

METROPLUSHEALTH CHILD HEALTH PLUS FORMULARY



MetroPlus Health Formulary for Child Health Plus (CHP)

Effective 07/01/2024

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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

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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.

Effective 07/01/2024

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)
<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)

Drug Name	Requirements/Limits
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 (6 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)
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)	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	PA
<i>diclofenac potassium caps 25mg; tabs 25mg, 50mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	

Drug Name	Requirements/Limits
<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 susp 100mg/5ml; 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>lofena tabs 25mg</i>	
<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>	
RELAFEN DS TABS 1000MG	
<i>sulindac tabs 150mg, 200mg</i>	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	SGM, PA, QL (1 starter pack every 28 days)
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PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tabs 10mg, 20mg</i>	
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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)
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)

Drug Name	Requirements/Limits
SALICYLATES	
<i>aspirin chew 81mg; tabs 325mg; 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/5ml</i>	QL (900 mL every 30 days); 7 DS
<i>morphine sulfate soln 20mg/ml, 100mg/5ml</i>	QL (180 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
<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

Drug Name	Requirements/Limits
<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)
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	
ZUBSOLV SUB 0.7-0.18	
ZUBSOLV SUB 1.4-0.36	
ZUBSOLV SUB 2.9-0.71	
ZUBSOLV SUB 5.7-1.4	
ZUBSOLV SUB 8.6-2.1	
ZUBSOLV SUB 11.4-2.9	

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	
EMVERM CHEW 100MG	QL (12 tabs every year)
<i>ivermectin tabs 3mg</i>	
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
LINEZOLID INJ 2MG/ML	PA
ZYVOX SOLN 200MG/100ML	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>	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	

Drug Name	Requirements/Limits
NITRO-BID OINT 2%	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
nitro-time cpcr 2.5mg, 6.5mg, 9mg	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; subl .3mg, .4mg, .6mg	

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

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

BENZODIAZEPINES

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate caps 100mg, 150mg	
NORPACE CR CP12 100MG, 150MG	
quinidine sulfate tabs 200mg, 300mg	

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl caps 150mg, 200mg	
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ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

amiodarone hcl tabs 200mg, 400mg	
dofetilide caps 125mcg, 250mcg, 500mcg	SGM, PA
pacemone tabs 200mg, 400mg	

Drug Name	Requirements/Limits
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>	
STEROID 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)
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	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 REDHALER AERB 40MCG/ACT, 80MCG/ACT	QL (3 inhalers every 90 days)
SYMPATHOMIMETICS	
ALBUTEROL NEB 0.5%	QL (120 mL every 30 days)
<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)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	QL (375 mL every 30 days)
<i>albuterol sulfate syr 2mg/5ml; tabs 2mg, 4mg</i>	
ANORO ELLIPT AER 62.5-25	QL (1 inhaler every 30 days)
<i>breyna</i>	QL (4 inhalers every 90 days)

Drug Name	Requirements/Limits
<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
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG
 ELIQUIS STARTER PACK TBPK 5MG
 XARELTO TABS 2.5MG, 10MG, 15MG, 20MG

HEPARINS AND HEPARINOID-LIKE AGENTS

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
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml
 FRAGMIN SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML

Drug Name	Requirements/Limits
ANTICONVULSANTS	
ANTICONVULSANTS - BENZODIAZEPINES	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	
ANTICONVULSANTS - MISC.	
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	
epitol tabs 200mg	
gabapentin caps 100mg	QL (1080 caps every 30 days)
gabapentin caps 300mg	QL (360 caps every 30 days)
gabapentin caps 400mg	QL (270 caps every 30 days)
gabapentin soln 250mg/5ml, 300mg/6ml	QL (2100 mL every 30 days)
gabapentin tabs 600mg	QL (180 tabs every 30 days)
gabapentin tabs 800mg	QL (120 tabs every 30 days)
lacosamide soln 10mg/ml, 50mg/5ml; tabs 50mg, 100mg, 150mg, 200mg	
lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	
levetiracetam in sodium chloride iv soln 500 mg/100ml	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	
OXTELLAR XR TB24 150MG, 300MG, 600MG	PA
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg	PA, QL (120 caps every 30 days)
pregabalin caps 200mg	PA, QL (90 caps every 30 days)
pregabalin caps 225mg, 300mg	PA, QL (60 caps every 30 days)
pregabalin soln 20mg/ml	PA, QL (900 mL every 30 days)
primidone tabs 50mg, 250mg	
roweepra tabs 500mg	
subvenite tabs 25mg, 100mg, 150mg, 200mg	
TEGRETOL SUSP 100MG/5ML; TABS 200MG	
TEGRETOL-XR TB12 100MG, 200MG, 400MG	
topiramate csp 15mg, 25mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg	
zonisamide caps 25mg, 50mg, 100mg	
CARBAMATES	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	

