRA STRENGTH77
 BENZAMYCINPAK179
 BENZOCAINE/RESORCINOL184
 BENZONATATE174
 BENZOYL PEROXIDE184
 BENZTROPINE MESYLATE26,98
 BETA HC184
 BETA-CAROTENE(A) W-C AND
 E/LUTEIN/MINERALS199,200
 BETAMETHASONE DIPROPIONATE184
 BETAMETHASONE DIPROPIONATE/PROPYLENE
 GLYCOL184
 BETAMETHASONE VALERATE184

BETASEPT.....	179	BUPRENORPHINE HCL/NALOXONE HCL.....	83
BETATAR SHAMPOO.....	185	BUPROBAN.....	108
BETATEMP.....	77	BUPROPION HCL.....	108
BETAXOLOL HCL.....	34,50,56,63	BUSPIRONE HCL.....	99,100
BETHANECHOL CHLORIDE.....	28	BUSULFAN.....	195
BICALUTAMIDE.....	192	BUTALBITAL/ACETAMINOPHEN.....	78,100
BICILLIN L-A.....	6,7	BUTALBITAL/ACETAMINOPHEN/CAFFEINE.....	78,83,96,100
BIOCOTRON.....	174	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEIN E PHOSPHATE.....	78,84,96,100
BION TEARS.....	132	BUTALBITAL/ASPIRIN/CAFFEINE... ..	40,78,84,96,100
BIOSUPP.....	197		
BISACODYL.....	136,137	C	
BISMUTH SUBSALICYLATE.....	139,141	CABERGOLINE.....	98
BISOPROLOL FUMARATE.....	34,51,56,63	CAFFEINE CITRATE.....	84
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE.....	34,50,51,56,6 3,120	CALAMINE.....	185
BLEPHAMIDE.....	127	CALAMINE/ZINC OXIDE.....	185
BLEPHAMIDE S.O.P.....	127	CALCIPOTRIENE.....	185
BLOOD KETONE TEST,STRIPS.....	192	CALCITONIN,SALMON,SYNTHETIC.....	150,161
BLOOD SUGAR DIAGNOSTIC.....	192	CALCITRIOL.....	198
BLOOD SUGAR DIAGNOSTIC, DISC-TYPE.....	192	CALCIUM ACETATE.....	127
BLOOD-GLUCOSE METER.....	192	CALCIUM CARBONATE.....	123,126,136,144
BLOOD-GLUCOSE METER, DISC-TYPE.....	192	CALCIUM CARBONATE/CHOLECALCIFEROL (VITAMIN D3).....	123,124,198,200
BODY, HAIR, SKIN AND NAILS.....	197	CALCIUM CARBONATE/ERGOCALCIFEROL (VITAMIN D2).....	123,198
BREO ELLIPTA.....	28,150,171,174	CALCIUM CARBONATE/SIMETHICONE.....	140
BRIMONIDINE TARTRATE.....	130,131	CALCIUM GLUCONATE.....	123
BRINZOLAMIDE.....	131	CALCIUM POLYCARBOPHIL.....	137
BROMFED DM.....	29,167,171,174	CALPHRON.....	127
BROMOCRIPTINE MESYLATE.....	98	CAMILA.....	150
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN.....	29,32,167,170,171,173, 174,175,177	CANASA.....	136
BROTAPP DM.....	29,167,171,175	CAPECITABINE.....	192,193
BUDEPRION SR.....	108	CAPEX SHAMPOO.....	185
BUDESONIDE.....	129,150,156,175,177	CAPSAICIN.....	185
BUDESONIDE/FORMOTEROL FUMARATE.....	33,156,173,178	CAPTOPRIL.....	63,73,74
BUMETANIDE.....	63,120	CAPTOPRIL/HYDROCHLOROTHIAZIDE... ..	63,74,120
BUPRENEX.....	77	CAPZASIN-HP.....	185
BUPRENORPHINE HCL.....	77,78	CARAFATE.....	134
		CARBAMAZEPINE.....	90,91
		CARBAMIDE PEROXIDE.....	127,128,129

CARBAMOXIDE.....	127	CHLORPHENIRAMINE	
CARBIDOPA/LEVODOPA.....	98	MALEATE.....	20,21,22,167,168,169
CARBOXYMETHYLCELLULOSE SODIUM.....	133	CHLORPHENIRAMINE	
CARDIZEM LA.....	47,51,56,63	MALEATE/PSEUDOEPHEDRINE	
CARISOPRODOL.....	33	HCL.....	20,22,24,28,30,32,167,169,170,171,172,173
CARISOPRODOL/ASPIRIN.....	33,78	CHLORPROPAMIDE.....	145
CARISOPRODOL/ASPIRIN/CODEINE		CHLORTHALIDONE.....	64,121
PHOSPHATE.....	33,78	CHLORZOXAZONE.....	33
CARVEDILOL.....	34,51,56,64	CHOLECALCIFEROL (VITAMIN D3).....	198
CAZANT.....	150	CHOLESTYRAMINE (WITH SUGAR).....	44
CEFACLOX.....	7	CHOLESTYRAMINE/ASPARTAME.....	44,46
CEFADROXIL.....	7	CICLOPIROX.....	179
CEFDINIR.....	7	CICLOPIROX OLAMINE.....	179
CEFIXIME.....	11	CILOSTAZOL.....	40,56
CEFPODOXIME PROXETIL.....	7	CIMETIDINE.....	134,135
CEFPROZIL.....	7	CIMETIDINE HCL.....	135
CEFTRIAZONE SODIUM.....	8	CINACALCET HCL.....	166
CEFTRIAZONE SODIUM IN ISO-OSMOTIC		CIPRO.....	8,12
DEXTROSE.....	7,8	CIPROFLOXACIN.....	8,12
CEFUROXIME AXETIL.....	8	CIPROFLOXACIN HCL.....	8,9,12,128
CELECOXIB.....	78	CITALOPRAM HYDROBROMIDE.....	108
CENTRUM COMPLETE.....	36,198	CITRIC ACID/SODIUM CITRATE.....	124
CEPHALEXIN.....	8	CLARAVIS.....	185
CEROVITE ADVANCED FORMULA.....	36,198	CLARITHROMYCIN.....	9,12,13
CERTAVITE-ANTIOXIDANT.....	36,198	CLINDAMYCIN HCL.....	9
CETIRIZINE HCL.....	20,21,22,24,167,168,169,170	CLINDAMYCIN PALMITATE HCL.....	9
CHANTIX.....	29	CLINDAMYCIN PHOSPHATE.....	179
CHEMET.....	161,193	CLOBETASOL PROPIONATE.....	185
CHERATUSSIN AC.....	175	CLONAZEPAM.....	91,92,100,101
CHILDREN'S ADVIL.....	78	CLONIDINE.....	29,64
CHILDREN'S ALL DAY ALLERGY.....	21,22,167,168	CLONIDINE HCL.....	29,64
CHILDREN'S ALLER-TEC.....	21,167	CLONIDINE HCL/CHLORTHALIDONE.....	29,64,121
CHILDREN'S PAIN-FEVER.....	78	CLOPIDOGREL BISULFATE.....	40
CHILDREN'S SUDAFED.....	29,171	CLORAZEPATE DIPOTASSIUM.....	92,101
CHLOR-TRIMETON.....	21,168	CLORPRES.....	29,64,121
CHLORAMBUCIL.....	194	CLOTRIMAZOLE.....	178,179,180,182
CHLORDIAZEPOXIDE HCL.....	100	CLOTRIMAZOLE/BETAMETHASONE	
CHLORHEXIDINE GLUCONATE.....	128,179	DIPROPIONATE.....	179,185
CHLOROQUINE PHOSPHATE.....	13	CLOZAPINE.....	108
CHLOROTHIAZIDE.....	64,65,120,121	COAL TAR.....	185,188,189,190,191
		COBICISTAT.....	167

