



July 2023

**Molina Healthcare of South
Carolina**

Medicaid

**Preferred Drug List
(Formulary)**

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Molina Healthcare of South Carolina Preferred Drug List

(07/01/2023) v2

FORMULARY GUIDE

INTRODUCTION

We are pleased to provide the 2023 *Molina Healthcare of South Carolina Preferred Drug List* 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 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. All the information in the document is provided as a reference for drug therapy selection.

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 mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).
- The second column (Requirements/Limits) contains any special requirements for coverage of your drug.

- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, lowercase italicized type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-preferred, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed drug list 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., Step Therapy, Prior Authorization, Quantity Limits, 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 preferred drug list exception may be requested for coverage. Medical necessity or preferred drug list exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-preferred prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

Note: To promote safety in dosing, some medications are subject to age and dosing restrictions (i.e., edits) as per their respective FDA labeling and not denoted with AGE and/or QL indicators. Prior authorization may be required for doses or age limits outside the FDA recommendations.

PLAN DESIGN HIGHLIGHTS

Prescription Cost Sharing	
*Ages 19 years and older	\$3.40 copay per prescription and refill
Ages under 19 years	\$0 copay per prescription and refill

*There are no copays for pregnant members. Institutionalized individuals (such as persons in a

nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)) and members of a federally recognized Indian tribe are exempt from most copays. Tribal members are exempt when services are received by the Catawba Service Unit in Rock Hill, South Carolina and when referred to a specialist or other medical provider by the Catawba Service Unit.

PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 31-day supply, unless otherwise specified on the Preferred Drug List. Trial quantities may be used when trying new treatments, if appropriate.

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. These include, but are not limited to:

- Appetite Suppressants / Anorexiant for weight loss
- Drugs for Cosmetic Purposes, including hair growth
- Drugs used to treat infertility
- Drugs used to treat erectile dysfunction
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related, or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches) not Listed in the Preferred Drug List
- OTC (Over-the-Counter non-prescription medications) unless specifically listed in the Preferred Drug List
- OTC Analgesics unless specifically listed in the Preferred Drug List
- OTC Cough and Cold products unless specifically listed in the Preferred Drug List
- OTC Vitamin and mineral products including calcium supplements/TUMS unless specifically listed in the Preferred Drug List

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Preferred Drug List may be approved when medically necessary and when preferred drug list options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at 1-855-571-3011. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of South Carolina's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
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Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Osteoporosis	T-score
Opioid dependence/addiction	Urine screen
Non-Formulary/Non-Preferred Medication	*Medication History and/or Progress Notes documenting previous use of Formulary medications

*NOTE: Samples given to members in providers' offices do not constitute evidence of existing therapy on a medication for prior authorization purposes. When choosing to provide samples, providers should choose only samples of medications on the Molina Healthcare preferred drug list.

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

Molina Healthcare of South Carolina (MHSC) implemented a uniform and coordinated set of pharmacy benefit limits for opioids. Prior authorization (PA) is required for the following scenario(s):

- Opioid-naïve members (as defined as members with no opioid prescription for the previous 90 days) with a prescription for a short acting opioid that is either:
 - o Greater than a 7 day supply, OR
 - o Greater than 90 morphine milligram equivalents (MME) per day.

The following constitute exceptions from these limits:

- Members with sickle cell disease, cancer, major surgery, major trauma, neonatal abstinence syndrome, chronic pain, or those receiving palliative or end-of-life care or medication assisted therapy (MAT).

MHSC began using information systems to identify members receiving doses of opioids greater than 90 MME per day. PA is required in order to continue on chronic high dose opioids (greater than 90 MME per day). In evaluating PA requests for doses above these new limits, MHSC will be looking for supporting documentation including, but not limited to, pain consultation supporting the dose requested, signed and dated patient prescriber agreement, and medical records documenting treatment plan including rationale for the high dose and titration to current dose and plan. This edit does not apply to opioid prescriptions issued by a practitioner who orders an opioid to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility.

REQUESTING PREFERRED DRUG LIST CHANGES

If you are a prescriber and would like to request a preferred drug list change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: 1-855-571-3011

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 3-day supply of a medication before prior authorization may be obtained from Molina.

(e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment and should not use this process to dispense medications that are specifically excluded from the pharmacy benefit. At the point of sale, pharmacies may enter a PAMC code of 11112222333 to allow for one-time processing of a 3-day supply of medication. This code should be submitted in the PA Auth code section on the claim. Successive 3-day supplies for a single prescription are not permitted.

In case of an emergency, a member who currently is enrolled in the South Carolina Medicaid Pharmacy Lock-In Program is allowed to obtain a 72-hour supply of a medication filled at a pharmacy that is not his/her designated lock-in pharmacy.

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

LEGEND

AGE	Age Limit
MED	Max 60 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
7/1/2023	TAMIFLU CAP 30MG	Remove brand from formulary	
7/1/2023	TAMIFLU SUS 6MG/ML	Remove brand from formulary	
7/1/2023	TAMIFLU CAP 45MG	Remove brand from formulary	
7/1/2023	TAMIFLU CAP 75MG	Remove brand from formulary	
7/1/2023	FreeStyle Libre 3 Sensor MISC	Add to formulary, QL	2 per 28 days
7/1/2023	HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML	Remove from formulary	
7/1/2023	HYDROXYPROGESTERONE CAPROATE (BULK) POWDER	Remove from formulary	
7/1/2023	FIRVANQ ORAL SOL	Remove from formulary	
7/1/2023	VANCOMYCIN ORAL SOL	Add to formulary, QL	40 mL every 1 day
7/1/2023	TERIFLUNOMID TAB 7MG	Add to formulary, PA	
7/1/2023	TERIFLUNOMID TAB 14MG	Add to formulary, PA	
7/1/2023	AUBAGIO TAB 7 MG	Remove from formulary	
7/1/2023	AUBAGIO TAB 14 MG	Remove from formulary	

Drug Name Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (5 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	QL (4 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	QL (4 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)</i>	QL (2 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>zenzedi tab 5mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>zenzedi tab 10mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	QL (40 vials in lifetime); AGE (Max 1)
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Drug Name	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
<i>atomoxetine hcl cap 10 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 150 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 200 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 250 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (generic of FOCALIN XR)	QL (1 cap every 1 day); AGE (Min 6, Max 18)

Drug Name	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 40 mg (generic of FOCALIN XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 24hr 10 mg (la) (generic of RITALIN LA)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 24hr 20 mg (la) (generic of RITALIN LA)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 24hr 30 mg (la) (generic of RITALIN LA)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 24hr 40 mg (la) (generic of RITALIN LA)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	QL (15 mL every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	QL (30 mL every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 10 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18); Generic Methylin ER

Drug Name	Requirements/Limits
<i>methylphenidate hcl tab er 20 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18); Generic Methylin ER
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	QL (1 tab every 1 day); AGE (Min 17)
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	QL (1 tab every 1 day); AGE (Min 17)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 5mg</i>	QL (2 caps every 1 day), OTC
MELATONIN LIQ 1MG/4ML	QL (20 mL every 1 day), OTC
MELATONIN LIQ 2.5MG	QL (20 mL every 1 day), OTC
MELATONIN LIQ 5MG/20ML	QL (20 mL every 1 day), OTC
<i>melatonin tab 1 mg</i>	QL (1 tab every 1 day), OTC
<i>melatonin tab 3 mg</i>	QL (1 tab every 1 day), OTC
<i>melatonin tab 5 mg</i>	QL (1 tab every 1 day), OTC
<i>melatonin tab er 10 mg</i>	QL (1 tab every 1 day), OTC
<i>melatonin tablet disintegrating 5 mg</i>	QL (2 tabs every 1 day), OTC
<i>sm melatonin tab 5mg</i>	QL (2 tabs every 1 day), OTC

ALTERNATIVE MEDICINE COMBINATIONS

<i>melatonin tab vit b-6</i>	QL (2 tabs every 1 day), OTC
<i>melatonin tr tab /vit-b6</i>	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
<i>melatonin/ tab vit b-6</i>	QL (2 tabs every 1 day), OTC

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tab 500 mg</i>
<i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i>

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	SP, PA, QL (2 injections every 24 days)
HUMIRA INJ 20/0.2ML	SP, PA, QL (2 injections every 24 days)
HUMIRA INJ 40/0.4ML	SP, PA, QL (2 injections every 24 days)
HUMIRA KIT 40MG/0.8	SP, PA, QL (2 injections every 24 days)
HUMIRA PEDIA INJ CROHNS	SP, PA, QL (2 injections every 24 days)
HUMIRA PEN INJ 40/0.4ML	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 40MG/0.8	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 80/0.8ML	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ CD/UC/HS	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ PS/UV	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN KIT CD/UC/HS	SP, PA, QL (3 pens every 180 days)
HUMIRA PEN KIT PED UC	SP, PA, QL (4 pens every 180 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 pens every 180 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOL 1MG/ML	SP, PA
XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, PA
XELJANZ XR TAB 22MG	SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14	SP, PA
KEVZARA INJ 200/1.14	SP, PA

Drug Name	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	QL (4 caps every 1 day)
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	QL (4 caps every 1 day)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	QL (2 caps every 1 day)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	QL (2 caps every 1 day)
<i>diclofenac potassium tab 50 mg</i>	QL (4 tabs every 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 75 mg</i>	QL (2 tabs every 1 day)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (2 tabs every 1 day)
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>etodolac tab 400 mg (generic of LODINE)</i>	QL (3 tabs every 1 day)
<i>etodolac tab 500 mg</i>	QL (2 tabs every 1 day)
<i>flurbiprofen tab 50 mg</i>	QL (4 tabs every 1 day)
<i>flurbiprofen tab 100 mg</i>	QL (4 tabs every 1 day)
<i>ibuprofen cap 200 mg</i>	QL (4 caps every 1 day), OTC
<i>ibuprofen chew tab 100 mg</i>	QL (6 tabs every 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	QL (160 mL every 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	QL (160 mL every 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	QL (160 mL every 1 day), OTC
<i>ibuprofen tab 100 mg</i>	QL (4 tabs every 1 day), OTC
<i>ibuprofen tab 200 mg</i>	QL (4 tabs every 1 day), OTC
<i>ibuprofen tab 400 mg</i>	QL (4 tabs every 1 day)
<i>ibuprofen tab 600 mg</i>	QL (4 tabs every 1 day)
<i>ibuprofen tab 800 mg</i>	QL (4 tabs every 1 day)
<i>indomethacin cap 25 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>indomethacin cap 50 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>ketoprofen cap 50 mg</i>	QL (4 caps every 1 day)
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>meloxicam tab 7.5 mg</i>	QL (1 tab every 1 day)
<i>meloxicam tab 15 mg</i>	QL (1 tab every 1 day)
<i>nabumetone tab 500 mg</i>	QL (4 tabs every 1 day)
<i>nabumetone tab 750 mg</i>	QL (4 tabs every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>naproxen sodium tab 220 mg</i>	QL (3 tabs every 1 day), OTC
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	QL (100 mL every 1 day)
<i>naproxen tab 250 mg</i>	QL (3 tabs every 1 day)
<i>naproxen tab 375 mg</i>	QL (3 tabs every 1 day)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	PA, QL (3 tabs every 1 day)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	PA, QL (4 caps every 1 day)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	PA, QL (2 caps every 1 day)
<i>sulindac tab 150 mg</i>	QL (3 tabs every 1 day)
<i>sulindac tab 200 mg</i>	QL (3 tabs every 1 day)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	SP, PA
OTEZLA TAB 30MG	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg (generic of ARAVA)</i>	QL (1 tab every 1 day)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	QL (1 tab every 1 day)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	SP, PA, QL (8 syringes every 24 days)
ENBREL INJ 25MG	SP, PA, QL (8 vials every 24 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 syringes every 24 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 injections every 24 days)
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 pens every 24 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab (generic of ESGIC)</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (10 tabs every 1 day); AGE (Max 64)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (6 tabs every 1 day); AGE (Max 64)

ANALGESICS OTHER

<i>acetaminophen chew tab 80 mg</i>	QL (6 tabs every 1 day), OTC
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Drug Name	Requirements/Limits
<i>acetaminophen chew tab 160 mg</i>	QL (6 tabs every 1 day), OTC
<i>acetaminophen disintegrating tab 80 mg</i>	QL (50 tabs every 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	QL (25 tabs every 1 day), OTC
<i>acetaminophen elixir 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	QL (34 supp every 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	QL (6 supp every 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	QL (12 tabs every 1 day), OTC
<i>acetaminophen tab 500 mg</i>	QL (8 tabs every 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	QL (6 tabs every 1 day), OTC
FEVERALL INF SUP 80MG	QL (50 supp every 1 day), OTC

SALICYLATES

<i>aspirin chew tab 81 mg</i>	QL (1 tab every 1 day), OTC
<i>aspirin tab 325 mg</i>	QL (12 tabs every 1 day), OTC
<i>aspirin tab delayed release 81 mg</i>	QL (1 tab every 1 day), OTC
<i>aspirin tab delayed release 325 mg</i>	QL (12 tabs every 1 day), OTC
<i>salsalate tab 500 mg</i>	QL (4 tabs every 1 day)
<i>salsalate tab 750 mg</i>	QL (4 tabs every 1 day)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	QL (8 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required), AGE (Min 12)
<i>codeine sulfate tab 30 mg</i>	QL (12 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required), AGE (Min 12)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (12 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (12 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>methadone hcl tab 5 mg</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>methadone hcl tab 10 mg</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 10 mg/5ml</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 20 mg/5ml</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate tab 15 mg</i>	QL (3 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate tab 30 mg</i>	QL (3 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED
<i>OXAYDO TAB 5MG</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>oxycodone hcl soln 5 mg/5ml</i>	MED; QL (max quantity 240 per fill; max 7 day supply for initial fill or PA required)
<i>oxycodone hcl tab 5 mg</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>oxycodone hcl tab 10 mg</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	MED; QL (max 7 day supply for initial fill or PA required)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 27

Drug Name	Requirements/Limits
<i>oxycodone hcl tab 20 mg</i>	MED; QL (max quantity 120 per fill; max 7 day supply for initial fill or PA required)
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	MED; QL (max quantity 120 per fill; max 7 day supply for initial fill or PA required)
<i>tramadol hcl tab 50 mg</i>	QL (8 tabs every 1 day); AGE (Min 12), MED

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL every 25 days), AGE; AGE (Min 12), MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required), AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required), AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required), AGE (Min 12)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (8 caps every 1 day); MED
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (8 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL every 25 days); HYCET, MED; (max 7 day supply for initial fill or PA required)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (6 tabs every 1 day); NORCO, MED; QL (max 7 day supply for initial fill or PA required)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (6 tabs every 1 day); NORCO, MED; QL (max 7 day supply for initial fill or PA required)

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (6 tabs every 1 day); NORCO, MED; QL (max 7 day supply for initial fill or PA required)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	QL (8 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	QL (6 tabs every 1 day); MED; QL (max 7 day supply for initial fill or PA required)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (12 tabs every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (3 tabs every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE)	QL (12 films every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv) (generic of SUBOXONE)	QL (6 films every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv) (generic of SUBOXONE)	QL (3 films every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE)	QL (2 films every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)	QL (12 tabs every 1 day); MED; AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv)	QL (3 tabs every 1 day); MED; AGE (Min 16)
SUBLOCADE INJ 100/0.5	SP
SUBLOCADE INJ 300/1.5	SP

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>depo-testost inj 100mg/ml</i>	
<i>depo-testost inj 200mg/ml</i>	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	QL (1680 mL every 25 days)
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Drug Name	Requirements/Limits
RECTAL COMBINATIONS	
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	OTC
RECTAL LOCAL ANESTHETICS	
<i>dibucaine perianal ointment 1%</i>	OTC
<i>qc dibucaine oin 1%</i>	OTC
RECTAL STEROIDS	
<i>hydrocortisone acetate suppos 25 mg</i>	QL (7 supp every 1 day)
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	
ANTACID COMBINATIONS	
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	OTC
<i>antacid extr chw 675-135</i>	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate tab 325 mg</i>	OTC
<i>sodium bicarbonate tab 650 mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
<i>CALCIUM CARB TAB 648MG</i>	OTC
<i>calcium carbonate (antacid) chew tab 400 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC
ANTACIDS - MAGNESIUM SALTS	
<i>magnesium oxide tab 250 mg</i>	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i>	OTC
<i>magnesium oxide tab 420 mg</i>	OTC
<i>maox tab 420mg</i>	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tab 200 mg</i>	PA

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (16 tabs every 2 days); Max 1 fill per month
<i>pinworm med sus 144mg/ml</i>	OTC

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS

<i>metronidazole tab 250 mg</i>	QL (8 tabs every 1 day)
<i>metronidazole tab 500 mg</i>	QL (4 tabs every 1 day)
<i>trimethoprim tab 100 mg</i>	QL (6 tabs every 1 day)

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (40 mL every 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	QL (4 tabs every 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	QL (4 tabs every 1 day)
<i>sulfatrim pd sus 200-40/5</i>	QL (40 mL every 1 day)

ANTIPROTOZOAL AGENTS

<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	PA
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GLYCOPEPTIDES

<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (generic of FIRVANQ)</i>	QL (40 mL every 1 day)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent) (generic of FIRVANQ)</i>	QL (40 mL every 1 day)

LEPROSTATICS

<i>dapsone tab 25 mg</i>	QL (4 tabs every 1 day)
<i>dapsone tab 100 mg</i>	QL (3 tabs every 1 day)

LINCOSAMIDES

<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	QL (8 caps every 1 day)
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	QL (6 caps every 1 day)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	AGE (Max 18)

OXAZOLIDINONES

<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	PA
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	PA

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	QL (2 caps every 1 day); AGE (Max 64)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>nitrofurantoin susp 25 mg/5ml</i>	QL (40 mL every 1 day); AGE (Max 12)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

