



Health Partners Plans

2018 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2018 Formulary. This formulary covers members under Health Partners Plans Medicaid plan. The drugs listed in the Health Partners Plans Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are specific manufacturers who have not contracted with the rebate program of the Federal government. The drugs listed in the Health Partners Plans Formulary have been reviewed and approved by the Health Partners Plans Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Health Partners Plans members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

Preface

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

Pharmacy and Therapeutics

(P&T) Committee

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

Product Selection Criteria

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

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

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

Plan Limits

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

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

Immediate Need (5/15-day Emergency Supply)

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

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

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

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

Formulary Product Descriptions

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

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

Generic Substitution

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

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

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

strength and dosage form as the brand name counterpart.

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

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

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

Drugs Efficacy Study Implementation (DESI) Drugs

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

Midrin
Vytone
Anusol HC
Donnatal
Tigan
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 Health Partners Plans Member Services at (800) 553-0784. The call will be evaluated and routed to a pharmacist-on-call.

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

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

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

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

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

Health Partners Plans Specialty and Injectable Medication Program

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

prior authorization.

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

Quantity Limitations (QL)

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

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

Recipient Restriction Program

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

Editor

Your comments and suggestions regarding the Health Partners Plans 2018 Formulary are encouraged. Your input is vital to this

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

Notice

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVE AGENTS		
<i>ivermectin 3 mg tablet</i>	1	
ANTIBACTERIALS		
<i>amox-clav 200-28.5 mg tab chew</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 200-28.5 mg/5 ml sus</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 250-125 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 250-62.5 mg/5 ml sus</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 400-57 mg tab chew</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 400-57 mg/5 ml susp</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 500-125 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 600-42.9 mg/5 ml sus</i>	1	QL C Maximum day supply of 14 per fill
<i>amox-clav 875-125 mg tablet</i>	1	QL C Maximum day supply of 14 per fill
<i>amoxicillin 125 mg tab chew</i>	1	QL
<i>amoxicillin 125 mg/5 ml susp</i>	1	QL
<i>amoxicillin 200 mg/5 ml susp</i>	1	QL
<i>amoxicillin 250 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin 250 mg tab chew</i>	1	QL
<i>amoxicillin 250 mg/5 ml susp</i>	1	QL
<i>amoxicillin 400 mg/5 ml susp</i>	1	QL
<i>amoxicillin 500 mg capsule</i>	1	QL
<i>amoxicillin 500 mg tablet</i>	1	QL
<i>amoxicillin 875 mg tablet</i>	1	QL
<i>ampicillin 125 mg/5 ml susp</i>	1	
<i>ampicillin 250 mg capsule</i>	1	
<i>ampicillin 250 mg/5 ml susp</i>	1	
<i>ampicillin 500 mg capsule</i>	1	
<i>azithromycin 1 gm pwd packet</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 100 mg/5 ml susp</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 200 mg/5 ml susp</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 250 mg tablet</i>	1	QL C Maximum day supply of 5 per fill
<i>azithromycin 500 mg tablet</i>	1	QL
<i>azithromycin 600 mg tablet</i>	1	QL
BICILLIN L-A 1,200,000 UNITS <i>penicillin g benzathine</i>	1	QL
BICILLIN L-A 2,400,000 UNITS <i>penicillin g benzathine</i>	1	QL
BICILLIN L-A 600,000 UNIT/ML <i>penicillin g benzathine</i>	1	
<i>cefaclor 250 mg capsule</i>	1	QL
<i>cefaclor 500 mg capsule</i>	1	QL
<i>cefaclor er 500 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cefadroxil 1 gm tablet</i>	1	QL
<i>cefadroxil 250 mg/5 ml susp</i>	1	QL C Maximum day supply of 14 per fill
<i>cefadroxil 500 mg capsule</i>	1	QL
<i>cefadroxil 500 mg/5 ml susp</i>	1	QL C Maximum day supply of 14 per fill
<i>cefdinir 125 mg/5 ml susp</i>	1	QL
<i>cefdinir 250 mg/5 ml susp</i>	1	QL
<i>cefdinir 300 mg capsule</i>	1	QL
<i>cefpodoxime 100 mg tablet</i>	1	QL
<i>cefpodoxime 100 mg/5 ml susp</i>	1	QL
<i>cefpodoxime 200 mg tablet</i>	1	QL
<i>cefpodoxime 50 mg/5 ml susp</i>	1	QL
<i>cefprozil 125 mg/5 ml susp</i>	1	QL
<i>cefprozil 250 mg tablet</i>	1	QL
<i>cefprozil 250 mg/5 ml susp</i>	1	QL
<i>cefprozil 500 mg tablet</i>	1	QL
CEFTIN 125 MG/5 ML ORAL SUSP <i>cefuroxime axetil</i>	2	
CEFTIN 250 MG/5 ML ORAL SUSP <i>cefuroxime axetil</i>	2	
<i>ceftriaxone 1 gm piggyback</i>	1	QL
<i>ceftriaxone 1 gm vial</i>	1	QL
<i>ceftriaxone 1 gm-d5w bag</i>	1	
<i>ceftriaxone 10 gm vial</i>	1	QL
<i>ceftriaxone 2 gm add vial</i>	1	QL
<i>ceftriaxone 2 gm piggyback</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone 2 gm vial</i>	1	QL
<i>ceftriaxone 2 gm-d5w bag</i>	1	
<i>ceftriaxone 250 mg vial</i>	1	QL
<i>ceftriaxone 500 mg vial</i>	1	QL
<i>cefuroxime axetil 250 mg tab</i>	1	QL
<i>cefuroxime axetil 500 mg tab</i>	1	QL
<i>cephalexin 125 mg/5 ml susp</i>	1	QL C Maximum day supply of 14 per fill
<i>cephalexin 250 mg capsule</i>	1	QL C Maximum day supply of 14 per fill
<i>cephalexin 250 mg/5 ml susp</i>	1	QL C Maximum day supply of 14 per fill
<i>cephalexin 500 mg capsule</i>	1	QL C Maximum day supply of 14 per fill
CIPRO 10% SUSPENSION <i>ciprofloxacin</i>	1	QL C Maximum day supply of 14 per fill
CIPRO 5% SUSPENSION <i>ciprofloxacin</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 100 mg tab</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 250 mg tab</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 500 mg tab</i>	1	QL C Maximum day supply of 14 per fill
<i>ciprofloxacin hcl 750 mg tab</i>	1	QL C Maximum day supply of 14 per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clarithromycin 125 mg/5 ml sus</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 250 mg tablet</i>	1	QL
<i>clarithromycin 250 mg/5 ml sus</i>	1	QL C Maximum day supply of 14 per fill
<i>clarithromycin 500 mg tablet</i>	1	QL
<i>clarithromycin er 500 mg tab</i>	1	QL C Maximum day supply of 14 per fill
<i>clindamycin 75 mg/5 ml soln</i>	1	QL
<i>clindamycin hcl 150 mg capsule</i>	1	QL
<i>clindamycin hcl 300 mg capsule</i>	1	QL
<i>clindamycin hcl 75 mg capsule</i>	1	
<i>dicloxacillin 250 mg capsule</i>	1	QL
<i>dicloxacillin 500 mg capsule</i>	1	QL
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>doxycycline mono 100 mg tablet</i>	1	QL
<i>doxycycline mono 150 mg tablet</i>	1	QL
<i>doxycycline mono 50 mg tablet</i>	1	QL
<i>doxycycline mono 75 mg tablet</i>	1	QL
<i>erythromycin 200 mg/5 ml gran</i>	1	
<i>erythromycin 250 mg filmtab</i>	1	QL
<i>erythromycin 500 mg filmtab</i>	1	QL
<i>erythromycin dr 250 mg cap</i>	1	QL
<i>erythromycin ec 250 mg cap</i>	1	QL
<i>erythromycin es 400 mg tab</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin 25 mg/ml solution</i>	1	QL
<i>levofloxacin 250 mg tablet</i>	1	QL
<i>levofloxacin 250 mg/10 ml soln</i>	1	
<i>levofloxacin 500 mg tablet</i>	1	QL
<i>levofloxacin 500 mg/20 ml soln</i>	1	
<i>levofloxacin 750 mg tablet</i>	1	QL
<i>linezolid 100 mg/5 ml susp</i>	1	PA
<i>linezolid 600 mg tablet</i>	1	PA
<i>minocycline 100 mg capsule</i>	1	QL
<i>minocycline 50 mg capsule</i>	1	QL
<i>minocycline 75 mg capsule</i>	1	QL
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL
<i>neomycin 500 mg tablet</i>	1	QL
<i>ofloxacin 300 mg tablet</i>	1	QL
<i>ofloxacin 400 mg tablet</i>	1	QL
<i>penicillin g k 5 million unit</i>	1	
<i>penicillin g na 5 million unit</i>	1	
<i>penicillin gk 20 million unit</i>	1	
<i>penicillin vk 125 mg/5 ml soln</i>	1	QL
<i>penicillin vk 250 mg tablet</i>	1	QL
<i>penicillin vk 250 mg/5 ml soln</i>	1	QL
<i>penicillin vk 500 mg tablet</i>	1	QL
<i>sulfadiazine 500 mg tablet</i>	1	QL
<i>sulfamethoxazole-tmp ds tablet</i>	1	
<i>sulfamethoxazole-tmp ss tablet</i>	1	
<i>sulfamethoxazole-tmp susp</i>	1	
<i>sulfasalazine 500 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfasalazine dr 500 mg tab</i>	1	QL
SUPRAX 400 MG CAPSULE <i>cefixime</i>	2	QL
<i>tetracycline 250 mg capsule</i>	1	QL
<i>tetracycline 500 mg capsule</i>	1	QL
<i>vancomycin hcl 125 mg capsule</i>	1	QL C Max of 10 day supply per every 3 months
<i>vancomycin hcl 250 mg capsule</i>	1	QL C Max of 10 day supply per every 3 months
ANTIFUNGAL (SYSTEMIC)		
<i>fluconazole 10 mg/ml susp</i>	1	QL
<i>fluconazole 100 mg tablet</i>	1	QL
<i>fluconazole 150 mg tablet</i>	1	QL
<i>fluconazole 200 mg tablet</i>	1	QL
<i>fluconazole 40 mg/ml susp</i>	1	QL
<i>fluconazole 50 mg tablet</i>	1	QL
<i>griseofulvin 125 mg/5 ml susp</i>	1	QL
<i>griseofulvin micro 500 mg tab</i>	1	QL
<i>griseofulvin ultra 125 mg tab</i>	1	QL
<i>griseofulvin ultra 250 mg tab</i>	1	QL
<i>ketoconazole 200 mg tablet</i>	1	QL
<i>nystatin 150,000,000 units pwd</i>	1	
<i>nystatin 50,000,000 units pwd</i>	1	
<i>nystatin 500,000 unit oral tab</i>	1	QL
<i>nystatin 500,000,000 units pwd</i>	1	
<i>terbinafine hcl 250 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMYCOBACTERIALS		
<i>dapsone 100 mg tablet</i>	1	QL
<i>dapsone 25 mg tablet</i>	1	QL
<i>ethambutol hcl 100 mg tablet</i>	1	QL
<i>ethambutol hcl 400 mg tablet</i>	1	QL
<i>isoniazid 100 mg tablet</i>	1	QL
<i>isoniazid 300 mg tablet</i>	1	QL
<i>isoniazid 50 mg/5 ml solution</i>	1	QL
<i>pyrazinamide 500 mg tablet</i>	1	QL
<i>rifabutin 150 mg capsule</i>	1	QL
<i>rifampin 150 mg capsule</i>	1	QL
<i>rifampin 300 mg capsule</i>	1	QL
ANTIPROTOZOALS		
<i>atovaquone-proguanil 250-100</i>	1	QL
<i>atovaquone-proguanil 62.5-25</i>	1	QL
<i>chloroquine ph 250 mg tablet</i>	1	QL
<i>chloroquine ph 500 mg tablet</i>	1	QL
<i>hydroxychloroquine 200 mg tab</i>	1	QL
<i>mefloquine hcl 250 mg tablet</i>	1	QL
<i>metronidazole 250 mg tablet</i>	1	QL
<i>metronidazole 500 mg tablet</i>	1	QL
<i>paromomycin 250 mg capsule</i>	1	QL
<i>primaquine 26.3 mg tablet</i>	1	QL
<i>tinidazole 250 mg tablet</i>	1	QL AL1 At least 3 yrs old
<i>tinidazole 500 mg tablet</i>	1	QL AL1 At least 3 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS (SYSTEMIC)		
<i>abacavir 300 mg tablet</i>	1	QL
<i>abacavir-lamivudine 600-300 mg</i>	1	QL AL1 At least 18 yrs old
<i>abacavir-lamivudine-zidov tab</i>	1	QL
<i>acyclovir 200 mg capsule</i>	1	QL
<i>acyclovir 200 mg/5 ml susp</i>	1	QL
<i>acyclovir 400 mg tablet</i>	1	QL
<i>acyclovir 800 mg tablet</i>	1	QL
APTIVUS 250 MG CAPSULE <i>tipranavir</i>	2	QL AL1 At least 2 yrs old
<i>atazanavir sulfate 150 mg cap</i>	1	QL AL1 At least 6 yrs old
<i>atazanavir sulfate 200 mg cap</i>	1	QL AL1 At least 6 yrs old
<i>atazanavir sulfate 300 mg cap</i>	1	QL AL1 At least 6 yrs old
ATRIPLA TABLET <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	QL AL1 At least 12 yrs old
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	2	QL
COMPLERA TABLET <i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	2	QL AL1 At least 18 yrs old
CRIXIVAN 200 MG CAPSULE <i>indinavir sulfate</i>	2	QL AL1 At least 16 yrs old
CRIXIVAN 400 MG CAPSULE <i>indinavir sulfate</i>	2	QL AL1 At least 16 yrs old
DESCOVY 200-25 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	2	QL AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>didanosine dr 125 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>didanosine dr 200 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>didanosine dr 250 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>didanosine dr 400 mg capsule</i>	1	QL AL1 At least 6 yrs old
EDURANT 25 MG TABLET <i>rilpivirine hcl</i>	2	QL AL1 At least 18 yrs old
<i>efavirenz 200 mg capsule</i>	1	QL
<i>efavirenz 50 mg capsule</i>	1	QL
EMTRIVA 200 MG CAPSULE <i>emtricitabine</i>	2	QL
<i>entecavir 0.5 mg tablet</i>	1	QL
<i>entecavir 1 mg tablet</i>	1	QL
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	2	QL AL1 At least 18 yrs old
<i>famciclovir 125 mg tablet</i>	1	QL
<i>famciclovir 250 mg tablet</i>	1	QL
<i>famciclovir 500 mg tablet</i>	1	QL
GENVOYA TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>	2	QL AL1 At least 12 yrs old
INTELENCE 100 MG TABLET <i>etravirine</i>	2	QL AL1 At least 6 yrs old
INTELENCE 200 MG TABLET <i>etravirine</i>	2	QL AL1 At least 6 yrs old
INVIRASE 200 MG CAPSULE <i>saquinavir mesylate</i>	2	QL AL1 At least 16 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVIRASE 500 MG TABLET <i>saquinavir mesylate</i>	2	QL AL1 At least 16 yrs old
ISENTRESS 100 MG TABLET CHEW <i>raltegravir potassium</i>	2	QL AL1 2 to 12 yrs old C Age of 12 or greater will require prior authorization for this dosage form
ISENTRESS 25 MG TABLET CHEW <i>raltegravir potassium</i>	2	QL AL1 2 to 12 yrs old C Age of 12 or greater will require prior authorization for this dosage form
ISENTRESS 400 MG TABLET <i>raltegravir potassium</i>	2	QL
ISENTRESS HD 600 MG TABLET <i>raltegravir potassium</i>	2	QL
KALETRA 100-25 MG TABLET <i>lopinavir/ritonavir</i>	2	QL
KALETRA 200-50 MG TABLET <i>lopinavir/ritonavir</i>	2	QL
<i>lamivudine 10 mg/ml oral soln</i>	1	QL
<i>lamivudine 150 mg tablet</i>	1	QL
<i>lamivudine 300 mg tablet</i>	1	QL
<i>lamivudine-zidovudine tablet</i>	1	QL
LEXIVA 700 MG TABLET <i>fosamprenavir calcium</i>	2	QL
<i>lopinavir-ritonavir 80-20mg/ml</i>	1	QL
MAVYRET 100-40 MG TABLET <i>glecaprevir/pibrentasvir</i>	3	QL PA AL1 At least 18 yrs old
<i>nevirapine er 100 mg tablet</i>	1	
NORVIR 100 MG SOFTGEL CAP <i>ritonavir</i>	2	QL
NORVIR 100 MG TABLET <i>ritonavir</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORVIR 80 MG/ML SOLUTION <i>ritonavir</i>	2	QL
ODEFSEY TABLET <i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>	2	QL AL1 At least 12 yrs old
<i>oseltamivir 6 mg/ml suspension</i>	1	AL1 At least 1 yrs old C Limit of 10 day supply every 365 days
<i>oseltamivir phos 30 mg capsule</i>	1	QL AL1 At least 1 yrs old C Limit of 10 day supply every 365 days
<i>oseltamivir phos 45 mg capsule</i>	1	QL AL1 At least 18 yrs old C Limit of 10 day supply every 365 days
<i>oseltamivir phos 75 mg capsule</i>	1	QL AL1 At least 1 yrs old C Limit of 10 day supply every 365 days
PREZCOBIX 800 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	2	QL AL1 At least 18 yrs old
PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	2	QL
PREZISTA 150 MG TABLET <i>darunavir ethanolate</i>	2	QL
PREZISTA 400 MG TABLET <i>darunavir ethanolate</i>	2	QL
PREZISTA 600 MG TABLET <i>darunavir ethanolate</i>	2	QL
PREZISTA 800 MG TABLET <i>darunavir ethanolate</i>	2	QL
RESCRIPTOR 100 MG TABLET <i>delavirdine mesylate</i>	2	QL AL1 At least 16 yrs old
RESCRIPTOR 200 MG TABLET <i>delavirdine mesylate</i>	2	QL AL1 At least 16 yrs old
<i>ribavirin 200 mg capsule</i>	3	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ribavirin 200 mg tablet</i>	3	QL PA
SELZENTRY 150 MG TABLET <i>maraviroc</i>	2	QL AL1 At least 18 yrs old
SELZENTRY 300 MG TABLET <i>maraviroc</i>	2	QL AL1 At least 18 yrs old
SOVALDI 400 MG TABLET <i>sofosbuvir</i>	3	PA
<i>stavudine 1 mg/ml solution</i>	1	QL
<i>stavudine 15 mg capsule</i>	1	QL
<i>stavudine 20 mg capsule</i>	1	QL
<i>stavudine 30 mg capsule</i>	1	QL
<i>stavudine 40 mg capsule</i>	1	QL
STRIBILD TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>	2	QL AL1 At least 18 yrs old
SUSTIVA 600 MG TABLET <i>efavirenz</i>	2	QL
SYNAGIS 100 MG/1 ML VIAL <i>palivizumab</i>	3	PA
SYNAGIS 50 MG/0.5 ML VIAL <i>palivizumab</i>	3	PA
<i>tenofovir disop fum 300 mg tb</i>	1	QL AL1 At least 2 yrs old
TIVICAY 50 MG TABLET <i>dolutegravir sodium</i>	2	QL AL1 At least 12 yrs old
TRIUMEQ TABLET <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	2	QL AL1 At least 18 yrs old
TRUVADA 100 MG-150 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	
TRUVADA 133 MG-200 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	
TRUVADA 167 MG-250 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUVADA 200 MG-300 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	2	QL AL1 At least 12 yrs old
<i>valacyclovir hcl 1 gram tablet</i>	1	QL
<i>valacyclovir hcl 500 mg tablet</i>	1	QL
VIDEX 2 GM PEDIATRIC SOLN <i>didanosine</i>	2	QL
VIDEX 4 GM PEDIATRIC SOLN <i>didanosine</i>	2	QL
VIRACEPT 250 MG TABLET <i>nelfinavir mesylate</i>	2	QL AL1 At least 2 yrs old
VIRACEPT 625 MG TABLET <i>nelfinavir mesylate</i>	2	QL AL1 At least 2 yrs old
VIREAD 150 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old
VIREAD 200 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old
VIREAD 250 MG TABLET <i>tenofovir disoproxil fumarate</i>	2	QL AL1 At least 2 yrs old
VITEKTA 150 MG TABLET <i>elvitegravir</i>	2	QL AL1 At least 18 yrs old
VITEKTA 85 MG TABLET <i>elvitegravir</i>	2	QL AL1 At least 18 yrs old
ZEPATIER 50-100 MG TABLET <i>elbasvir/grazoprevir</i>	3	PA
ZIAGEN 20 MG/ML SOLUTION <i>abacavir sulfate</i>	2	QL
<i>zidovudine 100 mg capsule</i>	1	QL
<i>zidovudine 300 mg tablet</i>	1	QL
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
URINARY ANTI-INFECTIVES		
<i>methenamine hipp 1 gm tablet</i>	1	
<i>nitrofurantoin 25 mg/5 ml susp</i>	1	QL
<i>nitrofurantoin mcr 100 mg cap</i>	1	QL
<i>nitrofurantoin mcr 25 mg cap</i>	1	
<i>nitrofurantoin mcr 50 mg cap</i>	1	QL
<i>nitrofurantoin mono-mcr 100 mg</i>	1	QL
<i>trimethoprim 100 mg tablet</i>	1	QL
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
ALLER-CHLOR 2 MG/5 ML SYRUP <i>chlorpheniramine maleate</i>	1	QL
ALLER-CHLOR 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
ALLERGY-TIME 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
AMBI 60PSE-4CPM TABLET <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
CHLOR-TRIMETON ALLERGY <i>chlorpheniramine maleate</i>	1	QL
<i>chlorpheniramine 4 mg tablet</i>	1	QL
<i>cyproheptadine 2 mg/5 ml syrup</i>	1	QL
<i>cyproheptadine 4 mg tablet</i>	1	QL
<i>cyproheptadine 4 mg/10 ml syr</i>	1	QL
<i>diphenhydramine 12.5 mg/5 ml</i>	1	QL
<i>diphenhydramine 25 mg caplet</i>	1	QL
<i>diphenhydramine 25 mg capsule</i>	1	QL
<i>diphenhydramine 25 mg/10 ml</i>	1	QL
<i>diphenhydramine 50 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diphenhydramine 50 mg/ml syrng</i>	1	
<i>diphenhydramine 50 mg/ml vial</i>	1	
<i>diphenhydramine cough syrup</i>	1	QL
ED-CHLORTAN 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
EQL ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
GNP ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
GS SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
HM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
KRO ALLERGY 4 MG TABLET <i>chlorpheniramine maleate</i>	1	QL
LOHIST-D LIQUID <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	
NYTOL 25 MG QUICKCAPS CAPLET <i>diphenhydramine hcl</i>	1	QL
PHENADOZ 12.5 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PHENADOZ 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
<i>promethazine 12.5 mg suppos</i>	1	QL AL1 At least 6 yrs old
<i>promethazine 12.5 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine 25 mg suppository</i>	1	QL AL1 At least 6 yrs old
<i>promethazine 25 mg tablet</i>	1	QL AL1 At least 6 yrs old
<i>promethazine 50 mg tablet</i>	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine 6.25 mg/5 ml soln</i>	1	QL AL1 At least 6 yrs old
<i>promethazine 6.25 mg/5 ml syrp</i>	1	QL AL1 At least 6 yrs old
<i>promethazine vc syrup</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL AL1 At least 6 yrs old
PROMETHEGAN 50 MG SUPPOSITORY <i>promethazine hcl</i>	1	QL
<i>qc chlorpheniramine 4 mg tab</i>	1	QL
<i>ra chlorpheniramine 4 mg tab</i>	1	QL
RITIFED SYRUP <i>triprolidine hcl/pseudoephedrine hcl</i>	1	QL
<i>sb chlorpheniramine 4 mg tab</i>	1	QL
SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SM SLEEP AID 25 MG TABLET <i>doxylamine succinate</i>	1	QL AL1 At least 2 yrs old
SUDOGEST COLD & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SUDOGEST SINUS & ALLERGY TAB <i>chlorpheniramine maleate/pseudoephedrine hcl</i>	1	QL
SECOND GENERATION ANTIHISTAMINES		
ALL DAY ALLERGY 10 MG CHEW TAB <i>cetirizine hcl</i>	1	QL
ALL DAY ALLERGY 10 MG TABLET <i>cetirizine hcl</i>	1	QL
<i>cetirizine hcl 1 mg/ml soln</i>	1	QL
<i>cetirizine hcl 1 mg/ml syrup</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levocetirizine 5 mg tablet</i>	1	QL
<i>loratadine 10 mg tablet</i>	1	QL
<i>loratadine 5 mg/5 ml soln</i>	1	QL
<i>loratadine 5 mg/5 ml syrup</i>	1	QL
<i>loratadine allergy 5 mg/5 ml</i>	1	QL
<i>loratadine hives 5 mg/5 ml</i>	1	QL
NON-DROWSY ALLERGY 10 MG TAB <i>loratadine</i>	1	QL
<i>pv cetirizine hcl 1 mg/ml soln</i>	1	QL
<i>pv cetirizine hcl 10 mg tablet</i>	1	QL
<i>pv child loratadine 5 mg/5 ml</i>	1	QL
<i>pv fexofenadine hcl 180 mg tab</i>	1	QL
<i>pv loratadine 5 mg/5 ml syrup</i>	1	QL
QC ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
<i>qc loratadine 10 mg tablet</i>	1	QL
<i>ra cetirizine hcl 10 mg tablet</i>	1	QL
<i>ra loratadine 10 mg tablet</i>	1	QL
<i>ra loratadine 5 mg/5 ml syrup</i>	1	QL
<i>sb loratadine 10 mg tablet</i>	1	QL
SM ALL DAY ALLERGY 1 MG/ML SYR <i>cetirizine hcl</i>	1	QL
SM ALL DAY ALLERGY 10 MG TAB <i>cetirizine hcl</i>	1	QL
<i>sm child loratadine 5 mg/5 ml</i>	1	QL
<i>sm fexofenadine hcl 180 mg tab</i>	1	QL
<i>sm loratadine 10 mg tablet</i>	1	QL
<i>sm loratadine 5 mg/5 ml syrup</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC AGENTS		
ALKERAN 2 MG TABLET <i>melfhalan</i>	2	
<i>bicalutamide 50 mg tablet</i>	1	QL
<i>capecitabine 150 mg tablet</i>	1	PA
<i>capecitabine 500 mg tablet</i>	1	PA
<i>cyclophosphamide 25 mg capsule</i>	1	
<i>cyclophosphamide 50 mg capsule</i>	1	
DROXIA 200 MG CAPSULE <i>hydroxyurea</i>	2	
DROXIA 300 MG CAPSULE <i>hydroxyurea</i>	2	
DROXIA 400 MG CAPSULE <i>hydroxyurea</i>	2	
EMCYT 140 MG CAPSULE <i>estramustine phosphate sodium</i>	2	
<i>etoposide 50 mg capsule</i>	1	
FLUOROPLEX 1% CREAM <i>fluorouracil</i>	2	
<i>fluorouracil 2% topical soln</i>	1	
<i>fluorouracil 5% cream</i>	1	
<i>fluorouracil 5% topical soln</i>	1	
<i>flutamide 125 mg capsule</i>	1	QL
GLEOSTINE 10 MG CAPSULE <i>lomustine</i>	3	
GLEOSTINE 100 MG CAPSULE <i>lomustine</i>	3	
GLEOSTINE 40 MG CAPSULE <i>lomustine</i>	3	
HEXALEN 50 MG CAPSULE <i>altretamine</i>	3	
<i>hydroxyurea 500 mg capsule</i>	1	
LEUKERAN 2 MG TABLET <i>chlorambucil</i>	2	
<i>lomustine 10 mg capsule</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lomustine 100 mg capsule</i>	1	
<i>lomustine 40 mg capsule</i>	1	
LYSODREN 500 MG TABLET <i>mitotane</i>	2	
<i>mercaptopurine 50 mg tablet</i>	1	
<i>methotrexate 1 gram/40 ml vial</i>	1	
<i>methotrexate 100 mg/4 ml vial</i>	1	
<i>methotrexate 2.5 mg tablet</i>	1	
<i>methotrexate 200 mg/8 ml vial</i>	1	
<i>methotrexate 25 mg/ml vial</i>	1	
<i>methotrexate 250 mg/10 ml vial</i>	1	
<i>methotrexate 250 mg/10 ml vial</i>	1	
<i>methotrexate 50 mg/2 ml vial</i>	1	
<i>methotrexate 50 mg/2 ml vial</i>	1	
MYLERAN 2 MG TABLET <i>busulfan</i>	2	QL
TABLOID 40 MG TABLET <i>thioguanine</i>	2	
<i>temozolomide 100 mg capsule</i>	1	PA
<i>temozolomide 140 mg capsule</i>	1	PA
<i>temozolomide 180 mg capsule</i>	1	PA
<i>temozolomide 20 mg capsule</i>	1	PA
<i>temozolomide 250 mg capsule</i>	1	PA
<i>temozolomide 5 mg capsule</i>	1	PA
<i>tretinoin 10 mg capsule</i>	1	AL1 At least 20 yrs old C Prior authorization required for members less than 20 years old
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
HYPERRHO S-D 1500 UNITS SYR <i>rho(d) immune globulin</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RHOGAM ULTRA-FILTERED PLUS SYR <i>rho(d) immune globulin</i>	2	
AFLURIA 2016-2017 SYRINGE <i>influenza virus vaccine trivalent 2016-2017 (5 years up)/pf</i>	2	AL1 At least 19 yrs old
AFLURIA 2016-2017 VIAL <i>influenza virus vaccine trivalent 2016-2017 (5 yr and older)</i>	2	AL1 At least 19 yrs old
AFLURIA QUAD 2016-2017 SYRINGE <i>influenza virus vaccine quadrivalent 2016-17(18yr and up)/pf</i>	2	
AFLURIA QUAD 2016-2017 VIAL <i>influenza virus vaccine quadrivalent 2016-17(18 year and up)</i>	2	
ENGRIX-B 10 MCG/0.5 ML PED VL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B 20 MCG/ML SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B 20 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
ENGRIX-B PEDI 10 MCG/0.5 SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
FLUARIX QUAD 2016-2017 SYRINGE <i>influenza virus vaccine quadval split 2016-17(36 mos up)/pf</i>	2	AL1 At least 19 yrs old
FLUBLOK 2016-2017 VIAL <i>influenza virus vaccine tv 2016-17(18 yrs and older)rcmb/pf</i>	2	AL1 At least 19 yrs old
FLUCELVAX QUAD 2016-2017 SYR <i>flu vaccine qs 2016-2017(4 years and older)cell derived/pf</i>	2	AL1 At least 19 yrs old
FLULAVAL QUAD 2016-2017 SYR <i>influenza virus vaccine qvalsplrit 2016-2017(6 mos and up)/pf</i>	2	AL1 At least 19 yrs old
FLULAVAL QUAD 2016-2017 VIAL <i>influenza virus vaccine qvalsplrit 2016-2017(6 mos and older)</i>	2	AL1 At least 19 yrs old
FLUVIRIN 2016-2017 SYRINGE <i>influenza virus vaccine trival 2016-2017 (4yr and older)/pf</i>	2	AL1 At least 19 yrs old
FLUVIRIN 2016-2017 VIAL <i>influenza virus vaccine trivalent 2016-2017 (4 yr and older)</i>	2	AL1 At least 19 yrs old
FLUZONE HIGH-DOSE 2016-17 SYR <i>influenza virus vaccine trival split 2016-2017(65 yr up)/pf</i>	2	AL1 At least 65 yrs old
FLUZONE INTRADERM QUAD 2016-17 <i>influenza virus vaccine quadrivalent 2016-17(18yrs-64yrs)/pf</i>	2	AL1 19 to 64 yrs old
FLUZONE QUAD 2016-2017 SYRINGE <i>influenza virus vaccine quadval split 2016-17(36 mos up)/pf</i>	2	AL1 At least 19 yrs old
FLUZONE QUAD 2016-2017 VIAL <i>influenza virus vaccine quadval split 2016-17(36 mos up)/pf</i>	2	AL1 At least 19 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUZONE QUAD 2016-2017 VIAL <i>influenza virus vaccine qvatsplit 2016-2017(6 mos and older)</i>	2	AL1 At least 19 yrs old
HAVRIX 1,440 UNITS/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
HAVRIX 1,440 UNITS/ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
HAVRIX 720 UNIT/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
HAVRIX 720 UNITS/0.5 ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
PNEUMOVAX 23 SYRINGE <i>pneumococcal 23-valent polysaccharide vaccine</i>	2	AL1 At least 19 yrs old
PNEUMOVAX 23 VIAL <i>pneumococcal 23-valent polysaccharide vaccine</i>	2	AL1 At least 19 yrs old
PREVNAR 13 SYRINGE <i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>	2	QL AL1 At least 19 yrs old
RECOMBIVAX HB 10 MCG/ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 10 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 40 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 5 MCG/0.5 ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
RECOMBIVAX HB 5 MCG/0.5 ML VL <i>hepatitis b virus vaccine recombinant/pf</i>	2	AL1 At least 18 yrs old
TWINRIX VACCINE SYRINGE <i>hepatitis a virus and hepatitis b virus vaccine/pf</i>	2	AL1 At least 18 yrs old
TWINRIX VACCINE VIAL <i>hepatitis a virus and hepatitis b virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 25 UNITS/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 25 UNITS/0.5 ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 50 UNITS/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old
VAQTA 50 UNITS/ML VIAL <i>hepatitis a virus vaccine/pf</i>	2	AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOXOIDS		
ADACEL TDAP SYRINGE <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	2	AL1 At least 18 yrs old
ADACEL TDAP VIAL <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	2	AL1 At least 18 yrs old
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPTA 62.5-25 MCG INH <i>umeclidinium bromide/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
ATROVENT HFA INHALER <i>ipratropium bromide</i>	2	QL
COMBIVENT RESPIMAT INHAL SPRAY <i>ipratropium bromide/albuterol sulfate</i>	2	QL AL1 At least 18 yrs old
<i>dicyclomine 10 mg capsule</i>	1	QL
<i>dicyclomine 20 mg tablet</i>	1	QL
<i>glycopyrrolate 1 mg tablet</i>	1	QL
<i>glycopyrrolate 2 mg tablet</i>	1	QL
<i>hyoscyamine 0.125 mg odt</i>	1	
<i>hyoscyamine 0.125 mg tab sl</i>	1	QL
<i>hyoscyamine 0.125 mg/5 ml elix</i>	1	QL
<i>hyoscyamine 0.125 mg/ml drop</i>	1	QL
<i>hyoscyamine er 0.375 mg tab</i>	1	QL
<i>hyoscyamine sr 0.375 mg tab</i>	1	QL
<i>hyoscyamine sulf 0.125 mg tab</i>	1	QL
HYOSYNE 0.125 MG/ML DROP <i>hyoscyamine sulfate</i>	1	
HYOSYNE 125 MCG/5 ML ELIXIR <i>hyoscyamine sulfate</i>	1	
INCRUSE ELLIPTA 62.5 MCG INH <i>umeclidinium bromide</i>	2	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	1	
<i>ipratropium br 0.02% soln</i>	1	QL
<i>propantheline 15 mg tablet</i>	1	QL
SPIRIVA 18 MCG CP-HANDIHALER <i>tiotropium bromide</i>	2	QL
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	2	QL AL1 At least 12 yrs old
SPIRIVA RESPIMAT 2.5 MCG INH <i>tiotropium bromide</i>	2	QL AL1 At least 18 yrs old
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	2	QL AL1 At least 18 yrs old
TUDORZA PRESSAIR 400 MCG INH <i>aclidinium bromide</i>	2	AL1 At least 18 yrs old
CHANTIX 0.5 MG TABLET <i>varenicline tartrate</i>	2	QL AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG CONT MONTH BOX <i>varenicline tartrate</i>	2	QL AL1 At least 18 yrs old C Max of 180 tablets per 365 days
CHANTIX 1 MG TABLET <i>varenicline tartrate</i>	2	QL AL1 At least 18 yrs old
CHANTIX STARTING MONTH BOX <i>varenicline tartrate</i>	2	QL AL1 At least 18 yrs old C Max 1 fill every 180 days
<i>cvs nicotine 14 mg/24hr patch</i>	1	QL
<i>cvs nicotine 2 mg chewing gum</i>	1	QL
<i>cvs nicotine 2 mg lozenge</i>	1	QL
<i>cvs nicotine 4 mg chewing gum</i>	1	QL
<i>cvs nicotine 4 mg lozenge</i>	1	QL