CODEINE
 PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE 78,84,96,101
 CODEINE PHOSPHATE/GUAIFENESIN 175,176
 COLACE136
 COLCHICINE161
 COLLAGENASE CLOSTRIDIUM HISTOLYTICUM .189
 COLOCORT185
 COMBIVENT RESPIMAT26,29,171
 COMPLERA15
 COMPLETENATE36,198
 COMPOUNDING VEHICLE NO.8193
 COMPOUNDING VEHICLE SUSPENSION NO.19 .193
 COMPOUNDING VEHICLE SUSPENSION SUGAR-FREE NO.20193
 COMPRO109,134
 CONDYLOX186
 CONGEST-EZE30,171,175
 CONGESTAC30,171,175
 CONSTULOSE124
 COPAXONE161
 CORTISONE ACETATE150
 CORTIZONE-10186
 CORTIZONE-10 PLUS186
 COUMADIN40
 CREON136
 CRIXIVAN15
 CROMOLYN SODIUM132,175
 CROTAMITON180
 CRYSELLE150
 CUPRIMINE161,193
 CYANOCOBALAMIN (VITAMIN B-12)198,199
 CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE199,203
 CYCLAFEM150
 CYCLOBENZAPRINE HCL33
 CYCLOPENTOLATE HCL132
 CYCLOPHOSPHAMIDE161,193
 CYCLOSPORINE130,161,166
 CYCLOSPORINE, MODIFIED161,162,164
 CYPROHEPTADINE HCL21,168

CYTRA-2124

D

DANTROLENE SODIUM33
 DAPSONE13
 DARUNAVIR ETHANOLATE17
 DARUNAVIR ETHANOLATE/COBICISTAT17,165
 DEBROX128
 DEFERASIROX193
 DELAVIRDINE MESYLATE17
 DELZICOL136
 DEPO-MEDROL151
 DESCOVY15
 DESENEX179
 DESIPRAMINE HCL109
 DESMOPRESSIN ACETATE39,151,156
 DESMOPRESSIN ACETATE (NON-REFRIGERATED)151
 DESOGESTREL-ETHINYL ESTRADIOL .150,156,157
 DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL150,152
 DESONIDE186
 DEXAMETHASONE151
 DEXAMETHASONE INTENSOL151
 DEXAMETHASONE SOD PHOSPHATE129,151
 DEXMETHYLPHENIDATE HCL84,85
 DEXPAK151
 DEXTRAN 70/HYPROMELLOSE133
 DEXTRAN 70/HYPROMELLOSE/PF132,133
 DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE86,87
 DEXTROAMPHETAMINE SULFATE85
 DEXTROMETHORPHAN HBR177
 DEXTROSE124
 DIABETIC TUSSIN DM175
 DIABETIC TUSSIN EX175
 DIALYVITE ZINC199
 DIAZEPAM92,101
 DICLOFENAC POTASSIUM78
 DICLOFENAC SODIUM78,129,186

DICLOXACILLIN SODIUM.....9
 DICYCLOMINE HCL.....27
 DIDANOSINE.....15,19
 DIFLORASONE DIACETATE.....186
 DIFLUNISAL.....78
 DIGITEK.....51
 DIGOXIN.....51
 DIHYDROERGOTAMINE MESYLATE.....34,96
 DILANTIN.....51,92
 DILT-XR.....47,51,56,64
 DILTIAZEM
 HCL.....47,48,49,51,52,53,56,57,58,59,63,64,65,68
 DIMENHYDRINATE.....21,134,168
 DIMETHYL FUMARATE.....166,167
 DIPHENHYDRAMINE
 HCL.....21,23,24,101,102,103,168,169,170,184,190
 DIPHENHYDRAMINE HCL/ZINC
 ACETATE.....184,186,187,189,190
 DIPHENOXYLATE HCL/ATROPINE
 SULFATE.....27,136,171
 DIPHTHERIA,PERTUSSIS(ACELL),TETANUS
 VACCINE/PF.....24
 DIPYRIDAMOLE.....40,41,57,58
 DISOPYRAMIDE PHOSPHATE.....52
 DISULFIRAM.....161
 DIURIL.....65,121
 DIVALPROEX SODIUM.....92,96,104
 DOCUPRENE.....137
 DOCUSATE CALCIUM.....137,139
 DOCUSATE SODIUM.....136,137,143
 DOLUTEGRAVIR SODIUM.....19
 DONEPEZIL HCL.....30
 DORZOLAMIDE HCL.....131
 DORZOLAMIDE HCL/TIMOLOL MALEATE.....131
 DOXAZOSIN MESYLATE.....34,58,65,66
 DOXEPIN HCL.....109
 DOXYCYCLINE HYCLATE.....9,128
 DOXYCYCLINE MONOHYDRATE.....9
 DOXYLAMINE SUCCINATE...22,24,102,104,169,170
 DRAMAMINE LESS DROWSY.....21,134
 DROXIA.....193

DULAGLUTIDE.....147
 DULCOLAX STOOL SOFTENER.....137
 DULERA.....30,151,171,175
 DULOXETINE HCL.....104,109
 DYPHYLLINE.....172,192

E

EAR DROPS.....128,129
 ECOTRIN.....41,79,96
 ED-CHLORTAN.....21,168
 EDURANT.....15
 EFAVIRENZ.....18
 EFAVIRENZ/EMTRICITABINE/TENOFOVIR
 DISOPROXIL FUMARATE.....14
 ELBASVIR/GRAZOPREVR.....20
 ELECTROLYTES/DEXTROSE.....124
 ELINEST.....151
 ELIPHOS.....127
 ELIXOPHYLLIN.....66,121,171,192
 ELLA.....151
 ELMIRON.....161
 ELVITEGRAVIR.....20
 ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TEN
 OFOVIR ALAFENAMIDE.....15
 ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TEN
 OFOVIR DISOPROXIL.....18
 EMCYT.....193
 EMETROL.....134
 EMTRICITABINE.....15
 EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR
 ALAFENAMIDE FUMARATE.....17
 EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR
 DISOPROXIL FUMARATE.....15
 EMTRICITABINE/TENOFOVIR ALAFENAMIDE
 FUMARATE.....15
 EMTRICITABINE/TENOFOVIR DISOPROXIL
 FUMARATE.....19
 EMTRIVA.....15
 ENALAPRIL MALEATE.....66,74
 ENALAPRIL
 MALEATE/HYDROCHLOROTHIAZIDE.....66,74,121

ENBREL.....	161,162	EUFLEXXA.....	193
ENDOCET.....	79	EURAX.....	180
ENEMA.....	137	EVOLOCUMAB.....	46
ENGERIX-B ADULT.....	24,25	EVOTAZ.....	15,162
ENGERIX-B PEDIATRIC-ADOLESCENT.....	24,25	EVZIO.....	104,162
ENOXAPARIN SODIUM.....	41,42	EXELON.....	30
ENPRESSE.....	151	EXEMESTANE.....	193
ENTECAVIR.....	14,15	EXJADE.....	193
ENULOSE.....	124	EXPECTORANT.....	175
EPINEPHRINE.....	30,172	EXPECTORANT DM.....	175
EPIPEN 2-PAK.....	30,172		
EPIPEN JR 2-PAK.....	30,172	F	
EPOETIN ALFA.....	44	FABB.....	199
ERGOCALCIFEROL (VITAMIN D2).....	199	FAMCICLOVIR.....	15
ERRIN.....	151	FAMOTIDINE.....	135
ERYTHROMYCIN BASE.....	9,10,128	FARESTON.....	193
ERYTHROMYCIN BASE/BENZOYL		FELBAMATE.....	93
PEROXIDE.....	179,180	FELODIPINE.....	48,66
ERYTHROMYCIN BASE/ETHYL ALCOHOL.....	180	FENOFIBRATE.....	45
ERYTHROMYCIN ETHYLSUCCINATE.....	10	FENOFIBRATE NANOCRYSTALLIZED.....	45
ESCITALOPRAM OXALATE.....	109	FENOFIBRATE,MICRONIZED.....	45
ESTAZOLAM.....	101	FENOPROFEN CALCIUM.....	79
ESTRADIOL.....	148,149	FENTANYL.....	79
ESTRAMUSTINE PHOSPHATE SODIUM.....	193	FER-IRON.....	36
ESTROGENS, CONJUGATED.....	149	FERGON.....	36
ESTROGENS,		FERRAPLUS 90.....	36,199
CONJUGATED/MEDROXYPROGESTERONE		FERRO-TIME.....	36
ACETATE.....	149	FERROUS FUMARATE/DOCUSATE/FOLIC	
ESTROGENS,ESTERIFIED.....	149	ACID/VITAMIN B COMP AND C.....	37
ESTROPIPATE.....	149	FERROUS GLUCONATE.....	36,37
ESZOPICLONE.....	101,102	FERROUS SULFATE.....	36,37
ETANERCEPT.....	161,162	FEVERALL.....	79
ETHAMBUTOL HCL.....	13	FEXOFENADINE HCL.....	21,22,168
ETHINYL ESTRADIOL/DROSPIRENONE.....	152,155,157	FIBER LAXATIVE.....	142
ETHOSUXIMIDE.....	92	FIBER SMOOTH.....	143
ETHYNODIOL DIACETATE-ETHINYL		FIBER THERAPY.....	137
ESTRADIOL.....	153,158	FIBER-LAX.....	137
ETODOLAC.....	79	FINASTERIDE.....	162
ETONOGESTREL/ETHINYL ESTRADIOL.....	155	FINGOLIMOD HCL.....	162
ETOPOSIDE.....	193	FLAREX.....	129
ETRAVIRINE.....	16	FLECAINIDE ACETATE.....	52

