2017 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2017 KidzPartners Formulary. This formulary covers members under the KidzPartners (Children's Health Insurance Program) plan. The drugs listed in the KidzPartners 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 drugs from specific manufacturers who have not contracted with the rebate program of the Federal government.

The drugs listed in the KidzPartners 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 KidzPartners 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 KidzPartners 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. Unless exceptions are noted, all applicable dosage forms and strengths of the referenced product generally are covered.

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 KidzPartners network will be notified through correspondence from the Health Partners Plans Pharmacy department when applicable.

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, and expert opinion by respected medical professionals. 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 up to a 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 with 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 30 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 advance 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 member 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 suppositories
Donnatal
Tigan
Naldecon

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 KidzPartners Member Relations at **1-888-888-1212**. 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. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter. A denial letter will be mailed to the member or parent/guardian. 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 Complaint & Grievance Unit 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 specialty and injectable 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
fondaparinux sodium	Arixtra
enoxaparin sodium	Lovenox

Managed Drug Limitations (MDL)

The United States Food and Drug Administration (FDA) publishes guidelines on the safest and most efficient ways to use certain drugs. Many drug products on the KidzPartners 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.

Step Therapy

Step therapy is a process that encourages the use of medications preferred by Health Partners Plans as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

Editor

Your comments and suggestions regarding the KidzPartners 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:

Attn: Pharmacy Director
Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107
Phone: 215-991-4300
Internet: www.healthpartnersplans.com

Notice

The information contained in the KidzPartners Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers. Health Partners Plans neither warrants nor 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 his/her 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.