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv nicotine 7 mg/24 hr patch</i>	1	QL
<i>ra nicotine 14 mg/24hr patch</i>	1	QL
<i>ra nicotine 2 mg chewing gum</i>	1	QL
<i>ra nicotine 2 mg lozenge</i>	1	QL
<i>ra nicotine 2 mg mini lozenge</i>	1	QL
<i>ra nicotine 21 mg/24hr patch</i>	1	QL
<i>ra nicotine 4 mg chewing gum</i>	1	QL
<i>ra nicotine 4 mg lozenge</i>	1	QL
<i>ra nicotine 4 mg mini lozenge</i>	1	QL
<i>ra nicotine 7 mg/24hr patch</i>	1	QL
<i>sm nicotine 14 mg/24hr patch</i>	1	QL
<i>sm nicotine 2 mg chewing gum</i>	1	QL
<i>sm nicotine 2 mg lozenge</i>	1	QL
<i>sm nicotine 21 mg/24hr patch</i>	1	QL
<i>sm nicotine 4 mg chewing gum</i>	1	QL
<i>sm nicotine 4 mg lozenge</i>	1	QL
<i>sm nicotine 7 mg/24hr patch</i>	1	QL
<i>sw nicotine 2 mg chewing gum</i>	1	QL
<i>sw nicotine 2 mg lozenge</i>	1	QL
<i>sw nicotine 4 mg chewing gum</i>	1	QL
<i>sw nicotine 4 mg lozenge</i>	1	QL
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol 10 mg tablet</i>	1	QL
<i>bethanechol 25 mg tablet</i>	1	QL
<i>bethanechol 5 mg tablet</i>	1	QL
<i>bethanechol 50 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>donepezil hcl 10 mg tablet</i>	1	QL
<i>donepezil hcl 5 mg tablet</i>	1	QL
<i>donepezil hcl odt 10 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>donepezil hcl odt 5 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>pilocarpine hcl 5 mg tablet</i>	1	QL
<i>pilocarpine hcl 7.5 mg tablet</i>	1	QL
<i>pyridostigmine br 60 mg tablet</i>	1	QL
<i>pyridostigmine er 180 mg tab</i>	1	
<i>rivastigmine 1.5 mg capsule</i>	1	QL
<i>rivastigmine 13.3 mg/24hr ptch</i>	1	QL
<i>rivastigmine 3 mg capsule</i>	1	QL
<i>rivastigmine 4.5 mg capsule</i>	1	QL
<i>rivastigmine 4.6 mg/24hr patch</i>	1	QL
<i>rivastigmine 6 mg capsule</i>	1	QL
<i>rivastigmine 9.5 mg/24hr patch</i>	1	QL
SKELETAL MUSCLE RELAXANTS		
<i>baclofen 10 mg tablet</i>	1	QL
<i>baclofen 20 mg tablet</i>	1	QL
<i>carisoprodol-aspirin 200-325 mg</i>	1	QL
<i>carisoprodol 350 mg tablet</i>	1	QL
<i>carisoprodol compound tab</i>	1	QL
<i>carisoprodol cpd-codeine tab</i>	1	QL PA AL1 At least 21 yrs old
<i>carisoprodol-aspirin-codein tb</i>	1	QL PA AL1 At least 21 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlorzoxazone 500 mg tablet</i>	1	QL
<i>cyclobenzaprine 10 mg tablet</i>	1	QL
<i>cyclobenzaprine 5 mg tablet</i>	1	QL
<i>dantrolene sodium 100 mg cap</i>	1	QL
<i>dantrolene sodium 25 mg cap</i>	1	QL
<i>dantrolene sodium 50 mg cap</i>	1	QL
<i>methocarbamol 500 mg tablet</i>	1	QL
<i>methocarbamol 750 mg tablet</i>	1	QL
<i>orphenadrine er 100 mg tablet</i>	1	QL
<i>tizanidine hcl 2 mg tablet</i>	1	QL
<i>tizanidine hcl 4 mg tablet</i>	1	QL
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
<i>alfuzosin hcl er 10 mg tablet</i>	1	QL
<i>dihydroergotamine 1 mg/ml amp</i>	1	
<i>dihydroergotamine 1 mg/ml vl</i>	1	
<i>tamsulosin hcl 0.4 mg capsule</i>	1	QL
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol 2.5 mg/0.5 ml sol</i>	1	
<i>albuterol 5 mg/ml solution</i>	1	
<i>albuterol sul 0.63 mg/3 ml sol</i>	1	
<i>albuterol sul 1.25 mg/3 ml sol</i>	1	
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	
<i>albuterol sulf 2 mg/5 ml syrup</i>	1	QL
<i>albuterol sulfate 2 mg tab</i>	1	QL
<i>albuterol sulfate 4 mg tab</i>	1	QL
<i>albuterol sulfate er 4 mg tab</i>	1	QL
<i>albuterol sulfate er 8 mg tab</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHILDS SUDAFED 15 MG/5 ML LIQ <i>pseudoephedrine hcl</i>	1	
<i>epinephrine 0.15 mg auto-inject</i>	1	
<i>epinephrine 0.3 mg auto-inject</i>	1	
<i>gnp pseudoephedrine er 120 mg</i>	1	QL
<i>levalbuterol 0.31 mg/3 ml sol</i>	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12
<i>levalbuterol 0.63 mg/3 ml sol</i>	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12
<i>levalbuterol 1.25 mg/3 ml sol</i>	1	AL1 Up to 12 yrs old C Prior authorization is required for members over the age of 12
<i>levalbuterol tar hfa 45mcg inh</i>	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)
<i>metaproterenol 10 mg tablet</i>	1	QL
<i>metaproterenol 10 mg/5 ml syr</i>	1	QL
<i>metaproterenol 20 mg tablet</i>	1	QL
<i>midodrine hcl 10 mg tablet</i>	1	QL
<i>midodrine hcl 2.5 mg tablet</i>	1	QL
<i>midodrine hcl 5 mg tablet</i>	1	QL
<i>pseudoephedrine 30 mg tablet</i>	1	QL
<i>pseudoephedrine 60 mg tablet</i>	1	QL
<i>pseudoephedrine er 120 mg tab</i>	1	QL
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	2	QL
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>terbutaline sulfate 2.5 mg tab</i>	1	QL
<i>terbutaline sulfate 5 mg tab</i>	1	QL
VENTOLIN HFA 90 MCG INHALER <i>albuterol sulfate</i>	1	QL
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTIANEMIA DRUGS		
<i>child ferrous sulfate 15 mg/ml</i>	1	QL
FER-IRON 15 MG/1 ML DROPS <i>ferrous sulfate</i>	1	QL
FERGON 27 MG TABLET <i>ferrous gluconate</i>	1	
FERRAPLUS 90 TABLET <i>iron, carbonyl/folic acid/vit b12/vitamin c/docusate sodium</i>	1	
FERRO-TIME 325 MG TABLET <i>ferrous sulfate</i>	1	QL
<i>ferrous gluconate 240 mg tab</i>	1	
<i>ferrous gluconate 324 mg tab</i>	1	QL
<i>ferrous sulf 15 mg iron/ml drp</i>	1	QL
<i>ferrous sulf 220 mg/5 ml elix</i>	1	QL
<i>ferrous sulf 220 mg/5 ml liq</i>	1	QL
<i>ferrous sulf 300 mg/5 ml liq</i>	1	
<i>ferrous sulf ec 325 mg tablet</i>	1	QL
<i>ferrous sulfate 325 mg tablet</i>	1	
<i>iron 65 mg tablet</i>	1	
NEPHRON FA TABLET <i>ferrous fumarate/docusate/folic acid/vitamin b comp and c</i>	1	
<i>pv ferrous gluconate 27 mg tab</i>	1	
v-r ferrous sulfate 325 mg tab	1	QL
ANTIHEMORRHAGIC AGENTS		
AMICAR 0.25 GRAM/ML ORAL SOLN <i>aminocaproic acid</i>	2	
AMICAR 1,000 MG TABLET <i>aminocaproic acid</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AMICAR 500 MG TABLET <i>aminocaproic acid</i>	2	
<i>tranexamic acid 650 mg tablet</i>	1	AL1 At least 12 yrs old
ANTITHROMBOTIC AGENTS		
BRILINTA 60 MG TABLET <i>ticagrelor</i>	2	QL AL1 At least 18 yrs old
BRILINTA 90 MG TABLET <i>ticagrelor</i>	2	QL AL1 At least 18 yrs old
<i>cilostazol 100 mg tablet</i>	1	QL
<i>cilostazol 50 mg tablet</i>	1	QL
<i>clopidogrel 75 mg tablet</i>	1	QL
COUMADIN 1 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 10 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 2 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 2.5 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 3 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 4 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 5 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 6 MG TABLET <i>warfarin sodium</i>	2	
COUMADIN 7.5 MG TABLET <i>warfarin sodium</i>	2	
EFFIENT 10 MG TABLET <i>prasugrel hcl</i>	2	QL AL1 At least 18 yrs old
EFFIENT 5 MG TABLET <i>prasugrel hcl</i>	2	QL AL1 At least 18 yrs old
ELIQUIS 2.5 MG TABLET <i>apixaban</i>	2	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIQUIS 5 MG TABLET <i>apixaban</i>	2	QL AL1 At least 18 yrs old
<i>enoxaparin 100 mg/ml syringe</i>	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
<i>enoxaparin 120 mg/0.8 ml syr</i>	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
<i>enoxaparin 150 mg/ml syringe</i>	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
<i>enoxaparin 30 mg/0.3 ml syr</i>	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
<i>enoxaparin 300 mg/3 ml vial</i>	1	PA C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
<i>enoxaparin 40 mg/0.4 ml syr</i>	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
		PA
<i>enoxaparin 80 mg/0.8 ml syr</i>	1	C Up to a 180 day supply of medication every 365 days will be allowed at a retail pharmacy without Prior Authorization
<i>hep-lock flush 100 unit/ml kit</i>	1	
<i>heparin 1,000 unit/10 (100/ml)</i>	1	
<i>heparin 10,000 unit/10 ml vial</i>	1	
<i>heparin 100 unit/10 ml (10/ml)</i>	1	
<i>heparin 100 unit/10 ml (10/ml)</i>	1	
<i>heparin 20 units/2 ml (10/ml)</i>	1	
<i>heparin 200 unit/2 ml (100/ml)</i>	1	
<i>heparin 30,000 unit/30 ml vial</i>	1	
<i>heparin 300 unit/3 ml (100/ml)</i>	1	
<i>heparin 40,000 units/4 ml vial</i>	1	
<i>heparin 50 units/5 ml (10/ml)</i>	1	
<i>heparin 50,000 unit/10 ml vial</i>	1	
<i>heparin 50,000 units/10 ml vl</i>	1	
<i>heparin 50,000 units/5 ml vial</i>	1	
<i>heparin 500 unit/5 ml (100/ml)</i>	1	
<i>heparin 500 unit/5 ml (100/ml)</i>	1	
<i>heparin lock flush 10 units/ml</i>	1	
<i>heparin lock flush 10 units/ml</i>	1	
<i>heparin lock flush 100 unit/ml</i>	1	
<i>heparin lock flush 100 unit/ml</i>	1	
<i>heparin sod 1,000 unit/ml vial</i>	1	
<i>heparin sod 10,000 unit/ml vl</i>	1	
<i>heparin sod 190 units/mg powd</i>	1	
<i>heparin sod 20,000 unit/ml vl</i>	1	
<i>heparin sod 5,000 unit/ml syr</i>	1	
<i>heparin sod 5,000 unit/ml syrg</i>	1	
<i>heparin sod 5,000 unit/ml vial</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>heparin sodium powder</i>	1	
JANTOVEN 1 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 10 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 2 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 2.5 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 3 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 4 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 5 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 6 MG TABLET <i>warfarin sodium</i>	2	
JANTOVEN 7.5 MG TABLET <i>warfarin sodium</i>	2	
<i>ticlopidine 250 mg tablet</i>	1	QL
<i>warfarin sodium 1 mg tablet</i>	1	
<i>warfarin sodium 10 mg tablet</i>	1	
<i>warfarin sodium 2 mg tablet</i>	1	
<i>warfarin sodium 2.5 mg tablet</i>	1	
<i>warfarin sodium 3 mg tablet</i>	1	
<i>warfarin sodium 4 mg tablet</i>	1	
<i>warfarin sodium 5 mg tablet</i>	1	
<i>warfarin sodium 6 mg tablet</i>	1	
<i>warfarin sodium 7.5 mg tablet</i>	1	
		QL
XARELTO 10 MG TABLET <i>rivaroxaban</i>	2	AL1 At least 18 yrs old C Max of 70 tablets per 365 days
XARELTO 15 MG TABLET <i>rivaroxaban</i>	2	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XARELTO 20 MG TABLET <i>rivaroxaban</i>	2	QL AL1 At least 18 yrs old
XARELTO STARTER PACK <i>rivaroxaban</i>	2	QL AL1 At least 18 yrs old C Limit of 51 tablets every 365 days
HEMATOPOIETIC AGENTS		
PROCRIT 10,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 2,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 20,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 3,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 4,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
PROCRIT 40,000 UNITS/ML VIAL <i>epoetin alfa</i>	3	PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab</i>	1	QL
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab</i>	1	QL
<i>doxazosin mesylate 2 mg tab</i>	1	QL
<i>doxazosin mesylate 4 mg tab</i>	1	QL
<i>doxazosin mesylate 8 mg tab</i>	1	QL
<i>prazosin 1 mg capsule</i>	1	QL
<i>prazosin 2 mg capsule</i>	1	QL
<i>prazosin 5 mg capsule</i>	1	QL
<i>terazosin 1 mg capsule</i>	1	QL
<i>terazosin 10 mg capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>terazosin 2 mg capsule</i>	1	QL
<i>terazosin 5 mg capsule</i>	1	QL
ANTILIPEMIC AGENTS		
<i>atorvastatin 10 mg tablet</i>	1	QL
<i>atorvastatin 20 mg tablet</i>	1	QL
<i>atorvastatin 40 mg tablet</i>	1	QL
<i>atorvastatin 80 mg tablet</i>	1	QL
<i>cholestyramine light packet</i>	1	QL
<i>cholestyramine light powder</i>	1	QL
<i>cholestyramine packet</i>	1	QL
<i>cholestyramine powder</i>	1	QL
<i>eqi niacin 100 mg tablet</i>	1	QL
<i>ezetimibe 10 mg tablet</i>	1	QL AL1 At least 10 yrs old
<i>fenofibrate 134 mg capsule</i>	1	QL
<i>fenofibrate 145 mg tablet</i>	1	QL
<i>fenofibrate 160 mg tablet</i>	1	QL
<i>fenofibrate 200 mg capsule</i>	1	QL
<i>fenofibrate 48 mg tablet</i>	1	QL
<i>fenofibrate 54 mg tablet</i>	1	QL
<i>fenofibrate 67 mg capsule</i>	1	QL
<i>gemfibrozil 600 mg tablet</i>	1	QL
<i>gnp niacin 250 mg tablet</i>	1	QL
<i>hm niacin tr 250 mg tablet</i>	1	QL
<i>lovastatin 10 mg tablet</i>	1	QL
<i>lovastatin 20 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lovastatin 40 mg tablet</i>	1	QL
<i>niacin 100 mg tablet</i>	1	QL
<i>niacin 125 mg capsule sa</i>	1	QL
<i>niacin 250 mg tablet</i>	1	QL
<i>niacin 250 mg tablet sa</i>	1	QL
<i>niacin 50 mg caplet</i>	1	QL
<i>niacin 50 mg tablet</i>	1	QL
<i>niacin 500 mg capsule sa</i>	1	QL
<i>niacin 500 mg tablet</i>	1	QL
<i>niacin 750 mg tablet sa</i>	1	QL
<i>niacin er 1,000 mg caplet</i>	1	QL
<i>niacin er 1,000 mg tablet</i>	1	QL
<i>niacin er 500 mg caplet</i>	1	QL
<i>niacin er 500 mg tablet</i>	1	QL
<i>niacin sa 250 mg capsule</i>	1	QL
<i>niacin tr 250 mg capsule</i>	1	QL
<i>niacin tr 500 mg caplet</i>	1	QL
<i>niacin tr 500 mg capsule</i>	1	QL
<i>niacin tr 500 mg tablet</i>	1	QL
NIACOR 500 MG TABLET <i>niacin</i>	2	QL
<i>omega-3 ethyl esters 1 gm cap</i>	1	QL
PRALUENT 150 MG/ML PEN <i>alirocumab</i>	3	QL PA
PRALUENT 150 MG/ML SYRINGE <i>alirocumab</i>	3	QL PA
PRALUENT 75 MG/ML PEN <i>alirocumab</i>	3	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRALUENT 75 MG/ML SYRINGE <i>alirocumab</i>	3	QL PA
<i>pravastatin sodium 10 mg tab</i>	1	QL
<i>pravastatin sodium 20 mg tab</i>	1	QL
<i>pravastatin sodium 40 mg tab</i>	1	QL
<i>pravastatin sodium 80 mg tab</i>	1	QL
PREVALITE PACKET <i>cholestyramine/aspartame</i>	1	
PREVALITE POWDER <i>cholestyramine/aspartame</i>	1	QL
<i>pv niacin 500 mg tablet</i>	1	QL
<i>pv niacin 500 mg tablet</i>	1	QL
<i>ra niacin 100 mg tablet</i>	1	QL
<i>ra niacin 500 mg tablet</i>	1	QL
<i>ra niacin 500 mg tablet</i>	1	QL
REPATHA 140 MG/ML SURECLICK <i>evolocumab</i>	3	QL PA
REPATHA 140 MG/ML SYRINGE <i>evolocumab</i>	3	QL PA
REPATHA 420 MG/3.5ML PUSHTRONX <i>evolocumab</i>	3	PA
<i>rosuvastatin calcium 10 mg tab</i>	1	QL AL1 At least 10 yrs old
<i>rosuvastatin calcium 20 mg tab</i>	1	QL AL1 At least 10 yrs old
<i>rosuvastatin calcium 40 mg tab</i>	1	QL AL1 At least 10 yrs old
<i>rosuvastatin calcium 5 mg tab</i>	1	QL AL1 At least 10 yrs old
<i>simvastatin 10 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 20 mg tablet</i>	1	QL
<i>simvastatin 40 mg tablet</i>	1	QL
<i>simvastatin 5 mg tablet</i>	1	QL
<i>simvastatin 80 mg tablet</i>	1	QL
SLO-NIACIN 500 MG TABLET <i>niacin</i>	1	QL
SLO-NIACIN 750 MG TABLET <i>niacin</i>	1	QL
<i>sm niacin tr 250 mg tablet</i>	1	QL
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate 10 mg tab</i>	1	QL
<i>amlodipine besylate 2.5 mg tab</i>	1	QL
<i>amlodipine besylate 5 mg tab</i>	1	QL
<i>amlodipine-benazepril 10-20 mg</i>	1	QL
<i>amlodipine-benazepril 10-40 mg</i>	1	QL
<i>amlodipine-benazepril 2.5-10</i>	1	QL
<i>amlodipine-benazepril 5-10 mg</i>	1	QL
<i>amlodipine-benazepril 5-20 mg</i>	1	QL
<i>amlodipine-benazepril 5-40 mg</i>	1	QL
CARDIZEM LA 120 MG TABLET <i>diltiazem hcl</i>	2	QL
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	1	QL
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	1	QL
<i>diltiazem 120 mg tablet</i>	1	QL
<i>diltiazem 12hr er 120 mg cap</i>	1	QL
<i>diltiazem 12hr er 60 mg cap</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem 12hr er 90 mg cap</i>	1	QL
<i>diltiazem 24hr cd 120 mg cap</i>	1	QL
<i>diltiazem 24hr cd 180 mg cap</i>	1	QL
<i>diltiazem 24hr cd 240 mg cap</i>	1	QL
<i>diltiazem 24hr cd 300 mg cap</i>	1	QL
<i>diltiazem 24hr cd 360 mg cap</i>	1	QL
<i>diltiazem 24hr er 120 mg cap</i>	1	QL
<i>diltiazem 24hr er 180 mg cap</i>	1	QL
<i>diltiazem 24hr er 180 mg tab</i>	1	QL
<i>diltiazem 24hr er 240 mg cap</i>	1	QL
<i>diltiazem 24hr er 240 mg tab</i>	1	QL
<i>diltiazem 24hr er 300 mg cap</i>	1	QL
<i>diltiazem 24hr er 300 mg tab</i>	1	QL
<i>diltiazem 24hr er 360 mg cap</i>	1	QL
<i>diltiazem 24hr er 360 mg tab</i>	1	QL
<i>diltiazem 24hr er 420 mg cap</i>	1	QL
<i>diltiazem 24hr er 420 mg tab</i>	1	QL
<i>diltiazem 30 mg tablet</i>	1	QL
<i>diltiazem 60 mg tablet</i>	1	QL
<i>diltiazem 90 mg tablet</i>	1	QL
<i>diltiazem er 120 mg capsule</i>	1	QL
<i>diltiazem er 180 mg capsule</i>	1	QL
<i>diltiazem er 240 mg capsule</i>	1	QL
<i>felodipine er 10 mg tablet</i>	1	QL
<i>felodipine er 2.5 mg tablet</i>	1	QL
<i>felodipine er 5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	1	QL
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	1	QL
<i>nicardipine 20 mg capsule</i>	1	QL
<i>nicardipine 30 mg capsule</i>	1	QL
NIFEDICAL XL 30 MG TABLET <i>nifedipine</i>	1	QL
NIFEDICAL XL 60 MG TABLET <i>nifedipine</i>	1	QL
<i>nifedipine 10 mg capsule</i>	1	QL
<i>nifedipine 20 mg capsule</i>	1	QL
<i>nifedipine er 30 mg tablet</i>	1	QL
<i>nifedipine er 60 mg tablet</i>	1	QL
<i>nifedipine er 90 mg tablet</i>	1	QL
<i>nisoldipine er 17 mg tablet</i>	1	QL
<i>nisoldipine er 20 mg tablet</i>	1	QL
<i>nisoldipine er 25.5 mg tablet</i>	1	QL
<i>nisoldipine er 30 mg tablet</i>	1	QL
<i>nisoldipine er 34 mg tablet</i>	1	QL
<i>nisoldipine er 40 mg tablet</i>	1	QL
<i>nisoldipine er 8.5 mg tablet</i>	1	QL
<i>verapamil 120 mg tablet</i>	1	QL
<i>verapamil 360 mg cap pellet</i>	1	QL
<i>verapamil 40 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>verapamil 80 mg tablet</i>	1	QL
<i>verapamil er 120 mg capsule</i>	1	QL
<i>verapamil er 120 mg tablet</i>	1	QL
<i>verapamil er 180 mg capsule</i>	1	QL
<i>verapamil er 180 mg tablet</i>	1	QL
<i>verapamil er 240 mg capsule</i>	1	QL
<i>verapamil er 240 mg tablet</i>	1	QL
<i>verapamil er pm 100 mg capsule</i>	1	
<i>verapamil er pm 200 mg capsule</i>	1	
<i>verapamil er pm 300 mg capsule</i>	1	
<i>verapamil sr 120 mg capsule</i>	1	QL
<i>verapamil sr 180 mg capsule</i>	1	QL
<i>verapamil sr 240 mg capsule</i>	1	QL
CARDIAC DRUGS		
<i>amiodarone hcl 200 mg tablet</i>	1	QL
<i>amiodarone hcl 400 mg tablet</i>	1	QL
DIGITEK 125 MCG TABLET <i>digoxin</i>	1	
DIGITEK 250 MCG TABLET <i>digoxin</i>	1	
<i>digoxin 0.05 mg/ml solution</i>	1	QL
<i>digoxin 0.125 mg tablet</i>	1	
<i>digoxin 0.25 mg tablet</i>	1	
<i>digoxin 125 mcg tablet</i>	1	
<i>digoxin 250 mcg tablet</i>	1	
<i>disopyramide 100 mg capsule</i>	1	QL
<i>disopyramide 150 mg capsule</i>	1	QL
<i>flecainide acetate 100 mg tab</i>	1	QL
<i>flecainide acetate 150 mg tab</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>flecainide acetate 50 mg tab</i>	1	QL
<i>mexiletine 150 mg capsule</i>	1	QL
<i>mexiletine 200 mg capsule</i>	1	QL
<i>mexiletine 250 mg capsule</i>	1	QL
<i>propafenone hcl 150 mg tablet</i>	1	QL
<i>propafenone hcl 225 mg tab</i>	1	QL
<i>propafenone hcl 300 mg tab</i>	1	QL
<i>quinidine sulf er 300 mg tab</i>	1	QL
<i>quinidine sulfate 200 mg tab</i>	1	QL
<i>quinidine sulfate 300 mg tab</i>	1	QL
<i>acebutolol 200 mg capsule</i>	1	QL
<i>acebutolol 400 mg capsule</i>	1	QL
<i>atenolol 100 mg tablet</i>	1	QL
<i>atenolol 25 mg tablet</i>	1	QL
<i>atenolol 50 mg tablet</i>	1	QL
<i>atenolol-chlorthalidone 100-25</i>	1	QL
<i>atenolol-chlorthalidone 50-25</i>	1	QL
<i>betaxolol 10 mg tablet</i>	1	QL
<i>betaxolol 20 mg tablet</i>	1	QL
<i>bisoprolol fumarate 10 mg tab</i>	1	QL
<i>bisoprolol fumarate 5 mg tab</i>	1	QL
<i>bisoprolol-hctz 10-6.25 mg tab</i>	1	QL
<i>bisoprolol-hctz 2.5-6.25 mg tb</i>	1	QL
<i>bisoprolol-hctz 5-6.25 mg tab</i>	1	QL
<i>carvedilol 12.5 mg tablet</i>	1	QL
<i>carvedilol 25 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carvedilol 3.125 mg tablet</i>	1	QL
<i>carvedilol 6.25 mg tablet</i>	1	QL
<i>labetalol hcl 100 mg tablet</i>	1	QL
<i>labetalol hcl 200 mg tablet</i>	1	QL
<i>labetalol hcl 300 mg tablet</i>	1	QL
<i>metoprolol succ er 100 mg tab</i>	1	QL
<i>metoprolol succ er 200 mg tab</i>	1	QL
<i>metoprolol succ er 25 mg tab</i>	1	QL
<i>metoprolol succ er 50 mg tab</i>	1	QL
<i>metoprolol tartrate 100 mg tab</i>	1	QL
<i>metoprolol tartrate 25 mg tab</i>	1	QL
<i>metoprolol tartrate 50 mg tab</i>	1	QL
<i>metoprolol-hctz 100-25 mg tab</i>	1	QL
<i>metoprolol-hctz 100-50 mg tab</i>	1	QL
<i>metoprolol-hctz 50-25 mg tab</i>	1	QL
<i>nadolol 20 mg tablet</i>	1	QL
<i>nadolol 40 mg tablet</i>	1	QL
<i>nadolol 80 mg tablet</i>	1	QL
<i>pindolol 10 mg tablet</i>	1	QL
<i>pindolol 5 mg tablet</i>	1	QL
<i>propranolol 10 mg tablet</i>	1	QL
<i>propranolol 20 mg tablet</i>	1	QL
<i>propranolol 20 mg/5 ml soln</i>	1	QL
<i>propranolol 40 mg tablet</i>	1	QL
<i>propranolol 40 mg/5 ml soln</i>	1	QL
<i>propranolol 60 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol 80 mg tablet</i>	1	QL
<i>propranolol er 120 mg capsule</i>	1	QL
<i>propranolol er 160 mg capsule</i>	1	QL
<i>propranolol er 60 mg capsule</i>	1	QL
<i>propranolol er 80 mg capsule</i>	1	QL
<i>propranolol-hctz 40-25 mg tab</i>	1	QL
<i>propranolol-hctz 80-25 mg tab</i>	1	QL
<i>sotalol 120 mg tablet</i>	1	QL
<i>sotalol 160 mg tablet</i>	1	QL
<i>sotalol 240 mg tablet</i>	1	QL
<i>sotalol 80 mg tablet</i>	1	QL
<i>sotalol af 120 mg tablet</i>	1	QL
<i>sotalol af 160 mg tablet</i>	1	QL
<i>sotalol af 80 mg tablet</i>	1	QL
<i>timolol maleate 10 mg tablet</i>	1	QL
<i>timolol maleate 20 mg tablet</i>	1	QL
<i>timolol maleate 5 mg tablet</i>	1	QL
HYPOTENSIVE AGENTS		
<i>clonidine 0.1 mg/day patch</i>	1	QL
<i>clonidine 0.2 mg/day patch</i>	1	QL
<i>clonidine 0.3 mg/day patch</i>	1	QL
<i>clonidine hcl 0.1 mg tablet</i>	1	QL
<i>clonidine hcl 0.2 mg tablet</i>	1	QL
<i>clonidine hcl 0.3 mg tablet</i>	1	QL
CLORPRES 0.1-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
CLORPRES 0.2-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLORPRES 0.3-15 TABLET <i>clonidine hcl/chlorthalidone</i>	2	QL
<i>guanfacine 1 mg tablet</i>	1	QL
<i>guanfacine 2 mg tablet</i>	1	QL
<i>hydralazine 10 mg tablet</i>	1	QL
<i>hydralazine 100 mg tablet</i>	1	QL
<i>hydralazine 25 mg tablet</i>	1	QL
<i>hydralazine 50 mg tablet</i>	1	QL
<i>methyldopa 250 mg tablet</i>	1	QL
<i>methyldopa 500 mg tablet</i>	1	QL
<i>minoxidil 10 mg tablet</i>	1	QL
<i>minoxidil 2.5 mg tablet</i>	1	QL
<i>reserpine 0.1 mg tablet</i>	1	QL
<i>reserpine 0.25 mg tablet</i>	1	QL
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
<i>benazepril hcl 10 mg tablet</i>	1	QL
<i>benazepril hcl 20 mg tablet</i>	1	QL
<i>benazepril hcl 40 mg tablet</i>	1	QL
<i>benazepril hcl 5 mg tablet</i>	1	QL
<i>benazepril-hctz 10-12.5 mg tab</i>	1	
<i>benazepril-hctz 20-12.5 mg tab</i>	1	
<i>benazepril-hctz 20-25 mg tab</i>	1	
<i>benazepril-hctz 5-6.25 mg tab</i>	1	
<i>captopril 100 mg tablet</i>	1	QL
<i>captopril 12.5 mg tablet</i>	1	QL
<i>captopril 25 mg tablet</i>	1	QL
<i>captopril 50 mg tablet</i>	1	QL