FLOVENT DISKUS..... 152,175,176
 FLOVENT HFA..... 152,176
 FLU VACCINE QS 2016-2017(4 YEARS AND
 OLDER)CELL DERIVED/PF..... 25
 FLUARIX QUAD 2016-2017..... 25
 FLUBLOK 2016-2017..... 25
 FLUCELVAX QUAD 2016-2017..... 25
 FLUCONAZOLE..... 11
 FLUDROCORTISONE ACETATE..... 152
 FLULAVAL QUAD 2016-2017..... 25
 FLUNISOLIDE..... 129,150,174,176
 FLUOCINOLONE ACETONIDE..... 185,186
 FLUOCINOLONE ACETONIDE OIL..... 129
 FLUOCINOLONE ACETONIDE/SHOWER CAP... 186
 FLUOCINONIDE..... 186,187
 FLUOCINONIDE/EMOLLIENT BASE..... 187
 FLUOR-A-DAY..... 162
 FLUOROMETHOLONE..... 129,130
 FLUOROMETHOLONE ACETATE..... 129
 FLUOROPLEX..... 187
 FLUOROURACIL..... 187
 FLUOXETINE HCL..... 109,110
 FLUPHENAZINE DECANOATE..... 110
 FLUPHENAZINE HCL..... 110
 FLURAZEPAM HCL..... 102
 FLURBIPROFEN..... 79
 FLURBIPROFEN SODIUM..... 129
 FLUTAMIDE..... 193
 FLUTICASONE FUROATE..... 150,174
 FLUTICASONE FUROATE/VILANTEROL
 TRIFENATATE..... 28,150,171,174
 FLUTICASONE PROPIONATE... 129,152,175,176,187
 FLUVIRIN 2016-2017..... 25
 FLUVOXAMINE MALEATE..... 110
 FLUZONE HIGH-DOSE 2016-2017..... 25
 FLUZONE INTRADERM QUAD 2016-17..... 25
 FLUZONE QUAD 2016-2017..... 25
 FML FORTE..... 129
 FML S.O.P..... 130
 FOAMING ANTACID..... 143
 FOLBIC..... 199

FOLIC ACID..... 199
 FOLIVANE-OB..... 37,199
 FOLPLEX 2.2..... 199
 FOSAMPRENAVIR CALCIUM..... 16
 FOSINOPRIL SODIUM..... 66,74
 FUROSEMIDE..... 66,121

G

GABAPENTIN..... 79,93
 GABITRIL..... 93
 GAS RELIEF..... 138
 GAS-X..... 138
 GAVILAX..... 138
 GAVISCON..... 138
 GEMFIBROZIL..... 45
 GENERLAC..... 124
 GENGRAF..... 162
 GENTAMICIN SULFATE..... 128,180
 GENVOYA..... 15
 GIANVI..... 152
 GILDESS FE..... 152
 GILENYA..... 162
 GLATIRAMER ACETATE..... 161,162
 GLATOPA..... 162
 GLEOSTINE..... 193,194
 GLIMEPIRIDE..... 145
 GLIPIZIDE..... 145
 GLIPIZIDE/METFORMIN HCL..... 145
 GLUCAGEN..... 148,162,194
 GLUCAGON EMERGENCY KIT..... 148,162
 GLUCAGON,HUMAN RECOMBINANT... 148,162,194
 GLYBURIDE..... 145
 GLYBURIDE,MICRONIZED..... 145
 GLYBURIDE/METFORMIN HCL..... 145
 GLYCERIN..... 137,138
 GLYCOPYRROLATE..... 27
 GOLYTELY..... 138
 GRISEOFULVIN ULTRAMICROSIZED..... 11
 GRISEOFULVIN, MICROSIZED..... 11
 GUAIATUSSIN AC..... 176
 GUAIFENESIN..... 175,176,177,178

GUAIFENESIN/DEXTROMETHORPHAN
HBR..... 174,175,176,177,178
GUAIFENESIN/PSEUDOEPHEDRINE
HCL..... 28,30,31,171,172,174,175,176
GUANFACINE HCL.....66,104,105

H

HALOBETASOL PROPIONATE.....187
HALOPERIDOL.....110,111
HALOPERIDOL DECANOATE.....111
HALOPERIDOL LACTATE.....111
HAVRIX.....25
HEALTHYLAX.....138
HEATHER.....152
HEMORRHOIDAL HYGIENE.....187
HEMORRHOIDAL OINTMENT.....187
HEPARIN SODIUM,PORCINE.....42
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM
CHLORIDE.....42
HEPARIN SODIUM,PORCINE/PF.....42
HEPATITIS A VIRUS AND HEPATITIS B VIRUS
VACCINE/PF.....26
HEPATITIS A VIRUS VACCINE/PF.....25,26
HEPATITIS B VIRUS VACCINE
RECOMBINANT/PF.....24,25,26
HEXALEN.....194
HOMATROPAIRE.....132
HOMATROPINE HBR.....132
HUMALOG.....145
HUMALOG KWIKPEN U-100.....145
HUMALOG KWIKPEN U-200.....146
HUMALOG MIX 50-50.....146
HUMALOG MIX 50-50 KWIKPEN.....146
HUMALOG MIX 75-25.....146
HUMALOG MIX 75-25 KWIKPEN.....146
HUMIDIFIER.....194
HUMIRA.....138,139,162,163
HUMIRA PEDIATRIC CROHN'S.....139,163
HUMIRA PEN.....138,163
HUMIRA PEN CROHN-UC-HS STARTER....139,163
HUMIRA PEN PSORIASIS-UVEITIS.....139,163

HUMULIN 70-30.....146,147
HUMULIN 70/30 KWIKPEN.....146
HUMULIN N.....146,147
HUMULIN N KWIKPEN.....146
HUMULIN R.....146,147
HUMULIN R U-500.....146
HUMULIN R U-500 KWIKPEN.....146
HYALURONATE SODIUM.....193
HYDRALAZINE HCL.....66,67
HYDRO SKIN.....187
HYDROCHLOROTHIAZIDE.....67,121
HYDROCIL INSTANT.....139
HYDROCODONE
BITARTRATE/ACETAMINOPHEN.....80
HYDROCODONE BITARTRATE/HOMATROPINE
METHYLBROMIDE.....27,176
HYDROCODONE/IBUPROFEN.....80
HYDROCORTISONE...152,184,185,186,187,188,189
HYDROCORTISONE ACETATE.....188
HYDROCORTISONE ACETATE/PRAMOXINE
HCL.....189
HYDROCORTISONE SOD SUCCINATE.....149
HYDROCORTISONE VALERATE.....188
HYDROCORTISONE/ACETIC ACID...127,128,129,130
HYDROCORTISONE/ALOE VERA.....186,188
HYDROMORPHONE HCL.....80
HYDROXYCHLOROQUINE SULFATE.....13,163
HYDROXYPROGESTERONE CAPROATE...152,153
HYDROXYPROGESTERONE CAPROATE/PF...153
HYDROXYUREA.....193,194
HYDROXYZINE HCL.....22,102
HYDROXYZINE PAMOATE.....22,102
HYOSCYAMINE SULFATE.....27
HYOSYNE.....27
HYPERRHO S-D.....25