Drug Name	Requirements/Limits
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 125mg/5ml</i>	
<i>phenytoin sodium soln 50mg/ml</i>	
<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;</i>	
<i>tbec 125mg, 250mg, 500mg</i>	
<i>valproate sodium soln 100mg/ml, 250mg/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>	

Drug Name	Requirements/Limits
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escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	
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fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg	
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fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	
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paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	
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sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	
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SEROTONIN MODULATORS

trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	
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SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

desvenlafaxine succinate tb24 25mg, 50mg, 100mg	
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duloxetine hcl cpep 20mg, 30mg, 60mg	PA
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venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg	
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TRICYCLIC AGENTS

amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
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amoxapine tabs 25mg, 50mg, 100mg, 150mg	
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clomipramine hcl caps 25mg, 50mg, 75mg	
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desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
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doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	
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imipramine hcl tabs 10mg, 25mg, 50mg	
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imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	
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nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	
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protriptyline hcl tabs 5mg, 10mg	
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trimipramine maleate caps 25mg, 50mg, 100mg	
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ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tabs 25mg, 50mg, 100mg	
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ANTIDIABETIC COMBINATIONS

alogliptin-metformin hcl tab 12.5-500 mg	ST
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alogliptin-metformin hcl tab 12.5-1000 mg	ST
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alogliptin-pioglitazone tab 12.5-30 mg	ST
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alogliptin-pioglitazone tab 25-15 mg	ST
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alogliptin-pioglitazone tab 25-30 mg	ST
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alogliptin-pioglitazone tab 25-45 mg	ST
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glipizide-metformin hcl tab 2.5-250 mg	
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Drug Name	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
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	
<i>glucagon (rdna) kit 1mg</i>	
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 1MG/0.2ML	QL (2 syringes every 30 days)

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg ST

INCRETIN MIMETIC AGENTS

OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 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 SOCT 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	

Drug Name	Requirements/Limits
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-YFGN 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	

INSULIN SENSITIZING AGENTS

pioglitazone hcl tabs 15mg, 30mg, 45mg

MEGLITINIDE ANALOGUES

nateglinide tabs 60mg, 120mg

repaglinide tabs .5mg, 1mg, 2mg

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

JARDIANCE TABS 10MG, 25MG PA; Covered for cardiovascular indication

STEGLATRO TABS 5MG, 15MG ST

SULFONYLUREAS

glimepiride tabs 1mg, 2mg, 4mg

glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg

glipizide xl tb24 2.5mg, 5mg, 10mg

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml

diphenoxylate w/ atropine tab 2.5-0.025 mg

loperamide hcl caps 2mg

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg SGM, PA

OPIOID ANTAGONISTS

KLOXXADO LIQD 8MG/0.1ML

naloxone hcl liqd 4mg/0.1ml

naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml

Drug Name	Requirements/Limits
<i>naltrexone hcl tabs 50mg</i>	
NARCAN LIQD 4MG/0.1ML	
VIVITROL SUSR 380MG	SGM, QL (1 injection every 28 days)
ZIMHI SOSY 5MG/0.5ML	QL (2 syringes per fill)

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; sosy 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)
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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

ANTI-HISTAMINES

ANTI-HISTAMINES - 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>	

Drug Name	Requirements/Limits
ANTIHISTAMINES - PHENOTHIAZINES	
promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg	
promethegan supp 12.5mg, 25mg, 50mg	
ANTIHISTAMINES - PIPERIDINES	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	
ANTIHYPERLIPIDEMICS	
ANTIHYPERLIPIDEMICS - MISC.	
icosapent ethyl caps .5gm, 1gm	PA
BILE ACID SEQUESTRANTS	
cholestyramine pack 4gm; powd 4gm/dose	
cholestyramine light pack 4gm; powd 4gm/dose	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	
prevalite pack 4gm; powd 4gm/dose	
FIBRIC ACID DERIVATIVES	
choline fenofibrate cpdr 45mg, 135mg	
fenofibrate caps 50mg; tabs 48mg, 54mg, 145mg, 160mg	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	
fenofibric acid tabs 35mg, 105mg	
gemfibrozil tabs 600mg	
HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	
lovastatin tabs 10mg, 20mg, 40mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg	ST, QL (30 tabs every 30 days)
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
ezetimibe tabs 10mg	
NICOTINIC ACID DERIVATIVES	
niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
REPATHA SOSY 140MG/ML	SGM, PA, QL (2 syringes every 28 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	SGM, PA, QL (1 cartridge every 28 days)
REPATHA SURECLICK SOAJ 140MG/ML	SGM, PA, QL (2 pens every 28 days)

Drug Name	Requirements/Limits
ANTIHYPERTENSIVES	
ACE INHIBITORS	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>methyldopa tabs 250mg, 500mg</i>	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	

Drug Name	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

eplerenone tabs 25mg, 50mg

VASODILATORS

hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg

minoxidil tabs 2.5mg, 10mg

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

atovaquone-proguanil hcl tab 62.5-25 mg QL (23 tabs every 180 days)

atovaquone-proguanil hcl tab 250-100 mg QL (23 tabs every 180 days)