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isosorbide mn 10 mg tablet</i>	1	QL
<i>isosorbide mn 20 mg tablet</i>	1	QL
<i>isosorbide mn er 120 mg tab</i>	1	QL
<i>isosorbide mn er 30 mg tablet</i>	1	QL
<i>isosorbide mn er 60 mg tablet</i>	1	QL
NITRO-BID 2% OINTMENT <i>nitroglycerin</i>	2	
<i>nitroglycerin 0.1 mg/hr patch</i>	1	QL
<i>nitroglycerin 0.2 mg/hr patch</i>	1	QL
<i>nitroglycerin 0.3 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg/hr patch</i>	1	QL
<i>nitroglycerin 0.6 mg tablet sl</i>	1	
<i>nitroglycerin 0.6 mg/hr patch</i>	1	QL
<i>nitroglycerin er 2.5 mg cap</i>	1	QL
<i>nitroglycerin er 6.5 mg cap</i>	1	QL
<i>nitroglycerin er 9 mg capsule</i>	1	
NITROLINGUAL 0.4 MG SPRAY <i>nitroglycerin</i>	1	
NITROSTAT 0.3 MG TABLET SL <i>nitroglycerin</i>	2	C Generic preferred
NITROSTAT 0.6 MG TABLET SL <i>nitroglycerin</i>	2	C Generic preferred
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
8 HOUR ER 650 MG CAPLET <i>acetaminophen</i>	1	
<i>acetaminophen 120 mg suppos</i>	1	QL
<i>acetaminophen 160 mg/5 ml elx</i>	1	QL
<i>acetaminophen 160 mg/5 ml sol</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen 325 mg tablet</i>	1	QL
<i>acetaminophen 500 mg caplet</i>	1	QL
<i>acetaminophen 500 mg caplet</i>	1	QL
<i>acetaminophen 500 mg gelcap</i>	1	QL
<i>acetaminophen 500 mg gelcap</i>	1	QL
<i>acetaminophen 500 mg tablet</i>	1	QL
<i>acetaminophen 500 mg tablet</i>	1	QL
<i>acetaminophen 650 mg suppos</i>	1	QL
<i>acetaminophen 80 mg/0.8 ml drp</i>	1	
<i>acetaminophen-cod #2 tablet</i>	1	QL
		PA
		AL1 At least 21 yrs old
<i>acetaminophen-cod #3 tablet</i>	1	QL
		PA
		AL1 At least 21 yrs old
<i>acetaminophen-cod #4 tablet</i>	1	QL
		PA
		AL1 At least 21 yrs old
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN ER 650 MG CAPLT <i>acetaminophen</i>	1	
ARTHRITIS PAIN RELF ER 650 MG <i>acetaminophen</i>	1	
<i>asa-butalb-caff-cod #3 capsule</i>	1	QL
		PA
		AL1 At least 21 yrs old
ASPIR-TRIN EC 325 MG TABLET <i>aspirin</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aspirin 300 mg suppository</i>	1	QL
<i>aspirin 325 mg coated tablet</i>	1	QL
<i>aspirin 325 mg lite-coat tab</i>	1	QL
<i>aspirin 325 mg tablet</i>	1	QL
<i>aspirin 600 mg suppository</i>	1	QL
<i>aspirin 81 mg chewable tablet</i>	1	QL
<i>aspirin ec 325 mg tablet</i>	1	QL
<i>aspirin ec 500 mg tablet</i>	1	QL
<i>aspirin ec 650 mg tablet</i>	1	QL
<i>aspirin ec 81 mg tablet</i>	1	QL
BAYER ASPIRIN 325 MG CAPLET <i>aspirin</i>	1	QL
<i>bayer aspirin 325 mg tablet</i>	1	QL
BAYER ASPIRIN 325 MG TABLET <i>aspirin</i>	1	QL
<i>belladonna-opium 16.2-30 supp</i>	1	QL PA
<i>belladonna-opium 16.2-60 supp</i>	1	QL PA
BENGAY ULTRA STRENGTH CREAM <i>methyl salicylate/menthol/camphor</i>	1	
BETATEMP 160 MG/5 ML SUSP <i>acetaminophen</i>	1	QL
BUPRENEX 0.3 MG/ML AMPUL <i>buprenorphine hcl</i>	2	
<i>buprenorphine 2 mg tablet sl</i>	1	QL PA AL1 At least 18 yrs old
<i>buprenorphine 8 mg tablet sl</i>	1	QL PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>butalb-acetamin-caff 50-325-40</i>	1	QL
<i>butalb-caff-acetaminoph-codein</i>	1	QL PA AL1 At least 21 yrs old
<i>butalbit-acetaminophen-caff cp</i>	1	QL
<i>butalbital comp-codeine #3 cap</i>	1	QL PA AL1 At least 21 yrs old
<i>butalbital-acetaminophn 50-325</i>	1	QL
<i>butalbital-asa-caffeine cap</i>	1	QL
<i>celecoxib 100 mg capsule</i>	1	QL AL1 At least 2 yrs old
<i>celecoxib 200 mg capsule</i>	1	QL AL1 At least 18 yrs old
<i>celecoxib 400 mg capsule</i>	1	QL AL1 At least 18 yrs old
<i>celecoxib 50 mg capsule</i>	1	QL AL1 At least 2 yrs old
CHILD PAIN-FEVER 160 MG/5 ML <i>acetaminophen</i>	1	QL
<i>children ibuprofen 100 mg/5 ml</i>	1	QL
CHILDREN'S ADVIL 100 MG/5 ML <i>ibuprofen</i>	1	QL
<i>cvs acetaminophen 325 mg tab</i>	1	QL
<i>cvs aspirin 325 mg caplet</i>	1	QL
<i>cvs aspirin 325 mg tablet</i>	1	QL
<i>cvs aspirin 81 mg chewable tab</i>	1	QL
<i>cvs aspirin ec 325 mg tablet</i>	1	QL
<i>cvs aspirin ec 81 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs ibuprofen 200 mg caplet</i>	1	QL
<i>cvs ibuprofen 200 mg tablet</i>	1	QL
<i>cvs ibuprofen ib 200 mg tablet</i>	1	QL
<i>cvs infant ibuprofen susp drop</i>	1	QL
<i>cvs naproxen sod 220 mg caplet</i>	1	QL
<i>cvs naproxen sod 220 mg tablet</i>	1	QL
<i>diclofenac pot 50 mg tablet</i>	1	QL
<i>diclofenac sod dr 25 mg tab</i>	1	QL
<i>diclofenac sod dr 50 mg tab</i>	1	QL
<i>diclofenac sod dr 75 mg tab</i>	1	QL
<i>diclofenac sod ec 25 mg tab</i>	1	QL
<i>diclofenac sod ec 50 mg tab</i>	1	QL
<i>diclofenac sod ec 75 mg tab</i>	1	QL
<i>diclofenac sod er 100 mg tab</i>	1	QL
<i>diclofenac sodium 1% gel</i>	1	QL
<i>diflunisal 500 mg tablet</i>	1	QL
ECOTRIN EC 325 MG TABLET <i>aspirin</i>	1	QL
ECOTRIN EC 81 MG TABLET <i>aspirin</i>	1	QL
ENDOCET 2.5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	1	PA
ENDOCET 5-325 TABLET <i>oxycodone hcl/acetaminophen</i>	1	QL PA
<i>eq acetaminophen 500 mg caplet</i>	1	QL
<i>eq acetaminophen 500 mg gelcap</i>	1	QL
<i>eq acetaminophen 500 mg tablet</i>	1	QL
<i>eq aspirin 325 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq aspirin 81 mg chewable tab</i>	1	QL
<i>eq aspirin ec 81 mg tablet</i>	1	QL
<i>eq ibuprofen 200 mg caplet</i>	1	QL
<i>eq ibuprofen 200 mg tablet</i>	1	QL
<i>eq naproxen sod 220 mg caplet</i>	1	QL
<i>eq naproxen sod 220 mg tablet</i>	1	QL
EQ PAIN RELIEVER 500 MG CAPLET <i>acetaminophen</i>	1	QL
<i>eql aspirin 325 mg tablet</i>	1	QL
<i>eql aspirin 81 mg chewable tab</i>	1	QL
<i>eql aspirin ec 81 mg tablet</i>	1	QL
<i>eql ibuprofen 100 mg/5 ml susp</i>	1	QL
<i>eql ibuprofen 200 mg caplet</i>	1	QL
<i>eql ibuprofen 200 mg tablet</i>	1	QL
<i>eql inf ibuprofen 50 mg/1.25ml</i>	1	QL
<i>eql naproxen sod 220 mg caplet</i>	1	QL
<i>eql naproxen sodium 220 mg tab</i>	1	QL
<i>etodolac 200 mg capsule</i>	1	QL
<i>etodolac 300 mg capsule</i>	1	QL
<i>etodolac 400 mg tablet</i>	1	QL
<i>etodolac 500 mg tablet</i>	1	QL
<i>fenoprofen 600 mg tablet</i>	1	QL
<i>fentanyl 100 mcg/hr patch</i>	1	QL PA
<i>fentanyl 12 mcg/hr patch</i>	1	QL PA
<i>fentanyl 25 mcg/hr patch</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fentanyl 50 mcg/hr patch</i>	1	QL PA
<i>fentanyl 75 mcg/hr patch</i>	1	QL PA
FEVERALL 325 MG SUPPOSITORY <i>acetaminophen</i>	1	QL
FEVERALL 80 MG SUPPOSITORY <i>acetaminophen</i>	1	QL
<i>flurbiprofen 100 mg tablet</i>	1	QL
<i>flurbiprofen 50 mg tablet</i>	1	QL
<i>gnp aspirin 325 mg tablet</i>	1	QL
<i>gnp aspirin 81 mg chewable tab</i>	1	QL
<i>gnp aspirin ec 325 mg tablet</i>	1	QL
<i>gnp aspirin ec 81 mg tablet</i>	1	QL
<i>gnp ibuprofen 200 mg caplet</i>	1	QL
<i>gnp ibuprofen 200 mg tablet</i>	1	QL
<i>gnp infant ibuprofen susp drop</i>	1	QL
<i>gnp naproxen sod 220 mg caplet</i>	1	QL
<i>gnp naproxen sod 220 mg tablet</i>	1	QL
GS ARTHRITIS PAIN ER 650 MG <i>acetaminophen</i>	1	
<i>gs naproxen sod 220 mg caplet</i>	1	QL
<i>hm aspirin 325 mg tablet</i>	1	QL
<i>hm aspirin 81 mg chewable tab</i>	1	QL
<i>hm aspirin ec 325 mg tablet</i>	1	QL
<i>hm aspirin ec 81 mg tablet</i>	1	QL
<i>hm ibuprofen 200 mg caplet</i>	1	QL
<i>hm ibuprofen 200 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm inf ibuprofen 50 mg/1.25 ml</i>	1	QL
<i>hm naproxen sod 220 mg caplet</i>	1	QL
<i>hydrocodone-acetamin 10-325 mg</i>	1	QL PA
<i>hydrocodone-acetamin 5-325 mg</i>	1	QL PA
<i>hydrocodone-acetamin 7.5-325</i>	1	QL PA
<i>hydrocodone-ibuprofen 7.5-200</i>	1	QL PA
<i>hydromorphone 2 mg tablet</i>	1	PA
<i>hydromorphone 3 mg suppos</i>	1	PA
<i>hydromorphone 4 mg tablet</i>	1	PA
<i>hydromorphone 8 mg tablet</i>	1	PA
<i>ibuprofen 100 mg/5 ml susp</i>	1	QL
<i>ibuprofen 200 mg caplet</i>	1	QL
<i>ibuprofen 200 mg tablet</i>	1	QL
<i>ibuprofen 400 mg tablet</i>	1	QL
<i>ibuprofen 600 mg tablet</i>	1	QL
<i>ibuprofen 800 mg tablet</i>	1	QL
ICY HOT CREAM <i>methyl salicylate/menthol</i>	1	QL
<i>indomethacin 25 mg capsule</i>	1	QL
<i>indomethacin 50 mg capsule</i>	1	QL
<i>indomethacin er 75 mg capsule</i>	1	QL
<i>infant ibuprofen 50 mg/1.25 ml</i>	1	QL
<i>infant ibuprofen 50 mg/1.25 ml</i>	1	QL
<i>infant ibuprofen 50 mg/1.25 ml</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INFANT'S MOTRIN 50 MG/1.25 ML <i>ibuprofen</i>	1	QL
INFANTS' MOTRIN 50 MG/1.25 ML <i>ibuprofen</i>	1	QL
<i>ketoprofen 50 mg capsule</i>	1	QL
<i>ketoprofen 75 mg capsule</i>	1	QL
<i>ketoprofen er 200 mg capsule</i>	1	QL
<i>ketorolac 10 mg tablet</i>	1	QL
<i>kro acetaminophen 325 mg tab</i>	1	QL
<i>kro acetaminophen 500 mg cplt</i>	1	QL
<i>kro acetaminophen 500 mg gelcp</i>	1	QL
<i>kro acetaminophen 500 mg geltb</i>	1	QL
<i>kro aspirin 325 mg tablet</i>	1	QL
<i>kro aspirin 81 mg chewable tab</i>	1	QL
<i>kro aspirin ec 325 mg tablet</i>	1	QL
<i>kro aspirin ec 81 mg tablet</i>	1	QL
<i>kro ibuprofen 200 mg caplet</i>	1	QL
<i>kro ibuprofen 200 mg tablet</i>	1	QL
<i>kro naproxen sod 220 mg caplet</i>	1	QL
<i>kro naproxen sodium 220 mg tab</i>	1	QL
MAPAP 325 MG TABLET <i>acetaminophen</i>	1	
MAPAP ARTHRITIS ER 650 MG CPLT <i>acetaminophen</i>	1	
<i>meclofenamate 100 mg capsule</i>	1	QL
<i>meclofenamate 50 mg capsule</i>	1	QL
<i>meloxicam 15 mg tablet</i>	1	QL
<i>meloxicam 7.5 mg tablet</i>	1	QL
<i>meperidine 100 mg tablet</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meperidine 50 mg tablet</i>	1	PA
<i>meperidine 50 mg/5 ml solution</i>	1	PA
<i>methadone 10 mg/5 ml solution</i>	1	PA
<i>methadone 10 mg/ml oral conc</i>	1	PA
<i>methadone 5 mg/5 ml solution</i>	1	PA
<i>methadone hcl 10 mg tablet</i>	1	PA
<i>methadone hcl 5 mg tablet</i>	1	PA
METHADONE INTENSOL 10 MG/ML <i>methadone hcl</i>	1	PA
<i>morphine sulf 10 mg suppos</i>	1	PA
<i>morphine sulf 10 mg/5 ml soln</i>	1	PA
<i>morphine sulf 100 mg/5 ml soln</i>	1	PA
<i>morphine sulf 20 mg suppos</i>	1	PA
<i>morphine sulf 20 mg/5 ml soln</i>	1	PA
<i>morphine sulf 30 mg suppos</i>	1	PA
<i>morphine sulf 5 mg suppos</i>	1	PA
<i>morphine sulf er 100 mg tablet</i>	1	QL PA
<i>morphine sulf er 15 mg tablet</i>	1	QL PA
<i>morphine sulf er 200 mg tablet</i>	1	QL PA
<i>morphine sulf er 30 mg tablet</i>	1	QL PA
<i>morphine sulf er 60 mg tablet</i>	1	QL PA
<i>morphine sulfate ir 15 mg tab</i>	1	PA
<i>morphine sulfate ir 30 mg tab</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOTRIN IB 200 MG CAPLET <i>ibuprofen</i>	2	QL
<i>nabumetone 500 mg tablet</i>	1	QL
<i>nabumetone 750 mg tablet</i>	1	QL
<i>naproxen 125 mg/5 ml suspen</i>	1	QL
<i>naproxen 250 mg tablet</i>	1	QL
<i>naproxen 375 mg tablet</i>	1	QL
<i>naproxen 500 mg kit</i>	1	QL
<i>naproxen 500 mg tablet</i>	1	QL
<i>naproxen dr 375 mg tablet</i>	1	QL
<i>naproxen dr 500 mg tablet</i>	1	QL
<i>naproxen sodium 220 mg caplet</i>	1	QL
<i>naproxen sodium 220 mg tablet</i>	1	QL
<i>naproxen sodium 275 mg tab</i>	1	QL
<i>naproxen sodium 550 mg tab</i>	1	QL
<i>oxaprozin 600 mg caplet</i>	1	QL
<i>oxaprozin 600 mg tablet</i>	1	QL
<i>oxycodon-acetaminophen 2.5-325</i>	1	QL PA
<i>oxycodon-acetaminophen 7.5-325</i>	1	QL PA
<i>oxycodone hcl 10 mg tablet</i>	1	PA
<i>oxycodone hcl 100 mg/5 ml soln</i>	1	PA
<i>oxycodone hcl 15 mg tablet</i>	1	PA
<i>oxycodone hcl 20 mg tablet</i>	1	PA
<i>oxycodone hcl 30 mg tablet</i>	1	PA
<i>oxycodone hcl 5 mg capsule</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl 5 mg tablet</i>	1	PA
<i>oxycodone hcl 5 mg/5 ml soln</i>	1	PA
<i>oxycodone-acetaminophen 5-325</i>	1	QL PA
PAIN & FEVER 325 MG TABLET <i>acetaminophen</i>	1	
PAIN RELIEVER 500 MG CAPLET <i>acetaminophen</i>	1	QL
PAIN RELIEVER 500 MG TABLET <i>acetaminophen</i>	1	QL
PEDIACARE FEVER REDUCER SUSP <i>acetaminophen</i>	1	QL
<i>pentazocine-naloxone tablet</i>	1	QL PA
<i>piroxicam 10 mg capsule</i>	1	QL
<i>piroxicam 20 mg capsule</i>	1	QL
<i>pub aspirin 325 mg tablet</i>	1	QL
<i>pub aspirin 81 mg chewable tab</i>	1	QL
<i>pub ibuprofen 200 mg tablet</i>	1	QL
<i>pub naproxen sod 220 mg tablet</i>	1	QL
<i>pv aspirin 325 mg tablet</i>	1	QL
<i>pv aspirin 81 mg chewable tab</i>	1	QL
<i>pv aspirin ec 325 mg tablet</i>	1	QL
<i>pv aspirin ec 81 mg tablet</i>	1	QL
<i>pv ibuprofen 200 mg caplet</i>	1	QL
<i>pv ibuprofen 200 mg tablet</i>	1	QL
<i>pv naproxen sod 220 mg tablet</i>	1	QL
Q-PAP 160 MG/5 ML SOLUTION <i>acetaminophen</i>	1	
<i>qc aspirin 325 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc aspirin ec 325 mg tablet</i>	1	QL
<i>qc ibuprofen 100 mg/5 ml susp</i>	1	QL
<i>qc ibuprofen 200 mg caplet</i>	1	QL
<i>qc ibuprofen 200 mg tablet</i>	1	QL
<i>qc naproxen sod 220 mg tablet</i>	1	QL
<i>ra acetaminophen 500 mg caplet</i>	1	QL
<i>ra acetaminophen 500 mg gelcap</i>	1	QL
<i>ra acetaminophen 500 mg tablet</i>	1	QL
<i>ra aspirin 325 mg tablet</i>	1	QL
<i>ra aspirin 81 mg chewable tab</i>	1	QL
<i>ra aspirin ec 325 mg tablet</i>	1	QL
<i>ra aspirin ec 81 mg tablet</i>	1	QL
<i>ra ibuprofen 100 mg/5 ml susp</i>	1	QL
<i>ra ibuprofen 200 mg caplet</i>	1	QL
<i>ra ibuprofen 200 mg tablet</i>	1	QL
<i>ra infant ibuprofen susp drop</i>	1	QL
<i>ra naproxen sod 220 mg tablet</i>	1	QL
<i>salsalate 500 mg tablet</i>	1	QL
<i>salsalate 750 mg tablet</i>	1	QL
<i>sb aspirin 325 mg tablet</i>	1	QL
<i>sb aspirin ec 81 mg tablet</i>	1	QL
<i>sb ibuprofen 200 mg caplet</i>	1	QL
<i>sb ibuprofen 200 mg tablet</i>	1	QL
<i>sb inf ibuprofen 50 mg/1.25 ml</i>	1	QL
<i>sb naproxen sod 220 mg caplet</i>	1	QL
<i>sb naproxen sod 220 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SM ARTHRITIS PAIN ER 650 MG <i>acetaminophen</i>	1	
<i>sm aspirin 325 mg tablet</i>	1	QL
<i>sm aspirin 81 mg chewable tab</i>	1	QL
<i>sm aspirin ec 325 mg tablet</i>	1	QL
<i>sm aspirin ec 81 mg tablet</i>	1	QL
<i>sm ibuprofen 100 mg/5 ml susp</i>	1	QL
<i>sm ibuprofen 200 mg caplet</i>	1	QL
<i>sm ibuprofen 200 mg tablet</i>	1	QL
<i>sm ibuprofen ib 200 mg caplet</i>	1	QL
<i>sm ibuprofen ib 200 mg caplet</i>	1	QL
<i>sm ibuprofen ib 200 mg tablet</i>	1	QL
<i>sm ibuprofen ib 200 mg tablet</i>	1	QL
<i>sm infant ibuprofen susp drop</i>	1	QL
<i>sm naproxen sod 220 mg caplet</i>	1	QL
<i>sm naproxen sod 220 mg tablet</i>	1	QL
<i>soba aspirin 325 mg tablet</i>	1	QL
SUBOXONE 12 MG-3 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL
		PA
		AL1 At least 18 yrs old
SUBOXONE 2 MG-0.5 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL
		PA
		AL1 At least 18 yrs old
SUBOXONE 4 MG-1 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL
		PA
		AL1 At least 18 yrs old
SUBOXONE 8 MG-2 MG SL FILM <i>buprenorphine hcl/naloxone hcl</i>	2	QL
		PA
		AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulindac 150 mg tablet</i>	1	QL
<i>sulindac 200 mg tablet</i>	1	QL
<i>tolmetin sodium 200 mg tab</i>	1	QL
<i>tolmetin sodium 400 mg cap</i>	1	QL
<i>tolmetin sodium 600 mg tab</i>	1	QL
<i>tramadol hcl 50 mg tablet</i>	1	PA AL1 At least 21 yrs old
<i>tramadol-acetaminophn 37.5-325</i>	1	QL PA AL1 At least 21 yrs old
<i>v-r aspirin ec 325 mg tablet</i>	1	QL
<i>v-r ibuprofen 200 mg tablet</i>	1	QL
<i>v-r naproxen sod 220 mg tablet</i>	1	QL
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
<i>caffeine cit 60 mg/3 ml oral</i>	1	AL1 Up to 1 yrs old
<i>dexmethylphenidate 10 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dexmethylphenidate 2.5 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dexmethylphenidate 5 mg tab</i>	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
<i>dexmethylphenidate er 15 mg cp</i>	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
<i>dexmethylphenidate er 20 mg cp</i>	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
<i>dexmethylphenidate er 25 mg cp</i>	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
<i>dexmethylphenidate er 30 mg cp</i>	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
<i>dexmethylphenidate er 35 mg cp</i>	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
<i>dexmethylphenidate er 40 mg cp</i>	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
<i>dextroamp-amphet er 10 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphet er 15 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphet er 20 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphet er 25 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphet er 30 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphet er 5 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphetam 12.5 mg tab</i>	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
<i>dextroamp-amphetamin 10 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphetamin 15 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphetamin 30 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamp-amphetamine 5 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamphetamine 10 mg tab</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members 21 years of age and older
<i>dextroamphetamine 5 mg tab</i>	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
<i>dextroamphetamine er 15 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
<i>dextroamphetamine er 5 mg cap</i>	1	QL AL1 Up to 21 yrs old C Prior Authorization is required for members over the age of 20
METADATE ER 20 MG TABLET <i>methylphenidate hcl</i>	2	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate 10 mg chew tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate 10 mg tablet</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate 2.5 mg chew tb</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate 20 mg tablet</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate 5 mg chew tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate 5 mg tablet</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate cd 10 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate cd 20 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate cd 30 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate cd 40 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate cd 60 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 10 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 10 mg tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 18 mg tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 20 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 20 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate er 27 mg tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 30 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 30 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 36 mg tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 40 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 40 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate er 54 mg tab</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate er 60 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate la 20 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate la 30 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
<i>methylphenidate la 40 mg cap</i>	1	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older
RITALIN LA 10 MG CAPSULE <i>methylphenidate hcl</i>	2	QL AL1 At least 3 yrs old C Prior authorization is required for members under the age of 3 years and 21 years and older