I-VITE.....199
IBANDRONATE SODIUM.....163
IBUPROFEN.....78,80,81
ICAPS PLUS.....199

ICY HOT	80
IMIPRAMINE HCL	111
IMIQUIMOD	188
INATAL ADVANCE	37,124,199
INDAPAMIDE	67,121
INDINAVIR SULFATE	15
INDOMETHACIN	80,163
INFANT GAS RELIEF	138,139
INFANT'S MOTRIN	80
INFANTS' GAS RELIEF	136,138,139,141,144
INFANTS' MOTRIN	80
INFLUENZA VIRUS VACCINE QUADRIVALENT 2016-17(18 YEAR AND UP)	24
INFLUENZA VIRUS VACCINE QUADRIVALENT 2016-17(18YR AND UP)/PF	24
INFLUENZA VIRUS VACCINE QUADRIVALENT 2016-17(18YRS-64YRS)/PF	25
INFLUENZA VIRUS VACCINE QUADVAL SPLIT 2016-17(36 MOS UP)/PF	25
INFLUENZA VIRUS VACCINE QVALSPLIT 2016- 2017(6 MOS AND OLDER)	25
INFLUENZA VIRUS VACCINE QVALSPLIT 2016- 2017(6 MOS AND UP)/PF	25
INFLUENZA VIRUS VACCINE TRIVAL 2016-2017 (4YR AND OLDER)/PF	25
INFLUENZA VIRUS VACCINE TRIVAL SPLIT 2016- 2017(65 YR UP)/PF	25
INFLUENZA VIRUS VACCINE TRIVALENT 2016-2017 (4 YR AND OLDER)	25
INFLUENZA VIRUS VACCINE TRIVALENT 2016-2017 (5 YEARS UP)/PF	24
INFLUENZA VIRUS VACCINE TRIVALENT 2016-2017 (5 YR AND OLDER)	24
INFLUENZA VIRUS VACCINE TV 2016-17(18 YRS AND OLDER)RCMB/PF	25
INHALER, ASSIST DEVICES	194
INHALER, ASSIST DEVICES, ACCESSORIES	194
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG	144,146,147
INSULIN GLULISINE	144
INSULIN LISPRO	145,146

INSULIN LISPRO PROTAMINE AND INSULIN LISPRO	146
INSULIN NPH HUMAN ISOPHANE	146,147
INSULIN NPH HUMAN ISOPHANE/INSULIN REGULAR, HUMAN	146,147
INSULIN REGULAR, HUMAN	144,146,147
INTELENCE	16
INTERFERON BETA-1A	160,161
INTERFERON BETA-1A/ALBUMIN HUMAN	160
INVEGA SUSTENNA	111,112
INVEGA TRINZA	112
INVIRASE	16
IONIL T	188
IPECAC	139
IPRATROPIUM BROMIDE	26,27,132,171,172
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	26,27,29,30,171,172
IRBESARTAN	67,74
IRBESARTAN/HYDROCHLOROTHIAZIDE	67,74,121
IRON, CARBONYL/FOLIC ACID/VIT B12/VITAMIN C/DOCUSATE SODIUM	36,199
ISENTRESS	16
ISONIAZID	13
ISOSORBIDE DINITRATE	58
ISOSORBIDE MONONITRATE	58
ISOTRETINOIN	183,184,185,189,191
IVERMECTIN	5

J

JANTOVEN	42,43
JOLIVETTE	152
JUNEL	152
JUNEL FE	152

K

K EFFERVESCENT	124
KALETRA	16
KAOPECTATE	139
KARIVA	152
KELNOR 1-35	153
KETOCONAZOLE	12,180

KETOPROFEN.....	80
KETOROLAC TROMETHAMINE.....	80,130
KETOTIFEN FUMARATE.....	131,132,133
KIONEX.....	127,163
KONSYL.....	139

L

LABETALOL HCL.....	34,52,53,58,67
LACOSAMIDE.....	95
LACTULOSE.....	124
LAMICTAL (ORANGE).....	93
LAMISIL AF.....	180
LAMISIL AT.....	180
LAMIVUDINE.....	16
LAMIVUDINE/ZIDOVUDINE.....	16
LAMOTRIGINE.....	93
LANCETS.....	194
LANSOPRAZOLE.....	135
LANTUS.....	146
LANTUS SOLOSTAR.....	146
LARIN FE.....	153
LATANOPROST.....	131
LAX STOOL SOFTENER WITH SENNA.....	139
LEENA.....	153
LEFLUNOMIDE.....	163
LESSINA.....	153
LETROZOLE.....	194
LEUCOVORIN CALCIUM.....	163
LEUKERAN.....	194
LEUPROLIDE ACETATE.....	153,194
LEVABUTEROL HCL.....	30,172
LEVETIRACETAM.....	93,94
LEVOBUNOLOL HCL.....	131
LEVOCARNITINE (WITH SUGAR).....	163
LEVOCETIRIZINE DIHYDROCHLORIDE.....	22,169
LEVOFLOXACIN.....	10,13
LEVONORGESTREL.....	155
LEVONORGESTREL-ETHINYL ESTRADIOL.....	150,151,153,155,156,157
LEVORA-28.....	153
LEVOTHYROXINE SODIUM.....	158,159,160

LEXIVA.....	16
LIALDA.....	139
LIDOCAINE.....	188
LIDOCAINE HCL.....	132,188
LIDOCAINE/PRILOCAINE.....	188
LINACLOTIDE.....	139,140
LINDANE.....	180
LINEZOLID.....	10
LINZESS.....	139,140
LIOTHYRONINE SODIUM.....	159
LIPASE/PROTEASE/AMYLASE.....	136,141
LISDEXAMFETAMINE DIMESYLATE.....	90
LISINOPRIL.....	67,74,75
LISINOPRIL/HYDROCHLOROTHIAZIDE.....	67,75,121,122
LITHIUM CARBONATE.....	105
LODOXAMIDE TROMETHAMINE.....	131
LOHIST-D.....	22,30,169,172
LOMUSTINE.....	193,194
LOPERAMIDE HCL.....	136,137,138,140,142,143,144
LOPINAVIR/RITONAVIR.....	16
LORATADINE.....	22,23,169
LORAZEPAM.....	94,102
LORAZEPAM INTENSOL.....	94,102
LOSARTAN POTASSIUM.....	68,75
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE.....	68,75,122
LOTEPREDNOL ETABONATE.....	129
LOTRIMIN AF.....	181
LOVASTATIN.....	45
LOW-OGESTREL.....	153
LOXAPINE SUCCINATE.....	112
LUFYLLIN.....	172,192
LUPRON DEPOT-PED.....	153,194
LUTERA.....	153
LYSODREN.....	194