ANTIMALARIALS

chloroquine phosphate tabs 250mg, 500mg QL (8 tabs every 180 days)

hydroxychloroquine sulfate tabs 200mg

mefloquine hcl tabs 250mg QL (8 tabs every 180 days)

pyrimethamine tabs 25mg PA

Drug Name	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, SGM, PA 250mg</i>	
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)

Drug Name	Requirements/Limits
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)
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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>fulvestrant sosy 250mg/5ml</i>	PA
<i>letrozole tabs 2.5mg</i>	
<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)

Drug Name	Requirements/Limits
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)
MEKINIST TABS 2MG	SGM, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	SGM, PA, QL (90 tabs every 30 days)
<i>pazopanib hcl tabs 200mg</i>	SGM, PA, QL (120 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)

Drug Name	Requirements/Limits
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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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>	

Drug Name	Requirements/Limits
<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 soln 8meq/5ml</i>	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
ANTIPSYCHOTICS - MISC.	
<i>lurasidone hcl tabs 60mg</i>	PA
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	ST
VRAYLAR CAP 1.5-3MG	ST
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	
BENZISOXAZOLES	
FANAPT TABS 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	PA
FANAPT PAK	PA
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
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</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>	

Drug Name	Requirements/Limits
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	
quetiapine fumarate tb24 50mg, 150mg, 200mg, 300mg, 400mg	PA
VERSACLOZ SUSP 50MG/ML	

PHENOTHIAZINES

chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	
compro supp 25mg	
fluphenazine decanoate soln 25mg/ml	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	
prochlorperazine supp 25mg	
prochlorperazine maleate tabs 5mg, 10mg	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	

QUINOLINONE DERIVATIVES

ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	
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

thiothixene caps 1mg, 2mg, 5mg, 10mg	
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ANTIVIRALS

ANTIRETROVIRALS

abacavir sulfate soln 20mg/ml	QL (900 mL every 30 days)
abacavir sulfate tabs 300mg	QL (60 tabs every 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	QL (30 tabs every 30 days)
APTIVUS CAPS 250MG	QL (120 caps every 30 days)
atazanavir sulfate caps 150mg	QL (80 caps every 30 days)
atazanavir sulfate caps 200mg	QL (60 caps every 30 days)
atazanavir sulfate caps 300mg	QL (40 caps every 30 days)
BIKTARVY TAB	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	QL (30 tabs every 30 days)
COMPLERA TAB	QL (30 tabs every 30 days)
darunavir tabs 600mg	QL (60 tabs every 30 days)
darunavir tabs 800mg	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	QL (30 tabs every 30 days)

Drug Name	Requirements/Limits
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 (480 caps every 30 days)
<i>efavirenz caps 200mg</i>	QL (120 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)
<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)
<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)
<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)

Drug Name	Requirements/Limits
<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 400mg</i>	QL (30 tabs every 30 days)
NORVIR PACK 100MG	QL (360 packets 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)
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)
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 50MG	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	
TRIUMEQ TAB	QL (30 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)
<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)
ANTIVIRAL COMBINATIONS	
PAXLOVID TAB 150-100	
PAXLOVID TAB 300-100	
CMV AGENTS	
<i>valganciclovir hcl solr 50mg/ml</i>	SGM, QL (1000 mL every 30 days)

Drug Name	Requirements/Limits
<i>valganciclovir hcl tabs 450mg</i>	SGM, QL (120 tabs every 30 days)

HEPATITIS AGENTS

<i>adefovir dipivoxil tabs 10mg</i>	
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)
ZEPATIER TAB 50-100MG	QL (30 tabs every 30 days)

HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg</i>	QL (28 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	QL (14 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	QL (180 mL every 90 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	

BETA BLOCKERS CARDIO-SELECTIVE

<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 50mg, 100mg</i>	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	

Drug Name	Requirements/Limits
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg</i>	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg</i>	
CARDIOTONICS	
CARDIAC GLYCOSIDES	
<i>digoxin soln .05mg/ml, .25mg/ml; tabs .062mg, 125mcg, 250mcg</i>	
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	
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	SGM, PA
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	SGM, PA
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	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)

Drug Name	Requirements/Limits
TYVASO DPI POW 16-32-48	SGM, PA, QL (252 doses every 30 days)
TYVASO REFILL SOLN .6MG/ML	SGM, PA, QL (28 ampules every 28 days)
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 tabs 5mg, 10mg</i>	SGM, PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	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>apri</i>	

Drug Name	Requirements/Limits
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	
<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>	

Drug Name	Requirements/Limits
<i>kalliga</i>	
<i>kariva</i>	
<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</i>	
<i>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-linyah</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>turqoz</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>	

Drug Name	Requirements/Limits
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COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i>
<i>mcg/24hr</i>
<i>xulane</i>
<i>zafemy</i>