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE 10 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	2	C Prior authorization is required for members 21 years of age and older
VYVANSE 20 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	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 <i>lisdexamfetamine dimesylate</i>	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 <i>lisdexamfetamine dimesylate</i>	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 <i>lisdexamfetamine dimesylate</i>	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 60 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	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 <i>lisdexamfetamine dimesylate</i>	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
ANTICONVULSANTS		
<i>carbamazepine 100 mg tab chew</i>	1	QL
<i>carbamazepine 100 mg/5 ml susp</i>	1	QL
<i>carbamazepine 200 mg tablet</i>	1	QL
<i>carbamazepine er 100 mg cap</i>	1	QL
<i>carbamazepine er 100 mg tablet</i>	1	QL
<i>carbamazepine er 200 mg cap</i>	1	QL
<i>carbamazepine er 200 mg tablet</i>	1	QL
<i>carbamazepine er 300 mg cap</i>	1	QL
<i>carbamazepine er 400 mg tablet</i>	1	QL
<i>clonazepam 0.125 mg dis tab</i>	1	QL
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.125 mg odt</i>	1	QL
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.25 mg odt</i>	1	QL
		ST
		C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonazepam 0.5 mg odt</i>	1	QL
		ST
<i>clonazepam 0.5 mg odt</i>	1	C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 0.5 mg tablet</i>	1	QL
<i>clonazepam 1 mg dis tablet</i>	1	QL
		ST
<i>clonazepam 1 mg dis tablet</i>	1	C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 1 mg odt</i>	1	QL
		ST
<i>clonazepam 1 mg odt</i>	1	C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 1 mg tablet</i>	1	QL
<i>clonazepam 2 mg odt</i>	1	QL
		ST
<i>clonazepam 2 mg odt</i>	1	C PA required if member is not filling other medication to treat seizures; ST does not apply to members under the age of 12
<i>clonazepam 2 mg tablet</i>	1	QL
DILANTIN 30 MG CAPSULE <i>phenytoin sodium extended</i>	2	QL
<i>divalproex dr 125 mg cap sprnk</i>	1	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sod dr 250 mg tab</i>	1	
<i>divalproex sod dr 500 mg tab</i>	1	
<i>divalproex sod er 250 mg tab</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>divalproex sod er 500 mg tab</i>	1	
<i>ethosuximide 250 mg capsule</i>	1	QL
<i>ethosuximide 250 mg/5 ml soln</i>	1	QL
<i>felbamate 400 mg tablet</i>	1	QL
<i>felbamate 600 mg tablet</i>	1	QL
<i>felbamate 600 mg/5 ml susp</i>	1	QL
<i>gabapentin 100 mg capsule</i>	1	QL
<i>gabapentin 250 mg/5 ml soln</i>	1	
<i>gabapentin 300 mg capsule</i>	1	QL
<i>gabapentin 400 mg capsule</i>	1	QL
<i>gabapentin 600 mg tablet</i>	1	QL
<i>gabapentin 800 mg tablet</i>	1	QL
GABITRIL 12 MG TABLET <i>tiagabine hcl</i>	2	QL
GABITRIL 16 MG TABLET <i>tiagabine hcl</i>	2	QL
<i>lamotrigine 100 mg tablet</i>	1	QL
<i>lamotrigine 150 mg tablet</i>	1	QL
<i>lamotrigine 200 mg tablet</i>	1	QL
<i>lamotrigine 25 mg disper tab</i>	1	
<i>lamotrigine 25 mg tablet</i>	1	
<i>lamotrigine 25 mg tb start kit</i>	1	
<i>lamotrigine 5 mg disper tablet</i>	1	
<i>levetiracetam 1,000 mg tablet</i>	1	QL
<i>levetiracetam 100 mg/ml soln</i>	1	QL
<i>levetiracetam 250 mg tablet</i>	1	QL
<i>levetiracetam 500 mg tablet</i>	1	QL
<i>levetiracetam 750 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam er 500 mg tablet</i>	1	QL AL1 At least 12 yrs old
<i>levetiracetam er 750 mg tablet</i>	1	QL AL1 At least 12 yrs old
<i>oxcarbazepine 150 mg tablet</i>	1	QL
<i>oxcarbazepine 300 mg tablet</i>	1	QL
<i>oxcarbazepine 300 mg/5 ml susp</i>	1	QL
<i>oxcarbazepine 600 mg tablet</i>	1	QL
<i>phenytoin 125 mg/5 ml susp</i>	1	QL
<i>phenytoin 50 mg tablet chew</i>	1	QL
<i>phenytoin sod ext 100 mg cap</i>	1	QL
<i>phenytoin sod ext 200 mg cap</i>	1	QL
<i>phenytoin sod ext 300 mg cap</i>	1	QL
<i>primidone 250 mg tablet</i>	1	QL
<i>primidone 50 mg tablet</i>	1	QL
<i>tiagabine hcl 2 mg tablet</i>	1	QL
<i>tiagabine hcl 4 mg tablet</i>	1	QL
<i>topiramate 100 mg tablet</i>	1	QL
<i>topiramate 15 mg sprinkle cap</i>	1	QL
<i>topiramate 200 mg tablet</i>	1	QL
<i>topiramate 25 mg sprinkle cap</i>	1	QL
<i>topiramate 25 mg tablet</i>	1	QL
<i>topiramate 50 mg tablet</i>	1	QL
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid 250 mg/5 ml soln</i>	1	
<i>valproic acid 500 mg/10 ml sol</i>	1	
<i>vigabatrin 500 mg powder packt</i>	3	QL AL1 Up to 2 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIMPAT 10 MG/ML SOLUTION <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 100 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 150 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 200 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT 50 MG TABLET <i>lacosamide</i>	2	QL AL1 At least 17 yrs old
VIMPAT STARTER KIT <i>lacosamide</i>	2	AL1 At least 17 yrs old
<i>zonisamide 100 mg capsule</i>	1	QL
<i>zonisamide 25 mg capsule</i>	1	QL
<i>zonisamide 50 mg capsule</i>	1	QL
ANTIMANIC AGENTS		
<i>lithium carbonate 150 mg cap</i>	1	QL
<i>lithium carbonate 300 mg cap</i>	1	QL
<i>lithium carbonate 300 mg tab</i>	1	QL
<i>lithium carbonate 600 mg cap</i>	1	QL
<i>lithium carbonate er 300 mg tb</i>	1	QL
<i>lithium carbonate er 450 mg tb</i>	1	QL
ANTIMIGRAINE AGENTS		
<i>naratriptan 1 mg tablet</i>	1	QL
<i>naratriptan 2.5 mg tablet</i>	1	QL
<i>naratriptan hcl 1 mg tablet</i>	1	QL
<i>naratriptan hcl 2.5 mg tablet</i>	1	QL
<i>rizatriptan 10 mg odt</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>rizatriptan 10 mg tablet</i>	1	QL
<i>rizatriptan 5 mg odt</i>	1	QL
<i>rizatriptan 5 mg tablet</i>	1	QL
<i>sumatriptan 20 mg nasal spray</i>	1	QL
<i>sumatriptan 4 mg/0.5 ml cart</i>	1	
<i>sumatriptan 4 mg/0.5 ml inject</i>	1	
<i>sumatriptan 5 mg nasal spray</i>	1	QL
<i>sumatriptan 6 mg/0.5 ml inject</i>	1	QL
<i>sumatriptan 6 mg/0.5 ml refill</i>	1	QL
<i>sumatriptan 6 mg/0.5 ml syrng</i>	1	
<i>sumatriptan 6 mg/0.5 ml vial</i>	1	QL
<i>sumatriptan succ 100 mg tablet</i>	1	QL
<i>sumatriptan succ 25 mg tablet</i>	1	QL
<i>sumatriptan succ 50 mg tablet</i>	1	QL
ANTIPARKINSONIAN AGENTS (CNS)		
<i>amantadine 100 mg capsule</i>	1	QL
<i>amantadine 100 mg tablet</i>	1	QL
<i>amantadine 100 mg/10 ml soln</i>	1	QL
<i>amantadine 50 mg/5 ml solution</i>	1	QL
<i>benztropine mes 0.5 mg tab</i>	1	QL
<i>benztropine mes 1 mg tablet</i>	1	QL
<i>benztropine mes 2 mg tablet</i>	1	QL
<i>bromocriptine 2.5 mg tablet</i>	1	QL
<i>bromocriptine 5 mg capsule</i>	1	QL
<i>cabergoline 0.5 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>carbidopa-levo er 25-100 tab</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carbidopa-levo er 50-200 tab</i>	1	QL
<i>carbidopa-levodopa 10-100 tab</i>	1	QL
<i>carbidopa-levodopa 25-100 tab</i>	1	QL
<i>carbidopa-levodopa 25-250 tab</i>	1	QL
<i>pramipexole 0.125 mg tablet</i>	1	QL
<i>pramipexole 0.25 mg tablet</i>	1	QL
<i>pramipexole 0.5 mg tablet</i>	1	QL
<i>pramipexole 0.75 mg tablet</i>	1	QL
<i>pramipexole 1 mg tablet</i>	1	QL
<i>pramipexole 1.5 mg tablet</i>	1	QL
<i>ropinirole hcl 0.25 mg tablet</i>	1	QL
<i>ropinirole hcl 0.5 mg tablet</i>	1	QL
<i>ropinirole hcl 1 mg tablet</i>	1	QL
<i>ropinirole hcl 2 mg tablet</i>	1	QL
<i>ropinirole hcl 3 mg tablet</i>	1	QL
<i>ropinirole hcl 4 mg tablet</i>	1	QL
<i>ropinirole hcl 5 mg tablet</i>	1	QL
<i>selegiline hcl 5 mg capsule</i>	1	QL
<i>selegiline hcl 5 mg tablet</i>	1	QL
<i>tolcapone 100 mg tablet</i>	1	QL
<i>trihexyphenidyl 2 mg tablet</i>	1	QL
<i>trihexyphenidyl 2 mg/5 ml elx</i>	1	QL
<i>trihexyphenidyl 5 mg tablet</i>	1	QL
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
<i>alprazolam 0.25 mg tablet</i>	1	QL
<i>alprazolam 0.5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alprazolam 1 mg tablet</i>	1	QL
<i>alprazolam 2 mg tablet</i>	1	QL
<i>buspirone hcl 10 mg tablet</i>	1	QL
<i>buspirone hcl 15 mg tablet</i>	1	QL
<i>buspirone hcl 30 mg tablet</i>	1	QL
<i>buspirone hcl 5 mg tablet</i>	1	QL
<i>buspirone hcl 7.5 mg tablet</i>	1	QL
<i>chlordiazepoxide 10 mg capsule</i>	1	QL
<i>chlordiazepoxide 25 mg capsule</i>	1	QL
<i>chlordiazepoxide 5 mg capsule</i>	1	QL
<i>clorazepate 15 mg tablet</i>	1	QL
<i>clorazepate 3.75 mg tablet</i>	1	QL
<i>clorazepate 7.5 mg tablet</i>	1	QL
<i>diazepam 10 mg rectal gel syst</i>	1	QL
<i>diazepam 10 mg tablet</i>	1	QL
<i>diazepam 2 mg tablet</i>	1	QL
<i>diazepam 2.5 mg rectal gel sys</i>	1	QL
<i>diazepam 20 mg rectal gel syst</i>	1	QL
<i>diazepam 5 mg tablet</i>	1	QL
<i>diazepam 5 mg/5 ml oral soln</i>	1	
<i>diazepam 5 mg/5 ml solution</i>	1	QL
<i>diazepam 5 mg/ml oral conc</i>	1	QL
<i>estazolam 1 mg tablet</i>	1	QL
<i>estazolam 2 mg tablet</i>	1	QL
<i>eszopiclone 1 mg tablet</i>	1	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone 2 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>eszopiclone 3 mg tablet</i>	1	QL AL1 At least 18 yrs old
<i>flurazepam 15 mg capsule</i>	1	QL
<i>flurazepam 30 mg capsule</i>	1	QL
<i>hydroxyzine 10 mg/5 ml soln</i>	1	QL
<i>hydroxyzine 10 mg/5 ml syrup</i>	1	QL
<i>hydroxyzine hcl 10 mg tablet</i>	1	QL
<i>hydroxyzine hcl 25 mg tablet</i>	1	QL
<i>hydroxyzine hcl 50 mg tablet</i>	1	QL
<i>hydroxyzine pam 100 mg cap</i>	1	QL
<i>hydroxyzine pam 25 mg cap</i>	1	QL
<i>hydroxyzine pam 50 mg cap</i>	1	QL
<i>lorazepam 0.5 mg tablet</i>	1	QL
<i>lorazepam 1 mg tablet</i>	1	QL
<i>lorazepam 2 mg tablet</i>	1	QL
<i>lorazepam 2 mg/ml oral concent</i>	1	QL
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	1	QL
<i>oxazepam 10 mg capsule</i>	1	QL
<i>oxazepam 15 mg capsule</i>	1	QL
<i>oxazepam 30 mg capsule</i>	1	QL
<i>phenobarbital 100 mg tablet</i>	1	
<i>phenobarbital 15 mg tablet</i>	1	
<i>phenobarbital 16.2 mg tablet</i>	1	
<i>phenobarbital 20 mg/5 ml elix</i>	1	
<i>phenobarbital 20 mg/5 ml soln</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital 30 mg tablet</i>	1	
<i>phenobarbital 32.4 mg tablet</i>	1	
<i>phenobarbital 60 mg tablet</i>	1	
<i>phenobarbital 64.8 mg tablet</i>	1	
<i>phenobarbital 97.2 mg tablet</i>	1	
<i>temazepam 15 mg capsule</i>	1	QL
<i>temazepam 30 mg capsule</i>	1	QL
<i>triazolam 0.125 mg tablet</i>	1	QL
<i>triazolam 0.25 mg tablet</i>	1	QL
<i>zaleplon 10 mg capsule</i>	1	QL
<i>zaleplon 5 mg capsule</i>	1	QL
<i>zolpidem tartrate 10 mg tablet</i>	1	QL
<i>zolpidem tartrate 5 mg tablet</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calc dr 333 mg tab</i>	1	QL AL1 At least 18 yrs old
<i>atomoxetine hcl 10 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>atomoxetine hcl 100 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>atomoxetine hcl 18 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>atomoxetine hcl 25 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>atomoxetine hcl 40 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>atomoxetine hcl 60 mg capsule</i>	1	QL AL1 At least 6 yrs old
<i>atomoxetine hcl 80 mg capsule</i>	1	QL AL1 At least 6 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl er 1 mg tablet</i>	1	QL
<i>guanfacine hcl er 2 mg tablet</i>	1	QL
<i>guanfacine hcl er 3 mg tablet</i>	1	QL
<i>guanfacine hcl er 4 mg tablet</i>	1	QL
<i>memantine 5-10 mg titration pk</i>	1	QL
<i>memantine hcl 10 mg tablet</i>	1	QL
<i>memantine hcl 2 mg/ml solution</i>	1	QL
<i>memantine hcl 5 mg tablet</i>	1	QL
STRATTERA 10 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 100 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 18 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 25 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 40 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 60 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
STRATTERA 80 MG CAPSULE <i>atomoxetine hcl</i>	2	QL AL1 At least 6 yrs old
OPIATE ANTAGONISTS		
EVZIO 0.4 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL
EVZIO 2 MG AUTO-INJECTOR <i>naloxone hcl</i>	2	QL C Maximum of 2 auto-injectors per fill
<i>naloxone 0.4 mg/ml carpject</i>	1	
<i>naloxone 0.4 mg/ml vial</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>naloxone 2 mg/2 ml syringe</i>	1	
<i>naloxone 4 mg/10 ml vial</i>	1	
<i>naltrexone 50 mg tablet</i>	1	
NARCAN 4 MG NASAL SPRAY <i>naloxone hcl</i>	2	QL
VIVITROL 380 MG VIAL <i>naltrexone microspheres</i>	2	QL AL1 At least 18 yrs old
VIVITROL 380 MG VIAL + DILUENT <i>naltrexone microspheres</i>	2	QL AL1 At least 18 yrs old
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA ER 300 MG SYR <i>aripiprazole</i>	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 <i>aripiprazole</i>	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 <i>aripiprazole</i>	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 <i>aripiprazole</i>	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill
<i>amitriptyline hcl 10 mg tab</i>	1	QL
<i>amitriptyline hcl 100 mg tab</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole odt 15 mg tablet</i>	1	QL C PA required for members less than 18 years old
BUPROBAN 150 MG TABLET <i>bupropion hcl</i>	1	QL
<i>bupropion hcl 100 mg tablet</i>	1	QL
<i>bupropion hcl 75 mg tablet</i>	1	QL
<i>bupropion hcl sr 100 mg tablet</i>	1	QL
<i>bupropion hcl sr 150 mg tablet</i>	1	QL
<i>bupropion hcl sr 200 mg tablet</i>	1	QL
<i>bupropion hcl xl 150 mg tablet</i>	1	QL
<i>bupropion hcl xl 300 mg tablet</i>	1	QL
<i>chlordiazepo-amitriptyl 5-12.5</i>	1	QL
<i>chlordiazepox-amitriptyl 10-25</i>	1	QL
<i>citalopram hbr 10 mg tablet</i>	1	QL
<i>citalopram hbr 10 mg/5 ml soln</i>	1	QL
<i>citalopram hbr 20 mg tablet</i>	1	QL
<i>citalopram hbr 40 mg tablet</i>	1	QL
<i>clozapine 100 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>clozapine 200 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>clozapine 25 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>clozapine 50 mg tablet</i>	1	QL C PA required for members less than 18 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>desipramine 10 mg tablet</i>	1	QL
<i>desipramine 100 mg tablet</i>	1	QL
<i>desipramine 150 mg tablet</i>	1	QL
<i>desipramine 25 mg tablet</i>	1	QL
<i>desipramine 50 mg tablet</i>	1	QL
<i>desipramine 75 mg tablet</i>	1	QL
<i>doxepin 10 mg capsule</i>	1	QL
<i>doxepin 10 mg/ml oral conc</i>	1	QL
<i>doxepin 100 mg capsule</i>	1	QL
<i>doxepin 150 mg capsule</i>	1	QL
<i>doxepin 25 mg capsule</i>	1	QL
<i>doxepin 50 mg capsule</i>	1	QL
<i>doxepin 75 mg capsule</i>	1	QL
<i>duloxetine hcl dr 20 mg cap</i>	1	QL
<i>duloxetine hcl dr 30 mg cap</i>	1	QL
<i>duloxetine hcl dr 60 mg cap</i>	1	QL
<i>escitalopram 10 mg tablet</i>	1	QL
<i>escitalopram 20 mg tablet</i>	1	QL
<i>escitalopram 5 mg tablet</i>	1	QL
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL
<i>fluoxetine hcl 10 mg capsule</i>	1	QL
<i>fluoxetine hcl 10 mg tablet</i>	1	QL
<i>fluoxetine hcl 20 mg capsule</i>	1	QL
<i>fluoxetine hcl 20 mg tablet</i>	1	QL
<i>fluoxetine hcl 40 mg capsule</i>	1	QL

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 5 mg/ml ampul</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol dec 100 mg/ml amp</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol dec 100 mg/ml vial</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol dec 50 mg/ml vial</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol decan 50 mg/ml amp</i>	1	QL C PA required for members less than 18 years old
<i>haloperidol lac 2 mg/ml conc</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol lac 5 mg/ml vial</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>haloperidol lac 50 mg/10 ml vl</i>	1	QL C PA REQUIRED FOR MEMBERS LESS THAN 18 YEARS OLD
<i>imipramine hcl 10 mg tablet</i>	1	QL
<i>imipramine hcl 25 mg tablet</i>	1	QL
<i>imipramine hcl 50 mg tablet</i>	1	QL
INVEGA SUSTENNA 117 MG/0.75 ML <i>paliperidone palmitate</i>	3	QL PA AL1 At least 18 yrs old C PA required for initial fill or greater than 75 days since last fill

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

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>protriptyline hcl 10 mg tablet</i>	1	QL
<i>protriptyline hcl 5 mg tablet</i>	1	QL
<i>quetiapine fumarate 100 mg tab</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 200 mg tab</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 25 mg tab</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 300 mg tab</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 400 mg tab</i>	1	QL C PA required for members less than 18 years old
<i>quetiapine fumarate 50 mg tab</i>	1	QL C PA required for members less than 18 years old
RISPERDAL CONSTA 12.5 MG SYR <i>risperidone microspheres</i>	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 <i>risperidone microspheres</i>	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 <i>risperidone microspheres</i>	3	QL PA AL1 C At least 18 yrs old PA required for initial fill or greater than 75 days since last fill
<i>risperidone 0.25 mg odt</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 0.25 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 0.5 mg odt</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 0.5 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 1 mg odt</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 1 mg tablet</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 1 mg/ml solution</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 2 mg odt</i>	1	QL C PA required for members less than 18 years old
<i>risperidone 2 mg tablet</i>	1	QL C PA required for members less than 18 years old

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aerochamber plus flow-vu med</i>	2	
<i>aerochamber plus flow-vu small</i>	2	
<i>aerochamber z-stat plus large</i>	2	
<i>assure id syr 0.5 ml 29gx1/2"</i>	1	QL
<i>assure id syr 1 ml 29gx1/2"</i>	1	QL
<i>bd integra syr 1 ml 29gx1/2"</i>	1	QL
<i>bd luer-lok syringe 1 ml</i>	1	QL
<i>bd luer-lok syringe 1 ml</i>	1	QL
<i>bd safetyglide syringe 27gx5/8</i>	1	QL
<i>bd saftgld ins 0.3 ml 31gx5/16</i>	1	QL
<i>bd saftgld ins syr 0.3 ml 29g</i>	1	QL
<i>bd saftgld ins syr 0.5 ml 30g</i>	1	QL
<i>bd syr 0.3 ml 6mmx31g (1/2)</i>	1	QL
<i>bd syr 0.3 ml 8mmx31g (1/2)</i>	1	QL
<i>bd syringe 0.3 ml 12.7mmx30g</i>	1	QL
<i>bd syringe 0.5 ml 12.7mmx30g</i>	1	QL
<i>ca ins syr 0.3 ml 30gx5/16"</i>	1	QL
<i>ca ins syr 0.3 ml 31gx5/16"</i>	1	QL
<i>ca ins syr 0.5 ml 30gx5/16"</i>	1	QL
<i>ca ins syr 0.5 ml 31gx5/16"</i>	1	QL
<i>ca insulin syr 0.3 ml 29gx1/2"</i>	1	QL
<i>ca insulin syr 0.5 ml 29gx1/2"</i>	1	QL
<i>ca insulin syr 1 ml 29gx1/2"</i>	1	QL
<i>ca insulin syr 1 ml 30gx5/16"</i>	1	QL
<i>ca insulin syr 1 ml 31gx5/16"</i>	1	QL
<i>careone syr 0.3 ml 30gx1/2"</i>	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	
contour next ez meter	2	QL
contour next ez meter system	2	
contour next meter	1	QL
contour next one meter	2	
contour next usb meter	2	QL
cool mist humidifier	1	QL AL1 Up to 21 yrs old