M

MAALOX ADVANCED.....	140
MAALOX MAXIMUM STRENGTH.....	140
MAGNESIUM CITRATE.....	140

MAGNESIUM HYDROXIDE/ALUMINUM		
HYDROXIDE/SIMETHICONE	140,141,142	
MAGNESIUM OXIDE	140	
MAGNESIUM TRISILICATE/ALUMINUM		
HYDROX/SOD BICARB/ALGINIC AC	138,143	
MAKENA	153	
MALATHION	181	
MAPAP ARTHRITIS PAIN	80	
MAPROTILINE HCL	113	
MARAVIROC	18	
MATZIM LA	48,49,53,58,59,68	
MECLIZINE HCL	21,22,23,134	
MECLOFENAMATE SODIUM	81	
MEDROL	153	
MEDROXYPROGESTERONE ACETATE	153	
MEFLOQUINE HCL	13	
MEGA MULTI W-CHELATED MINERALS	199	
MEGA MULTIVITAMIN WITH MINERAL	199	
MEGESTROL ACETATE	194	
MELOXICAM	81	
MELPHALAN	192	
MEMANTINE HCL	105	
MENEST	149	
MEPERIDINE HCL	81	
MEPHYTON	164,200	
MERCAPTOPURINE	164,194	
MESALAMINE	136,139,140,141	
METADATE ER	87	
METAMUCIL	140	
METAMUCIL FIBER SINGLES	140	
METAMUCIL SUGAR FREE	140	
METAPROTERENOL SULFATE	31,172	
METFORMIN HCL	146	
METHADONE HCL	81	
METHADONE INTENSOL	81	
METHAZOLAMIDE	131	
METHIMAZOLE	159	
METHOCARBAMOL	33	
METHOTREXATE SODIUM	164,194	
METHOTREXATE SODIUM/PF	164,194	
METHOXSALEN	183	
METHYCLOTHIAZIDE	68,122	
METHYL SALICYLATE/MENTHOL	80	
METHYL SALICYLATE/MENTHOL/CAMPHOR	77	
METHYLDOPA	31,68	
METHYLPHENIDATE HCL	87,88,89,90	
METHYLPREDNISOLONE	153,154	
METHYLPREDNISOLONE ACETATE	151,154	
METHYLPREDNISOLONE SODIUM SUCCINATE	154	
METOCLOPRAMIDE HCL	140	
METOLAZONE	68,122	
METOPROLOL SUCCINATE	35,53,59,68	
METOPROLOL TARTRATE	35,53,59,68	
METROGEL-VAGINAL	181	
METRONIDAZOLE	13,14,181,183	
MEXILETINE HCL	53	
MICATIN	181	
MICONAZOLE NITRATE	178,179,181,183	
MICONAZOLE NITRATE/SKIN CLEANSER NO.17 ON		
WIPE	181	
MICROGESTIN	154	
MICROGESTIN FE	154	
MIDODRINE HCL	31	
MILLIPRED	154	
MILLIPRED DP	154	
MINERAL OIL	137,140,141,188	
MINERAL OIL ENEMA	137	
MINERAL OIL/PETROLATUM,WHITE	132,133	
MINOCYCLINE HCL	10	
MINOXIDIL	69	
MINTOX PLUS	141	
MIRTAZAPINE	113	
MISOPROSTOL	135	
MITOTANE	194	
MOEXIPRIL		
HCL/HYDROCHLOROTHIAZIDE	69,75,122	
MOMETASONE FUROATE	188	
MOMETASONE FUROATE/FORMOTEROL		
FUMARATE	30,151,171,175	
MONONESSA	154	
MONTELUKAST SODIUM	176	
MORPHINE SULFATE	81	

MOTRIN IB	81
MOVIPREP	141
MOXIFLOXACIN HCL	10,13
MUCINEX	176
MUCINEX D	31,172,176
MUCINEX DM	176
MULTIVIT,CALCIUM,IRON,MIN/FOLIC ACID/CHOLINE/INOSITOL/PABA	197
MULTIVITAMIN WITH IRON AND OTHER MINERALS	201
MULTIVITAMIN WITH MINERALS . . .	197,199,200,202
MULTIVITAMIN WITH MINS NO.52/FOLIC ACID/VIT K1/UBIDECARENONE	197
MULTIVITAMIN, MINERALS NO.51/FOLIC ACID/VIT K1/UBIDECARENONE	197
MULTIVITAMIN/FERROUS FUMARATE/FOLIC ACID	36,198
MUPIROCIN	181
MUPIROCIN CALCIUM	181
MURO-128	132
MYCOPHENOLATE MOFETIL	164
MYCOPHENOLATE SODIUM	164
MYLERAN	195
MYNATAL ADVANCE	37,124,200
MYORISAN	189
MYVITALIFE	200

N

NABUMETONE	82
NADOLOL	35,53,59,69
NALOXONE HCL	104,105,162,164
NALTREXONE HCL	105,164
NAPHAZOLINE HCL/PHENIRAMINE MALEATE ..	133
NAPHCON-A	133
NAPROXEN	82,164
NAPROXEN SODIUM	82,164
NARATRIPTAN HCL	96
NARCAN	105,164
NATEGLINIDE	146,147
NATURAL VEGETABLE POWDER	141,142
NECON	154

NEDOCROMIL SODIUM	131,174
NEFAZODONE HCL	113
NELFINAVIR MESYLATE	19
NEO-SYNEPHRINE	133
NEOMYCIN SULF/BACITRACIN ZINC/POLYMYXIN B SULF/PRAMOXINE HCL	179,180,182,183
NEOMYCIN SULFATE	10
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B	179,180,182,183
NEOMYCIN SULFATE/BACITRACIN B	128
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D	128
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE	128,130
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE	128,130
NEORAL	164
NEOSPORIN	128
NEPHROCAPS	200
NEPHRON FA	37
NEVIRAPINE	16
NIACIN	45,47
NIACIN (INOSITOL NIACINATE)	45
NIACOR	45
NICARDIPINE HCL	49,59,69
NICOTINE	31
NICOTINE POLACRILEX	31
NICOTROL	31
NICOTROL NS	31
NIFEDICAL XL	49,59,69
NIFEDIPINE	49,59,69
NILUTAMIDE	195
NISOLDIPINE	49,69,70
NITRO-BID	59
NITROFURANTOIN	5
NITROFURANTOIN MACROCRYSTAL	5
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	5

NITROGLYCERIN.....	59,60
NITROLINGUAL.....	60
NITROSTAT.....	60
NON-DROWSY ALLERGY.....	23,169
NORA-BE.....	154
NORDITROPIN FLEXPOR.....	154,155
NORDITROPIN NORDIFLEX.....	155
NORELGESTROMIN/ETHINYL ESTRADIOL.....	157
NORETHINDRONE.....	150,151,152,154,155
NORETHINDRONE ACETATE.....	155
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL.....	152,154
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE.....	152,153,154,157
NORETHINDRONE-ETHINYL ESTRADIOL.....	150,153,154,155,157
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE.....	157,158
NORETHINDRONE-MESTRANOL.....	154
NORGESTIMATE-ETHINYL ESTRADIOL.....	154,156,157
NORGESTREL-ETHINYL ESTRADIOL.....	150,151,153,155
NORTREL.....	155
NORTRIPTYLINE HCL.....	113
NORVIR.....	17
NP THYROID.....	159
NUVARING.....	155
NUZOLE.....	181
NYAMYC.....	181
NYSTATIN.....	12,181,182
NYSTATIN/TRIAMCINOLONE ACETONIDE.....	181
NYSTOP.....	181
NYTOL QUICKCAPS.....	23,102,169

O

OCELLA.....	155
OCUVITE.....	164
OCUVITE WITH LUTEIN.....	200
ODEFSEY.....	17
OFLOXACIN.....	10,128
OGESTREL.....	155

OLANZAPINE.....	113,114
OLODATEROL HCL.....	32,173
OLOPATADINE HCL.....	133
OMEGA-3 ACID ETHYL ESTERS.....	45
OMEPRAZOLE.....	135
OMEPRAZOLE MAGNESIUM.....	135
ONDANSETRON.....	134
ONDANSETRON HCL.....	134
ONE-A-DAY MAXIMUM FORMULA.....	200
ORACIT.....	124
ORALYTE.....	124
ORGAN-I NR.....	176
ORPHENADRINE CITRATE.....	33
OSELTAMIVIR PHOSPHATE.....	17,19
OXAPROZIN.....	82
OXAZEPAM.....	102
OXCARBAZEPINE.....	94
OXYBUTYNIN CHLORIDE.....	191
OXYCODONE HCL.....	82
OXYCODONE HCL/ACETAMINOPHEN.....	79,82
OXYMETAZOLINE HCL.....	131
OYSCO 500-VIT D3.....	124,200
OYSCO D.....	124,200

P

PAIN RELIEVER.....	82
PALIPERIDONE PALMITATE.....	111,112
PALIVIZUMAB.....	18,19
PANCRELIPASE 5,000.....	141
PANTOPRAZOLE SODIUM.....	135
PAROMOMYCIN SULFATE.....	10,14
PAROXETINE HCL.....	114
PC TAR.....	189
PEDI-DRI.....	182
PEDIA-LAX.....	137
PEDIA-LAX ENEMA.....	137
PEDIACARE FEVER REDUCER.....	82
PEDIATRIC MULTIVITAMIN COMBINATION NO.80/FERROUS SULFATE.....	37,201
PEDIATRIC MULTIVITAMIN NO.16/SODIUM FLUORIDE.....	165,200