COMBINATION CONTRACEPTIVES - VAGINAL

<i>eluryng</i>
<i>enilloring</i>
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>
<i>mg/24hr</i>
<i>haloette</i>

EMERGENCY CONTRACEPTIVES

<i>ELLA TABS 30MG</i>	
<i>levonorgestrel tabs 1.5mg</i>	QL (6 tabs every year)

PROGESTIN CONTRACEPTIVES - INJECTABLE

<i>DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML</i>	QL (4 injections every year)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	QL (4 injections every year)
<i>150mg/ml; susy 150mg/ml</i>	

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tabs .35mg</i>
<i>deblitane tabs .35mg</i>
<i>emzahh 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</i>
<i>.5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>
<i>dexamethasone sodium phosphate soln 4mg/ml,</i>
<i>10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy</i>
<i>4mg/ml</i>
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>
<i>MEDROL TABS 2MG</i>

Drug Name	Requirements/Limits
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<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	
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<i>methylprednisolone acetate susp 40mg/ml</i>	
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<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg</i>	
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<i>prednisolone soln 15mg/5ml</i>	
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<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
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<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
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<i>SOLU-MEDROL SOLR 2GM, 500MG</i>	
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MINERALOCORTICIDS

<i>fludrocortisone acetate tabs .1mg</i>	
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate caps 100mg, 150mg, 200mg</i>	
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<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	
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<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	
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<i>hydromet</i>	
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COUGH/COLD/ALLERGY COMBINATIONS

<i>promethazine vc</i>	
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<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
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<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
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<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
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EXPECTORANTS

<i>potassium iodide (expectorant) soln 1gm/ml</i>	
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MISC. RESPIRATORY INHALANTS

<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	
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MUCOLYTICS

<i>acetylcysteine soln 10%, 20%</i>	
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DERMATOLOGICALS

ACNE PRODUCTS

<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	PA
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<i>amnestem caps 10mg, 20mg, 40mg</i>	PA
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<i>avar cleanser</i>	
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<i>avar-e emollient</i>	
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<i>avar-e green</i>	
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<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	PA
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<i>clindacin etz pledgets swab 1%</i>	
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<i>clindacin-p swab 1%</i>	
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Drug Name	Requirements/Limits
<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>sss 10%-5%</i>	
<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>	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	
<i>sulfacetamide sodium w/ sulfur lotion 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>klayesta powd 100000unit/gm</i>	QL (120 gm every 30 days)
<i>mycozyl al soln 1%</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>	
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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)

Drug Name	Requirements/Limits
<i>calcitrene oint .005%</i>	ST, QL (120 gm every 30 days)
COSENTYX SOSY 150MG/ML	SGM, PA, QL (2 syringes every 21 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	SGM, PA, QL (2 pens every 21 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)

ANTISEBORRHEIC PRODUCTS

selenium sulfide lotn 2.5%

BURN PRODUCTS

silver sulfadiazine crea 1%

ssd crea 1%

CORTICOSTEROIDS - TOPICAL

alclometasone dipropionate crea .05%; oint .05%

betamethasone dipropionate (topical) crea .05%; oint .05% QL (120 gm every 30 days)

betamethasone dipropionate (topical) lotn .05% QL (120 mL every 30 days)

betamethasone dipropionate augmented crea .05%; oint .05% QL (120 gm every 30 days)

betamethasone valerate crea .1%; oint .1% QL (120 gm every 30 days)

betamethasone valerate lotn .1% QL (120 mL every 30 days)

clobetasol propionate soln .05%

desoximetasone crea .25% QL (120 gm every 30 days)

fluocinolone acetonide crea .025%; oint .025% QL (120 gm every 30 days)

fluocinolone acetonide soln .01%

fluocinonide crea .05%; gel .05%; oint .05% QL (120 gm every 30 days)

fluocinonide soln .05%

fluticasone propionate crea .05%; oint .005% QL (120 gm every 30 days)

halobetasol propionate crea .05%; oint .05% QL (120 gm every 30 days)

hydrocortisone (topical) crea 2.5%; oint 2.5% QL (120 gm every 30 days)

hydrocortisone (topical) lotn 2.5% QL (120 mL every 30 days)

hydrocortisone (topical) oint 1%

hydrocortisone butyrate soln .1%

mometasone furoate crea .1%; oint .1% QL (120 gm every 30 days)

mometasone furoate soln .1%

triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5% QL (120 gm every 30 days)

triamcinolone acetonide (topical) lotn .025%, .1% QL (120 mL every 30 days)

