

METROPLUSHEALTH CHILD HEALTH PLUS FORMULARY



MetroPlus Health Formulary for Child Health Plus (CHP)

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INTRODUCTION

We are pleased to provide the ***MetroPlusHealth Formulary*** as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by either a drug class or disease state. All drugs listed were selected to be on this formulary. Brand-name drugs are capitalized. Generic drugs are listed in lower-case italics. This formulary document lists all dosages, strengths and formulations of each drug that is covered.

Drugs, dosages, strengths, and formulations not listed are considered non-formulary. MetroPlusHealth only covers drugs from manufacturers participating in the Federal Medicaid drug rebate program.

Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Generic medications typically

are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence and has determined the generic is therapeutically equivalent to the reference 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 prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

OVER-THE-COUNTER DRUG COVERAGE

MetroPlusHealth covers selected over the counter (OTC) products. You are encouraged to prescribe them when clinically appropriate. Not every OTC item made by every manufacturer is covered. Furthermore, not all formulations and/or package sizes are covered. Quantities may also be limited based on acute/episodic vs. chronic/maintenance uses. For the most up-to-date list of covered OTC products, please refer to [Medicaid Pharmacy List of Reimbursable Drugs](#).

OPIOID DRUG MANAGEMENT

MetroPlusHealth limits "new" opioid analgesic prescriptions to a 7-day supply per New York State Public Law Section 3331,5. (b), (c). A new prescription means that a patient has not had an opioid medication filled under MetroPlusHealth in the preceding 90 days or had one short-acting opioid at < 50 morphine milligram equivalents (MME) per day in the previous 90 days. New prescriptions for more than 7-day supply will require Prior Authorization. For your reference, medications which are subject to this limitation are identified in the document by **7 DS**.

The quantity of opioid products covered (including those that are combined with acetaminophen, aspirin or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MMEs) per day based on a 30-day supply. Members may be subject to additional quantity restrictions, including a limit of 90 days of treatment per 365 days.

For additional information regarding the New York State requirements for opioid prescribing, please visit the New York State Department of Health Bureau of [Narcotic Enforcement](#).

OPIOID SUBSTANCE USE DISORDER AGENTS

Effective October 1, 2021, opioid substance use disorder medication coverage is dictated by the New York State Department of Health Single Statewide Medication Assisted Treatment (MAT) Formulary. For more information and a list of medications, please visit MAT Statewide Formulary [List of Medication Assisted Treatment Agents](#)

SPECIALTY GUIDELINE MANAGEMENT

SGM is our utilization management program that helps ensure appropriate utilization for specialty medication based on currently accepted evidence-based medicine guidelines. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as **SGM** for your reference. Prescribers may call 1-866-814-5506 to enroll patients in Specialty Guideline Management.

PLAN DESIGN

This document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Prior Authorization, Quantity Limits, Step Therapy, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary

exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Drugs that require a Prior Authorization are indicated in the document by **PA**. If a drug requiring prior authorization is desired for medical management of a patient, the [General Medication Prior Authorization Form](#) can be found on the MetroPlusHealth website.

Drugs that require Step Therapy authorization for coverage are indicated with **ST**. Step Therapy requires that drugs be used in a specific prescribing order.

Drugs that have dispensing quantity limitation are indicated in the document by **QL** along with the limits noted in the parentheses. Drugs are designated with a QL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns.

The Quantity Limit program provides for a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *MetroPlusHealth Formulary* have quantity limits based upon the dosage described in product labeling.

NEW YORK MEDICAID FORMULARY

Please visit the [New York State Medicaid Managed Care \(MMC\) Pharmacy Benefit Information Center](#) to view the *MetroPlusHealth Formulary*. This New York Department of Health (MDH) sponsored site contains the formularies of all the Managed Care Organizations (MCO) and is updated frequently.

LEGEND

Abbreviation	Definition
7 DS	First fill limit of 7 days if opioid-naïve
PA	Prior Authorization
QL	Quantity Limit
SGM	Specialty Guideline Management
ST	Step Therapy

NOTICE

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Please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for client notification.

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Drug Name Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (30 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 10mg</i>	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	QL (120 tabs every 30 days)
<i>zenzedi tabs 5mg, 10mg</i>	QL (120 tabs every 30 days)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	ST, QL (120 caps every 30 days)
<i>atomoxetine hcl caps 40mg</i>	ST, QL (60 caps every 30 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	ST, QL (30 caps every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	ST

STIMULANTS - MISC.

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	QL (60 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	ST, QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg</i>	ST, QL (30 caps every 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	QL (60 caps every 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	QL (30 caps every 30 days)

Drug Name	Requirements/Limits
<i>methylphenidate hcl soln 5mg/5ml</i>	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 5mg</i>	QL (210 tabs every 30 days)
<i>methylphenidate hcl tabs 10mg; tb24 27mg</i>	QL (180 tabs every 30 days)
<i>methylphenidate hcl tabs 20mg; tb24 18mg; tbcr 10mg, 20mg</i>	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 36mg; tbcr 18mg, 27mg, 36mg</i>	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbcr 54mg</i>	QL (30 tabs every 30 days)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tabs 500mg</i>	
<i>streptomycin sulfate solr 1gm</i>	
TOBI PODHALER CAPS 28mg	SGM, PA, QL (240 caps every 30 days)
<i>tobramycin nebu 300mg/5ml</i>	SGM, PA, QL (280 ampules every 28 days)

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.8ml	SGM, PA, QL (2 injections every 28 days)
HUMIRA PSKT 40mg/0.4ml	SGM, PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	SGM, PA, QL (2 injections every 28 days)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	SGM, PA, QL (3 injections every 28 days)
HUMIRA PEN PNKT 40mg/0.4ml	SGM, PA, QL (4 pens every 28 days)
HUMIRA PEN PNKT 40mg/0.8ml	SGM, PA, QL (2 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	SGM, PA, QL (6 pens every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	SGM, PA, QL (4 pens every 28 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOLN 1mg/ml	SGM, PA, QL (240 mL every 24 days)
XELJANZ TABS 5mg, 10mg	SGM, PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11mg, 22mg	SGM, PA, QL (30 tabs every 30 days)

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO SOAJ 20mg/0.4ml	SGM, PA, QL (1 injection every 28 days)
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Drug Name	Requirements/Limits
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	SGM, PA, QL (2 pens every 28 days)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	SGM, PA, QL (2 syringes every 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	PA
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	PA
<i>diclofenac potassium caps 25mg; tabs 25mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	
<i>ec-naproxen tbec 375mg, 500mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	
<i>flurbiprofen tabs 50mg, 100mg</i>	
<i>ibu tabs 400mg, 600mg, 800mg</i>	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	
<i>ketorolac tromethamine soln 30mg/ml, 60mg/2ml</i>	
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 tabs every 30 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	
<i>mefenamic acid caps 250mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 275mg, 550mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>piroxicam caps 10mg, 20mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TAB 10/20/30	SGM, PA, QL (1 starter pack every 28 days)
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide tabs 10mg, 20mg</i>	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SOSY 25mg/0.5ml	SGM, PA, QL (8 syringes every 28 days)
ENBREL SOSY 50mg/ml	SGM, PA, QL (4 syringes every 28 days)

Drug Name	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	SGM, PA, QL (4 pens every 28 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac</i>	QL (48 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	QL (48 caps every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	QL (48 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (48 caps every 30 days)
<i>esgic</i>	QL (48 caps every 30 days)
<i>zebital</i>	QL (48 caps every 30 days)

SALICYLATES

<i>aspirin tbec 81mg</i>
<i>diflunisal tabs 500mg</i>

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	QL (180 tabs every 30 days); 7 DS
<i>methadone hcl tabs 5mg, 10mg</i>	PA
<i>morphine sulfate soln 10mg/0.5ml, 20mg/ml, 100mg/5ml</i>	QL (180 mL every 30 days); 7 DS
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	QL (900 mL every 30 days); 7 DS
<i>morphine sulfate tabs 15mg, 30mg</i>	QL (180 tabs every 30 days); 7 DS
<i>morphine sulfate tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	PA
<i>oxycodone hcl caps 5mg</i>	QL (180 caps every 30 days); 7 DS
<i>oxycodone hcl conc 100mg/5ml</i>	QL (180 mL every 30 days); 7 DS
<i>oxycodone hcl soln 5mg/5ml</i>	QL (900 mL every 30 days); 7 DS
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL (180 tabs every 30 days); 7 DS
<i>tramadol hcl tabs 50mg</i>	QL (240 tabs every 30 days); 7 DS
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	PA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL every 30 days); 7 DS
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs every 30 days); 7 DS

Drug Name	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	7 DS
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs every 30 days); 7 DS
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	QL (300 caps every 30 days); 7 DS
<i>endocet</i>	7 DS
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs every 30 days); 7 DS
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs every 30 days); 7 DS
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs every 30 days); 7 DS
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	7 DS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	7 DS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs every 30 days); 7 DS
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs every 30 days); 7 DS
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (40 tabs every 30 days); 7 DS

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl subl 2mg</i>	QL (8 tabs every 90 days)
<i>buprenorphine hcl subl 8mg</i>	QL (6 tabs every 90 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (60 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (90 tabs every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 tabs every 30 days)

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol caps 50mg, 100mg, 200mg</i>	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
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Drug Name	Requirements/Limits
RECTAL STEROIDS	
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	
<i>procto-med hc crea 2.5%</i>	
<i>proctosol hc crea 2.5%</i>	
<i>proctozone-hc crea 2.5%</i>	
ANTHELMINTICS	
ANTHELMINTICS	
<i>EMVERM CHEW 100mg</i>	QL (12 tabs every year)
<i>ivermectin tabs 3mg</i>	PA
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>trimethoprim tabs 100mg</i>	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>sulfatrim pediatric</i>	
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750mg/5ml</i>	ST
GLYCOPEPTIDES	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL (80 caps every 10 days)
LEPROSTATICS	
<i>dapsone tabs 25mg, 100mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl caps 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	
OXAZOLIDINONES	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	PA
<i>LINEZOLID INJ 2MG/ML</i>	PA
<i>ZYVOX SOLN 200mg/100ml</i>	PA
URINARY ANTI-INFECTIVES	
<i>nitrofurantoin susp 25mg/5ml</i>	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro caps 100mg</i>	
ANTIANGINAL AGENTS	
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	

Drug Name	Requirements/Limits
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-BID OINT 2%</i>	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	
<i>nitro-time cpcr 2.5mg, 6.5mg, 9mg</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; subl .3mg, .4mg, .6mg</i>	

ANTIANGXIETY AGENTS

ANTIANGXIETY AGENTS - MISC.