NITRATES

<i>isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)</i>	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	QL (6 tabs every 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	QL (4 tabs every 1 day)
<i>isosorbide mononitrate tab 10 mg</i>	QL (3 tabs every 1 day)
<i>isosorbide mononitrate tab 20 mg</i>	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	QL (2 tabs every 1 day)
<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	QL (10 tabs every 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	QL (1 patch every 1 day)

ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	QL (8 tabs every 1 day); AGE (Min 6)
<i>buspirone hcl tab 10 mg</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>buspirone hcl tab 15 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 10 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)

Drug Name	Requirements/Limits
<i>hydroxyzine hcl tab 25 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 50 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	QL (8 caps every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (8 caps every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (4 caps every 1 day); AGE (Max 64)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (4 tabs every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 15 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>diazepam conc 5 mg/ml</i>	PA, QL (3 mL every 1 day); AGE (Max 64)
<i>diazepam oral soln 1 mg/ml</i>	QL (4 mL every 1 day); AGE (Max 64)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>lorazepam conc 2 mg/ml</i>	QL (3 mL every 1 day); AGE (Min 12)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (3 tabs every 1 day); AGE (Min 12)

Drug Name	Requirements/Limits
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (3 tabs every 1 day); AGE (Min 12)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	QL (3 tabs every 1 day); AGE (Min 12)
<i>oxazepam cap 10 mg</i>	QL (3 caps every 1 day); AGE (Min 6)
<i>oxazepam cap 15 mg</i>	QL (3 caps every 1 day); AGE (Min 6)
<i>oxazepam cap 30 mg</i>	QL (4 caps every 1 day); AGE (Min 6)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	QL (8 caps every 1 day)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	QL (5 caps every 1 day); AGE (Max 64)
<i>quinidine sulfate tab 300 mg</i>	QL (8 tabs every 1 day)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	QL (6 caps every 1 day)
<i>mexiletine hcl cap 200 mg</i>	QL (6 caps every 1 day)
<i>mexiletine hcl cap 250 mg</i>	QL (6 caps every 1 day)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	QL (7 tabs every 1 day)
<i>flecainide acetate tab 100 mg</i>	QL (6 tabs every 1 day)
<i>flecainide acetate tab 150 mg</i>	QL (3 tabs every 1 day)
<i>propafenone hcl tab 150 mg</i>	QL (6 tabs every 1 day)
<i>propafenone hcl tab 225 mg</i>	QL (3 tabs every 1 day)
<i>propafenone hcl tab 300 mg</i>	QL (3 tabs every 1 day)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	QL (4 tabs every 1 day)
<i>pacerone tab 200mg</i>	QL (4 tabs every 1 day)

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (26 each every 1 day)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA INJ 30MG/ML	SP, PA
FASENRA PEN INJ 30MG/ML	SP, PA
XOLAIR INJ 75/0.5	SP, PA, QL (5 syringes every 24 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (5 syringes every 24 days)
XOLAIR SOL 150MG	SP, PA, QL (5 vials every 24 days)

Drug Name	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AER 17MCG	QL (1 inhaler every 25 days)
INCRUSE ELPT INH 62.5MCG	QL (1 blister every 1 day)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (10 mL every 1 day)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv)</i> (generic of SINGULAIR)	QL (1 tab every 1 day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	QL (1 tab every 1 day)
<i>montelukast sodium tab 10 mg (base equiv)</i> (generic of SINGULAIR)	QL (1 tab every 1 day)
STEROID INHALANTS	
ALVESCO AER 80MCG	QL (1 inhaler every 25 days)
ALVESCO AER 160MCG	QL (1 inhaler every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	QL (4 mL every 1 day); AGE (Max 9)
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	QL (4 mL every 1 day); AGE (Max 9)
FLOVENT HFA AER 44MCG	QL (0.033 inhalers every 1 day); AGE (Max 11)
FLOVENT HFA AER 110MCG	QL (0.033 inhalers every 1 day); AGE (Max 11)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i> (125/valve)	QL (0.033 inhalers every 1 day); AGE (Max 11)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i> (50/valve)	QL (0.033 inhalers every 1 day); AGE (Max 11)
QVAR REDIIHA AER 80MCG	QL (0.354 gm every 1 day)
QVAR REDIIHAL AER 40MCG	QL (0.354 gm every 1 day)
SYMPATHOMIMETICS	
<i>albuterol sulfate inhal aero 108 mcg/act</i> (90mcg base equiv)	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate inhal aero 108 mcg/act</i> (90mcg base equiv)	QL (Age 0-17: 36 gm/25 days; Age 18+: 18 gm/25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act</i> (90mcg base equiv) (generic of PROVENTIL HFA)	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 each every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> (base equiv)	QL (300 each every 25 days)

Drug Name	Requirements/Limits
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 each every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 each every 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (150 mL every 1 day)
<i>albuterol sulfate tab 4 mg</i>	QL (8 tabs every 1 day)
ANORO ELLIPT AER 62.5-25	QL (2 blisters every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	QL (1 inhaler every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL every 25 days)
STRIVERDI AER 2.5MCG	QL (0.5 inhalers every 1 day)
<i>terbutaline sulfate tab 2.5 mg</i>	QL (8 tabs every 1 day)
<i>terbutaline sulfate tab 5 mg</i>	QL (6 tabs every 1 day)
TRELEGY AER 100MCG	QL (0.033 inhalers every 1 day)
TRELEGY AER 100MCG	QL (0.071 inhalers every 1 day)
TRELEGY AER 200MCG	QL (0.033 inhalers every 1 day)
TRELEGY AER 200MCG	QL (0.071 inhalers every 1 day)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
XANTHINES	
<i>elixophyllin elx 80/15ml</i>	
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	

Drug Name	Requirements/Limits
<i>theophylline tab er 12hr 300 mg</i>	QL (4 tabs every 1 day)
<i>theophylline tab er 12hr 450 mg</i>	QL (2 tabs every 1 day)
<i>theophylline tab er 24hr 400 mg</i>	QL (3 tabs every 1 day)
<i>theophylline tab er 24hr 600 mg</i>	QL (3 tabs every 1 day)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2.5 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 3 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 4 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 5 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 6 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 7.5 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 10 mg</i>	QL (10 tabs every 1 day)

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	QL (74 tabs every year); Max quantity 74 tablets, max one fill per year
ELIQUIS TAB 2.5MG	QL (2 tabs every 1 day)
ELIQUIS TAB 5MG	QL (2 tabs every 1 day)

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)</i>	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)</i>	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)</i>	PA

Drug Name	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)</i>	PA
FRAGMIN INJ 2500/0.2	PA
FRAGMIN INJ 5000/0.2	PA
FRAGMIN INJ 7500/0.3	PA
FRAGMIN INJ 10000/ML	PA
FRAGMIN INJ 12500UNT	PA
FRAGMIN INJ 15000UNT	PA
FRAGMIN INJ 18000UNT	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg (generic of ONFI)</i>	QL (2 tabs every 1 day)
<i>clobazam tab 20 mg (generic of ONFI)</i>	QL (2 tabs every 1 day)
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	QL (10 tabs every 1 day)
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	QL (10 tabs every 1 day)
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	QL (10 tabs every 1 day)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea every 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea every 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea every 25 days)
NAYZILAM SPR 5MG	QL (10 bottles every 25 days); AGE (Min 12)
VALTOCO SPR 5MG	QL (10 sprays every 25 days); AGE (Min 6)
VALTOCO SPR 10MG	QL (10 sprays every 25 days); AGE (Min 6)
VALTOCO SPR 15MG	QL (10 ea every 25 days); AGE (Min 6)
VALTOCO SPR 20MG	QL (10 ea every 25 days); AGE (Min 6)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>	QL (8 caps every 1 day)
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>	QL (8 ea every 1 day)
<i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i>	QL (8 caps every 1 day)
<i>carbamazepine chew tab 100 mg</i>	QL (8 tabs every 1 day)
<i>carbamazepine susp 100 mg/5ml (generic of TEGRETOL)</i>	QL (60 mL every 1 day)
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i>	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i>	QL (8 tabs every 1 day)

Drug Name	Requirements/Limits
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	QL (8 tabs every 1 day)
CARBATROL CAP 100MG	QL (8 caps every 1 day)
CARBATROL CAP 200MG	QL (8 caps every 1 day)
CARBATROL CAP 300MG	QL (8 caps every 1 day)
<i>epitol tab 200mg</i> (generic of TEGRETOL)	QL (8 tabs every 1 day)
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	QL (10 caps every 1 day)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	QL (10 caps every 1 day)
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	QL (9 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml</i> (generic of NEURONTIN)	
<i>gabapentin tab 600 mg</i> (generic of NEURONTIN)	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg</i> (generic of NEURONTIN)	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml</i> (generic of VIMPAT)	QL (20 mL every 1 day)
<i>lacosamide tab 50 mg</i> (generic of VIMPAT)	QL (2 tabs every 1 day)
<i>lacosamide tab 100 mg</i> (generic of VIMPAT)	QL (2 tabs every 1 day)
<i>lacosamide tab 150 mg</i> (generic of VIMPAT)	QL (2 tabs every 1 day)
<i>lacosamide tab 200 mg</i> (generic of VIMPAT)	QL (2 tabs every 1 day)
<i>lamotrigine tab 25 mg</i> (generic of LAMICTAL)	QL (10 tabs every 1 day)
<i>lamotrigine tab 100 mg</i> (generic of LAMICTAL)	QL (8 tabs every 1 day)
<i>lamotrigine tab 150 mg</i> (generic of LAMICTAL)	QL (4 tabs every 1 day)
<i>lamotrigine tab 200 mg</i> (generic of LAMICTAL)	QL (4 tabs every 1 day)
<i>lamotrigine tab chewable dispersible 5 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (8 tabs every 1 day)
<i>lamotrigine tab chewable dispersible 25 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (8 tabs every 1 day)
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	QL (30 mL every 1 day)
<i>levetiracetam tab 250 mg</i> (generic of KEPPRA)	QL (6 tabs every 1 day)
<i>levetiracetam tab 500 mg</i> (generic of KEPPRA)	QL (6 tabs every 1 day)
<i>levetiracetam tab 750 mg</i> (generic of KEPPRA)	QL (4 tabs every 1 day)
<i>levetiracetam tab 1000 mg</i> (generic of KEPPRA)	QL (3 tabs every 1 day)
<i>levetiracetam tab er 24hr 500 mg</i> (generic of KEPPRA XR)	QL (6 tabs every 1 day)
<i>levetiracetam tab er 24hr 750 mg</i> (generic of KEPPRA XR)	QL (4 tabs every 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> (generic of TRILEPTAL)	QL (16.667 mL every 1 day)
<i>oxcarbazepine tab 150 mg</i> (generic of TRILEPTAL)	QL (16 tabs every 1 day)
<i>oxcarbazepine tab 300 mg</i> (generic of TRILEPTAL)	QL (8 tabs every 1 day)
<i>oxcarbazepine tab 600 mg</i> (generic of TRILEPTAL)	QL (4 tabs every 1 day)
<i>pregabalin cap 25 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 50 mg</i> (generic of LYRICA)	PA, QL (6 caps every 1 day)
<i>pregabalin cap 75 mg</i> (generic of LYRICA)	PA, QL (8 caps every 1 day)

Drug Name	Requirements/Limits
<i>pregabalin cap 100 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 150 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 200 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i> (generic of LYRICA)	PA, QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i> (generic of LYRICA)	PA, QL (2 caps every 1 day)
<i>primidone tab 50 mg</i> (generic of MYSOLINE)	QL (4 tabs every 1 day)
<i>primidone tab 250 mg</i> (generic of MYSOLINE)	QL (4 tabs every 1 day)
<i>roweepra tab 500mg</i> (generic of KEPPRA)	QL (6 tabs every 1 day)
<i>rufinamide susp 40 mg/ml</i> (generic of BANZEL)	QL (80 mL every 1 day)
<i>rufinamide tab 200 mg</i> (generic of BANZEL)	QL (16 tabs every 1 day)
<i>rufinamide tab 400 mg</i> (generic of BANZEL)	QL (8 tabs every 1 day)
<i>subvenite tab 25mg</i> (generic of LAMICTAL)	QL (10 tabs every 1 day)
<i>subvenite tab 100mg</i> (generic of LAMICTAL)	QL (8 tabs every 1 day)
<i>subvenite tab 150mg</i> (generic of LAMICTAL)	QL (4 tabs every 1 day)
<i>subvenite tab 200mg</i> (generic of LAMICTAL)	QL (4 tabs every 1 day)
TEGRETOL SUS 100/5ML	QL (60 mL every 1 day)
TEGRETOL TAB 200MG	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 100MG	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 200MG	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 400MG	QL (8 tabs every 1 day)
<i>topiramate sprinkle cap 15 mg</i> (generic of TOPAMAX SPRINKLE)	QL (8 caps every 1 day)
<i>topiramate sprinkle cap 25 mg</i> (generic of TOPAMAX SPRINKLE)	QL (8 caps every 1 day)
<i>topiramate tab 25 mg</i> (generic of TOPAMAX)	QL (4 tabs every 1 day)
<i>topiramate tab 50 mg</i> (generic of TOPAMAX)	QL (2 tabs every 1 day)
<i>topiramate tab 100 mg</i> (generic of TOPAMAX)	QL (2 tabs every 1 day)
<i>topiramate tab 200 mg</i> (generic of TOPAMAX)	QL (2 tabs every 1 day)
<i>zonisamide cap 25 mg</i> (generic of ZONEGRAN)	QL (2 caps every 1 day)
<i>zonisamide cap 50 mg</i>	QL (2 caps every 1 day)
<i>zonisamide cap 100 mg</i> (generic of ZONEGRAN)	QL (6 caps every 1 day)

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i>	QL (28 tabs every 1 day)
<i>tiagabine hcl tab 4 mg</i>	QL (14 tabs every 1 day)
<i>tiagabine hcl tab 12 mg</i>	QL (4.67 tabs every 1 day)
<i>tiagabine hcl tab 16 mg</i>	QL (3.5 tabs every 1 day)
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i> (generic of SABRIL)	QL (6 tabs every 1 day)
<i>vigadrone pow 500mg</i> (generic of SABRIL)	QL (6 packets every 1 day)

HYDANTOINS

DILANTIN CAP 30MG	QL (6 caps every 1 day)
DILANTIN CAP 100MG	QL (6 caps every 1 day)
DILANTIN CHW 50MG	QL (5 tabs every 1 day)
DILANTIN-125 SUS 125/5ML	QL (20 mL every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)	QL (5 ea every 1 day)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 200 mg</i> (generic of PHENYTEK)	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 300 mg</i> (generic of PHENYTEK)	QL (6 caps every 1 day)
<i>phenytoin susp 125 mg/5ml</i> (generic of DILANTIN-125)	QL (20 mL every 1 day)

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i> (generic of ZARONTIN)	QL (6 caps every 1 day)
<i>ethosuximide soln 250 mg/5ml</i> (generic of ZARONTIN)	QL (30 mL every 1 day)

VALPROIC ACID

<i>divalproex sodium cap delayed release sprinkle 125 mg</i> (generic of DEPAKOTE SPRINKLES)	QL (10 caps every 1 day)
<i>divalproex sodium tab delayed release 125 mg</i> (generic of DEPAKOTE)	QL (15 tabs every 1 day)
<i>divalproex sodium tab delayed release 250 mg</i> (generic of DEPAKOTE)	QL (10 tabs every 1 day)
<i>divalproex sodium tab delayed release 500 mg</i> (generic of DEPAKOTE)	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 250 mg</i> (generic of DEPAKOTE ER)	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 500 mg</i> (generic of DEPAKOTE ER)	QL (10 tabs every 1 day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	QL (100 mL every 1 day)
<i>valproic acid cap 250 mg</i>	QL (20 caps every 1 day)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i> (generic of REMERON)	QL (1 tab every 1 day)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)	QL (4 tabs every 1 day)
<i>mirtazapine tab 45 mg</i>	QL (1 tab every 1 day)

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	QL (4 tabs every 1 day)
<i>bupropion hcl tab 100 mg</i>	QL (4 tabs every 1 day)
<i>bupropion hcl tab er 12hr 100 mg</i> (generic of WELLBUTRIN SR)	QL (2 tabs every 1 day)
<i>bupropion hcl tab er 12hr 150 mg</i> (generic of WELLBUTRIN SR)	QL (3 tabs every 1 day)
<i>bupropion hcl tab er 12hr 200 mg</i> (generic of WELLBUTRIN SR)	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	QL (1 tab every 1 day)
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	QL (1 tab every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)	
<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	QL (6 tabs every 1 day)
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	QL (8 tabs every 1 day)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	QL (20 mL every 1 day)
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	QL (1.5 tabs every 1 day)
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	QL (2 tabs every 1 day)
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	QL (2 tabs every 1 day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	QL (1 tab every 1 day)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	QL (3 caps every 1 day)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	QL (4 caps every 1 day)
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	QL (2 caps every 1 day)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (2 tabs every 1 day)
<i>fluvoxamine maleate tab 50 mg</i>	QL (2 tabs every 1 day)
<i>fluvoxamine maleate tab 100 mg</i>	QL (3 tabs every 1 day)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	QL (1.5 tabs every 1 day)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	QL (2 tabs every 1 day)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	QL (2 tabs every 1 day)
SEROTONIN MODULATORS	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	