EMOLLIENTS

lactic acid (ammonium lactate) crea 12%; lotn 12%

Drug Name	Requirements/Limits
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>tacrolimus (topical) oint .1%</i>	ST
<i>tacrolimus (topical) oint .03%</i>	
KERATOLYTIC/ANTIMITOTIC/VESICANT 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>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
ROSACEA AGENTS	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	
<i>metronidazole (topical) gel 1%</i>	ST
SCABICIDES & PEDICULICIDES	
<i>malathion lotn .5%</i>	ST
<i>permethrin crea 5%</i>	
<i>spinosad susp .9%</i>	ST
WOUND CARE PRODUCTS	
BALSAM PERU OIN CASTOR	
BIONECT CREA .2%; GEL .2%	
BPCO OIN	
LUXAMEND CRE	
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

Drug Name	Requirements/Limits
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

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cp12 500mg; tabs 125mg, 250mg

methazolamide tabs 25mg, 50mg

DIURETIC COMBINATIONS

amiloride & hydrochlorothiazide tab 5-50 mg

spironolactone & hydrochlorothiazide tab 25-25 mg

triamterene & hydrochlorothiazide cap 37.5-25 mg

triamterene & hydrochlorothiazide tab 37.5-25 mg

triamterene & hydrochlorothiazide tab 75-50 mg

LOOP DIURETICS

bumetanide tabs .5mg, 1mg, 2mg

furosemide soln 10mg/ml; tabs 20mg, 40mg, 80mg

torseamide tabs 5mg, 10mg, 20mg, 100mg

OSMOTIC DIURETICS

mannitol soln 25%

POTASSIUM SPARING DIURETICS

amiloride hcl tabs 5mg

spironolactone tabs 25mg, 50mg, 100mg

THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorthalidone tabs 25mg, 50mg

hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg

indapamide tabs 1.25mg, 2.5mg

metolazone tabs 2.5mg, 5mg, 10mg

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

alendronate sodium tabs 5mg, 10mg, 35mg, 70mg

calcitonin (salmon) soln 200unit/act

TYMLOS SOPN 3120MCG/1.56ML

SGM, PA, QL (1 pen every 30 days)

Drug Name	Requirements/Limits
FERTILITY REGULATORS	
<i>clomid tabs 50mg</i>	PA
GROWTH HORMONES	
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	SGM, PA
OMNITROPE SOCT 5MG/1.5ML, 10MG/1.5ML	SGM, PA
SEROSTIM SOLR 4MG, 5MG, 6MG	SGM, PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tabs 60mg</i>	
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	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>javygtor pack 100mg; tabs 100mg</i>	SGM, PA
KUVAN TABS 100MG	SGM, PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	
<i>sapropterin dihydrochloride pack 100mg; tabs 100mg</i>	SGM, PA
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate tabs .1mg, .2mg</i>	PA
<i>desmopressin acetate spray soln .01%</i>	SGM, PA
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	SGM, PA
PROLACTIN INHIBITORS	
<i>cabergoline tabs .5mg</i>	
VASOPRESSIN RECEPTOR ANTAGONISTS	
JYNARQUE TABS 15MG	SGM, QL (60 tabs every 30 days)
JYNARQUE TABS 30MG	SGM, QL (30 tabs every 30 days)
SAMSCA TABS 15MG, 30MG	SGM, PA
<i>tolvaptan tabs 15mg, 30mg</i>	SGM
ESTROGENS	
ESTROGEN COMBINATIONS	
COMBIPATCH DIS	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>fyavolv</i>	
<i>jinteli</i>	
<i>mimvey</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	

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

Drug Name	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	
PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl tb24 10mg	
finasteride tabs 5mg	
tamsulosin hcl caps .4mg	
URINARY ANALGESICS	
phenazopyridine hcl tabs 100mg, 200mg	
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
colchicine w/ probenecid tab 0.5-500 mg	
GOUT AGENTS	
allopurinol tabs 100mg, 300mg	
colchicine tabs .6mg	QL (30 tabs every 30 days)
URICOSURICS	
probenecid tabs 500mg	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SGM, PA
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SGM, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	SGM, PA
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	SGM, PA
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	SGM, PA
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SGM, PA
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SGM, PA
COAGADEX SOLR 250UNIT, 500UNIT	SGM, PA
CORIFACT KIT 1000-1600UNIT	SGM, PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	SGM, PA
FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT	SGM, PA
FIBRYGA INJ 1GM	SGM, PA
HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT	SGM, PA
HUMATE-P SOL 250-600	SGM, PA
HUMATE-P SOL 500-1200	SGM, PA
HUMATE-P SOL 2400UNIT	SGM, PA

Drug Name	Requirements/Limits
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	SGM, PA
IXINITY SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SGM, PA
KCENTRA KIT 500UNIT	PA
KCENTRA KIT 1000UNIT	PA
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	SGM, PA
KOATE-DVI SOLR 500UNIT, 1000UNIT	SGM, PA
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SGM, PA
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SGM, PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SGM, PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	SGM, PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	SGM, PA
OBIZUR SOLR 500UNIT	SGM, PA
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	SGM, PA
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	SGM, PA
RIASTAP SOL 1GM	SGM, PA
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SGM, PA
TRETTEN SOLR 2500UNIT	SGM, PA
VONVENDI SOLR 650UNIT, 1300UNIT	SGM, PA
WILATE INJ	SGM, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	SGM, PA
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SGM, 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>	
<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>	