<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	

BENZODIAZEPINES

<i>alprazolam tabs 2mg; tbdp 2mg</i>	QL (60 tabs every 30 days)
<i>alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg</i>	QL (90 tabs every 30 days)
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	QL (360 caps every 30 days)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	PA, QL (120 tabs every 30 days)
<i>diazepam conc 5mg/ml</i>	QL (240 mL every 30 days)
<i>diazepam soln 5mg/5ml</i>	QL (1200 mL every 30 days)
<i>diazepam tabs 2mg, 5mg, 10mg</i>	QL (120 tabs every 30 days)
<i>lorazepam conc 2mg/ml</i>	QL (150 mL every 30 days)
<i>lorazepam soln 2mg/ml, 4mg/ml</i>	
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL (150 tabs every 30 days)
<i>oxazepam caps 10mg, 15mg, 30mg</i>	QL (120 caps every 30 days)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>NORPACE CR CP12 100mg, 150mg</i>	
<i>quinidine sulfate tabs 200mg, 300mg</i>	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg</i>	
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	

Drug Name	Requirements/Limits
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tabs 200mg, 400mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SGM, PA
<i>pacerone tabs 200mg, 400mg</i>	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium nebu 20mg/2ml</i>	QL (240 each every 30 days)
ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA SOSY 30mg/ml	SGM, PA, QL (1 injection every 56 days)
FASENRA PEN SOAJ 30mg/ml	SGM, PA, QL (1 pen every 56 days)
XOLAIR SOLR 150mg	SGM, PA, QL (8 vials every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	QL (3 inhalers every 90 days)
<i>ipratropium bromide soln .02%</i>	QL (919 mL every 90 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	QL (3 inhalers every 90 days)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
<i>zafirlukast tabs 10mg, 20mg</i>	
STERIOD INHALANTS	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	QL (3 inhalers every 90 days)
ASMANEX HFA AERO 100mcg/act, 200mcg/act	QL (3 inhalers every 90 days)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh, 220mcg/inh	QL (3 inhalers every 90 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	QL (3 inhalers every 90 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	QL (3 inhalers every 90 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	QL (180 mL every 90 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	QL (360 mL every 90 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	QL (540 mL every 90 days)
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	QL (3 inhalers every 90 days)
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	QL (3 inhalers every 90 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	QL (3 inhalers every 90 days)

Drug Name	Requirements/Limits
SYMPATHOMIMETICS	
<i>albuterol sulfate aers 108mcg/act</i>	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	QL (120 mL every 30 days)
ALBUTEROL SULFATE NEBU .5%	QL (120 mL every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	QL (375 mL every 30 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	
ANORO ELLIPT AER 62.5-25	QL (1 inhaler every 30 days)
<i>breyana</i>	QL (4 inhalers every 90 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (4 inhalers every 90 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (4 inhalers every 90 days)
COMBIVENT AER 20-100	QL (2 inhalers every 30 days)
DULERA AER 50-5MCG	QL (4 inhalers every 90 days)
DULERA AER 100-5MCG	QL (4 inhalers every 90 days)
DULERA AER 200-5MCG	QL (4 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (3 inhalers every 90 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (540 mL every 30 days)
PROAIR RESPICLICK AEPB 108mcg/act	QL (2 inhalers every 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	QL (3 inhalers every 90 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	
TRELEGY AER 100MCG	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	QL (1 inhaler every 30 days)
VENTOLIN HFA AERS 108mcg/act	QL (2 inhalers every 30 days)
<i>wixela inhub</i>	QL (3 inhalers every 90 days)
XANTHINES	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
<i>theophylline tb12 100mg, 200mg</i>	

Drug Name	Requirements/Limits
ANTICOAGULANTS	
COUMARIN ANTICOAGULANTS	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
DIRECT FACTOR XA INHIBITORS	
<i>ELIQUIS TABS 2.5mg, 5mg</i>	
<i>ELIQUIS STARTER PACK TBPk 5mg</i>	
<i>XARELTO TABS 2.5mg, 10mg, 15mg, 20mg</i>	
HEPARINS AND HEPARINOID-LIKE AGENTS	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml</i>	
ANTICONSULSANTS	
ANTICONSULSANTS - BENZODIAZEPINES	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
ANTICONSULSANTS - MISC.	
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
<i>epitol tabs 200mg</i>	
<i>gabapentin caps 100mg</i>	QL (1080 caps every 30 days)
<i>gabapentin caps 300mg</i>	QL (360 caps every 30 days)
<i>gabapentin caps 400mg</i>	QL (270 caps every 30 days)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	QL (2100 mL every 30 days)
<i>gabapentin tabs 600mg</i>	QL (180 tabs every 30 days)
<i>gabapentin tabs 800mg</i>	QL (120 tabs every 30 days)
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	

Drug Name	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	
<i>OXTELLAR XR TB24 150mg, 300mg, 600mg</i>	PA
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg</i>	PA, QL (120 caps every 30 days)
<i>pregabalin caps 200mg</i>	PA, QL (90 caps every 30 days)
<i>pregabalin caps 225mg, 300mg</i>	PA, QL (60 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	PA, QL (900 mL every 30 days)
<i>primidone tabs 50mg, 250mg</i>	
<i>roweepra tabs 500mg</i>	
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>TEGRETOL SUSP 100mg/5ml; TABS 200mg</i>	
<i>TEGRETOL-XR TB12 100mg, 200mg, 400mg</i>	
<i>topiramate cpsp 15mg, 25mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	
CARBAMATES	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
GABA MODULATORS	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>vigabatrin pack 500mg</i>	SGM, PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	SGM, PA, QL (180 tabs every 30 days)
<i>vigadrone pack 500mg</i>	SGM, PA, QL (180 packets every 30 days)
<i>vigadrone tabs 500mg</i>	SGM, PA, QL (180 tabs every 30 days)
HYDANTOINS	
<i>DILANTIN CAPS 30mg, 100mg</i>	
<i>DILANTIN INFATABS CHEW 50mg</i>	
<i>DILANTIN-125 SUSP 125mg/5ml</i>	
<i>PHENYTEK CAPS 200mg, 300mg</i>	
<i>phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml</i>	
<i>phenytoin sodium soln 50mg/ml</i>	

Drug Name	Requirements/Limits
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	
SUCCINIMIDES	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>methsuximide caps 300mg</i>	
<i>ZARONTIN CAPS 250mg; SOLN 250mg/5ml</i>	
VALPROIC ACID	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
<i>valproate sodium soln 100mg/ml, 250mg/5ml, 500mg/5ml</i>	
<i>valproic acid caps 250mg</i>	
ANTIDEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	
ANTIDEPRESSANTS - MISC.	
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	
MONOAMINE OXIDASE INHIBITORS (MAOIS)	
<i>MARPLAN TABS 10mg</i>	
<i>phenelzine sulfate tabs 15mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
SEROTONIN MODULATORS	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	PA
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>	

Drug Name	Requirements/Limits
TRICYCLIC AGENTS	
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>protriptyline hcl tabs 5mg, 10mg</i>	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tabs 25mg, 50mg, 100mg

ANTI-DIABETIC COMBINATIONS

alogliptin-metformin hcl tab 12.5-500 mg ST

alogliptin-metformin hcl tab 12.5-1000 mg ST

alogliptin-pioglitazone tab 12.5-30 mg ST

alogliptin-pioglitazone tab 25-15 mg ST

alogliptin-pioglitazone tab 25-30 mg ST

alogliptin-pioglitazone tab 25-45 mg ST

glipizide-metformin hcl tab 2.5-250 mg

glipizide-metformin hcl tab 2.5-500 mg

glipizide-metformin hcl tab 5-500 mg

pioglitazone hcl-glimepiride tab 30-2 mg

pioglitazone hcl-glimepiride tab 30-4 mg

pioglitazone hcl-metformin hcl tab 15-500 mg

pioglitazone hcl-metformin hcl tab 15-850 mg

SEGLUROMET TAB 2.5-500 ST

SEGLUROMET TAB 2.5-1000 ST

SEGLUROMET TAB 7.5-500 ST

SEGLUROMET TAB 7.5-1000 ST

BIGUANIDES

metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3mg/dose QL (2 doses every 30 days)