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>easy touch insulin syr 0.5 ml</i>	1	QL
<i>easy touch insulin syr 1 ml</i>	1	QL
<i>easy touch insuln 1ml 29gx1/2"</i>	1	QL
<i>easy touch insuln 1ml 30gx1/2"</i>	1	QL
<i>easy touch insuln 1ml 30gx5/16</i>	1	QL
<i>easy touch insuln 1ml 30gx5/16</i>	1	QL
<i>easy touch insuln 1ml 31gx5/16</i>	1	QL
<i>easy touch insuln 1ml 31gx5/16</i>	1	QL
EUFLEXXA 20 MG/2 ML SYRINGE <i>hyaluronate sodium</i>	3	QL
<i>fingerstix lancets</i>	1	QL
<i>freestyle freedom lite meter</i>	2	
<i>freestyle insulinx glucose sys</i>	2	
<i>freestyle lite meter</i>	2	
<i>freestyle lite meter nfrs</i>	2	
<i>freestyle prec 0.5 ml 30gx5/16</i>	1	QL
<i>freestyle prec 0.5 ml 31gx5/16</i>	1	QL
<i>freestyle prec 1 ml 30gx5/16"</i>	1	QL
<i>freestyle prec 1 ml 31gx5/16"</i>	1	QL
<i>humidifier</i>	1	QL AL1 Up to 21 yrs old
<i>humidifier, ultrasonic</i>	1	QL AL1 Up to 21 yrs old
<i>microlet lancets</i>	1	QL
<i>optichamber diamond vhc</i>	2	
<i>optichamber diamond w-lrg mask</i>	2	
<i>optichamber diamond w-med mask</i>	2	
<i>optichamber diamond w-sml mask</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>precision xtr b-ketone strip</i>	2	
<i>precision xtra monitor</i>	2	
<i>precision xtra monitor nfrs</i>	2	
<i>reli-on insulin 1 ml syr</i>	1	QL
<i>single-let lancets</i>	1	QL
<i>sure comfort 0.3 ml syringe</i>	1	QL
<i>sure comfort 0.5 ml syringe</i>	1	QL
<i>sure comfort 1 ml syringe</i>	1	QL
<i>sure comfort 3/10 ml syringe</i>	1	QL
<i>ultra-thin ii 1 ml 31gx5/16"</i>	1	QL
<i>ultra-thin ii ins 0.3 ml 29g</i>	1	QL
<i>ultra-thin ii ins 0.3 ml 30g</i>	1	QL
<i>ultra-thin ii ins 0.3 ml 31g</i>	1	QL
<i>ultra-thin ii ins 0.5 ml 29g</i>	1	QL
<i>ultra-thin ii ins 0.5 ml 30g</i>	1	QL
<i>ultra-thin ii ins 0.5 ml 31g</i>	1	QL
<i>ultra-thin ii ins syr 1 ml 29g</i>	1	QL
<i>ultra-thin ii ins syr 1 ml 30g</i>	1	QL
<i>ultrasonic humidifier</i>	1	QL AL1 Up to 21 yrs old
<i>vanishpoint 0.5 ml 30gx1/2" sy</i>	1	QL
<i>vanishpoint u-100 29x1/2 syr</i>	1	QL
<i>vaporizer 1 gallon</i>	1	QL AL1 Up to 21 yrs old
<i>vaporizer 1.2 gallon</i>	1	QL AL1 Up to 21 yrs old
<i>vaporizer 1.7 gallon</i>	1	QL AL1 Up to 21 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vaporizer 3 gallon</i>	1	QL AL1 Up to 21 yrs old
<i>warm steam vaporizer</i>	1	QL AL1 Up to 21 yrs old
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
<i>breeze 2 disc test strip</i>	2	QL
<i>contour next strips</i>	2	QL
<i>contour test strips</i>	2	QL C For 150 strips, must use one box of 50 strips and one box of 100 strips
<i>freestyle insulinx test strip</i>	2	QL
<i>freestyle insulinx test strips</i>	2	QL
<i>freestyle lite test strip</i>	2	QL
<i>freestyle lite test strips</i>	2	QL
<i>freestyle test strips</i>	2	QL
<i>precision xtra test strips</i>	2	QL
URINE AND FECES CONTENTS		
<i>chek-stix strips</i>	1	
<i>combistix reagent strips</i>	1	
<i>hema-combistix reagent strips</i>	1	QL
<i>keto-diastix reagent strips</i>	1	QL
<i>labstix reagent strips</i>	1	QL
<i>multistix 5 strips</i>	1	QL
<i>multistix 7 reagent strips</i>	1	QL
<i>multistix 8 sg reagent strips</i>	1	QL
<i>multistix 9 reagent strips</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multistix 9 sg reagent strips</i>	1	QL
<i>multistix reagent strips</i>	1	QL
<i>uristix 4 reagent strips</i>	1	QL
<i>uristix reagent strips</i>	1	QL
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
PHOSPHA 250 NEUTRAL TABLET <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	1	
ALKALINIZING AGENTS		
CYTRA-2 ORAL SOLUTION <i>citric acid/sodium citrate</i>	1	QL
ORACIT ORAL SOLUTION <i>citric acid/sodium citrate</i>	1	QL
<i>potassium citrate er 10 meq tb</i>	1	QL
<i>potassium citrate er 15 meq tb</i>	1	
<i>potassium citrate er 5 meq tab</i>	1	QL
<i>sod citrate-citric acid soln</i>	1	QL
<i>sodium bicarb 8.4% abboject</i>	1	
<i>sodium bicarb 8.4% syringe</i>	1	
<i>sodium bicarb 8.4% vial</i>	1	
<i>sodium bicarbonate powder</i>	1	
AMMONIA DETOXICANTS		
CONSTULOSE 10 GM/15 ML SOLN <i>lactulose</i>	1	
ENULOSE 10 GM/15 ML SOLUTION <i>lactulose</i>	1	
GENERLAC 10 GM/15 ML SOLUTION <i>lactulose</i>	1	
<i>lactulose 10 gm/15 ml solution</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CALORIC AGENTS		
<i>cvs glucose 4 gram tablet chew</i>	1	
<i>drug mart glucose 4 gm tab chw</i>	1	
<i>fifty50 glucose 4 gm tablet</i>	1	
<i>glucose 4 gram tablet chew</i>	1	
<i>gnp glucose 4 gram tablet chew</i>	1	
<i>gnp quick dissolve glucose tab</i>	1	
<i>hm glucose 4 gram tablet chew</i>	1	
<i>kro glucose 4 gram tablet chew</i>	1	
<i>kroger glucose 4 gram tab chew</i>	1	
<i>leader glucose 4 gm tab chew</i>	1	
<i>leader quick dissolve gluc tab</i>	1	
<i>longs glucose 4 gram tab chew</i>	1	
<i>meijer glucose 4 gram tab chew</i>	1	
<i>ms glucose 4 gram tablet chew</i>	1	
<i>ms quick dissolve glucose tab</i>	1	
<i>preferred plus glucose tab chw</i>	1	
<i>pub glucose 4 gram tablet chew</i>	1	
<i>pv glucose 4 gram tablet chew</i>	1	
<i>ra glucose 4 gram tablet chew</i>	1	
<i>reli-on glucose 4 gram tab chw</i>	1	
<i>sm glucose 4 gram tab chew</i>	1	
<i>smart sense glucose 4 gram tab</i>	1	
<i>up&up glucose 4 gram tab chew</i>	1	
DIURETICS		
<i>amiloride hcl 5 mg tablet</i>	1	QL
<i>amiloride hcl-hctz 5-50 mg tab</i>	1	QL
<i>bumetanide 0.5 mg tablet</i>	1	QL
<i>bumetanide 1 mg tablet</i>	1	QL
<i>bumetanide 2 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlorothiazide 250 mg tablet</i>	1	QL
<i>chlorothiazide 500 mg tablet</i>	1	QL
<i>chlorthalidone 25 mg tablet</i>	1	QL
<i>chlorthalidone 50 mg tablet</i>	1	QL
DIURIL 250 MG/5 ML ORAL SUSP <i>chlorothiazide</i>	2	QL
<i>furosemide 10 mg/ml solution</i>	1	QL
<i>furosemide 20 mg tablet</i>	1	QL
<i>furosemide 40 mg tablet</i>	1	QL
<i>furosemide 40 mg/5 ml soln</i>	1	QL
<i>furosemide 80 mg tablet</i>	1	QL
<i>hydrochlorothiazide 12.5 mg cp</i>	1	QL
<i>hydrochlorothiazide 12.5 mg tb</i>	1	QL
<i>hydrochlorothiazide 25 mg tab</i>	1	QL
<i>hydrochlorothiazide 50 mg tab</i>	1	QL
<i>indapamide 1.25 mg tablet</i>	1	QL
<i>indapamide 2.5 mg tablet</i>	1	QL
<i>methyclothiazide 5 mg tablet</i>	1	QL
<i>metolazone 10 mg tablet</i>	1	QL
<i>metolazone 2.5 mg tablet</i>	1	QL
<i>metolazone 5 mg tablet</i>	1	QL
<i>torseamide 10 mg tablet</i>	1	
<i>triamterene-hctz 37.5-25 mg cp</i>	1	QL
<i>triamterene-hctz 37.5-25 mg tb</i>	1	QL
<i>triamterene-hctz 50-25 mg cap</i>	1	QL
<i>triamterene-hctz 75-50 mg tab</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ION-REMOVING AGENTS		
calcium acetate 667 mg capsule	1	QL
calcium acetate 667 mg gelcap	1	QL
calcium acetate 667 mg tablet	1	
CALPHRON 667 MG TABLET calcium acetate	1	
ELIPHOS 667 MG TABLET calcium acetate	1	
KIONEX 15 GM/60 ML SUSPENSION sodium polystyrene sulfonate/sorbitol solution	1	
KIONEX POWDER sodium polystyrene sulfonate	1	QL
RENAGEL 400 MG TABLET sevelamer hcl	2	QL
RENAGEL 800 MG TABLET sevelamer hcl	2	QL
sevelamer carbonate 800 mg tab	1	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
IRRIGATING SOLUTIONS		
sodium chloride 0.9% irrig.	1	
REPLACEMENT PREPARATIONS		
calcium 500-vit d3 200 caplet	1	QL
calcium 500-vit d3 200 tablet	1	QL
calcium 500-vit d3 400 tablet	1	QL
calcium 600 + vit d tablet	1	QL
calcium 600-vit d3 200 tablet	1	QL
calcium 600-vit d3 400 caplet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcium 600-vit d3 400 tablet</i>	1	QL
<i>calcium 600-vit d3 800 caplet</i>	1	QL
<i>calcium 600-vit d3 800 tablet</i>	1	QL
<i>calcium gluconate 500 mg tab</i>	1	
<i>calcium-500 mg tablet chewable</i>	1	QL
<i>cvs calcium 600-vit d3 800 tab</i>	1	QL
<i>eq calcium 500-vit d3 400 tab</i>	1	QL
<i>eql calcium 600-vit d3 200 tab</i>	1	QL
<i>hm calcium 500-vit d3 200 cplt</i>	1	QL
<i>hm calcium 600-vit d3 400 tab</i>	1	QL
K EFFERVESCENT 25 MEQ TABLET <i>potassium bicarbonate/citric acid</i>	1	QL
ORALYTE ELECTROLYTE SOLN <i>electrolytes/dextrose</i>	1	QL
ORALYTE FREEZER POPS <i>electrolytes/dextrose</i>	1	QL
ORALYTE SOLUTION <i>electrolytes/dextrose</i>	1	QL
OYSCO 500-VIT D3 200 TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL
OYSCO D TABLET <i>calcium carbonate/cholecalciferol (vitamin d3)</i>	1	QL
<i>oyster shell 500-vit d3 200 tb</i>	1	QL
<i>oyster shell calcium 500 mg tb</i>	1	QL
<i>oyster shell calcium tablet</i>	1	QL
<i>oyster shell calcium-vit d tab</i>	1	QL
<i>oyster shell calcium-vit d tab</i>	1	QL
<i>oyster shell calcium-vit d tab</i>	1	QL
PHOS-NAK PACKET <i>sodium phosphate/potassium phosphates, monobasic and bibasic</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>potassium 25 meq tablet eff</i>	1	QL
<i>potassium cl 10% (20 meq/15 ml</i>	1	QL
<i>potassium cl 10% (40 meq/30 ml</i>	1	QL
<i>potassium cl 20 meq packet</i>	1	QL
<i>potassium cl 20% (40 meq/15 ml</i>	1	QL
<i>potassium cl er 10 meq capsule</i>	1	QL
<i>potassium cl er 10 meq tablet</i>	1	QL
<i>potassium cl er 20 meq tablet</i>	1	QL
<i>potassium cl er 8 meq capsule</i>	1	
<i>potassium cl er 8 meq tablet</i>	1	QL
<i>pv calcium 500-vit d3 200 tab</i>	1	QL
<i>pv calcium 600-vit d3 200 tab</i>	1	QL
<i>pv calcium 600-vit d3 400 tab</i>	1	QL
<i>ra calcium 600-vit d3 400 tab</i>	1	QL
<i>ra oyster shell 500-vit d3 200</i>	1	QL
<i>ra oyster shell-vit d tablet</i>	1	QL
<i>sm calcium 500-vit d3 200 cplt</i>	1	QL
<i>sm calcium 500-vit d3 400 tab</i>	1	QL
<i>sm calcium 600-vit d3 400 tab</i>	1	QL
<i>sodium chloride 7% vial</i>	1	QL ST
URICOSURIC AGENTS		
<i>probenecid 500 mg tablet</i>	1	QL
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTI-INFECTIVES (EENT)		
ACETASOL HC EAR DROPS <i>hydrocortisone/acetic acid</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>acetic acid 2% ear solution</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	1	QL
<i>bacitracin-polymyxin eye oint</i>	1	QL
BLEPHAMIDE EYE DROPS <i>sulfacetamide sodium/prednisolone acetate</i>	1	QL
BLEPHAMIDE EYE OINTMENT <i>sulfacetamide sodium/prednisolone acetate</i>	1	QL
CARBAMOXIDE 6.5% EAR DROPS <i>carbamide peroxide</i>	1	QL
<i>chlorhexidine 0.12% rinse</i>	1	QL
<i>ciprofloxacin 0.3% eye drop</i>	1	QL
CVS EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL
DEBROX 6.5% EAR DROPS <i>carbamide peroxide</i>	1	QL
<i>doxycycline hyclate 20 mg tab</i>	1	
EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL
EQL EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL
<i>erythromycin 0.5% eye ointment</i>	1	QL
<i>gentamicin 0.3% eye drops</i>	1	QL
<i>gentamicin 0.3% eye ointment</i>	1	QL
<i>gentamicin 3 mg/ml eye drops</i>	1	QL
GNP EAR DROPS 6.5% <i>carbamide peroxide</i>	1	QL
<i>hydrocortison-acetic acid soln</i>	1	
<i>neo-bacit-poly-hc eye ointment</i>	1	
<i>neomyc-bacit-polymix eye oint</i>	1	
<i>neomyc-polym-dexamet eye ointm</i>	1	
<i>neomyc-polym-dexameth eye drop</i>	1	QL
<i>neomyc-polym-gramicid eye drop</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
neomycin-poly-hc eye drops	1	QL
neomycin-polymyxin-hc ear soln	1	
neomycin-polymyxin-hc ear susp	1	
NEOSPORIN EYE DROPS neomycin sulfate/polymyxin b sulfate/gramicidin d	1	QL
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
RA EAR DROPS 6.5% carbamide peroxide	1	QL
SM EAR DROPS 6.5% carbamide peroxide	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
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
diclofenac 0.1% eye drops	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLAREX 0.1% EYE DROPS <i>fluorometholone acetate</i>	2	QL
<i>flunisolide 0.025% spray</i>	1	QL AL1 At least 6 yrs old
<i>fluocinolone oil 0.01% ear drp</i>	1	QL AL1 At least 2 yrs old
<i>fluorometholone 0.1% drops</i>	1	QL
<i>flurbiprofen 0.03% eye drop</i>	1	QL
<i>fluticasone prop 50 mcg spray</i>	1	QL
FML FORTE 0.25% EYE DROPS <i>fluorometholone</i>	2	QL
FML S.O.P. 0.1% OINTMENT <i>fluorometholone</i>	2	QL
<i>ketorolac 0.4% ophth solution</i>	1	
<i>ketorolac 0.5% ophth solution</i>	1	QL
PRED MILD 0.12% EYE DROPS <i>prednisolone acetate</i>	1	QL
<i>prednisolone ac 1% eye drop</i>	1	QL
<i>prednisolone sod 1% eye drop</i>	1	QL
RESTASIS 0.05% EYE EMULSION <i>cyclosporine</i>	2	QL
<i>triamcinolone 55 mcg nasal spr</i>	1	
TRIESENCE 40 MG/ML VIAL <i>triamcinolone acetonide/pf</i>	2	
VEXOL 1% EYE DROPS <i>rimexolone</i>	2	QL
ANTIALLERGIC AGENTS		
ALAWAY 0.025% EYE DROPS <i>ketotifen fumarate</i>	1	QL
ALOMIDE 0.1% EYE DROPS <i>lodoxamide tromethamine</i>	2	QL
<i>azelastine 0.1% (137 mcg) spry</i>	1	QL AL1 At least 5 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ketotifen fum 0.025% eye drops</i>	1	QL
<i>olopatadine hcl 0.1% eye drops</i>	1	QL
ZADITOR 0.025% (0.035%) DROPS <i>ketotifen fumarate</i>	1	QL
ANTIGLAUCOMA AGENTS		
<i>acetazolamide 125 mg tablet</i>	1	QL
<i>acetazolamide 250 mg tablet</i>	1	QL
<i>acetazolamide er 500 mg cap</i>	1	QL
ALPHAGAN P 0.1% DROPS <i>brimonidine tartrate</i>	2	QL
AZOPT 1% EYE DROPS <i>brinzolamide</i>	2	QL
<i>brimonidine 0.2% eye drop</i>	1	QL
<i>brimonidine tartrate 0.15% drp</i>	1	QL
<i>dorzolamide hcl 2% eye drops</i>	1	QL
<i>dorzolamide-timolol eye drops</i>	1	QL
<i>latanoprost 0.005% eye drops</i>	1	QL
<i>levobunolol 0.5% eye drops</i>	1	QL
<i>methazolamide 25 mg tablet</i>	1	QL
<i>methazolamide 50 mg tablet</i>	1	QL
<i>pilocarpine 1% eye drops</i>	1	QL
<i>pilocarpine 2% eye drops</i>	1	QL
<i>pilocarpine 4% eye drops</i>	1	QL
<i>timolol 0.25% gel-solution</i>	1	QL
<i>timolol 0.25% gfs gel-solution</i>	1	QL
<i>timolol 0.5% eye drops</i>	1	QL
<i>timolol 0.5% gel-solution</i>	1	QL
<i>timolol 0.5% gfs gel-solution</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate 0.25% eye drop</i>	1	QL
<i>timolol maleate 0.5% eye drops</i>	1	QL
TRAVATAN Z 0.004% EYE DROP <i>travoprost</i>	2	QL
EENT DRUGS, MISCELLANEOUS		
ALTACHLORE 5% OINTMENT <i>sodium chloride</i>	1	QL
ALTACHLORE 5% OPHTH SOLN <i>sodium chloride</i>	1	QL
ARTIFICIAL TEARS 1.4 % DROPS <i>polyvinyl alcohol</i>	1	QL
ARTIFICIAL TEARS EYE OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL
<i>cvs sodium chloride 5% eye drp</i>	1	QL
<i>cvs sodium chloride 5% oint</i>	1	QL
DEEP SEA 0.65% NOSE SPRAY <i>sodium chloride</i>	1	
<i>hm saline 0.65% nasal spray</i>	1	
<i>ipratropium 0.03% spray</i>	1	
<i>ipratropium 0.06% spray</i>	1	
MURO-128 2% EYE DROPS <i>sodium chloride</i>	1	
MURO-128 5% EYE DROPS <i>sodium chloride</i>	1	QL
MURO-128 5% EYE OINTMENT <i>sodium chloride</i>	1	QL
NASAL MOISTURIZING 0.65% SPRAY <i>sodium chloride</i>	1	
<i>ra sodium chloride 5% eye drop</i>	1	QL
REFRESH CLASSIC EYE DROPS <i>polyvinyl alcohol/povidone/pf</i>	1	QL
REFRESH LIQUIGEL 1% EYE DROP <i>carboxymethylcellulose sodium</i>	1	QL
REFRESH TEARS 0.5% EYE DROPS <i>carboxymethylcellulose sodium</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>saline 0.65% nose spray</i>	1	
<i>saline mist 0.65% nose spry</i>	1	
<i>sb saline 0.65% nose spray</i>	1	
<i>sm saline 0.65% nasal spray</i>	1	
SOCHLOR 5% EYE DROPS <i>sodium chloride</i>	1	QL
<i>sochlor 5% eye ointment</i>	1	QL
<i>sodium chloride 5% eye drop</i>	1	QL
<i>sodium chloride 5% eye oint</i>	1	QL
TEARS AGAIN 1.4 % DROPS <i>polyvinyl alcohol</i>	1	QL
TEARS AGAIN EYE OINTMENT <i>mineral oil/petrolatum,white</i>	1	QL
TEARS NATURALE FREE DROPS <i>dextran 70/hypromellose/pf</i>	1	QL
TEARS NATURALE-II EYE DROPS <i>dextran 70/hypromellose</i>	1	QL
LOCAL ANESTHETICS (EENT)		
<i>lidocaine 2% viscous soln</i>	1	
<i>lidocaine hcl 2% jelly</i>	1	
<i>lidocaine hcl 4% solution</i>	1	
MYDRIATICS		
<i>atropine 1% eye drops</i>	1	QL
<i>atropine 1% eye ointment</i>	1	QL
<i>cyclopentolate 0.5% eye drops</i>	1	QL
<i>cyclopentolate 1% eye drops</i>	1	QL
<i>cyclopentolate hcl 2% drops</i>	1	QL
HOMATROPAIRE 5% EYE DROPS <i>homatropine hbr</i>	1	QL
<i>tropicamide 0.5% eye drops</i>	1	QL
<i>tropicamide 1% eye drops</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VASOCONSTRICTORS		
AFRIN 0.05% NASAL SPRAY <i>oxymetazoline hcl</i>	1	QL
NAPHCON-A EYE DROPS <i>naphazoline hcl/pheniramine maleate</i>	1	QL
NEO-SYNEPHRINE 0.25% SPRAY <i>phenylephrine hcl</i>	1	QL
NEO-SYNEPHRINE 0.5% SPRAY <i>phenylephrine hcl</i>	1	QL
NEO-SYNEPHRINE 1% SPRAY <i>phenylephrine hcl</i>	1	QL
<i>phenylephrine 2.5% eye drop</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
<i>aluminum hydroxide gel</i>	1	
<i>calcium carb 500 mg tab chew</i>	1	
GAVISCON 80-14.2 MG TAB CHEW <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginate ac</i>	1	QL
MAALOX ADVANCED SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL
MAALOX ADVANCED TAB CHEW <i>calcium carbonate/simethicone</i>	1	
MAALOX MAXIMUM STRENGTH SUSP <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL
<i>mag-oxide magnesium 200 mg tab</i>	1	QL
<i>magnesium oxide 400 mg tablet</i>	1	QL
<i>magnesium-oxide 400 mg tablet</i>	1	QL
MINTOX PLUS TABLET CHEWABLE <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	2	
RULOX SUSPENSION <i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	1	QL
SM FOAMING ANTACID TABLET CHEW <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginate ac</i>	1	
<i>sodium bicarb 10 grain tablet</i>	1	
<i>sodium bicarb 325 mg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium bicarb 650 mg tablet	1	
TUMS TABLET CHEWABLE calcium carbonate	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
APRISO ER 0.375 GRAM CAPSULE 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
DELZICOL DR 400 MG CAPSULE mesalamine	2	QL
mesalamine 4 gm/60 ml enema	1	QL
mesalamine 800 mg dr tablet	1	QL AL1 At least 18 yrs old
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		
ANTI-DIARRHEAL 2 MG CAPLET loperamide hcl	1	QL
ANTI-DIARRHEAL 2 MG TABLET loperamide hcl	1	QL
CVS ANTI-DIARRHEAL 2 MG CAPLET loperamide hcl	1	QL
diphenoxylat-atrop 2.5-0.025/5	1	QL
diphenoxylate-atrop 2.5-0.025	1	QL
EQ ANTI-DIARRHEAL 2 MG CAPLET loperamide hcl	1	QL
EQ L ANTI-DIARRHEAL 2 MG CAPLET loperamide hcl	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
HM ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
<i>hm loperamide 2 mg softgel</i>	1	QL
KAOPECTATE 262 MG/15 ML SUSP <i>bismuth subsalicylate</i>	1	QL
KAOPECTATE EXTRA STRENGTH LIQ <i>bismuth subsalicylate</i>	1	QL
<i>loperamide 1 mg/5 ml liquid</i>	1	QL
<i>loperamide 1 mg/5 ml solution</i>	1	QL
<i>loperamide 2 mg caplet</i>	1	QL
<i>loperamide 2 mg capsule</i>	1	QL
<i>loperamide 2 mg tablet</i>	1	QL
PEPTO-BISMOL 525 MG/30 ML SUSP <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL CAPLET <i>bismuth subsalicylate</i>	1	QL
PEPTO-BISMOL MAX STR SUSP <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL SUSPENSION <i>bismuth subsalicylate</i>	1	
PEPTO-BISMOL TABLET CHEW <i>bismuth subsalicylate</i>	1	QL
PV ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
QC ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
RA ANTI DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
RA ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
SM ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
ULTRA A-D 2 MG CAPLET <i>loperamide hcl</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
V-R ANTI-DIARRHEAL 2 MG CAPLET <i>loperamide hcl</i>	1	QL
ANTIEMETICS		
<i>aprepitant 125 mg capsule</i>	1	QL
<i>aprepitant 125-80-80 mg pack</i>	1	QL
<i>aprepitant 40 mg capsule</i>	1	QL
<i>aprepitant 80 mg capsule</i>	1	QL
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	1	QL
<i>dimenhydrinate 50 mg tablet</i>	1	QL
DRAMAMINE LESS DROWSY 25 MG TB <i>meclizine hcl</i>	1	
EMETROL ORAL SOLUTION <i>phosphorated carbohydrate (dextrose and fructose)</i>	1	
<i>meclizine 12.5 mg caplet</i>	1	QL
<i>meclizine 12.5 mg tablet</i>	1	QL
<i>meclizine 25 mg tablet</i>	1	QL
<i>meclizine 25 mg tablet chew</i>	1	QL
<i>ondansetron 4 mg/5 ml solution</i>	1	QL
<i>ondansetron hcl 4 mg tablet</i>	1	QL
<i>ondansetron hcl 8 mg tablet</i>	1	QL
<i>ondansetron odt 4 mg tablet</i>	1	QL
<i>ondansetron odt 8 mg tablet</i>	1	QL
<i>prochlorperazine 10 mg tab</i>	1	QL
<i>prochlorperazine 25 mg supp</i>	1	QL
<i>prochlorperazine 5 mg tablet</i>	1	QL
<i>trimethobenzamide 300 mg cap</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIFLATULENTS		
CVS INFT GAS RLF 20 MG/0.3 DRP <i>simethicone</i>	1	QL
GAS RELIEF 20 MG/0.3 ML DROPS <i>simethicone</i>	1	QL
GAS RELIEF DROPS 20 MG/0.3 ML <i>simethicone</i>	1	QL
GAS-X EX-STR 125 MG TAB CHEW <i>simethicone</i>	1	QL
GAS-X TABLET CHEWABLE <i>simethicone</i>	1	QL
GNP INFANT GAS RELIEF DROPS <i>simethicone</i>	1	QL
HM INF GAS RELIEF 20 MG/0.3 ML <i>simethicone</i>	1	QL
INF GAS REL 20 MG/0.3 ML DROP <i>simethicone</i>	1	QL
INFANT GAS RELIEF DROPS <i>simethicone</i>	1	QL
KRO INFT GAS RLF 20 MG/0.3 ML <i>simethicone</i>	1	QL
PUB INFANTS' GAS RELIEF DROPS <i>simethicone</i>	1	QL
<i>simethicone 125 mg tab chew</i>	1	
<i>simethicone 40 mg/0.6 ml drop</i>	1	QL
<i>simethicone 80 mg tab chew</i>	1	