Drug Name	Requirements/Limits
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>	
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, 50MG	SGM, PA, QL (90 tabs every 30 days)
PROMACTA TABS 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	
<i>airavite</i>	
<i>chromagen</i>	
<i>ferocon</i>	
<i>folbee</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	
<i>folplex 2.2</i>	
<i>foltrin</i>	
<i>nufol</i>	
<i>poly-iron 150 forte</i>	
<i>purevit dualfe plus</i>	
<i>se-tan plus</i>	
<i>trigels-f forte</i>	
<i>westab one</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	

Drug Name	Requirements/Limits
NON-BARBITURATE HYPNOTICS	
estazolam tabs 1mg, 2mg	
eszopiclone tabs 1mg, 2mg, 3mg	QL (15 tabs every 30 days)
flurazepam hcl caps 15mg, 30mg	PA, QL (15 caps 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	

LAXATIVES

LAXATIVE COMBINATIONS

gavilyte-c	
gavilyte-g	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	

LAXATIVES - MISCELLANEOUS

constulose soln 10gm/15ml	
lactulose soln 10gm/15ml	

MACROLIDES

AZITHROMYCIN

azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	
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CLARITHROMYCIN

clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	
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ERYTHROMYCINS

e.e.s. 400 tabs 400mg	
ery-tab tbec 250mg, 333mg, 500mg	
erythrocin stearate tabs 250mg	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	
erythromycin ethylsuccinate susr 200mg/5ml; tabs 400mg	

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

BLOOD GLUCOSE MONITOR CALIBRATION SOLN	
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Drug Name	Requirements/Limits
FREESTYLE KIT FREEDOM	
FREESTYLE KIT LITE	
INSULIN INFUSION PUMP SUPPLIES	
LANCET DEVICE	
LANCETS	
LANCETS MISC	
OMNIPOD 5 G6 KIT INTRO	PA
OMNIPOD 5 G6 MIS PODS	PA
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 (DISPOSABLE)	

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</i>	QL (18 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%, 100mg/ml

Drug Name	Requirements/Limits
ELECTROLYTE MIXTURES	
dextrose 5% w/ sodium chloride 0.9%	
dextrose 5% w/ sodium chloride 0.45%	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	
lactated ringer's solution	
FLUORIDE	
sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml	
MAGNESIUM	
magnesium sulfate soln 50%	
PHOSPHATE	
phospha 250 neutral	
phospho-trin 250 neutral	
phospho-trin k500 tabs 500mg	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	
sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)	
wes-phos 250 neutral	
POTASSIUM	
effer-k tbef 25meq	
klor-con 8 tbc 8meq	
klor-con 10 tbc 10meq	
klor-con m10 tbc 10meq	
klor-con m20 tbc 20meq	
klor-con/ef tbef 25meq	
potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10%, 10meq/50ml, 20%; tbc 8meq, 10meq, 20meq	
potassium chloride microencapsulated crystals er tbc 10meq, 20meq	
SODIUM	
sodium chloride soln .45%, .9%, 4meq/ml	
MISCELLANEOUS THERAPEUTIC CLASSES	
IMMUNOMODULATORS	
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 25mg	SGM, PA, QL (30 caps every 30 days)
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 25MG	SGM, PA, QL (30 caps every 30 days)
IMMUNOSUPPRESSIVE AGENTS	
azasan tabs 75mg, 100mg	
azathioprine tabs 50mg, 75mg, 100mg	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	

Drug Name	Requirements/Limits
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
IRRIGATION SOLUTIONS	
<i>physiolyte</i>	
<i>physiosol irrigation</i>	
<i>water for irrigation, sterile irrigation soln</i>	
POTASSIUM REMOVING AGENTS	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps susp 15gm/60ml</i>	
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troc 10mg</i>	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	
DENTAL PRODUCTS	
<i>denta 5000 plus crea 1.1%</i>	
<i>dentagel gel 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sf 5000 plus crea 1.1%</i>	
<i>sodium fluoride 5000 plus crea 1.1%</i>	
<i>sodium fluoride 5000 ppm crea 1.1%; pste 1.1%</i>	
<i>sodium fluoride (dental) gel 1.1%</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dental paste pste .1%</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
<i>dialyvite</i>	
<i>folbee plus</i>	
<i>nephronex</i>	
<i>renal caps</i>	

Drug Name	Requirements/Limits
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<i>reno caps</i>	
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<i>tm-vite rx</i>	
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<i>triphrocaps</i>	
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<i>virt-caps</i>	
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<i>wescaps</i>	
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MULTIPLE VITAMINS W/ MINERALS

<i>v-c forte</i>	
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PED MULTI VITAMINS W/FL & FE

<i>multi-vitamin/fluoride/ir</i>	
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PED MV W/ FLUORIDE