BAQSIMI TWO PACK POWD 3mg/dose QL (2 doses every 30 days)

GLUCAGEN HYPOKIT SOLR 1mg

glucagon (rdna) kit 1mg

Drug Name	Requirements/Limits
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	QL (2 injections every 30 days)
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	QL (2 injections every 30 days)
GVOKE KIT SOLN 1mg/0.2ml	QL (2 vials every 30 days)
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	QL (2 syringes every 30 days)

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	ST
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INCRETIN MIMETIC AGENTS

OZEMPIC SOPN 2mg/3ml, 4mg/3ml	ST, QL (1 pen every 28 days)
OZEMPIC INJ 8MG/3ML	ST, QL (1 pen every 28 days)
RYBELSUS TABS 3mg, 7mg, 14mg	ST
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	ST, QL (4 pens every 28 days)
VICTOZA SOPN 18mg/3ml	ST

INSULIN

ADMELOG SOLN 100unit/ml
ADMELOG SOLOSTAR SOPN 100unit/ml
BASAGLAR KWIKPEN SOPN 100unit/ml
HUMALOG MIX INJ 50/50
HUMALOG MIX INJ 50/50KWP
HUMALOG MIX INJ 75/25KWP
HUMALOG MIX SUS 75/25
HUMULIN INJ 70/30
HUMULIN INJ 70/30KWP
HUMULIN N SUSP 100unit/ml
HUMULIN N KWIKPEN SUPN 100unit/ml
HUMULIN R SOLN 100unit/ml
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml
INSULIN GLARGINE SOLN 100unit/ml; SOPN 100unit/ml
INSULIN LISP INJ PROTAMIN
NOVOLIN INJ 70/30
NOVOLIN INJ 70/30 FP
NOVOLIN N SUSP 100unit/ml
NOVOLIN N FLEXPEN SUPN 100unit/ml
NOVOLIN R SOLN 100unit/ml
NOVOLIN R FLEXPEN SOPN 100unit/ml
NOVOLOG MIX INJ 70/30
NOVOLOG MIX INJ FLEXPEN

Drug Name	Requirements/Limits
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
MEGLITINIDE ANALOGUES	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
JARDIANCE TABS 10mg, 25mg	PA; Covered for cardiovascular indication
STEGLATRO TABS 5mg, 15mg	ST
SULFONYLUREAS	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>loperamide hcl caps 2mg</i>	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	SGM, PA
OPIOID ANTAGONISTS	
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; soty 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380mg	SGM, QL (1 injection every 28 days)
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl tabs 1mg</i>	QL (6 tabs every 15 days)
<i>ondansetron tbdp 4mg, 8mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml; soty 4mg/2ml</i>	
<i>ondansetron hcl soln 4mg/5ml</i>	QL (100 mL every 15 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tabs 24mg</i>	QL (1 tab every 15 days)
ANTIEMETICS - ANTICHOLINERGIC	
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	
ANTIEMETICS - MISCELLANEOUS	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	QL (60 caps every 30 days)

Drug Name	Requirements/Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	PA
<i>fosaprepitant dimeglumine solr 150mg</i>	PA
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125mg/5ml</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	QL (90 tabs every year)
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>itraconazole caps 100mg</i>	PA, QL (120 caps every 30 days)
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA
ANTIHIISTAMINES	
ANTIHIISTAMINES - ETHANOLAMINES	
<i>carbinoxamine maleate soln 4mg/5ml</i>	
<i>clemastine fumarate syrp .67mg/5ml; tabs 2.68mg</i>	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	
ANTIHIISTAMINES - NON-SEDATING	
<i>cetirizine hcl soln 1mg/ml</i>	
ANTIHIISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	
ANTIHIISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
ANTIHYPERLIPIDEMICS	
ANTIHYPERLIPIDEMICS - MISC.	
<i>icosapent ethyl caps .5gm, 1gm</i>	PA
BILE ACID SEQUESTRANTS	
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
<i>prevalite pack 4gm; powd 4gm/dose</i>	
FIBRIC ACID DERIVATIVES	
<i>choline fenofibrate cpdr 45mg, 135mg</i>	
<i>fenofibrate caps 50mg; tabs 48mg, 54mg, 145mg, 160mg</i>	

Drug Name	Requirements/Limits
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<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	
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<i>fenofibric acid tabs 35mg, 105mg</i>	
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<i>gemfibrozil tabs 600mg</i>	
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HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
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<i>lovastatin tabs 10mg, 20mg, 40mg</i>	
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<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
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<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	ST, QL (30 tabs every 30 days)
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<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
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INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tabs 10mg</i>	
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	
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PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA SOSY 140mg/ml	SGM, PA, QL (2 syringes every 28 days)
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REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	SGM, PA, QL (1 cartridge every 28 days)
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REPATHA SURECLICK SOAJ 140mg/ml	SGM, PA, QL (2 pens every 28 days)
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ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
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<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
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<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	
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<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	
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<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
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<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
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<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
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<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
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<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
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<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
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ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
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<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
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<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
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<i>guanfacine hcl tabs 1mg, 2mg</i>	
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Drug Name	Requirements/Limits
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<i>methyldopa tabs 250mg, 500mg</i>	
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<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	
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<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
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ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
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<i>amlodipine besylate-valsartan tab 5-160 mg</i>	
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<i>amlodipine besylate-valsartan tab 5-320 mg</i>	
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<i>amlodipine besylate-valsartan tab 10-160 mg</i>	
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<i>amlodipine besylate-valsartan tab 10-320 mg</i>	
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<i>atenolol & chlorthalidone tab 50-25 mg</i>	
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<i>atenolol & chlorthalidone tab 100-25 mg</i>	
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<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
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<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
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<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
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<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
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<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
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<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
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<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
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<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
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<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
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<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	
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<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
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<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
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<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
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<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
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<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
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<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
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<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
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<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
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<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
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Drug Name	Requirements/Limits
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<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
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<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
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<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
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<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
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<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
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SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

<i>eplerenone tabs 25mg, 50mg</i>	
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VASODILATORS

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
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<i>minoxidil tabs 2.5mg, 10mg</i>	
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ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	QL (23 tabs every 180 days)
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<i>atovaquone-proguanil hcl tab 250-100 mg</i>	QL (23 tabs every 180 days)
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ANTIMALARIALS

<i>chloroquine phosphate tabs 250mg, 500mg</i>	QL (8 tabs every 180 days)
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DARAPRIM TABS 25mg	PA
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<i>hydroxychloroquine sulfate tabs 200mg</i>	
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<i>mefloquine hcl tabs 250mg</i>	QL (8 tabs every 180 days)
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<i>pyrimethamine tabs 25mg</i>	PA
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ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	
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ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tabs 100mg, 400mg</i>	
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<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	
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<i>pyrazinamide tabs 500mg</i>	
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<i>rifabutin caps 150mg</i>	
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<i>rifampin caps 150mg, 300mg; solr 600mg</i>	
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	
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CYCLOPHOSPHAMIDE TABS 25mg, 50mg	
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LEUKERAN TABS 2mg	
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Drug Name	Requirements/Limits
<i>melfalan tabs 2mg</i>	
MYLERAN TABS 2mg	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	SGM, PA
ANTIMETABOLITES	
<i>capecitabine tabs 150mg, 500mg</i>	SGM, PA
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium soln 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg</i>	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	
INLYTA TABS 1mg	SGM, PA, QL (240 tabs every 30 days)
INLYTA TABS 5mg	SGM, PA, QL (120 tabs every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	SGM, PA, QL (30 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	SGM, PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	SGM, PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	SGM, PA, QL (90 caps every 30 days)
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TABS 10mg, 50mg	SGM, PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100mg	SGM, PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	SGM, PA, QL (1 starter pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS	
<i>erlotinib hcl tabs 25mg</i>	SGM, PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	SGM, PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	
ERIVEDGE CAPS 150mg	SGM, PA, QL (30 caps every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
<i>exemestane tabs 25mg</i>	
FIRMAGON SOLR 80mg, 120mg/vial	SGM, PA
<i>flutamide caps 125mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	PA
<i>letrozole tabs 2.5mg</i>	

Drug Name	Requirements/Limits
<i>leuprolide acetate kit 1mg/0.2ml</i>	SGM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	SGM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	SGM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	SGM, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	SGM, PA
LYSODREN TABS 500mg	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	SGM, PA
ZOLADEX IMPL 3.6mg, 10.8mg	SGM, PA

ANTINEOPLASTIC ENZYME INHIBITORS

BOSULIF TABS 100mg	SGM, PA, QL (90 tabs every 30 days)
BOSULIF TABS 500mg	SGM, PA, QL (30 tabs every 30 days)
CABOMETYX TABS 20mg, 40mg, 60mg	SGM, PA, QL (30 tabs every 30 days)
CAPRELSA TABS 100mg	SGM, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300mg	SGM, PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20mg	SGM, PA, QL (4 kits every 28 days)
COMETRIQ KIT 100MG	SGM, PA, QL (4 kits every 28 days)
COMETRIQ KIT 140MG	SGM, PA, QL (4 kits every 28 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	SGM, PA, QL (30 tabs every 30 days)
IBRANCE CAPS 75mg, 100mg, 125mg	SGM, PA, QL (30 caps every 30 days)
ICLUSIG TABS 15mg, 45mg	SGM, PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	SGM, PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	SGM, PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 140mg	SGM, PA, QL (90 caps every 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	SGM, PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	SGM, PA, QL (180 tabs every 30 days)