PEDIATRIC MULTIVITAMIN NO.40/PHYTONADIONE (VIT K1).....	197	PHOS-FLUR.....	165
PEDIATRIC MULTIVITAMIN NO.45/SODIUM FLUORIDE/FERROUS SULFATE.....	37,165,200	PHOS-NAK.....	124
PEDIATRIC MULTIVITAMIN NO.75/SODIUM FLUORIDE/FERROUS SULFATE.....	37,165,200	PHOSPHA 250 NEUTRAL.....	124
PEDIATRIC MULTIVITAMIN NO.81.....	201	PHOSPHORATED CARBOHYDRATE (DEXTROSE AMD FRUCTOSE).....	134
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE.....	165,200	PHYTONADIONE (VIT K1).....	164,200
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE.....	138,141	PILOCARPINE HCL.....	31,32,131
PEG 3350/SODIUM SULFATE/SOD CHLORIDE/KCL/ASCORBATE SOD/VIT C.....	141	PIMOZIDE.....	115
PENICILLAMINE.....	161,193	PINDOLOL.....	35,54,60,70
PENICILLIN G BENZATHINE.....	6,7	PIOGLITAZONE HCL.....	147
PENICILLIN V POTASSIUM.....	10	PIOGLITAZONE HCL/GLIMEPIRIDE.....	147
PENTASA.....	141	PIOGLITAZONE HCL/METFORMIN HCL.....	147
PENTAZOCINE HCL/NALOXONE HCL.....	83	PIROXICAM.....	83
PENTOSAN POLYSULFATE SODIUM.....	161	PLAN B ONE-STEP.....	155
PENTOXIFYLLINE.....	44	PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF.....	26
PEPCID AC.....	135	PNEUMOCOCCAL 23-VALENT POLYSACCHARIDE VACCINE.....	25,26
PEPTO-BISMOL.....	141	PNEUMOVAX 23.....	25,26
PERI-COLACE.....	141	PODOCON-25.....	189
PERINDOPRIL ERBUMINE.....	70,75	PODOFILOX.....	186,189
PERIOGARD.....	128	PODOPHYLLUM RESIN.....	189
PERMETHRIN.....	182	POLY-VI-SOL.....	201
PERPHENAZINE.....	114,115	POLY-VI-SOL WITH IRON.....	37,201
PERPHENAZINE/AMITRIPTYLINE HCL.....	115	POLYCARBOPHIL.....	165
PETROLATUM,WHITE/LANOLIN.....	189	POLYETHYLENE GLYCOL 3350....	138,141,143,195
PHENADOZ.....	23,102,103	POLYMYXIN B SULFATE/TRIMETHOPRIM.....	128
PHENAZOPYRIDINE HCL.....	189	POLYVINYL ALCOHOL.....	132,133
PHENOBARBITAL.....	94,103	POLYVINYL ALCOHOL/POVIDONE/PF.....	133
PHENYLEPHRINE HCL.....	133	POLYVITAMIN WITH IRON.....	201
PHENYLEPHRINE HCL/MINERAL OIL/PETROLATUM,WHITE.....	187	PORTIA.....	155
PHENYLEPHRINE HCL/PROMETHAZINE HCL.....	23,31,169	POTASSIUM BICARBONATE/CITRIC ACID..	124,125
PHENYLEPHRINE HCL/SHARK LIVER OIL/MINERAL OIL/WH.PETROLATUM.....	187	POTASSIUM CHLORIDE.....	125
PHENYTOIN.....	53,94	POTASSIUM CITRATE.....	125
PHENYTOIN SODIUM EXTENDED....	51,53,54,92,94	POTASSIUM IODIDE.....	12,159,166,178
		PRALUENT PEN.....	45,46
		PRALUENT SYRINGE.....	46
		PRAMIPEXOLE DI-HCL.....	98
		PRAVASTATIN SODIUM.....	46
		PRAZOSIN HCL.....	35,60,70
		PRED MILD.....	130

PREDNISOLONE.....	154,155	PRENATAL VITS WITH CALCIUM 103/FERROUS	
PREDNISOLONE ACETATE.....	130	FUMARATE/FOLIC ACID.....	38,202
PREDNISOLONE SOD PHOSPHATE.....	130,155	PRENATAL VITS WITH CALCIUM 95/FERROUS	
PREDNISON.....	155,156	FUMARATE/FOLIC ACID.....	37,200
PREDNISON INTENSOL.....	156	PRENATAL VITS WITH CALCIUM NO.124/FERROUS	
PREMARIN.....	149	FUMARAT/FOLIC ACID.....	38,201
PREMPHASE.....	149	PRENATAL VITS WITH CALCIUM NO.72/FERROUS	
PREMPRO.....	149	FUMARATE/FOLIC ACID.....	37,125,200
PRENATABS RX.....	37,125,201	PRENATAL VITS WITH CALCIUM	
PRENATAL VIT CALC,IRON,FOLIC ACID (LESS		NO.72/IRON,CARBONYL/FOLIC ACID....	37,124,200
THAN 1 MG).....	201	PRENATAL VITS WITH CALCIUM NO.73/FERROUS	
PRENATAL VIT WITH CALCIUM 15/IRON/FOLIC		FUMARATE/FOLIC ACID.....	39,126,203,204
ACID/DOCUSATE		PRENATAL VITS WITH CALCIUM NO.74/FERROUS	
SODIUM.....	37,38,124,126,199,200,202	FUMARATE/FOLIC ACID.....	38,125,201
PRENATAL VIT WITH CALCIUM NO.129/FERROUS		PRENATAL VITS WITH CALCIUM NO.90/FERROUS	
FUMARATE/FOLIC ACID.....	38,125,201	FUMARATE/FOLIC ACID.....	38,201
PRENATAL VIT WITH CALCIUM NO.130/FERROUS		PRENATAL VITS WITH CALCIUM NO.93/FERROUS	
FUMARATE/FOLIC ACID.....	38,125,201	FUMARATE/FOLIC ACID.....	38,125,201
PRENATAL VITAMIN 27 WITH CALCIUM/FERROUS		PRENATAL VITS WITH CALCIUM NO.96/FERROUS	
FUMARATE/FOLIC ACID.....	38,39,126,202,203	FUMARATE/FOLIC ACID.....	38,126,201
PRENATAL VITAMIN NO.15/IRON		PRENATAL VITS WITH CALCIUM#118/FERROUS	
FUMARATE,POLYSAC COMP/FOLIC ACID....	37,199	FUMARATE/FOLIC ACID.....	38,202
PRENATAL VITAMIN		PREVALITE.....	46
NO.48/IRON,CARBONYL,GLUCONATE/FOLIC		PREVIDENT.....	165
ACID/B6.....	39,203	PREVIFEM.....	156
PRENATAL VITAMIN WITH CALCIUM		PREVNAR 13.....	26
NO.76/IRON,CARBONYL/FOLIC		PREZCOBIX.....	17,165
ACID.....	37,39,125,126,201,204	PREZISTA.....	17
PRENATAL VITAMINS NO.14/FERROUS		PRIMAQUINE PHOSPHATE.....	14
FUMARATE/FOLIC ACID.....	36,198	PRIMIDONE.....	94
PRENATAL VITAMINS NO.5/FERROUS		PROBENECID.....	126,165
FUMARATE/FOLIC ACID.....	200	PROCHLORPERAZINE.....	109,115,134
PRENATAL VITAMINS WITH CALCIUM/FERROUS		PROCHLORPERAZINE MALEATE.....	115,134
FUMARATE/FOLIC AC/SEL.....	203	PROCRT.....	44
PRENATAL VITAMINS WITH CALCIUM/FERROUS		PROCTOFOAM-HC.....	189
FUMARATE/FOLIC ACID.....	38,125,126,201,202	PROCTOSOL-HC.....	189
PRENATAL VITS NO.115/IRON FUMARATE/FOLIC		PROCTOZONE-HC.....	189
ACID/DOCUSATE SOD.....	37,201	PROGESTERONE, MICRONIZED.....	156
PRENATAL VITS NO.119/IRON FUMARATE/FOLIC		PROGRAF.....	165
ACID/DOCUSATE SOD.....	37,38,141,142,201,202	PROMETHAZINE HCL.....	23,24,102,103,169
		PROMETHAZINE HCL/CODEINE.....	169,177