<i>multi-vitamin/fluoride dr</i>	
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<i>multivitamin/fluoride</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
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<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
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<i>tri-vite/fluoride</i>	
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<i>vitamins a/c/d/fluoride</i>	
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PRENATAL VITAMINS

CITRANATAL CAP HARMONY	
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CITRANATAL CAP MEDLEY	
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CITRANATAL MIS 90 DHA	
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CITRANATAL MIS B-CALM	
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CITRANATAL PAK ASSURE	
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<i>elite-ob</i>	
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M-NATAL PLUS TAB	
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NIVA-PLUS TAB	
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<i>pnv-dha</i>	
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<i>pnv-select</i>	
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PRENAISSANCE CAP PLUS	
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<i>prenatal 19</i>	
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PRENATAL TAB 27-1MG	
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PRENATAL TAB PLUS	
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<i>trinate</i>	
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WESTAB PLUS TAB 27-1MG	
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SPECIALTY VITAMINS PRODUCTS

<i>urosex</i>	
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MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 10mg, 20mg</i>	
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<i>carisoprodol tabs 250mg, 350mg</i>	QL (84 tabs every 30 days)
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<i>chlorzoxazone tabs 500mg</i>	
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<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
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Drug Name	Requirements/Limits
<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>	
VISCOSUPPLEMENTS	
<i>EUFLEXXA SOSY 20MG/2ML</i>	
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>	
<i>BETIMOL SOLN .25%, .5%</i>	
<i>carteolol hcl (ophth) soln 1%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</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>	
<i>SIMBRINZA SUS 1-0.2%</i>	
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
<i>NATACYN SUSP 5%</i>	
<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>	

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

Drug Name	Requirements/Limits
OXYTOCICS	
<i>oxytocin soln 10unit/ml</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
<i>SYNAGIS SOLN 50MG/0.5ML, 100MG/ML</i>	SGM, PA
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>	

Drug Name	Requirements/Limits
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	
<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	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	PA
SAVELLA MIS TITR PAK	PA
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	SGM, PA, QL (4 injections every 28 days)
AVONEX PEN AJKT 30MCG/0.5ML	SGM, PA, QL (4 injections every 28 days)
BETASERON KIT .3MG	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)
EXTAVIA KIT .3MG	SGM, PA, QL (15 injections every 30 days)
<i> fingolimod hcl caps .5mg</i>	SGM, PA, QL (30 caps every 30 days)

Drug Name	Requirements/Limits
GILENYA CAPS .25MG	SGM, ST, QL (30 caps every 30 days)
<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	
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	
PSEUDOBULBAR AFFECT (PBA) AGENTS	
NUEDEXTA CAP 20-10MG	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
<i>pimozide tabs 1mg, 2mg</i>	
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
NICOTROL INHALER INHA 10MG	
NICOTROL NS SOLN 10MG/ML	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
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)

Drug Name	Requirements/Limits
PULMOZYME SOLN 2.5MG/2.5ML	SGM, PA, QL (150 mL every 30 days)
TRIKAFTA TAB	SGM, PA, QL (90 tabs every 30 days)

SULFONAMIDES

SULFONAMIDES

sulfadiazine tabs 500mg

TETRACYCLINES

TETRACYCLINES

doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg

doxycycline hyclate caps 50mg; tabs 20mg

minocycline hcl caps 50mg, 75mg, 100mg; tabs 75mg

tetracycline hcl caps 250mg, 500mg

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

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

chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg

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

Drug Name	Requirements/Limits
<i>glycopyrrolate soln 1mg/5ml</i>	Covered for age 3 to 16
<i>glycopyrrolate tabs 1mg, 2mg</i>	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</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 40mg</i>
<i>famotidine susr 40mg/5ml</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
NEXIUM PACK 2.5MG, 5MG	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>
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride soln 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>
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tabs 100mg</i>

VAGINAL AND RELATED PRODUCTS

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>

Drug Name	Requirements/Limits
PREMARIN CREA .625MG/GM	
<i>yuvaferm 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>	
VITAMINS	
OIL SOLUBLE VITAMINS	
<i>ergocalciferol caps 1.25mg, 50000unit</i>	
<i>phytonadione tabs 5mg</i>	QL (10 tabs every 30 days)
WATER SOLUBLE VITAMINS	
<i>thiamine hcl soln 100mg/ml, 200mg/2ml</i>	