Drug Name	Requirements/Limits
MEKINIST TABS 2mg	SGM, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5mg	SGM, PA, QL (90 tabs every 30 days)
<i>romidepsin solr 10mg</i>	SGM, PA
RUBRACA TABS 200mg, 250mg, 300mg	SGM, PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25mg	SGM, PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tabs 200mg</i>	SGM, PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20mg	SGM, PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	SGM, PA, QL (30 tabs every 30 days)
STIVARGA TABS 40mg	SGM, PA, QL (90 tabs every 30 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SGM, PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50mg, 75mg	SGM, PA, QL (120 caps every 30 days)
TASIGNA CAPS 150mg, 200mg	SGM, PA, QL (120 caps every 30 days)
VOTRIENT TABS 200mg	SGM, PA, QL (120 tabs every 30 days)
ZELBORAF TABS 240mg	SGM, PA, QL (240 tabs every 30 days)
ZOLINZA CAPS 100mg	SGM, PA, QL (120 caps every 30 days)
ZYDELIG TABS 100mg, 150mg	SGM, PA, QL (60 tabs every 30 days)

ANTINEOPLASTICS MISC.

<i>bexarotene caps 75mg</i>	SGM, PA
<i>hydroxyurea caps 500mg</i>	
MATULANE CAPS 50mg	
<i>tretinoin (chemotherapy) caps 10mg</i>	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	
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MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>	
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tabs 200mg</i>	
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Drug Name	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
ANTIPSYCHOTICS - MISC.	
<i>lurasidone hcl tabs 60mg</i>	PA
<i>VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	ST
<i>VRAYLAR CAP 1.5-3MG</i>	ST
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	
BENZISOXAZOLES	
<i>FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	PA
<i>FANAPT PAK</i>	PA

Drug Name	Requirements/Limits
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	PA
PERSERIS PRSY 90mg, 120mg	PA
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
BUTYROPHENONES	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate soln 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	
DIBENZAPINES	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	PA
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	
CLOZARIL TABS 25mg, 50mg, 100mg, 200mg	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>quetiapine fumarate tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	PA
VERSACLOZ SUSP 50mg/ml	
PHENOTHIAZINES	
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>compro supp 25mg</i>	
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
QUINOLINONE DERIVATIVES	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	

Drug Name	Requirements/Limits
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	
ARISTADA INITIO PRSY 675mg/2.4ml	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	ST

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20mg/ml</i>	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL (30 tabs every 30 days)
APTIVUS CAPS 250mg	QL (120 caps every 30 days)
<i>atazanavir sulfate caps 150mg</i>	QL (80 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	QL (60 caps every 30 days)
<i>atazanavir sulfate caps 300mg</i>	QL (40 caps every 30 days)
BIKTARVY TAB	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	QL (30 tabs every 30 days)
COMBIVIR TAB 150-300	QL (60 tabs every 30 days)
COMPLERA TAB	QL (30 tabs every 30 days)
<i>darunavir tabs 600mg</i>	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	QL (30 tabs every 30 days)
EDURANT TABS 25mg	QL (30 tabs every 30 days)
<i>efavirenz caps 50mg</i>	QL (360 caps every 30 days)
<i>efavirenz caps 200mg</i>	QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	QL (30 caps every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL (30 tabs every 30 days)

Drug Name	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL (30 tabs every 30 days)
EMTRIVA SOLN 10mg/ml	QL (720 mL every 30 days)
EPIVIR SOLN 10mg/ml	QL (900 mL every 30 days)
EPIVIR TABS 150mg	QL (60 tabs every 30 days)
EPIVIR TABS 300mg	QL (30 tabs every 30 days)
EPZICOM TAB 600-300	QL (30 tabs every 30 days)
<i>etravirine tabs 100mg</i>	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	QL (30 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	QL (120 tabs every 30 days)
FUZEON SOLR 90mg	SGM, PA, QL (60 vials every 30 days)
GENVOYA TAB	QL (30 tabs every 30 days)
INTELENCE TABS 25mg	QL (480 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg	QL (180 tabs every 30 days)
ISENTRESS PACK 100mg	QL (60 packets every 30 days)
ISENTRESS TABS 400mg	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600mg	QL (120 tabs every 30 days)
JULUCA TAB 50-25MG	QL (30 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	QL (900 mL every 30 days)
<i>lamivudine tabs 150mg</i>	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL (60 tabs every 30 days)
LEXIVA SUSP 50mg/ml	QL (1575 mL every 28 days)
LEXIVA TABS 700mg	QL (120 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL (480 mL every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL (150 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	QL (240 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	QL (30 tabs every 30 days)
NORVIR PACK 100mg	QL (360 packets every 30 days)
NORVIR SOLN 80mg/ml	QL (480 mL every 30 days)
ODEFSEY TAB	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	QL (30 tabs every 30 days)
PREZISTA SUSP 100mg/ml	QL (400 mL every 30 days)
PREZISTA TABS 75mg	QL (480 tabs every 30 days)

Drug Name	Requirements/Limits
PREZISTA TABS 150mg	QL (240 tabs every 30 days)
RETROVIR CAPS 100mg	QL (180 caps every 30 days)
RETROVIR SYRP 50mg/5ml	QL (1920 mL every 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	QL (5.1 vials every 1 day)
<i>ritonavir tabs 100mg</i>	QL (360 tabs every 30 days)
RUKOBIA TB12 600mg	QL (60 tabs every 30 days)
SELZENTRY SOLN 20mg/ml	QL (1840 mL every 30 days)
SELZENTRY TABS 25mg	QL (240 tabs every 30 days)
SELZENTRY TABS 75mg	QL (60 tabs every 30 days)
STRIBILD TAB	QL (30 tabs every 30 days)
SYMTUZA TAB	QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL (30 tabs every 30 days)
TIVICAY TABS 10mg, 25mg	QL (30 tabs every 30 days)
TIVICAY TABS 50mg	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5mg	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	QL (180 tabs every 30 days)
TRIUMEQ TAB	QL (30 tabs every 30 days)
TRIZIVIR TAB	QL (60 tabs every 30 days)
TRUVADA TAB 100-150	QL (30 tabs every 30 days)
TRUVADA TAB 133-200	QL (30 tabs every 30 days)
TRUVADA TAB 167-250	QL (30 tabs every 30 days)
TRUVADA TAB 200-300	QL (30 tabs every 30 days)
TYBOST TABS 150mg	QL (30 tabs every 30 days)
VIRACEPT TABS 250mg	QL (300 tabs every 30 days)
VIRACEPT TABS 625mg	QL (120 tabs every 30 days)
VIREAD POWD 40mg/gm	QL (240 gm every 30 days)
VIREAD TABS 150mg	QL (60 tabs every 30 days)
VIREAD TABS 200mg, 250mg	QL (30 tabs every 30 days)
ZIAGEN SOLN 20mg/ml	QL (900 mL every 30 days)
ZIAGEN TABS 300mg	QL (60 tabs every 30 days)
<i>zidovudine caps 100mg</i>	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	QL (1920 mL every 30 days)
<i>zidovudine tabs 300mg</i>	QL (60 tabs every 30 days)
CMV AGENTS	
<i>valganciclovir hcl solr 50mg/ml</i>	SGM, QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	SGM, QL (120 tabs every 30 days)
HEPATITIS AGENTS	
<i>adefovir dipivoxil tabs 10mg</i>	

Drug Name	Requirements/Limits
BARACLUDE SOLN .05mg/ml	QL (630 mL every 30 days)
<i>entecavir tabs .5mg, 1mg</i>	QL (30 tabs every 30 days)
<i>lamivudine (hbv) tabs 100mg</i>	
MAVYRET PAK 50-20MG	SGM, QL (280 packets every year)
MAVYRET TAB 100-40MG	SGM, QL (168 tabs every year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	SGM
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	SGM
<i>sofos/velpat tab 400-100</i>	SGM, QL (84 tabs every year)

HERPES AGENTS

acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg

famciclovir tabs 125mg, 250mg, 500mg

valacyclovir hcl tabs 1gm, 500mg

INFLUENZA AGENTS

oseltamivir phosphate caps 30mg QL (28 caps every 90 days)

oseltamivir phosphate caps 45mg, 75mg QL (14 caps every 90 days)

oseltamivir phosphate susr 6mg/ml QL (180 mL every 90 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg

labetalol hcl tabs 100mg, 200mg, 300mg

BETA BLOCKERS CARDIO-SELECTIVE

atenolol tabs 25mg, 50mg, 100mg

bisoprolol fumarate tabs 5mg, 10mg

metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg

metoprolol tartrate soln 5mg/5ml; tabs 25mg, 50mg, 100mg

BETA BLOCKERS NON-SELECTIVE

nadolol tabs 20mg, 40mg, 80mg

pindolol tabs 5mg, 10mg

propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg

sotalol hcl tabs 80mg, 120mg, 160mg, 240mg

sotalol hcl (afib/afib) tabs 80mg, 120mg, 160mg

timolol maleate tabs 5mg, 10mg, 20mg

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tabs 2.5mg, 5mg, 10mg

cartia xt cp24 120mg, 180mg, 240mg, 300mg

dilt-xr cp24 120mg, 180mg, 240mg

Drug Name	Requirements/Limits
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
felodipine tb24 2.5mg, 5mg, 10mg	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	
nifedipine tb24 30mg, 60mg, 90mg	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	
tiadyt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln .05mg/ml, .25mg/ml; tabs .062mg, 125mcg, 250mcg	
LANOXIN SOLN .25mg/ml	
LANOXIN PEDIATRIC SOLN .1mg/ml	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	