Drug Name	Requirements/Limits
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	QL (2 caps every 1 day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	QL (2 caps every 1 day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	QL (2 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (1 cap every 1 day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (3 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (1 cap every 1 day)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (3 tabs every 1 day)
TRICYCLIC AGENTS	
<i>amitriptyline hcl tab 10 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 25 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 50 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 75 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 100 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 150 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (6 caps every 1 day)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (4 caps every 1 day)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (4 caps every 1 day)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (6 tabs every 1 day)
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (4 tabs every 1 day)
<i>desipramine hcl tab 50 mg</i>	QL (6 tabs every 1 day)
<i>desipramine hcl tab 75 mg</i>	QL (4 tabs every 1 day)
<i>desipramine hcl tab 100 mg</i>	QL (3 tabs every 1 day)
<i>desipramine hcl tab 150 mg</i>	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>doxepin hcl cap 10 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 25 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 50 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 75 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 100 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 150 mg</i>	QL (2 caps every 1 day); AGE (Max 64)
<i>doxepin hcl conc 10 mg/ml</i>	QL (30 mL every 1 day); AGE (Max 64)
<i>imipramine hcl tab 10 mg</i>	QL (6 tabs every 1 day)
<i>imipramine hcl tab 25 mg</i>	QL (6 tabs every 1 day)
<i>imipramine hcl tab 50 mg</i>	QL (6 tabs every 1 day)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	QL (6 caps every 1 day)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	QL (6 caps every 1 day)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	QL (4 caps every 1 day)
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	QL (2 caps every 1 day)
<i>protriptyline hcl tab 5 mg</i>	QL (8 tabs every 1 day)
<i>protriptyline hcl tab 10 mg</i>	QL (8 tabs every 1 day)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	QL (3 tabs every 1 day)
<i>acarbose tab 50 mg</i>	QL (3 tabs every 1 day)
<i>acarbose tab 100 mg</i>	QL (4 tabs every 1 day)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano

Drug Name	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-15 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (2 tabs every 1 day); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (2 tabs every 1 day); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (4 tabs every 1 day); Generic Glucovance
SEGLUROMET TAB 2.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	ST; Requires trial of metformin
BIGUANIDES	
<i>metformin hcl tab 500 mg</i>	QL (5 tabs every 1 day)
<i>metformin hcl tab 850 mg</i>	QL (3 tabs every 1 day)
<i>metformin hcl tab 1000 mg</i>	QL (2 tabs every 1 day)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (4 tabs every 1 day)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (4 tabs every 1 day)
DIABETIC OTHER	
BAQSIMI ONE POW 3MG/DOSE	QL (2 ea every 25 days)

Drug Name	Requirements/Limits
BAQSIMI TWO POW 3MG/DOSE	QL (2 ea every 25 days)
GLUCAGEN INJ HYPOKIT	QL (2 syringes every 25 days)
<i>glucagon (rdna) for inj kit 1 mg</i> (generic of GLUCAGON EMERGENCY KIT)	QL (2 kits every 25 days)
GLUCOSE CHEW TABS	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina

INCRETIN MIMETIC AGENTS

OZEMPIC INJ 2MG/3ML	ST, QL (1 pen every 25 days)
OZEMPIC INJ 4MG/3ML	ST, QL (1 pen every 25 days); Requires trial of metformin
OZEMPIC INJ 8MG/3ML	ST, QL (1 pen every 25 days); Requires trial of metformin
RYBELSUS TAB 3MG	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 7MG	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 14MG	ST, QL (1 tab every 1 day); Requires trial of metformin
TRULICITY INJ 0.75/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 3/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin

Drug Name	Requirements/Limits
INSULIN	
ADMELOG INJ 100U/ML	QL (30 mL per 25 days)
ADMELOG SOLO INJ 100U/ML	QL (10 pens every 25 days)
BASAGLAR INJ 100UNIT	QL (10 pens every 25 days)
HUMULIN R INJ U-500	QL (1 vial every 25 days)
HUMULIN R U-500 KWIKPEN	QL (6 pens every 25 days)
INS ASP PROT INJ FLEXPEN	QL (25 mL every 25 days)
INSULIN ASPA INJ 70/30	QL (25 mL every 25 days)
INSULIN GLAR INJ 100U/ML	QL (10 pens every 25 days); (YFGN preferred)
INSULIN GLAR SOL 100U/ML	QL (3 vials every 25 days); (YFGN preferred)
INSULIN LISP INJ PROTAMIN	QL (10 pens every 25 days)
NOVOLIN INJ 70/30	QL (30 mL every 25 days), OTC
NOVOLIN INJ 70/30 FP	QL (10 pens every 25 days), OTC
NOVOLIN N INJ 100 UNIT	QL (10 pens every 25 days), OTC
NOVOLIN N INJ U-100	QL (30 mL every 25 days), OTC
NOVOLIN R INJ U-100	QL (3 vials every 25 days), OTC
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	QL (1 tab every 1 day)
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	QL (1 tab every 1 day)
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	QL (1 tab every 1 day)
MEGLITINIDE ANALOGUES	
<i>nateglinide tab 60 mg</i>	QL (3 tabs every 1 day)
<i>nateglinide tab 120 mg</i>	QL (3 tabs every 1 day)
<i>repaglinide tab 0.5 mg</i>	QL (6 tabs every 1 day)
<i>repaglinide tab 1 mg</i>	QL (6 tabs every 1 day)
<i>repaglinide tab 2 mg</i>	QL (6 tabs every 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
STEGLATRO TAB 5MG	ST; Requires trial of metformin
STEGLATRO TAB 15MG	ST; Requires trial of metformin
SULFONYLUREAS	
<i>glimepiride tab 1 mg</i> (generic of AMARYL)	QL (3 tabs every 1 day)
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	QL (4 tabs every 1 day)
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	QL (3 tabs every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 47

Drug Name	Requirements/Limits
<i>glipizide tab 5 mg</i>	QL (8 tabs every 1 day)
<i>glipizide tab 10 mg</i>	QL (4 tabs every 1 day)
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	QL (4 tabs every 1 day)
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	QL (4 tabs every 1 day)
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	QL (4 tabs every 1 day)
<i>glyburide tab 1.25 mg</i>	QL (4 tabs every 1 day)
<i>glyburide tab 2.5 mg</i>	QL (4 tabs every 1 day)
<i>glyburide tab 5 mg</i>	QL (4 tabs every 1 day)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	OTC
<i>bismuth subsalicylate tab 262 mg</i>	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (40 mL every 1 day)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	QL (8 tabs every 1 day)
<i>loperamide hcl cap 2 mg</i>	QL (8 caps every 1 day)
<i>loperamide hcl cap 2 mg</i>	QL (8 caps every 1 day), OTC
<i>loperamide hcl tab 2 mg</i>	QL (8 tabs every 1 day), OTC
<i>loperamide sus 1mg/7.5</i>	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	QL (2 tabs every 1 day)
VIVITROL INJ 380MG	

Drug Name	Requirements/Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl tab 1 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg</i>	QL (90 tabs every 25 days)
<i>ondansetron hcl tab 8 mg</i>	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 tabs every 25 days)
ANTIEMETICS - ANTICHOLINERGIC	
<i>dimenhydrinate tab 50 mg</i>	QL (6 tabs every 1 day), OTC
<i>meclizine hcl chew tab 25 mg</i>	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 12.5 mg</i>	QL (4 tabs every 1 day)
<i>meclizine hcl tab 12.5 mg</i>	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 25 mg</i>	QL (4 tabs every 1 day)
<i>meclizine hcl tab 25 mg</i>	QL (4 tabs every 1 day), OTC
<i>scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM-SCOP)</i>	QL (0.34 patches every 1 day)
ANTIEMETICS - MISCELLANEOUS	
<i>fructose-dextrose-phosphoric acid oral soln</i>	OTC
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	
<i>griseofulvin microsize susp 125 mg/5ml</i>	QL (40 mL every 1 day)
<i>nystatin tab 500000 unit</i>	QL (8 tabs every 1 day)
<i>terbinafine hcl tab 250 mg</i>	QL (1 tab every 1 day)
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole tab 50 mg</i>	QL (2 tabs every 1 day)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	QL (21 tabs every 25 days)
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (2 tabs every 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	QL (21 tabs every 25 days)
<i>ketoconazole tab 200 mg</i>	QL (2 tabs every 1 day)
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES	
ANTIHIISTAMINES - ALKYLAMINES	
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC

Drug Name	Requirements/Limits
<i>chlorpheniramine tab 4 mg</i>	QL (6 tabs every 1 day), OTC
<i>chlorpheniramine tab er 12 mg</i>	QL (2 tabs every 1 day), OTC

ANTI-HISTAMINES - ETHANOLAMINES

<i>a-s pls alrg tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>alertab tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>allergy chil chw 12.5mg</i>	QL (6 ea every 1 day), OTC; AGE (Max 12)
<i>allergy chld liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy med liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy rel liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf liq 25/10ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf liq 50/20ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>allergy rlf liq 50/20ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>anti-hist tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>banophen tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
BENADRYL ALG TAB EX STR	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>chld allergy liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>clemastine fumarate tab 1.34 mg</i>	QL (2 tabs every 1 day), OTC
<i>clemastine fumarate tab 2.68 mg</i>	QL (3 tabs every 1 day)
<i>comp allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>comp allergy tab 25mg med</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)

Drug Name	Requirements/Limits
<i>comp allergy tab 25mg rlf</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>cvs allergy liq 25/10ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>diphedryl liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>diphen tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl cap 25 mg</i>	QL (6 caps every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl cap 50 mg</i>	QL (6 caps every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (80 mL every 1 day); AGE (Max 12)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max 64)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl tab 25 mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl tab disint 12.5 mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>eql allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>geri-dryl liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>geri-dryl tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>gnp allergy chw 12.5mg</i>	QL (6 ea every 1 day), OTC; AGE (Max 12)
<i>gnp allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>kids allergy liq 12.5/5ml</i>	QL (80 mL every 1 day), AGE, OTC; AGE (Max 12)
<i>kls allergy tab 25mg</i>	QL (6 tabs every 1 day), AGE, OTC; AGE (Max 64)
<i>liquid aller liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>m-dryl liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>mm aller-ben tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>naramin liq</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)

Drug Name	Requirements/Limits
<i>pediacare al liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>px allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>qc allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>ra allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>sb allergy tab 25mg med</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>siladryl alr liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>sm allergy tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>sm allergy tab 25mg rlf</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>total allerg liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>total allerg tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)
<i>wal-dryl liq 12.5/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>wal-dryl tab 25mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)

ANTI-HISTAMINES - NON-SEDATING

<i>allergy chld sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf tab 5mg</i>	QL (1 tab every 1 day), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (10 mL every 1 day); AGE (Max 12)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>cetirizine hcl tab 5 mg</i>	QL (1 tab every 1 day), OTC
<i>cetirizine hcl tab 10 mg</i>	QL (1 tab every 1 day), OTC
<i>cvs allergy sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>eq allergy sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>loratadine rapidly-disintegrating tab 10 mg</i>	QL (1 tab every 1 day), OTC; AGE (Max 12)
<i>loratadine sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>loratadine tab 10 mg</i>	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
<i>sm allergy sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>wal-itin chl sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>wal-itin sol 5mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (100 vials every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (50 ampules every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 12.5 mg</i>	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 25 mg</i>	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (100 mL every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 12.5 mg</i>	QL (2 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 25 mg</i>	QL (6 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 50 mg</i>	QL (2 tabs every 1 day); AGE (Min 2, Max 64)

ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (20 mL every 1 day); AGE (Max 64)
<i>cyproheptadine hcl tab 4 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)

ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	PA
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ANTI-HYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	PA
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BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	QL (8 gm every 1 day)
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	QL (48 gm every 1 day)
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	QL (16 tabs every 1 day)
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	QL (8 gm every 1 day)

FIBRIC ACID DERIVATIVES

<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	QL (1 tab every 1 day)
<i>fenofibrate tab 54 mg</i>	QL (1 tab every 1 day)
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	QL (1 tab every 1 day)
<i>fenofibrate tab 160 mg</i>	QL (1 tab every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	QL (4 tabs every 1 day)
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HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	QL (1 tab every 1 day)
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<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	QL (1 tab every 1 day)
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<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	QL (1 tab every 1 day)
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<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	QL (1 tab every 1 day)
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<i>lovastatin tab 10 mg</i>	QL (1 tab every 1 day)
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<i>lovastatin tab 20 mg</i>	QL (1 tab every 1 day)
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<i>lovastatin tab 40 mg</i>	QL (1 tab every 1 day)
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<i>pravastatin sodium tab 10 mg</i>	QL (1 tab every 1 day)
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<i>pravastatin sodium tab 20 mg</i>	QL (1 tab every 1 day)
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<i>pravastatin sodium tab 40 mg</i>	QL (1 tab every 1 day)
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<i>pravastatin sodium tab 80 mg</i>	QL (1 tab every 1 day)
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<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	QL (1 tab every 1 day)
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<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	QL (1 tab every 1 day)
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<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	QL (1 tab every 1 day)
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<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	QL (1 tab every 1 day)
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<i>simvastatin tab 5 mg</i>	QL (1 tab every 1 day)
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<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	QL (1 tab every 1 day)
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<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	QL (1 tab every 1 day)
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<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	QL (1 tab every 1 day)
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INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	QL (1 tab every 1 day)
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PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML	PA, QL (2 syringes every 24 days)
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REPATHA PUSH INJ 420/3.5	PA, QL (1 cartridge every 24 days)
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REPATHA SURE INJ 140MG/ML	PA, QL (2 pens every 24 days)
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ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	QL (1.5 tabs every 1 day)
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<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	QL (1.5 tabs every 1 day)
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<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	QL (1.5 tabs every 1 day)
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<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	QL (2 tabs every 1 day)
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Drug Name	Requirements/Limits
<i>captopril tab 12.5 mg</i>	QL (3 tabs every 1 day)
<i>captopril tab 25 mg</i>	QL (3 tabs every 1 day)
<i>captopril tab 50 mg</i>	QL (3 tabs every 1 day)
<i>captopril tab 100 mg</i>	QL (3 tabs every 1 day)
<i>enalapril maleate oral soln 1 mg/ml</i> (generic of EPANED)	AGE (Max 12)
<i>enalapril maleate tab 2.5 mg</i> (generic of VASOTEC)	QL (1 tab every 1 day)
<i>enalapril maleate tab 5 mg</i> (generic of VASOTEC)	QL (1 tab every 1 day)
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	QL (1 tab every 1 day)
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	QL (2 tabs every 1 day)
<i>fosinopril sodium tab 10 mg</i>	QL (1 tab every 1 day)
<i>fosinopril sodium tab 20 mg</i>	QL (1 tab every 1 day)
<i>fosinopril sodium tab 40 mg</i>	QL (1 tab every 1 day)
<i>lisinopril tab 2.5 mg</i> (generic of ZESTRIL)	QL (1 tab every 1 day)
<i>lisinopril tab 5 mg</i> (generic of ZESTRIL)	QL (1 tab every 1 day)
<i>lisinopril tab 10 mg</i> (generic of ZESTRIL)	QL (1 tab every 1 day)
<i>lisinopril tab 20 mg</i> (generic of ZESTRIL)	QL (1 tab every 1 day)
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	QL (2 tabs every 1 day)
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	QL (2 tabs every 1 day)
QBRELIS SOL 1MG/ML	AGE (Min 6, Max 12)
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	QL (1 tab every 1 day)
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	QL (1 tab every 1 day)
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	QL (1 tab every 1 day)
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	QL (2 tabs every 1 day)
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	QL (1 cap every 1 day)
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	QL (1 cap every 1 day)
<i>ramipril cap 5 mg</i> (generic of ALTACE)	QL (1 cap every 1 day)
<i>ramipril cap 10 mg</i> (generic of ALTACE)	QL (1 cap every 1 day)
<i>trandolapril tab 1 mg</i>	QL (1 tab every 1 day)
<i>trandolapril tab 2 mg</i>	QL (1 tab every 1 day)
<i>trandolapril tab 4 mg</i>	QL (1 tab every 1 day)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i> (generic of AVAPRO)	QL (1 tab every 1 day)
<i>irbesartan tab 150 mg</i> (generic of AVAPRO)	QL (1 tab every 1 day)
<i>irbesartan tab 300 mg</i> (generic of AVAPRO)	QL (1 tab every 1 day)
<i>losartan potassium tab 25 mg</i> (generic of COZAAR)	QL (1 tab every 1 day)
<i>losartan potassium tab 50 mg</i> (generic of COZAAR)	QL (1 tab every 1 day)
<i>losartan potassium tab 100 mg</i> (generic of COZAAR)	QL (1 tab every 1 day)
<i>valsartan tab 40 mg</i> (generic of DIOVAN)	QL (2 tabs every 1 day)
<i>valsartan tab 80 mg</i> (generic of DIOVAN)	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	QL (2 tabs every 1 day)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	QL (2 tabs every 1 day)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	QL (6 tabs every 1 day)
<i>clonidine hcl tab 0.2 mg</i>	QL (6 tabs every 1 day)
<i>clonidine hcl tab 0.3 mg</i>	QL (4 tabs every 1 day)
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	QL (2 tabs every 1 day)
<i>guanfacine hcl tab 1 mg</i>	QL (4 tabs every 1 day); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	QL (2 tabs every 1 day); Generic Tenex
<i>methyldopa tab 250 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>methyldopa tab 500 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	QL (6 caps every 1 day)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	QL (6 caps every 1 day)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	QL (6 caps every 1 day)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (1 cap every 1 day)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (2 caps every 1 day)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (1 cap every 1 day)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (2 caps every 1 day)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	QL (1 cap every 1 day)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	QL (1 tab every 1 day)
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	QL (2 tabs every 1 day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	QL (1 tab every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	QL (3 tabs every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	QL (3 tabs every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	QL (4 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	QL (3 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	QL (2 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	QL (3 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	QL (2 tabs every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	QL (2 tabs every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	QL (2 tabs every 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (1 tab every 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	QL (1 tab every 1 day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	QL (2 tabs every 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	QL (2 tabs every 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	QL (2 tabs every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	QL (1 tab every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	QL (1 tab every 1 day)