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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 ANTHELMINTICS		
ivermectin 3 mg tablet	1	
ANTIBACTERIALS		
amox-clav 200-28.5 mg tab chew	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 200-28.5 mg/5 ml sus	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 250-125 mg tablet	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 250-62.5 mg/5 ml sus	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 400-57 mg tab chew	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 400-57 mg/5 ml susp	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 500-125 mg tablet	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 600-42.9 mg/5 ml sus	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
amox-clav 875-125 mg tablet	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amoxicillin 125 mg tab chew	1	QL
amoxicillin 125 mg/5 ml susp	1	QL
amoxicillin 200 mg/5 ml susp	1	QL
amoxicillin 250 mg capsule	1	QL
amoxicillin 250 mg tab chew	1	QL
amoxicillin 250 mg/5 ml susp	1	QL
amoxicillin 400 mg/5 ml susp	1	QL
amoxicillin 500 mg capsule	1	QL
amoxicillin 500 mg tablet	1	QL
amoxicillin 875 mg tablet	1	QL
ampicillin 125 mg/5 ml susp	1	
ampicillin 250 mg capsule	1	
ampicillin 250 mg/5 ml susp	1	
ampicillin 500 mg capsule	1	
azithromycin 1 gm pwd packet	1	QL C Maximum day supply of 5 per fill Maximum day supply of 5 per fill
azithromycin 100 mg/5 ml susp	1	QL C Maximum day supply of 5 per fill Maximum day supply of 5 per fill
azithromycin 200 mg/5 ml susp	1	QL C Maximum day supply of 5 per fill Maximum day supply of 5 per fill
azithromycin 250 mg tablet	1	QL C Maximum day supply of 5 per fill Maximum day supply of 5 per fill
azithromycin 500 mg tablet	1	QL
azithromycin 600 mg tablet	1	QL
BICILLIN L-A 1,200,000 UNITS *penicillin g benzathine*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BICILLIN L-A 2,400,000 UNITS *penicillin g benzathine*	1	QL
BICILLIN L-A 600,000 UNIT/ML *penicillin g benzathine*	1	
cefaclor 250 mg capsule	1	QL
cefaclor 500 mg capsule	1	QL
cefaclor er 500 mg tablet	1	QL
cefadroxil 1 gm tablet	1	QL
cefadroxil 250 mg/5 ml susp	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
cefadroxil 500 mg capsule	1	QL
cefadroxil 500 mg/5 ml susp	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
cefdinir 125 mg/5 ml susp	1	QL
cefdinir 250 mg/5 ml susp	1	QL
cefdinir 300 mg capsule	1	QL
cefpodoxime 100 mg tablet	1	QL
cefpodoxime 100 mg/5 ml susp	1	QL
cefpodoxime 200 mg tablet	1	QL
cefpodoxime 50 mg/5 ml susp	1	QL
cefprozil 125 mg/5 ml susp	1	QL
cefprozil 250 mg tablet	1	QL
cefprozil 250 mg/5 ml susp	1	QL
cefprozil 500 mg tablet	1	QL
ceftriaxone 1 gm piggyback	1	QL
ceftriaxone 1 gm vial	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ceftriaxone 1 gm-d5w bag	1	
ceftriaxone 10 gm vial	1	QL
ceftriaxone 2 gm add vial	1	QL
ceftriaxone 2 gm piggyback	1	QL
ceftriaxone 2 gm vial	1	QL
ceftriaxone 2 gm-d5w bag	1	
ceftriaxone 250 mg vial	1	QL
ceftriaxone 500 mg vial	1	QL
cefuroxime axetil 250 mg tab	1	QL
cefuroxime axetil 500 mg tab	1	QL
cephalexin 125 mg/5 ml susp	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
cephalexin 250 mg capsule	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
cephalexin 250 mg/5 ml susp	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
cephalexin 500 mg capsule	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
CIPRO 10% SUSPENSION *ciprofloxacin*	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
CIPRO 5% SUSPENSION *ciprofloxacin*	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
ciprofloxacin hcl 100 mg tab	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ciprofloxacin hcl 250 mg tab	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
ciprofloxacin hcl 500 mg tab	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
ciprofloxacin hcl 750 mg tab	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
clarithromycin 125 mg/5 ml sus	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
clarithromycin 250 mg tablet	1	QL
clarithromycin 250 mg/5 ml sus	1	QL C Maximum day supply of 14 per fill Maximum day supply of 14 per fill
clarithromycin 500 mg tablet	1	QL
clarithromycin er 500 mg tab	1	QL C Maximum day supply of 14 per fill
clindamycin 75 mg/5 ml soln	1	QL
clindamycin hcl 150 mg capsule	1	QL
clindamycin hcl 300 mg capsule	1	QL
clindamycin hcl 75 mg capsule	1	
dicloxacillin 250 mg capsule	1	QL
dicloxacillin 500 mg capsule	1	QL
doxycycline hyclate 100 mg cap	1	
doxycycline hyclate 100 mg tab	1	
doxycycline hyclate 50 mg cap	1	
doxycycline mono 100 mg tablet	1	QL
doxycycline mono 150 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxycycline mono 50 mg tablet	1	QL
doxycycline mono 75 mg tablet	1	QL
ERY-TAB EC 250 MG TABLET *erythromycin base*	2	C Generic Preferred Generic Preferred
ERY-TAB EC 333 MG TABLET *erythromycin base*	2	C Generic Preferred Generic Preferred
ERY-TAB EC 500 MG TABLET *erythromycin base*	2	C Generic Preferred Generic Preferred
ERYTHROCIN 250 MG FILMTAB *erythromycin stearate*	1	C Generic Preferred Generic Preferred
erythromycin 200 mg/5 ml gran	1	
erythromycin 250 mg filmtab	1	QL
erythromycin 500 mg filmtab	1	QL
erythromycin dr 250 mg cap	1	QL
erythromycin ec 250 mg cap	1	QL
erythromycin es 400 mg tab	1	QL
levofloxacin 25 mg/ml solution	1	QL
levofloxacin 250 mg tablet	1	QL
levofloxacin 250 mg/10 ml soln	1	
levofloxacin 500 mg tablet	1	QL
levofloxacin 500 mg/20 ml soln	1	
levofloxacin 750 mg tablet	1	QL
minocycline 100 mg capsule	1	QL
minocycline 50 mg capsule	1	QL
minocycline 75 mg capsule	1	QL
moxifloxacin hcl 400 mg tablet	1	QL
neomycin 500 mg tablet	1	QL
ofloxacin 300 mg tablet	1	QL
ofloxacin 400 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
penicillin vk 125 mg/5 ml soln	1	QL
penicillin vk 250 mg tablet	1	QL
penicillin vk 250 mg/5 ml soln	1	QL
penicillin vk 500 mg tablet	1	QL
sulfadiazine 500 mg tablet	1	QL
sulfamethoxazole-tmp ds tablet	1	
sulfamethoxazole-tmp ss tablet	1	
sulfamethoxazole-tmp susp	1	
sulfasalazine 500 mg tablet	1	QL
sulfasalazine dr 500 mg tab	1	QL
SUPRAX 400 MG CAPSULE *cefixime*	2	QL
tetracycline 250 mg capsule	1	QL
tetracycline 500 mg capsule	1	QL
vancomycin hcl 125 mg capsule	1	QL C Max of 10 day supply per every 3 months Max of 10 day supply per every 3 months
vancomycin hcl 250 mg capsule	1	QL C Max of 10 day supply per every 3 months Max of 10 day supply per every 3 months
ANTIFUNGAL (SYSTEMIC)		
fluconazole 10 mg/ml susp	1	QL
fluconazole 100 mg tablet	1	QL
fluconazole 150 mg tablet	1	QL
fluconazole 200 mg tablet	1	QL
fluconazole 40 mg/ml susp	1	QL
fluconazole 50 mg tablet	1	QL
griseofulvin 125 mg/5 ml susp	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
griseofulvin micro 500 mg tab	1	QL
griseofulvin ultra 125 mg tab	1	QL
griseofulvin ultra 250 mg tab	1	QL
ketoconazole 200 mg tablet	1	QL
nystatin 150,000,000 units pwd	1	
nystatin 50,000,000 units pwd	1	
nystatin 500,000 unit oral tab	1	QL
nystatin 500,000,000 units pwd	1	
terbinafine hcl 250 mg tablet	1	QL
ANTIMYCOBACTERIALS		
dapsone 100 mg tablet	1	QL
dapsone 25 mg tablet	1	QL
ethambutol hcl 100 mg tablet	1	QL
ethambutol hcl 400 mg tablet	1	QL
isoniazid 100 mg tablet	1	QL
isoniazid 300 mg tablet	1	QL
isoniazid 50 mg/5 ml solution	1	QL
pyrazinamide 500 mg tablet	1	QL
rifabutin 150 mg capsule	1	QL
rifampin 150 mg capsule	1	QL
rifampin 300 mg capsule	1	QL
ANTIPROTOZOALS		
chloroquine ph 250 mg tablet	1	QL
chloroquine ph 500 mg tablet	1	QL
hydroxychloroquine 200 mg tab	1	QL
mefloquine hcl 250 mg tablet	1	QL
metronidazole 250 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metronidazole 500 mg tablet	1	QL
paromomycin 250 mg capsule	1	QL
primaquine 26.3 mg tablet	1	QL
tinidazole 250 mg tablet	1	QL AL1 At least 3 yrs old
tinidazole 500 mg tablet	1	QL AL1 At least 3 yrs old
ANTIVIRALS (SYSTEMIC)		
abacavir 300 mg tablet	1	QL
abacavir-lamivudine-zidov tab	1	QL
acyclovir 200 mg capsule	1	QL
acyclovir 200 mg/5 ml susp	1	QL
acyclovir 400 mg tablet	1	QL
acyclovir 800 mg tablet	1	QL
APTIVUS 250 MG CAPSULE *tipranavir*	2	QL AL1 At least 2 yrs old
ATRIPLA TABLET *efavirenz/emtricitabine/tenofovir disoproxil fumarate*	2	QL AL1 At least 12 yrs old
BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	2	QL
COMPLERA TABLET *emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate*	2	QL AL1 At least 18 yrs old
CRIXIVAN 200 MG CAPSULE *indinavir sulfate*	2	QL AL1 At least 16 yrs old
CRIXIVAN 400 MG CAPSULE *indinavir sulfate*	2	QL AL1 At least 16 yrs old
DESCOVY 200-25 MG TABLET *emtricitabine/tenofovir alafenamide fumarate*	2	QL AL1 At least 12 yrs old
didanosine dr 125 mg capsule	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
didanosine dr 200 mg capsule	1	QL AL1 At least 6 yrs old
didanosine dr 250 mg capsule	1	QL AL1 At least 6 yrs old
didanosine dr 400 mg capsule	1	QL AL1 At least 6 yrs old
EDURANT 25 MG TABLET *rilpivirine hcl*	2	QL AL1 At least 18 yrs old
EMTRIVA 200 MG CAPSULE *emtricitabine*	2	QL
entecavir 0.5 mg tablet	1	QL
entecavir 1 mg tablet	1	QL
EPZICOM TABLET *abacavir sulfate/lamivudine*	2	QL AL1 At least 18 yrs old
EVOTAZ 300 MG-150 MG TABLET *atazanavir sulfate/cobicistat*	2	QL AL1 At least 18 yrs old
famciclovir 125 mg tablet	1	QL
famciclovir 250 mg tablet	1	QL
famciclovir 500 mg tablet	1	QL
GENVOYA TABLET *elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide*	2	QL AL1 At least 12 yrs old
INTELENCE 100 MG TABLET *etravirine*	2	QL AL1 At least 6 yrs old
INTELENCE 200 MG TABLET *etravirine*	2	QL AL1 At least 6 yrs old
INVIRASE 200 MG CAPSULE *saquinavir mesylate*	2	QL AL1 At least 16 yrs old
INVIRASE 500 MG TABLET *saquinavir mesylate*	2	QL AL1 At least 16 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ISENTRESS 100 MG TABLET CHEW *raltegravir potassium*	2	QL AL1 2 to 12 yrs old C Age of 12 and over requires prior authorization.
ISENTRESS 25 MG TABLET CHEW *raltegravir potassium*	2	QL AL1 2 to 12 yrs old C Age of 12 and over requires prior authorization.
ISENTRESS 400 MG TABLET *raltegravir potassium*	2	QL
KALETRA 100-25 MG TABLET *lopinavir/ritonavir*	2	QL
KALETRA 200-50 MG TABLET *lopinavir/ritonavir*	2	QL
lamivudine 10 mg/ml oral soln	1	QL
lamivudine 150 mg tablet	1	QL
lamivudine 300 mg tablet	1	QL
lamivudine-zidovudine tablet	1	QL
LEXIVA 700 MG TABLET *fosamprenavir calcium*	2	QL
lopinavir-ritonavir 80-20mg/ml	1	QL
NORVIR 100 MG SOFTGEL CAP *ritonavir*	2	QL
NORVIR 100 MG TABLET *ritonavir*	2	QL
NORVIR 80 MG/ML SOLUTION *ritonavir*	2	QL
ODEFSEY TABLET *emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	2	QL AL1 At least 12 yrs old
oseltamivir phos 30 mg capsule	1	QL AL1 At least 1 yrs old C Limit of 10 day supply every 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oseltamivir phos 75 mg capsule	1	QL AL1 At least 1 yrs old C Limit of 10 day supply every 365 days
PREZCOBIX 800 MG-150 MG TABLET *darunavir ethanolate/cobicistat*	2	QL AL1 At least 18 yrs old
PREZISTA 100 MG/ML SUSPENSION *darunavir ethanolate*	2	QL
PREZISTA 150 MG TABLET *darunavir ethanolate*	2	QL
PREZISTA 400 MG TABLET *darunavir ethanolate*	2	QL
PREZISTA 600 MG TABLET *darunavir ethanolate*	2	QL
PREZISTA 800 MG TABLET *darunavir ethanolate*	2	QL
RESCRIPTOR 100 MG TABLET *delavirdine mesylate*	2	QL AL1 At least 16 yrs old
RESCRIPTOR 200 MG TABLET *delavirdine mesylate*	2	QL AL1 At least 16 yrs old
REYATAZ 150 MG CAPSULE *atazanavir sulfate*	2	QL AL1 At least 6 yrs old
REYATAZ 200 MG CAPSULE *atazanavir sulfate*	2	QL AL1 At least 6 yrs old
REYATAZ 300 MG CAPSULE *atazanavir sulfate*	2	QL AL1 At least 6 yrs old
ribavirin 200 mg capsule	3	QL PA
ribavirin 200 mg tablet	3	QL PA
SELZENTRY 150 MG TABLET *maraviroc*	2	QL AL1 At least 18 yrs old
SELZENTRY 300 MG TABLET *maraviroc*	2	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
stavudine 1 mg/ml solution	1	QL
stavudine 15 mg capsule	1	QL
stavudine 20 mg capsule	1	QL
stavudine 30 mg capsule	1	QL
stavudine 40 mg capsule	1	QL
STRIBILD TABLET *elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil*	2	QL AL1 At least 18 yrs old
SUSTIVA 200 MG CAPSULE *efavirenz*	2	QL
SUSTIVA 50 MG CAPSULE *efavirenz*	2	QL
SUSTIVA 600 MG TABLET *efavirenz*	2	QL
SYNAGIS 100 MG/1 ML VIAL *palivizumab*	3	PA
SYNAGIS 50 MG/0.5 ML VIAL *palivizumab*	3	PA
TAMIFLU 6 MG/ML SUSPENSION *oseltamivir phosphate*	2	QL AL1 At least 1 yrs old C 50 ml per 10 day supply per 365 days
TIVICAY 50 MG TABLET *dolutegravir sodium*	2	QL AL1 At least 12 yrs old
TRIUMEQ TABLET *abacavir sulfate/dolutegravir sodium/lamivudine*	2	QL AL1 At least 18 yrs old
TRUVADA 100 MG-150 MG TABLET *emtricitabine/tenofovir disoproxil fumarate*	2	
TRUVADA 133 MG-200 MG TABLET *emtricitabine/tenofovir disoproxil fumarate*	2	
TRUVADA 167 MG-250 MG TABLET *emtricitabine/tenofovir disoproxil fumarate*	2	
TRUVADA 200 MG-300 MG TABLET *emtricitabine/tenofovir disoproxil fumarate*	2	QL AL1 At least 12 yrs old
valacyclovir hcl 1 gram tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
valacyclovir hcl 500 mg tablet	1	QL
VICTRELIS 200 MG CAPSULE *boceprevir*	3	QL PA
VIDEX 2 GM PEDIATRIC SOLN *didanosine*	2	QL
VIDEX 4 GM PEDIATRIC SOLN *didanosine*	2	QL
VIRACEPT 250 MG TABLET *nelfinavir mesylate*	2	QL AL1 At least 2 yrs old
VIRACEPT 625 MG TABLET *nelfinavir mesylate*	2	QL AL1 At least 2 yrs old
VIREAD 150 MG TABLET *tenofovir disoproxil fumarate*	2	QL AL1 At least 2 yrs old
VIREAD 200 MG TABLET *tenofovir disoproxil fumarate*	2	QL AL1 At least 2 yrs old
VIREAD 250 MG TABLET *tenofovir disoproxil fumarate*	2	QL AL1 At least 2 yrs old
VIREAD 300 MG TABLET *tenofovir disoproxil fumarate*	2	QL AL1 At least 2 yrs old
VITEKTA 150 MG TABLET *elvitegravir*	2	QL AL1 At least 18 yrs old
VITEKTA 85 MG TABLET *elvitegravir*	2	QL AL1 At least 18 yrs old
ZEPATIER 50-100 MG TABLET *elbasvir/grazoprevir*	3	PA
ZIAGEN 20 MG/ML SOLUTION *abacavir sulfate*	2	QL
zidovudine 100 mg capsule	1	QL
zidovudine 300 mg tablet	1	QL
zidovudine 50 mg/5 ml syrup	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
URINARY ANTI-INFECTIVES		
nitrofurantoin 25 mg/5 ml susp	1	QL
nitrofurantoin mcr 100 mg cap	1	QL
nitrofurantoin mcr 25 mg cap	1	
nitrofurantoin mcr 50 mg cap	1	QL
nitrofurantoin mono-mcr 100 mg	1	QL
trimethoprim 100 mg tablet	1	QL
ANTIHISTAMINE DRUGS FIRST GENERATION ANTIHISTAMINES		
cyproheptadine 2 mg/5 ml syrup	1	QL
cyproheptadine 4 mg tablet	1	QL
cyproheptadine 4 mg/10 ml syrp	1	QL
diphenhydramine 12.5 mg/5 ml	1	QL
diphenhydramine 25 mg caplet	1	QL
diphenhydramine 25 mg capsule	1	QL
diphenhydramine 25 mg/10 ml	1	QL
diphenhydramine 50 mg capsule	1	QL
diphenhydramine 50 mg/ml vial	1	
diphenhydramine cough syrup	1	QL
GS SLEEP AID 25 MG TABLET *doxylamine succinate*	1	QL AL1 At least 2 yrs old
HM SLEEP AID 25 MG TABLET *doxylamine succinate*	1	QL AL1 At least 2 yrs old
PHENADOZ 12.5 MG SUPPOSITORY *promethazine hcl*	1	QL AL1 At least 6 yrs old
PHENADOZ 25 MG SUPPOSITORY *promethazine hcl*	1	QL AL1 At least 6 yrs old
promethazine 12.5 mg suppos	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
promethazine 12.5 mg tablet	1	QL AL1 At least 6 yrs old
promethazine 25 mg suppository	1	QL AL1 At least 6 yrs old
promethazine 25 mg tablet	1	QL AL1 At least 6 yrs old
promethazine 50 mg tablet	1	QL AL1 At least 6 yrs old
promethazine 6.25 mg/5 ml syrp	1	QL AL1 At least 6 yrs old
promethazine vc syrup	1	QL AL1 At least 6 yrs old
PROMETHEGAN 12.5 MG SUPPOS *promethazine hcl*	1	QL AL1 At least 6 yrs old
PROMETHEGAN 25 MG SUPPOSITORY *promethazine hcl*	1	QL AL1 At least 6 yrs old
PROMETHEGAN 50 MG SUPPOSITORY *promethazine hcl*	1	QL
SLEEP AID 25 MG TABLET *doxylamine succinate*	1	QL AL1 At least 2 yrs old
SM SLEEP AID 25 MG TABLET *doxylamine succinate*	1	QL AL1 At least 2 yrs old
SECOND GENERATION ANTIHISTAMINES		
ALL DAY ALLERGY 10 MG CHEW TAB *cetirizine hcl*	1	QL
ALL DAY ALLERGY 10 MG TABLET *cetirizine hcl*	1	QL
cetirizine hcl 1 mg/ml soln	1	QL
cetirizine hcl 1 mg/ml syrup	1	QL
cetirizine hcl 10 mg chew tab	1	QL
cetirizine hcl 10 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cetirizine hcl 5 mg chew tab	1	QL
cetirizine hcl 5 mg tablet	1	QL
CHILD ALL DAY ALLERGY 1 MG/ML *cetirizine hcl*	1	QL
child loratadine 5 mg/5 ml syr	1	QL
cvs loratadine 10 mg tablet	1	QL
EQL ALL DAY ALLERGY 10 MG TAB *cetirizine hcl*	1	QL
eql loratadine 5 mg/5 ml syrup	1	QL
fexofenadine hcl 180 mg tablet	1	QL
fexofenadine hcl 30 mg/5 ml	1	QL AL1 At least 2 yrs old
fexofenadine hcl 60 mg tablet	1	QL AL1 At least 12 yrs old
GNP ALL DAY ALLERGY 10 MG TAB *cetirizine hcl*	1	QL
GNP CHLD ALL DAY ALLER 1 MG/ML *cetirizine hcl*	1	QL
gnp chld loratadine 5 mg/5 ml	1	QL
gnp loratadine 10 mg tablet	1	QL
gnp loratadine 5 mg/5 ml syrup	1	QL
HM ALL DAY ALLERGY 10 MG TAB *cetirizine hcl*	1	QL
hm child loratadine 5 mg/5 ml	1	QL
hm fexofenadine hcl 180 mg tab	1	QL
KRO ALL DAY ALLERGY 10 MG TAB *cetirizine hcl*	1	QL
levocetirizine 5 mg tablet	1	QL
loratadine 10 mg tablet	1	QL
loratadine 5 mg/5 ml soln	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
loratadine 5 mg/5 ml syrup	1	QL
loratadine allergy 5 mg/5 ml	1	QL
loratadine hives 5 mg/5 ml	1	QL
NON-DROWSY ALLERGY 10 MG TAB *loratadine*	1	QL
pv cetirizine hcl 1 mg/ml soln	1	QL
pv cetirizine hcl 10 mg tablet	1	QL
pv child loratadine 5 mg/5 ml	1	QL
pv fexofenadine hcl 180 mg tab	1	QL
pv loratadine 5 mg/5 ml syrup	1	QL
QC ALL DAY ALLERGY 10 MG TAB *cetirizine hcl*	1	QL
qc loratadine 10 mg tablet	1	QL
ra cetirizine hcl 10 mg tablet	1	QL
ra loratadine 10 mg tablet	1	QL
ra loratadine 5 mg/5 ml syrup	1	QL
sb loratadine 10 mg tablet	1	QL
SM ALL DAY ALLERGY 1 MG/ML SYR *cetirizine hcl*	1	QL
SM ALL DAY ALLERGY 10 MG TAB *cetirizine hcl*	1	QL
sm child loratadine 5 mg/5 ml	1	QL
sm fexofenadine hcl 180 mg tab	1	QL
sm loratadine 10 mg tablet	1	QL
sm loratadine 5 mg/5 ml syrup	1	QL
ANTINEOPLASTIC AGENTS		
ALKERAN 2 MG TABLET *melphalan*	2	
anastrozole 1 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
bicalutamide 50 mg tablet	1	QL
capecitabine 150 mg tablet	1	PA
capecitabine 500 mg tablet	1	PA
cyclophosphamide 25 mg capsule	1	
cyclophosphamide 50 mg capsule	1	
DROXIA 200 MG CAPSULE *hydroxyurea*	2	
DROXIA 300 MG CAPSULE *hydroxyurea*	2	
DROXIA 400 MG CAPSULE *hydroxyurea*	2	
EMCYT 140 MG CAPSULE *estramustine phosphate sodium*	2	
etoposide 50 mg capsule	1	
exemestane 25 mg tablet	1	QL
FARESTON 60 MG TABLET *toremifene citrate*	2	QL
flutamide 125 mg capsule	1	QL
HEXALEN 50 MG CAPSULE *altretamine*	3	
hydroxyurea 500 mg capsule	1	
letrozole 2.5 mg tablet	1	
LEUKERAN 2 MG TABLET *chlorambucil*	2	
leuprolide 2wk 1 mg/0.2 ml kit	3	QL PA
leuprolide 2wk 14 mg/2.8 ml kt	3	QL PA
LYSODREN 500 MG TABLET *mitotane*	2	
megestrol 20 mg tablet	1	QL
megestrol 40 mg tablet	1	QL
megestrol acet 40 mg/ml susp	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
megestrol acet 400 mg/10 ml	1	
mercaptopurine 50 mg tablet	1	
methotrexate 1 gm vial	1	
methotrexate 1 gram/40 ml vial	1	
methotrexate 100 mg/4 ml vial	1	
methotrexate 2.5 mg tablet	1	
methotrexate 200 mg/8 ml vial	1	
methotrexate 25 mg/ml vial	1	
methotrexate 250 mg/10 ml vial	1	
methotrexate 250 mg/10 ml vial	1	
methotrexate 50 mg/2 ml vial	1	
methotrexate 50 mg/2 ml vial	1	
MYLERAN 2 MG TABLET *busulfan*	2	QL
TABLOID 40 MG TABLET *thioguanine*	2	
tamoxifen 10 mg tablet	1	QL
tamoxifen 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 Prior authorization required for members less than 20 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
HYPERRHO S-D 1500 UNITS SYR *rho(d) immune globulin*	2	
RHOGAM ULTRA-FILTERED PLUS SYR *rho(d) immune globulin*	2	
VACCINES		
AFLURIA 2016-2017 SYRINGE *influenza virus vaccine trivalent 2016-2017 (5 years up)/pf*	2	AL1 At least 5 yrs old
AFLURIA 2016-2017 VIAL *influenza virus vaccine trivalent 2016-2017 (5 yr and older)*	2	AL1 At least 5 yrs old
FLUARIX QUAD 2016-2017 SYRINGE *influenza virus vaccine quadval split 2016-17(36 mos up)/pf*	2	AL1 At least 3 yrs old
FLUCELVAX QUAD 2016-2017 SYR *flu vaccine qs 2016-2017(4 years and older)cell derived/pf*	2	AL1 At least 4 yrs old
FLULAVAL QUAD 2016-2017 SYR *influenza virus vaccine qvalsplit 2016-2017(6 mos and up)/pf*	2	AL1 At least 3 yrs old
FLULAVAL QUAD 2016-2017 VIAL *influenza virus vaccine qvalsplit 2016-2017(6 mos and older)*	2	AL1 At least 3 yrs old
FLUVIRIN 2016-2017 SYRINGE *influenza virus vaccine trival 2016-2017 (4yr and older)/pf*	2	AL1 At least 4 yrs old
FLUVIRIN 2016-2017 VIAL *influenza virus vaccine trivalent 2016-2017 (4 yr and older)*	2	AL1 At least 4 yrs old
FLUZONE QUAD 2016-2017 SYRINGE *influenza virus vaccine quadval split 2016-17(36 mos up)/pf*	2	AL1 At least 3 yrs old
FLUZONE QUAD 2016-2017 VIAL *influenza virus vaccine quadval split 2016-17(36 mos up)/pf*	2	AL1 At least 3 yrs old
FLUZONE QUAD 2016-2017 VIAL *influenza virus vaccine qvalsplit 2016-2017(6 mos and older)*	2	AL1 At least 3 yrs old
FLUZONE QUAD PEDI 2016-17 SYR *influenza virus vaccine quadrival 2016-17 (6 mos-35 mos)/pf*	2	AL1 At least 3 yrs old
PREVNAR 13 SYRINGE *pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf*	2	QL AL1 At least 19 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPTA 62.5-25 MCG INH *umeclidinium bromide/vilanterol trifenatate*	2	QL AL1 At least 18 yrs old
ATROVENT HFA INHALER *ipratropium bromide*	2	QL
COMBIVENT RESPIMAT INHAL SPRAY *ipratropium bromide/albuterol sulfate*	2	QL AL1 At least 18 yrs old
dicyclomine 10 mg capsule	1	QL
dicyclomine 20 mg tablet	1	QL
glycopyrrolate 1 mg tablet	1	QL
glycopyrrolate 2 mg tablet	1	QL
hyoscyamine 0.125 mg odt	1	
hyoscyamine 0.125 mg tab sl	1	QL
hyoscyamine 0.125 mg/5 ml elix	1	QL
hyoscyamine 0.125 mg/ml drop	1	QL
hyoscyamine er 0.375 mg tab	1	QL
hyoscyamine sr 0.375 mg tab	1	QL
hyoscyamine sulf 0.125 mg tab	1	QL
HYOSYNE 0.125 MG/ML DROP *hyoscyamine sulfate*	1	
HYOSYNE 125 MCG/5 ML ELIXIR *hyoscyamine sulfate*	1	
INCRUSE ELLIPTA 62.5 MCG INH *umeclidinium bromide*	2	QL AL1 At least 18 yrs old
iprat-albut 0.5-3(2.5) mg/3 ml	1	
ipratropium br 0.02% soln	1	QL
propantheline 15 mg tablet	1	QL
SPIRIVA RESPIMAT 1.25 MCG INH *tiotropium bromide*	2	QL AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPIRIVA RESPIMAT 2.5 MCG INH *tiotropium bromide*	2	QL AL1 At least 18 yrs old