PROSTAGLANDIN VASODILATORS

epoprostenol sodium solr .5mg, 1.5mg	SGM, PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	SGM, PA
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	SGM, PA
TYVASO SOLN .6mg/ml	SGM, PA, QL (28 ampules every 28 days)
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	SGM, PA, QL (112 doses every 30 days)
TYVASO DPI POW 16-32-48	SGM, PA, QL (252 doses every 30 days)
TYVASO DPI POW 16-32MCG	SGM, PA, QL (196 doses every 30 days)
TYVASO REFILL SOLN .6mg/ml	SGM, PA, QL (28 ampules every 28 days)

Drug Name	Requirements/Limits
TYVASO STARTER SOLN .6mg/ml	SGM, PA, QL (28 ampules every 28 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	SGM, PA, QL (270 ampules every 30 days)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan</i> tabs 5mg, 10mg	SGM, PA, QL (30 tabs every 30 days)
<i>bosentan</i> tabs 62.5mg, 125mg	SGM, PA, QL (60 tabs every 30 days)
OPSUMIT TABS 10mg	SGM, PA, QL (30 tabs every 30 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	SGM, PA, QL (784 mL every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	SGM, PA, QL (360 tabs every 30 days)

SINUS NODE INHIBITORS

CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	
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CEPHALOSPORINS

CEPHALOSPORIN COMBINATIONS

ZERBAXA INJ 1.5GM	PA
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CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

CEPHALOSPORINS - 2ND GENERATION

<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
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CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	

Drug Name	Requirements/Limits
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>delyla</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina</i>	
<i>hailey 1.5/30</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>kalliga</i>	
<i>kariva</i>	

Drug Name	Requirements/Limits
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levora 0.15/30-28</i>	
<i>lo-zumandimine</i>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>marlissa</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<i>necon 0.5/35-28</i>	
<i>nikki</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	

Drug Name	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>ocella</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda</i>	
<i>tarina fe 1/20 eq</i>	
<i>tri-estarylla</i>	
<i>tri-lynyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane</i>	
<i>zafemy</i>	

Drug Name	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	
<i>haloette</i>	
EMERGENCY CONTRACEPTIVES	
<i>ELLA TABS 30mg</i>	
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	QL (4 injections every year)
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	QL (4 injections every year)
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	
<i>errin tabs .35mg</i>	
<i>heather tabs .35mg</i>	
<i>incassia tabs .35mg</i>	
<i>jencycla tabs .35mg</i>	
<i>lyleq tabs .35mg</i>	
<i>lyza tabs .35mg</i>	
<i>nora-be tabs .35mg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norlyroc tabs .35mg</i>	
<i>sharobel tabs .35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide cpep 3mg</i>	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
<i>MEDROL TABS 2mg</i>	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	
<i>methylprednisolone acetate susp 40mg/ml</i>	
<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
<i>SOLU-MEDROL SOLR 2gm, 500mg</i>	

Drug Name	Requirements/Limits
MINERALOCORTICOIDS	
<i>fludrocortisone acetate tabs .1mg</i>	
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>benzonatate caps 100mg, 150mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	
COUGH/COLD/ALLERGY COMBINATIONS	
<i>promethazine vc</i>	
<i>promethazine vc/codeine</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
EXPECTORANTS	
<i>potassium iodide (expectorant) soln 1gm/ml</i>	
MISC. RESPIRATORY INHALANTS	
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	
MUCOLYTICS	
<i>acetylcysteine soln 10%, 20%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>acutane caps 30mg</i>	PA
<i>amnestem caps 10mg, 20mg, 40mg</i>	PA
<i>avar-e green</i>	
<i>avita crea .025%</i>	PA
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	PA
<i>clindacin etz pledgets swab 1%</i>	
<i>clindacin-p swab 1%</i>	
<i>clindamycin phosphate (topical) gel 1%</i>	QL (60 gm every 30 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	QL (60 mL every 30 days)
<i>clindamycin phosphate (topical) swab 1%</i>	
<i>ery pads 2%</i>	
<i>erythromycin (acne aid) gel 2%</i>	QL (60 gm every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	QL (60 mL every 30 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	

Drug Name	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	PA
ANTIBIOTICS - TOPICAL	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	
ANTIFUNGALS - TOPICAL	
<i>ciclodan soln 8%</i>	
<i>ciclopirox gel .77%</i>	QL (120 gm every 30 days)
<i>ciclopirox sham 1%</i>	QL (120 mL every 30 days)
<i>ciclopirox soln 8%</i>	
<i>ciclopirox olamine crea .77%</i>	QL (120 gm every 30 days)
<i>ciclopirox olamine susp .77%</i>	QL (120 mL every 30 days)
<i>clotrimazole (topical) crea 1%</i>	QL (120 gm every 30 days)
<i>clotrimazole (topical) soln 1%</i>	QL (120 mL every 30 days)
<i>ketoconazole (topical) crea 2%</i>	QL (120 gm every 30 days)
<i>ketoconazole (topical) sham 2%</i>	
<i>nyamyc powd 100000unit/gm</i>	QL (120 gm every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL (120 gm every 30 days)
<i>nystop powd 100000unit/gm</i>	QL (120 gm every 30 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil (topical) crea 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene oint .005%</i>	ST, QL (120 gm every 30 days)
<i>calcipotriene soln .005%</i>	ST, QL (120 mL every 30 days)
<i>calcitrene oint .005%</i>	ST, QL (120 gm every 30 days)
COSENTYX SOSY 150mg/ml	SGM, PA, QL (2 injections every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	SGM, PA, QL (2 pens every 28 days)
SILIQ SOSY 210mg/1.5ml	SGM, PA, QL (2 injections every 28 days)
SKYRIZI PEN SOAJ 150mg/ml	SGM, PA, QL (1 pen every 63 days)
BURN PRODUCTS	
<i>silver sulfadiazine crea 1%</i>	

Drug Name	Requirements/Limits
<i>ssd crea 1%</i>	
CORTICOSTEROIDS - TOPICAL	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented crea .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	QL (120 gm every 30 days)
<i>betamethasone valerate lotn .1%</i>	QL (120 mL every 30 days)
<i>clobetasol propionate soln .05%</i>	
<i>desoximetasone crea .25%</i>	QL (120 gm every 30 days)
<i>fluocinolone acetonide crea .025%; oint .025%</i>	QL (120 gm every 30 days)
<i>fluocinolone acetonide soln .01%</i>	
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>fluocinonide soln .05%</i>	
<i>fluticasone propionate crea .05%; oint .005%</i>	QL (120 gm every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>hydrocortisone (topical) crea 1%; oint 1%</i>	
<i>hydrocortisone (topical) crea 2.5%; oint 2.5%</i>	QL (120 gm every 30 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	QL (120 mL every 30 days)
<i>hydrocortisone butyrate soln .1%</i>	
<i>mometasone furoate crea .1%; oint .1%</i>	QL (120 gm every 30 days)
<i>mometasone furoate soln .1%</i>	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	QL (120 gm every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	QL (120 mL every 30 days)
EMOLLIENTS	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>tacrolimus (topical) oint .03%</i>	
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln .5%</i>	
LOCAL ANESTHETICS - TOPICAL	
<i>lidocaine ptch 5%</i>	PA, QL (30 patches every 30 days)
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (30 gm every 30 days)
<i>lidocan ptch 5%</i>	PA, QL (30 patches every 24 days)

Drug Name	Requirements/Limits
ROSACEA AGENTS	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	
<i>metronidazole (topical) gel 1%</i>	ST
SCABICIDES & PEDICULICIDES	
<i>lindane sham 1%</i>	
<i>malathion lotn .5%</i>	ST
<i>permethrin crea 5%</i>	
<i>spinosad susp .9%</i>	ST
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
FORA TEST GO TES ADV VOIC	
FREESTYLE TES	QL (300 strips every 30 days)
FREESTYLE TES INSULINX	QL (300 strips every 30 days)
FREESTYLE TES LITE	QL (300 strips every 30 days)
PRECISION TES XTRA	QL (300 strips every 30 days)
URINE GLUCOSE/KETONE TEST STRIPS	
URINE KETONE TEST STRIPS	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	
NUTRITIONAL SUPPLEMENTS	
NUTRITIONAL SUPPLEMENT LIQUID	PA
NUTRITIONAL SUPPLEMENT POWDER	PA
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
CREON CAP 3000UNIT	PA
CREON CAP 6000UNIT	PA
CREON CAP 12000UNT	PA
CREON CAP 24000UNT	PA
CREON CAP 36000UNT	PA
VIOKACE TAB 10440	PA
VIOKACE TAB 20880	PA
ZENPEP CAP 3000UNIT	PA
ZENPEP CAP 5000UNIT	PA
ZENPEP CAP 10000UNT	PA
ZENPEP CAP 15000UNT	PA
ZENPEP CAP 20000UNT	PA
ZENPEP CAP 25000UNT	PA
ZENPEP CAP 40000UNT	PA