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	QL (10 tabs every 1 day)
<i>hydralazine hcl tab 25 mg</i>	QL (4 tabs every 1 day)
<i>hydralazine hcl tab 50 mg</i>	QL (8 tabs every 1 day)
<i>hydralazine hcl tab 100 mg</i>	QL (3 tabs every 1 day)
<i>minoxidil tab 2.5 mg</i>	QL (5 tabs every 1 day)
<i>minoxidil tab 10 mg</i>	QL (5 tabs every 1 day)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	QL (10 tabs every 3 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (5 tabs every 3 days)
<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	QL (4 tabs every 1 day)
<i>mefloquine hcl tab 250 mg</i>	QL (4 tabs every 1 day)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg (generic of MESTINON)</i>	QL (6 tabs every 1 day)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	QL (5 tabs every 1 day)
<i>ethambutol hcl tab 400 mg (generic of MYAMBUTOL)</i>	QL (5 tabs every 1 day)
<i>isoniazid syrup 50 mg/5ml</i>	QL (30 mL every 1 day)
<i>isoniazid tab 100 mg</i>	QL (6 tabs every 1 day)
<i>isoniazid tab 300 mg</i>	QL (3 tabs every 1 day)
<i>PRIFTIN TAB 150MG</i>	QL (1.143 tabs every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty Therapy **ST** - Step

Drug Name	Requirements/Limits
<i>pyrazinamide tab 500 mg</i>	QL (6 tabs every 1 day)
<i>rifampin cap 150 mg</i>	QL (8 caps every 1 day)
<i>rifampin cap 300 mg</i>	QL (4 caps every 1 day)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	SP, QL (16 caps every 1 day)
<i>cyclophosphamide cap 50 mg</i>	SP, QL (16 caps every 1 day)
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	QL (8 tabs every 1 day)
<i>melphalan tab 2 mg</i>	
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg</i>	SP, PA
<i>temozolomide cap 140 mg</i>	SP, PA
<i>temozolomide cap 180 mg</i>	SP, PA
<i>temozolomide cap 250 mg</i>	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg (generic of XELODA)</i>	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (4 tabs every 1 day)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (5 vials every 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (5 vials every 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (0.25 vials every 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (24 tabs every 1 day)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (3 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	SP, PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	SP, PA, QL (120 tabs every 30 days)
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	QL (1 tab every 1 day)
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	QL (3 tabs every 1 day)
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	QL (1 tab every 1 day)
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA
LYSODREN TAB 500MG	SP
<i>megestrol acetate susp 40 mg/ml</i>	QL (40 mL every 1 day)
<i>megestrol acetate tab 20 mg</i>	QL (40 tabs every 1 day)
<i>megestrol acetate tab 40 mg</i>	QL (20 tabs every 1 day)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (2 tabs every 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (2 tabs every 1 day)
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECENSA CAP 150MG	SP, PA, QL (240 caps every 30 days)
BRUKINSA CAP 80MG	SP, PA, QL (4 caps every 1 day)
IBRANCE CAP 75MG	SP, PA, QL (21 caps every 28 days)
IBRANCE CAP 100MG	SP, PA, QL (21 caps every 28 days)
IBRANCE CAP 125MG	SP, PA, QL (21 caps every 28 days)
IBRANCE TAB 75MG	SP, PA, QL (21 tabs every 28 days)
IBRANCE TAB 100MG	SP, PA, QL (21 tabs every 28 days)
IBRANCE TAB 125MG	SP, PA, QL (21 tabs every 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA, QL (3 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA, QL (2 tabs every 1 day)
IMBRUVICA CAP 140MG	SP, PA, QL (3 caps every 1 day)
IMBRUVICA TAB 420MG	SP, PA, QL (1 tab every 1 day)
IMBRUVICA TAB 560MG	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB)	SP, PA, QL (6 tabs every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i> (generic of NEXAVAR)	SP, PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	SP, PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	SP, PA, QL (1 tab every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (4 caps every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (2 caps every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (1 cap every 1 day)

ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	
MATULANE CAP 50MG	SP, PA
<i>tretinoin cap 10 mg</i>	PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	

MITOTIC INHIBITORS

<i>etoposide cap 50 mg</i>	PA
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	QL (5 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 1 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 2 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	PA

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tab 200 mg (generic of COMTAN)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
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ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	QL (4 caps every 1 day)
<i>amantadine hcl soln 50 mg/5ml</i>	QL (40 mL every 1 day)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (6 caps every 1 day)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	QL (6 tabs every 1 day)
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (12 tabs every 1 day)
<i>carbidopa & levodopa tab 25-250 mg</i>	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (4 tabs every 1 day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	ST, QL (6 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	QL (6 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 1 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	QL (3 tabs every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>ropinirole hydrochloride tab 0.5 mg</i>	QL (6 tabs every 1 day)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (12 tabs every 1 day)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	QL (2 caps every 1 day)
<i>selegiline hcl tab 5 mg</i>	QL (2 tabs every 1 day)

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	QL (12 caps every 1 day); AGE (Min 6)
<i>lithium carbonate cap 300 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>lithium carbonate cap 600 mg</i>	QL (3 caps every 1 day)
<i>lithium carbonate tab 300 mg</i>	QL (6 tabs every 1 day)
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>lithium carbonate tab er 450 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)

ANTIPSYCHOTICS - MISC.

VRAYLAR CAP 1.5-3MG	
VRAYLAR CAP 1.5MG	
VRAYLAR CAP 3MG	
VRAYLAR CAP 4.5MG	
VRAYLAR CAP 6MG	
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)

BENZISOXAZOLES

INVEGA SUST INJ 39/0.25	QL (0.25 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 78/0.5ML	QL (0.5 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 117/0.75	QL (0.75 injections every 25 days); AGE (Min 18)

Drug Name	Requirements/Limits
INVEGA SUST INJ 156MG/ML	QL (1 injection every 25 days); AGE (Min 18)
INVEGA SUST INJ 234/1.5	QL (1.5 injections every 25 days); AGE (Min 18)
INVEGA TRINZ INJ 273MG	QL (0.88 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 410MG	QL (1.32 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 546MG	QL (1.75 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 819MG	QL (2.65 injections every 71 days); AGE (Min 18)
<i>paliperidone tab er 24hr 1.5 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 3 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 6 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 9 mg</i> (generic of INVEGA)	PA
RISPERDAL INJ 12.5MG	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 25MG	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 37.5MG	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 50MG	QL (2 vials every 25 days); AGE (Min 18)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 1 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 2 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 3 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 4 mg</i>	QL (4 tabs every 1 day); AGE (Min 5)
<i>risperidone soln 1 mg/ml</i> (generic of RISPERDAL)	QL (16 mL every 1 day); AGE (Min 5)
<i>risperidone tab 0.5 mg</i> (generic of RISPERDAL)	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 0.25 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 1 mg</i> (generic of RISPERDAL)	QL (2 tabs every 1 day); AGE (Min 5)

Drug Name	Requirements/Limits
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	QL (4 tabs every 1 day); AGE (Min 5)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	AGE (Min 6)
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	AGE (Min 6)
<i>haloperidol lactate inj 5 mg/ml</i>	AGE (Min 6)
<i>haloperidol lactate oral conc 2 mg/ml</i>	AGE (Min 6)
<i>haloperidol tab 0.5 mg</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 1 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 2 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 5 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 10 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 20 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)

DIBENZAPINES

<i>asenapine maleate sl tab 5 mg (base equiv) (generic of SAPHRIS)</i>	
<i>asenapine maleate sl tab 10 mg (base equiv) (generic of SAPHRIS)</i>	
<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	AGE (Min 6)
<i>clozapine tab 50 mg (generic of CLOZARIL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	AGE (Min 6)
<i>clozapine tab 200 mg (generic of CLOZARIL)</i>	AGE (Min 6)
<i>loxapine succinate cap 5 mg</i>	QL (15 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 10 mg</i>	QL (15 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 25 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 50 mg</i>	QL (15 caps every 1 day); AGE (Min 6)

Drug Name	Requirements/Limits
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab er 24hr 50 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
ZYPREXA RELP INJ 210MG	QL (2 injections every 25 days); AGE (Min 18)
ZYPREXA RELP INJ 300MG	QL (2 injections every 25 days); AGE (Min 18)
ZYPREXA RELP INJ 405MG	QL (1 injection every 25 days); AGE (Min 18)

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 25 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 50 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 100 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 200 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>compro sup 25mg</i>	QL (12 supp every 1 day)
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 5 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 10 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>perphenazine tab 2 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 4 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 8 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 16 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (10 tabs every 1 day); AGE (Min 6)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (8 tabs every 1 day); AGE (Min 6)
<i>prochlorperazine suppos 25 mg</i>	QL (12 supp every 1 day)
<i>thioridazine hcl tab 10 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 25 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)

Drug Name	Requirements/Limits
<i>thioridazine hcl tab 50 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 100 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (4 tabs every 1 day); AGE (Min 6)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	QL (1 injection every 25 days); AGE (Min 18)
ABILIFY MAIN INJ 300MG	QL (1 vial every 25 days); AGE (Min 18)
ABILIFY MAIN INJ 400MG	QL (1 injection every 25 days); AGE (Min 18)
ABILIFY MAIN INJ 400MG	QL (1 vial every 25 days); AGE (Min 18)
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min 6)
<i>aripiprazole orally disintegrating tab 10 mg</i>	PA, QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole orally disintegrating tab 15 mg</i>	PA, QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
ARISTADA INJ 441MG/1.	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 662MG/2	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 882MG/3	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 1064MG	QL (1 injection every 50 days); AGE (Min 18)

Drug Name	Requirements/Limits
THIOXANTHENES	
<i>thiothixene cap 1 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 2 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 5 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 10 mg</i>	QL (6 caps every 1 day); AGE (Min 6)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> (generic of ZIAGEN)	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i> (generic of ZIAGEN)	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	QL (1 tab every 1 day)
APTIVUS CAP 250MG	QL (4 caps every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	QL (1 cap every 1 day)
BIKTARVY TAB 30-120-15 MG	QL (1 tab every 1 day); AGE (Max 12)
BIKTARVY TAB 50-200-25 MG	QL (1 tab every 1 day)
CIMDUO TAB 300-300	QL (1 tab every 1 day)
COMPLERA TAB	QL (1 tab every 1 day)
DELSTRIGO TAB	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	ST, QL (1 tab every 1 day); Requires prior use of TRUVADA
DESCOVY TAB 200/25MG	ST, QL (1 tab every 1 day); Requires prior use of TRUVADA
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
EDURANT TAB 25MG	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	QL (12 caps every 1 day)
<i>efavirenz cap 200 mg</i>	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200- 300 mg</i> (generic of ATRIPLA)	QL (1 tab every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	QL (1 tab every 1 day)
EMTRIVA SOL 10MG/ML	QL (20 mL every 1 day)
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	QL (4 tabs every 1 day)
FUZEON INJ 90MG	PA
GENVOYA TAB	QL (1 tab every 1 day)
INTELENCE TAB 25MG	QL (4 tabs every 1 day)
ISENTRESS CHW 25MG	QL (2 tabs every 1 day)
ISENTRESS CHW 100MG	QL (12 tabs every 1 day)
ISENTRESS HD TAB 600MG	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	QL (12 packets every 1 day)
ISENTRESS TAB 400MG	QL (2 tabs every 1 day)
JULUCA TAB 50-25MG	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	QL (30 mL every 1 day)
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	QL (8 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg (generic of SELZENTRY)</i>	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg (generic of SELZENTRY)</i>	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
ODEFSEY TAB	QL (1 tab every 1 day)
PIFELTRO TAB 100MG	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	QL (8 mL every 1 day)
PREZISTA TAB 75MG	QL (16 tabs every 1 day)
PREZISTA TAB 150MG	QL (8 tabs every 1 day)
PREZISTA TAB 600MG	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	QL (1 tab every 1 day)
<i>ritonavir tab 100 mg (generic of NORVIR)</i>	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	QL (30 mL every 1 day)
SELZENTRY TAB 25MG	QL (4 tabs every 1 day)
SELZENTRY TAB 75MG	QL (2 tabs every 1 day)
<i>stavudine cap 15 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	QL (2 caps every 1 day)
STRIBILD TAB	QL (1 tab every 1 day)
SYMTUZA TAB	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	QL (6 tabs every 1 day)
TIVICAY TAB 10MG	QL (1 tab every 1 day)
TIVICAY TAB 25MG	QL (1 tab every 1 day)
TIVICAY TAB 50MG	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	QL (6 tabs every 1 day)
TRIUMEQ TAB	QL (1 tab every 1 day)
TRIZIVIR TAB	QL (2 tabs every 1 day)
TYBOST TAB 150MG	QL (1 tab every 1 day)
VIRACEPT TAB 250MG	QL (10 tabs every 1 day)
VIRACEPT TAB 625MG	QL (4 tabs every 1 day)
VIREAD POW 40MG/GM	QL (7.5 gm every 1 day)
VIREAD TAB 150MG	QL (1 tab every 1 day)
VIREAD TAB 200MG	QL (1 tab every 1 day)
VIREAD TAB 250MG	QL (1 tab every 1 day)
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	QL (60 mL every 1 day)
<i>zidovudine tab 300 mg</i>	QL (2 tabs every 1 day)

CMV AGENTS

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	PA

Drug Name	Requirements/Limits
HEPATITIS AGENTS	
<i>adefovir dipivoxil tab 10 mg</i>	QL (1 tab every 1 day)
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	QL (1 tab every 1 day)
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	QL (1 tab every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	QL (3 tabs every 1 day)
LEDIP-SOFOSB TAB 90-400MG	SP, PA, QL (1 tab every 1 day); Preferred Agent
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
SOFOS/VELPAT TAB 400-100	SP, PA, QL (1 tab every 1 day); Preferred Agent
SOVALDI TAB 400MG	SP, PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	PA
VOSEVI TAB	SP, PA, QL (1 tab every 1 day)
ZEPATIER TAB 50-100MG	SP, PA, QL (1 tab every 1 day)
HERPES AGENTS	
<i>acyclovir cap 200 mg</i>	QL (5 caps every 1 day)
<i>acyclovir susp 200 mg/5ml</i>	QL (25 mL every 1 day)
<i>acyclovir tab 400 mg</i>	QL (5 tabs every 1 day)
<i>acyclovir tab 800 mg</i>	QL (5 tabs every 1 day)
<i>famciclovir tab 125 mg</i>	QL (3 tabs every 1 day)
<i>famciclovir tab 250 mg</i>	QL (3 tabs every 1 day)
<i>famciclovir tab 500 mg</i>	QL (3 tabs every 1 day)
<i>valacyclovir hcl tab 1 gm (generic of VALTREX)</i>	QL (8 tabs every 1 day)
<i>valacyclovir hcl tab 500 mg (generic of VALTREX)</i>	QL (8 tabs every 1 day)
INFLUENZA AGENTS	
<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 180 per fill); AGE (Max 12)
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	QL (2 tabs every 1 day)
MISC. ANTIVIRALS	
REMDESIVIR INJ 100MG	
VEKLURY INJ 100MG	

Drug Name	Requirements/Limits
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg (generic of COREG)</i>	QL (2 tabs every 1 day)
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	QL (2 tabs every 1 day)
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	QL (2 tabs every 1 day)
<i>carvedilol tab 25 mg (generic of COREG)</i>	QL (2 tabs every 1 day)
<i>labetalol hcl tab 100 mg</i>	QL (4 tabs every 1 day)
<i>labetalol hcl tab 200 mg</i>	QL (4 tabs every 1 day)
<i>labetalol hcl tab 300 mg</i>	QL (6 tabs every 1 day)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	QL (16 caps every 1 day)
<i>acebutolol hcl cap 400 mg</i>	QL (16 caps every 1 day)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	QL (2 tabs every 1 day)
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	QL (2 tabs every 1 day)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 5 mg</i>	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 10 mg</i>	QL (2 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (4 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (2 tabs every 1 day)
<i>metoprolol tartrate tab 25 mg</i>	QL (3 tabs every 1 day)
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	QL (3 tabs every 1 day)
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	QL (3 tabs every 1 day)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg (generic of CORGARD)</i>	QL (3 tabs every 1 day)
<i>nadolol tab 40 mg (generic of CORGARD)</i>	QL (3 tabs every 1 day)
<i>nadolol tab 80 mg</i>	QL (2 tabs every 1 day)
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	QL (4 caps every 1 day)
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	QL (2 caps every 1 day)
<i>propranolol hcl oral soln 20 mg/5ml</i>	QL (20 mL every 1 day)

Drug Name	Requirements/Limits
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 20 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 40 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 60 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 80 mg</i>	QL (6 tabs every 1 day)
<i>sorine tab 80mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sorine tab 120mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sorine tab 160mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sorine tab 240mg</i>	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 80 mg (generic of BETAPACE AF)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 120 mg (generic of BETAPACE AF)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 160 mg (generic of BETAPACE AF)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 240 mg</i>	QL (2 tabs every 1 day)

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	QL (1 tab every 1 day)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (1 tab every 1 day)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	QL (1 tab every 1 day)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	QL (2 caps every 1 day)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>dilt-xr cap 120mg</i>	QL (2 caps every 1 day)
<i>dilt-xr cap 180mg</i>	QL (2 caps every 1 day)
<i>dilt-xr cap 240mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 120 mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	QL (2 caps every 1 day)

Drug Name	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	QL (1 cap every 1 day)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 90 mg</i>	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	QL (4 tabs every 1 day)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (1 tab every 1 day)
<i>felodipine tab er 24hr 5 mg</i>	QL (1 tab every 1 day)
<i>felodipine tab er 24hr 10 mg</i>	QL (2 tabs every 1 day)
KATERZIA SUS 1MG/ML	AGE (Min 6, Max 12)
<i>nifedipine cap 10 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>nifedipine cap 20 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>nifedipine tab er 24hr 30 mg</i>	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr 60 mg</i>	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr 90 mg</i>	QL (2 tabs every 1 day)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	QL (2 tabs every 1 day)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	QL (2 tabs every 1 day)
NORLIQVA SOL 1MG/ML	AGE (Min 6, Max 12)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>tiadyt cap 120mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>tiadyt cap 180mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)