V-R GAS RELIEF INFANT DROPS <i>simethicone</i>	1	QL
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE 1 GM/10 ML SUSP <i>sucralfate</i>	1	QL
<i>cimetidine 200 mg tablet</i>	1	QL
<i>cimetidine 300 mg tablet</i>	1	QL
<i>cimetidine 300 mg/5 ml soln</i>	1	QL
<i>cimetidine 400 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cimetidine 800 mg tablet</i>	1	QL
<i>cvs cimetidine 200 mg tablet</i>	1	QL
<i>cvs omeprazole mag dr 20.6 mg</i>	1	QL
<i>cvs ranitidine 75 mg tablet</i>	1	QL
<i>eq omeprazole mag dr 20.6 mg</i>	1	QL
<i>eq ranitidine 150 mg tablet</i>	1	QL
<i>eqi lansoprazole dr 15 mg cap</i>	1	QL
<i>famotidine 20 mg tablet</i>	1	QL
<i>famotidine 40 mg tablet</i>	1	QL
<i>gnp cimetidine 200 mg tablet</i>	1	QL
<i>hm famotidine 20 mg tablet</i>	1	QL
<i>kro lansoprazole dr 15 mg cap</i>	1	
<i>kro omeprazole mag dr 20.6 mg</i>	1	QL
<i>lansoprazole dr 15 mg capsule</i>	1	QL
<i>lansoprazole dr 30 mg capsule</i>	1	QL
<i>misoprostol 100 mcg tablet</i>	1	QL
<i>misoprostol 200 mcg tablet</i>	1	QL
<i>omeprazole dr 10 mg capsule</i>	1	QL
<i>omeprazole dr 20 mg capsule</i>	1	QL
<i>omeprazole dr 40 mg capsule</i>	1	QL
<i>omeprazole mag dr 20.6 mg cap</i>	1	QL
<i>pantoprazole sod dr 20 mg tab</i>	1	QL
<i>pantoprazole sod dr 40 mg tab</i>	1	QL
PEPCID AC 20 MG TABLET <i>famotidine</i>	1	
<i>pub famotidine 20 mg tablet</i>	1	QL
<i>pub ranitidine 150 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv omeprazole mag dr 20.6 mg</i>	1	QL
<i>qc omeprazole mag dr 20.6 mg</i>	1	QL
<i>rabeprazole sod dr 20 mg tab</i>	1	QL AL1 At least 12 yrs old
<i>ranitidine 15 mg/ml syrup</i>	1	QL
<i>ranitidine 150 mg tablet</i>	1	QL
<i>ranitidine 150 mg/10 ml syrup</i>	1	QL
<i>ranitidine 300 mg tablet</i>	1	QL
<i>ranitidine 75 mg tablet</i>	1	QL
<i>sucralfate 1 gm tablet</i>	1	QL
CATHARTICS AND LAXATIVES		
<i>bisacodyl 10 mg suppository</i>	1	QL
<i>bisacodyl ec 5 mg tablet</i>	1	QL
COLACE 100 MG CAPSULE <i>docusate sodium</i>	1	
<i>cvx bisacodyl 10 mg suppos</i>	1	QL
<i>cvx bisacodyl ec 5 mg tablet</i>	1	QL
<i>cvx citrate of magnesia soln</i>	1	
<i>cvx glycerin suppository</i>	1	QL
<i>cvx magnesium citrate soln</i>	1	
<i>cvx mineral oil</i>	1	QL
<i>cvx mineral oil enema</i>	1	QL
CVS SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
DOCUPRENE 100 MG TABLET <i>docusate sodium</i>	1	
<i>docusate cal 240 mg capsule</i>	1	
<i>docusate cal 240 mg softgel</i>	1	
<i>docusate sod 60 mg/15 ml syr</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>docusate sodium 100 mg capsule</i>	1	QL
<i>docusate sodium 100 mg softgel</i>	1	QL
<i>docusate sodium 100 mg tablet</i>	1	QL
<i>docusate sodium 250 mg capsule</i>	1	QL
<i>docusate sodium 250 mg softgel</i>	1	QL
<i>docusate sodium 50 mg/5 ml liq</i>	1	QL
DULCOLAX SS 100 MG SOFTGEL <i>docusate sodium</i>	1	QL
<i>eq magnesium citrate solution</i>	1	
EQL SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
FIBER THERAPY POWDER <i>psyllium husk (with sugar)</i>	1	
FIBER-LAX CAPTABS <i>calcium polycarbophil</i>	1	QL
FLEET BISACODYL 10 MG ENEMA <i>bisacodyl</i>	1	QL
FLEET BISACODYL EC 5 MG TAB <i>bisacodyl</i>	1	QL
FLEET ENEMA <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	1	QL
FLEET GLYCERIN 2 GM ADULT SUPP <i>glycerin</i>	1	QL
FLEET GLYCERIN ADULT SUPPOS <i>glycerin</i>	1	QL
FLEET MINERAL OIL ENEMA <i>mineral oil</i>	1	
FLEET PEDIA-LAX ENEMA <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	1	QL
FLEET PEDIA-LAX SUPPOSITORIES <i>glycerin</i>	1	QL
GAVILAX POWDER <i>polyethylene glycol 3350</i>	1	QL
GAVILYTE-C SOLUTION <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GAVILYTE-G SOLUTION <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	QL
GAVILYTE-N SOLUTION <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	2	QL
<i>glycerin adult suppository</i>	1	QL
<i>glycerin pediatric suppos</i>	1	QL
<i>glycerin suppository</i>	1	QL
<i>gnp glycerin suppository</i>	1	QL
<i>gnp mineral oil enema</i>	1	QL
GNP SENNA LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
GNP SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
GOLYTELY PACKET <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
HEALTHYLAX POWDER PACKET <i>polyethylene glycol 3350</i>	1	QL
<i>hm magnesium citrate solution</i>	1	
<i>hm mineral oil</i>	1	QL
<i>hm mineral oil enema</i>	1	QL
HM SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
HYDROCIL INSTANT POWDER <i>psyllium seed</i>	1	
<i>infant & child glycerin suppos</i>	1	QL
KAOPECTATE 240 MG SOFTGEL <i>docusate calcium</i>	1	
KONSYL PSYLLIUM FIBER PACKET <i>psyllium husk (with sugar)</i>	1	
KONSYL PSYLLIUM FIBER PACKET <i>psyllium husk/aspartame</i>	1	
LAX STOOL SOFTENER-SENNABOX <i>sennosides/docusate sodium</i>	1	QL
<i>magnesium citrate solution</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METAMUCIL FIBER SINGLES PACKET <i>psyllium husk/aspartame</i>	1	
METAMUCIL POWDER <i>psyllium husk (with sugar)</i>	1	
METAMUCIL POWDER <i>psyllium husk/aspartame</i>	1	
METAMUCIL POWDER <i>psyllium seed (with sugar)</i>	1	
METAMUCIL SUGAR FREE POWDER <i>psyllium husk/aspartame</i>	1	
<i>mineral oil</i>	1	QL
<i>mineral oil enema</i>	1	QL
MINERAL OIL LAXATIVE <i>mineral oil</i>	1	
MINERAL OIL, HEAVY <i>mineral oil</i>	1	
MOVIPREP POWDER PACKET <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
NATURAL VEGETABLE POWDER <i>psyllium seed (with dextrose)</i>	1	
<i>peg 3350 electrolyte soln</i>	1	
<i>peg-3350 and electrolytes soln</i>	1	
PERI-COLACE TABLET <i>sennosides/docusate sodium</i>	1	QL
<i>polyethylene glycol 3350 powd</i>	1	QL
<i>pub docusate sodium 100 mg cap</i>	1	QL
<i>pv bisacodyl lax 10 mg supp</i>	1	QL
PV FIBER LAXATIVE POWDER <i>psyllium seed</i>	1	
PV FIBER LAXATIVE POWDER <i>psyllium seed (with sugar)</i>	1	
<i>pv glycerin adult suppository</i>	1	QL
<i>pv infant glycerin suppos</i>	1	QL
<i>pv magnesium citrate solution</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pv mineral oil</i>	1	QL
PV SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
<i>qc magnesium citrate solution</i>	1	
<i>qc mineral oil heavy</i>	1	QL
QC NATURAL VEGETABLE POWDER <i>psyllium husk (with sugar)</i>	1	
QC NATURAL VEGETABLE POWDER <i>psyllium seed</i>	1	
QC NATURAL VEGETABLE POWDER <i>psyllium seed (with dextrose)</i>	1	
<i>ra bisacodyl ec 5 mg tablet</i>	1	QL
<i>ra glycerin adult suppository</i>	1	QL
<i>ra glycerin pediatric supp</i>	1	QL
RA SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
RA SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
REGULOID LAXATIVE POWDER <i>psyllium seed</i>	1	
REGULOID POWDER <i>psyllium seed (with sugar)</i>	1	
REGULOID POWDER ORANGE <i>psyllium seed (with sugar)</i>	1	
<i>sb bisacodyl ec 5 mg tablet</i>	1	QL
<i>sb docusate sod 100 mg capsule</i>	1	QL
SENEXON-S TABLET <i>sennosides/docusate sodium</i>	1	QL
SENNA 8.6 MG TABLET <i>sennosides</i>	1	QL
<i>senna 8.8 mg/5 ml syrup</i>	1	QL
<i>senna 8.8 mg/5 ml syrup grx</i>	1	QL
SENNA LAX 8.6 MG TABLET <i>sennosides</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SENNA LAXATIVE 8.6 MG TABLET <i>sennosides</i>	1	QL
SENNA SYRUP <i>senna leaf extract</i>	1	
SENNA-LAX 8.6 MG TABLET <i>sennosides</i>	1	QL
SENNA-TIME 8.6 MG TABLET <i>sennosides</i>	1	QL
<i>sennosides-docusate sodium tab</i>	1	QL
SENOKOT-S TABLET <i>sennosides/docusate sodium</i>	1	QL
<i>sm docusate cal 240 mg softgel</i>	1	
SM FIBER SMOOTH POWDER <i>psyllium seed</i>	1	
<i>sm glycerin adult suppository</i>	1	QL
<i>sm glycerin pediatric suppo</i>	1	QL
<i>sm magnesium citrate solution</i>	1	
<i>sm mineral oil heavy</i>	1	QL
SM SENNA LAXATIVE 8.6 MG TAB <i>sennosides</i>	1	QL
SMOOTHLAX POWDER PACKET <i>polyethylene glycol 3350</i>	1	QL
SOF-LAX 100 MG GELCAP <i>docusate sodium</i>	1	QL
<i>sorbitol 70% solution</i>	2	QL
CHOLELITHOLYTIC AGENTS		
<i>ursodiol 250 mg tablet</i>	1	
<i>ursodiol 300 mg capsule</i>	1	QL
<i>ursodiol 500 mg tablet</i>	1	
DIGESTANTS		
CREON DR 12,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
CREON DR 24,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CREON DR 36,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
CREON DR 6,000 UNITS CAPSULE <i>lipase/protease/amylase</i>	2	
PANCRELIPASE DR 5,000 UNIT CAP <i>lipase/protease/amylase</i>	1	
EMETICS		
<i>ipecac syrup</i>	1	QL
<i>pv ipecac syrup</i>	1	QL
LINZESS 145 MCG CAPSULE <i>linaclotide</i>	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 <i>linaclotide</i>	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 <i>linaclotide</i>	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		
<i>metoclopramide 10 mg tablet</i>	1	QL
<i>metoclopramide 10 mg/10 ml sol</i>	1	QL
<i>metoclopramide 5 mg tablet</i>	1	QL
<i>metoclopramide 5 mg/5 ml soln</i>	1	QL
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE <i>auranofin</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE <i>succimer</i>	2	
CUPRIMINE 250 MG CAPSULE <i>penicillamine</i>	2	QL
EXJADE 125 MG TABLET <i>deferasirox</i>	3	PA
EXJADE 250 MG TABLET <i>deferasirox</i>	3	PA
EXJADE 500 MG TABLET <i>deferasirox</i>	3	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
A-HYDROCORT 100 MG VIAL <i>hydrocortisone sod succinate</i>	2	QL
<i>cortisone 25 mg tablet</i>	1	QL
DEPO-MEDROL 20 MG/ML VIAL <i>methylprednisolone acetate</i>	2	QL
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>dexamethasone 0.5 mg/5 ml elx</i>	1	
<i>dexamethasone 0.5 mg/5 ml liq</i>	1	
<i>dexamethasone 0.75 mg tablet</i>	1	
<i>dexamethasone 1 mg tablet</i>	1	
<i>dexamethasone 1.5 mg tablet</i>	1	
<i>dexamethasone 120 mg/30 ml vl</i>	1	
<i>dexamethasone 2 mg tablet</i>	1	
<i>dexamethasone 20 mg/5 ml vial</i>	1	
<i>dexamethasone 4 mg tablet</i>	1	
<i>dexamethasone 4 mg/ml vial</i>	1	
<i>dexamethasone 6 mg tablet</i>	1	
DEXAMETHASONE INTENSOL 1MG/1ML <i>dexamethasone</i>	1	
DEXPAK 13 DAY 1.5 MG TABLET <i>dexamethasone</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXPAK 6 DAY 1.5 MG TABLET <i>dexamethasone</i>	2	
<i>fludrocortisone 0.1 mg tablet</i>	1	QL
<i>hydrocortisone 10 mg tablet</i>	1	QL
<i>hydrocortisone 20 mg tablet</i>	1	QL
<i>hydrocortisone 5 mg tablet</i>	1	QL
KENALOG-10 10 MG/ML VIAL <i>triamcinolone acetonide</i>	1	
KENALOG-40 40 MG/ML VIAL <i>triamcinolone acetonide</i>	1	
MEDROL 2 MG TABLET <i>methylprednisolone</i>	2	QL
<i>methylprednisolone 16 mg tab</i>	1	QL
<i>methylprednisolone 32 mg tab</i>	1	QL
<i>methylprednisolone 4 mg dosepk</i>	1	
<i>methylprednisolone 4 mg tablet</i>	1	QL
<i>methylprednisolone 40 mg/ml vl</i>	1	QL
<i>methylprednisolone 8 mg tab</i>	1	QL
<i>methylprednisolone 80 mg/ml vl</i>	1	QL
<i>methylprednisolone ss 1 gm vl</i>	1	
<i>methylprednisolone ss 125 mg</i>	1	
<i>methylprednisolone ss 40 mg vl</i>	1	
MILLIPRED 5 MG TABLET <i>prednisolone</i>	2	QL
MILLIPRED DP 5 MG 12-DAY PACK <i>prednisolone</i>	2	
MILLIPRED DP 5 MG 6-DAY PACK <i>prednisolone</i>	2	
<i>prednisolone 15 mg/5 ml soln</i>	1	QL
<i>prednisolone 15 mg/5 ml soln</i>	1	QL
<i>prednisolone 15 mg/5 ml syrup</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisolone 5 mg/5 ml soln</i>	1	QL
<i>prednisone 1 mg tablet</i>	1	QL
<i>prednisone 10 mg tab dose pack</i>	1	
<i>prednisone 10 mg tablet</i>	1	QL
<i>prednisone 2.5 mg tablet</i>	1	QL
<i>prednisone 20 mg tablet</i>	1	QL
<i>prednisone 5 mg tab dose pack</i>	1	QL
<i>prednisone 5 mg tablet</i>	1	QL
<i>prednisone 5 mg/5 ml solution</i>	1	QL
PREDNISONE 5 MG/ML SOLUTION <i>prednisone</i>	1	QL
<i>prednisone 50 mg tablet</i>	1	QL
SOLU-MEDROL 2,000 MG VIAL <i>methylprednisolone sodium succinate</i>	2	
SOLU-MEDROL 40 MG VIAL <i>methylprednisolone sodium succinate/pf</i>	2	
SOLU-MEDROL 500 MG VIAL <i>methylprednisolone sodium succinate</i>	2	
SOLU-MEDROL 500 MG VIAL <i>methylprednisolone sodium succinate/pf</i>	2	
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tablet</i>	1	QL
<i>acarbose 25 mg tablet</i>	1	QL
<i>acarbose 50 mg tablet</i>	1	QL
AFREZZA 30-4 UNIT / 60-8 UNIT <i>insulin regular, human</i>	2	
AFREZZA 4 UNIT CARTRIDGE <i>insulin regular, human</i>	2	
AFREZZA 4 UNIT/8 UNIT/12 UNIT <i>insulin regular, human</i>	2	
AFREZZA 60-4 UNIT / 30-8 UNIT <i>insulin regular, human</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AFREZZA 60-8 UNIT / 30-12 UNIT <i>insulin regular, human</i>	2	
AFREZZA 90-4 UNIT / 90-8 UNIT <i>insulin regular, human</i>	2	
APIDRA 100 UNITS/ML VIAL <i>insulin glulisine</i>	2	QL
APIDRA SOLOSTAR 100 UNITS/ML <i>insulin glulisine</i>	2	QL
BASAGLAR 100 UNIT/ML KWIKPEN <i>insulin glargine, human recombinant analog</i>	2	QL
<i>chlorpropamide 100 mg tablet</i>	1	QL
<i>chlorpropamide 250 mg tablet</i>	1	QL
<i>glimepiride 1 mg tablet</i>	1	QL
<i>glimepiride 2 mg tablet</i>	1	QL
<i>glimepiride 4 mg tablet</i>	1	QL
<i>glipizide 10 mg tablet</i>	1	QL
<i>glipizide 5 mg tablet</i>	1	QL
<i>glipizide er 10 mg tablet</i>	1	QL
<i>glipizide er 2.5 mg tablet</i>	1	QL
<i>glipizide er 5 mg tablet</i>	1	QL
<i>glipizide xl 10 mg tablet</i>	1	QL
<i>glipizide xl 2.5 mg tablet</i>	1	QL
<i>glipizide xl 5 mg tablet</i>	1	QL
<i>glipizide-metformin 2.5-250 mg</i>	1	QL
<i>glipizide-metformin 2.5-500 mg</i>	1	QL
<i>glipizide-metformin 5-500 mg</i>	1	QL
<i>glyburid-metformin 1.25-250 mg</i>	1	QL
<i>glyburide 1.25 mg tablet</i>	1	QL
<i>glyburide 2.5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 <i>insulin lispro</i>	2	QL
HUMALOG 100 UNITS/ML KWIKPEN <i>insulin lispro</i>	2	QL
HUMALOG 100 UNITS/ML VIAL <i>insulin lispro</i>	2	QL
HUMALOG 200 UNITS/ML KWIKPEN <i>insulin lispro</i>	2	QL
HUMALOG MIX 50-50 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMALOG MIX 50-50 VIAL <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMALOG MIX 75-25 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMALOG MIX 75-25 VIAL <i>insulin lispro protamine and insulin lispro</i>	2	QL
HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	2	QL
HUMULIN 70/30 KWIKPEN <i>insulin nph human isophane/insulin regular, human</i>	2	QL
HUMULIN N 100 UNITS/ML KWIKPEN <i>insulin nph human isophane</i>	2	QL
HUMULIN N 100 UNITS/ML VIAL <i>insulin nph human isophane</i>	2	QL
HUMULIN R 100 UNITS/ML VIAL <i>insulin regular, human</i>	2	QL
HUMULIN R 500 UNITS/ML KWIKPEN <i>insulin regular, human</i>	2	QL
HUMULIN R 500 UNITS/ML VIAL <i>insulin regular, human</i>	2	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JANUVIA 100 MG TABLET <i>sitagliptin phosphate</i>	2	QL AL1 At least 18 yrs old
JANUVIA 25 MG TABLET <i>sitagliptin phosphate</i>	2	QL AL1 At least 18 yrs old
JANUVIA 50 MG TABLET <i>sitagliptin phosphate</i>	2	QL AL1 At least 18 yrs old
JARDIANCE 10 MG TABLET <i>empagliflozin</i>	2	QL AL1 At least 18 yrs old
JARDIANCE 25 MG TABLET <i>empagliflozin</i>	2	QL AL1 At least 18 yrs old
LANTUS 100 UNIT/ML VIAL <i>insulin glargine,human recombinant analog</i>	2	QL
LANTUS SOLOSTAR 100 UNIT/ML <i>insulin glargine,human recombinant analog</i>	2	QL
<i>metformin hcl 1,000 mg tablet</i>	1	QL
<i>metformin hcl 500 mg tablet</i>	1	QL
<i>metformin hcl 850 mg tablet</i>	1	QL
METFORMIN HCL ER 500 MG (TAB ER 24H)	1	QL
<i>metformin hcl er 750 mg tablet</i>	1	QL
<i>nateglinide 120 mg tablet</i>	1	QL
<i>nateglinide 60 mg tablet</i>	1	QL
<i>pioglitazone hcl 15 mg tablet</i>	1	QL
<i>pioglitazone hcl 30 mg tablet</i>	1	QL
<i>pioglitazone hcl 45 mg tablet</i>	1	QL
<i>pioglitazone-glimepiride 30-2</i>	1	QL
<i>pioglitazone-glimepiride 30-4</i>	1	QL
<i>pioglitazone-metformin 15-500</i>	1	QL
<i>pioglitazone-metformin 15-850</i>	1	QL
<i>repaglinide 0.5 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 ST 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 ST AL1 At least 18 yrs old C Step Therapy with any metformin or insulin product (lookback of 6 days in the previous 90 days)
ANTIHYPOLYCEMIC AGENTS		
GLUCAGEN 1 MG HYPOKIT 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZURETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	QL
BALZIVA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
CAMILA 0.35 MG TABLET <i>norethindrone</i>	1	QL
CAZIAN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL
CRYSELLE-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
CYCLAFEM 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
CYCLAFEM 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
ELINEST-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
ELLA 30 MG TABLET <i>ulipristal acetate</i>	2	QL
ENPRESSE-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
ERRIN 0.35 MG TABLET <i>norethindrone</i>	1	QL
GIANVI 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL
GILDESS FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
GILDESS FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
HEATHER TABLET <i>norethindrone</i>	1	QL
JOLIVETTE TABLET <i>norethindrone</i>	1	QL
JUNEL 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
JUNEL 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
JUNEL FE 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
JUNEL FE 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KARIVA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	QL
KELNOR 1-35 28 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL
LARIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
LARIN FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
LEENA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
LESSINA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
<i>levonorgestrel 1.5 mg tablet</i>	1	QL
LEVORA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
LOW-OGESTREL-28 TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
LUTERA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
MICROGESTIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
MICROGESTIN 21 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol</i>	1	QL
MICROGESTIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
MICROGESTIN FE 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
MONONESSA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
NECON 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NECON 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NECON 1-50-28 TABLET <i>norethindrone-mestranol</i>	1	QL
NECON 10-11-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NECON 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORA-BE TABLET <i>norethindrone</i>	1	QL
<i>norethindrone 0.35 mg tablet</i>	1	QL
<i>norg-ee 0.18-0.215-0.25/0.025</i>	1	
NORTREL 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORTREL 1-35 21 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORTREL 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NORTREL 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
NUVARING VAGINAL RING <i>etonogestrel/ethinyl estradiol</i>	2	QL
OCELLA 3 MG-0.03 MG TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL
OGESTREL TABLET <i>norgestrel-ethinyl estradiol</i>	1	QL
PLAN B ONE-STEP 1.5 MG TABLET <i>levonorgestrel</i>	2	QL C Generic preferred
PORTIA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
RECLIPSEN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL
SPRINTEC 28 DAY TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
SRONYX 0.10-0.02 MG TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
TILIA FE 28 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
TRI-LEGEST FE-28 DAY TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	1	QL
TRI-LO-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i>	1	
TRI-LO-MARZIA TABLET <i>norgestimate-ethinyl estradiol</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRI-LO-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	1	
TRI-PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
TRI-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
TRINESSA LO TABLET <i>norgestimate-ethinyl estradiol</i>	1	
TRINESSA TABLET <i>norgestimate-ethinyl estradiol</i>	1	QL
TRIVORA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	1	QL
VELIVET 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	1	QL
WYMZYA FE CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL
XULANE PATCH <i>norelgestromin/ethinyl estradiol</i>	1	QL C Quantity Limit for replacement patch is one patch
ZARAH TABLET <i>ethinyl estradiol/drospirenone</i>	1	QL
ZENCHENT 0.4 MG-35 MCG TABLET <i>norethindrone-ethinyl estradiol</i>	1	QL
ZENCHENT FE TABLET CHEWABLE <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	QL
ZOVIA 1-35E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL
ZOVIA 1-50E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	1	QL
ESTROGENS AND ANTIESTROGENS		
<i>anastrozole 1 mg tablet</i>	1	QL
<i>estradiol 0.025 mg patch</i>	1	QL C Quantity Limit is 1 patch for replacement patch
<i>estradiol 0.0375 mg patch</i>	1	QL C Quantity Limit of 1 patch for replacement patch