Drug Name	Requirements/Limits
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>methazolamide tabs 25mg, 50mg</i>	
DIURETIC COMBINATIONS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
LOOP DIURETICS	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>furosemide soln 10mg/ml; tabs 20mg, 40mg, 80mg</i>	
<i>torseamide tabs 5mg, 10mg, 20mg, 100mg</i>	
OSMOTIC DIURETICS	
<i>mannitol soln 25%</i>	
POTASSIUM SPARING DIURETICS	
<i>amiloride hcl tabs 5mg</i>	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>calcitonin (salmon) soln 200unit/act</i>	
<i>TYMLOS SOPN 3120mcg/1.56ml</i>	SGM, PA, QL (1 pen every 30 days)
FERTILITY REGULATORS	
<i>clomid tabs 50mg</i>	PA
GROWTH HORMONES	
<i>NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml</i>	SGM, PA
<i>OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml</i>	SGM, PA
<i>SEROSTIM SOLR 4mg, 5mg, 6mg</i>	SGM, PA
<i>ZORBTIVE SOLR 8.8mg</i>	SGM, PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tabs 60mg</i>	

Drug Name	Requirements/Limits
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	SGM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	SGM, PA
SYNAREL SOLN 2mg/ml	
METABOLIC MODIFIERS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
javygtor pack 100mg; tabs 100mg	SGM, PA
KUVAN TABS 100mg	SGM, PA
paricalcitol caps 1mcg, 2mcg, 4mcg	
sapropterin dihydrochloride pack 100mg; tabs 100mg	SGM, PA
POSTERIOR PITUITARY HORMONES	
desmopressin acetate tabs .1mg, .2mg	PA
desmopressin acetate spray soln .01%	SGM, PA
desmopressin acetate spray refrigerated soln .1mg/ml	SGM, PA
PROLACTIN INHIBITORS	
cabergoline tabs .5mg	
VASOPRESSIN RECEPTOR ANTAGONISTS	
SAMSCA TABS 15mg, 30mg	SGM, PA
ESTROGENS	
ESTROGEN COMBINATIONS	
amabelz	
COMBIPATCH DIS	
estradiol & norethindrone acetate tab 1-0.5 mg	
fyavolv	
jinteli	
mimvey	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
ESTROGENS	
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	

Drug Name	Requirements/Limits
FLUOROQUINOLONES	
FLUOROQUINOLONES	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg</i>	
INFLAMMATORY BOWEL AGENTS	
<i>balsalazide disodium caps 750mg</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg</i>	
<i>mesalamine w/ cleanser kit 4gm</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	
<i>sevelamer carbonate pack .8gm; tabs 800mg</i>	
<i>VELPHORO CHEW 500mg</i>	ST
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate (alkalinizer) tbc 540mg, 1080mg, 1620mg</i>	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	
INTERSTITIAL CYSTITIS AGENTS	
<i>ELMIRON CAPS 100mg</i>	
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tb24 10mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
URINARY ANALGESICS	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	

Drug Name	Requirements/Limits
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
GOUT AGENTS	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	QL (30 tabs every 30 days)
URICOSURICS	
<i>probenecid tabs 500mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	PA
ADYNOVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	PA
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	PA
ALPHANATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit	PA
ALPHANINE SD SOLR 500unit, 1000unit, 1500unit	PA
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	PA
BENEFIX KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	PA
COAGADEX SOLR 250unit, 500unit	PA
CORIFACT KIT 1000-1600unit	PA
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	PA
FEIBA SOLR 500unit, 1000unit, 2500unit	PA
FIBRYGA INJ 1GM	PA
HEMOFIL M SOLR 250unit, 500unit, 1000unit, 1700unit	PA
HUMATE-P SOL 250-600	PA
HUMATE-P SOL 500-1200	PA
HUMATE-P SOL 2400UNIT	PA
IDELVION SOLR 250unit, 500unit, 1000unit, 2000unit	PA
IXINITY SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	PA
KCENTRA KIT 500UNIT	PA
KCENTRA KIT 1000UNIT	PA
KOATE SOLR 250unit, 500unit, 1000unit	PA
KOATE-DVI SOLR 500unit, 1000unit	PA
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	PA

Drug Name	Requirements/Limits
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	PA
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	PA
NOVOSEVEN RT SOLR 1mg, 2mg, 5mg, 8mg	PA
NUWIIQ KIT 250unit, 500unit, 1000unit, 2000unit; PA SOLR 250unit, 500unit, 1000unit, 2000unit	PA
OBIZUR SOLR 500unit	PA
PROFILNINE SOLR 500unit, 1000unit, 1500unit	PA
RECOMBINATE SOLR 220-400unit, 401-800unit, 801-1240unit, 1241-1800unit, 1801-2400unit	PA
RIASTAP SOL 1GM	PA
RIXUBIS SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	PA
TRETTEN SOLR 2000-3125unit	PA
VONVENDI SOLR 650unit, 1300unit	PA
WILATE INJ	PA
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit	PA
XYNTHA SOLOFUSE KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	PA

COMPLEMENT INHIBITORS

CINRYZE SOLR 500unit	SGM, PA, QL (18 vials every 30 days)
RUCONEST SOLR 2100unit	SGM, PA, QL (60 vials every 30 days)
SOLIRIS SOLN 300mg/30ml	SGM, PA

PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl caps .5mg, 1mg</i>	
BRILINTA TABS 60mg, 90mg	
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	

HEMATOPOIETIC AGENTS

COBALAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>dodex soln 1000mcg/ml</i>	
<i>hydroxocobalamin acetate soln 1000mcg/ml</i>	

FOLIC ACID/FOLATES

<i>folic acid tabs 1mg</i>	
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Drug Name	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	SGM, PA
NEULASTA SOSY 6mg/0.6ml	SGM, PA, QL (2 syringes every 28 days)
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	SGM, PA, QL (2 syringes every 28 days)
PROMACTA TABS 25mg	SGM, PA, QL (30 tabs every 30 days)
PROMACTA TABS 50mg, 75mg	SGM, PA, QL (60 tabs every 30 days)
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	SGM, PA
ZIEXTENZO SOSY 6mg/0.6ml	SGM, PA, QL (2 syringes every 28 days)

HEMATOPOIETIC MIXTURES

airavite

chromagen

fabb

ferocon

folbee

folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg

folplex 2.2

foltrin

nufol

poly-iron 150 forte

purevit dualfe plus

se-tan plus

trigels-f forte

westab one

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg

NON-BARBITURATE HYPNOTICS

estazolam tabs 1mg, 2mg

eszopiclone tabs 1mg, 2mg, 3mg QL (15 tabs every 30 days)

temazepam caps 7.5mg, 15mg, 22.5mg, 30mg

triazolam tabs .125mg, .25mg

zaleplon caps 5mg, 10mg QL (60 caps every 30 days)

zolpidem tartrate tabs 5mg, 10mg

Drug Name	Requirements/Limits
LAXATIVES	
LAXATIVE COMBINATIONS	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
LAXATIVES - MISCELLANEOUS	
<i>constulose soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml</i>	
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
CLARITHROMYCIN	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	
ERYTHROMYCINS	
<i>e.e.s. 400 tabs 400mg</i>	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	
<i>erythrocin stearate tabs 250mg</i>	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	
<i>erythromycin ethylsuccinate susr 200mg/5ml; tabs 400mg</i>	
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
CAYA DPR	QL (1 diaphragm every year)
CONDOMS LATEX LUBRICATED - MALE	
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	QL (1 diaphragm every year)
DIABETIC SUPPLIES	
FREESTYLE KIT FREEDOM	
FREESTYLE KIT LITE	
LANCET DEVICE	
LANCETS	
LANCETS MISC	
OMNIPOD 5 G6 KIT INTRO	PA
OMNIPOD 5 G6 MIS PODS	PA

Drug Name	Requirements/Limits
OMNIPOD DASH KIT INTRO	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD MIS CLASSIC	PA

MISC. DEVICES

ALCOH-GLOVE PAD CONTOURE
ALCOHOL SHEE 70%
ALCOHOL SWABS PADS 70%

PARENTERAL THERAPY SUPPLIES

DISPOSABLE NEEDLES 14G - 30G
INSULIN PEN NEEDLES
INSULIN SYRINGE/NEEDLE
INSULIN SYRINGES

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70mg/ml, 140mg/ml	ST, QL (1 pen every 30 days)
EMGALITY SOAJ 120mg/ml	ST, QL (1 pen every 30 days)
UBRELVY TABS 50mg, 100mg	PA, QL (10 tabs every 30 days)

MIGRAINE COMBINATIONS

migergot

SEROTONIN AGONISTS

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	ST, QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	QL (24 sprays every 30 days)
<i>sumatriptan soln 20mg/act</i>	QL (12 sprays every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml</i>	QL (12 injections every 30 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soln 6mg/0.5ml</i>	QL (24 injections every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	QL (12 tabs every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	ST, QL (12 tabs every 30 days)