PROMETHAZINE HCL/DEXTROMETHORPHAN
HBR.....23,169,177
PROMETHAZINE/PHENYLEPHRINE
HCL/CODEINE.....23,32,83,170,177
PROMETHEGAN.....23,24,103
PROPAFENONE HCL.....54
PROPANTHELINE BROMIDE.....27
PROPRANOLOL HCL.....35,54,60,61,70,96,97
PROPRANOLOL
HCL/HYDROCHLOROTHIAZIDE.....36,54,61,70,122
PROPYLTHIOURACIL.....159
PROTRIPTYLINE HCL.....115
PSEUDOEPHEDRINE HCL.....29,32,171,172
PSYLLIUM HUSK (WITH SUGAR)...137,139,140,142
PSYLLIUM HUSK/ASPARTAME.....139,140
PSYLLIUM SEED.....139,140,142,143
PSYLLIUM SEED (WITH DEXTROSE).....141,142
PSYLLIUM SEED (WITH SUGAR).....140,142
PULMICORT FLEXHALER.....156,177
PYRAZINAMIDE.....13
PYRIDOSTIGMINE BROMIDE.....32
PYRIDOXINE HCL (VITAMIN B6).....201,202

Q

Q-PAP.....83
Q-TAPP DM.....32,170,173,177
Q-TUSSIN.....177
Q-TUSSIN DM.....177
QUETIAPINE FUMARATE.....115,116
QUINAPRIL HCL.....70,75
QUINAPRIL
HCL/HYDROCHLOROTHIAZIDE.....71,75,122
QUINIDINE SULFATE.....14,54
QVAR.....156,177

R

RABEPRAZOLE SODIUM.....135
RALOXIFENE HCL.....149,165
RALTEGRAVIR POTASSIUM.....16
RAMIPRIL.....71,75
RANITIDINE HCL.....135

RAPAMUNE.....165
RASAGILINE MESYLATE.....99,116
RECLIPSEN.....156
RECOMBIVAX HB.....26
REFENESEN.....177
REFRESH CLASSIC.....133
REFRESH LIQUIGEL.....133
REFRESH P.M.....133
REFRESH TEARS.....133
REGULOID.....142
RENA-VITE RX.....202
RENAGEL.....127,165
RENAL CAPS.....202
RENO CAPS.....202
REVELA.....127,165
REPAGLINIDE.....147
REPATHA PUSHTRONEX.....46
REPATHA SURECLICK.....46
REPATHA SYRINGE.....46
REPHRESH.....165
RESCRIPTOR.....17
RESERPINE.....71
RESTASIS.....130
REYATAZ.....18
RHO(D) IMMUNE GLOBULIN.....25,26
RHOGAM ULTRA-FILTERED PLUS.....26
RI-TUSSIN.....177
RI-TUSSIN DM.....177
RIBAVIRIN.....18
RIBOFLAVIN.....202
RIDAURA.....165,195
RIFABUTIN.....10,13
RIFAMPIN.....10,13
RIGHT STEP PRENATAL VITAMINS.....38,126,202
RILPIVIRINE HCL.....15
RIMEXOLONE.....130
RISPERDAL CONSTA.....116
RISPERIDONE.....116,117
RISPERIDONE MICROSPHERES.....116
RITALIN LA.....89,90
RITIFED.....24,32,170,173

RITONAVIR.....	17
RIVAROXABAN.....	43,44
RIVASTIGMINE.....	32
RIVASTIGMINE TARTRATE.....	30,32
RIZATRIPTAN BENZOATE.....	97
ROBAFEN.....	177
ROBAFEN DM COUGH-CHEST CONGEST.....	177
ROBAFEN-DM.....	177
ROBITUSSIN PEDIATRIC COUGH.....	177
ROPINIROLE HCL.....	99
ROSUVASTATIN CALCIUM.....	46
RULOX.....	142

S

SAL-PLANT.....	189
SALICYLIC ACID.....	189
SALMETEROL XINAFOATE.....	32,173
SALSALATE.....	83
SANDIMMUNE.....	166
SANTYL.....	189
SAQUINAVIR MESYLATE.....	16
SCOT-TUSSIN.....	177
SE-NATAL 19.....	38,142,202
SELEGILINE HCL.....	99,117
SELENIUM SULFIDE.....	182
SELZENTRY.....	18
SENEXON-S.....	142
SENNA.....	138,142,143
SENNA LAX.....	138,142,143
SENNA LAXATIVE.....	136,137,143
SENNA LEAF EXTRACT.....	143
SENNOSIDES.....	136,137,138,142,143
SENNOSIDES/DOCUSATE SODIUM.....	139,141,142,143
SENOKOT-S.....	143
SENSIPAR.....	166
SEREVENT DISKUS.....	32,173
SERTRALINE HCL.....	118
SEVELAMER CARBONATE.....	127,165
SEVELAMER HCL.....	127,165
SILTUSSIN DM.....	178
SILTUSSIN DM DAS COUGH FORMULA.....	178
SILTUSSIN SA.....	178
SILVER SULFADIAZINE.....	182
SIMETHICONE.....	136,138,139,141,143,144
SIMPLY SLEEP.....	24,103,170
SIMVASTATIN.....	46,47
SIROLIMUS.....	165,166
SKIN RESPIRATORY FACTOR/SHARK LIVER OIL.....	187
SLEEP AID.....	22,24,102,104,169,170
SLO-NIACIN.....	47
SMOOTHLAX.....	143
SOCHLOR.....	133
SODIUM BICARBONATE.....	126,143
SODIUM CHLORIDE.....	131,132,133
SODIUM CHLORIDE FOR INHALATION.....	126,195
SODIUM CHLORIDE IRRIGATING SOLUTION.....	126
SODIUM FLUORIDE.....	165,166
SODIUM FLUORIDE/XYLITOL.....	162
SODIUM PHOSPHATE,DIBASIC/POT PHOS,MONOB/SOD PHOSPHATE MONO.....	124
SODIUM PHOSPHATE,MONOBASIC/SODIUM PHOSPHATE,DIBASIC.....	137
SODIUM PHOSPHATE/POTASSIUM PHOSPHATES, MONOBASIC AND BIBASIC.....	124
SODIUM POLYSTYRENE SULFONATE.....	127,163,166
SODIUM POLYSTYRENE SULFONATE/SORBITOL SOLUTION.....	127,163,166
SOF-LAX.....	143
SOFOSBUVIR.....	18
SOMATROPIN.....	154,155
SOOTHING PUREWAY-C.....	202
SORBITOL SOLUTION.....	143
SOTALOL HCL.....	36,54,61,71
SOVALDI.....	18
SPINOSAD.....	182
SPIRIVA.....	27,173
SPIRIVA RESPIMAT.....	27,173
SPIRONOLACTONE.....	71,76,122
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE.....	71,76,122
SPRINTEC.....	156

SPS.....127,166
 SRONYX.....156
 SSKI.....12,159,166,178
 STANNOUS FLUORIDE.....166
 STAVUDINE.....18
 STIMATE.....39,156
 STIOLTO RESPIMAT.....28,32
 STRATTERA.....105,106
 STRIBILD.....18
 STRIVERDI RESPIMAT.....32,173
 SUBOXONE.....83
 SUCCIMER.....161,193
 SUCRALFATE.....134,135
 SUDOGEST COLD & ALLERGY.....24,32,170,173
 SUDOGEST SINUS & ALLERGY.....24,32,170,173
 SULFACETAMIDE SODIUM.....129,182
 SULFACETAMIDE SODIUM/PREDNISOLONE
 ACETATE.....127
 SULFACETAMIDE SODIUM/PREDNISOLONE
 SODIUM PHOSPHATE.....129
 SULFACETAMIDE SODIUM/SULFUR.....182,190
 SULFACETAMIDE SODIUM/SULFUR/UREA.....182,190
 SULFADIAZINE.....11
 SULFAMETHOXAZOLE/TRIMETHOPRIM.....11
 SULFASALAZINE.....11,143,144,166
 SULINDAC.....83
 SUMATRIPTAN.....97
 SUMATRIPTAN SUCCINATE.....97
 SUPRAX.....11
 SUSTIVA.....18
 SYMBICORT.....33,156,173,178
 SYNAGIS.....18,19
 SYNTHROID.....159,160
 SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.5
 ML.....196
 SYRINGE WITH NEEDLE, INSULIN, SAFETY, 1
 ML.....195
 SYRINGE WITH NEEDLE, DISPOSABLE, INSULIN 1
 ML.....195
 SYRINGE WITH NEEDLE, INSULIN 0.3 ML (HALF
 UNIT MARK).....195