Drug Name	Requirements/Limits
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>tiadylt cap 360mg/24 (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>tiadylt cap 420mg/24 (generic of TIAZAC)</i>	QL (1 cap every 1 day)
<i>verapamil hcl tab 40 mg</i>	QL (4 tabs every 1 day)
<i>verapamil hcl tab 80 mg</i>	QL (4 tabs every 1 day)
<i>verapamil hcl tab 120 mg</i>	QL (3 tabs every 1 day)
<i>verapamil hcl tab er 120 mg</i>	QL (3 tabs every 1 day)
<i>verapamil hcl tab er 180 mg</i>	QL (2 tabs every 1 day)
<i>verapamil hcl tab er 240 mg</i>	QL (3 tabs every 1 day)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max 12)
<i>digoxin tab 125 mcg (0.125 mg) (generic of DIGOXIN TAB 125 MCG (0.125 MG))</i>	QL (1 tab every 1 day)
<i>digoxin tab 250 mcg (0.25 mg) (generic of DIGOXIN TAB 250 MCG (0.25 MG))</i>	QL (1 tab every 1 day)
LANOXIN TAB 0.25MG	QL (1 tab every 1 day)
LANOXIN TAB 0.125MG	QL (1 tab every 1 day)

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

<i>niacin cap 500mg</i>	OTC
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PROSTAGLANDIN VASODILATORS

REMODULIN INJ 1MG/ML	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
REMODULIN INJ 5MG/ML	SP, PA
REMODULIN INJ 10MG/ML	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR

ANTAGONISTS

<i>ambrisentan tab 5 mg (generic of LETAIRIS)</i>	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg (generic of LETAIRIS)</i>	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	SP, PA, QL (1 tab every 1 day)
TRACLEER TAB 32MG	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	SP, PA, QL (3 tabs every 1 day)
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	SP, PA, QL (2 tabs every 1 day)

SINUS NODE INHIBITORS

CORLANOR TAB 5MG	PA
CORLANOR TAB 7.5MG	PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil for susp 250 mg/5ml</i>	AGE (Max 12)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max 12)
<i>cephalexin cap 250 mg</i>	QL (6 caps every 1 day)
<i>cephalexin cap 500 mg</i>	QL (6 caps every 1 day)
<i>cephalexin for susp 125 mg/5ml</i>	AGE (Max 12)
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max 12)

CEPHALOSPORINS - 2ND GENERATION

<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max 12)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max 12)
<i>cefuroxime axetil tab 250 mg</i>	QL (2 tabs every 1 day)
<i>cefuroxime axetil tab 500 mg</i>	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	QL (2 caps every 1 day)
<i>cefdinir for susp 125 mg/5ml</i>	AGE (Max 12)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max 12)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	
BULK CHEMICALS - A'S	
ACESULFAME POW POTASSIU	
ACESULFAME POW POTASSIU	OTC
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BUDESONIDE POW MICRONIZ	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYUREA POW	
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
BULK CHEMICALS - S'S	
STEVIA POW EXTRACT	
TRUECLEAR POW STEV PWD	OTC
LIQUIDS	
BENZYL BENZO LIQ	(Min 16, Max 60)
BENZYL BENZO LIQ	OTC; (Min 16, Max 60)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>altavera tab</i>	QL (1.34 tabs every 1 day)
<i>alyacen tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>alyacen tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>amethia tab (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>apri tab</i>	QL (1.34 tabs every 1 day)
<i>ashlyna tab (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>aubra eq tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>aurovela fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>aurovela fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>aurovela tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>aurovela tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>aviane tab</i>	QL (1.34 tabs every 1 day)
<i>ayuna tab</i>	QL (1.34 tabs every 1 day)
<i>azurette tab (generic of MIRCETTE)</i>	QL (1.34 tabs every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>balziva tab</i>	QL (1.34 tabs every 1 day)
<i>blisovi fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>blisovi fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>briellyn tab</i>	QL (1.34 tabs every 1 day)
<i>camrese lo tab</i>	QL (1.08 tabs every 1 day)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>chateal eq tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>cryselle-28 tab 28 tabs</i>	QL (1.34 tabs every 1 day)
<i>cyred eq tab</i>	QL (1.34 tabs every 1 day)
<i>cyred tab</i>	QL (1.34 tabs every 1 day)
<i>dasetta tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>dasetta tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>daysee tab</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>delyla tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	QL (1.34 tabs every 1 day)
<i>elinest tab</i>	QL (1.34 tabs every 1 day)
<i>enpresse-28 tab</i>	QL (1.34 tabs every 1 day)
<i>enskyce tab</i>	QL (1.34 tabs every 1 day)
<i>estarylla tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (1.34 tabs every 1 day)
<i>falmina tab</i>	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>hailey tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>iclevia tab</i>	QL (1.08 tabs every 1 day)
<i>introvale tab</i>	QL (1.08 tabs every 1 day)
<i>isibloom tab</i>	QL (1.34 tabs every 1 day)
<i>jaimiess tab</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>jolessa tab</i>	QL (1.08 tabs every 1 day)
<i>juleber tab</i>	QL (1.34 tabs every 1 day)
<i>junel 1.5/30 tab</i>	QL (1.34 tabs every 1 day)
<i>junel 1/20 tab</i>	QL (1.34 tabs every 1 day)
<i>junel fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>junel fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>kalliga tab</i>	QL (1.34 tabs every 1 day)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)

Drug Name	Requirements/Limits
<i>kelnor 1/50 tab</i>	QL (1.34 tabs every 1 day)
<i>kelnor tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>kurvelo tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>larin fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>larin fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>larin tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>larin tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>lessina tab</i>	QL (1.34 tabs every 1 day)
<i>levonest tab</i>	QL (1.34 tabs every 1 day)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	QL (1.08 tabs every 1 day)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (1.08 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (1.34 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (1.34 tabs every 1 day)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (1.34 tabs every 1 day)
<i>levora-28 tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	QL (1.34 tabs every 1 day)
<i>loestrin 21 tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>loestrin fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>loestrin fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>loestrin tab 1/20-21</i>	QL (1.34 tabs every 1 day)
<i>lojaimiess tab</i>	QL (1.08 tabs every 1 day)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	QL (1.34 tabs every 1 day)
<i>low-ogestrel tab</i>	QL (1.34 tabs every 1 day)
<i>lutra tab</i>	QL (1.34 tabs every 1 day)
<i>marlissa tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab fe1.5/30</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab fe 1/20</i>	QL (1.34 tabs every 1 day)
<i>mili tab 0.25/35</i>	QL (1.34 tabs every 1 day)
<i>mono-linyah tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>necon tab 0.5/35</i>	QL (1.34 tabs every 1 day)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (1.34 tabs every 1 day)

Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (1.34 tabs every 1 day)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (1.34 tabs every 1 day)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (1.34 tabs every 1 day)
<i>nortrel tab 0.5/35</i>	QL (1.34 tabs every 1 day)
<i>nortrel tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>nortrel tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>nylia tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>nylia tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>nymyo tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	QL (1.34 tabs every 1 day)
<i>philith tab 0.4-35</i>	QL (1.34 tabs every 1 day)
<i>pimtreea tab (generic of MIRCETTE)</i>	QL (1.34 tabs every 1 day)
<i>pirmella tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>pirmella tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>portia-28 tab</i>	QL (1.34 tabs every 1 day)
<i>reclipsen tab</i>	QL (1.34 tabs every 1 day)
<i>setlakin tab</i>	QL (1.08 tabs every 1 day)
<i>simliya tab 28 day (generic of MIRCETTE)</i>	QL (1.34 tabs every 1 day)
<i>simpesse tab (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>sprintec 28 tab 28 day</i>	QL (1.34 tabs every 1 day)
<i>sronyx tab</i>	QL (1.34 tabs every 1 day)
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	QL (1.34 tabs every 1 day)
<i>tarina fe tab 1/20 eq</i>	QL (1.34 tabs every 1 day)
<i>tri-estaryll tab</i>	QL (1.34 tabs every 1 day)
<i>tri-linyah tab</i>	QL (1.34 tabs every 1 day)
<i>tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-mili tab</i>	QL (1.34 tabs every 1 day)
<i>tri-nymyo tab</i>	QL (1.34 tabs every 1 day)
<i>tri-sprintec tab</i>	QL (1.34 tabs every 1 day)
<i>tri-vylibra tab</i>	QL (1.34 tabs every 1 day)

Drug Name	Requirements/Limits
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	QL (1.34 tabs every 1 day)
<i>trivora-28 tab</i>	QL (1.34 tabs every 1 day)
<i>velivet pak</i>	QL (1.34 tabs every 1 day)
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>vienva tab 0.1-20</i>	QL (1.34 tabs every 1 day)
<i>viorele tab</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>volnea tab</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>vyfemla tab 0.4-35</i>	QL (1.34 tabs every 1 day)
<i>vylibra tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>wera tab 0.5/35</i>	QL (1.34 tabs every 1 day)
YAZ TAB 3-0.02MG	QL (1.34 tabs every 1 day)
<i>zovia 1/35 tab</i>	QL (1.34 tabs every 1 day)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	QL (1.34 tabs every 1 day)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane dis 150-35</i>	QL (0.143 patches every 1 day)
<i>zafemy dis 150/35</i>	QL (0.143 patches every 1 day)

COMBINATION CONTRACEPTIVES - VAGINAL

<i>eluryng mis</i> (generic of NUVARING)	QL (0.05 rings every 1 day)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	QL (0.05 rings every 1 day)
<i>haloette mis</i> (generic of NUVARING)	QL (0.05 rings every 1 day)

EMERGENCY CONTRACEPTIVES

ELLA TAB 30MG	QL (12 tabs every 310 days)
<i>levonorgestrel tab 1.5 mg</i>	QL (12 tabs every 310 days), OTC

PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-PROVERA INJ 150MG/ML	QL (1 injection every 71 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (4 injections every 310 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (1 injection every 71 days)

PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5MG	
LILETTA IUD 52MG	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG	QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	QL (1.34 tabs every 1 day)
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Drug Name	Requirements/Limits
<i>deblitane tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>errin tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>heather tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>incassia tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>jencycla tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>lyleq tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>lyza tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>nora-be tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>norethindrone tab 0.35 mg</i>	QL (1.34 tabs every 1 day)
<i>norlyroc tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>sharobel tab 0.35mg</i>	QL (1.34 tabs every 1 day)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (60 mL every 1 day)
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	QL (12 tabs every 1 day)
<i>dexamethasone tab 0.75 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 1 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 1.5 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 2 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 4 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 6 mg</i>	QL (10 tabs every 1 day)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	QL (24 tabs every 1 day)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	QL (12 tabs every 1 day)
<i>hydrocortisone tab 20 mg</i>	QL (6 tabs every 1 day)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	QL (12 tabs every 1 day)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	QL (6 tabs every 1 day)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	QL (4 tabs every 1 day)
<i>methylprednisolone tab 32 mg</i>	QL (2 tabs every 1 day)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	QL (12 tabs every 1 day)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (60 mL every 1 day)
<i>prednisone tab 1 mg</i>	QL (10 tabs every 1 day)
<i>prednisone tab 2.5 mg</i>	QL (8 tabs every 1 day)
<i>prednisone tab 5 mg</i>	QL (16 tabs every 1 day)
<i>prednisone tab 10 mg</i>	QL (9 tabs every 1 day)
<i>prednisone tab 20 mg</i>	QL (6 tabs every 1 day)

Drug Name	Requirements/Limits
<i>prednisone tab 50 mg</i>	QL (3 tabs every 1 day)
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	QL (5 tabs every 1 day)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	QL (6 caps every 1 day)
<i>benzonatate cap 200 mg</i>	QL (5 caps every 1 day)
<i>cough relief liq 15mg/5ml</i>	OTC
<i>giltuss hone liq 30/10ml</i>	OTC
<i>honey dm chi liq 15mg/5ml</i>	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	QL (60 mL every 1 day)
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	QL (60 mL every 1 day)
<i>tussin long liq 15mg/5ml</i>	OTC
<i>wal-tussin liq 15mg/5ml</i>	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>all day alrg tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>aller-tec d tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>allergy d tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>allergy relf tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>allergy-d tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>allergy/cong tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>allrgy relf tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (480 mL every 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>cvs allergy tab 5-120mg</i>	QL (2 tabs every 1 day), AGE, OTC; AGE (Min 4)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	QL (240 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	QL (240 mL every 25 days), OTC

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (180 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	QL (2 tabs every 1 day), OTC
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i>	QL (180 mL every 25 days), OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	QL (60 mL every 1 day), OTC; AGE (Min 2)
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	QL (2 tabs every 1 day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	QL (1 tab every 1 day), OTC
<i>prometh vc syp 6.25-5/5</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>prometh vc/ syp codeine</i>	QL (60 mL every 1 day); AGE (Min 2, Max 64)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL every 25 days); AGE (Min 2, Max 64)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL every 25 days); AGE (Min 4, Max 64)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (60 mL every 1 day)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	QL (4 tabs every 1 day), OTC; AGE (Min 4)
<i>ra cetiri-d tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>sm allergy-d tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>wal-zyr d tab 5-120mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)

EXPECTORANTS

<i>altarussin liq 100/5ml</i>	OTC; AGE (Min 4)
<i>buckleys liq chest</i>	OTC; AGE (Min 4)
<i>chest conges liq 100/5ml</i>	OTC; AGE (Min 4)
<i>diabetic tus liq 100/5ml</i>	OTC; AGE (Min 4)
<i>diabtc tussn liq 100/5ml</i>	OTC; AGE (Min 4)
<i>geri-tussin liq 100/5</i>	OTC; AGE (Min 4)
<i>guaifenesin liquid 100 mg/5ml</i>	OTC; AGE (Min 4)
<i>guaifenesin tab 200 mg</i>	OTC; AGE (Min 4)
<i>guaifenesin tab 400 mg</i>	OTC; AGE (Min 4)
<i>guaifenesin tab er 12hr 600 mg</i>	QL (2 tabs every 1 day), OTC
<i>max tussin liq 200/10ml</i>	AGE, OTC; AGE (Min 4)
<i>mucinex fast liq cst cong</i>	OTC; AGE (Min 4)
<i>mucus relief liq 100/5ml</i>	OTC; AGE (Min 4)
<i>mucus relief liq 400/20ml</i>	OTC; AGE (Min 4)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>mucus+chst liq 100/5ml</i>	OTC; AGE (Min 4)
<i>mucus+chst liq 200/10ml</i>	OTC; AGE (Min 4)
<i>px tussin liq 100/5ml</i>	OTC; AGE (Min 4)
<i>qc medifin liq mucus rl</i>	OTC; AGE (Min 4)
<i>qc tussin ex liq 100/5ml</i>	OTC; AGE (Min 4)
<i>ra tussin liq 100/5ml</i>	OTC; AGE (Min 4)
<i>robafen liq 200/10ml</i>	OTC; AGE (Min 4)
<i>sb cgh contr liq 100/5ml</i>	OTC; AGE (Min 4)
<i>scot-tussin liq expct sf</i>	OTC; AGE (Min 4)
<i>siltussin sa liq 100/5ml</i>	OTC; AGE (Min 4)
<i>tusnel-ex liq 100/5ml</i>	OTC; AGE (Min 4)
<i>tussin adult liq 100/5ml</i>	OTC; AGE (Min 4)
<i>tussin chest liq 100/5ml</i>	OTC; AGE (Min 4)
<i>tussin mucus liq 100/5ml</i>	OTC; AGE (Min 4)
<i>tussin mucus liq 200/10ml</i>	OTC; AGE (Min 4)
<i>wal-tussin liq 100/5ml</i>	OTC; AGE (Min 4)

MISC. RESPIRATORY INHALANTS

<i>nebusal neb 3%</i>	
<i>pulmosal neb 7%</i>	
<i>sodium chloride soln nebu 0.9%</i>	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	QL (4 vials every 1 day)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>acne medicat gel 2.5%</i>	QL (60 gm every 25 days), OTC
<i>adapalene gel 0.1%</i>	QL (45 gm every 25 days), OTC
<i>adapalene tr gel 0.1%</i>	QL (45 gm every 25 days), OTC
<i>avita cre 0.025% (generic of RETIN-A)</i>	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

Drug Name	Requirements/Limits
<i>avita gel 0.025%</i>	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>benzoyl peroxide gel 2.5%</i>	QL (60 gm every 25 days), OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	QL (240 gm every 25 days), OTC
<i>benzoyl peroxide liq 10%</i>	QL (240 gm every 25 days), OTC
BENZOYL PEROXIDE LOTION 5%	OTC
BENZOYL PEROXIDE LOTION 10%	OTC
<i>clindamycin phosphate gel 1%</i>	ST, QL (60 mL every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	ST, QL (10 mL every 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL every 25 days)
DIFFERIN GEL 0.1%	QL (45 gm every 25 days), OTC
<i>erythromycin soln 2%</i>	QL (15 mL every 1 day)
<i>isotretinoin</i>	PA
<i>isotretinoin</i> (generic of isotretinoin)	PA
<i>sulfacetamide sodium lotion 10%</i> (acne) (generic of KLARON)	PA, QL (118 mL every 25 days)
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

Drug Name	Requirements/Limits
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin cream 0.025%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin gel 0.01%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin gel 0.025%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	QL (200 gm every 25 days), OTC
<i>aspercrm art gel 1% pain</i>	QL (200 gm every 25 days), OTC
<i>diclofenac gel 1%</i>	QL (200 gm every 25 days), OTC
<i>eq arthritis gel 1%</i>	QL (200 gm every 25 days), OTC
<i>goodsense gel art pain</i>	QL (200 gm every 25 days), OTC
<i>kls diclofen gel 1%</i>	QL (200 gm every 25 days), OTC
<i>motrin arthr gel pain 1%</i>	QL (200 gm every 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (200 gm every 25 days), OTC
VOLTAREN GEL 1% ARTHR	QL (200 gm every 25 days), OTC