MINERALS & ELECTROLYTES

BICARBONATES

sodium bicarbonate soln 8.4%

CALCIUM

calcium gluconate soln 10%

ELECTROLYTE MIXTURES

dextrose 5% w/ sodium chloride 0.9%

Drug Name	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	
<i>lactated ringer's solution</i>	
FLUORIDE	
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml</i>	
MAGNESIUM	
<i>magnesium sulfate soln 50%</i>	
PHOSPHATE	
<i>phospha 250 neutral</i>	
<i>phospho-trin 250 neutral</i>	
<i>phospho-trin k500 tabs 500mg</i>	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	
POTASSIUM	
<i>effer-k tbeF 25meq</i>	
<i>klor-con 8 tbcR 8meq</i>	
<i>klor-con 10 tbcR 10meq</i>	
<i>klor-con m10 tbcR 10meq</i>	
<i>klor-con m20 tbcR 20meq</i>	
<i>klor-con/ef tbeF 25meq</i>	
<i>potassium chloride cpcR 8meq, 10meq; soln 2meq/ml, 10%, 10meq/50ml, 20%; tbcR 8meq, 10meq, 20meq</i>	
<i>potassium chloride microencapsulated crystals er tbcR 10meq, 20meq</i>	
SODIUM	
<i>sodium chloride soln .45%, .9%, 4meq/ml</i>	
<i>sodium chloride flush soln .9%</i>	
MISCELLANEOUS THERAPEUTIC CLASSES	
IMMUNOMODULATORS	
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 25mg</i>	SGM, PA, QL (30 caps every 30 days)
<i>REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 25mg</i>	SGM, PA, QL (30 caps every 30 days)
IMMUNOSUPPRESSIVE AGENTS	
<i>azasan tabs 75mg, 100mg</i>	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	
<i>cyclosporine caps 25mg, 100mg; soln 50mg/ml</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	
<i>mycophenolate mofetil caps 250mg; susR 200mg/ml; tabs 500mg</i>	

Drug Name	Requirements/Limits
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml, 100mg/ml	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	
tacrolimus caps .5mg, 1mg, 5mg	
IRRIGATION SOLUTIONS	
physiolyte	
physiosol irrigation	
water for irrigation, sterile irrigation soln	
POTASSIUM REMOVING AGENTS	
sps susp 15gm/60ml	
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
lidocaine hcl (mouth-throat) soln 2%	
ANTI-INFECTIVES - THROAT	
clotrimazole troc 10mg	
nystatin (mouth-throat) susp 100000unit/ml	
ANTISEPTICS - MOUTH/THROAT	
chlorhexidine gluconate (mouth-throat) soln .12%	
DENTAL PRODUCTS	
denta 5000 plus crea 1.1%	
dentagel gel 1.1%	
sf gel 1.1%	
sf 5000 plus crea 1.1%	
sodium fluoride 5000 plus crea 1.1%	
sodium fluoride 5000 ppm crea 1.1%; pste 1.1%	
sodium fluoride (dental) gel 1.1%	
STEROIDS - MOUTH/THROAT/DENTAL	
oralone dental paste pste .1%	
triamcinolone acetonide (mouth) pste .1%	
THROAT PRODUCTS - MISC.	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
dialyvite	
folbee plus	
nephronex	
renal caps	
tm-vite rx	
triphrocaps	
virt-caps	
vp-vite rx	
wescaps	

Drug Name	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS	
<i>v-c forte</i>	
PED MULTI VITAMINS W/FL & FE	
<i>multi-vitamin/fluoride/ir</i>	
PED MV W/ FLUORIDE	
<i>multi-vitamin/fluoride dr</i>	
<i>multivitamin/fluoride</i>	
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
<i>tri-vite/fluoride</i>	
<i>vitamins a/c/d/fluoride</i>	
PRENATAL VITAMINS	
CITRANATAL CAP HARMONY	
CITRANATAL CAP MEDLEY	
CITRANATAL MIS 90 DHA	
CITRANATAL MIS B-CALM	
CITRANATAL PAK ASSURE	
<i>elite-ob</i>	
M-NATAL PLUS TAB	
NIVA-PLUS TAB	
<i>pnv-dha</i>	
<i>pnv-select</i>	
PRENAISSANCE CAP PLUS	
<i>prenatal 19</i>	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
TRICARE TAB PRENATAL	
<i>trinate</i>	
WESTAB PLUS TAB 27-1MG	
SPECIALTY VITAMINS PRODUCTS	
<i>urosex</i>	
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tabs 10mg, 20mg</i>	
<i>carisoprodol tabs 250mg, 350mg</i>	QL (84 tabs every 30 days)
<i>chlorzoxazone tabs 500mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>orphenadrine citrate tb12 100mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	

Drug Name	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL ANTIALLERGY	
<i>azelastine hcl soln 137mcg/spray</i>	QL (2 bottles every 30 days)
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
NASAL STEROIDS	
<i>flunisolide (nasal) soln .025%</i>	QL (3 bottles every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	QL (1 bottle every 30 days)
OPHTHALMIC AGENTS	
BETA-BLOCKERS - OPTHALMIC	
<i>betaxolol hcl (ophth) soln .5%</i>	
BETIMOL SOLN .25%, .5%	
<i>carteolol hcl (ophth) soln 1%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	
<i>levobunolol hcl soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate soln .15%, .2%</i>	
SIMBRINZA SUS 1-0.2%	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) soln .5%</i>	
<i>moxifloxacin hcl (ophth) soln .5%</i>	ST
NATACYN SUSP 5%	
<i>neo-polycin</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polycin</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl soln .5%</i>	

Drug Name	Requirements/Limits
tetracaine hcl (ophth) soln .5%	
OPHTHALMIC STEROIDS	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	
dexamethasone sodium phosphate (ophth) soln .1%	
fluorometholone (ophth) susp .1%	
neo-polycin hc	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	
neomycin-polymyxin-hc ophth susp	
prednisolone acetate (ophth) susp 1%	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
tobramycin-dexamethasone ophth susp 0.3-0.1%	
OPHTHALMICS - MISC.	
cromolyn sodium (ophth) soln 4%	
diclofenac sodium (ophth) soln .1%	
dorzolamide hcl soln 2%	
flurbiprofen sodium soln .03%	
ketorolac tromethamine (ophth) soln .4%, .5%	
PROSTAGLANDINS - OPHTHALMIC	
latanoprost soln .005%	
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
acetic acid (otic) soln 2%	
OTIC ANTI-INFECTIVES	
ciprofloxacin hcl (otic) soln .2%	
ofloxacin (otic) soln .3%	
OTIC COMBINATIONS	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
OXYTOCICS	
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING	
carboprost tromethamine soln 250mcg/ml	
OXYTOCICS	
oxytocin soln 10unit/ml	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	SGM, PA

Drug Name	Requirements/Limits
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>ampicillin caps 500mg</i>	
NATURAL PENICILLINS	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
PHARMACEUTICAL ADJUVANTS	
LIQUID VEHICLES	
<i>bacteriostatic sodium chloride soln .9%</i>	
PROGESTINS	
PROGESTINS	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone caps 100mg, 200mg</i>	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	

Drug Name	Requirements/Limits
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	PA applies for younger than age 30
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	PA

COMBINATION PSYCHOTHERAPEUTICS

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	

FIBROMYALGIA AGENTS

<i>SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg</i>	PA
<i>SAVELLA MIS TITR PAK</i>	PA

MULTIPLE SCLEROSIS AGENTS

<i>AVONEX PSKT 30mcg/0.5ml</i>	SGM, PA, QL (4 injections every 28 days)
<i>AVONEX PEN AJKT 30mcg/0.5ml</i>	SGM, PA, QL (4 injections every 28 days)
<i>BETASERON KIT .3mg</i>	SGM, PA, QL (14 injections every 28 days)
<i>dimethyl fumarate cpdr 120mg</i>	SGM, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	SGM, PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	SGM, PA, QL (1 kit every 30 days)
<i>EXTAVIA KIT .3mg</i>	SGM, PA, QL (15 injections every 30 days)
<i>fingolimod hcl caps .5mg</i>	SGM, PA, QL (30 caps every 30 days)
<i>GILENYA CAPS .25mg</i>	SGM, PA, QL (30 caps every 30 days)

Drug Name	Requirements/Limits
<i>glatiramer acetate sosy 20mg/ml</i>	SGM, PA, QL (30 injections every 30 days)
<i>glatiramer acetate sosy 40mg/ml</i>	SGM, PA, QL (12 injections every 28 days)
<i>glatopa sosy 20mg/ml</i>	SGM, PA, QL (30 injections every 30 days)
<i>glatopa sosy 40mg/ml</i>	SGM, PA, QL (12 injections every 28 days)
MAYZENT TABS 1mg	SGM, PA, QL (30 tabs every 30 days)
MAYZENT STARTER PACK TBPK .25mg	SGM, PA, QL (7 tabs every 4 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	SGM, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	SGM, PA, QL (1 kit every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	SGM, PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	SGM, PA, QL (1 kit every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	SGM, PA, QL (30 tabs every 30 days)

PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS

fluoxetine hcl (pmd) tabs 10mg, 20mg

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG PA

SMOKING DETERRENTS

APO-VARENICLINE TABS .5mg, 1mg

bupropion hcl (smoking deterrent) tb12 150mg

NICOTROL INHALER INHA 10mg

NICOTROL NS SOLN 10mg/ml

varenicline tartrate tabs .5mg, 1mg

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO PACK 50mg, 75mg SGM, PA, QL (56 packets every 28 days)