STIOLTO RESPIMAT INHAL SPRAY *tiotropium bromide/olodaterol hcl*	2	QL AL1 At least 18 yrs old
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX 0.5 MG TABLET *varenicline tartrate*	2	QL AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG CONT MONTH BOX *varenicline tartrate*	2	QL AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG TABLET *varenicline tartrate*	2	QL AL1 At least 18 yrs old
CHANTIX STARTING MONTH BOX *varenicline tartrate*	2	QL AL1 At least 18 yrs old C Max 1 fill every 180 days
cvs nicotine 14 mg/24 hr patch	1	QL
cvs nicotine 14 mg/24hr patch	1	QL
cvs nicotine 2 mg chewing gum	1	QL
cvs nicotine 2 mg lozenge	1	QL
cvs nicotine 4 mg chewing gum	1	QL
cvs nicotine 4 mg lozenge	1	QL
cvs nicotine 7 mg/24hr patch	1	QL
eq nicotine 14 mg/24hr patch	1	QL
eq nicotine 2 mg chewing gum	1	QL
eq nicotine 2 mg lozenge	1	QL
eq nicotine 21 mg/24hr patch	1	QL
eq nicotine 4 mg chewing gum	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eq nicotine 4 mg lozenge	1	QL
eq nicotine 7 mg/24hr patch	1	QL
eql nicotine 2 mg chewing gum	1	QL
eql nicotine 2 mg lozenge	1	QL
eql nicotine 4 mg chewing gum	1	QL
eql nicotine 4 mg lozenge	1	QL
gnp nicotine 2 mg chewing gum	1	QL
gnp nicotine 2 mg lozenge	1	QL
gnp nicotine 2 mg mini lozenge	1	QL
gnp nicotine 4 mg chewing gum	1	QL
gnp nicotine 4 mg lozenge	1	QL
gnp nicotine 4 mg mini lozenge	1	QL
hm nicotine 14 mg/24hr patch	1	QL
hm nicotine 2 mg chewing gum	1	QL
hm nicotine 2 mg lozenge	1	QL
hm nicotine 21 mg/24hr patch	1	QL
hm nicotine 4 mg chewing gum	1	QL
hm nicotine 4 mg lozenge	1	QL
hm nicotine 7 mg/24hr patch	1	QL
kro nicotine 2 mg chewing gum	1	QL
kro nicotine 2 mg lozenge	1	QL
kro nicotine 2 mg mini lozenge	1	QL
kro nicotine 21 mg/24hr patch	1	QL
kro nicotine 4 mg chewing gum	1	QL
kro nicotine 4 mg lozenge	1	QL
kro nicotine 4 mg mini lozenge	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kro nicotine 7 mg/24hr patch	1	QL
ldr nicotine 2 mg chewing gum	1	QL
ldr nicotine 4 mg chewing gum	1	QL
nicotine 14 mg/24 hr patch	1	QL
nicotine 14 mg/24hr patch	1	QL
nicotine 2 mg chewing gum	1	QL
nicotine 2 mg lozenge	1	QL
nicotine 2 mg mini lozenge	1	QL
nicotine 21 mg/24 hr patch	1	QL
nicotine 21 mg/24hr patch	1	QL
nicotine 4 mg chewing gum	1	QL
nicotine 4 mg lozenge	1	QL
nicotine 4 mg mini lozenge	1	QL
nicotine 7 mg/24hr patch	1	QL
nicotine transdermal system	1	QL
NICOTROL NS 10 MG/ML SPRAY *nicotine*	2	QL
pc nicotine 2 mg chewing gum	1	QL
pv nicotine 14 mg/24 hr patch	1	QL
pv nicotine 2 mg chewing gum	1	QL
pv nicotine 21 mg/24 hr patch	1	QL
pv nicotine 4 mg chewing gum	1	QL
pv nicotine 7 mg/24 hr patch	1	QL
ra nicotine 14 mg/24hr patch	1	QL
ra nicotine 2 mg chewing gum	1	QL
ra nicotine 2 mg lozenge	1	QL
ra nicotine 2 mg mini lozenge	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra nicotine 21 mg/24hr patch	1	QL
ra nicotine 4 mg chewing gum	1	QL
ra nicotine 4 mg lozenge	1	QL
ra nicotine 4 mg mini lozenge	1	QL
ra nicotine 7 mg/24hr patch	1	QL
sm nicotine 14 mg/24hr patch	1	QL
sm nicotine 2 mg chewing gum	1	QL
sm nicotine 2 mg lozenge	1	QL
sm nicotine 21 mg/24hr patch	1	QL
sm nicotine 4 mg chewing gum	1	QL
sm nicotine 4 mg lozenge	1	QL
sm nicotine 7 mg/24hr patch	1	QL
sw nicotine 2 mg chewing gum	1	QL
sw nicotine 2 mg lozenge	1	QL
sw nicotine 4 mg chewing gum	1	QL
sw nicotine 4 mg lozenge	1	QL
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
bethanechol 10 mg tablet	1	QL
bethanechol 25 mg tablet	1	QL
bethanechol 5 mg tablet	1	QL
bethanechol 50 mg tablet	1	QL
donepezil hcl odt 10 mg tablet	1	QL AL1 At least 18 yrs old
donepezil hcl odt 5 mg tablet	1	QL AL1 At least 18 yrs old
pilocarpine hcl 5 mg tablet	1	QL
pilocarpine hcl 7.5 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
baclofen 10 mg tablet	1	QL
baclofen 20 mg tablet	1	QL
carisoprodl-aspirin 200-325 mg	1	QL
carisoprodol 350 mg tablet	1	QL
carisoprodol compound tab	1	QL
carisoprodol cpd-codeine tab	1	QL
carisoprodol-aspirin-codein tb	1	QL
chlorzoxazone 500 mg tablet	1	QL
cyclobenzaprine 10 mg tablet	1	QL
cyclobenzaprine 5 mg tablet	1	QL
dantrolene sodium 100 mg cap	1	QL
dantrolene sodium 25 mg cap	1	QL
dantrolene sodium 50 mg cap	1	QL
methocarbamol 500 mg tablet	1	QL
methocarbamol 750 mg tablet	1	QL
orphenadrine er 100 mg tablet	1	QL
tizanidine hcl 2 mg tablet	1	QL
tizanidine hcl 4 mg tablet	1	QL
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
dihydroergotamine 1 mg/ml am	1	
dihydroergotamine 1 mg/ml vl	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
albuterol 2.5 mg/0.5 ml sol	1	
albuterol 5 mg/ml solution	1	
albuterol sul 0.63 mg/3 ml sol	1	
albuterol sul 1.25 mg/3 ml sol	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
albuterol sul 2.5 mg/3 ml soln	1	
albuterol sulf 2 mg/5 ml syrup	1	QL
albuterol sulfate 2 mg tab	1	QL
albuterol sulfate 4 mg tab	1	QL
albuterol sulfate er 4 mg tab	1	QL
albuterol sulfate er 8 mg tab	1	QL
epinephrine 0.15 mg auto-injct	1	
epinephrine 0.3 mg auto-inject	1	
levalbuterol 0.31 mg/3 ml sol	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12 Prior authorization is required for members over the age of 12
levalbuterol 0.63 mg/3 ml sol	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12 Prior authorization is required for members over the age of 12
levalbuterol 1.25 mg/3 ml sol	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12 Prior authorization is required for members over the age of 12
levalbuterol tar hfa 45mcg inh	1	QL AL1 At least 4 yrs old C Step Therapy with any albuterol HFA product (lookback of 6 days in the previous 90 days)
metaproterenol 10 mg tablet	1	QL
metaproterenol 10 mg/5 ml syr	1	QL
metaproterenol 20 mg tablet	1	QL
SEREVENT DISKUS 50 MCG *salmeterol xinafoate*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRIVERDI RESPIMAT INHAL SPRAY *olodaterol hcl*	2	QL
terbutaline sulfate 2.5 mg tab	1	QL
terbutaline sulfate 5 mg tab	1	QL
VENTOLIN HFA 90 MCG INHALER *albuterol sulfate*	1	QL
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTIANEMIA DRUGS		
FERRAPLUS 90 TABLET *iron, carbonyl/folic acid/vit b12/vitamin c/docusate sodium*	1	
NEPHRON FA TABLET *ferrous fumarate/docusate/folic acid/vitamin b comp and c*	1	
ANTIHEMORRHAGIC AGENTS		
AMICAR 0.25 GRAM/ML ORAL SOLN *aminocaproic acid*	2	
AMICAR 1,000 MG TABLET *aminocaproic acid*	2	
AMICAR 500 MG TABLET *aminocaproic acid*	2	
tranexamic acid 650 mg tablet	1	AL1 At least 12 yrs old
ANTITHROMBOTIC AGENTS		
BRILINTA 60 MG TABLET *ticagrelor*	2	QL AL1 At least 18 yrs old
BRILINTA 90 MG TABLET *ticagrelor*	2	QL AL1 At least 18 yrs old
cilostazol 100 mg tablet	1	QL
cilostazol 50 mg tablet	1	QL
clopidogrel 75 mg tablet	1	QL
COUMADIN 1 MG TABLET *warfarin sodium*	2	
COUMADIN 10 MG TABLET *warfarin sodium*	2	
COUMADIN 2 MG TABLET *warfarin sodium*	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COUMADIN 2.5 MG TABLET *warfarin sodium*	2	
COUMADIN 3 MG TABLET *warfarin sodium*	2	
COUMADIN 4 MG TABLET *warfarin sodium*	2	
COUMADIN 5 MG TABLET *warfarin sodium*	2	
COUMADIN 6 MG TABLET *warfarin sodium*	2	
COUMADIN 7.5 MG TABLET *warfarin sodium*	2	
EFFIENT 10 MG TABLET *prasugrel hcl*	2	QL AL1 At least 18 yrs old
EFFIENT 5 MG TABLET *prasugrel hcl*	2	QL AL1 At least 18 yrs old
ELIQUIS 2.5 MG TABLET *apixaban*	2	QL AL1 At least 18 yrs old
ELIQUIS 5 MG TABLET *apixaban*	2	QL AL1 At least 18 yrs old
enoxaparin 100 mg/ml syringe	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
enoxaparin 120 mg/0.8 ml syr	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
enoxaparin 150 mg/ml syringe	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
enoxaparin 30 mg/0.3 ml syr	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
enoxaparin 300 mg/3 ml vial	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
enoxaparin 40 mg/0.4 ml syr	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
enoxaparin 60 mg/0.6 ml syr	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
enoxaparin 80 mg/0.8 ml syr	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
hep-lock flush 100 unit/ml kit	1	
heparin 1,000 unit/10 (100/ml)	1	
heparin 10,000 unit/10 ml vial	1	
heparin 100 unit/10 ml (10/ml)	1	
heparin 100 unit/10 ml (10/ml)	1	
heparin 20 units/2 ml (10/ml)	1	
heparin 200 unit/2 ml (100/ml)	1	
heparin 30,000 unit/30 ml vial	1	
heparin 300 unit/3 ml (100/ml)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
heparin 40,000 units/4 ml vial	1	
heparin 50 units/5 ml (10/ml)	1	
heparin 50,000 unit/10 ml vial	1	
heparin 50,000 units/10 ml vl	1	
heparin 50,000 units/5 ml vial	1	
heparin 500 unit/5 ml (100/ml)	1	
heparin 500 unit/5 ml (100/ml)	1	
heparin lock flush 10 units/ml	1	
heparin lock flush 10 units/ml	1	
heparin lock flush 100 unit/ml	1	
heparin lock flush 100 unit/ml	1	
heparin sod 1,000 unit/ml vial	1	
heparin sod 10,000 unit/ml vl	1	
heparin sod 20,000 unit/ml vl	1	
heparin sod 5,000 unit/ml syr	1	
heparin sod 5,000 unit/ml vial	1	
JANTOVEN 1 MG TABLET *warfarin sodium*	2	
JANTOVEN 10 MG TABLET *warfarin sodium*	2	
JANTOVEN 2 MG TABLET *warfarin sodium*	2	
JANTOVEN 2.5 MG TABLET *warfarin sodium*	2	
JANTOVEN 3 MG TABLET *warfarin sodium*	2	
JANTOVEN 4 MG TABLET *warfarin sodium*	2	
JANTOVEN 5 MG TABLET *warfarin sodium*	2	
JANTOVEN 6 MG TABLET *warfarin sodium*	2	
JANTOVEN 7.5 MG TABLET *warfarin sodium*	2	
ticlopidine 250 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
warfarin sodium 1 mg tablet	1	
warfarin sodium 10 mg tablet	1	
warfarin sodium 2 mg tablet	1	
warfarin sodium 2.5 mg tablet	1	
warfarin sodium 3 mg tablet	1	
warfarin sodium 4 mg tablet	1	
warfarin sodium 5 mg tablet	1	
warfarin sodium 6 mg tablet	1	
warfarin sodium 7.5 mg tablet	1	
XARELTO 10 MG TABLET *rivaroxaban*	2	QL AL1 At least 18 yrs old C Max of 70 tablets per 365 days
XARELTO 15 MG TABLET *rivaroxaban*	2	QL AL1 At least 18 yrs old
XARELTO 20 MG TABLET *rivaroxaban*	2	QL AL1 At least 18 yrs old
XARELTO STARTER PACK *rivaroxaban*	2	QL AL1 At least 18 yrs old C Limit of 51 tablets every 365 days
HEMATOPOIETIC AGENTS		
PROCRIT 10,000 UNITS/ML VIAL *epoetin alfa*	3	PA
PROCRIT 2,000 UNITS/ML VIAL *epoetin alfa*	3	PA
PROCRIT 20,000 UNITS/ML VIAL *epoetin alfa*	3	PA
PROCRIT 3,000 UNITS/ML VIAL *epoetin alfa*	3	PA
PROCRIT 4,000 UNITS/ML VIAL *epoetin alfa*	3	PA
PROCRIT 40,000 UNITS/ML VIAL *epoetin alfa*	3	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMORRHEOLOGIC AGENTS		
pentoxifylline er 400 mg tab	1	QL
CARDIOVASCULAR DRUGS ANTILIPEMIC AGENTS		
atorvastatin 10 mg tablet	1	QL
atorvastatin 20 mg tablet	1	QL
atorvastatin 40 mg tablet	1	QL
atorvastatin 80 mg tablet	1	QL
cholestyramine light packet	1	QL
cholestyramine light powder	1	QL
cholestyramine packet	1	QL
cholestyramine powder	1	QL
ezetimibe 10 mg tablet	1	QL AL1 At least 10 yrs old
fenofibrate 134 mg capsule	1	QL
fenofibrate 145 mg tablet	1	QL
fenofibrate 160 mg tablet	1	QL
fenofibrate 200 mg capsule	1	QL
fenofibrate 48 mg tablet	1	QL
fenofibrate 54 mg tablet	1	QL
fenofibrate 67 mg capsule	1	QL
gemfibrozil 600 mg tablet	1	QL
gnp niacin 250 mg tablet	1	QL
lovastatin 10 mg tablet	1	QL
lovastatin 20 mg tablet	1	QL
lovastatin 40 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
niacin 250 mg tablet	1	QL
niacin sa 250 mg capsule	1	QL
niacin tr 250 mg capsule	1	QL
NIACOR 500 MG TABLET *niacin*	2	QL
omega-3 ethyl esters 1 gm cap	1	QL
PRALUENT 150 MG/ML PEN *alirocumab*	3	QL PA
PRALUENT 150 MG/ML SYRINGE *alirocumab*	3	QL PA
PRALUENT 75 MG/ML PEN *alirocumab*	3	QL PA
PRALUENT 75 MG/ML SYRINGE *alirocumab*	3	QL PA
pravastatin sodium 10 mg tab	1	QL
pravastatin sodium 20 mg tab	1	QL
pravastatin sodium 40 mg tab	1	QL
pravastatin sodium 80 mg tab	1	QL
REPATHA 140 MG/ML SURECLICK *evolocumab*	3	QL PA
REPATHA 140 MG/ML SYRINGE *evolocumab*	3	QL PA
REPATHA 420 MG/3.5ML PUSHTRONX *evolocumab*	3	PA
rosuvastatin calcium 10 mg tab	1	QL AL1 At least 10 yrs old
rosuvastatin calcium 20 mg tab	1	QL AL1 At least 10 yrs old
rosuvastatin calcium 40 mg tab	1	QL AL1 At least 10 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rosuvastatin calcium 5 mg tab	1	QL AL1 At least 10 yrs old
simvastatin 10 mg tablet	1	QL
simvastatin 20 mg tablet	1	QL
simvastatin 40 mg tablet	1	QL
simvastatin 5 mg tablet	1	QL
simvastatin 80 mg tablet	1	QL
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol 200 mg capsule	1	QL
acebutolol 400 mg capsule	1	QL
atenolol 100 mg tablet	1	QL
atenolol 25 mg tablet	1	QL
atenolol 50 mg tablet	1	QL
atenolol-chlorthalidone 100-25	1	QL
atenolol-chlorthalidone 50-25	1	QL
betaxolol 10 mg tablet	1	QL
betaxolol 20 mg tablet	1	QL
bisoprolol fumarate 10 mg tab	1	QL
bisoprolol fumarate 5 mg tab	1	QL
bisoprolol-hctz 10-6.25 mg tab	1	QL
bisoprolol-hctz 2.5-6.25 mg tb	1	QL
bisoprolol-hctz 5-6.25 mg tab	1	QL
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
labetalol hcl 100 mg tablet	1	QL
labetalol hcl 200 mg tablet	1	QL
labetalol hcl 300 mg tablet	1	QL
metoprolol succ er 100 mg tab	1	QL
metoprolol succ er 200 mg tab	1	QL
metoprolol succ er 25 mg tab	1	QL
metoprolol succ er 50 mg tab	1	QL
metoprolol tartrate 100 mg tab	1	QL
metoprolol tartrate 25 mg tab	1	QL
metoprolol tartrate 50 mg tab	1	QL
nadolol 20 mg tablet	1	QL
nadolol 40 mg tablet	1	QL
nadolol 80 mg tablet	1	QL
pindolol 10 mg tablet	1	QL
pindolol 5 mg tablet	1	QL
propranolol 10 mg tablet	1	QL
propranolol 20 mg tablet	1	QL
propranolol 20 mg/5 ml soln	1	QL
propranolol 40 mg tablet	1	QL
propranolol 40 mg/5 ml soln	1	QL
propranolol 60 mg tablet	1	QL
propranolol 80 mg tablet	1	QL
propranolol er 120 mg capsule	1	QL
propranolol er 160 mg capsule	1	QL
propranolol er 60 mg capsule	1	QL
propranolol er 80 mg capsule	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
propranolol-hctz 40-25 mg tab	1	QL
propranolol-hctz 80-25 mg tab	1	QL
sotalol 120 mg tablet	1	QL
sotalol 160 mg tablet	1	QL
sotalol 240 mg tablet	1	QL
sotalol 80 mg tablet	1	QL
sotalol af 120 mg tablet	1	QL
sotalol af 160 mg tablet	1	QL
sotalol af 80 mg tablet	1	QL
timolol maleate 10 mg tablet	1	QL
timolol maleate 20 mg tablet	1	QL
timolol maleate 5 mg tablet	1	QL
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate 10 mg tab	1	QL
amlodipine besylate 2.5 mg tab	1	QL
amlodipine besylate 5 mg tab	1	QL
amlodipine-benazepril 10-20 mg	1	QL
amlodipine-benazepril 10-40 mg	1	QL
amlodipine-benazepril 2.5-10	1	QL
amlodipine-benazepril 5-10 mg	1	QL
amlodipine-benazepril 5-20 mg	1	QL
amlodipine-benazepril 5-40 mg	1	QL
CARDIZEM LA 120 MG TABLET *diltiazem hcl*	2	QL
DILT XR 120 MG CAPSULE *diltiazem hcl*	1	QL
DILT XR 180 MG CAPSULE *diltiazem hcl*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DILT XR 240 MG CAPSULE *diltiazem hcl*	1	QL
diltiazem 120 mg tablet	1	QL
diltiazem 12hr er 120 mg cap	1	QL
diltiazem 12hr er 60 mg cap	1	QL
diltiazem 12hr er 90 mg cap	1	QL
diltiazem 24hr cd 120 mg cap	1	QL
diltiazem 24hr cd 180 mg cap	1	QL
diltiazem 24hr cd 240 mg cap	1	QL
diltiazem 24hr cd 300 mg cap	1	QL
diltiazem 24hr cd 360 mg cap	1	QL
diltiazem 24hr er 120 mg cap	1	QL
diltiazem 24hr er 180 mg cap	1	QL
diltiazem 24hr er 180 mg tab	1	QL
diltiazem 24hr er 240 mg cap	1	QL
diltiazem 24hr er 240 mg tab	1	QL
diltiazem 24hr er 300 mg cap	1	QL
diltiazem 24hr er 300 mg tab	1	QL
diltiazem 24hr er 360 mg cap	1	QL
diltiazem 24hr er 360 mg tab	1	QL
diltiazem 24hr er 420 mg cap	1	QL
diltiazem 24hr er 420 mg tab	1	QL
diltiazem 30 mg tablet	1	QL
diltiazem 60 mg tablet	1	QL
diltiazem 90 mg tablet	1	QL
diltiazem er 120 mg capsule	1	QL
diltiazem er 180 mg capsule	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem er 240 mg capsule	1	QL
felodipine er 10 mg tablet	1	QL
felodipine er 2.5 mg tablet	1	QL
felodipine er 5 mg tablet	1	QL
MATZIM LA 180 MG TABLET *diltiazem hcl*	1	QL
MATZIM LA 240 MG TABLET *diltiazem hcl*	1	QL
MATZIM LA 300 MG TABLET *diltiazem hcl*	1	QL
MATZIM LA 360 MG TABLET *diltiazem hcl*	1	QL
MATZIM LA 420 MG TABLET *diltiazem hcl*	1	QL
nicardipine 20 mg capsule	1	QL
nicardipine 30 mg capsule	1	QL
NIFEDICAL XL 30 MG TABLET *nifedipine*	1	QL
NIFEDICAL XL 60 MG TABLET *nifedipine*	1	QL
nifedipine 10 mg capsule	1	QL
nifedipine 20 mg capsule	1	QL
nifedipine er 30 mg tablet	1	QL
nifedipine er 60 mg tablet	1	QL
nifedipine er 90 mg tablet	1	QL
nisoldipine er 17 mg tablet	1	QL
nisoldipine er 20 mg tablet	1	QL
nisoldipine er 25.5 mg tablet	1	QL
nisoldipine er 30 mg tablet	1	QL
nisoldipine er 34 mg tablet	1	QL
nisoldipine er 40 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nisoldipine er 8.5 mg tablet	1	QL
verapamil 120 mg tablet	1	QL
verapamil 360 mg cap pellet	1	QL
verapamil 40 mg tablet	1	QL
verapamil 80 mg tablet	1	QL
verapamil er 120 mg capsule	1	QL
verapamil er 120 mg tablet	1	QL
verapamil er 180 mg capsule	1	QL
verapamil er 180 mg tablet	1	QL
verapamil er 240 mg capsule	1	QL
verapamil er 240 mg tablet	1	QL
verapamil er pm 100 mg capsule	1	
verapamil er pm 200 mg capsule	1	
verapamil er pm 300 mg capsule	1	
verapamil sr 120 mg capsule	1	QL
verapamil sr 180 mg capsule	1	QL
verapamil sr 240 mg capsule	1	QL
CARDIAC DRUGS		
amiodarone hcl 200 mg tablet	1	QL
amiodarone hcl 400 mg tablet	1	QL
digoxin 0.05 mg/ml solution	1	QL
digoxin 0.125 mg tablet	1	
digoxin 0.25 mg tablet	1	
digoxin 125 mcg tablet	1	
digoxin 250 mcg tablet	1	
disopyramide 100 mg capsule	1	QL
disopyramide 150 mg capsule	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
flecainide acetate 100 mg tab	1	QL
flecainide acetate 150 mg tab	1	QL
flecainide acetate 50 mg tab	1	QL
mexiletine 150 mg capsule	1	QL
mexiletine 200 mg capsule	1	QL
mexiletine 250 mg capsule	1	QL
NORPACE CR 100 MG CAPSULE *disopyramide phosphate*	2	C Generic Preferred Generic Preferred
propafenone hcl 150 mg tablet	1	QL
propafenone hcl 225 mg tab	1	QL
propafenone hcl 300 mg tab	1	QL
quinidine gluc er 324 mg tab	1	QL
quinidine sulf er 300 mg tab	1	QL
quinidine sulfate 200 mg tab	1	QL
quinidine sulfate 300 mg tab	1	QL
HYPOTENSIVE AGENTS		
clonidine 0.1 mg/day patch	1	QL
clonidine 0.2 mg/day patch	1	QL
clonidine 0.3 mg/day patch	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
guanfacine 1 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
guanfacine 2 mg tablet	1	QL
hydralazine 10 mg tablet	1	QL
hydralazine 100 mg tablet	1	QL
hydralazine 25 mg tablet	1	QL
hydralazine 50 mg tablet	1	QL
methyldopa 250 mg tablet	1	QL
methyldopa 500 mg tablet	1	QL
minoxidil 10 mg tablet	1	QL
minoxidil 2.5 mg tablet	1	QL
reserpine 0.1 mg tablet	1	QL
reserpine 0.25 mg tablet	1	QL
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ALDACTAZIDE 50-50 TABLET *spironolactone/hydrochlorothiazide*	2	
benazepril hcl 10 mg tablet	1	QL
benazepril hcl 20 mg tablet	1	QL
benazepril hcl 40 mg tablet	1	QL
benazepril hcl 5 mg tablet	1	QL
benazepril-hctz 10-12.5 mg tab	1	
benazepril-hctz 20-12.5 mg tab	1	
benazepril-hctz 20-25 mg tab	1	
benazepril-hctz 5-6.25 mg tab	1	
captopril 100 mg tablet	1	QL
captopril 12.5 mg tablet	1	QL
captopril 25 mg tablet	1	QL
captopril 50 mg tablet	1	QL
captopril-hctz 25-15 mg tablet	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
losartan potassium 100 mg tab	1	QL
losartan potassium 25 mg tab	1	QL
losartan potassium 50 mg tab	1	QL
losartan-hctz 100-12.5 mg tab	1	QL
losartan-hctz 100-25 mg tab	1	QL
losartan-hctz 50-12.5 mg tab	1	QL
moexipril-hctz 15-12.5 mg tab	1	
moexipril-hctz 15-25 mg tablet	1	
moexipril-hctz 7.5-12.5 mg tab	1	
perindopril erbumine 2 mg tab	1	
perindopril erbumine 4 mg tab	1	
perindopril erbumine 8 mg tab	1	
quinapril 10 mg tablet	1	QL
quinapril 20 mg tablet	1	QL
quinapril 40 mg tablet	1	QL
quinapril 5 mg tablet	1	QL
quinapril-hctz 10-12.5 mg tab	1	
quinapril-hctz 20-12.5 mg tab	1	
quinapril-hctz 20-25 mg tab	1	
ramipril 1.25 mg capsule	1	QL
ramipril 10 mg capsule	1	QL
ramipril 2.5 mg capsule	1	QL
ramipril 5 mg capsule	1	QL
spironolactone 100 mg tablet	1	QL
spironolactone 25 mg tablet	1	QL
spironolactone 50 mg tablet	1	QL
spironolactone-hctz 25-25 tab	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
telmisartan 20 mg tablet	1	QL
telmisartan 40 mg tablet	1	QL
telmisartan 80 mg tablet	1	QL
trandolapr-verapam er 1-240 mg	1	
trandolapr-verapam er 2-180 mg	1	
trandolapr-verapam er 2-240 mg	1	
trandolapr-verapam er 4-240 mg	1	
valsartan 160 mg tablet	1	QL
valsartan 320 mg tablet	1	QL
valsartan 40 mg tablet	1	QL
valsartan 80 mg tablet	1	QL
valsartan-hctz 160-12.5 mg tab	1	QL
valsartan-hctz 160-25 mg tab	1	QL
valsartan-hctz 320-12.5 mg tab	1	QL
valsartan-hctz 320-25 mg tab	1	QL
valsartan-hctz 80-12.5 mg tab	1	QL
VASODILATING AGENTS		
aspirin-dipyridam er 25-200 mg	1	QL
dipyridamole 25 mg tablet	1	QL
dipyridamole 50 mg tablet	1	QL
dipyridamole 75 mg tablet	1	QL
isosorbide dn 10 mg tablet	1	QL
isosorbide dn 20 mg tablet	1	QL
isosorbide dn 30 mg tablet	1	QL
isosorbide dn 5 mg tablet	1	QL
isosorbide dn er 40 mg tablet	1	QL
isosorbide mn 10 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
isosorbide mn 20 mg tablet	1	QL
isosorbide mn er 120 mg tab	1	QL
isosorbide mn er 30 mg tablet	1	QL
isosorbide mn er 60 mg tablet	1	QL
NITRO-BID 2% OINTMENT *nitroglycerin*	2	
NITRO-DUR 0.3 MG/HR PATCH *nitroglycerin*	2	QL C Generic Preferred Generic Preferred
NITRO-DUR 0.8 MG/HR PATCH *nitroglycerin*	2	QL C Generic Preferred Generic Preferred
nitroglycerin 0.1 mg/hr patch	1	QL
nitroglycerin 0.2 mg/hr patch	1	QL
nitroglycerin 0.3 mg tablet sl	1	
nitroglycerin 0.4 mg tablet sl	1	
nitroglycerin 0.4 mg/hr patch	1	QL
nitroglycerin 0.6 mg tablet sl	1	
nitroglycerin 0.6 mg/hr patch	1	QL
nitroglycerin er 2.5 mg cap	1	QL
nitroglycerin er 6.5 mg cap	1	QL
NITROLINGUAL 0.4 MG SPRAY *nitroglycerin*	1	
NITROSTAT 0.3 MG TABLET SL *nitroglycerin*	2	C Generic preferred
NITROSTAT 0.6 MG TABLET SL *nitroglycerin*	2	C Generic preferred
CENTRAL NERVOUS SYSTEM AGENTS ANALGESICS AND ANTIPYRETICS		
acetaminophen 120 mg suppos	1	QL
acetaminophen 160 mg/5 ml elx	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetaminophen 160 mg/5 ml sol	1	QL
acetaminophen 325 mg tablet	1	QL
acetaminophen 500 mg caplet	1	QL
acetaminophen 500 mg caplet	1	QL
acetaminophen 500 mg gelcap	1	QL
acetaminophen 500 mg gelcap	1	QL
acetaminophen 500 mg tablet	1	QL
acetaminophen 500 mg tablet	1	QL
acetaminophen 650 mg suppos	1	QL
acetaminophen-cod #2 tablet	1	QL
acetaminophen-cod #3 tablet	1	QL
acetaminophen-cod #4 tablet	1	QL