Drug Name	Requirements/Limits
ANTIBIOTICS - TOPICAL	
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm every 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm every 25 days)
<i>mupirocin oint 2%</i>	QL (44 gm every 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>anti-fungal sol 1%</i>	QL (151 gm every 30 days), OTC
<i>blis-to-sol liq 1%</i>	QL (151 mL every 30 days), OTC
<i>ciclodan sol 8%</i>	QL (6.6 mL every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (180 gm every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i> (generic of LOPROX)	QL (60 mL every 25 days)
<i>ciclopirox solution 8%</i>	QL (6.6 mL every 25 days)
<i>clotrimazole cream 1%</i>	QL (60 gm every 30 days)
<i>clotrimazole cream 1%</i>	QL (60 gm every 30 days), OTC
<i>clotrimazole soln 1%</i>	QL (60 mL every 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL every 30 days), OTC
<i>dr gs clear sol nail 1%</i>	QL (151 mL every 30 days), OTC
<i>foot repair sol serum 1%</i>	QL (151 mL every 30 days), OTC
<i>formula 3 sol treatmen</i>	QL (151 mL every 30 days), OTC
<i>formula 7 sol</i>	QL (151 gm every 30 days), OTC
<i>fungai nail sol erase 1%</i>	QL (151 mL every 30 days), OTC
<i>fungi nail liq 1%</i>	QL (151 mL every 30 days), OTC
<i>ketoconazole cream 2%</i>	QL (60 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL every 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	QL (133 gm every 30 days), OTC
<i>miconazole nitrate cream 2%</i>	QL (150 gm every 25 days), OTC
<i>miconazole nitrate ointment 2%</i>	QL (113 gm every 30 days), OTC

Drug Name	Requirements/Limits
<i>miconazole nitrate powder 2%</i>	QL (90 gm every 30 days), OTC
<i>mycocide ns sol 1%</i>	QL (151 mL every 30 days), OTC
<i>myozyl al sol 1%</i>	QL (151 mL every 30 days), OTC
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (30 gm every 25 days)
<i>terbinafine hcl cream 1%</i>	QL (30 gm every 25 days), OTC
<i>tinaspore sol 1%</i>	QL (151 mL every 30 days), OTC
<i>tm-tolnaftat liq 1%</i>	QL (151 mL every 30 days), OTC
<i>tolnaftate aerosol pow 1%</i>	QL (133 gm every 30 days), OTC
<i>tolnaftate cream 1%</i>	QL (60 gm every 30 days), OTC
<i>tolnaftate powder 1%</i>	QL (67.5 gm every 30 days), OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

fluorouracil cream 5% (generic of EFUDEX)

ANTIPSORIATICS

<i>calcipotriene cream 0.005%</i>	PA
<i>calcipotriene oint 0.005%</i>	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	PA
<i>calcitrene oin 0.005%</i>	PA
COSENTYX INJ 75MG/0.5	SP, PA, QL (0.5 mL every 24 days)
COSENTYX INJ 150MG/ML	SP, PA, QL (1 mL every 24 days)
COSENTYX INJ 300DOSE	SP, PA, QL (2 mL every 24 days)
COSENTYX PEN INJ 150MG/ML	SP, PA, QL (1 mL every 24 days)
COSENTYX PEN INJ 300DOSE	SP, PA, QL (2 mL every 24 days)

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	

ANTIVIRALS - TOPICAL

<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	PA
<i>docosanol cream 10%</i>	QL (2 gm every 15 days), OTC

Drug Name	Requirements/Limits
BURN PRODUCTS	
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	
<i>ssd cre 1% (generic of SILVADENE)</i>	
CORTICOSTEROIDS - TOPICAL	
<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm every 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm every 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (50 gm every 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (50 gm every 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (60 mL every 25 days)
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	QL (50 gm every 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (60 gm every 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (60 mL every 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (45 gm every 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm every 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL every 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm every 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL every 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	ST, QL (60 gm every 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	QL (60 gm every 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	QL (120 mL every 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	QL (120 mL every 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	QL (60 gm every 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinonide oint 0.05%</i>	ST, QL (60 gm every 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln 0.05%</i>	QL (60 mL every 25 days)

Drug Name	Requirements/Limits
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm every 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm every 25 days)
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm every 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm every 25 days)
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%- rx</i>	QL (60 gm every 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm every 25 days)
<i>hydrocortisone gel 1%</i>	OTC
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL every 25 days)
<i>hydrocortisone oint 0.5%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%- rx</i>	QL (60 gm every 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm every 25 days)
<i>mometasone furoate cream 0.1%</i>	QL (45 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	QL (60 mL every 25 days)
TRIAMCINOLON POW ACETONID	
<i>triamcinolone acetonide cream 0.1%</i>	
<i>triamcinolone acetonide cream 0.5%</i>	
<i>triamcinolone acetonide cream 0.025%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm cre 0.5%</i>	
EMOLLIENTS	
<i>emollient - ointment</i>	OTC; Generic Aquaphor
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm every 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm every 25 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm every 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm every 25 days), OTC
ENZYMES - TOPICAL	
SANTYL OIN 250/GM	PA, QL (2 gm every 1 day)

Drug Name	Requirements/Limits
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5%</i>	PA, QL (24 packets every 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1%</i> (generic of ELIDEL)	PA, QL (2 gm every 1 day)
<i>tacrolimus oint 0.1%</i>	PA, QL (30 gm every 25 days)
<i>tacrolimus oint 0.03%</i>	PA, QL (30 gm every 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	QL (7 mL every 180 days)
LOCAL ANESTHETICS - TOPICAL	
<i>arth pain cre 0.075%</i>	OTC
<i>aspercreme pad lid 4%</i>	QL (4 patches every 1 day), OTC
<i>aspercreme pad lido 4%</i>	QL (4 patches every 1 day), OTC
<i>asperflex pad 4%</i>	QL (4 patches every 1 day), OTC
<i>capsaicin cream 0.1%</i>	OTC
<i>capsaicin cream 0.025%</i>	OTC
<i>capsaicin cream 0.075%</i>	OTC
<i>capsaicin hp cre 0.1%</i>	OTC
<i>CAPZASIN-P CRE 0.035%</i>	OTC
<i>capzix cre 0.1%</i>	OTC
<i>CIRCATA CRE 0.05%</i>	OTC
<i>CIRCATRIX CRE 0.05%</i>	OTC
<i>cvs hemorrhho oin 1%</i>	OTC
<i>cvs pain rel pad 4%</i>	QL (4 patches every 1 day), OTC
<i>dermacinrx cre penetral</i>	OTC
<i>dibucaine oint 1%</i>	OTC
<i>eq lidocaine pad 4%</i>	QL (4 patches every 1 day), OTC
<i>glydo gel 2%</i>	
<i>gnp lidocain pad 4%</i>	QL (4 patches every 1 day), OTC
<i>healthwise pad 4%</i>	QL (4 patches every 1 day), OTC
<i>hm lidocaine pad 4%</i>	QL (4 patches every 1 day), OTC
<i>lido king pad 4%</i>	QL (4 patches every 1 day), OTC
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl gel 2%</i>	OTC

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>lidocaine hcl gel 2%- rx</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine pa pad 4%</i>	QL (4 patches every 1 day), OTC
<i>lidocaine pad 4%</i>	QL (4 ea every 1 day), OTC
<i>lidocaine pad relievin</i>	QL (4 patches every 1 day), OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	PA, QL (3 packets every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm every 25 days)
<i>pain relief pad 4% max</i>	QL (4 patches every 1 day), OTC
<i>pain relievi pad lidocain</i>	QL (4 patches every 1 day), OTC
<i>qc lidocaine pad rlf 4%</i>	QL (4 patches every 1 day), OTC
<i>ra lidocaine pad 4%</i>	QL (4 patches every 1 day), OTC
<i>ra pain reli pad 4%</i>	QL (4 patches every 1 day), OTC
<i>re-lieved pad 4%</i>	QL (4 patches every 1 day), OTC
<i>salonpas gel pad 4%</i>	QL (4 patches every 1 day), OTC
<i>salonpas pad pain rel</i>	QL (4 patches every 1 day), OTC
<i>sure result cre sr 0.025</i>	OTC
<i>theracare pad 4%</i>	QL (4 patches every 1 day), OTC
<i>welmate pad 4%</i>	QL (4 patches every 1 day), OTC
<i>zostrix hp cre 0.1%</i>	OTC
<i>ZOSTRIX NAT CRE 0.033%</i>	OTC
MISC. TOPICAL	
<i>americerin cre</i>	OTC
<i>DRYSOL SOL 20%</i>	
<i>minerin cre</i>	OTC
<i>ZINC-OXYDE OIN 0.44-20%</i>	OTC
ROSACEA AGENTS	
<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	
<i>metronidazole gel 0.75%</i>	Generic Metrogel

Drug Name	Requirements/Limits
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<i>metronidazole lotion 0.75% (generic of METROLOTION)</i>	
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SCABICIDES & PEDICULICIDES

<i>crotan lot 10%</i>	
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<i>goodsense liq lice rin</i>	OTC; Generic NIX
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<i>lice treatmt liq 1%</i>	OTC; Generic NIX
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<i>lice treatmt lot 1%</i>	OTC; Generic NIX
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<i>lice trtmnt liq 1%</i>	OTC; Generic NIX
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<i>malathion lotion 0.5%</i>	QL (59 mL every 25 days)
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<i>NIX CREM RIN LIQ 1%</i>	OTC; Generic NIX
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<i>permethrin aerosol 0.5%</i>	OTC; Generic NIX Spray
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<i>permethrin cream 5%</i>	
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<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC; Generic RID Kit
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<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC; Generic RID
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<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC; Generic RID
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<i>ra lice lot 1%</i>	OTC; Generix NIX
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<i>spinosad susp 0.9%</i>	QL (120 mL every 25 days)
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DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG	PA, QL (2 vials every 180 days)
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DIAGNOSTIC TESTS

ACETONE (URINE) TEST STRIP	OTC
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RELION TRUE TES METRIX	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
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TRUE METRIX TES GLUCOSE	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins.
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DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	QL (6 caps every 1 day)
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CREON CAP 6000UNIT	QL (6 caps every 1 day)
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CREON CAP 12000UNT	QL (6 caps every 1 day)
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CREON CAP 24000UNT	QL (6 caps every 1 day)
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CREON CAP 36000UNT	QL (6 caps every 1 day)
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Drug Name	Requirements/Limits
VIOKACE TAB 10440	
VIOKACE TAB 20880	
ZENPEP CAP 3000UNIT	QL (6 caps every 1 day)
ZENPEP CAP 5000UNIT	QL (6 caps every 1 day)
ZENPEP CAP 15000UNT	QL (6 caps every 1 day)
ZENPEP CAP 20000UNT	QL (6 caps every 1 day)
ZENPEP CAP 25000UNT	QL (6 caps every 1 day)
ZENPEP CAP 40000UNT	QL (6 caps every 1 day)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	QL (4 caps every 1 day)
<i>acetazolamide tab 125 mg</i>	QL (4 tabs every 1 day)
<i>acetazolamide tab 250 mg</i>	QL (4 tabs every 1 day)

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (2 tabs every 1 day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	QL (4 tabs every 1 day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	QL (2 caps every 1 day)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	QL (4 tabs every 1 day)
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	QL (4 tabs every 1 day)

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i> (generic of BUMEX)	QL (2 tabs every 1 day)
<i>bumetanide tab 1 mg</i>	QL (2 tabs every 1 day)
<i>bumetanide tab 2 mg</i>	QL (5 tabs every 1 day)
<i>furosemide oral soln 8 mg/ml</i>	AGE (Max 12)
<i>furosemide oral soln 10 mg/ml</i>	AGE (Max 12)
<i>furosemide tab 20 mg</i> (generic of LASIX)	QL (6 tabs every 1 day)
<i>furosemide tab 40 mg</i> (generic of LASIX)	QL (6 tabs every 1 day)
<i>furosemide tab 80 mg</i> (generic of LASIX)	QL (6 tabs every 1 day)
<i>torseamide tab 5 mg</i>	QL (2 tabs every 1 day)
<i>torseamide tab 10 mg</i>	QL (4 tabs every 1 day)
<i>torseamide tab 20 mg</i>	QL (4 tabs every 1 day)
<i>torseamide tab 100 mg</i>	QL (2 tabs every 1 day)

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	QL (4 tabs every 1 day)
<i>spironolactone tab 25 mg</i> (generic of ALDACTONE)	QL (8 tabs every 1 day)
<i>spironolactone tab 50 mg</i> (generic of ALDACTONE)	QL (4 tabs every 1 day)
<i>spironolactone tab 100 mg</i> (generic of ALDACTONE)	QL (2 tabs every 1 day)

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	QL (4 tabs every 1 day)
<i>chlorthalidone tab 50 mg</i>	QL (4 tabs every 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>hydrochlorothiazide cap 12.5 mg</i>	QL (2 caps every 1 day)
<i>hydrochlorothiazide tab 25 mg</i>	QL (8 tabs every 1 day)
<i>hydrochlorothiazide tab 50 mg</i>	QL (4 tabs every 1 day)
<i>indapamide tab 1.25 mg</i>	QL (2 tabs every 1 day)
<i>indapamide tab 2.5 mg</i>	QL (2 tabs every 1 day)
<i>metolazone tab 2.5 mg</i>	QL (4 tabs every 1 day)
<i>metolazone tab 5 mg</i>	QL (4 tabs every 1 day)
<i>metolazone tab 10 mg</i>	QL (2 tabs every 1 day)

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	QL (1 tab every 1 day)
<i>alendronate sodium tab 10 mg</i>	QL (1 tab every 1 day)
<i>alendronate sodium tab 35 mg</i>	QL (0.143 tabs every 1 day)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	QL (0.143 tabs every 1 day)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	QL (1 mL every 1 day); AGE (Min 50)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	QL (0.036 tabs every 1 day)
PROLIA INJ 60MG/ML	SP, PA
TYMLOS INJ	SP, PA

GROWTH HORMONES

OMNITROPE INJ 5.8MG	SP, PA
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HORMONE RECEPTOR MODULATORS

<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	QL (1 tab every 1 day); AGE (Min 50)
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INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

INCRELEX INJ 40MG/4ML	SP, PA
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LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
SYNAREL SOL 2MG/ML	SP, PA

METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	QL (4 caps every 1 day)
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	QL (4 caps every 1 day)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)</i>	QL (60 mL every 1 day)
<i>levocarnitine tab 330 mg (generic of CARNITOR)</i>	QL (18 tabs every 1 day)

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate nasal spray soln 0.01%</i>	PA
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Drug Name	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	PA
<i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i>	QL (4 tabs every 1 day)
<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	QL (5 tabs every 1 day)
DESMOPRESSIN SOL 1.5MG/ML	SP, PA

PROLACTIN INHIBITORS

cabergoline tab 0.5 mg

SOMATOSTATIC AGENTS

octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN) SP, PA

octreotide acetate subcutaneous soln pref syr 100 mcg/ml SP, PA

SANDOSTATIN KIT LAR 10MG SP, PA

SANDOSTATIN KIT LAR 20MG SP, PA

SANDOSTATIN KIT LAR 30MG SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

fyavolv tab 0.5-2.5 QL (1 tab every 1 day)

fyavolv tab 1-5 QL (1 tab every 1 day)

jinteli tab 1mg-5mcg QL (1 each every 1 day)

norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg QL (1 tab every 1 day)

norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg QL (1 tab every 1 day)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

estradiol tab 0.5 mg (generic of ESTRACE) AGE (Max 64)

estradiol tab 1 mg (generic of ESTRACE) AGE (Max 64)

estradiol tab 2 mg (generic of ESTRACE) AGE (Max 64)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO) QL (2 tabs every 1 day)

ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO) QL (2 tabs every 1 day)

ciprofloxacin hcl tab 750 mg (base equiv) QL (2 tabs every 1 day)

levofloxacin oral soln 25 mg/ml PA

levofloxacin tab 250 mg (generic of LEVAQUIN) QL (1 tab every 1 day)

levofloxacin tab 500 mg QL (1 tab every 1 day)

levofloxacin tab 750 mg (generic of LEVAQUIN) QL (1 tab every 1 day)

moxifloxacin hcl tab 400 mg (base equiv)

Drug Name	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	

ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	QL (2 caps every 1 day)
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	QL (4 tabs every 1 day)
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	QL (2 tabs every 1 day)

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	QL (6 tabs every 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	QL (6 tabs every 1 day)

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	QL (4 caps every 1 day)
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	QL (10 tabs every 1 day)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	QL (8 tabs every 1 day)

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (180 mL every 1 day)
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PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	ST; Requires trial of calcium acetate

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	QL (3 tabs every 1 day)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	QL (3 tabs every 1 day)

Drug Name	Requirements/Limits
<i>potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)</i>	QL (4 tabs every 1 day)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	
<i>sodium chloride irrigation soln 0.9%</i>	QL (10000 mL every 25 days)

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	QL (1 tab every 1 day)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	QL (1 tab every 1 day)
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	QL (2 caps every 1 day)

URINARY ANALGESICS

<i>phenazo tab 200mg</i>	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 100 mg</i>	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 200 mg</i>	QL (3 tabs every 1 day)

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (3 tabs every 1 day)
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	QL (6 tabs every 1 day)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	QL (4 tabs every 1 day)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 tabs every 90 days)

URICOSURICS

<i>probenecid tab 500 mg</i>	QL (3 tabs every 1 day)
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT	SP, PA
ADVATE INJ 500UNIT	SP, PA
ADVATE INJ 1000UNIT	SP, PA
ADVATE INJ 1500UNIT	SP, PA
ADVATE INJ 2000UNIT	SP, PA
ADVATE INJ 3000UNIT	SP, PA
ADVATE INJ 4000UNIT	SP, PA
BENEFIX INJ 250UNIT	SP, PA
BENEFIX INJ 500UNIT	SP, PA
BENEFIX INJ 1000UNIT	SP, PA
BENEFIX INJ 2000UNIT	SP, PA
BENEFIX INJ 3000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA

Drug Name	Requirements/Limits
IXINITY INJ 500UNIT	SP, PA
IXINITY INJ 1000UNIT	SP, PA
IXINITY INJ 2000UNIT	SP, PA
IXINITY INJ 3000UNIT	SP, PA
KOGENATE FS INJ 250UNIT	SP, PA
KOGENATE FS INJ 500UNIT	SP, PA
KOGENATE FS INJ 1000UNIT	SP, PA
KOVALTRY INJ 250UNIT	SP, PA
KOVALTRY INJ 500UNIT	SP, PA
KOVALTRY INJ 1000UNIT	SP, PA
KOVALTRY INJ 2000UNIT	SP, PA
KOVALTRY INJ 3000UNIT	SP, PA
NUWIQ KIT 250UNIT	SP, PA
NUWIQ KIT 500UNIT	SP, PA
NUWIQ KIT 1000UNIT	SP, PA
RIXUBIS INJ 250 UNIT	SP, PA
RIXUBIS INJ 500UNIT	SP, PA
RIXUBIS INJ 1000UNIT	SP, PA
RIXUBIS INJ 2000UNIT	SP, PA
RIXUBIS INJ 3000UNIT	SP, PA

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	QL (4 ea every 1 day)
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	PA
<i>cilostazol tab 50 mg</i>	QL (2 tabs every 1 day)
<i>cilostazol tab 100 mg</i>	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	QL (1 tab every 1 day)
<i>dipyridamole tab 25 mg</i>	QL (10 tabs every 1 day)
<i>dipyridamole tab 50 mg</i>	QL (8 tabs every 1 day)
<i>dipyridamole tab 75 mg</i>	QL (4 tabs every 1 day)

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>b-12-sl sub 1000mcg</i>	OTC
<i>cyanocobalamin sl tab 500 mcg</i>	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	OTC
<i>cyanocobalamin tab 100 mcg</i>	OTC
<i>cyanocobalamin tab 250 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	OTC
<i>gnp b-12 sub 2500mcg</i>	OTC

Drug Name	Requirements/Limits
FOLIC ACID/FOLATES	
<i>folic acid tab 1 mg</i>	QL (5 tabs every 1 day)
<i>folic acid tab 400 mcg</i>	QL (5 tabs every 1 day), OTC
<i>folic acid tab 800 mcg</i>	QL (5 tabs every 1 day), OTC
<i>folic acid tab 1000mcg</i>	QL (5 tabs every 1 day), OTC
HEMATOPOIETIC GROWTH FACTORS	
ARANESP INJ 25MCG	PA
ARANESP INJ 40MCG	PA
ARANESP INJ 60MCG	PA
ARANESP INJ 100MCG	PA
ARANESP INJ 200MCG	PA
ARANESP INJ 300MCG	PA
ARANESP INJ 500MCG	PA
RETACRIT INJ 2000UNIT	PA
RETACRIT INJ 3000UNIT	PA
RETACRIT INJ 4000UNIT	PA
RETACRIT INJ 10000UNT	PA
RETACRIT INJ 20000UNI	PA
RETACRIT INJ 40000UNT	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
ZIEXTENZO INJ 6/0.6ML	PA, QL (1 syringe every 11 days)
HEMATOPOIETIC MIXTURES	
<i>chromagen cap</i>	QL (2 caps every 1 day)
<i>ferocon cap</i>	QL (2 caps every 1 day)
<i>ferottrinsic cap</i>	QL (2 caps every 1 day)
<i>foltrin cap</i>	QL (2 caps every 1 day)
<i>hematogen cap</i>	QL (2 caps every 1 day), OTC
<i>iferex 150 cap forte</i>	QL (2 caps every 1 day)
<i>iron complex cap</i>	QL (2 caps every 1 day), OTC
<i>poly-iron cap 150 fort</i>	QL (2 caps every 1 day)
<i>polysacchari cap iron</i>	QL (2 caps every 1 day)
<i>tricon cap</i>	QL (2 caps every 1 day)
IRON	
<i>fe tabs tab 325mg ec</i>	OTC
<i>ferrex 150 cap 150mg</i>	QL (2 caps every 1 day), OTC

Drug Name	Requirements/Limits
<i>ferric x-150 cap 150mg</i>	QL (2 caps every 1 day), OTC
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
<i>ferrous gluc tab 324mg</i>	OTC
FERROUS GLUC TAB 324MG	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
FERROUS SULF LIQ 44MG/5ML	OTC
FERROUS SULF TAB 324MG EC	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	QL (3 tabs every 1 day), OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate tab er 50 mg (elemental fe)</i>	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	OTC
<i>iferex 150 cap</i>	QL (2 caps every 1 day), OTC
<i>nu-iron 150 cap</i>	QL (2 caps every 1 day), OTC
<i>nu-iron 150 cap 150mg</i>	QL (2 caps every 1 day), OTC
<i>poly-iron cap 150mg</i>	QL (2 caps every 1 day), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	QL (2 caps every 1 day), OTC
<i>slow iron tab 50mg</i>	OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 50 mg</i>	QL (1 tab every 1 day), OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	QL (1 tab every 1 day), OTC
<i>hm nighttime tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>night time tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>nighttime tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>nytol quick tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>ra nighttime tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>ra sleep aid tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>rest simply tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sb sleep tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>simply sleep tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sleep aid tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sleep tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sleep-aid tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sleep-tabs tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sm nighttime tab 25mg</i>	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>sominex nigh tab 25mg</i>	QL (1 tab every 1 day), OTC; AGE (Max 64)

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	QL (50 mL every 1 day); AGE (Max 12)
<i>phenobarbital tab 15 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 16.2 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 30 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 32.4 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 60 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 64.8 mg</i>	QL (3 tabs every 1 day)
<i>phenobarbital tab 97.2 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 100 mg</i>	QL (2 tabs every 1 day)

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	QL (1 tab every 1 day); AGE (Min 18)
<i>estazolam tab 2 mg</i>	QL (1 tab every 1 day); AGE (Min 18)
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (1 cap every 1 day); AGE (Min 18)

Drug Name	Requirements/Limits
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (1 cap every 1 day); AGE (Min 18)
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	QL (2 tabs every 1 day); AGE (Min 18)
<i>triazolam tab 0.125 mg</i>	QL (1 tab every 1 day); AGE (Min 18)
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	QL (2 tabs every 1 day); AGE (Min 18)
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	QL (1 tab every 1 day); AGE (Min 18)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
<i>corn dextrin oral powder</i>	OTC
CVS DAILY POW FIBER	OTC
KONSYL DAILY POW 100%	OTC
METAMUCIL POW 28%ORG	OTC
METAMUCIL POW 58.12%	OTC
METAMUCIL WAF	OTC
<i>methylcellulose tab 500 mg</i>	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>psyllium powder 48.57%</i>	OTC
<i>psyllium powder 58.6%</i>	OTC
<i>psyllium powder 100%</i>	OTC
<i>qc natural pow vegetabl</i>	OTC
<i>sb fib lax pow 33%</i>	OTC
UNIFIBER POW	OTC
<i>wheat dextrin oral powder</i>	OTC
WHEAT DEXTRIN PACKET	OTC

LAXATIVE COMBINATIONS

<i>gavilyte-c sol</i>	QL (4000 mL every 1 day)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	QL (4000 mL every 1 day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (4000 mL every 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	QL (4000 mL every 1 day)
PEG-PREP KIT	QL (1 kit every 1 day)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	QL (6 tabs every 1 day), OTC

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	QL (180 mL every 1 day)
<i>glycerin suppos 1.2 gm</i>	OTC
<i>glycerin suppos 2 gm</i>	OTC
<i>glycerin suppos 2.1 gm</i>	OTC

Drug Name	Requirements/Limits
<i>glycerin suppos 80.7%</i>	OTC
<i>lactulose solution 10 gm/15ml</i>	QL (180 mL every 1 day)
<i>polyethylene glycol 3350 oral powder</i>	QL (34 gm every 1 day), OTC

LUBRICANT LAXATIVES

<i>mineral oil</i>	OTC
<i>mineral oil enema</i>	OTC
<i>mineral oil- rx</i>	

SALINE LAXATIVES

<i>magnesium citrate soln</i>	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	OTC
MILK OF MAGN SUS 2400/10	OTC
<i>pediatric ene enema</i>	OTC
<i>sodium phosphates - enema</i>	OTC

STIMULANT LAXATIVES

<i>bisacodyl suppos 10 mg</i>	QL (1 supp every 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	QL (3 tabs every 1 day), OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	QL (2 tabs every 1 day), OTC
<i>sennosides tab 25 mg</i>	OTC

SURFACTANT LAXATIVES

<i>docusate calcium cap 240 mg</i>	QL (2 caps every 1 day), OTC
<i>docusate sodium cap 50 mg</i>	QL (2 caps every 1 day), OTC
<i>docusate sodium cap 100 mg</i>	QL (6 caps every 1 day), OTC
<i>docusate sodium cap 250 mg</i>	QL (6 caps every 1 day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	QL (30 mL every 1 day), OTC
<i>docusate sodium tab 100 mg</i>	QL (6 tabs every 1 day), OTC
PEDIA-LAX LIQ 50MG	QL (30 mL every 1 day), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	QL (20 mL every 1 day); AGE (Max 12)
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	QL (30 mL every 1 day); AGE (Max 12)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty Therapy **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>azithromycin powd pack for susp 1 gm</i>	QL (1 packet every 1 day)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	QL (12 tabs every 25 days)
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	QL (6 tabs every 25 days)
<i>azithromycin tab 600 mg</i>	QL (1 tab every 1 day)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	AGE (Max 12)
<i>clarithromycin for susp 250 mg/5ml</i>	AGE (Max 12)
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> (generic of E.E.S. GRANULES)	AGE (Max 12)
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - MALE	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	OTC; QL (max quantity 12 per fill)

DIABETIC SUPPLIES

DEXCOM G6 RECEIVER	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 SENSOR	QL (3 boxes every 25 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 TRANSMITTER	QL (1 box every 76 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 3 SENSOR	QL (2 boxes every 28 days)
FREESTY LIBR MIS 2 READER	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE READER	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE SENSOR	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin); 14 day
LANCETS	OTC

Drug Name	Requirements/Limits
RELION TRUE KIT MET AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT METER	OTC; Covered through Manufacturer

MISC. DEVICES

ALCOHOL SWABS	QL (200 pads every 25 days), OTC
ESSENTRA MIS 9X9"	QL (200 sheets every 25 days)

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	QL (5 syringes every 1 day)
INSULIN SYRG MIS 0.3/29G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	QL (5 syringes every 1 day), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	OTC

Drug Name	Requirements/Limits
NEEDLE (DISP) 18 X 1-1/2"- RX	
PEN NEEDLES MIS 29GX10MM	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	QL (200 pen needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	QL (200 needles every 25 days), OTC; TECHLITE
SYRINGE (DISPOSABLE) 3 ML	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" - RX	
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	QL (1 box every year)
ACTIVITY PCH MIS	QL (1 pack every year)
ADULT MASK MIS LARGE	QL (1 box every year)
AEROSOL MASK MIS ADULT	QL (1 box every year)
AEROSOL MASK MIS ADULT	QL (1 box every year), OTC
AEROTRC PLUS MIS	QL (1 box every year)
AIR TUBE MIS /PLUGS	QL (1 each every year)
AIRS PEDIATR MIS MASK	QL (1 each every year)
ALTERA NEB MIS HANDSET	QL (1 box every year)
BUBBLES PEDI MIS MASK	QL (1 box every year), OTC
CARETOUCH MIS CPAP	QL (1 each every year)
CO MONITOR MIS T PIECES	QL (1 box every year)
CONVERSION MIS BABY SZ1	QL (1 box every year)
CONVERSION MIS BABY SZ2	QL (1 box every year)
CONVERSION MIS BABY SZ3	QL (1 box every year)
CPAP & BIPAP MIS HOSE	QL (1 box every year)
2 CPAP HOSE MIS HANGER	QL (1 box every year)
CPAP MASK MIS WIPES	QL (1 box every year)
CPAP NEURAL MIS PRE-WASH	QL (1 each every year)

Drug Name	Requirements/Limits
EASY FLOW MIS 300MM	QL (1 each every year), OTC
EASY FLOW MIS 400MM	QL (1 each every year), OTC
EASY FLOW MIS AIR NOZZ	QL (1 each every year), OTC
EASY FLOW MIS HEPA FIL	QL (1 each every year), OTC
ERAPID NEB MIS HANDSET	QL (1 box every year)
FILTER AIR MIS PP	QL (1 box every year)
FLEXICHAMBER MIS MASK LRG	QL (1 box every year)
FLEXICHAMBER MIS MASK SM	QL (1 box every year)
FLYP HYPERSO MIS CARTRIDG	QL (1 each every year), OTC
FULL KIT NEB MIS SET	QL (1 box every year)
LITETOUCH MIS MASK LG	QL (1 box every year)
LITETOUCH MIS MASK MD	QL (1 box every year)
LITETOUCH MIS MASK SM	QL (1 box every year)
MASK VORTEX/ MIS FROG	QL (1 each every year), OTC
MASK VORTEX/ MIS LADY BUG	QL (1 each every year), OTC
MINIELITE MIS FILTERS	QL (1 box every year), OTC
NEBULIZER	OTC
NEBULIZER MIS MASK AD	QL (1 box every year)
NEBULIZER MIS MASK CH	QL (1 box every year)
NEBULIZER MIS MASK CHD	QL (1 box every year)
NEBULIZER MIS MASK INF	QL (1 box every year)
NEBULIZER- RX	
NOSE CLIP MIS	QL (1 box every year), OTC
PANDA MASK MIS LARGE	QL (1 pack every year), OTC
PANDA MASK MIS MEDIUM	QL (1 pack every year), OTC
PANDA MASK MIS PEDIATRI	QL (1 pack every year), OTC
PANDA MASK MIS SMALL	QL (1 pack every year), OTC
PARI EXPIRAT MIS FILTER	QL (1 each every year)
PARI MASK MIS SIZE 3	QL (1 box every year)
PARI PLASTIC MIS MASK	QL (1 box every year)
PARI PLASTIC MIS MASK PED	QL (1 box every year)
PARI SMRTMSK MIS BABY	QL (1 box every year), OTC
PARI VORTEX MIS ADL MASK	QL (1 box every year), OTC
PEAK FLOW METER	QL (1 each every year), OTC
PEAK FLOW METER- RX	QL (1 each every year)
PEDIATRIC MIS MOUTHPIE	QL (1 box every year), OTC
PFLEX MIS	QL (1 pack every year)
PFT FILTER MIS 1000	QL (1 box every year)
PHARM CHOICE MIS WIPES	QL (1 each every year), OTC
PILLOW MASK MIS ADULT	QL (1 box every year)
PILLOW MASK MIS CHILD	QL (1 box every year)
PILLOW MASK MIS PEDIATRI	QL (1 box every year)
PRONEB ULTRA MIS FILTER	QL (1 box every year), OTC
REPLACEMENT MIS FILTER	QL (1 box every year)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
REPLACEMENT MIS FILTERS	QL (1 each every year), OTC
SIDESTREAM MIS MASK	QL (1 box every year)
SIDESTREAM MIS MASK	QL (1 box every year), OTC
SIDESTREAM MIS PED MASK	QL (1 box every year)
SIDESTREAM MIS PED MASK	QL (1 box every year), OTC
SIDESTRM PLS MIS FACE MSK	QL (1 box every year), OTC
SILICONE MSK MIS ADULT	QL (1 box every year)
SILICONE MSK MIS INFANT	QL (1 box every year)
SILICONE MSK MIS PED	QL (1 box every year)
SOOTHENEB MIS MED CUP	QL (1 box every year), OTC
SOOTHENEB MIS MESH CAP	QL (1 box every year), OTC
SOOTHENEB MIS NBL 100	QL (1 box every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (2 spacers every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (2 spacers every year)
THRESHOLD MIS IMT	QL (1 pack every year)
TUBE CLEANIN MIS BRUSH	QL (1 box every year)
WINDMILL MIS TRAINER	QL (1 ea every year)
WING TIP MIS TUBING	QL (1 box every year), OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (9 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (9 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	QL (9 each every 25 days)
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	QL (9 each every 25 days)
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	QL (9 tabs every 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium 600 chw w/vit d</i>	OTC
<i>calcium carb tab 1250mg</i>	OTC
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	OTC

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg creamies chw 600-400</i>	OTC
<i>liq ca/vit d cap 600mg</i>	OTC
<i>oyst shell/d tab 250-125</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
RISACAL-D TAB	OTC

ELECTROLYTE MIXTURES

<i>oral electrolyte solution</i>	OTC
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FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (1.67 mL every 1 day)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (1.67 mL every 1 day), OTC
MAGNESIUM	
<i>magdelay tab 64mg</i>	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	OTC
<i>magnesium ox tab 250mg</i>	OTC
<i>magnesium oxide cap 500 mg (elemental mg)</i>	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i>	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium tab 250 mg</i>	OTC
<i>magnesium tab 400 mg</i>	OTC
<i>magnesium tab 500mg</i>	OTC
<i>magnesium-ox tab 400mg</i>	OTC
<i>mgo tab 400mg</i>	OTC
<i>ra magnesium cap 500mg</i>	OTC
<i>sm magnesium tab 250mg</i>	OTC
PHOSPHATE	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	QL (4 tabs every 1 day)
<i>wes-phos 250 tab neutral</i>	QL (4 tabs every 1 day), OTC
POTASSIUM	
<i>klor-con 8 tab 8meq er</i>	QL (4 ea every 1 day)
<i>klor-con 10 tab 10meq er</i>	QL (4 tabs every 1 day)
<i>klor-con m20 tab 20meq er</i>	QL (5 ea every 1 day)
<i>potassium bicarbonate effer tab 25 meq</i>	QL (2 tabs every 1 day)
<i>potassium chloride cap er 8 meq</i>	QL (4 caps every 1 day)
<i>potassium chloride cap er 10 meq</i>	QL (4 caps every 1 day)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (4 tabs every 1 day)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (5 tabs every 1 day)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	QL (4 tabs every 1 day)
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	QL (4 tabs every 1 day)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	QL (5 tabs every 1 day)
SODIUM	
<i>sodium chloride tab 1 gm</i>	OTC