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.0375 mg/day patch</i>	1	
<i>estradiol 0.05 mg patch</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.075 mg patch</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.075 mg/day patch</i>	1	QL
<i>estradiol 0.1 mg patch</i>	1	QL C Quantity Limit of 1 patch for replacement patch
<i>estradiol 0.5 mg tablet</i>	1	
<i>estradiol 1 mg tablet</i>	1	
<i>estradiol 2 mg tablet</i>	1	
<i>estradiol tds 0.025 mg/day</i>	1	QL
<i>estradiol tds 0.0375 mg/day</i>	1	
<i>estradiol tds 0.05 mg/day</i>	1	QL
<i>estradiol tds 0.075 mg/day</i>	1	QL
<i>estradiol tds 0.1 mg/day</i>	1	QL
<i>estropipate 0.625(0.75 mg) tab</i>	1	QL
<i>estropipate 1.25(1.5 mg) tab</i>	1	QL
<i>estropipate 2.5(3 mg) tab</i>	1	QL
<i>exemestane 25 mg tablet</i>	1	QL
FARESTON 60 MG TABLET <i>toremifene citrate</i>	2	QL
<i>letrozole 2.5 mg tablet</i>	1	
MENEST 0.3 MG TABLET <i>estrogens,esterified</i>	1	QL
MENEST 0.625 MG TABLET <i>estrogens,esterified</i>	1	QL
MENEST 1.25 MG TABLET <i>estrogens,esterified</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MENEST 2.5 MG TABLET <i>estrogens, esterified</i>	1	QL
PREMARIN 0.3 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 0.45 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 0.625 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 0.9 MG TABLET <i>estrogens, conjugated</i>	1	QL
PREMARIN 1.25 MG TABLET <i>estrogens, conjugated</i>	1	
PREMARIN VAGINAL CREAM-APPL <i>estrogens, conjugated</i>	1	
PREMPHASE 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.3 MG-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.45-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.625-2.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
PREMPRO 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	1	QL
<i>raloxifene hcl 60 mg tablet</i>	1	QL
<i>tamoxifen 10 mg tablet</i>	1	QL
<i>tamoxifen 20 mg tablet</i>	1	QL
GONADOTROPINS AND ANTIGONADOTROPINS		
<i>leuprolide 2wk 1 mg/0.2 ml kit</i>	3	QL PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	3	QL PA
LUPRON DEPOT-PED 7.5 MG KIT <i>leuprolide acetate</i>	3	PA
<i>testosteron cyp 1,000 mg/10 ml</i>	1	QL PA AL1
		At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>testosteron cyp 2,000 mg/10 ml</i>	1	QL PA AL1 At least 12 yrs old
<i>testosteron enan 1,000 mg/5 ml</i>	1	QL PA AL1 At least 12 yrs old
<i>testosterone 12.5 mg/1.25 gram</i>	1	QL PA
<i>testosterone 25 mg/2.5 gm pkt</i>	1	QL PA AL1 At least 18 yrs old
<i>testosterone 50 mg/5 gram gel</i>	1	QL PA AL1 At least 18 yrs old
<i>testosterone 50 mg/5 gram pkt</i>	1	QL PA AL1 At least 18 yrs old
<i>testosterone cyp 100 mg/ml</i>	1	QL PA AL1 At least 12 yrs old
<i>testosterone cyp 200 mg/ml</i>	1	QL PA AL1 At least 12 yrs old
<i>testosterone enan 200 mg/ml</i>	1	QL PA AL1 At least 12 yrs old
PARATHYROID AND ANTIPARATHYROID AGENTS		
<i>calcitonin-salmon 200 units sp</i>	1	
SENSIPAR 30 MG TABLET <i>cinacalcet hcl</i>	2	QL
SENSIPAR 60 MG TABLET <i>cinacalcet hcl</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SENSIPAR 90 MG TABLET <i>cinacalcet hcl</i>	2	QL
PITUITARY		
<i>desmopressin 0.01% solution</i>	1	QL
<i>desmopressin 0.01% spray</i>	1	QL
<i>desmopressin 0.1 mg/ml sol</i>	1	QL
<i>desmopressin 0.1 mg/ml spray</i>	1	QL
<i>desmopressin 10 mcg/0.1 ml spr</i>	1	QL
<i>desmopressin acetate 0.1 mg tb</i>	1	QL
<i>desmopressin acetate 0.2 mg tb</i>	1	QL
NORDITROPIN FLEXPPO 10 MG/1.5 <i>somatropin</i>	3	PA
NORDITROPIN FLEXPPO 15 MG/1.5 <i>somatropin</i>	3	PA
NORDITROPIN FLEXPPO 30 MG/3 ML <i>somatropin</i>	3	PA
NORDITROPIN FLEXPPO 5 MG/1.5 <i>somatropin</i>	3	PA
STIMATE 1.5 MG/ML NASAL SPRAY <i>desmopressin acetate</i>	2	AL1 Up to 20 yrs old
PROGESTINS		
<i>hydroxyprogesterone cap powder</i>	1	
MAKENA 1,250 MG/5 ML VIAL <i>hydroxyprogesterone caproate</i>	2	PA
MAKENA 250 MG/ML VIAL <i>hydroxyprogesterone caproate/pf</i>	2	PA
<i>medroxyprogesterone 10 mg tab</i>	1	QL
<i>medroxyprogesterone 150 mg/ml</i>	1	QL
<i>medroxyprogesterone 2.5 mg tab</i>	1	QL
<i>medroxyprogesterone 5 mg tab</i>	1	QL
<i>megestrol 20 mg tablet</i>	1	QL
<i>megestrol 40 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>megestrol acet 40 mg/ml susp</i>	1	
<i>megestrol acet 400 mg/10 ml</i>	1	
<i>norethindrone 5 mg tablet</i>	1	QL
<i>progesterone 100 mg capsule</i>	1	QL
<i>progesterone 200 mg capsule</i>	1	QL
THYROID AND ANTITHYROID AGENTS		
ARMOUR THYROID 120 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 15 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 180 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 240 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 30 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 300 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 60 MG TABLET <i>thyroid,pork</i>	2	
ARMOUR THYROID 90 MG TABLET <i>thyroid,pork</i>	2	
<i>levothyroxine 100 mcg tablet</i>	1	
<i>levothyroxine 112 mcg tablet</i>	1	
<i>levothyroxine 125 mcg tablet</i>	1	
<i>levothyroxine 137 mcg tablet</i>	1	
<i>levothyroxine 150 mcg tablet</i>	1	
<i>levothyroxine 175 mcg tablet</i>	1	
<i>levothyroxine 200 mcg tablet</i>	1	
<i>levothyroxine 25 mcg tablet</i>	1	
<i>levothyroxine 300 mcg tablet</i>	1	
<i>levothyroxine 50 mcg tablet</i>	1	
<i>levothyroxine 75 mcg tablet</i>	1	
<i>levothyroxine 88 mcg tablet</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVOXYL 100 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 112 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 125 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 137 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 150 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 175 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 200 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 25 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 50 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 75 MCG TABLET <i>levothyroxine sodium</i>	2	
LEVOXYL 88 MCG TABLET <i>levothyroxine sodium</i>	2	
<i>liothyronine sod 25 mcg tab</i>	1	QL AL1 At least 1 yrs old
<i>liothyronine sod 5 mcg tab</i>	1	QL
<i>liothyronine sod 50 mcg tab</i>	1	QL AL1 At least 1 yrs old
<i>methimazole 10 mg tablet</i>	1	QL
<i>methimazole 5 mg tablet</i>	1	QL
NP THYROID 15 MG TABLET <i>thyroid,pork</i>	1	
NP THYROID 30 MG TABLET <i>thyroid,pork</i>	1	
NP THYROID 60 MG TABLET <i>thyroid,pork</i>	1	
NP THYROID 90 MG TABLET <i>thyroid,pork</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propylthiouracil 50 mg tablet</i>	1	QL
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	1	
SYNTHROID 100 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 112 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 125 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 137 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 150 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 175 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 200 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 25 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 300 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 50 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 75 MCG TABLET <i>levothyroxine sodium</i>	2	
SYNTHROID 88 MCG TABLET <i>levothyroxine sodium</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL DETERRENTS		
<i>disulfiram 250 mg tablet</i>	1	QL
<i>disulfiram 500 mg tablet</i>	1	QL
ANTIDOTES		
<i>leucovorin calcium 10 mg tab</i>	1	QL
<i>leucovorin calcium 15 mg tab</i>	1	QL
<i>leucovorin calcium 25 mg tab</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leucovorin calcium 5 mg tab</i>	1	QL
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	QL
<i>allopurinol 300 mg tablet</i>	1	QL
<i>colchicine 0.6 mg capsule</i>	1	
<i>colchicine 0.6 mg tablet</i>	1	QL
BONE RESORPTION INHIBITORS		
<i>alendronate sod 70 mg/75 ml</i>	1	QL AL1 At least 18 yrs old
<i>alendronate sodium 10 mg tab</i>	1	QL
<i>alendronate sodium 35 mg tab</i>	1	QL
<i>alendronate sodium 40 mg tab</i>	1	QL
<i>alendronate sodium 5 mg tablet</i>	1	QL
<i>alendronate sodium 70 mg tab</i>	1	QL
<i>ibandronate sodium 150 mg tab</i>	1	QL AL1 At least 18 yrs old
CARIOSTATIC AGENTS		
FLUOR-A-DAY 0.25 MG TAB CHEW <i>sodium fluoride/xylitol</i>	1	
FLUOR-A-DAY 0.5 MG TAB CHEW <i>sodium fluoride/xylitol</i>	1	
FLUOR-A-DAY 1 MG TABLET CHEW <i>sodium fluoride/xylitol</i>	1	
<i>fluoride 0.25 mg tablet chew</i>	1	QL
<i>fluoride 0.5 mg tablet chew</i>	1	QL
<i>fluoride 1 mg tablet chewable</i>	1	QL
<i>neutral sodium fluoride</i>	1	
PHOS-FLUR ORAL RINSE <i>fluoride (sodium)</i>	1	
PREVIDENT 1.1% GEL <i>fluoride (sodium)</i>	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 <i>etanercept</i>	3	QL PA
ENBREL 25 MG/0.5 ML SYRINGE <i>etanercept</i>	3	QL PA
ENBREL 50 MG/ML SURECLICK SYR <i>etanercept</i>	3	QL PA
ENBREL 50 MG/ML SYRINGE <i>etanercept</i>	3	QL PA
HUMIRA 10 MG/0.2 ML SYRINGE <i>adalimumab</i>	3	PA
HUMIRA 20 MG/0.4 ML SYRINGE <i>adalimumab</i>	3	QL PA
HUMIRA 40 MG/0.8 ML PEN <i>adalimumab</i>	3	QL PA
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	3	QL PA
HUMIRA PEDIATRIC CROHN'S START <i>adalimumab</i>	3	QL PA
HUMIRA PEN CROHN-UC-HS STARTER <i>adalimumab</i>	3	QL PA
HUMIRA PEN PSORIASIS-UVEITIS <i>adalimumab</i>	3	QL PA
leflunomide 10 mg tablet	1	QL
leflunomide 20 mg tablet	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORY AGENTS		
AUBAGIO 14 MG TABLET <i>teriflunomide</i>	3	PA C PA required for initial fill or greater than 75 days since last fill
AUBAGIO 7 MG TABLET <i>teriflunomide</i>	3	PA C PA required for initial fill or greater than 75 days since last fill
AVONEX 30 MCG VIAL KIT <i>interferon beta-1a/albumin human</i>	3	PA
AVONEX PEN 30 MCG/0.5 ML <i>interferon beta-1a</i>	3	PA
AVONEX PEN 30 MCG/0.5 ML KIT <i>interferon beta-1a</i>	3	PA
AVONEX PREFILLED SYR 30 MCG <i>interferon beta-1a</i>	3	PA
AVONEX PREFILLED SYR 30 MCG KT <i>interferon beta-1a</i>	3	PA
COPAXONE 20 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
COPAXONE 40 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
GILENYA 0.5 MG CAPSULE <i>fingolimod hcl</i>	3	PA C PA required for initial fill or greater than 75 days since last fill
GLATOPA 20 MG/ML SYRINGE <i>glatiramer acetate</i>	3	PA
TECFIDERA DR 120 MG CAPSULE <i>dimethyl fumarate</i>	3	PA
TECFIDERA DR 240 MG CAPSULE <i>dimethyl fumarate</i>	3	PA
TECFIDERA STARTER PACK <i>dimethyl fumarate</i>	3	PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tablet</i>	1	
<i>cyclosporine 100 mg capsule</i>	1	
<i>cyclosporine 100 mg/ml soln</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyclosporine 25 mg capsule	1	
cyclosporine modified 100 mg	1	
cyclosporine modified 25 mg	1	
cyclosporine modified 50 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	
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	
dutasteride 0.5 mg capsule	1	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>finasteride 5 mg tablet</i>	1	QL
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
BOTOX 100 UNITS VIAL <i>onabotulinumtoxina</i>	2	PA
BOTOX 200 UNITS VIAL <i>onabotulinumtoxina</i>	2	PA
<i>levocarnitine 1 g/10 ml soln</i>	1	
<i>melatonin 1 mg tablet</i>	1	QL
<i>melatonin 1 mg tablet</i>	1	QL
<i>melatonin 3 mg tablet</i>	1	QL
<i>melatonin 3 mg tablet</i>	1	QL
<i>melatonin 5 mg tablet</i>	1	QL
<i>melatonin 5 mg tablet</i>	1	QL
<i>melatonin 5 mg tablet</i>	1	QL
OCUVITE SOFTGEL <i>ascorbic acid/vitamin e/lutein/minerals/omega-3 fatty acids</i>	1	QL
TYBOST 150 MG TABLET <i>cobicistat</i>	2	QL AL1 At least 18 yrs old
PROTECTIVE AGENTS		
ELMIRON 100 MG CAPSULE <i>pentosan polysulfate sodium</i>	2	QL
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
AEROSPAN 80 MCG INHALER <i>flunisolide</i>	2	QL
ALOCRI 2% EYE DROPS <i>nedocromil sodium</i>	2	QL
ARNUITY ELLIPTA 100 MCG INH <i>fluticasone furoate</i>	2	QL AL1 At least 12 yrs old
ARNUITY ELLIPTA 200 MCG INH <i>fluticasone furoate</i>	2	QL AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA 100-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
BREO ELLIPTA 200-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	2	QL AL1 At least 18 yrs old
<i>budesonide 0.25 mg/2 ml susp</i>	1	QL
<i>budesonide 0.5 mg/2 ml susp</i>	1	QL
<i>budesonide 1 mg/2 ml inh susp</i>	1	QL
<i>cromolyn 20 mg/2 ml neb soln</i>	1	QL
<i>cromolyn 4% eye drops</i>	1	QL
<i>cromolyn sodium nasal solution</i>	1	QL
<i>cromolyn sodium nasal spray</i>	1	QL
DULERA 100 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
DULERA 200 MCG/5 MCG INHALER <i>mometasone furoate/formoterol fumarate</i>	2	QL
FLOVENT 100 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT 250 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT 50 MCG DISKUS <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 110 MCG INHALER <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 220 MCG INHALER <i>fluticasone propionate</i>	2	QL
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	2	QL
<i>montelukast sod 10 mg tablet</i>	1	QL
<i>montelukast sod 4 mg granules</i>	1	QL
<i>montelukast sod 4 mg tab chew</i>	1	QL
<i>montelukast sod 5 mg tab chew</i>	1	QL
PULMICORT 180 MCG FLEXHALER <i>budesonide</i>	2	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMICORT 90 MCG FLEXHALER <i>budesonide</i>	2	QL
QVAR 40 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL
QVAR 80 MCG ORAL INHALER <i>beclomethasone dipropionate</i>	2	QL
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	2	QL
<i>zafirlukast 10 mg tablet</i>	1	QL
<i>zafirlukast 20 mg tablet</i>	1	QL
ANTITUSSIVES		
<i>benzonatate 100 mg capsule</i>	1	QL
<i>benzonatate 200 mg capsule</i>	1	QL
BIOCOTRON LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
BROMFED DM COUGH SYRUP <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
BROTAPP DM LIQUID <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
CHERATUSSIN AC SYRUP <i>codeine phosphate/guaifenesin</i>	1	QL PA
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	QL PA
DIABETIC TUSSIN DM LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
EXPECTORANT DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
GUAIATUSSIN AC LIQUID <i>codeine phosphate/guaifenesin</i>	1	QL PA
<i>guaifen-codeine 100-10 mg/5 ml</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guaifenesin dm syrup</i>	1	QL
<i>guaifenesin-codeine syrup</i>	1	QL PA
<i>hydrocodone-homatropine 5-1.5</i>	1	PA
MUCINEX DM ER 1,200-60 MG TAB <i>guaifenesin/dextromethorphan hbr</i>	2	QL
MUCINEX DM ER 600-30 MG TABLET <i>guaifenesin/dextromethorphan hbr</i>	2	QL
<i>promethazine vc-codeine syrup</i>	1	QL PA AL1 At least 21 yrs old
<i>promethazine-codeine syrup</i>	1	QL PA AL1 At least 21 yrs old
<i>promethazine-dm solution</i>	1	AL1 At least 6 yrs old
<i>promethazine-dm syrup</i>	1	AL1 At least 6 yrs old
<i>promethazine-pe-codeine syrup</i>	1	QL PA AL1 At least 21 yrs old
Q-TAPP DM ELIXIR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	QL
Q-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
RI-TUSSIN DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ROBAFEN DM CGH-CHEST CONG SYRP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ROBAFEN-DM SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ROBITUSSIN PEDIATRIC COUGH SYP <i>dextromethorphan hbr</i>	1	QL
SILTUSSIN DM COUGH SYRUP <i>guaifenesin/dextromethorphan hbr</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SILTUSSIN DM DAS LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
TUSNEL DIABETIC LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
ULTRA DM FREE & CLEAR LIQUID <i>guaifenesin/dextromethorphan hbr</i>	1	QL
EXPECTORANTS		
AMBI 60PSE-400GFN TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
CONGEST-EZE 60-400 MG CAPLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
CONGESTAC TABLET <i>guaifenesin/pseudoephedrine hcl</i>	1	QL
DIABETIC TUSSIN EX LIQUID <i>guaifenesin</i>	1	QL
EXPECTORANT 200 MG TABLET <i>guaifenesin</i>	1	
<i>guaifenesin 100 mg/5 ml liquid</i>	1	QL
<i>guaifenesin 100 mg/5 ml soln</i>	1	QL
<i>guaifenesin 100 mg/5 ml syrup</i>	1	QL
<i>guaifenesin 200 mg tablet</i>	1	QL
<i>guaifenesin 200 mg/10 ml soln</i>	1	QL
<i>guaifenesin 300 mg/15 ml soln</i>	1	QL
MUCINEX D ER 1,200-120 MG TAB <i>guaifenesin/pseudoephedrine hcl</i>	2	
MUCINEX D ER 600-60 MG TABLET <i>guaifenesin/pseudoephedrine hcl</i>	2	QL
MUCINEX ER 1,200 MG TABLET <i>guaifenesin</i>	2	
MUCINEX ER 600 MG TABLET <i>guaifenesin</i>	2	
ORGAN-I NR 200 MG TABLET <i>guaifenesin</i>	1	
PV TUSSIN 100 MG/5 ML LIQUID <i>guaifenesin</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
Q-TUSSIN 100 MG/5 ML SOLUTION <i>guaifenesin</i>	1	QL
RI-TUSSIN SYRUP <i>guaifenesin</i>	1	QL
ROBAFEN 100 MG/5 ML SYRUP <i>guaifenesin</i>	1	QL
SCOT-TUSSIN 100 MG/5 ML LIQ <i>guaifenesin</i>	1	QL
SILTUSSIN SA 100 MG/5 ML SYR <i>guaifenesin</i>	1	QL
MUCOLYTIC AGENTS		
<i>acetylcysteine 10% vial</i>	1	
<i>acetylcysteine 20% vial</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
<i>alcohol 70% pads</i>	1	
<i>alcohol 70% prep pads</i>	1	
<i>alcohol 70% swabs</i>	1	
<i>alcohol prep pads</i>	1	
<i>alcohol prep swabs</i>	1	
<i>alcohol swab</i>	1	
<i>alcohol swabs</i>	1	
ANTI-FUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL
ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL
ANTIFUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL
<i>bacitracin 500 unit/gm ointmnt</i>	1	QL
<i>bacitracin-polymyxin ointment</i>	1	QL
<i>bd single use swab</i>	1	
BENZAMYCINPAK GEL <i>erythromycin base/benzoyl peroxide</i>	2	C Generic Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETASEPT 4% SURGICAL SCRUB <i>chlorhexidine gluconate</i>	1	QL
CARRINGTON ANTIFUNGAL 2% CREAM <i>miconazole nitrate</i>	1	QL
<i>ciclopirox 0.77% cream</i>	1	
<i>ciclopirox 0.77% gel</i>	1	
<i>ciclopirox 0.77% topical susp</i>	1	
<i>ciclopirox 8% solution</i>	1	QL
<i>clindamycin 2% vaginal cream</i>	1	
<i>clindamycin ph 1% gel</i>	1	
<i>clindamycin ph 1% solution</i>	1	
<i>clindamycin phos 1% pledget</i>	1	
<i>clindamycin phosp 1% lotion</i>	1	
<i>clindamycin-benzoyl perox 1-5%</i>	1	
<i>clotrimazole 1% cream</i>	1	QL
<i>clotrimazole 1% solution</i>	1	QL
<i>clotrimazole 10 mg troche</i>	1	QL
<i>clotrimazole-betamethasone crm</i>	1	QL AL1 At least 17 yrs old
<i>curity alcohol preps</i>	1	
<i>cvs alcohol 70% prep pads</i>	1	
<i>cvs alcohol 70% prep swabs</i>	1	
<i>cvs alcohol swabs</i>	1	
CVS ANTI-FUNGAL 2% POWDER <i>miconazole nitrate</i>	1	
<i>cvs clotrimazole 1% cream</i>	1	QL
<i>cvs isopropyl alcohol 70% wipe</i>	1	
<i>cvs miconazole 3 combo pack</i>	1	QL
<i>cvs miconazole 7 cream</i>	1	QL
<i>cvs permethrin 1% lotion</i>	1	QL
CVS TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS TRIPLE ANTIBIOTIC PLUS OIN <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
DESENEX 2% POWDER <i>miconazole nitrate</i>	2	QL
<i>easy touch alcohol 70% pads</i>	1	
<i>eq miconazole 7 cream</i>	1	QL
<i>eq miconazole nitrate 2% crm</i>	1	QL
EQ TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
EQL ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
EQL ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL
<i>eql miconazole 3 combo pack</i>	1	QL
<i>eql miconazole 7 cream</i>	1	QL
<i>erythromycin 2% gel</i>	1	
<i>erythromycin 2% pledgets</i>	1	
<i>erythromycin 2% solution</i>	1	
<i>erythromycin-benzoyl gel</i>	1	
EURAX 10% CREAM <i>crotamiton</i>	2	
EURAX 10% LOTION <i>crotamiton</i>	2	
<i>fifty50 alcohol prep pads</i>	1	
<i>first aid bacitracin ointment</i>	1	QL
<i>gentamicin 0.1% cream</i>	1	
<i>gentamicin 0.1% ointment</i>	1	
<i>gnp alcohol swab</i>	1	
GNP ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
<i>gnp isopropyl alcohol 70% wipe</i>	1	
<i>gnp miconazole 3 combo pack</i>	1	QL
<i>gnp miconazole 7 cream</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp terbinafine 1% cream</i>	1	
<i>gnp tolnaftate 1% cream</i>	1	QL
GNP TRIPLE ANTIBIOTIC + OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
GNP TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
<i>heb incontrol alcohol 70% pads</i>	1	
HM TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
HM TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>isopropyl alcohol 70% wipes</i>	1	
<i>iv antiseptic wipes</i>	1	
<i>iv prep antiseptic wipes</i>	1	
<i>ketoconazole 2% cream</i>	1	
<i>ketoconazole 2% shampoo</i>	1	
<i>kro alcohol 70% prep pads</i>	1	
<i>kro alcohol 70% swabs</i>	1	
<i>kro miconazole 3 combo pack</i>	1	QL
<i>kro miconazole 7 cream</i>	1	QL
KRO TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
LAMISIL AF DEFENS 1% SPRAY PWD <i>tolnaftate</i>	2	QL
LAMISIL AT 1% CREAM <i>terbinafine hcl</i>	2	
<i>lindane 1% lotion</i>	1	
<i>lindane 1% shampoo</i>	1	
LOTRIMIN AF 2% POWDER <i>miconazole nitrate</i>	2	QL
<i>malathion 0.5% lotion</i>	1	QL AL1 At least 6 yrs old
METROGEL-VAGINAL 0.75% GEL <i>metronidazole</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metronidazole 0.75% cream</i>	1	QL
<i>metronidazole topical 0.75% gl</i>	1	QL
<i>metronidazole vaginal 0.75% gl</i>	1	QL
MICATIN 2% ANTIFUNGAL CREAM <i>miconazole nitrate</i>	2	QL
<i>miconazole 100 mg vag supp</i>	1	QL
<i>miconazole 3 200 mg vag supp</i>	1	QL
<i>miconazole 3 combo pack</i>	1	QL
<i>miconazole 3 combo pack</i>	1	QL
<i>miconazole 7 100 mg vag supp</i>	1	QL
<i>miconazole 7 cream</i>	1	QL
<i>miconazole nitrate 2% cream</i>	1	QL
<i>mupirocin 2% cream</i>	1	
<i>mupirocin 2% ointment</i>	1	
NUZOLE 2% CREAM <i>miconazole nitrate</i>	1	QL
NYAMYC 100,000 UNITS/GM POWDER <i>nystatin</i>	1	
<i>nystatin 100,000 unit/gm cream</i>	1	
<i>nystatin 100,000 unit/gm powd</i>	1	
<i>nystatin 100,000 units/gm oint</i>	1	
<i>nystatin-triamcinolone cream</i>	1	
<i>nystatin-triamcinolone ointm</i>	1	
NYSTOP 100,000 UNITS/GM POWDER <i>nystatin</i>	1	
<i>permethrin 5% cream</i>	1	QL
<i>pharm choice alcohol prep pads</i>	1	
<i>prep ease alcohol pads</i>	1	
<i>pro comfort alcohol 70% pads</i>	1	
<i>pub miconazole3day combo pack</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PUB TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
<i>pv clotrimazole 1% cream</i>	1	
<i>pv isopropyl alcohol 70% wipes</i>	1	
<i>pv miconazole 3 combo pack</i>	1	QL
<i>pv miconazole 7 100 mg vag sup</i>	1	QL
<i>pv miconazole 7 cream</i>	1	QL
<i>pv miconazole nitrate 2% cream</i>	1	QL
<i>pv tolnaftate 1% cream</i>	1	QL
PV TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
PV TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>qc alcohol 70% swabs</i>	1	
<i>qc bacitracin 500 unit/gm oint</i>	1	QL
<i>qc miconazole 7 cream</i>	1	QL
<i>qc tolnaftate 1% cream</i>	1	QL
<i>ra alcohol swabs</i>	1	
<i>ra bacitracin 500 unit/gm oint</i>	1	QL
<i>ra isopropyl alcohol 70% wipes</i>	1	
<i>ra miconazole 3 combo pack</i>	1	QL
<i>ra miconazole 7 cream</i>	1	QL
RA TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
RA TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>relion alcohol 70% swabs</i>	1	
<i>saps care alcohol prep pads</i>	1	
SB TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
<i>selenium sulfide 2.5% lotion</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>silver sulfadiazine 1% cream</i>	1	
<i>sm alcohol 70% prep pads</i>	1	
<i>sm alcohol prep pads</i>	1	
SM ANTIFUNGAL 1% CREAM <i>clotrimazole</i>	1	QL
SM ANTIFUNGAL 1% CREAM <i>tolnaftate</i>	1	QL
<i>sm clotrimazole 1% solution</i>	1	QL
<i>sm clotrimazole af 1% cream</i>	1	QL
<i>sm miconazole 3 combo pack</i>	1	QL
<i>sm miconazole 7 100 mg vag sup</i>	1	QL
<i>sm miconazole 7 cream</i>	1	QL
<i>sm miconazole nitrate 2% cream</i>	1	QL
SM TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
SM TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>sodium sulf-sulfur cleanser</i>	1	
<i>sodium sulfacetamide 10% lot</i>	1	
<i>spinosad 0.9% topical susp</i>	1	QL
<i>sulfacetamide sod 10% top susp</i>	1	
<i>sure comfort alcohol prep pads</i>	1	
<i>sure-prep alcohol prep pads</i>	1	
<i>terbinafine 1% cream</i>	1	
<i>terconazole 0.4% cream</i>	1	QL AL1 At least 18 yrs old
<i>terconazole 0.8% cream</i>	1	QL AL1 At least 18 yrs old
<i>terconazole 80 mg suppository</i>	1	QL AL1 At least 18 yrs old
<i>tolnaftate 1% cream</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tolnaftate 1% powder</i>	1	QL
<i>tolnaftate 1% solution</i>	1	QL
<i>tolnaftate af 1% cream</i>	1	QL
TRIPLE ANTIBIOTIC OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	1	QL
TRIPLE ANTIBIOTIC PLUS OINT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
TRIPLE ANTIBIOTIC PLUS OINTMNT <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>	1	QL
<i>ultilet alcohol sterl swab</i>	1	
<i>v-r alcohol prep pads</i>	1	
VAGISTAT-3 COMBO PACK <i>miconazole nitrate</i>	1	QL
VANDAZOLE VAGINAL 0.75% GEL <i>metronidazole</i>	2	QL
<i>webcol alcohol preps</i>	1	
ZEASORB 2% POWDER <i>miconazole nitrate</i>	1	QL
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
<i>alclometasone dipr 0.05% oint</i>	1	QL AL1 At least 1 yrs old
<i>alclometasone dipro 0.05% crm</i>	1	QL AL1 At least 1 yrs old
ANTI-ITCH 1% OINTMENT <i>hydrocortisone</i>	1	QL
BETA HC 1% LOTION <i>hydrocortisone</i>	1	
<i>betamethasone dp 0.05% crm</i>	1	QL
<i>betamethasone dp 0.05% lot</i>	1	
<i>betamethasone dp 0.05% oint</i>	1	
<i>betamethasone dp aug 0.05% crm</i>	1	QL AL1 At least 13 yrs old
<i>betamethasone dp aug 0.05% oin</i>	1	QL AL1 At least 13 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>betamethasone va 0.1% cream</i>	1	QL
<i>betamethasone va 0.1% lotion</i>	1	QL
<i>betamethasone valer 0.1% ointm</i>	1	
CAPEX SHAMPOO <i>fluocinolone acetonide</i>	2	
<i>clobetasol 0.05% gel</i>	1	QL AL1 At least 12 yrs old
<i>clobetasol 0.05% ointment</i>	1	QL AL1 At least 12 yrs old
<i>clobetasol 0.05% solution</i>	1	QL AL1 At least 12 yrs old
COLOCORT 100 MG ENEMA <i>hydrocortisone</i>	1	QL
CORTIZONE-10 1% CREME <i>hydrocortisone</i>	2	QL
CORTIZONE-10 1% CREME <i>hydrocortisone/aloe vera</i>	2	QL
CORTIZONE-10 1% LOTION <i>hydrocortisone</i>	2	
CORTIZONE-10 1% OINTMENT <i>hydrocortisone</i>	2	QL
CORTIZONE-10 COOLING 1% GEL <i>hydrocortisone</i>	2	
CORTIZONE-10 PLUS 1% CREME <i>hydrocortisone</i>	2	QL
CORTIZONE-10 PLUS CREME <i>hydrocortisone</i>	2	QL
<i>cvs hydrocortisone 1% cream</i>	1	QL
<i>cvs hydrocortisone 1% oint</i>	1	QL
<i>desonide 0.05% cream</i>	1	QL AL1 At least 18 yrs old
<i>desonide 0.05% lotion</i>	1	QL AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>desonide 0.05% ointment</i>	1	QL AL1 At least 18 yrs old
<i>diflorasone 0.05% cream</i>	1	
<i>diflorasone 0.05% ointment</i>	1	QL
<i>eq hydrocortisone 1% cream</i>	1	QL
<i>fluocinolone 0.01% body oil</i>	1	
<i>fluocinolone 0.01% scalp oil</i>	1	AL1 At least 18 yrs old
<i>fluocinolone 0.01% solution</i>	1	
<i>fluocinolone 0.025% cream</i>	1	
<i>fluocinolone 0.025% ointment</i>	1	QL
<i>fluocinonide 0.05% cream</i>	1	QL
<i>fluocinonide 0.05% gel</i>	1	QL
<i>fluocinonide 0.05% ointment</i>	1	QL
<i>fluocinonide 0.05% solution</i>	1	QL
<i>fluocinonide-e 0.05% cream</i>	1	QL
<i>fluticasone prop 0.005% oint</i>	1	QL
<i>fluticasone prop 0.05% cream</i>	1	
<i>gnp hydrocortisone 1% cream</i>	1	QL
<i>halobetasol prop 0.05% cream</i>	1	QL AL1 At least 12 yrs old
<i>halobetasol prop 0.05% ointmnt</i>	1	AL1 At least 12 yrs old
<i>hm hydrocortisone 1% cream</i>	1	QL
HYDRO SKIN 1% LOTION <i>hydrocortisone</i>	1	QL
<i>hydrocortisone 0.5% cream</i>	1	QL
<i>hydrocortisone 0.5% cream</i>	1	QL
<i>hydrocortisone 0.5% ointment</i>	1	QL
<i>hydrocortisone 1% cream</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 1% cream</i>	1	QL
<i>hydrocortisone 1% lotion</i>	1	QL
<i>hydrocortisone 1% ointment</i>	1	QL
<i>hydrocortisone 1% ointment</i>	1	QL
<i>hydrocortisone 100 mg/60 ml</i>	1	QL
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	QL
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone plus 1% cream</i>	1	QL
<i>hydrocortisone plus 1% cream</i>	1	QL
<i>hydrocortisone val 0.2% cream</i>	1	QL
<i>hydrocortisone val 0.2% ointmt</i>	1	QL
<i>mometasone furoate 0.1% cream</i>	1	QL AL1 At least 2 yrs old
<i>mometasone furoate 0.1% oint</i>	1	QL AL1 At least 2 yrs old
<i>mometasone furoate 0.1% soln</i>	1	QL AL1 At least 12 yrs old
PROCTOFOAM-HC 1%-1% FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	2	
PROCTOSOL-HC 2.5% CREAM <i>hydrocortisone</i>	1	
PROCTOZONE-HC 2.5% CREAM <i>hydrocortisone</i>	1	
<i>pv hydrocortisone 1% cream</i>	1	QL
<i>pv hydrocortisone 1% ointment</i>	1	QL
<i>qc hydrocortisone 1% cream</i>	1	QL
RA ANTI-ITCH 1% OINTMENT <i>hydrocortisone</i>	1	QL
<i>ra hydrocortisone 1% cream</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sb hydrocortisone 1% cream</i>	1	QL
<i>sb hydrocortisone 1% ointment</i>	1	QL
<i>sm hydrocortisone 0.5% cream</i>	1	QL
<i>sm hydrocortisone 0.5% ointmnt</i>	1	QL
<i>sm hydrocortisone 1% cream</i>	1	QL
<i>sm hydrocortisone 1% ointment</i>	1	QL
<i>triamcinolone 0.025% cream</i>	1	QL
<i>triamcinolone 0.025% lotion</i>	1	QL
<i>triamcinolone 0.025% oint</i>	1	QL
<i>triamcinolone 0.1% cream</i>	1	QL
<i>triamcinolone 0.1% lotion</i>	1	
<i>triamcinolone 0.1% ointment</i>	1	QL
<i>triamcinolone 0.1% paste</i>	1	
<i>triamcinolone 0.147 mg/g spray</i>	1	
<i>triamcinolone 0.5% cream</i>	1	QL
<i>triamcinolone 0.5% ointment</i>	1	QL
ASTRINGENTS		
HEMORRHOIDAL HYGIENE PADS <i>witch hazel</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin 0.01% gel</i>	1	
<i>tretinoin 0.025% cream</i>	1	
<i>tretinoin 0.025% gel</i>	1	
<i>tretinoin 0.05% cream</i>	1	
<i>tretinoin 0.1% cream</i>	1	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP 10 MG CAPSULE <i>methoxsalen</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
AMLACTIN 12% LOTION <i>ammonium lactate</i>	1	
AMLACTIN MOISTURIZING BODY LOT <i>ammonium lactate</i>	1	
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
<i>calamine lotion</i>	1	QL
<i>calamine lotion</i>	1	QL
<i>calamine plain lotion</i>	1	QL
<i>gnp zinc oxide 20% ointment</i>	1	
<i>mineral oil</i>	1	QL
MINERIN CREME <i>mineral oil/petrolatum,white</i>	2	QL
<i>pv calamine lotion</i>	1	QL
<i>pv zinc oxide 20% ointment</i>	1	
<i>sm calamine lotion</i>	1	QL
<i>sm calamine lotion</i>	1	QL
<i>topical light mineral oil</i>	1	
<i>vitamin a and d ointment</i>	1	
<i>vitamin a and d ointment</i>	1	
<i>vitamin a and d ointment</i>	1	
<i>zinc oxide 20% ointment</i>	1	
<i>zinc oxide ointment</i>	1	
KERATOLYTIC AGENTS		
<i>benzoyl peroxide 10% gel</i>	1	
<i>benzoyl peroxide 10% wash</i>	1	
<i>benzoyl peroxide 5% gel</i>	1	
<i>benzoyl peroxide 5% wash</i>	1	
<i>benzoyl peroxide 6% cleanser</i>	1	
SAL-PLANT 17% GEL <i>salicylic acid</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
urea 40% lotion	1	QL
KERATOPLASTIC AGENTS		
BETATAR GEL SHAMPOO coal tar	1	
coal tar solution	1	
coal tar topical solution	1	
IONIL T SHAMPOO coal tar	1	
PC TAR SHAMPOO coal tar	1	
TERA-GEL TAR 0.5% SHAMPOO coal tar	1	
THERA-GEL 0.5% SHAMPOO coal tar	1	
X-SEB T PLUS SHAMPOO coal tar	1	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidocaine 5% patch</i>	1	QL AL1 At least 18 yrs old
<i>lidocaine hcl 4% solution</i>	1	
<i>lidocaine-prilocaine cream</i>	1	QL
<i>phenazopyridine 100 mg tab</i>	1	
<i>phenazopyridine 200 mg tab</i>	1	
QC ANTI-ITCH CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
SB ANTI-ITCH 2%-0.1% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
SM ALLERGY 2% CREAM <i>diphenhydramine hcl</i>	1	
SM ANTI-ITCH 2% CREAM <i>diphenhydramine hcl/zinc acetate</i>	1	QL
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>adapalene 0.1% cream</i>	1	C PA required for members over the age of 21
<i>adapalene 0.1% gel</i>	1	
AMNESTEEM 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
AMNESTEEM 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
AMNESTEEM 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
<i>calcipotriene 0.005% cream</i>	1	QL
<i>calcipotriene 0.005% ointment</i>	1	QL
<i>calcipotriene 0.005% solution</i>	1	
<i>capsaicin 0.025% cream</i>	1	QL
CAPZASIN-HP 0.1% CREAM <i>capsaicin</i>	1	QL
CLARAVIS 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLARAVIS 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CLARAVIS 30 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CLARAVIS 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
CONDYLOX 0.5% GEL <i>podofilox</i>	2	
HEMORRHOIDAL OINTMENT <i>phenylephrine hcl/mineral oil/petrolatum,white</i>	1	QL
HEMORRHOIDAL OINTMENT <i>phenylephrine hcl/shark liver oil/mineral oil/wh.petrolatum</i>	1	QL
HEMORRHOIDAL OINTMENT <i>skin respiratory factor/shark liver oil</i>	1	QL
<i>imiquimod 5% cream packet</i>	1	QL
MYORISAN 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
MYORISAN 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
MYORISAN 30 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
MYORISAN 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
PODOCON-25 LIQUID <i>podophyllum resin</i>	1	
<i>podofilox 0.5% topical soln</i>	1	
REPHRESH VAGINAL APPLICATOR <i>polycarbophil</i>	2	
SANTYL OINTMENT <i>collagenase clostridium histolyticum</i>	1	
<i>tacrolimus 0.03% ointment</i>	1	QL PA AL1 At least 2 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus 0.1% ointment</i>	1	QL PA AL1 At least 16 yrs old
ZENATANE 10 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
ZENATANE 20 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
ZENATANE 30 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
ZENATANE 40 MG CAPSULE <i>isotretinoin</i>	1	PA AL1 At least 12 yrs old
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin 5 mg tablet</i>	1	QL
<i>oxybutynin 5 mg/5 ml syrup</i>	1	QL
<i>oxybutynin cl er 10 mg tablet</i>	1	QL
<i>oxybutynin cl er 15 mg tablet</i>	1	QL
<i>oxybutynin cl er 5 mg tablet</i>	1	QL
<i>tolterodine tart er 2 mg cap</i>	1	QL AL1 At least 18 yrs old
<i>tolterodine tart er 4 mg cap</i>	1	QL AL1 At least 18 yrs old
<i>tolterodine tartrate 1 mg tab</i>	1	QL AL1 At least 18 yrs old
<i>tolterodine tartrate 2 mg tab</i>	1	QL AL1 At least 18 yrs old
<i>tropium chloride 20 mg tablet</i>	1	QL
<i>tropium chloride er 60 mg cap</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	2	
THEOCHRON ER 300 MG TABLET <i>theophylline anhydrous</i>	2	
<i>theophylline 80 mg/15 ml soln</i>	1	QL
<i>theophylline er 100 mg tablet</i>	1	QL
<i>theophylline er 200 mg tablet</i>	1	QL
<i>theophylline er 300 mg tab</i>	1	QL
<i>theophylline er 400 mg tablet</i>	1	QL
<i>theophylline er 450 mg tab</i>	1	QL
<i>theophylline er 600 mg tablet</i>	1	QL
UNCATEGORIZED		
<i>ora plus suspension</i>	1	
<i>ora sweet oral syrup</i>	1	
<i>ora-blend suspension</i>	1	
<i>ora-plus suspending vehicle</i>	1	
<i>ora-sweet oral syrup</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	QL
<i>sterile water for injection</i>	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
APATATE FORTE LIQUID <i>multivitamin with minerals</i>	1	
AQUADEKS CHEWABLE TABLET <i>multivitamin, minerals no.51/folic acid/vit k1/ubidecarenone</i>	1	QL
AQUADEKS PEDIATRIC LIQUID <i>pediatric multivitamin no.40/phytonadione (vit k1)</i>	1	QL
AQUADEKS SOFTGEL <i>multivitamin with mins no.52/folic acid/vit k1/ubidecarenone</i>	1	QL
BEE-ZEE TABLET <i>multivitamin with minerals</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BIOSUPP LIQUID <i>multivitamin with minerals</i>	1	
BODY, HAIR, SKIN AND NAILS CAP <i>multivit,calcium,iron,min/folic acid/choline/inositol/paba</i>	1	
CENTRUM COMPLETE MULTIVIT TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
CEROVITE ADVANCED FORM TAB <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
CERTAVITE-ANTIOXIDANT TABLET <i>multivitamin/ferrous fumarate/folic acid</i>	1	QL
COMPLETENATE TABLET CHEW <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	1	
<i>cvs prenatal vitamin tablet</i>	1	QL GL Female
FOLIVANE-OB CAPSULE <i>prenatal vitamin no.15/iron fumarate,polysac comp/folic acid</i>	1	
I-VITE TABLET <i>beta-carotene(a) w-c and e/lutein/minerals</i>	1	
MEGA MULTIVIT-CHELATED MIN TAB <i>multivitamin with minerals</i>	1	QL
MEGA MULTIVITAMIN-MINERAL TAB <i>multivitamin with minerals</i>	1	QL
<i>multiple vitamin w-minerals tb</i>	1	QL
<i>multivit-fluor 0.25 mg tab chw</i>	1	QL
<i>multivit-fluor 0.25 mg tab chw</i>	1	QL
<i>multivit-fluor 0.25 mg tab chw</i>	1	QL
<i>multivit-fluor 0.25 mg tab chw</i>	1	QL
<i>multivit-fluor 0.25 mg tab chw</i>	1	QL
<i>multivit-fluor 0.5 mg tab chew</i>	1	QL
<i>multivit-fluor 0.5 mg tab chew</i>	1	QL
<i>multivit-fluor 0.5 mg tab chew</i>	1	QL
<i>multivit-fluor 0.5 mg tab chw</i>	1	
<i>multivit-fluor-iron 0.25 mg/ml</i>	1	
<i>multivit-fluor-iron 0.25 mg/ml</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multivit-fluoride 1 mg tab chw</i>	1	QL
<i>multivit-fluoride 1 mg tab chw</i>	1	QL
<i>multivit-fluoride 1 mg tab chw</i>	1	QL
<i>multivit-fluoride 1 mg tab chw</i>	1	QL
<i>multivit-iron-fl 0.25 mg/ml</i>	1	
<i>multivit-iron-fl 0.25 mg/ml</i>	1	
<i>multivit-iron-fl 0.25 mg/ml</i>	1	
<i>multivit-minerals tablet</i>	1	QL
MYNATAL ADVANCE TABLET <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>	1	QL GL Female
MYVITALIFE SOFT-GEL CAPSULE <i>multivitamin with minerals</i>	1	
OCUVITE WITH LUTEIN TABLET <i>beta-carotene(a) w-c and e/lutein/minerals</i>	1	
ONE-A-DAY MAX FORMULA TAB <i>multivitamin with minerals</i>	1	QL
<i>pnv prenatal plus multivit tab</i>	1	QL GL Female
POLY-VI-SOL DROPS <i>pediatric multivitamin no.81</i>	2	
POLY-VI-SOL WITH IRON DROPS <i>pediatric multivitamin no.80/ferrous sulfate</i>	2	
POLYVITAMIN WITH IRON TAB CHEW <i>pediatric multivitamin no.156/ferrous fumarate</i>	1	QL
PRENATABS RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL GL Female
<i>prenatal 19 tablet</i>	1	
<i>prenatal 19 tablet</i>	1	
<i>prenatal formula tablet</i>	1	QL GL Female
<i>prenatal formula tablet</i>	1	QL GL Female