asa-butalb-caff-cod #3 capsule	1	QL
BENGAY ULTRA STRENGTH CRM *methyl salicylate/menthol/camphor*	1	
BETATEMP 160 MG/5 ML SUSP *acetaminophen*	1	QL
BUPRENEX 0.3 MG/ML AMPUL *buprenorphine hcl*	2	
buprenorphine 2 mg tablet sl	1	QL PA
buprenorphine 8 mg tablet sl	1	QL PA
butalb-acetamin-caff 50-325-40	1	QL
butalb-caff-acetaminoph-codein	1	QL
butalbit-acetaminophen-caff cp	1	QL
butalbital-acetaminophn 50-325	1	QL
butalbital-asa-caffeine cap	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
celecoxib 100 mg capsule	1	QL AL1 At least 2 yrs old
celecoxib 200 mg capsule	1	QL AL1 At least 18 yrs old
celecoxib 400 mg capsule	1	QL AL1 At least 18 yrs old
celecoxib 50 mg capsule	1	QL AL1 At least 2 yrs old
CHILD PAIN-FEVER 160 MG/5 ML *acetaminophen*	1	QL
children ibuprofen 100 mg/5 ml	1	QL
CHILDREN'S ADVIL 100 MG/5 ML *ibuprofen*	1	QL
cvs acetaminophen 325 mg tab	1	QL
cvs ibuprofen 200 mg caplet	1	QL
cvs ibuprofen 200 mg tablet	1	QL
cvs ibuprofen ib 200 mg tablet	1	QL
cvs infant ibuprofen susp drop	1	QL
cvs naproxen sod 220 mg caplet	1	QL
cvs naproxen sod 220 mg tablet	1	QL
diclofenac pot 50 mg tablet	1	QL
diclofenac sod dr 25 mg tab	1	QL
diclofenac sod dr 50 mg tab	1	QL
diclofenac sod dr 75 mg tab	1	QL
diclofenac sod ec 25 mg tab	1	QL
diclofenac sod ec 50 mg tab	1	QL
diclofenac sod ec 75 mg tab	1	QL
diclofenac sod er 100 mg tab	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diclofenac sodium 1% gel	1	QL
diflunisal 500 mg tablet	1	QL
ENDOCET 5-325 TABLET *oxycodone hcl/acetaminophen*	1	QL
eq acetaminophen 500 mg caplet	1	QL
eq acetaminophen 500 mg gelcap	1	QL
eq acetaminophen 500 mg tablet	1	QL
eq ibuprofen 200 mg caplet	1	QL
eq ibuprofen 200 mg tablet	1	QL
eq naproxen sod 220 mg caplet	1	QL
eq naproxen sod 220 mg tablet	1	QL
EQ PAIN RELIEVER 500 MG CAPLET *acetaminophen*	1	QL
eql ibuprofen 100 mg/5 ml susp	1	QL
eql ibuprofen 200 mg caplet	1	QL
eql ibuprofen 200 mg tablet	1	QL
eql inf ibuprofen 50 mg/1.25ml	1	QL
etodolac 200 mg capsule	1	QL
etodolac 300 mg capsule	1	QL
etodolac 400 mg tablet	1	QL
etodolac 500 mg tablet	1	QL
fenoprofen 600 mg tablet	1	QL
fentanyl 100 mcg/hr patch	1	QL
fentanyl 12 mcg/hr patch	1	QL
fentanyl 25 mcg/hr patch	1	QL
fentanyl 50 mcg/hr patch	1	QL
fentanyl 75 mcg/hr patch	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FEVERALL 325 MG SUPPOSITORY *acetaminophen*	1	QL
FEVERALL 80 MG SUPPOSITORY *acetaminophen*	1	QL
flurbiprofen 100 mg tablet	1	QL
flurbiprofen 50 mg tablet	1	QL
gnp ibuprofen 200 mg caplet	1	QL
gnp ibuprofen 200 mg tablet	1	QL
gnp infant ibuprofen susp drop	1	QL
gnp naproxen sod 220 mg caplet	1	QL
gnp naproxen sod 220 mg tablet	1	QL
gs naproxen sod 220 mg caplet	1	QL
hm ibuprofen 200 mg caplet	1	QL
hm ibuprofen 200 mg tablet	1	QL
hm inf ibuprofen 50 mg/1.25 ml	1	QL
hm naproxen sod 220 mg caplet	1	QL
hydrocodon-acetaminoph 2.5-325	1	
hydrocodon-acetaminoph 7.5-325	1	QL
hydrocodon-acetaminophen 5-325	1	QL
hydrocodon-acetaminophn 10-325	1	QL
hydrocodone-ibuprofen 7.5-200	1	QL
hydromorphone 2 mg tablet	1	
hydromorphone 3 mg suppos	1	
hydromorphone 4 mg tablet	1	
hydromorphone 8 mg tablet	1	
ibuprofen 100 mg/5 ml susp	1	QL
ibuprofen 200 mg caplet	1	QL
ibuprofen 200 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ibuprofen 400 mg tablet	1	QL
ibuprofen 600 mg tablet	1	QL
ibuprofen 800 mg tablet	1	QL
indomethacin 25 mg capsule	1	QL
indomethacin 50 mg capsule	1	QL
indomethacin er 75 mg capsule	1	QL
infant ibuprofen 50 mg/1.25 ml	1	QL
infant ibuprofen 50 mg/1.25 ml	1	QL
infant ibuprofen 50 mg/1.25 ml	1	QL
INFANT'S MOTRIN 50 MG/1.25 ML *ibuprofen*	1	QL
INFANTS' MOTRIN 50 MG/1.25 ML *ibuprofen*	1	QL
ketoprofen 50 mg capsule	1	QL
ketoprofen 75 mg capsule	1	QL
ketoprofen er 200 mg capsule	1	QL
ketorolac 10 mg tablet	1	QL
kro acetaminophen 325 mg tab	1	QL
kro acetaminophen 500 mg cplt	1	QL
kro acetaminophen 500 mg gelcp	1	QL
kro acetaminophen 500 mg geltb	1	QL
kro ibuprofen 200 mg caplet	1	QL
kro ibuprofen 200 mg tablet	1	QL
kro naproxen sodium 220 mg tab	1	QL
meclofenamate 100 mg capsule	1	QL
meclofenamate 50 mg capsule	1	QL
meloxicam 15 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
meloxicam 7.5 mg tablet	1	QL
meperidine 100 mg tablet	1	
meperidine 50 mg tablet	1	
meperidine 50 mg/5 ml solution	1	
methadone 10 mg/5 ml solution	1	
methadone 10 mg/ml oral conc	1	
methadone 5 mg/5 ml solution	1	
methadone hcl 10 mg tablet	1	
methadone hcl 5 mg tablet	1	
METHADONE INTENSOL 10 MG/ML *methadone hcl*	1	
morphine sulf 10 mg suppos	1	
morphine sulf 10 mg/5 ml soln	1	
morphine sulf 100 mg/5 ml soln	1	
morphine sulf 20 mg suppos	1	
morphine sulf 20 mg/5 ml soln	1	
morphine sulf 30 mg suppos	1	
morphine sulf 5 mg suppos	1	
morphine sulf er 100 mg tablet	1	QL
morphine sulf er 15 mg tablet	1	QL
morphine sulf er 200 mg tablet	1	QL
morphine sulf er 30 mg tablet	1	QL
morphine sulf er 60 mg tablet	1	QL
morphine sulfate ir 15 mg tab	1	
morphine sulfate ir 30 mg tab	1	
MOTRIN IB 200 MG CAPLET *ibuprofen*	2	QL
nabumetone 500 mg tablet	1	QL
nabumetone 750 mg tablet	1	QL
naproxen 125 mg/5 ml suspen	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
naproxen 250 mg tablet	1	QL
naproxen 375 mg tablet	1	QL
naproxen 500 mg kit	1	QL
naproxen 500 mg tablet	1	QL
naproxen dr 375 mg tablet	1	QL
naproxen dr 500 mg tablet	1	QL
naproxen sodium 220 mg caplet	1	QL
naproxen sodium 220 mg tablet	1	QL
naproxen sodium 275 mg tab	1	QL
naproxen sodium 550 mg tab	1	QL
oxaprozin 600 mg caplet	1	QL
oxaprozin 600 mg tablet	1	QL
oxycodon-acetaminophen 2.5-325	1	QL
oxycodon-acetaminophen 7.5-325	1	QL
oxycodone hcl 10 mg tablet	1	
oxycodone hcl 100 mg/5 ml soln	1	
oxycodone hcl 15 mg tablet	1	
oxycodone hcl 20 mg tablet	1	
oxycodone hcl 5 mg capsule	1	
oxycodone hcl 5 mg tablet	1	
oxycodone hcl 5 mg/5 ml soln	1	
oxycodone-acetaminophen 5-325	1	QL
PAIN & FEVER 500 MG CAPLET *acetaminophen*	1	
PAIN & FEVER 500 MG TABLET *acetaminophen*	1	
PAIN RELIEVER 500 MG CAPLET *acetaminophen*	1	QL
PAIN RELIEVER 500 MG TABLET *acetaminophen*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEDIACARE FEVER REDUCER SUSP *acetaminophen*	1	QL
pentazocine-naloxone tablet	1	QL
piroxicam 10 mg capsule	1	QL
piroxicam 20 mg capsule	1	QL
pub ibuprofen 200 mg tablet	1	QL
pub naproxen sod 220 mg tablet	1	QL
pv ibuprofen 200 mg caplet	1	QL
pv ibuprofen 200 mg tablet	1	QL
pv naproxen sod 220 mg tablet	1	QL
qc ibuprofen 100 mg/5 ml susp	1	QL
qc ibuprofen 200 mg caplet	1	QL
qc ibuprofen 200 mg tablet	1	QL
qc naproxen sod 220 mg tablet	1	QL
ra acetaminophen 500 mg caplet	1	QL
ra acetaminophen 500 mg gelcap	1	QL
ra acetaminophen 500 mg tablet	1	QL
ra ibuprofen 100 mg/5 ml susp	1	QL
ra ibuprofen 200 mg caplet	1	QL
ra ibuprofen 200 mg tablet	1	QL
ra infant ibuprofen susp drop	1	QL
ra naproxen sod 220 mg tablet	1	QL
salsalate 500 mg tablet	1	QL
salsalate 750 mg tablet	1	QL
sb ibuprofen 200 mg caplet	1	QL
sb ibuprofen 200 mg tablet	1	QL
sb inf ibuprofen 50 mg/1.25 ml	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sb naproxen sod 220 mg caplet	1	QL
sb naproxen sod 220 mg tablet	1	QL
sm ibuprofen 100 mg/5 ml susp	1	QL
sm ibuprofen 200 mg caplet	1	QL
sm ibuprofen 200 mg tablet	1	QL
sm ibuprofen ib 200 mg caplet	1	QL
sm ibuprofen ib 200 mg caplet	1	QL
sm ibuprofen ib 200 mg tablet	1	QL
sm ibuprofen ib 200 mg tablet	1	QL
sm infant ibuprofen susp drop	1	QL
sm naproxen sod 220 mg caplet	1	QL
sm naproxen sod 220 mg tablet	1	QL
SUBOXONE 12 MG-3 MG SL FILM *buprenorphine hcl/naloxone hcl*	2	QL PA
SUBOXONE 2 MG-0.5 MG SL FILM *buprenorphine hcl/naloxone hcl*	2	QL PA
SUBOXONE 4 MG-1 MG SL FILM *buprenorphine hcl/naloxone hcl*	2	QL PA
SUBOXONE 8 MG-2 MG SL FILM *buprenorphine hcl/naloxone hcl*	2	QL PA
sulindac 150 mg tablet	1	QL
sulindac 200 mg tablet	1	QL
tolmetin sodium 200 mg tab	1	QL
tolmetin sodium 400 mg cap	1	QL
tolmetin sodium 600 mg tab	1	QL
tramadol hcl 50 mg tablet	1	
tramadol-acetaminophn 37.5-325	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
v-r ibuprofen 200 mg tablet	1	QL
v-r naproxen sod 220 mg tablet	1	QL
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
caffeine cit 60 mg/3 ml oral	1	AL1 Up to 1 yrs old
d-amphetamine er 10 mg capsule	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20 Prior Authorization is required for members over the age of 20
d-amphetamine er 15 mg capsule	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20 Prior Authorization is required for members over the age of 20
d-amphetamine er 5 mg capsule	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20 Prior Authorization is required for members over the age of 20
dexmethylphenidate 10 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dexmethylphenidate 2.5 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dexmethylphenidate er 10 mg cp	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
dexmethylphenidate er 15 mg cp	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
dexmethylphenidate er 20 mg cp	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
dexmethylphenidate er 30 mg cp	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
dexmethylphenidate er 35 mg cp	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
dexmethylphenidate er 40 mg cp	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dextroamp-amphet er 10 mg cap	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphet er 15 mg cap	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphet er 20 mg cap	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphet er 25 mg cap	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphet er 30 mg cap	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphet er 5 mg cap	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphetam 12.5 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dextroamp-amphetamin 10 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphetamin 15 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphetamin 20 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphetamin 30 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamp-amphetamine 5 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamphetamine 10 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
dextroamphetamine 5 mg tab	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate 10 mg chew tab	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate 10 mg tablet	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate 2.5 mg chew tb	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate 20 mg tablet	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate 5 mg chew tab	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate 5 mg tablet	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate cd 10 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate cd 20 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate cd 30 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate cd 40 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate cd 50 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate cd 60 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate er 10 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate er 18 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate er 20 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate er 27 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate er 36 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate er 54 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
methylphenidate la 20 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate la 30 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older
methylphenidate la 40 mg cap	1	QL AL1 At least 6 yrs old C Prior authorization is required for members under the age of 6 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate sr 20 mg tab	1	QL AL1 Up to 21 yrs old C Prior authorization is required for members 21 years of age and older
RITALIN LA 10 MG CAPSULE *methylphenidate hcl*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
RITALIN LA 60 MG CAPSULE *methylphenidate hcl*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members over the age of 20
VYVANSE 20 MG CAPSULE *lisdexamfetamine dimesylate*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members under the age of 6 years and 21 years and older
VYVANSE 30 MG CAPSULE *lisdexamfetamine dimesylate*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members under the age of 6 years and 21 years and older
VYVANSE 40 MG CAPSULE *lisdexamfetamine dimesylate*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members under the age of 6 years and 21 years and older
VYVANSE 50 MG CAPSULE *lisdexamfetamine dimesylate*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members under the age of 6 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE 60 MG CAPSULE *lisdexamfetamine dimesylate*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members under the age of 6 years and 21 years and older
VYVANSE 70 MG CAPSULE *lisdexamfetamine dimesylate*	2	QL AL1 At least 6 yrs old C Prior Authorization is required for members under the age of 6 years and 21 years and older
ANTICONVULSANTS		
carbamazepine 100 mg tab chew	1	QL
carbamazepine 100 mg/5 ml susp	1	QL
carbamazepine 200 mg tablet	1	QL
carbamazepine er 100 mg cap	1	QL
carbamazepine er 100 mg tablet	1	QL
carbamazepine er 200 mg cap	1	QL
carbamazepine er 200 mg tablet	1	QL
carbamazepine er 300 mg cap	1	QL
carbamazepine er 400 mg tablet	1	QL
clonazepam 0.125 mg dis tab	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 odt	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 0.5 mg dis tablet	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 odt	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 dis tablet	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 1 mg tablet	1	QL
clonazepam 2 mg odt	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
DILANTIN 30 MG CAPSULE *phenytoin sodium extended*	2	QL
divalproex dr 125 mg cap sprnk	1	
divalproex sod dr 125 mg tab	1	
divalproex sod dr 250 mg tab	1	
divalproex sod dr 500 mg tab	1	
divalproex sod er 250 mg tab	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
divalproex sod er 500 mg tab	1	
ethosuximide 250 mg capsule	1	QL
ethosuximide 250 mg/5 ml soln	1	QL
felbamate 400 mg tablet	1	QL
felbamate 600 mg tablet	1	QL
felbamate 600 mg/5 ml susp	1	QL
gabapentin 100 mg capsule	1	QL
gabapentin 250 mg/5 ml soln	1	
gabapentin 300 mg capsule	1	QL
gabapentin 400 mg capsule	1	QL
gabapentin 600 mg tablet	1	QL
gabapentin 800 mg tablet	1	QL
GABITRIL 12 MG TABLET *tiagabine hcl*	2	QL
GABITRIL 16 MG TABLET *tiagabine hcl*	2	QL
LAMICTAL TB START KIT (ORANGE) *lamotrigine*	2	C Generic Preferred
lamotrigine 100 mg tablet	1	QL
lamotrigine 150 mg tablet	1	QL
lamotrigine 200 mg tablet	1	QL
lamotrigine 25 mg disper tab	1	
lamotrigine 25 mg tablet	1	
lamotrigine 25 mg tb start kit	1	
lamotrigine 5 mg disper tablet	1	
levetiracetam 1,000 mg tablet	1	QL
levetiracetam 100 mg/ml soln	1	QL
levetiracetam 250 mg tablet	1	QL
levetiracetam 500 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levetiracetam 750 mg tablet	1	QL
levetiracetam er 500 mg tablet	1	QL AL1 At least 12 yrs old
levetiracetam er 750 mg tablet	1	QL AL1 At least 12 yrs old
oxcarbazepine 150 mg tablet	1	QL
oxcarbazepine 300 mg tablet	1	QL
oxcarbazepine 300 mg/5 ml susp	1	QL
oxcarbazepine 600 mg tablet	1	QL
phenytoin 125 mg/5 ml susp	1	QL
phenytoin 50 mg tablet chew	1	QL
phenytoin sod ext 100 mg cap	1	QL
phenytoin sod ext 200 mg cap	1	QL
phenytoin sod ext 300 mg cap	1	QL
primidone 250 mg tablet	1	QL
primidone 50 mg tablet	1	QL
tiagabine hcl 2 mg tablet	1	QL
tiagabine hcl 4 mg tablet	1	QL
topiramate 100 mg tablet	1	QL
topiramate 15 mg sprinkle cap	1	QL
topiramate 200 mg tablet	1	QL
topiramate 25 mg sprinkle cap	1	QL
topiramate 25 mg tablet	1	QL
topiramate 50 mg tablet	1	QL
valproic acid 250 mg capsule	1	
valproic acid 250 mg/5 ml soln	1	
valproic acid 500 mg/10 ml sol	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIMPAT 10 MG/ML SOLUTION *lacosamide*	2	QL AL1 At least 17 yrs old
VIMPAT 100 MG TABLET *lacosamide*	2	QL AL1 At least 17 yrs old
VIMPAT 150 MG TABLET *lacosamide*	2	QL AL1 At least 17 yrs old
VIMPAT 200 MG TABLET *lacosamide*	2	QL AL1 At least 17 yrs old
VIMPAT 50 MG TABLET *lacosamide*	2	QL AL1 At least 17 yrs old
VIMPAT STARTER KIT *lacosamide*	2	AL1 At least 17 yrs old
zonisamide 100 mg capsule	1	QL
zonisamide 25 mg capsule	1	QL
zonisamide 50 mg capsule	1	QL
ANTIMANIC AGENTS		
lithium carbonate 150 mg cap	1	QL
lithium carbonate 300 mg cap	1	QL
lithium carbonate 300 mg tab	1	QL
lithium carbonate 600 mg cap	1	QL
lithium carbonate er 300 mg tb	1	QL
lithium carbonate er 450 mg tb	1	QL
ANTIMIGRAINE AGENTS		
rizatriptan 10 mg tablet	1	QL
rizatriptan 5 mg tablet	1	QL
sumatriptan 20 mg nasal spray	1	QL
sumatriptan 5 mg nasal spray	1	QL
sumatriptan 6 mg/0.5 ml inject	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sumatriptan 6 mg/0.5 ml refill	1	QL
sumatriptan 6 mg/0.5 ml vial	1	QL
sumatriptan succ 100 mg tablet	1	QL
sumatriptan succ 25 mg tablet	1	QL
sumatriptan succ 50 mg tablet	1	QL
ANTIPARKINSONIAN AGENTS (CNS)		
benztropine mes 0.5 mg tab	1	QL
benztropine mes 1 mg tablet	1	QL
benztropine mes 2 mg tablet	1	QL
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
alprazolam 0.25 mg tablet	1	QL
alprazolam 0.5 mg tablet	1	QL
alprazolam 1 mg tablet	1	QL
alprazolam 2 mg tablet	1	QL
buspirone hcl 10 mg tablet	1	QL
buspirone hcl 15 mg tablet	1	QL
buspirone hcl 30 mg tablet	1	QL
buspirone hcl 5 mg tablet	1	QL
buspirone hcl 7.5 mg tablet	1	QL
chlordiazepoxide 10 mg capsule	1	QL
chlordiazepoxide 25 mg capsule	1	QL
chlordiazepoxide 5 mg capsule	1	QL
clorazepate 15 mg tablet	1	QL
clorazepate 3.75 mg tablet	1	QL
clorazepate 7.5 mg tablet	1	QL
diazepam 10 mg rectal gel syst	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diazepam 10 mg tablet	1	QL
diazepam 2 mg tablet	1	QL
diazepam 2.5 mg rectal gel sys	1	QL
diazepam 20 mg rectal gel syst	1	QL
diazepam 5 mg tablet	1	QL
diazepam 5 mg/5 ml oral soln	1	
diazepam 5 mg/5 ml solution	1	QL
diazepam 5 mg/ml oral conc	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
eszopiclone 3 mg tablet	1	QL AL1 At least 18 yrs old
flurazepam 15 mg capsule	1	QL
flurazepam 30 mg capsule	1	QL
hydroxyzine 10 mg/5 ml soln	1	QL
hydroxyzine 10 mg/5 ml syrup	1	QL
hydroxyzine hcl 10 mg tablet	1	QL
hydroxyzine hcl 25 mg tablet	1	QL
hydroxyzine hcl 50 mg tablet	1	QL
hydroxyzine pam 100 mg cap	1	QL
hydroxyzine pam 25 mg cap	1	QL
hydroxyzine pam 50 mg cap	1	QL
lorazepam 0.5 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lorazepam 1 mg tablet	1	QL
lorazepam 2 mg tablet	1	QL
lorazepam 2 mg/ml oral concent	1	QL
LORAZEPAM INTENSOL 2 MG/ML *lorazepam*	1	QL
oxazepam 10 mg capsule	1	QL
oxazepam 15 mg capsule	1	QL
oxazepam 30 mg capsule	1	QL
phenobarbital 100 mg tablet	1	
phenobarbital 15 mg tablet	1	
phenobarbital 16.2 mg tablet	1	
phenobarbital 20 mg/5 ml elix	1	
phenobarbital 20 mg/5 ml soln	1	
phenobarbital 30 mg tablet	1	
phenobarbital 32.4 mg tablet	1	
phenobarbital 60 mg tablet	1	
phenobarbital 64.8 mg tablet	1	
phenobarbital 97.2 mg tablet	1	
temazepam 15 mg capsule	1	QL
temazepam 30 mg capsule	1	QL
zaleplon 10 mg capsule	1	QL
zaleplon 5 mg capsule	1	QL
zolpidem tartrate 10 mg tablet	1	QL
zolpidem tartrate 5 mg tablet	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
acamprosate calc dr 333 mg tab	1	QL AL1 At least 18 yrs old
atomoxetine hcl 10 mg capsule	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
atomoxetine hcl 100 mg capsule	1	QL AL1 At least 6 yrs old
atomoxetine hcl 18 mg capsule	1	QL AL1 At least 6 yrs old
atomoxetine hcl 25 mg capsule	1	QL AL1 At least 6 yrs old
atomoxetine hcl 40 mg capsule	1	QL AL1 At least 6 yrs old
atomoxetine hcl 60 mg capsule	1	QL AL1 At least 6 yrs old
atomoxetine hcl 80 mg capsule	1	QL AL1 At least 6 yrs old
guanfacine hcl er 1 mg tablet	1	QL
guanfacine hcl er 2 mg tablet	1	QL
guanfacine hcl er 3 mg tablet	1	QL
guanfacine hcl er 4 mg tablet	1	QL
STRATTERA 10 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old
STRATTERA 100 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old
STRATTERA 18 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old
STRATTERA 25 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old
STRATTERA 40 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old
STRATTERA 60 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old
STRATTERA 80 MG CAPSULE *atomoxetine hcl*	2	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIATE ANTAGONISTS		
EVZIO 0.4 MG AUTO-INJECTOR *naloxone hcl*	2	QL
EVZIO 2 MG AUTO-INJECTOR *naloxone hcl*	2	QL C Maximum of 2 auto-injectors per fill
naloxone 0.4 mg/ml carpuject	1	
naloxone 0.4 mg/ml vial	1	
naloxone 2 mg/2 ml syringe	1	
naloxone 4 mg/10 ml vial	1	
naltrexone 50 mg tablet	1	
NARCAN 4 MG NASAL SPRAY *naloxone hcl*	2	QL
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA ER 300 MG SYR *aripiprazole*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
ABILIFY MAINTENA ER 300 MG VL *aripiprazole*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
ABILIFY MAINTENA ER 400 MG SYR *aripiprazole*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
ABILIFY MAINTENA ER 400 MG VL *aripiprazole*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amitriptyline hcl 10 mg tab	1	QL
amitriptyline hcl 100 mg tab	1	QL
amitriptyline hcl 150 mg tab	1	QL
amitriptyline hcl 25 mg tab	1	QL
amitriptyline hcl 50 mg tab	1	QL
amitriptyline hcl 75 mg tab	1	QL
amoxapine 100 mg tablet	1	QL
amoxapine 150 mg tablet	1	QL
amoxapine 25 mg tablet	1	QL
amoxapine 50 mg tablet	1	QL
aripiprazole 1 mg/ml solution	1	QL C PA required for members less than 18 years old
aripiprazole 10 mg tablet	1	QL C PA required for member under the age of 18
aripiprazole 15 mg tablet	1	QL C PA required for members under the age of 18
aripiprazole 2 mg tablet	1	QL C PA required for members under the age of 18
aripiprazole 20 mg tablet	1	QL C PA required for members under the age of 18
aripiprazole 30 mg tablet	1	QL C PA required for members under the age of 18
aripiprazole 5 mg tablet	1	QL C PA required for members under the age of 18