KALYDECO TABS 150mg SGM, PA, QL (60 tabs every 30 days)

ORKAMBI TAB 200-125 SGM, PA, QL (120 tabs every 30 days)

PULMOZYME SOLN 2.5mg/2.5ml SGM, PA, QL (150 mL every 30 days)

TRIKAFTA TAB SGM, PA, QL (90 tabs every 30 days)

Drug Name	Requirements/Limits
TETRACYCLINES	
TETRACYCLINES	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg</i>	
<i>doxycycline hyclate caps 50mg; tabs 20mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 75mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tabs 5mg, 10mg
propylthiouracil tabs 50mg

THYROID HORMONES

euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg

levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg; solr 100mcg, 200mcg, 500mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

LEVOTHYROXINE SODIUM SOLR 100mcg, 200mcg, 500mcg

levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg

liothyronine sodium tabs 5mcg, 25mcg, 50mcg

SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg

unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg

glycopyrrolate soln 1mg/5ml

Covered for age 3 to 16

glycopyrrolate tabs 1mg, 2mg

Drug Name	Requirements/Limits
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>nulev tbdp .125mg</i>	
<i>oscimin subl .125mg; tabs .125mg</i>	
H-2 ANTAGONISTS	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine soln 20mg/2ml, 40mg/4ml; tabs 20mg, 40mg</i>	
<i>nizatidine caps 150mg, 300mg</i>	
MISC. ANTI-ULCER	
<i>sucralfate tabs 1gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium pack 10mg</i>	QL (90 packets every year); Covered for younger than age 1
<i>NEXIUM PACK 2.5mg, 5mg</i>	QL (90 packets every year); Covered for younger than age 1
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	QL (90 caps every year)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	
<i>tropium chloride cp24 60mg</i>	ST
<i>tropium chloride tabs 20mg</i>	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	
<i>flavoxate hcl tabs 100mg</i>	
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VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>miconazole 3 supp 200mg</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
VAGINAL ESTROGENS	
<i>estradiol vaginal tabs 10mcg</i>	
<i>PREMARIN CREA .625mg/gm</i>	

Drug Name	Requirements/Limits
<i>yuvafem tabs 10mcg</i>	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	QL (8 pens every year)
VASOPRESSORS	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
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OIL SOLUBLE VITAMINS	
<i>ergocalciferol caps 1.25mg, 50000unit</i>	
<i>phytonadione tabs 5mg</i>	QL (10 tabs every 30 days)
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<i>diclofenac w/ misoprostol tab delayed</i>		DULERA AER 200-5MCG	24
<i>release 50-0.2 mg</i>	18	DULERA AER 50-5MCG	24
<i>diclofenac w/ misoprostol tab delayed</i>		<i>duloxetine hcl</i>	27
<i>release 75-0.2 mg</i>	18	E	
<i>dicloxacillin sodium</i>	67	<i>e.e.s. 400</i>	60
<i>dicyclomine hcl</i>	70	<i>ec-naproxen</i>	18
<i>diflunisal</i>	19	EDURANT	40
<i>digoxin</i>	44	<i>efavirenz</i>	40
DILANTIN	26	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DILANTIN-125	26	<i>600-200-300 mg</i>	40
DILANTIN INFATABS	26	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>diltiazem hcl</i>	44	<i>400-300-300 mg</i>	40
<i>diltiazem hcl coated beads</i>	44	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>diltiazem hcl extended release beads</i>	44	<i>600-300-300 mg</i>	40
<i>dilt-xr</i>	43	<i>effer-k</i>	62
<i>dimethyl fumarate</i>	68	<i>elinest</i>	46
<i>dimethyl fumarate capsule dr starter</i>		ELIQUIS	25
<i>pack 120 mg & 240 mg</i>	68	ELIQUIS STARTER PACK	25
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<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		ELLA	49
<i>mg/5ml</i>	30	ELMIRON	56
<i>diphenoxylate w/ atropine tab 2.5-</i>		ELOCTATE	57
<i>0.025 mg</i>	30	<i>eluryng</i>	49
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<i>disulfiram</i>	67	<i>fumarate tab 100-150 mg</i>	40
<i>divalproex sodium</i>	27	<i>emtricitabine-tenofovir disoproxil</i>	
<i>dodex</i>	58	<i>fumarate tab 133-200 mg</i>	40
<i>dofetilide</i>	23	<i>emtricitabine-tenofovir disoproxil</i>	
<i>donepezil hydrochloride</i>	67	<i>fumarate tab 167-250 mg</i>	40
<i>dorzolamide hcl</i>	66	<i>emtricitabine-tenofovir disoproxil</i>	
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>fumarate tab 200-300 mg</i>	41
<i>soln 22.3-6.8 mg/ml</i>	65	EMTRIVA	41
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<i>doxazosin mesylate</i>	32	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>doxepin hcl</i>	28	<i>tab 10-25 mg</i>	33
<i>doxercalciferol</i>	55		

<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	33	<i>etodolac</i>	18
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<i>endocet</i>	20	<i>etravirine</i>	41
<i>enoxaparin sodium</i>	25	<i>euthyrox</i>	70
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<i>ethosuximide</i>	27	<i>fluocinolone acetonide</i>	52
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	46	<i>fluocinonide</i>	52
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		<i>fluorouracil (topical)</i>	51
		<i>fluoxetine hcl</i>	27
		<i>fluoxetine hcl (pmd)</i>	69

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<i>fluticasone propionate hfa</i>	23	<i>glipizide</i>	30
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	24	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	28
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<i>325 mg</i>	20	<i>ipratropium bromide</i>	23
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>ipratropium bromide (nasal)</i>	65
<i>mg</i>	20	<i>irbesartan</i>	32
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<i>325 mg</i>	20	<i>150-12.5 mg</i>	33
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<i>hydrocortisone butyrate</i>	52	<i>isotretinoin</i>	50
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<i>lopinavir-ritonavir tab 200-50 mg</i>	41	<i>medroxyprogesterone acetate</i>	67
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<i>naltrexone hcl</i>	30	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>naproxen</i>	18	<i>tab 1 mg-20 mcg</i>	47
<i>naproxen sodium</i>	18	<i>norethindrone ace & ethinyl estradiol</i>	
<i>naratriptan hcl</i>	61	<i>tab 1.5 mg-30 mcg</i>	47
NATACYN	65	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nateglinide</i>	30	<i>tab 1 mg-20 mcg</i>	47
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<i>sulfacetamide sodium w/ sulfur</i>		<i>terconazole vaginal</i>	71
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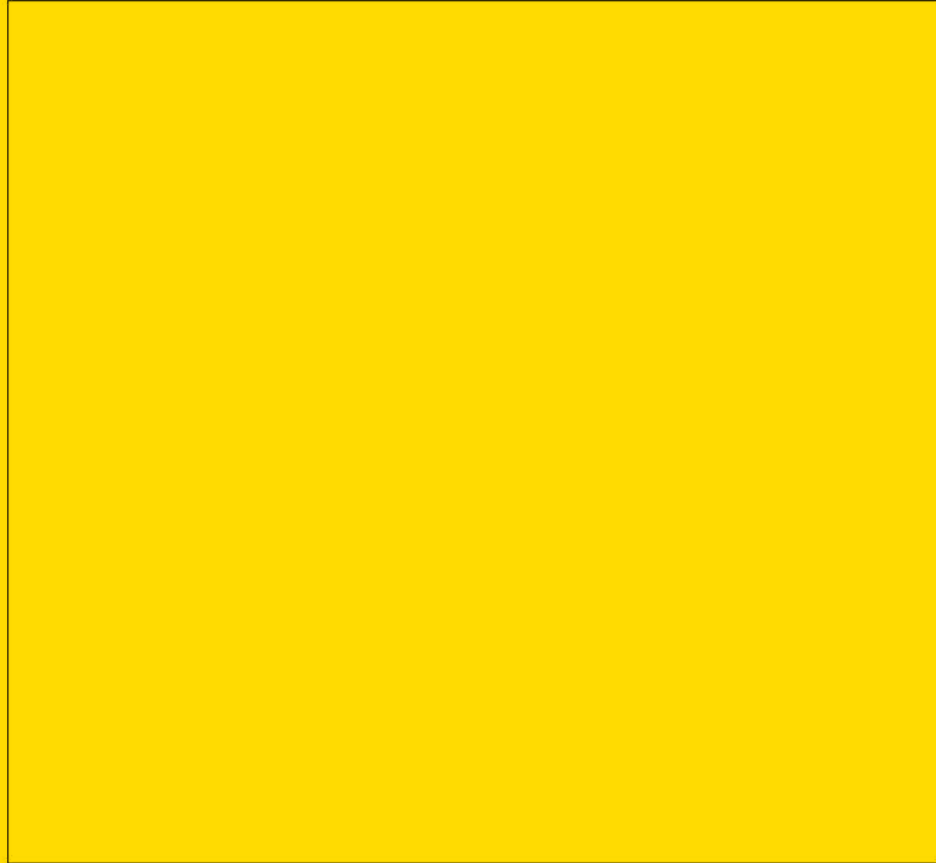
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