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<i>diazepam (anticonvulsant)</i>	26	<i>doxycycline (monohydrate)</i>	70
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<i>diclofenac sodium</i>	18	<i>dronabinol</i>	31
<i>diclofenac sodium (ophth)</i>	66	<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	46
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	18	<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	46
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<i>nateglinide</i>	30	<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>necon 0.5/35-28</i>	47	1 mg-20 mcg	47
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		<i>norethindrone ace & ethinyl estradiol tab 1.5</i>	
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<i>neomycin-polymy-gramicid op sol 1.75-</i>		<i>norethindrone ace & ethinyl estradiol tab 1</i>	
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<i>ophth oint 0.1%</i>	66	<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-dexamethasone</i>		0.5 mg-2.5 mcg	55
<i>ophth susp 0.1%</i>	66	<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	66	1 mg-5 mcg	56
<i>neomycin-polymyxin-hc otic soln 1%</i>	66	<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>neomycin-polymyxin-hc otic susp 3.5</i>		mg-35 mcg.....	47
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<i>nystatin</i>	31	<i>mg</i>	21
<i>nystatin (mouth-throat)</i>	63	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
<i>nystatin (topical)</i>	51	<i>mg</i>	21
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OMNIPOD DASH KIT INTRO	61	<i>pediatric vitamins acd w/ fluoride soln 0.5</i>	
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OMNITROPE	55	<i>soln 236 gm</i>	60
<i>ondansetron</i>	31	<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>	
<i>ondansetron hcl</i>	31	<i>gm</i>	60
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<i>mg</i>	21	<i>phenytoin</i>	27
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<i>mg</i>	21	<i>phenytoin sodium extended</i>	27

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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	29	<i>probenecid</i>	57
<i>pioglitazone hcl-metformin hcl tab 15-500</i> <i>mg</i>	29	<i>prochlorperazine</i>	40
<i>pioglitazone hcl-metformin hcl tab 15-850</i> <i>mg</i>	29	<i>prochlorperazine maleate</i>	40
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<i>pnv-select</i>	64	<i>proctozone-hc</i>	22
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<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	66	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	50
<i>portia-28</i>	48	<i>promethazine hcl</i>	32
<i>potassium chloride</i>	62	<i>promethazine vc</i>	50
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	62	<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	50
<i>potassium citrate (alkalinizer)</i>	56	<i>promethegan</i>	32
<i>potassium citrate & citric acid soln 1100-</i> <i>334 mg/5ml</i>	56	<i>propafenone hcl</i>	23
<i>potassium iodide (expectorant)</i>	50	<i>proparacaine hcl</i>	66
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<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	34	RUCONEST	58
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<i>rosuvastatin calcium</i>	32	<i>sodium fluoride (dental)</i>	63
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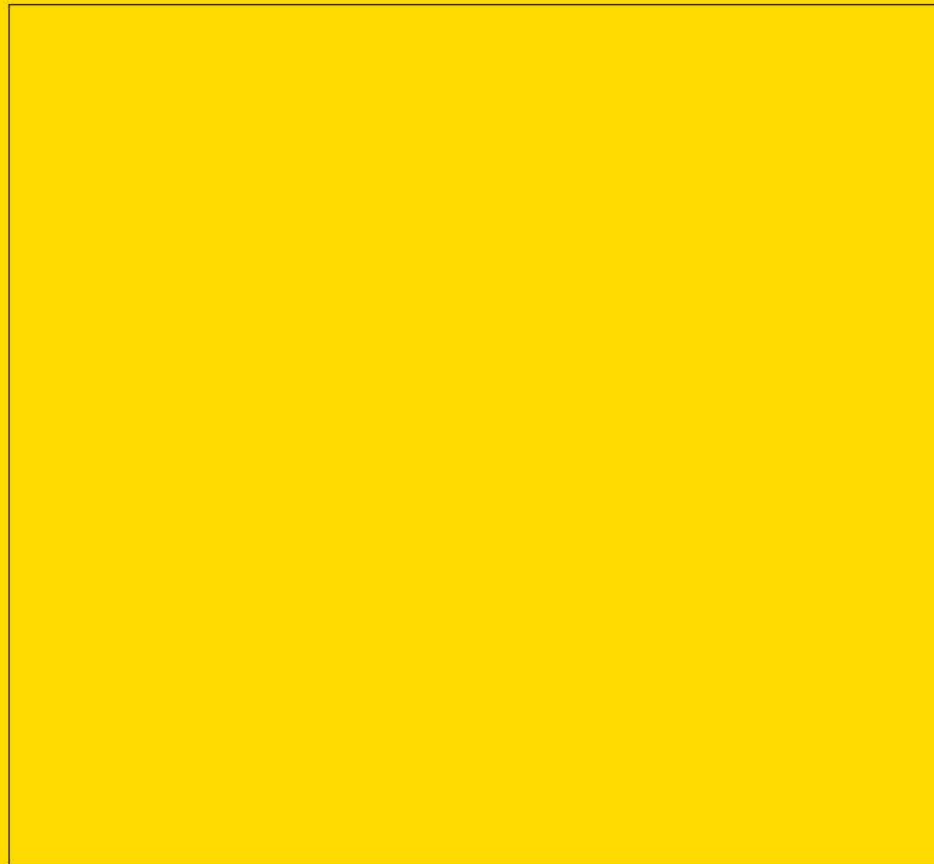
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<i>topiramate</i>	26	<i>tri-sprintec</i>	48
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