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aripiprazole odt 10 mg tablet	1	QL C PA required for members less than 18 years old
aripiprazole odt 15 mg tablet	1	QL C PA required for members less than 18 years old
BUPROBAN 150 MG TABLET *bupropion hcl*	1	QL
bupropion hcl 100 mg tablet	1	QL
bupropion hcl 75 mg tablet	1	QL
bupropion hcl sr 100 mg tablet	1	QL
bupropion hcl sr 150 mg tablet	1	QL
bupropion hcl sr 200 mg tablet	1	QL
bupropion hcl xl 150 mg tablet	1	QL
bupropion hcl xl 300 mg tablet	1	QL
chlordiazepo-amitriptyl 5-12.5	1	QL
chlordiazepox-amitriptyl 10-25	1	QL
citalopram hbr 10 mg tablet	1	QL
citalopram hbr 10 mg/5 ml soln	1	QL
citalopram hbr 20 mg tablet	1	QL
citalopram hbr 40 mg tablet	1	QL
clozapine 100 mg tablet	1	QL C PA required for members less than 18 years old
clozapine 200 mg tablet	1	QL C PA required for members less than 18 years old
clozapine 25 mg tablet	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clozapine 50 mg tablet	1	QL C PA required for members less than 18 years old
desipramine 10 mg tablet	1	QL
desipramine 100 mg tablet	1	QL
desipramine 150 mg tablet	1	QL
desipramine 25 mg tablet	1	QL
desipramine 50 mg tablet	1	QL
desipramine 75 mg tablet	1	QL
doxepin 10 mg capsule	1	QL
doxepin 10 mg/ml oral conc	1	QL
doxepin 100 mg capsule	1	QL
doxepin 150 mg capsule	1	QL
doxepin 25 mg capsule	1	QL
doxepin 50 mg capsule	1	QL
doxepin 75 mg capsule	1	QL
duloxetine hcl dr 20 mg cap	1	QL
duloxetine hcl dr 30 mg cap	1	QL
duloxetine hcl dr 60 mg cap	1	QL
escitalopram 10 mg tablet	1	QL
escitalopram 20 mg tablet	1	QL
escitalopram 5 mg tablet	1	QL
escitalopram oxalate 5 mg/5 ml	1	QL
fluoxetine 20 mg/5 ml solution	1	QL
fluoxetine hcl 10 mg capsule	1	QL
fluoxetine hcl 10 mg tablet	1	QL
fluoxetine hcl 20 mg capsule	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl 20 mg tablet	1	QL
fluoxetine hcl 40 mg capsule	1	QL
fluphenazine 2.5 mg/5 ml elix	1	QL C PA required for members less than 18 years old
fluphenazine 2.5 mg/ml vial	1	QL C PA required for members less than 18 years old
fluphenazine 5 mg/ml conc	1	QL C PA required for members less than 18 years old
fluphenazine dec 125 mg/5 ml	1	QL C PA required for members less than 18 years old
fluvoxamine maleate 100 mg tab	1	QL
fluvoxamine maleate 25 mg tab	1	QL
fluvoxamine maleate 50 mg tab	1	QL
haloperidol 0.5 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol 1 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol 10 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol 2 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol 20 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
haloperidol 5 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol 5 mg/ml ampul	1	QL C PA required for members less than 18 years old
haloperidol dec 100 mg/ml amp	1	QL C PA required for members less than 18 years old
haloperidol dec 100 mg/ml vial	1	QL C PA required for members less than 18 years old
haloperidol dec 50 mg/ml vial	1	QL C PA required for members less than 18 years old
haloperidol decan 50 mg/ml amp	1	QL C PA required for members less than 18 years old
haloperidol lac 2 mg/ml conc	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol lac 5 mg/ml vial	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
haloperidol lac 50 mg/10 ml vl	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
imipramine hcl 10 mg tablet	1	QL
imipramine hcl 25 mg tablet	1	QL
imipramine hcl 50 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 156 MG/ML SYRG *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
INVEGA SUSTENNA 234 MG/1.5 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
INVEGA SUSTENNA 39 MG/0.25 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
INVEGA SUSTENNA 78 MG/0.5 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
INVEGA TRINZA 273 MG/0.875 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 410 MG/1.315 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 546 MG/1.75 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old
INVEGA TRINZA 819 MG/2.625 ML *paliperidone palmitate*	3	QL PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
loxapine 10 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
loxapine 25 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
loxapine 5 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
loxapine 50 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
maprotiline 25 mg tablet	1	QL
maprotiline 50 mg tablet	1	QL
maprotiline 75 mg tablet	1	QL
mirtazapine 15 mg odt	1	QL
mirtazapine 15 mg tablet	1	QL
mirtazapine 30 mg odt	1	QL
mirtazapine 30 mg tablet	1	QL
mirtazapine 45 mg odt	1	QL
mirtazapine 45 mg tablet	1	QL
nefazodone hcl 100 mg tablet	1	QL
nefazodone hcl 150 mg tablet	1	QL
nefazodone hcl 200 mg tablet	1	QL
nefazodone hcl 250 mg tablet	1	QL
nefazodone hcl 50 mg tablet	1	QL
nortriptyline 10 mg/5 ml sol	1	QL
nortriptyline hcl 10 mg cap	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nortriptyline hcl 25 mg cap	1	QL
nortriptyline hcl 50 mg cap	1	QL
nortriptyline hcl 75 mg cap	1	QL
olanzapine 10 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine 15 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine 2.5 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine 20 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine 5 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine 7.5 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine odt 10 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine odt 15 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine odt 20 mg tablet	1	QL C PA required for members less than 18 years old
olanzapine odt 5 mg tablet	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
paroxetine hcl 10 mg tablet	1	QL
paroxetine hcl 20 mg tablet	1	QL
paroxetine hcl 30 mg tablet	1	QL
paroxetine hcl 40 mg tablet	1	QL
perphen-amitrip 2 mg-10 mg tab	1	QL
perphen-amitrip 2 mg-25 mg tab	1	QL
perphen-amitrip 4 mg-10 mg tab	1	QL
perphen-amitrip 4 mg-25 mg tab	1	QL
perphen-amitrip 4 mg-50 mg tab	1	QL
perphenazine 16 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
perphenazine 2 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
perphenazine 4 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
perphenazine 8 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
pimozide 1 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
pimozide 2 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
protriptyline hcl 10 mg tablet	1	QL
protriptyline hcl 5 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 100 mg tab	1	QL C PA required for members less than 18 years old
quetiapine fumarate 200 mg tab	1	QL C PA required for members less than 18 years old
quetiapine fumarate 25 mg tab	1	QL C PA required for members less than 18 years old
quetiapine fumarate 300 mg tab	1	QL C PA required for members less than 18 years old
quetiapine fumarate 400 mg tab	1	QL C PA required for members less than 18 years old
quetiapine fumarate 50 mg tab	1	QL C PA required for members less than 18 years old
RISPERDAL CONSTA 12.5 MG SYR *risperidone microspheres*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
RISPERDAL CONSTA 25 MG SYR *risperidone microspheres*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
RISPERDAL CONSTA 37.5 MG SYR *risperidone microspheres*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA 50 MG SYR *risperidone microspheres*	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
risperidone 0.25 mg odt	1	QL C PA required for members less than 18 years old
risperidone 0.25 mg tablet	1	QL C PA required for members less than 18 years old
risperidone 0.5 mg odt	1	QL C PA required for members less than 18 years old
risperidone 0.5 mg tablet	1	QL C PA required for members less than 18 years old
risperidone 1 mg odt	1	QL C PA required for members less than 18 years old
risperidone 1 mg tablet	1	QL C PA required for members less than 18 years old
risperidone 1 mg/ml solution	1	QL C PA required for members less than 18 years old
risperidone 2 mg odt	1	QL C PA required for members less than 18 years old
risperidone 2 mg tablet	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
risperidone 3 mg odt	1	QL C PA required for members less than 18 years old
risperidone 3 mg tablet	1	QL C PA required for members less than 18 years old
risperidone 4 mg odt	1	QL C PA required for members less than 18 years old
risperidone 4 mg tablet	1	QL C PA required for members less than 18 years old
sertraline 20 mg/ml oral conc	1	QL
sertraline hcl 100 mg tablet	1	QL
sertraline hcl 25 mg tablet	1	QL
sertraline hcl 50 mg tablet	1	QL
thioridazine 10 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
thioridazine 100 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
thioridazine 25 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
thioridazine 50 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
thiothixene 1 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
thiothixene 10 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
thiothixene 2 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
thiothixene 5 mg capsule	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
tranylcypromine sulf 10 mg tab	1	QL
trazodone 100 mg tablet	1	QL
trazodone 150 mg tablet	1	QL
trazodone 300 mg tablet	1	QL
trazodone 50 mg tablet	1	QL
trifluoperazine 1 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
trifluoperazine 10 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
trifluoperazine 2 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
trifluoperazine 5 mg tablet	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
venlafaxine hcl 100 mg tablet	1	QL
venlafaxine hcl 25 mg tablet	1	QL
venlafaxine hcl 37.5 mg tablet	1	QL
venlafaxine hcl 50 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
venlafaxine hcl 75 mg tablet	1	QL
venlafaxine hcl er 150 mg cap	1	QL
venlafaxine hcl er 37.5 mg cap	1	QL
venlafaxine hcl er 75 mg cap	1	QL
ziprasidone hcl 20 mg capsule	1	QL C PA required for members less than 18 years old
ziprasidone hcl 40 mg capsule	1	QL C PA required for members less than 18 years old
ziprasidone hcl 60 mg capsule	1	QL C PA required for members less than 18 years old
ziprasidone hcl 80 mg capsule	1	QL C PA required for members less than 18 years old
DEVICES		
advocate ins 0.3 ml 30gx5/16"	1	QL
advocate ins 0.3 ml 31gx5/16"	1	QL
advocate ins 0.5 ml 30gx5/16"	1	QL
advocate ins 0.5 ml 31gx5/16"	1	QL
advocate ins 1 ml 31gx5/16"	1	QL
advocate ins syr 0.3ml 29gx1/2	1	QL
advocate ins syr 0.5ml 29gx1/2	1	QL
advocate ins syr 1 ml 29gx1/2"	1	QL
advocate ins syr 1 ml 30gx5/16	1	QL
aerochamber mv hold chamber	2	
aerochamber plus flow-vu	2	
aerochamber plus flow-vu large	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aerochamber plus flow-vu med	2	
aerochamber plus flow-vu small	2	
aerochamber z-stat plus large	2	
assure id syr 0.5 ml 29gx1/2"	1	QL
assure id syr 1 ml 29gx1/2"	1	QL
bd integra syr 1 ml 29gx1/2"	1	QL
bd luer-lok syringe 1 ml	1	QL
bd luer-lok syringe 1 ml	1	QL
bd safetyglide syringe 27gx5/8	1	QL
bd saftgld ins 0.3 ml 31gx5/16	1	QL
bd saftgld ins syr 0.3 ml 29g	1	QL
bd saftgld ins syr 0.5 ml 30g	1	QL
bd syr 0.3 ml 6mmx31g (1/2)	1	QL
bd syr 0.3 ml 8mmx31g (1/2)	1	QL
bd syringe 0.3 ml 12.7mmx30g	1	QL
bd syringe 0.5 ml 12.7mmx30g	1	QL
breeze 2 meter	2	
ca ins syr 0.3 ml 30gx5/16"	1	QL
ca ins syr 0.3 ml 31gx5/16"	1	QL
ca ins syr 0.5 ml 30gx5/16"	1	QL
ca ins syr 0.5 ml 31gx5/16"	1	QL
ca insulin syr 0.3 ml 29gx1/2"	1	QL
ca insulin syr 0.5 ml 29gx1/2"	1	QL
ca insulin syr 1 ml 29gx1/2"	1	QL
ca insulin syr 1 ml 30gx5/16"	1	QL
ca insulin syr 1 ml 31gx5/16"	1	QL
careone syr 0.3 ml 30gx1/2"	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
careone syr 0.3 ml 31gx5/16"	1	QL
careone syr 0.5 ml 30gx1/2"	1	QL
careone syr 0.5 ml 31gx5/16"	1	QL
careone syr 1 ml 30gx1/2"	1	QL
careone syr 1 ml 31gx5/16"	1	QL
comfort ez ins 0.3ml 30gx1/2"	1	QL
comfort ez ins 0.3ml 30gx5/16"	1	QL
comfort ez insulin syr 0.3 ml	1	QL
comfort ez insulin syr 0.5 ml	1	QL
comfort ez syr 0.3 ml 29gx1/2"	1	QL
comfort ez syr 0.5 ml 28gx1/2"	1	QL
comfort ez syr 0.5 ml 29gx1/2"	1	QL
comfort ez syr 0.5 ml 30gx1/2"	1	QL
comfort ez syr 1 ml 28gx1/2"	1	QL
comfort ez syr 1 ml 29gx1/2"	1	QL
comfort ez syr 1 ml 30gx1/2"	1	QL
comfort ez syr 1 ml 30gx5/16"	1	QL
comfort ez syr 1 ml 31gx5/16"	1	QL
contour meter	2	QL
contour meter system	2	QL
contour next ez meter	2	
contour next usb meter	2	
cool mist humidifier	1	QL AL1 Up to 21 yrs old
cool mist humidifier	1	QL AL1 Up to 21 yrs old
cool mist humidifier	1	QL AL1 Up to 21 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cool moisture humidifier	1	QL AL1 Up to 21 yrs old
drug mart ultra comfort syr	1	QL
drug mart ultra comfort syr	1	QL
drug mart ultra comfort syr	1	QL
easy comfort 0.3 ml syringe	1	QL
easy comfort 0.5 ml 30gx1/2"	1	QL
easy comfort 0.5 ml 31gx5/16"	1	QL
easy comfort 0.5 ml syringe	1	QL
easy comfort 1 ml 31gx5/16"	1	QL
easy comfort insulin 1 ml syr	1	QL
easy comfort syr 1 ml 30gx1/2"	1	QL
easy touch 0.3 ml syr 30gx1/2"	1	QL
easy touch 0.5 ml syr 27gx1/2"	1	QL
easy touch 0.5 ml syr 29gx1/2"	1	QL
easy touch 0.5 ml syr 30gx1/2"	1	QL
easy touch 0.5 ml syr 30gx5/16	1	QL
easy touch 1 ml syr 27gx1/2"	1	QL
easy touch 1 ml syr 29gx1/2"	1	QL
easy touch 1 ml syr 30gx1/2"	1	QL
easy touch 1 ml syr 30gx1/2"	1	QL
easy touch insulin syr 0.3 ml	1	QL
easy touch insulin syr 0.5 ml	1	QL
easy touch insulin syr 1 ml	1	QL
easy touch insuln 1ml 29gx1/2"	1	QL
easy touch insuln 1ml 30gx1/2"	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
easy touch insuln 1ml 30gx5/16	1	QL
easy touch insuln 1ml 30gx5/16	1	QL
easy touch insuln 1ml 31gx5/16	1	QL
easy touch insuln 1ml 31gx5/16	1	QL
EUFLEXXA 20 MG/2 ML SYRINGE *hyaluronate sodium*	3	QL
fingerstix lancets	1	QL
freestyle freedom lite meter	2	
freestyle insulinx glucose sys	2	
freestyle lite meter	2	
freestyle lite meter nfrs	2	
freestyle prec 0.5 ml 30gx5/16	1	QL
freestyle prec 0.5 ml 31gx5/16	1	QL
freestyle prec 1 ml 30gx5/16"	1	QL
freestyle prec 1 ml 31gx5/16"	1	QL
humidifier	1	QL AL1 Up to 21 yrs old
humidifier, ultrasonic	1	QL AL1 Up to 21 yrs old
microlet lancets	1	QL
optichamber diamond vhc	2	
optichamber diamond w-lrg mask	2	
optichamber diamond w-med mask	2	
optichamber diamond w-sml mask	2	
precision xtr b-ketone strip	2	
precision xtra monitor	2	
precision xtra monitor nfrs	2	
reli-on insulin 1 ml syr	1	QL
single-let lancets	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sure comfort 0.3 ml syringe	1	QL
sure comfort 0.5 ml syringe	1	QL
sure comfort 1 ml syringe	1	QL
sure comfort 3/10 ml syringe	1	QL
ultra-thin ii 1 ml 31gx5/16"	1	QL
ultra-thin ii ins 0.3 ml 29g	1	QL
ultra-thin ii ins 0.3 ml 30g	1	QL
ultra-thin ii ins 0.3 ml 31g	1	QL
ultra-thin ii ins 0.5 ml 29g	1	QL
ultra-thin ii ins 0.5 ml 30g	1	QL
ultra-thin ii ins 0.5 ml 31g	1	QL
ultra-thin ii ins syr 1 ml 29g	1	QL
ultra-thin ii ins syr 1 ml 30g	1	QL
ultrasonic humidifier	1	QL AL1 Up to 21 yrs old
vanishpoint 0.5 ml 30gx1/2" sy	1	QL
vanishpoint u-100 29x1/2 syr	1	QL
vaporizer 1 gallon	1	QL AL1 Up to 21 yrs old
vaporizer 1.2 gallon	1	QL AL1 Up to 21 yrs old
vaporizer 1.7 gallon	1	QL AL1 Up to 21 yrs old
vaporizer 3 gallon	1	QL AL1 Up to 21 yrs old
warm steam vaporizer	1	QL AL1 Up to 21 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
breeze 2 disc test strip	2	QL
contour next strips	2	QL
contour test strips	2	QL
freestyle insulinx test strip	2	QL
freestyle insulinx test strips	2	QL
freestyle lite test strip	2	QL
freestyle test strips	2	QL
precision xtra test strips	2	QL
URINE AND FECES CONTENTS		
albustix reagent strips	1	QL
labstix reagent strips	1	QL
multistix 5 strips	1	QL
multistix 7 reagent strips	1	QL
multistix 8 sg reagent strips	1	QL
multistix 9 reagent strips	1	QL
multistix 9 sg reagent strips	1	QL
multistix reagent strips	1	QL
uristix 4 reagent strips	1	QL
uristix reagent strips	1	QL
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
PHOSPHA 250 NEUTRAL TABLET *sodium phosphate,dibasic/pot phos,monob/sod phosphate mono*	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALKALINIZING AGENTS		
CYTRA-2 ORAL SOLUTION *citric acid/sodium citrate*	1	QL
ORACIT ORAL SOLUTION *citric acid/sodium citrate*	1	QL
potassium citrate er 10 meq tb	1	QL
potassium citrate er 15 meq tb	1	
potassium citrate er 5 meq tab	1	QL
sod citrate-citric acid soln	1	QL
AMMONIA DETOXICANTS		
CONSTULOSE 10 GM/15 ML SOLN *lactulose*	1	
ENULOSE 10 GM/15 ML SOLUTION *lactulose*	1	
GENERLAC 10 GM/15 ML SOLUTION *lactulose*	1	
lactulose 10 gm/15 ml solution	1	QL
CALORIC AGENTS		
cvs glucose 4 gram tablet chew	1	
drug mart glucose 4 gm tab chw	1	
fifty50 glucose 4 gm tablet	1	
glucose 4 gram tablet chew	1	
gnp glucose 4 gram tablet chew	1	
gnp quick dissolve glucose tab	1	
hm glucose 4 gram tablet chew	1	
kro glucose 4 gram tablet chew	1	
kroger glucose 4 gram tab chew	1	
leader glucose 4 gm tab chew	1	
leader quick dissolve gluc tab	1	
longs glucose 4 gram tab chew	1	
meijer glucose 4 gram tab chew	1	
ms glucose 4 gram tablet chew	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ms quick dissolve glucose tab	1	
preferred plus glucose tab chw	1	
pub glucose 4 gram tablet chew	1	
pv glucose 4 gram tablet chew	1	
ra glucose 4 gram tablet chew	1	
reli-on glucose 4 gram tab chw	1	
sm glucose 4 gram tab chew	1	