SYRINGE WITH NEEDLE, INSULIN, 0.3 ML.....195
 SYRINGE WITH NEEDLE, INSULIN, 0.5 ML.....196
 SYRINGE WITHOUT NEEDLE, INSULIN DISPOSABLE,
 1 ML.....195
 SYRINGE, DISPOSABLE, 1 ML.....195

T

TAB-A-VITE-MINERALS.....202
 TABLOID.....196
 TACROLIMUS.....165,166,190
 TAMIFLU.....19
 TAMOXIFEN CITRATE.....196
 TAMSULOSIN HCL.....36
 TEARS AGAIN.....133
 TEARS NATURALE FREE.....133
 TEARS NATURALE-II.....133
 TECFIDERA.....166,167
 TEMAZEPAM.....104
 TEMOZOLOMIDE.....196
 TENOFOVIR DISOPROXIL FUMARATE.....19,20
 TERA-GEL TAR.....190
 TERAZOSIN HCL.....36,61,71
 TERBINAFINE HCL.....12,180,182
 TERBUTALINE SULFATE.....33,173
 TERCONAZOLE.....182,183
 TERIFLUNOMIDE.....160
 TESTOSTERONE.....156,157
 TESTOSTERONE CYPIONATE.....157
 TESTOSTERONE ENANTHATE.....157
 TETRACYCLINE HCL.....11
 THEOCHRON.....71,122,173,192
 THEOPHYLLINE
 ANHYDROUS.....66,71,72,121,122,123,171,173,174,192
 THERA-GEL.....190
 THIAMINE HCL.....202
 THIAMINE MONONITRATE.....202
 THIOGUANINE.....196
 THIORIDAZINE HCL.....118
 THIOTHIXENE.....118
 THYROID, PORK.....158,159
 TIAGABINE HCL.....93,94,95

TICLOPIDINE HCL.....	43	TRIAZOLAM.....	104
TILIA FE.....	157	TRICARE.....	38,202
TIMOLOL MALEATE.....	36,55,61,72,97,98,131	TRIESENCE.....	130
TINIDAZOLE.....	14	TRIFLUOPERAZINE HCL.....	119
TIOTROPIUM BROMIDE.....	27,173	TRIFLURIDINE.....	129
TIOTROPIUM BROMIDE/OLODATEROL HCL...	28,32	TRIHEXYPHENIDYL HCL.....	28,99
TIPRANAVIR.....	14	TRIMETHOBENZAMIDE HCL.....	134
TIVICAY.....	19	TRIMETHOPRIM.....	5
TIZANIDINE HCL.....	33	TRINATAL RX 1.....	38,126,202
TOBRADEX.....	129,130	TRINATE.....	39,126,203
TOBRADEX ST.....	129,130	TRINESSA.....	157
TOBRAMYCIN.....	129	TRIPHROCAPS.....	203
TOBRAMYCIN/DEXAMETHASONE.....	129,130	TRIPLE ANTIBIOTIC.....	179,180,182,183
TOBREX.....	129	TRIPLE ANTIBIOTIC PLUS.....	179,180,182,183
TOLAZAMIDE.....	147	TRIPROLIDINE HCL/PSEUDOEPHEDRINE	
TOLBUTAMIDE.....	147	HCL.....	24,32,170,173
TOLCAPONE.....	99	TRIUMEQ.....	19
TOLMETIN SODIUM.....	83	TRIVORA-28.....	157
TOLNAFTATE.....	178,180,182,183	TROPICAMIDE.....	133
TOLTERODINE TARTRATE.....	191	TROSPIMUM CHLORIDE.....	191
TOPIRAMATE.....	95	TRULICITY.....	147
TOREMIFENE CITRATE.....	193	TRUVADA.....	19
TORSEMIDE.....	72,123	TUDORZA PRESSAIR.....	28,174
TOUJEO SOLOSTAR.....	147	TUMS.....	126,144
TRAMADOL HCL.....	83	TUSNEL DIABETIC.....	178
TRAMADOL HCL/ACETAMINOPHEN.....	83,98	TUSSIN.....	177
TRANDOLAPRIL/VERAPAMIL HCL...	49,50,61,72,76	TWINRIX.....	26
TRANEXAMIC ACID.....	39	TYBOST.....	167
TRANLYCYPROMINE SULFATE.....	118		
TRAVATAN Z.....	131	U	
TRAVOPROST.....	131	ULIPRISTAL ACETATE.....	151
TRAZODONE HCL.....	118,119	ULTRA A-D.....	144
TRETINOIN.....	190,196	ULTRA DM FREE & CLEAR.....	178
TRI-LEGEST FE.....	157	UREA.....	191
TRI-PREVIFEM.....	157	URINE GLUCOSE-ACET TEST STRIP.....	196
TRI-SPRINTEC.....	157	URINE MULTIPLE TEST STRIPS.....	196
TRI-VI-SOL.....	202	URSODIOL.....	144
TRIADVANCE.....	38,126,202		
TRIAMCINOLONE ACETONIDE.....	130,178,190	V	
TRIAMCINOLONE ACETONIDE/PF.....	130	VAGISTAT-3.....	183
TRIAMTERENE/HYDROCHLOROTHIAZIDE...	72,123	VALACYCLOVIR HCL.....	19

VALPROIC ACID 95,98,106
 VALPROIC ACID (AS SODIUM SALT) (VALPROATE
 SODIUM) 95,98,106
 VALSARTAN 72,76
 VALSARTAN/HYDROCHLOROTHIAZIDE . . 72,76,123
 VANCOMYCIN HCL 11
 VANDAZOLE 183
 VAPORIZER 196
 VAQTA 26
 VARENICLINE TARTRATE 29
 VELIVET 157
 VENLAFAXINE HCL 119
 VENTOLIN HFA 33,174
 VERAPAMIL HCL 50,55,61,62,72,73
 VEXOL 130
 VIDEX 19
 VIMPAT 95
 VINACAL B 39,203
 VINATE ONE 39,126,203
 VINATE-M 203
 VIRACEPT 19
 VIREAD 19,20
 VIRT-NATE 39,126,203
 VIRT-VITE FORTE 203
 VIT B COMPLEX 100 COMBO NO.3/HERBS 197
 VIT B COMPLEX/VIT C/FOLIC ACID/FERROUS
 FUMARATE/VIT E ACET 39,203
 VITAMIN A 203
 VITAMIN A PALMITATE 203
 VITAMIN A PALMITATE/ASCORBIC
 ACID/CHOLECALCIFEROL (VIT D3) 202
 VITAMIN B COMPLEX 197,202,203
 VITAMIN B COMPLEX AND VITAMIN C NO.20/FOLIC
 ACID 200,202,203
 VITAMIN B COMPLEX NO.11/FOLIC ACID/VIT
 C/BIOTIN/ZINC OXIDE 199
 VITAMIN B COMPLEX NO.3/FOLIC ACID/ASCORBIC
 ACID(VITC)/BIOTIN 202,204
 VITAMIN E 203
 VITAMIN E (DL-ALPHA TOCOPHERYL
 ACETATE) 203

VITAMIN E ACETATE 203,204
 VITAMIN E MIXED 204
 VITAMINS A AND D 191
 VITAMINS A AND D/WHITE
 PETROLATUM/LANOLIN 191
 VITEKTA 20
 VOL-CARE RX 204
 VOL-NATE 39,126,204
 VOL-TAB RX 39,126,204
 VYVANSE 90

W

WARFARIN SODIUM 40,42,43
 WATER FOR INJECTION,STERILE 196
 WITCH HAZEL 187
 WYMZYA FE 157

X

X-SEB T PLUS 191
 XARELTO 43,44
 XULANE 157

Z

ZADITOR 133
 ZAFIRLUKAST 178
 ZALEPLON 104
 ZARAH 157
 ZEASORB 183
 ZENATANE 191
 ZENCHENT 157
 ZENCHENT FE 158
 ZEOSA 158
 ZEPATIER 20
 ZIAGEN 20
 ZIDOVUDINE 20
 ZINC OXIDE 191
 ZIPRASIDONE HCL 119,120
 ZOLPIDEM TARTRATE 104
 ZONISAMIDE 95
 ZOVIA 1-35E 158
 ZOVIA 1-50E 158