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prenatal formula tablet</i>	1	QL GL Female
<i>prenatal low iron tablet</i>	1	QL GL Female
<i>prenatal one daily tablet</i>	1	QL GL Female
<i>prenatal plus iron tablet</i>	1	QL GL Female
<i>prenatal plus multivitamin tab</i>	1	QL GL Female
<i>prenatal plus tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal tablet</i>	1	QL GL Female
<i>prenatal vitamin formula tb</i>	1	QL GL Female
<i>prenatal vitamin tablet</i>	1	QL GL Female

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VINATE-M TABLET <i>prenatal vitamins with calcium/ferrous fumarate/folic ac/sel</i>	1	
VIRT-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-NATE TABLET <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>	1	
VOL-TAB RX TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	1	QL GL Female
VITAMIN A		
<i>cvs vitamin a 8,000 unit sftgl</i>	1	QL
<i>gnp vitamin a 10,000 unit sftgl</i>	1	QL
<i>ra vitamin a 10,000 unit sftgl</i>	1	QL
<i>vitamin a 10,000 unit capsule</i>	1	QL
<i>vitamin a 10,000 unit softgel</i>	1	QL
<i>vitamin a 10,000 units softgel</i>	1	QL
<i>vitamin a 25,000 units capsule</i>	1	QL
<i>vitamin a 8,000 unit capsule</i>	1	QL
<i>vitamin a 8,000 units softgel</i>	1	QL
VITAMIN B COMPLEX		
<i>b complex capsule</i>	1	
<i>b complex tablet</i>	1	
<i>b-1 100 mg tablet</i>	1	
<i>b-12 500 mcg tablet</i>	1	
<i>b-complex with b12 tablet</i>	1	
BALANCED B-100 TABLET <i>vit b complex 100 combo no.3/herbs</i>	1	
BALANCED B-100 TABLET <i>vitamin b complex</i>	1	
BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
<i>cvs folic acid 800 mcg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs vitamin b-12 1,000 mcg tab</i>	1	
<i>cvs vitamin b-6 100 mg tablet</i>	1	QL
<i>cvs vitamin b12 5,000 mcg tab</i>	1	
<i>cyanocobalamin 1,000 mcg/ml</i>	1	
DIALYVITE WITH ZINC TABLET <i>vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide</i>	1	
<i>eql b complex 100 tablet</i>	1	
<i>eql b complex 50 tablet</i>	1	
<i>eql folic acid 400 mcg tab</i>	1	QL
<i>eql vitamin b-12 1,000 mcg tab</i>	1	
<i>eql vitamin b-12 500 mcg tab</i>	1	
<i>eql vitamin b-6 100 mg tablet</i>	1	QL
FABB TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>fn vitamin b-12 1,000 mcg tab</i>	1	
FOLBIC TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>folic acid 0.4 mg tablet</i>	1	QL
<i>folic acid 0.8 mg tablet</i>	1	QL
<i>folic acid 1 mg tablet</i>	1	QL
<i>folic acid 1,000 mcg tablet</i>	1	QL
<i>folic acid 400 mcg tablet</i>	1	QL
<i>folic acid 800 mcg tablet</i>	1	QL
FOLPLEX 2.2 TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>gnp folic acid 400 mcg tablet</i>	1	QL
<i>gnp vit b-12 er 1,000 mcg tab</i>	1	
<i>gnp vitamin b-1 100 mg tablet</i>	1	
<i>gnp vitamin b-6 100 mg tablet</i>	1	QL
<i>hm folic acid 400 mcg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm vit b-12 tr 1,000 mcg tab	1	
hm vitamin b-12 500 mcg tablet	1	
hm vitamin b-6 100 mg tablet	1	QL
NEPHROCAPS SOFTGEL vitamin b complex and vitamin c no.20/folic acid	1	
pv b complex tablet	1	
pv b-12 500 mcg tablet	1	
pv b-6 50 mg tablet	1	QL
pv folic acid 400 mcg tablet	1	QL
pv folic acid 800 mcg tablet	1	QL
pv vitamin b-1 100 mg tablet	1	
pv vitamin b-12 1,000 mcg tab	1	
pv vitamin b-6 100 mg tablet	1	QL
ra b-complex tablet	1	
ra b-complex-vitamin b-12 tab	1	
RA BALANCED B-50 TABLET vitamin b complex	1	
ra folic acid 0.4 mg tablet	1	QL
ra folic acid 800 mcg tablet	1	QL
ra vit b12 1,000 mcg tab sa	1	
ra vitamin b-1 100 mg tablet	1	
ra vitamin b-12 100 mcg tablet	1	
ra vitamin b-6 100 mg tablet	1	QL
ra vitamin b-6 50 mg tablet	1	QL
ra vitamin b12 tr 1,000 mcg tb	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SM BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
<i>sm folic acid 0.4 mg tablet</i>	1	QL
<i>sm folic acid 400 mcg tablet</i>	1	QL
<i>sm vitamin b-1 100 mg tablet</i>	1	
<i>sm vitamin b-12 100 mcg tablet</i>	1	
<i>sm vitamin b-12 500 mcg tablet</i>	1	
<i>sm vitamin b-6 100 mg tablet</i>	1	QL
<i>sm vitamin b12 1,000 mcg tab</i>	1	
<i>sv folic acid 800 mcg tablet</i>	1	QL
TRIPHROCAPS SOFTGEL <i>vitamin b complex and vitamin c no.20/folic acid</i>	1	
V-R BALANCED B-50 TABLET <i>vitamin b complex</i>	1	
<i>v-r vitamin b-6 100 mg tablet</i>	1	QL
<i>v-r vitamin b-6 50 mg tab</i>	1	QL
<i>v-r vitamin b12 100 mcg tablet</i>	1	
VIRT-VITE FORTE TABLET <i>cyanocobalamin/folic acid/pyridoxine</i>	1	
<i>vitamin b complex capsule</i>	1	
<i>vitamin b complex tablet</i>	1	
<i>vitamin b complex tablet</i>	1	
<i>vitamin b-1 100 mg tablet</i>	1	
<i>vitamin b-1 100 mg tablet</i>	1	
<i>vitamin b-12 1,000 mcg tab sl</i>	1	
<i>vitamin b-12 1,000 mcg tablet</i>	1	
<i>vitamin b-12 100 mcg tablet</i>	1	
<i>vitamin b-12 500 mcg tablet</i>	1	
<i>vitamin b-12 er 1,000 mcg tab</i>	1	
<i>vitamin b-12 tr 1,000 mcg tab</i>	1	
<i>vitamin b-2 100 mg tablet</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin b-2 25 mg tablet</i>	2	
<i>vitamin b-2 50 mg tablet</i>	2	
<i>vitamin b-6 100 mg tablet</i>	1	QL
<i>vitamin b-6 25 mg tablet</i>	1	QL
<i>vitamin b-6 50 mg tablet</i>	1	QL
<i>vitamin b12 1,000 mcg tab sa</i>	1	
<i>vitamin b12 50 mcg tablet</i>	1	
<i>vitamin b12 500 mcg tablet</i>	1	
VOL-CARE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	1	
VITAMIN C		
<i>ascorbic acid 250 mg tablet</i>	1	QL
<i>ascorbic acid 500 mg tablet</i>	1	QL
<i>c-1,000 mg tablet sa</i>	1	QL
<i>cvs vitamin c 1,000 mg caplet</i>	1	QL
<i>cvs vitamin c 1,000 mg tablet</i>	1	QL
<i>cvs vitamin c 500 mg caplet</i>	1	QL
<i>cvs vitamin c 500 mg tablet</i>	1	QL
<i>eql vit c-rose hips 500 mg tab</i>	1	QL
<i>eql vitamin c 1,000 mg tablet</i>	1	QL
<i>eql vitamin c 500 mg chew tab</i>	1	QL
<i>eql vitamin c 500 mg tab chew</i>	1	QL
<i>eql vitamin c 500 mg tablet</i>	1	QL
<i>gnp vitamin c 1,000 mg tablet</i>	1	QL
<i>gnp vitamin c 250 mg tablet</i>	1	QL
<i>gnp vitamin c 500 mg tab chew</i>	1	QL
<i>gnp vitamin c 500 mg tablet</i>	1	QL
<i>gnp vitamin c er 500 mg tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm vitamin c 1,000 mg tablet</i>	1	QL
<i>hm vitamin c 500 mg caplet</i>	1	QL
<i>hm vitamin c 500 mg tab chew</i>	1	QL
<i>hm vitamin c tr 500 mg tablet</i>	1	QL
<i>pv vitamin c 1,000 mg tablet</i>	1	QL
<i>pv vitamin c 250 mg tab chew</i>	1	QL
<i>pv vitamin c 500 mg tablet</i>	1	QL
<i>pv vitamin c tr 500 mg tablet</i>	1	QL
<i>ra vit c-rose hips 500 mg tab</i>	1	QL
<i>ra vitamin c 1,000 mg tab sa</i>	1	QL
<i>ra vitamin c 1,000 mg tablet</i>	1	QL
<i>ra vitamin c 250 mg tablet</i>	1	QL
<i>ra vitamin c 500 mg chew tab</i>	1	QL
<i>ra vitamin c 500 mg tab chew</i>	1	QL
<i>ra vitamin c 500 mg tablet</i>	1	QL
<i>ra vitamin c tr 500 mg caplet</i>	1	QL
<i>sm vit c 500 mg tablet chew</i>	1	QL
<i>sm vitamin c 1,000 mg tablet</i>	1	QL
<i>sm vitamin c 250 mg tablet</i>	1	QL
<i>sm vitamin c 500 mg caplet</i>	1	QL
<i>sm vitamin c 500 mg tablet</i>	1	QL
<i>sm vitamin c tr 500 mg tablet</i>	1	QL
SOOTHING PUREWAY-C 500 MG TAB <i>ascorbic acid</i>	1	QL
<i>sv vitamin c 500 mg tab chew</i>	1	QL
<i>v-r vit c 250 mg tablet chew</i>	1	QL
<i>v-r vit c 500 mg tablet chew</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
v-r vitamin c 1,000 mg tablet	1	QL
v-r vitamin c 500 mg caplet	1	QL
v-r vitamin c 500 mg tablet	1	QL
v-r vitamin c tr 500 mg caplet	1	QL
vitamin c 1,000 mg caplet	1	QL
vitamin c 1,000 mg tablet	1	QL
vitamin c 100 mg tablet	1	QL
vitamin c 250 mg tablet	1	QL
vitamin c 250 mg tablet chew	1	QL
vitamin c 500 mg caplet	1	QL
vitamin c 500 mg chew tablet	1	QL
vitamin c 500 mg tablet	1	QL
vitamin c 500 mg tablet	1	QL
vitamin c 500 mg tablet chew	1	QL
vitamin c 500 mg/15 ml liquid	1	
vitamin c 500 mg/5 ml liquid	1	
vitamin c tr 1,000 mg tablet	1	QL
vitamin c tr 500 mg caplet	1	QL
vitamin c tr 500 mg tablet	1	QL
vitamin c-500 mg tablet	1	QL
vitamin c-500 mg tablet chew	1	QL
VITAMIN D		
calcitriol 0.25 mcg capsule	1	QL
calcitriol 0.5 mcg capsule	1	QL
calcitriol 1 mcg/ml solution	1	QL
cvr vitamin d3 1,000 unit sfgl	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs vitamin d3 2,000 unit sfgl</i>	1	
<i>d3-50 50,000 units capsule</i>	1	
<i>ergocalciferol 8,000 units/ml</i>	1	QL
<i>gnp vitamin d3 1,000 unit tab</i>	1	QL
<i>gnp vitamin d3 2,000 unit tab</i>	1	
<i>gnp vitamin d3 400 unit tablet</i>	1	QL
<i>hm vitamin d3 1,000 unit tab</i>	1	QL
<i>hm vitamin d3 2,000 unit sftgl</i>	1	
<i>hm vitamin d3 400 unit tablet</i>	1	QL
<i>pv vitamin d3 1,000 unit tab</i>	1	QL
<i>pv vitamin d3 2,000 unit sftgl</i>	1	
<i>pv vitamin d3 2,000 unit tab</i>	1	
<i>pv vitamin d3 400 unit tablet</i>	1	QL
<i>ra vitamin d3 1,000 unit tab</i>	1	QL
<i>ra vitamin d3 2,000 unit sfgl</i>	1	
<i>ra vitamin d3 2,000 unit sftgl</i>	1	
<i>sm vitamin d3 1,000 unit tab</i>	1	QL
<i>sm vitamin d3 2,000 unit sftgl</i>	1	
<i>sm vitamin d3 400 unit tablet</i>	1	QL
<i>sv vitamin d3 1,000 unit sftgl</i>	1	QL
<i>vit d2 1.25 mg (50,000 unit)</i>	1	QL
<i>vitamin d-400 tablet</i>	1	QL
<i>vitamin d2 400 unit tablet</i>	1	
<i>vitamin d3 1,000 unit softgel</i>	1	QL
<i>vitamin d3 1,000 unit tablet</i>	1	QL
<i>vitamin d3 2,000 unit softgel</i>	1	QL
<i>vitamin d3 2,000 unit tablet</i>	1	
<i>vitamin d3 400 unit tablet</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin d3 400 unit/ml drop</i>	1	
<i>vitamin d3 50,000 units caps</i>	1	
VITAMIN E		
<i>cvb vitamin e 1,000 units cap</i>	1	QL
<i>cvb vitamin e 400 unit capsule</i>	1	QL
<i>cvb vitamin e 400 unit softgel</i>	1	QL
<i>eql vitamin e 1,000 unit sftgl</i>	1	QL
<i>eql vitamin e 400 unit softgel</i>	1	QL
<i>gnp vitamin e 200 unit softgel</i>	1	QL
<i>gnp vitamin e 400 unit softgel</i>	1	QL
<i>gnp vitamin e 400 unit softgel</i>	1	QL
<i>hm vitamin e 400 unit softgel</i>	1	QL
<i>hm vitamin e 400 unit softgel</i>	1	QL
<i>pv vitamin e 1,000 unit sftgl</i>	1	QL
<i>pv vitamin e 1,000 units sftgl</i>	1	QL
<i>pv vitamin e 1,000 units sftgl</i>	1	QL
<i>pv vitamin e 400 unit softgel</i>	1	QL
<i>pv vitamin e 400 unit softgel</i>	1	QL
<i>pv vitamin e 400 unit softgel</i>	1	QL
<i>ra vitamin e 1,000 units sftgl</i>	1	QL
<i>ra vitamin e 200 unit softgel</i>	1	QL
<i>ra vitamin e 400 unit softgel</i>	1	QL
<i>sm vitamin e 1,000 unit sftgl</i>	1	QL
<i>sm vitamin e 1,000 unit sftgl</i>	1	QL
<i>sm vitamin e 200 unit softgel</i>	1	QL
<i>sm vitamin e 200 unit softgel</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm vitamin e 400 unit capsule</i>	1	QL
<i>sm vitamin e 400 unit softgel</i>	1	QL
<i>sm vitamin e 400 unit softgel</i>	1	QL
<i>sv vitamin e 1,000 unit sftgel</i>	1	QL
<i>sv vitamin e 400 unit softgel</i>	1	QL
<i>v-r vitamin e 1,000 units sftg</i>	1	QL
<i>v-r vitamin e 400 unit capsule</i>	1	QL
<i>v-r vitamin e 400 unit softgel</i>	1	QL
<i>vitamin e 1,000 unit softgel</i>	1	QL
<i>vitamin e 1,000 unit softgel</i>	1	QL
<i>vitamin e 1,000 units capsule</i>	1	QL
<i>vitamin e 1,000 units capsule</i>	1	QL
<i>vitamin e 1,000 units capsule</i>	1	QL
<i>vitamin e 1,000 units softgel</i>	1	QL
<i>vitamin e 1,000 units softgel</i>	1	QL
<i>vitamin e 100 unit capsule</i>	1	QL
<i>vitamin e 100 unit softgel</i>	1	QL
<i>vitamin e 200 unit capsule</i>	1	QL
<i>vitamin e 200 unit capsule</i>	1	QL
<i>vitamin e 200 unit softgel</i>	1	QL
<i>vitamin e 200 unit softgel</i>	1	QL
<i>vitamin e 200 unit softgel</i>	1	QL
<i>vitamin e 200 units capsule</i>	1	QL
<i>vitamin e 400 unit capsule</i>	1	QL
<i>vitamin e 400 unit capsule</i>	1	QL
<i>vitamin e 400 unit capsule</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin e 400 unit capsule</i>	1	QL
<i>vitamin e 400 unit softgel</i>	1	QL
<i>vitamin e 400 unit softgel</i>	1	QL
<i>vitamin e 400 unit softgel</i>	1	QL
<i>vitamin e 600 unit capsule</i>	1	QL
VITAMIN K ACTIVITY		
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	2	QL

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