smart sense glucose 4 gram tab	1	
up&up glucose 4 gram tab chew	1	
DIURETICS		
amiloride hcl 5 mg tablet	1	QL
amiloride hcl-hctz 5-50 mg tab	1	QL
bumetanide 0.5 mg tablet	1	QL
bumetanide 1 mg tablet	1	QL
bumetanide 2 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
DIURIL 250 MG/5 ML ORAL SUSP *chlorothiazide*	2	QL
furosemide 10 mg/ml solution	1	QL
furosemide 20 mg tablet	1	QL
furosemide 40 mg tablet	1	QL
furosemide 40 mg/5 ml soln	1	QL
furosemide 80 mg tablet	1	QL
hydrochlorothiazide 12.5 mg cp	1	QL
hydrochlorothiazide 12.5 mg tb	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrochlorothiazide 25 mg tab	1	QL
hydrochlorothiazide 50 mg tab	1	QL
indapamide 1.25 mg tablet	1	QL
indapamide 2.5 mg tablet	1	QL
methyclothiazide 5 mg tablet	1	QL
metolazone 10 mg tablet	1	QL
metolazone 2.5 mg tablet	1	QL
metolazone 5 mg tablet	1	QL
triamterene-hctz 37.5-25 mg cp	1	QL
triamterene-hctz 37.5-25 mg tb	1	QL
triamterene-hctz 50-25 mg cap	1	QL
triamterene-hctz 75-50 mg tab	1	QL
ION-REMOVING AGENTS		
calcium acetate 667 mg capsule	1	QL
calcium acetate 667 mg gelcap	1	QL
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
RENVELA 800 MG TABLET *sevelamer carbonate*	2	QL
sod polystyren sulf 15 g/60 ml	1	QL
sodium polystyrene sulf powder	1	QL
sps 30 gm/120 ml enema	1	QL
SPS 30 GM/120 ML ENEMA *sodium polystyrene sulfonate/sorbitol solution*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IRRIGATING SOLUTIONS		
sodium chloride 0.9% irrig.	1	
REPLACEMENT PREPARATIONS		
K EFFERVESCENT 25 MEQ TABLET *potassium bicarbonate/citric acid*	1	QL
ORALYTE ELECTROLYTE SOLN *electrolytes/dextrose*	1	QL
ORALYTE FREEZER POPS *electrolytes/dextrose*	1	QL
ORALYTE SOLUTION *electrolytes/dextrose*	1	QL
potassium 25 meq tablet eff	1	QL
potassium cl 10% (20 meq/15 ml	1	QL
potassium cl 10% (40 meq/30 ml	1	QL
potassium cl 20 meq packet	1	QL
potassium cl 20% (40 meq/15 ml	1	QL
potassium cl er 10 meq capsule	1	QL
potassium cl er 10 meq tablet	1	QL
potassium cl er 20 meq tablet	1	QL
potassium cl er 8 meq capsule	1	
potassium cl er 8 meq tablet	1	QL
URICOSURIC AGENTS		
probenecid 500 mg tablet	1	QL
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTI-INFECTIVES (EENT)		
ACETASOL HC EAR DROPS *hydrocortisone/acetic acid*	1	
acetic acid 2% ear solution	1	
bacitracin 500 unit/gm ophth	1	QL
bacitracin-polymyxin eye oint	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLEPHAMIDE EYE DROPS *sulfacetamide sodium/prednisolone acetate*	1	QL
BLEPHAMIDE EYE OINTMENT *sulfacetamide sodium/prednisolone acetate*	1	QL
chlorhexidine 0.12% rinse	1	QL
ciprofloxacin 0.3% eye drop	1	QL
erythromycin 0.5% eye ointment	1	QL
gentamicin 0.3% eye drops	1	QL
gentamicin 0.3% eye ointment	1	QL
gentamicin 3 mg/ml eye drops	1	QL
hydrocortison-acetic acid soln	1	
neo-bacit-poly-hc eye ointment	1	
neomyc-bacit-polymix eye oint	1	
neomyc-polym-dexamet eye ointm	1	
neomyc-polym-dexameth eye drop	1	QL
neomycin-poly-hc eye drops	1	QL
neomycin-polymyxin-hc ear soln	1	
neomycin-polymyxin-hc ear susp	1	
ofloxacin 0.3% ear drops	1	
ofloxacin 0.3% eye drops	1	QL
PERIOGARD 0.12% ORAL RINSE *chlorhexidine gluconate*	1	
polymyxin b-tmp eye drops	1	QL
sulf-pred 10-0.23% eye drops	1	QL
sulfacetamide 10% eye drops	1	QL
TOBRADEX EYE OINTMENT *tobramycin/dexamethasone*	2	QL
TOBRADEX ST EYE DROPS *tobramycin/dexamethasone*	2	
tobramycin 0.3% eye drops	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tobramycin-dexameth ophth susp	1	QL
TOBREX 0.3% EYE OINTMENT *tobramycin*	2	QL
trifluridine 1% eye drops	1	QL
ANTI-INFLAMMATORY AGENTS (EENT)		
ALREX 0.2% EYE DROPS *loteprednol etabonate*	1	QL
budesonide 32 mcg nasal spray	1	QL AL1 At least 6 yrs old
dexamethasone 0.1% eye drop	1	QL
FLAREX 0.1% EYE DROPS *fluorometholone acetate*	2	QL
flunisolide 0.025% spray	1	QL AL1 At least 6 yrs old
fluocinolone oil 0.01% ear drp	1	QL AL1 At least 2 yrs old
fluorometholone 0.1% drops	1	QL
flurbiprofen 0.03% eye drop	1	QL
fluticasone prop 50 mcg spray	1	QL
FML FORTE 0.25% EYE DROPS *fluorometholone*	2	QL
FML S.O.P. 0.1% OINTMENT *fluorometholone*	2	QL
ketorolac 0.4% ophth solution	1	
ketorolac 0.5% ophth solution	1	QL
PRED MILD 0.12% EYE DROPS *prednisolone acetate*	1	QL
prednisolone ac 1% eye drop	1	QL
prednisolone sod 1% eye drop	1	QL
RESTASIS 0.05% EYE EMULSION *cyclosporine*	2	QL
TRIESENCE 40 MG/ML VIAL *triamcinolone acetonide/pf*	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VEXOL 1% EYE DROPS *rimexolone*	2	QL
ANTIALLERGIC AGENTS		
ALAWAY 0.025% EYE DROPS *ketotifen fumarate*	1	QL
ALOMIDE 0.1% EYE DROPS *lodoxamide tromethamine*	2	QL
azelastine 0.1% (137 mcg) spry	1	QL AL1 At least 5 yrs old
ketotifen fum 0.025% eye drops	1	QL
olopatadine hcl 0.1% eye drops	1	QL
ZADITOR 0.025% (0.035%) DROPS *ketotifen fumarate*	1	QL
ANTIGLAUCOMA AGENTS		
acetazolamide 125 mg tablet	1	QL
acetazolamide 250 mg tablet	1	QL
acetazolamide er 500 mg cap	1	QL
ALPHAGAN P 0.1% DROPS *brimonidine tartrate*	2	QL
AZOPT 1% EYE DROPS *brinzolamide*	2	QL
brimonidine 0.2% eye drop	1	QL
brimonidine tartrate 0.15% drp	1	QL
dorzolamide-timolol eye drops	1	QL
latanoprost 0.005% eye drops	1	QL
levobunolol 0.5% eye drops	1	QL
methazolamide 25 mg tablet	1	QL
methazolamide 50 mg tablet	1	QL
pilocarpine 1% eye drops	1	QL
pilocarpine 2% eye drops	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pilocarpine 4% eye drops	1	QL
timolol 0.25% eye drops	1	QL
timolol 0.25% gel-solution	1	QL
timolol 0.25% gfs gel-solution	1	QL
timolol 0.5% eye drops	1	QL
timolol 0.5% gel-solution	1	QL
timolol 0.5% gfs gel-solution	1	QL
EENT DRUGS, MISCELLANEOUS		
ipratropium 0.03% spray	1	
ipratropium 0.06% spray	1	
LOCAL ANESTHETICS (EENT)		
lidocaine 2% viscous soln	1	
lidocaine hcl 2% jelly	1	
lidocaine hcl 4% solution	1	
MYDRIATICS		
atropine 1% eye drops	1	QL
atropine 1% eye ointment	1	QL
cyclopentolate 0.5% eye drops	1	QL
cyclopentolate 1% eye drops	1	QL
cyclopentolate hcl 2% drops	1	QL
HOMATROPAIRE 5% EYE DROPS *homatropine hbr*	1	QL
tropicamide 0.5% eye drops	1	QL
tropicamide 1% eye drops	1	QL
VASOCONSTRICTORS		
phenylephrine 2.5% eye drop	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
MINTOX PLUS TABLET CHEWABLE *magnesium hydroxide/aluminum hydroxide/simethicone*	1	
sodium bicarb 325 mg tablet	1	
sodium bicarb 650 mg tablet	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
APRISO ER 0.375 GRAM CAPSULE *mesalamine*	2	QL AL1 At least 18 yrs old
ASACOL HD DR 800 MG TABLET *mesalamine*	2	QL AL1 At least 18 yrs old
balsalazide disodium 750 mg cp	1	QL
CANASA 1,000 MG SUPPOSITORY *mesalamine*	2	QL AL1 At least 18 yrs old
mesalamine 4 gm/60 ml enema	1	QL
mesalamine dr 1.2 gm tablet	1	QL AL1 At least 18 yrs old
PENTASA 250 MG CAPSULE *mesalamine*	2	QL
PENTASA 500 MG CAPSULE *mesalamine*	2	QL
ANTIDIARRHEA AGENTS		
diphenoxylat-atrop 2.5-0.025/5	1	QL
diphenoxylate-atrop 2.5-0.025	1	QL
ANTIEMETICS		
aprepitant 125 mg capsule	1	QL
aprepitant 125-80-80 mg pack	1	QL
aprepitant 40 mg capsule	1	QL
aprepitant 80 mg capsule	1	QL
COMPRO 25 MG SUPPOSITORY *prochlorperazine*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
meclizine 12.5 mg caplet	1	QL
meclizine 12.5 mg tablet	1	QL
meclizine 25 mg tablet	1	QL
meclizine 25 mg tablet chew	1	QL
ondansetron 4 mg/5 ml solution	1	QL
ondansetron hcl 4 mg tablet	1	QL
ondansetron hcl 8 mg tablet	1	QL
ondansetron odt 4 mg tablet	1	QL
ondansetron odt 8 mg tablet	1	QL
prochlorperazine 10 mg tab	1	QL
prochlorperazine 25 mg supp	1	QL
prochlorperazine 5 mg tablet	1	QL
trimethobenzamide 300 mg cap	1	QL
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
cimetidine 200 mg tablet	1	QL
cimetidine 300 mg tablet	1	QL
cimetidine 300 mg/5 ml soln	1	QL
cimetidine 400 mg tablet	1	QL
cimetidine 800 mg tablet	1	QL
cvs cimetidine 200 mg tablet	1	QL
cvs omeprazole mag dr 20.6 mg	1	QL
cvs ranitidine 75 mg tablet	1	QL
eq omeprazole mag dr 20.6 mg	1	QL
eq ranitidine 150 mg tablet	1	QL
eql lansoprazole dr 15 mg cap	1	QL
famotidine 20 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
famotidine 40 mg tablet	1	QL
famotidine 40 mg/5 ml susp	1	
gnp cimetidine 200 mg tablet	1	QL
hm famotidine 20 mg tablet	1	QL
kro omeprazole mag dr 20.6 mg	1	QL
lansoprazole dr 15 mg capsule	1	QL
lansoprazole dr 30 mg capsule	1	QL
misoprostol 100 mcg tablet	1	QL
misoprostol 200 mcg tablet	1	QL
omeprazole dr 10 mg capsule	1	QL
omeprazole dr 20 mg capsule	1	QL
omeprazole dr 40 mg capsule	1	QL
omeprazole mag dr 20.6 mg cap	1	QL
pantoprazole sod dr 20 mg tab	1	QL
pantoprazole sod dr 40 mg tab	1	QL
PEPCID AC 20 MG TABLET *famotidine*	1	
pub famotidine 20 mg tablet	1	QL
pub ranitidine 150 mg tablet	1	QL
pv omeprazole mag dr 20.6 mg	1	QL
qc omeprazole mag dr 20.6 mg	1	QL
rabeprazole sod dr 20 mg tab	1	QL AL1 At least 12 yrs old
ranitidine 15 mg/ml syrup	1	QL
ranitidine 150 mg tablet	1	QL
ranitidine 150 mg/10 ml syrup	1	QL
ranitidine 300 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ranitidine 75 mg tablet	1	QL
sucralfate 1 gm tablet	1	QL
CATHARTICS AND LAXATIVES		
cvs mineral oil	1	QL
FIBER THERAPY POWDER *psyllium husk (with sugar)*	1	
GAVILAX POWDER *polyethylene glycol 3350*	1	QL
GAVILYTE-C SOLUTION *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	2	QL
GAVILYTE-G SOLUTION *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	2	QL
GAVILYTE-N SOLUTION *sodium chloride/sodium bicarbonate/potassium chloride/peg*	2	QL
GOLYTELY PACKET *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	2	
HEALTHYLAX POWDER PACKET *polyethylene glycol 3350*	1	QL
hm mineral oil	1	QL
HYDROCIL INSTANT POWDER *psyllium seed*	1	
KONSYL PSYLLIUM FIBER PACKET *psyllium husk (with sugar)*	1	
KONSYL PSYLLIUM FIBER PACKET *psyllium husk/aspartame*	1	
METAMUCIL POWDER *psyllium husk (with sugar)*	1	
METAMUCIL POWDER *psyllium husk/aspartame*	1	
METAMUCIL POWDER *psyllium seed (with sugar)*	1	
METAMUCIL SUGAR FREE POWDER *psyllium husk/aspartame*	1	
mineral oil	1	QL
MOVIPREP POWDER PACKET *peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c*	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NATURAL VEGETABLE POWDER *psyllium seed (with dextrose)*	1	
peg 3350 electrolyte soln	1	
peg-3350 and electrolytes soln	1	
polyethylene glycol 3350 powd	1	QL
PV FIBER LAXATIVE POWDER *psyllium seed*	1	
PV FIBER LAXATIVE POWDER *psyllium seed (with sugar)*	1	
pv mineral oil	1	QL
qc mineral oil heavy	1	QL
QC NATURAL VEGETABLE POWDER *psyllium husk (with sugar)*	1	
QC NATURAL VEGETABLE POWDER *psyllium seed*	1	
QC NATURAL VEGETABLE POWDER *psyllium seed (with dextrose)*	1	
REGULOID LAXATIVE POWDER *psyllium seed*	1	
SENEXON-S TABLET *sennosides/docusate sodium*	1	QL
sennosides-docusate sodium tab	1	QL
SM FIBER SMOOTH POWDER *psyllium seed*	1	
sm mineral oil heavy	1	QL
SMOOTHLAX POWDER PACKET *polyethylene glycol 3350*	1	QL
SOF-LAX 100 MG GELCAP *docusate sodium*	1	QL
sorbitol 70% solution	2	QL
CHOLELITHOLYTIC AGENTS		
ursodiol 250 mg tablet	1	
ursodiol 300 mg capsule	1	QL
ursodiol 500 mg tablet	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIGESTANTS		
CREON DR 12,000 UNITS CAPSULE *lipase/protease/amylase*	2	
CREON DR 24,000 UNITS CAPSULE *lipase/protease/amylase*	2	
CREON DR 6,000 UNITS CAPSULE *lipase/protease/amylase*	2	
PANCRELIPASE DR 5,000 UNIT CAP *lipase/protease/amylase*	1	
GI DRUGS, MISCELLANEOUS		
LINZESS 145 MCG CAPSULE *linaclotide*	2	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
LINZESS 290 MCG CAPSULE *linaclotide*	2	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
LINZESS 72 MCG CAPSULE *linaclotide*	2	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
PROKINETIC AGENTS		
metoclopramide 10 mg tablet	1	QL
metoclopramide 10 mg/10 ml sol	1	QL
metoclopramide 5 mg tablet	1	QL
metoclopramide 5 mg/5 ml soln	1	QL
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE *auranofin*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE *succimer*	2	
CUPRIMINE 250 MG CAPSULE *penicillamine*	2	QL
HORMONES AND SYNTHETIC SUBSTITUTES ADRENALS		
A-HYDROCORT 100 MG VIAL *hydrocortisone sod succinate*	2	QL
cortisone 25 mg tablet	1	QL
DEPO-MEDROL 20 MG/ML VIAL *methylprednisolone acetate*	2	QL
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5 ml elx	1	
dexamethasone 0.5 mg/5 ml liq	1	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 mg tablet	1	
DEXAMETHASONE INTENSOL 1MG/1ML *dexamethasone*	1	
fludrocortisone 0.1 mg tablet	1	QL
hydrocortisone 10 mg tablet	1	QL
hydrocortisone 20 mg tablet	1	QL
hydrocortisone 5 mg tablet	1	QL
KENALOG-10 10 MG/ML VIAL *triamcinolone acetonide*	1	
KENALOG-40 40 MG/ML VIAL *triamcinolone acetonide*	1	
MEDROL 2 MG TABLET *methylprednisolone*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylprednisolone 16 mg tab	1	QL
methylprednisolone 32 mg tab	1	QL
methylprednisolone 4 mg dosepk	1	
methylprednisolone 4 mg tablet	1	QL
methylprednisolone 40 mg/ml vl	1	QL
methylprednisolone 8 mg tab	1	QL
methylprednisolone 80 mg/ml vl	1	QL
methylprednisolone ss 1 gm vl	1	
methylprednisolone ss 125 mg	1	
methylprednisolone ss 40 mg vl	1	
MILLIPRED 5 MG TABLET *prednisolone*	2	QL
prednisolone 15 mg/5 ml soln	1	QL
prednisolone 15 mg/5 ml soln	1	QL
prednisolone 15 mg/5 ml syrup	1	QL
prednisolone 5 mg/5 ml soln	1	QL
prednisone 1 mg tablet	1	QL
prednisone 10 mg tab dose pack	1	
prednisone 10 mg tablet	1	QL
prednisone 2.5 mg tablet	1	QL
prednisone 20 mg tablet	1	QL
prednisone 5 mg tablet	1	QL
prednisone 5 mg/5 ml solution	1	QL
PREDNISONE 5 MG/ML SOLUTION *prednisone*	1	QL
prednisone 50 mg tablet	1	QL
SOLU-MEDROL 2,000 MG VIAL *methylprednisolone sodium succinate*	2	C Generic Preferred Generic Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANDROGENS		
testosteron cyp 1,000 mg/10 ml	1	QL PA AL1 At least 12 yrs old
testosteron cyp 2,000 mg/10 ml	1	QL PA AL1 At least 12 yrs old
testosteron enan 1,000 mg/5 ml	1	QL PA AL1 At least 12 yrs old
testosterone 12.5 mg/1.25 gram	1	QL PA
testosterone 25 mg/2.5 gm pkt	1	QL PA AL1 At least 18 yrs old
testosterone 50 mg/5 gram gel	1	QL PA AL1 At least 18 yrs old
testosterone 50 mg/5 gram pkt	1	QL PA AL1 At least 18 yrs old
testosterone cyp 100 mg/ml	1	QL PA AL1 At least 12 yrs old
testosterone cyp 200 mg/ml	1	QL PA AL1 At least 12 yrs old
testosterone enan 200 mg/ml	1	QL PA AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDIABETIC AGENTS		
acarbose 100 mg tablet	1	QL
acarbose 25 mg tablet	1	QL
acarbose 50 mg tablet	1	QL
AFREZZA 30-4 UNIT / 60-8 UNIT *insulin regular, human*	2	
AFREZZA 4 UNIT CARTRIDGE *insulin regular, human*	2	
AFREZZA 60-4 UNIT / 30-8 UNIT *insulin regular, human*	2	
AFREZZA 60-8 UNIT / 30-12 UNIT *insulin regular, human*	2	
AFREZZA 90-4 UNIT / 90-8 UNIT *insulin regular, human*	2	
APIDRA 100 UNITS/ML VIAL *insulin glulisine*	2	QL
APIDRA SOLOSTAR 100 UNITS/ML *insulin glulisine*	2	QL
BASAGLAR 100 UNIT/ML KWIKPEN *insulin glargine,human recombinant analog*	2	QL
chlorpropamide 100 mg tablet	1	QL
chlorpropamide 250 mg tablet	1	QL
glimepiride 1 mg tablet	1	QL
glimepiride 2 mg tablet	1	QL
glimepiride 4 mg tablet	1	QL
glipizide 10 mg tablet	1	QL
glipizide 5 mg tablet	1	QL
glipizide er 10 mg tablet	1	QL
glipizide er 2.5 mg tablet	1	QL
glipizide er 5 mg tablet	1	QL
glipizide xl 10 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glipizide xl 2.5 mg tablet	1	QL
glipizide xl 5 mg tablet	1	QL
glipizide-metformin 2.5-250 mg	1	QL
glipizide-metformin 2.5-500 mg	1	QL
glipizide-metformin 5-500 mg	1	QL
glyburid-metformin 1.25-250 mg	1	QL
glyburide 1.25 mg tablet	1	QL
glyburide 2.5 mg tablet	1	QL
glyburide 5 mg tablet	1	QL
glyburide micro 1.5 mg tab	1	QL
glyburide micro 3 mg tablet	1	QL
glyburide micro 6 mg tablet	1	QL
glyburide-metformin 2.5-500 mg	1	QL
glyburide-metformin 5-500 mg	1	QL
HUMALOG 100 UNITS/ML CARTRIDGE *insulin lispro*	2	QL
HUMALOG 100 UNITS/ML KWIKPEN *insulin lispro*	2	QL
HUMALOG 100 UNITS/ML VIAL *insulin lispro*	2	QL
HUMALOG 200 UNITS/ML KWIKPEN *insulin lispro*	2	QL
HUMALOG MIX 50-50 KWIKPEN *insulin lispro protamine and insulin lispro*	2	QL
HUMALOG MIX 50-50 VIAL *insulin lispro protamine and insulin lispro*	2	QL
HUMALOG MIX 75-25 KWIKPEN *insulin lispro protamine and insulin lispro*	2	QL
HUMALOG MIX 75-25 VIAL *insulin lispro protamine and insulin lispro*	2	QL
HUMULIN 70-30 VIAL *insulin nph human isophane/insulin regular, human*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMULIN 70/30 KWIKPEN *insulin nph human isophane/insulin regular, human*	2	QL
HUMULIN N 100 UNITS/ML KWIKPEN *insulin nph human isophane*	2	QL
HUMULIN N 100 UNITS/ML VIAL *insulin nph human isophane*	2	QL
HUMULIN R 100 UNITS/ML VIAL *insulin regular, human*	2	QL
HUMULIN R 500 UNITS/ML KWIKPEN *insulin regular, human*	2	QL
HUMULIN R 500 UNITS/ML VIAL *insulin regular, human*	2	QL PA
JANUVIA 100 MG TABLET *sitagliptin phosphate*	2	QL AL1 At least 18 yrs old
JANUVIA 25 MG TABLET *sitagliptin phosphate*	2	QL AL1 At least 18 yrs old
JANUVIA 50 MG TABLET *sitagliptin phosphate*	2	QL AL1 At least 18 yrs old
JARDIANCE 10 MG TABLET *empagliflozin*	2	QL AL1 At least 18 yrs old
JARDIANCE 25 MG TABLET *empagliflozin*	2	QL AL1 At least 18 yrs old
LANTUS 100 UNIT/ML VIAL *insulin glargine,human recombinant analog*	2	QL
LANTUS SOLOSTAR 100 UNIT/ML *insulin glargine,human recombinant analog*	2	QL
metformin hcl 1,000 mg tablet	1	QL
metformin hcl 500 mg tablet	1	QL
metformin hcl 850 mg tablet	1	QL
metformin hcl er 500 mg tablet	1	QL
metformin hcl er 750 mg tablet	1	QL
nateglinide 120 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nateglinide 60 mg tablet	1	QL
pioglitazone hcl 15 mg tablet	1	QL
pioglitazone hcl 30 mg tablet	1	QL
pioglitazone hcl 45 mg tablet	1	QL
pioglitazone-glimepiride 30-2	1	QL
pioglitazone-glimepiride 30-4	1	QL
pioglitazone-metformin 15-500	1	QL
pioglitazone-metformin 15-850	1	QL
repaglinide 0.5 mg tablet	1	QL
repaglinide 1 mg tablet	1	QL
repaglinide 2 mg tablet	1	QL
tolazamide 250 mg tablet	1	QL
tolazamide 500 mg tablet	1	QL
tolbutamide 500 mg tablet	1	QL
TOUJEO SOLOSTAR 300 UNITS/ML *insulin glargine,human recombinant analog*	2	QL AL1 At least 18 yrs old
TRULICITY 0.75 MG/0.5 ML PEN *dulaglutide*	2	QL AL1 At least 18 yrs old C Step Therapy with any metformin or insulin product (lookback of 6 days in the previous 90 days)
TRULICITY 1.5 MG/0.5 ML PEN *dulaglutide*	2	QL AL1 At least 18 yrs old C Step Therapy with any metformin or insulin product (lookback of 6 days in the previous 90 days)
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGEN 1 MG HYPOKIT *glucagon,human recombinant*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGEN 1 MG HYPOKIT 2-PACK *glucagon,human recombinant*	1	QL
GLUCAGEN DIAGNOSTIC 1 MG VIAL *glucagon,human recombinant*	1	QL
GLUCAGON 1 MG EMERGENCY KIT *glucagon,human recombinant*	1	QL
CONTRACEPTIVES		
APRI 28 DAY TABLET *desogestrel-ethinyl estradiol*	1	QL
ARANELLE 28 TABLET *norethindrone-ethinyl estradiol*	1	QL
AVIANE-28 TABLET *levonorgestrel-ethinyl estradiol*	1	QL
AZURETTE 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	1	QL
BALZIVA 28 TABLET *norethindrone-ethinyl estradiol*	1	QL
CAMILA 0.35 MG TABLET *norethindrone*	1	QL
CAZIANT 28 DAY TABLET *desogestrel-ethinyl estradiol*	1	QL
CRYSELLE-28 TABLET *norgestrel-ethinyl estradiol*	1	QL
CYCLAFEM 1-35-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
CYCLAFEM 7-7-7-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
ELINEST-28 TABLET *norgestrel-ethinyl estradiol*	1	QL
ELLA 30 MG TABLET *ulipristal acetate*	2	QL
ENPRESSE-28 TABLET *levonorgestrel-ethinyl estradiol*	1	QL
ERRIN 0.35 MG TABLET *norethindrone*	1	QL
GIANVI 3 MG-0.02 MG TABLET *ethinyl estradiol/drospirenone*	1	QL
GILDESS FE 1-20 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GILDESS FE 1.5-30 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL
HEATHER TABLET *norethindrone*	1	QL
JOLIVETTE TABLET *norethindrone*	1	QL
JUNEL 1 MG-20 MCG TABLET *norethindrone acetate-ethinyl estradiol*	1	QL
JUNEL 1.5 MG-30 MCG TABLET *norethindrone acetate-ethinyl estradiol*	1	QL
JUNEL FE 1 MG-20 MCG TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL
JUNEL FE 1.5 MG-30 MCG TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL
KARIVA 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	1	QL
KELNOR 1-35 28 TABLET *ethynodiol diacetate-ethinyl estradiol*	1	QL
LARIN FE 1-20 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL
LARIN FE 1.5-30 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL
LEENA 28 TABLET *norethindrone-ethinyl estradiol*	1	QL
LESSINA-28 TABLET *levonorgestrel-ethinyl estradiol*	1	QL
levonorgestrel 1.5 mg tablet	1	QL
LEVORA-28 TABLET *levonorgestrel-ethinyl estradiol*	1	QL
LOW-OGESTREL-28 TABLET *norgestrel-ethinyl estradiol*	1	QL
LUTERA-28 TABLET *levonorgestrel-ethinyl estradiol*	1	QL
MICROGESTIN 21 1-20 TABLET *norethindrone acetate-ethinyl estradiol*	1	QL
MICROGESTIN 21 1.5-30 TAB *norethindrone acetate-ethinyl estradiol*	1	QL
MICROGESTIN FE 1-20 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICROGESTIN FE 1.5-30 TAB *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	1	QL
MONONESSA 28 TABLET *norgestimate-ethinyl estradiol*	1	QL
NECON 0.5-35-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NECON 1-35-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NECON 1-50-28 TABLET *norethindrone-mestranol*	1	QL
NECON 10-11-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NECON 7-7-7-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NORA-BE TABLET *norethindrone*	1	QL
norethindrone 0.35 mg tablet	1	QL
norg-ee 0.18-0.215-0.25/0.025	1	
NORTREL 0.5-35-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NORTREL 1-35 21 TABLET *norethindrone-ethinyl estradiol*	1	QL
NORTREL 1-35 28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NORTREL 7-7-7-28 TABLET *norethindrone-ethinyl estradiol*	1	QL
NUVARING VAGINAL RING *etonogestrel/ethinyl estradiol*	2	QL
OCELLA 3 MG-0.03 MG TABLET *ethinyl estradiol/drospirenone*	1	QL
OGESTREL TABLET *norgestrel-ethinyl estradiol*	1	QL
PLAN B ONE-STEP 1.5 MG TABLET *levonorgestrel*	2	QL C Generic preferred
PORTIA-28 TABLET *levonorgestrel-ethinyl estradiol*	1	QL
PREVIFEM TABLET *norgestimate-ethinyl estradiol*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RECLIPSEN 28 DAY TABLET *desogestrel-ethinyl estradiol*	1	QL
SPRINTEC 28 DAY TABLET *norgestimate-ethinyl estradiol*	1	QL
SRONYX 0.10-0.02 MG TABLET *levonorgestrel-ethinyl estradiol*	1	QL
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-LO-ESTARYLLA TABLET *norgestimate-ethinyl estradiol*	1	
TRI-LO-MARZIA TABLET *norgestimate-ethinyl estradiol*	1	
TRI-LO-SPRINTEC TABLET *norgestimate-ethinyl estradiol*	1	
TRI-PREVIFEM TABLET *norgestimate-ethinyl estradiol*	1	QL
TRI-SPRINTEC TABLET *norgestimate-ethinyl estradiol*	1	QL
TRINESSA LO TABLET *norgestimate-ethinyl estradiol*	1	
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
ZENCHENT FE TABLET CHEWABLE *norethindrone-ethinyl estradiol/ferrous fumarate*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEOSA CHEWABLE TABLET *norethindrone-ethinyl estradiol/ferrous fumarate*	1	QL
ZOVIA 1-35E TABLET *ethynodiol diacetate-ethinyl estradiol*	1	QL
ZOVIA 1-50E TABLET *ethynodiol diacetate-ethinyl estradiol*	1	QL
ESTROGENS AND ANTIESTROGENS		
anastrozole 1 mg tablet	1	QL
estradiol 0.0375 mg/day patch	1	
estradiol tds 0.0375 mg/day	1	
exemestane 25 mg tablet	1	QL
FARESTON 60 MG TABLET *toremifene citrate*	2	QL
letrozole 2.5 mg tablet	1	
tamoxifen 10 mg tablet	1	QL
tamoxifen 20 mg tablet	1	QL
GONADOTROPINS AND ANTIGONADOTROPINS		
leuprolide 2wk 1 mg/0.2 ml kit	3	QL PA
leuprolide 2wk 14 mg/2.8 ml kt	3	QL PA
PARATHYROID AND ANTIPARATHYROID AGENTS		
calcitonin-salmon 200 units sp	1	
PITUITARY		
desmopressin 0.01% solution	1	QL
desmopressin 0.01% spray	1	QL
desmopressin 0.1 mg/ml sol	1	QL
desmopressin 0.1 mg/ml spray	1	QL
desmopressin 10 mcg/0.1 ml spr	1	QL
desmopressin acetate 0.1 mg tb	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
desmopressin acetate 0.2 mg tb	1	QL
NORDITROPIN FLEXPRO 10 MG/1.5 *somatropin*	3	PA
NORDITROPIN FLEXPRO 15 MG/1.5 *somatropin*	3	PA
NORDITROPIN FLEXPRO 30 MG/3 ML *somatropin*	3	PA
NORDITROPIN FLEXPRO 5 MG/1.5 *somatropin*	3	PA
NORDITROPIN NORDIFLEX 30 MG/3 *somatropin*	3	PA
STIMATE 1.5 MG/ML NASAL SPRAY *desmopressin acetate*	2	AL1 Up to 20 yrs old
PROGESTINS		
hydroxyprogesterone cap powder	1	
MAKENA 1,250 MG/5 ML VIAL *hydroxyprogesterone caproate*	2	PA
MAKENA 250 MG/ML VIAL *hydroxyprogesterone caproate/pf*	2	PA
medroxyprogesterone 10 mg tab	1	QL
medroxyprogesterone 150 mg/ml	1	QL
medroxyprogesterone 2.5 mg tab	1	QL
medroxyprogesterone 5 mg tab	1	QL
megestrol 20 mg tablet	1	QL
megestrol 40 mg tablet	1	QL
megestrol acet 40 mg/ml susp	1	
megestrol acet 400 mg/10 ml	1	
norethindrone 5 mg tablet	1	QL
progesterone 100 mg capsule	1	QL
progesterone 200 mg capsule	1	QL
THYROID AND ANTITHYROID AGENTS		
ARMOUR THYROID 120 MG TABLET *thyroid,pork*	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARMOUR THYROID 15 MG TABLET *thyroid,pork*	2	
ARMOUR THYROID 180 MG TABLET *thyroid,pork*	2	
ARMOUR THYROID 240 MG TABLET *thyroid,pork*	2	
ARMOUR THYROID 30 MG TABLET *thyroid,pork*	2	
ARMOUR THYROID 300 MG TABLET *thyroid,pork*	2	
ARMOUR THYROID 60 MG TABLET *thyroid,pork*	2	
ARMOUR THYROID 90 MG TABLET *thyroid,pork*	2	
levothyroxine 100 mcg tablet	1	
levothyroxine 112 mcg tablet	1	
levothyroxine 125 mcg tablet	1	
levothyroxine 137 mcg tablet	1	
levothyroxine 150 mcg tablet	1	
levothyroxine 175 mcg tablet	1	
levothyroxine 200 mcg tablet	1	
levothyroxine 25 mcg tablet	1	
levothyroxine 300 mcg tablet	1	
levothyroxine 50 mcg tablet	1	
levothyroxine 75 mcg tablet	1	
levothyroxine 88 mcg tablet	1	
liothyronine sod 25 mcg tab	1	QL AL1 At least 1 yrs old
liothyronine sod 5 mcg tab	1	QL
liothyronine sod 50 mcg tab	1	QL AL1 At least 1 yrs old
methimazole 10 mg tablet	1	QL
methimazole 5 mg tablet	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride 0.5 mg capsule	1	QL AL1 At least 18 yrs old
ALCOHOL DETERRENTS		
disulfiram 250 mg tablet	1	QL
disulfiram 500 mg tablet	1	QL
ANTIDOTES		
leucovorin calcium 10 mg tab	1	QL
leucovorin calcium 15 mg tab	1	QL
leucovorin calcium 25 mg tab	1	QL
leucovorin calcium 5 mg tab	1	QL
ANTIGOUT AGENTS		
allopurinol 100 mg tablet	1	QL
allopurinol 300 mg tablet	1	QL
colchicine 0.6 mg tablet	1	QL
BONE RESORPTION INHIBITORS		
alendronate sod 70 mg/75 ml	1	QL AL1 At least 18 yrs old
ibandronate sodium 150 mg tab	1	QL AL1 At least 18 yrs old
CARIOSTATIC AGENTS		
fluoride 0.25 mg tablet chew	1	QL
fluoride 0.5 mg tablet chew	1	QL
fluoride 1 mg tablet chewable	1	QL
neutral sodium fluoride	1	
PREVIDENT 1.1% GEL *fluoride (sodium)*	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium fluoride 0.5 mg(1.1 mg)	1	QL
sodium fluoride 0.5 mg/ml drop	1	QL
sodium fluoride 1 mg (2.2 mg)	1	QL
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ENBREL 25 MG KIT *etanercept*	3	QL PA
ENBREL 25 MG/0.5 ML SYRINGE *etanercept*	3	QL PA
ENBREL 50 MG/ML SURECLICK SYR *etanercept*	3	QL PA
ENBREL 50 MG/ML SYRINGE *etanercept*	3	QL PA
HUMIRA 10 MG/0.2 ML SYRINGE *adalimumab*	3	PA
HUMIRA 20 MG/0.4 ML SYRINGE *adalimumab*	3	QL PA
HUMIRA 40 MG/0.8 ML PEN *adalimumab*	3	QL PA
HUMIRA 40 MG/0.8 ML SYRINGE *adalimumab*	3	QL PA
HUMIRA PEDIATRIC CROHN'S START *adalimumab*	3	QL PA
HUMIRA PEN CROHN-UC-HS STARTER *adalimumab*	3	QL PA
HUMIRA PEN PSORIASIS-UVEITIS *adalimumab*	3	QL PA
leflunomide 10 mg tablet	1	QL
leflunomide 20 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORY AGENTS		
AVONEX 30 MCG VIAL KIT *interferon beta-1a/albumin human*	3	PA
AVONEX PEN 30 MCG/0.5 ML *interferon beta-1a*	3	PA
AVONEX PEN 30 MCG/0.5 ML KIT *interferon beta-1a*	3	PA
AVONEX PREFILLED SYR 30 MCG *interferon beta-1a*	3	PA
AVONEX PREFILLED SYR 30 MCG KT *interferon beta-1a*	3	PA
COPAXONE 40 MG/ML SYRINGE *glatiramer acetate*	3	PA
GILENYA 0.5 MG CAPSULE *fingolimod hcl*	3	PA C PA required for initial fill or greater than 75 days since last fill
TECFIDERA DR 120 MG CAPSULE *dimethyl fumarate*	3	PA
TECFIDERA DR 240 MG CAPSULE *dimethyl fumarate*	1	PA
TECFIDERA STARTER PACK *dimethyl fumarate*	1	PA
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tablet	1	
cyclosporine 100 mg capsule	1	
cyclosporine 100 mg/ml soln	1	
cyclosporine 25 mg capsule	1	
cyclosporine modified 100 mg	1	
cyclosporine modified 25 mg	1	
GENGRAF 100 MG CAPSULE *cyclosporine, modified*	2	
GENGRAF 100 MG/ML SOLUTION *cyclosporine, modified*	2	
GENGRAF 25 MG CAPSULE *cyclosporine, modified*	2	
mycophenolate 200 mg/ml susp	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mycophenolate 250 mg capsule	1	
mycophenolate 500 mg tablet	1	
mycophenolic acid dr 180 mg tb	1	QL
mycophenolic acid dr 360 mg tb	1	QL
NEORAL 100 MG/ML SOLUTION *cyclosporine, modified*	2	
PROGRAF 0.5 MG CAPSULE *tacrolimus*	2	
PROGRAF 1 MG CAPSULE *tacrolimus*	2	
PROGRAF 5 MG CAPSULE *tacrolimus*	2	
RAPAMUNE 1 MG/ML ORAL SOLN *sirolimus*	2	
SANDIMMUNE 100 MG/ML SOLN *cyclosporine*	2	
sirolimus 1 mg tablet	1	
sirolimus 2 mg tablet	1	
tacrolimus 0.5 mg capsule	1	
tacrolimus 1 mg capsule	1	
tacrolimus 5 mg capsule	1	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
BOTOX 100 UNITS VIAL *onabotulinumtoxina*	2	PA
BOTOX 200 UNITS VIAL *onabotulinumtoxina*	2	PA
levocarnitine 1 g/10 ml soln	1	
TYBOST 150 MG TABLET *cobicistat*	2	QL AL1 At least 18 yrs old
PROTECTIVE AGENTS		
ELMIRON 100 MG CAPSULE *pentosan polysulfate sodium*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHARMACEUTICAL AIDS		
ora plus suspension	1	
ora sweet oral syrup	1	
ora-blend suspension	1	
ora-plus suspending vehicle	1	
ora-sweet oral syrup	1	
polyethylene glycol 3350 powd	1	QL
RESPIRATORY TRACT AGENTS ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
AEROSPAN 80 MCG INHALER *flunisolide*	2	QL
ALOCRIL 2% EYE DROPS *nedocromil sodium*	2	QL
ARNUITY ELLIPTA 100 MCG INH *fluticasone furoate*	2	QL AL1 At least 12 yrs old
ARNUITY ELLIPTA 200 MCG INH *fluticasone furoate*	2	QL AL1 At least 12 yrs old
BREO ELLIPTA 100-25 MCG INH *fluticasone furoate/vilanterol trifenatate*	2	QL AL1 At least 18 yrs old
BREO ELLIPTA 200-25 MCG INH *fluticasone furoate/vilanterol trifenatate*	2	QL AL1 At least 18 yrs old
budesonide 0.25 mg/2 ml susp	1	QL
budesonide 0.5 mg/2 ml susp	1	QL
budesonide 1 mg/2 ml inh susp	1	QL
cromolyn 20 mg/2 ml neb soln	1	QL
cromolyn 4% eye drops	1	QL
cromolyn sodium nasal solution	1	QL
cromolyn sodium nasal spray	1	QL
DULERA 100 MCG/5 MCG INHALER *mometasone furoate/formoterol fumarate*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DULERA 200 MCG/5 MCG INHALER *mometasone furoate/formoterol fumarate*	2	QL
FLOVENT 100 MCG DISKUS *fluticasone propionate*	2	QL
FLOVENT 250 MCG DISKUS *fluticasone propionate*	2	QL
FLOVENT 50 MCG DISKUS *fluticasone propionate*	2	QL
FLOVENT HFA 110 MCG INHALER *fluticasone propionate*	2	QL
FLOVENT HFA 220 MCG INHALER *fluticasone propionate*	2	QL
FLOVENT HFA 44 MCG INHALER *fluticasone propionate*	2	QL
montelukast sod 10 mg tablet	1	QL
montelukast sod 4 mg granules	1	QL
montelukast sod 4 mg tab chew	1	QL
montelukast sod 5 mg tab chew	1	QL
PULMICORT 180 MCG FLEXHALER *budesonide*	2	QL
PULMICORT 90 MCG FLEXHALER *budesonide*	2	QL
QVAR 40 MCG ORAL INHALER *beclomethasone dipropionate*	2	QL
QVAR 80 MCG ORAL INHALER *beclomethasone dipropionate*	2	QL
SYMBICORT 160-4.5 MCG INHALER *budesonide/formoterol fumarate*	2	QL
SYMBICORT 80-4.5 MCG INHALER *budesonide/formoterol fumarate*	2	QL
ANTITUSSIVES		
benzonatate 100 mg capsule	1	QL
benzonatate 200 mg capsule	1	QL
BROMFED DM COUGH SYRUP *brompheniramine maleate/pseudoephedrine hcl/dextromethorphan*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHERATUSSIN AC SYRUP *codeine phosphate/guaifenesin*	1	QL
codeine-guaifen 10-100 mg/5 ml	1	QL
GUAIATUSSIN AC LIQUID *codeine phosphate/guaifenesin*	1	QL
guaifen-codeine 100-10 mg/5 ml	1	QL
guaifenesin-codeine syrup	1	QL
hydrocod-homatrop 5-1.5 mg tab	1	
promethazine vc-codeine syrup	1	QL AL1 At least 6 yrs old
promethazine-codeine syrup	1	QL AL1 At least 6 yrs old
promethazine-dm solution	1	AL1 At least 6 yrs old
promethazine-dm syrup	1	AL1 At least 6 yrs old
promethazine-pe-codeine syrup	1	QL AL1 At least 6 yrs old
MUCOLYTIC AGENTS		
acetylcysteine 10% vial	1	
acetylcysteine 20% vial	1	
SKIN AND MUCOUS MEMBRANE AGENTS ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTI-FUNGAL 2% CREAM *miconazole nitrate*	1	QL
ANTIFUNGAL 1% CREAM *clotrimazole*	1	QL
ANTIFUNGAL 1% CREAM *tolnaftate*	1	QL
ANTIFUNGAL 2% CREAM *miconazole nitrate*	1	QL
BENZAMYCINPAK GEL *erythromycin base/benzoyl peroxide*	2	C Generic Preferred Generic Preferred
CARRINGTON ANTIFUNGAL 2% CREAM *miconazole nitrate*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ciclopirox 0.77% cream	1	
ciclopirox 0.77% gel	1	
ciclopirox 0.77% topical susp	1	
ciclopirox 8% solution	1	QL
clindamycin 2% vaginal cream	1	
clindamycin ph 1% gel	1	
clindamycin ph 1% solution	1	
clindamycin phos 1% pledget	1	
clindamycin phosp 1% lotion	1	
clindamycin-benzoyl perox 1-5%	1	
clotrimazole 1% cream	1	QL
clotrimazole 1% solution	1	QL
clotrimazole 10 mg troche	1	QL
clotrimazole-betamethasone crm	1	QL AL1 At least 17 yrs old
cvs clotrimazole 1% cream	1	QL
cvs miconazole 3 combo pack	1	QL
cvs miconazole 7 cream	1	QL
CVS TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
CVS TRIPLE ANTIBIOTIC PLUS OIN *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
DESENEX 2% POWDER *miconazole nitrate*	2	QL
DESENEX 2% SPRAY LIQUID *miconazole nitrate*	2	QL
eq miconazole 7 cream	1	QL
eq miconazole nitrate 2% crm	1	QL
EQ TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
EQL ANTIFUNGAL 1% CREAM *clotrimazole*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EQL ANTIFUNGAL 1% CREAM *tolnaftate*	1	QL
eql miconazole 3 combo pack	1	QL
eql miconazole 7 cream	1	QL
erythromycin 2% gel	1	
erythromycin 2% pledgets	1	
erythromycin 2% solution	1	
erythromycin-benzoyl gel	1	
EURAX 10% CREAM *crotamiton*	2	
gentamicin 0.1% cream	1	
gentamicin 0.1% ointment	1	
GNP ANTIFUNGAL 1% CREAM *clotrimazole*	1	QL
gnp miconazole 3 combo pack	1	QL
gnp miconazole 7 cream	1	QL
gnp terbinafine 1% cream	1	
gnp tolnaftate 1% cream	1	QL
GNP TRIPLE ANTIBIOTIC + OINT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
GNP TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
HM TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
HM TRIPLE ANTIBIOTIC PLUS OINT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
ketoconazole 2% cream	1	
ketoconazole 2% shampoo	1	
kro miconazole 3 combo pack	1	QL
kro miconazole 7 cream	1	QL
KRO TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
LAMISIL AF DEFENS 1% SPRAY PWD *tolnaftate*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAMISIL AT 1% CREAM *terbinafine hcl*	2	
lindane 1% lotion	1	
lindane 1% shampoo	1	
LOTRIMIN AF 2% POWDER *miconazole nitrate*	2	QL
malathion 0.5% lotion	1	QL AL1 At least 6 yrs old
METROGEL-VAGINAL 0.75% GEL *metronidazole*	2	
metronidazole 0.75% cream	1	QL
metronidazole topical 0.75% gl	1	QL
metronidazole vaginal 0.75% gl	1	QL
MICATIN 2% ANTIFUNGAL CREAM *miconazole nitrate*	2	QL
miconazole 100 mg vag supp	1	QL
miconazole 3 200 mg vag supp	1	QL
miconazole 3 combo pack	1	QL
miconazole 3 combo pack	1	QL
miconazole 7 100 mg vag supp	1	QL
miconazole 7 cream	1	QL
miconazole nitrate 2% cream	1	QL
mupirocin 2% cream	1	
mupirocin 2% ointment	1	
NYAMYC 100,000 UNITS/GM POWDER *nystatin*	1	
nystatin 100,000 unit/gm cream	1	
nystatin 100,000 unit/gm powd	1	
nystatin 100,000 units/gm oint	1	
nystatin-triamcinolone cream	1	
nystatin-triamcinolone ointm	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NYSTOP 100,000 UNITS/GM POWDER *nystatin*	1	
permethrin 5% cream	1	QL
pub miconazole3day combo pack	1	QL
PUB TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
pv miconazole 3 combo pack	1	QL
pv miconazole 7 100 mg vag sup	1	QL
pv miconazole 7 cream	1	QL
pv miconazole nitrate 2% cream	1	QL
pv tolnaftate 1% cream	1	QL
PV TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
PV TRIPLE ANTIBIOTIC PLUS OINT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
qc miconazole 7 cream	1	QL
qc tolnaftate 1% cream	1	QL
ra miconazole 3 combo pack	1	QL
ra miconazole 7 cream	1	QL
RA TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
RA TRIPLE ANTIBIOTIC PLUS OINT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
SB TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
selenium sulfide 2.5% lotion	1	
silver sulfadiazine 1% cream	1	
SM ANTIFUNGAL 1% CREAM *clotrimazole*	1	QL
SM ANTIFUNGAL 1% CREAM *tolnaftate*	1	QL
sm clotrimazole 1% solution	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm clotrimazole af 1% cream	1	QL
sm miconazole 3 combo pack	1	QL
sm miconazole 7 100 mg vag sup	1	QL
sm miconazole 7 cream	1	QL
sm miconazole nitrate 2% cream	1	QL
SM TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
SM TRIPLE ANTIBIOTIC PLUS OINT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
sodium sulf-sulfur cleanser	1	
sodium sulfacetamide 10% lot	1	
spinosad 0.9% topical susp	1	QL
sulfacetamide sod 10% top susp	1	
terbinafine 1% cream	1	
terconazole 0.4% cream	1	QL AL1 At least 18 yrs old
terconazole 0.8% cream	1	QL AL1 At least 18 yrs old
terconazole 80 mg suppository	1	QL AL1 At least 18 yrs old
tolnaftate 1% cream	1	QL
tolnaftate 1% powder	1	QL
tolnaftate 1% solution	1	QL
tolnaftate af 1% cream	1	QL
TRIPLE ANTIBIOTIC OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b*	1	QL
TRIPLE ANTIBIOTIC PLUS OINT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
TRIPLE ANTIBIOTIC PLUS OINTMNT *neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl*	1	QL
VAGISTAT-3 COMBO PACK *miconazole nitrate*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANDAZOLE VAGINAL 0.75% GEL *metronidazole*	2	QL
ZEASORB 2% POWDER *miconazole nitrate*	1	QL
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
alclometasone dipr 0.05% oint	1	QL AL1 At least 1 yrs old
alclometasone dipro 0.05% crm	1	QL AL1 At least 1 yrs old
ANTI-ITCH 1% OINTMENT *hydrocortisone*	1	QL
betamethasone dp 0.05% crm	1	QL
betamethasone dp 0.05% lot	1	
betamethasone dp 0.05% oint	1	
betamethasone dp aug 0.05% crm	1	QL AL1 At least 13 yrs old
betamethasone dp aug 0.05% oin	1	QL AL1 At least 13 yrs old
betamethasone va 0.1% cream	1	QL
betamethasone va 0.1% lotion	1	QL
betamethasone valer 0.1% ointm	1	
CAPEX SHAMPOO *fluocinolone acetonide*	2	
clobetasol 0.05% gel	1	QL AL1 At least 12 yrs old
clobetasol 0.05% ointment	1	QL AL1 At least 12 yrs old
clobetasol 0.05% solution	1	QL AL1 At least 12 yrs old
CORTIZONE-10 1% CREME *hydrocortisone*	2	QL
CORTIZONE-10 1% CREME *hydrocortisone/aloe vera*	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CORTIZONE-10 1% OINTMENT *hydrocortisone*	2	QL
CORTIZONE-10 PLUS 1% CREME *hydrocortisone*	2	QL
CORTIZONE-10 PLUS CREME *hydrocortisone*	2	QL
cvs hydrocortisone 1% cream	1	QL
cvs hydrocortisone 1% oint	1	QL
desonide 0.05% cream	1	QL AL1 At least 18 yrs old
desonide 0.05% lotion	1	QL AL1 At least 18 yrs old
desonide 0.05% ointment	1	QL AL1 At least 18 yrs old
diflorasone 0.05% cream	1	
diflorasone 0.05% ointment	1	QL
eq hydrocortisone 1% cream	1	QL
eq hydrocortisone-aloe 1% crm	1	QL
EQL ANTI-ITCH 1% OINTMENT *hydrocortisone*	1	QL
fluocinolone 0.01% body oil	1	
fluocinolone 0.01% scalp oil	1	AL1 At least 18 yrs old
fluocinolone 0.01% solution	1	
fluocinolone 0.025% cream	1	
fluocinolone 0.025% ointment	1	QL
fluocinonide 0.05% cream	1	QL
fluocinonide 0.05% gel	1	QL
fluocinonide 0.05% ointment	1	QL
fluocinonide 0.05% solution	1	QL
fluocinonide-e 0.05% cream	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluticasone prop 0.005% oint	1	QL
fluticasone prop 0.05% cream	1	
gnp hydrocortisone 1% cream	1	QL
halobetasol prop 0.05% cream	1	QL AL1 At least 12 yrs old
halobetasol prop 0.05% ointmnt	1	AL1 At least 12 yrs old
hm hydrocortisone 1% cream	1	QL
HYDRO SKIN 1% LOTION *hydrocortisone*	1	QL
hydrocortisone 0.5% cream	1	QL
hydrocortisone 0.5% cream	1	QL
hydrocortisone 0.5% ointment	1	QL
hydrocortisone 1% cream	1	QL
hydrocortisone 1% cream	1	QL
hydrocortisone 1% lotion	1	QL
hydrocortisone 1% ointment	1	QL
hydrocortisone 1% ointment	1	QL
hydrocortisone 100 mg/60 ml	1	QL
hydrocortisone 2.5% cream	1	
hydrocortisone 2.5% lotion	1	QL
hydrocortisone 2.5% ointment	1	QL
hydrocortisone plus 1% cream	1	QL
hydrocortisone plus 1% cream	1	QL
hydrocortisone val 0.2% cream	1	QL
hydrocortisone val 0.2% ointmt	1	QL
hydrocortisone-aloe 1% cream	1	QL
mometasone furoate 0.1% cream	1	QL AL1 At least 2 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mometasone furoate 0.1% oint	1	QL AL1 At least 2 yrs old
mometasone furoate 0.1% soln	1	QL AL1 At least 12 yrs old
PROCTOFOAM-HC 1%-1% FOAM *hydrocortisone acetate/pramoxine hcl*	2	
PROCTOSOL-HC 2.5% CREAM *hydrocortisone*	1	
PROCTOZONE-HC 2.5% CREAM *hydrocortisone*	1	
pv hydrocortisone 1% cream	1	QL
pv hydrocortisone 1% ointment	1	QL
qc hydrocortisone 1% cream	1	QL
RA ANTI-ITCH 1% OINTMENT *hydrocortisone*	1	QL
ra hydrocortisone 1% cream	1	QL
sb hydrocortisone 1% cream	1	QL
sb hydrocortisone 1% ointment	1	QL
sm hydrocortisone 0.5% cream	1	QL
sm hydrocortisone 0.5% ointmnt	1	QL
sm hydrocortisone 1% cream	1	QL
sm hydrocortisone 1% ointment	1	QL
sm hydrocortisone-aloe 1% crm	1	QL
triamcinolone 0.025% cream	1	QL
triamcinolone 0.025% lotion	1	QL
triamcinolone 0.025% oint	1	QL
triamcinolone 0.1% cream	1	QL
triamcinolone 0.1% lotion	1	
triamcinolone 0.1% ointment	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
triamcinolone 0.1% paste	1	
triamcinolone 0.147 mg/g spray	1	
triamcinolone 0.5% cream	1	QL
triamcinolone 0.5% ointment	1	QL
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANTI-ITCH 2% CREAM *diphenhydramine hcl*	1	QL
ANTI-ITCH 2% CREAM *diphenhydramine hcl/zinc acetate*	1	QL
ANTI-ITCH CREAM *benzocaine/resorcinol*	1	QL
ANTI-ITCH CREAM *diphenhydramine hcl/zinc acetate*	1	QL
BANOPHEN ANTI-ITCH 2% CREAM *diphenhydramine hcl/zinc acetate*	1	
EQ ANTI-ITCH CREAM *diphenhydramine hcl/zinc acetate*	1	QL
GNP ANTI-ITCH 2% CREAM *diphenhydramine hcl/zinc acetate*	1	QL
lidocaine 5% ointment	1	QL
lidocaine 5% patch	1	QL AL1 At least 18 yrs old
lidocaine hcl 4% solution	1	
lidocaine-prilocaine cream	1	QL
phenazopyridine 100 mg tab	1	
phenazopyridine 200 mg tab	1	
QC ANTI-ITCH CREAM *diphenhydramine hcl/zinc acetate*	1	QL
SB ANTI-ITCH 2%-0.1% CREAM *diphenhydramine hcl/zinc acetate*	1	QL
SM ALLERGY 2% CREAM *diphenhydramine hcl*	1	
SM ANTI-ITCH 2% CREAM *diphenhydramine hcl/zinc acetate*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CELL STIMULANTS AND PROLIFERANTS		
tretinoin 0.01% gel	1	
tretinoin 0.025% cream	1	
tretinoin 0.025% gel	1	
tretinoin 0.05% cream	1	
tretinoin 0.1% cream	1	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP 10 MG CAPSULE *methoxsalen*	1	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
AMLACTIN 12% LOTION *ammonium lactate*	1	
AMLACTIN MOISTURIZING BODY LOT *ammonium lactate*	1	
ammonium lactate 12% cream	1	
ammonium lactate 12% lotion	1	
mineral oil	1	QL
vitamin a & d ointment	1	
vitamin a & d ointment	1	
vitamin a & d ointment	1	
KERATOLYTIC AGENTS		
benzoyl peroxide 10% wash	1	
benzoyl peroxide 5% gel	1	
benzoyl peroxide 5% wash	1	
benzoyl peroxide 6% cleanser	1	
SAL-PLANT 17% GEL *salicylic acid*	1	
salicylic acid 27.5% liquid	1	
salicylic acid 6% cream	1	QL
salicylic acid 6% gel	1	QL
sod sulfacet-sulfur 10-5% clsr	1	
sodium sulfacet-sulfur wash	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
urea 40% lotion	1	QL
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
adapalene 0.1% cream	1	
adapalene 0.1% gel	1	
AMNESTEEM 10 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
AMNESTEEM 20 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
AMNESTEEM 40 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
calcipotriene 0.005% cream	1	QL
calcipotriene 0.005% solution	1	
CLARAVIS 10 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
CLARAVIS 20 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
CLARAVIS 30 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
CLARAVIS 40 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
CONDYLOX 0.5% GEL *podofilox*	2	
FLUOROPLEX 1% CREAM *fluorouracil*	2	
fluorouracil 2% topical soln	1	
fluorouracil 5% cream	1	
fluorouracil 5% topical soln	1	
HEMORRHOIDAL OINTMENT *phenylephrine hcl/mineral oil/petrolatum,white*	1	QL
HEMORRHOIDAL OINTMENT *phenylephrine hcl/shark liver oil/mineral oil/wh.petrolatum*	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMORRHOIDAL OINTMENT *skin respiratory factor/shark liver oil*	1	QL
imiquimod 5% cream packet	1	QL
MYORISAN 10 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
MYORISAN 20 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
MYORISAN 30 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
MYORISAN 40 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
PODOCON-25 LIQUID *podophyllum resin*	1	
podofilox 0.5% topical soln	1	
tacrolimus 0.03% ointment	1	PA AL1 At least 2 yrs old
tacrolimus 0.1% ointment	1	PA AL1 At least 16 yrs old
ZENATANE 10 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
ZENATANE 20 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
ZENATANE 30 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
ZENATANE 40 MG CAPSULE *isotretinoin*	1	PA AL1 At least 12 yrs old
SMOOTH MUSCLE RELAXANTS GENITOURINARY SMOOTH MUSCLE RELAXANTS		
oxybutynin 5 mg tablet	1	QL
oxybutynin 5 mg/5 ml syrup	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxybutynin cl er 10 mg tablet	1	QL
oxybutynin cl er 15 mg tablet	1	QL
oxybutynin cl er 5 mg tablet	1	QL
tolterodine tart er 2 mg cap	1	QL AL1 At least 18 yrs old
tolterodine tart er 4 mg cap	1	QL AL1 At least 18 yrs old
tolterodine tartrate 1 mg tab	1	QL AL1 At least 18 yrs old
tolterodine tartrate 2 mg tab	1	QL AL1 At least 18 yrs old
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
THEO-24 ER 200 MG CAPSULE *theophylline anhydrous*	2	C Generic Preferred Generic Preferred
THEO-24 ER 300 MG CAPSULE *theophylline anhydrous*	2	C Generic Preferred Generic Preferred
THEO-24 ER 400 MG CAPSULE *theophylline anhydrous*	2	C Generic Preferred Generic Preferred
THEOCHRON ER 200 MG TABLET *theophylline anhydrous*	3	
theophylline 80 mg/15 ml soln	1	QL
theophylline er 100 mg tablet	1	QL
theophylline er 200 mg tablet	1	QL
theophylline er 300 mg tab	1	QL
theophylline er 400 mg tablet	1	QL
theophylline er 450 mg tab	1	QL
theophylline er 600 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VITAMINS MULTIVITAMIN PREPARATIONS		
AQUADEKS CHEWABLE TABLET *multivitamin, minerals no.51/folic acid/vit k1/ubidecarenone*	1	QL
AQUADEKS PEDIATRIC LIQUID *pediatric multivitamin no.40/phytonadione (vit k1)*	1	QL
AQUADEKS SOFTGEL *multivitamin with mins no.52/folic acid/vit k1/ubidecarenone*	1	QL
COMPLETENATE TABLET CHEW *prenatal vitamins no.14/ferrous fumarate/folic acid*	1	
cvs prenatal vitamin tablet	1	QL GL Female
FOLIVANE-OB CAPSULE *prenatal vitamin no.15/iron fumarate,polysac comp/folic acid*	1	
INATAL ADVANCE TABLET *prenatal vit with calcium 15/iron/folic acid/docusate sodium*	1	QL GL Female
multivit-fluor 0.25 mg tab chw	1	QL
multivit-fluor 0.25 mg tab chw	1	QL
multivit-fluor 0.25 mg tab chw	1	QL
multivit-fluor 0.25 mg tab chw	1	QL
multivit-fluor 0.5 mg tab chew	1	QL
multivit-fluor 0.5 mg tab chew	1	QL
multivit-fluor 0.5 mg tab chew	1	QL
multivit-fluor 0.5 mg tab chw	1	QL
multivit-fluoride 1 mg tab chw	1	QL
multivit-fluoride 1 mg tab chw	1	QL
multivit-fluoride 1 mg tab chw	1	QL
multivit-fluoride 1 mg tab chw	1	QL
MYNATAL ADVANCE TABLET *prenatal vit with calcium 15/iron/folic acid/docusate sodium*	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pnv prenatal plus multivit tab	1	QL GL Female
POLY-VI-SOL DROPS *pediatric multivitamin no.81*	2	
POLY-VI-SOL WITH IRON DROPS *pediatric multivitamin no.80/ferrous sulfate*	2	
PRENATABS RX TABLET *prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	1	QL GL Female
prenatal 19 tablet	1	
prenatal 19 tablet	1	
prenatal formula tablet	1	QL GL Female
prenatal formula tablet	1	QL GL Female
prenatal formula tablet	1	QL GL Female
prenatal low iron tablet	1	QL GL Female
prenatal one daily tablet	1	QL GL Female
prenatal plus iron tablet	1	QL GL Female
prenatal plus multivitamin tab	1	QL GL Female
prenatal plus tablet	1	QL GL Female
prenatal tablet	1	QL GL Female
prenatal tablet	1	QL GL Female
prenatal tablet	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prenatal tablet	1	QL GL Female
prenatal tablet	1	QL GL Female
prenatal tablet	1	QL GL Female
prenatal tablet	1	QL GL Female
prenatal vitamin tablet	1	QL GL Female
prenatal vitamin tablet	1	QL GL Female
prenatal-u capsule	1	
RIGHT STEP PRENATAL VIT TAB *prenatal vitamins with calcium/ferrous fumarate/folic acid*	1	QL GL Female
SE-NATAL 19 CHEWABLE TABLET *prenatal vits with calcium 118/ferrous fumarate/folic acid*	1	QL GL Female
SE-NATAL 19 TABLET *prenatal vits no.119/iron fumarate/folic acid/docusate sod.*	1	
TRI-VI-SOL DROPS *vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)*	2	
TRIADVANCE TABLET *prenatal vit with calcium 15/iron/folic acid/docusate sodium*	1	QL GL Female
TRICARE PRENATAL TABLET *prenatal vits with calcium 103/ferrous fumarate/folic acid*	1	QL GL Female
TRINATAL RX 1 TABLET *prenatal vitamin 27 with calcium/ferrous fumarate/folic acid*	1	QL GL Female
TRINATE TABLET *prenatal vits with calcium no.73/ferrous fumarate/folic acid*	1	
VINACAL B PRENATAL COMBO PACK *prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6*	1	
VINATE ONE TABLET *prenatal vitamin 27 with calcium/ferrous fumarate/folic acid*	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VINATE-M TABLET *prenatal vitamins with calcium/ferrous fumarate/folic ac/sel*	1	
VIRT-NATE TABLET *prenatal vits with calcium no.73/ferrous fumarate/folic acid*	1	
VOL-NATE TABLET *prenatal vits with calcium no.73/ferrous fumarate/folic acid*	1	
VOL-TAB RX TABLET *prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	1	QL GL Female
VITAMIN B COMPLEX		
b complex tablet	1	
b-complex with b12 tablet	1	
BALANCED B-100 TABLET *vit b complex 100 combo no.3/herbs*	1	
BALANCED B-100 TABLET *vitamin b complex*	1	
BALANCED B-50 TABLET *vitamin b complex*	1	
cvs vitamin b-12 1,000 mcg tab	1	
cyanocobalamin 1,000 mcg/ml	1	
DIALYVITE WITH ZINC TABLET *vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide*	1	
eql b complex 100 tablet	1	
eql b complex 50 tablet	1	
FABB TABLET *cyanocobalamin/folic acid/pyridoxine*	1	
fn vitamin b-12 1,000 mcg tab	1	
FOLBIC TABLET *cyanocobalamin/folic acid/pyridoxine*	1	
folic acid 1 mg tablet	1	QL
folic acid 1,000 mcg tablet	1	QL
FOLPLEX 2.2 TABLET *cyanocobalamin/folic acid/pyridoxine*	1	
NEPHROCAPS SOFTGEL *vitamin b complex and vitamin c no.20/folic acid*	1	
pv b complex tablet	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pv vitamin b-12 1,000 mcg tab	1	
ra b-complex tablet	1	
ra b-complex-vitamin b-12 tab	1	
RA BALANCED B-50 TABLET *vitamin b complex*	1	
RENA-VITE RX TABLET *vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin*	1	
RENAL CAPS SOFTGEL *vitamin b complex and vitamin c no.20/folic acid*	1	QL
RENO CAPS SOFTGEL *vitamin b complex and vitamin c no.20/folic acid*	1	
SM BALANCED B-50 TABLET *vitamin b complex*	1	
TRIPHROCAPS SOFTGEL *vitamin b complex and vitamin c no.20/folic acid*	1	
V-R BALANCED B-50 TABLET *vitamin b complex*	1	
VIRT-VITE FORTE TABLET *cyanocobalamin/folic acid/pyridoxine*	1	
vitamin b complex capsule	1	
vitamin b complex tablet	1	
vitamin b complex tablet	1	
vitamin b-12 1,000 mcg tablet	1	
vitamin b-12 er 1,000 mcg tab	1	
VITAMIN D		
calcitriol 0.25 mcg capsule	1	QL
calcitriol 0.5 mcg capsule	1	QL
calcitriol 1 mcg/ml solution	1	QL
gnp vitamin d3 2,000 unit tab	1	
pv vitamin d3 2,000 unit tab	1	
vit d2 1.25 mg (50,000 unit)	1	QL
vitamin d3 2,000 unit softgel	1	
vitamin d3 2,000 unit tablet	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vitamin d3 400 unit/ml drop	1	
VITAMIN K ACTIVITY		
MEPHYTON 5 MG TABLET *phytonadione (vit k1)*	2	QL

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