Drug Name	Requirements/Limits
ZINC	
<i>orazinc cap 220mg</i>	OTC
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine tab 250 mg (generic of DEPEN TITRATABS)</i>	PA
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 25MG	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	SP, PA, QL (1 cap every 1 day)
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	QL (8 tabs every 1 day)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	QL (16 caps every 1 day)
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	QL (5 caps every 1 day)
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	QL (15 caps every 1 day)
<i>cyclosporine modified cap 50 mg</i>	QL (15 caps every 1 day)
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	QL (10 caps every 1 day)
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	QL (10 mL every 1 day)
ENVARUSUS XR TAB 0.75MG	
ENVARUSUS XR TAB 1MG	
ENVARUSUS XR TAB 4MG	
<i>gengraf cap 25mg (generic of NEORAL)</i>	QL (15 caps every 1 day)
<i>gengraf cap 100mg (generic of NEORAL)</i>	QL (10 caps every 1 day)
<i>gengraf sol 100mg/ml (generic of NEORAL)</i>	QL (10 mL every 1 day)

Drug Name	Requirements/Limits
<i>mycophenolate mofetil cap 250 mg</i> (generic of CELLCEPT)	QL (12 caps every 1 day)
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	QL (8 tabs every 1 day)
NEORAL CAP 25MG	QL (15 caps every 1 day)
NEORAL CAP 100MG	QL (10 caps every 1 day)
NEORAL SOL 100MG/ML	QL (10 mL every 1 day)
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	QL (2 caps every 1 day)
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	QL (14 caps every 1 day)
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	

IRRIGATION SOLUTIONS

argyl saline sol 100ml
water for irrigation, sterile irrigation soln

POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	QL (3 packets every 1 day)
LOKELMA PAK 10GM	QL (3 packets every 1 day)
<i>sodium polystyrene sulfonate powder</i> <i>sps sus 15gm/60</i>	
VELTASSA POW 8.4GM	QL (1 packet every 1 day)
VELTASSA POW 16.8GM	QL (1 packet every 1 day)
VELTASSA POW 25.2GM	QL (1 packet every 1 day)

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	QL (5 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	QL (120 mL every 1 day)

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)

DENTAL PRODUCTS

denta 5000 cre plus
denta 5000 cre plus 2pk
dentagel gel 1.1%
just right gel 5000
sf 5000 plus cre 1.1%
sf gel 1.1%
sodium fluor cre 5000 pls
sodium fluor cre 5000 ppm
sodium fluoride cream 1.1%
sodium fluoride gel 1.1% (0.5% f)

Drug Name	Requirements/Limits
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	
MULTIVITAMINS - DRUGS FOR NUTRITION	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg</i>	QL (2 caps every 1 day), OTC
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	QL (2 caps every 1 day)
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	
<i>b-complex w/ c & folic acid tab- rx</i>	
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	QL (1 tab every 1 day), OTC
MULTIPLE VITAMINS W/ MINERALS	
ABC COMPLETE TAB MENS 50+	QL (1 tab every 1 day), OTC
ABC COMPLETE TAB SENIOR	QL (1 tab every 1 day), OTC
ABC COMPLETE TAB WOMEN	QL (1 tab every 1 day), OTC
ADV DIABETIC TAB MULTIVIT	QL (1 tab every 1 day), OTC
ALGAE BASED TAB CALCIUM	QL (1 tab every 1 day), OTC
ALIVE 50+ TAB ENERGY	QL (1 tab every 1 day), OTC
ALIVE DAILY TAB WOMENS	QL (1 tab every 1 day), OTC
ALIVE DIABET TAB MULTIVIT	QL (1 tab every 1 day), OTC
ALIVE ENERGY TAB WOMENS	QL (1 tab every 1 day), OTC
ALIVE MENS TAB	QL (1 tab every 1 day), OTC
ANTIOXIDANT TAB FORMULA	QL (1 tab every 1 day), OTC
AZO HORMONAL TAB HEALTH	QL (1 tab every 1 day), OTC
BACMIN TAB	QL (1 tab every 1 day)
BASIC AM TAB	QL (1 tab every 1 day), OTC
BASIC PM TAB	QL (1 tab every 1 day), OTC
CAL-DAY 1000 TAB	QL (1 tab every 1 day), OTC
CENT MATURE TAB ADLT 50+	QL (1 tab every 1 day), OTC
CENTRAL-VITE TAB	QL (1 tab every 1 day), OTC
CENTRAVITES TAB 50 PLUS	QL (1 tab every 1 day), OTC
CENTRAVITES TAB ADULTS	QL (1 tab every 1 day), OTC
CENTRUM MINI TAB WOMEN 50	QL (1 tab every 1 day), OTC
CENTRUM SPEC TAB HEART	QL (1 tab every 1 day), OTC
CENTRUM SPEC TAB IMMUNE	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
CENTRUM SPEC TAB VISION	QL (1 tab every 1 day), OTC
CENTRUM TAB CARDIO	QL (1 tab every 1 day), OTC
CENTRUM TAB MEN	QL (1 tab every 1 day), OTC
CENTRUM TAB SILVER	QL (1 tab every 1 day), OTC
CENTRUM TAB ULTRA	QL (1 tab every 1 day), OTC
CERTAVITE TAB SENIOR	QL (1 tab every 1 day), OTC
CERTAVITE/ TAB ANTIOXID	QL (1 tab every 1 day), OTC
DERMAVITE TAB	QL (1 tab every 1 day), OTC
DIALYVITE TAB SUPREM D	QL (1 tab every 1 day)
EQ COMPLETE TAB ADULT	QL (1 tab every 1 day), OTC
EQ ONE DAILY TAB MENS	QL (1 tab every 1 day), OTC
EQ ONE DAILY TAB WOMENS	QL (1 tab every 1 day), OTC
EQL CENTURY TAB MENS	QL (1 tab every 1 day), OTC
EQL CENTURY TAB WOMENS	QL (1 tab every 1 day), OTC
ESTROVEN MEN TAB SUPPLEM	QL (1 tab every 1 day), OTC
EYE HEALTH TAB LUTEIN	QL (1 tab every 1 day), OTC
EYE MULTIVIT TAB SODIUM	QL (1 tab every 1 day), OTC
FITNESS TABS TAB MEN	QL (1 tab every 1 day), OTC
FITNESS TABS TAB WOMEN	QL (1 tab every 1 day), OTC
FREEDAVITE TAB	QL (1 tab every 1 day), OTC
GERI-FREEDA TAB SENIOR	QL (1 tab every 1 day), OTC
HAIR SKIN & TAB NAILS AD	QL (1 tab every 1 day), OTC
HI POT MV/ TAB BETA-CAR	QL (1 tab every 1 day), OTC
HIGH POTENCY TAB MV/FA	QL (1 tab every 1 day), OTC
HM COMPLETE TAB MEN	QL (1 tab every 1 day), OTC
HM HAIR/SKIN TAB /NAILS	QL (1 tab every 1 day), OTC
ICAPS AREDS TAB FORMULA	QL (1 tab every 1 day), OTC
K-PAX TAB PROF ST	QL (1 tab every 1 day), OTC
KEYFOLIC TAB	QL (1 tab every 1 day)
LIVER DETOX TAB	QL (1 tab every 1 day), OTC
LUTEIN PLUS TAB ZEAXANTH	QL (1 tab every 1 day), OTC
MEGA MULTI TAB MEN	QL (1 tab every 1 day), OTC
MEGA MULTI TAB WOMEN	QL (1 tab every 1 day), OTC
MEGAVITE TAB FRT/VEG	QL (1 tab every 1 day), OTC
MEGAVITE TAB GOLD 55+	QL (1 tab every 1 day), OTC
MENS 50+ TAB MULTIVIT	QL (1 tab every 1 day), OTC
MENS MULTI TAB VIT/MIN	QL (1 tab every 1 day), OTC
MENS MULTIPL TAB	QL (1 tab every 1 day), OTC
MULTI VITAMN TAB MINERALS	QL (1 tab every 1 day), OTC
MULTI-VITAMI TAB MONOCAPS	QL (1 tab every 1 day), OTC
<i>multiple vitamins w/ minerals liquid</i>	QL (1 mL every 1 day), OTC
<i>multiple vitamins w/ minerals tab</i>	QL (1 tab every 1 day), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	QL (1 tab every 1 day)
MULTIVITAMIN TAB	QL (1 tab every 1 day), OTC

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
MULTIVITAMIN TAB ADULT	QL (1 tab every 1 day), OTC
MULTIVITAMIN TAB ADULTS	QL (1 tab every 1 day), OTC
MULTIVITAMIN TAB MEN	QL (1 tab every 1 day), OTC
MULTIVITAMIN TAB WOMEN	QL (1 tab every 1 day), OTC
MULTIVITAMIN TAB ZINC STR	QL (1 tab every 1 day), OTC
NAT-RUL THER TAB M	QL (1 tab every 1 day), OTC
NATRUL-VITES TAB	QL (1 tab every 1 day), OTC
NUTRICAP TAB	QL (1 tab every 1 day)
OCULAR TAB VITAMINS	QL (1 tab every 1 day), OTC
ONCOVITE TAB	QL (1 tab every 1 day), OTC
ONE DAILY MN TAB W/O IRON	QL (1 tab every 1 day), OTC
ONE DAILY MV TAB WOMENS	QL (1 tab every 1 day), OTC
ONE DAILY TAB MENS	QL (1 tab every 1 day), OTC
ONE DAILY TAB MENS 50+	QL (1 tab every 1 day), OTC
ONE DAILY TAB WMNS 50+	QL (1 tab every 1 day), OTC
ONE DAILY TAB WOMENS	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB 50+ ADV	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB 50+ MENS	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB 50+ WMN	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB 65+	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB ENERGY	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB MENOPAUS	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB MENS	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB PROEDGE	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB TEEN/HIM	QL (1 tab every 1 day), OTC
ONE-A-DAY TAB WOMENS	QL (1 tab every 1 day), OTC
OPURITY TAB	QL (1 tab every 1 day), OTC
OSTEOPRIME TAB PLUS	QL (1 tab every 1 day), OTC
PARVLEX TAB	QL (1 tab every 1 day), OTC
PHYTOMULTI TAB	QL (1 tab every 1 day), OTC
PRESERVISION TAB AREDS	QL (1 tab every 1 day), OTC
PRO-CAL TAB	QL (1 tab every 1 day), OTC
PROCERV HP TAB	QL (1 tab every 1 day), OTC
PRORENAL +D TAB	QL (1 tab every 1 day), OTC
PRORENAL+D TAB	QL (1 tab every 1 day), OTC
PROVIT TAB	QL (1 tab every 1 day), OTC
QC MULTI-VIT TAB	QL (1 tab every 1 day), OTC
QUIN B TAB STRONG	QL (1 tab every 1 day), OTC
QUINTABS-M TAB	QL (1 tab every 1 day), OTC
RENAPLEX-D TAB	QL (1 tab every 1 day), OTC
SENTRY SENIO TAB LUTEIN	QL (1 tab every 1 day), OTC
SENTRY TAB	QL (1 tab every 1 day), OTC
SM ONE DAILY TAB MENS	QL (1 tab every 1 day), OTC
SM ONE DAILY TAB WOMENS	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
SOLO TAB	QL (1 tab every 1 day), OTC
SPECTRAVITE TAB	QL (1 tab every 1 day), OTC
SPECTRAVITE TAB ADLT 50+	QL (1 tab every 1 day), OTC
SPECTRAVITE TAB ADULTS	QL (1 tab every 1 day), OTC
SPECTRAVITE TAB MEN 50+	QL (1 tab every 1 day), OTC
SPECTRAVITE TAB ULT MEN	QL (1 tab every 1 day), OTC
SPECTRAVITE TAB ULT WMN	QL (1 tab every 1 day), OTC
SYSTANE ICAP TAB AREDS2	QL (1 tab every 1 day), OTC
T-VITES TAB	QL (1 tab every 1 day), OTC
THERA M PLUS TAB	QL (1 tab every 1 day), OTC
THERA-M TAB	QL (1 tab every 1 day), OTC
THERA-TABS M TAB	QL (1 tab every 1 day), OTC
THERABETIC TAB MULTIVIT	QL (1 tab every 1 day), OTC
THERAGRAN-M TAB	QL (1 tab every 1 day), OTC
THERAGRAN-M TAB 50 PLUS	QL (1 tab every 1 day), OTC
THERAGRAN-M TAB ADVANCED	QL (1 tab every 1 day), OTC
THERAGRAN-M TAB PREMIER	QL (1 tab every 1 day), OTC
THEREMS-M TAB	QL (1 tab every 1 day), OTC
UDAMIN SP TAB	QL (1 tab every 1 day)
ULTRA POTENC TAB WOMEN 50	QL (1 tab every 1 day), OTC
VITAMIN D3 TAB COMPLETE	QL (1 tab every 1 day), OTC
VITASANA TAB	QL (1 tab every 1 day), OTC
VITATRUM TAB	QL (1 tab every 1 day), OTC
VITEYES CLAS TAB MULTIVIT	QL (1 tab every 1 day), OTC
VITEYES OPTI TAB NERV SUP	QL (1 tab every 1 day), OTC
VITRUM 50+ TAB ADT- MUL	QL (1 tab every 1 day), OTC
VITRUM TAB ADULT	QL (1 tab every 1 day), OTC
VITRUM TAB SENIOR	QL (1 tab every 1 day), OTC
WOMENS 50+ TAB MULTIVIT	QL (1 tab every 1 day), OTC
WOMENS MULTI TAB VIT/MIN	QL (1 tab every 1 day), OTC
YELETS TEEN TAB FORMULA	QL (1 tab every 1 day), OTC

MULTIVITAMINS - DRUGS FOR NUTRITION

<i>multiple vitamin cap</i>	QL (1 cap every 1 day), OTC
<i>multiple vitamin tab</i>	QL (1 tab every 1 day), OTC

PED MULTI VITAMINS W/FL & FE

<i>multi-vit/fe dro /fl 0.25</i>	QL (1.67 mL every 1 day), OTC
<i>multivit/fl/ dro fe 0.25</i>	QL (1.67 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (1.67 mL every 1 day)

PED MULTIPLE VITAMINS W/ MINERALS

<i>alive gummie chw children</i>	QL (1 tab every 1 day), OTC
<i>alive multi chw childrns</i>	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
<i>childrens chw gummies</i>	QL (1 tab every 1 day), OTC
<i>eq multivita chw gummies</i>	QL (1 tab every 1 day), OTC
<i>flintstones chw bone bld</i>	QL (1 tab every 1 day), OTC
<i>gummi bear chw multivit</i>	QL (1 tab every 1 day), OTC
<i>gummies chw</i>	QL (1 tab every 1 day), OTC
<i>gummy dinos chw</i>	QL (1 tab every 1 day), OTC
<i>gummy dinos chw chldrn</i>	QL (1 tab every 1 day), OTC
<i>gummy multiv chw kids</i>	QL (1 tab every 1 day), OTC
<i>multivitamin chw child</i>	QL (1 tab every 1 day), OTC
<i>multivitamin chw children</i>	QL (1 tab every 1 day), OTC
<i>mvw complete chw bubblgum</i>	QL (1 tab every 1 day), OTC
<i>mvw complete chw d3000</i>	QL (1 tab every 1 day), OTC
<i>mvw complete chw d5000</i>	QL (1 tab every 1 day), OTC
<i>mvw complete chw orange</i>	QL (1 tab every 1 day), OTC
<i>smarty pants chw kids</i>	QL (1 tab every 1 day), OTC
<i>vitachew chw</i>	QL (1 tab every 1 day), OTC
<i>zoo friends chw gummies</i>	QL (1 tab every 1 day), OTC

PED MV W/ FLUORIDE

<i>multi vit/fl dro 0.5mg/ml</i>	QL (1.67 mL every 1 day), OTC
<i>multivit/fl dro 0.5mg/ml</i>	QL (1.67 mL every 1 day), OTC
<i>multivit/fl dro 0.25mg</i>	QL (1.67 mL every 1 day), OTC
<i>mv select/fl dro 0.25mg</i>	QL (1.67 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (2 tabs every 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (1.67 mL every 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (1.67 mL every 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (1.67 mL every 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (1.67 mL every 1 day)

PED MV W/ IRON

<i>animal shape chw complete</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>chewable chw children</i>	OTC
<i>child vitami chw</i>	OTC
<i>childrens chw complete</i>	OTC
<i>chld mltivit chw /mineral</i>	OTC

Drug Name	Requirements/Limits
<i>compl multiv chw childrns</i>	OTC
<i>cvs children chw complete</i>	OTC
<i>flintstones chw complete</i>	OTC
<i>flintstones chw w/iron</i>	OTC
MULTI/IRON/ DRO 11MG/ML	QL (50 mL every 25 days), OTC
MULTI/IRON/ DRO INF/TODD	QL (50 mL every 25 days), OTC
PED POLY-VIT DRO /IRON	QL (50 mL every 25 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	QL (1 tab every 1 day), OTC
POLY-VI-SOL SOL IRON	QL (50 mL every 25 days), OTC
POLY-VITA/FE DRO	QL (50 mL every 25 days), OTC
POLY-VITE SOL /IRON	QL (50 mL every 25 days), OTC
POLY-VITE SOL IRON	QL (50 mL every 25 days), OTC
<i>qc childrens chw complete</i>	OTC
<i>sm animal sh chw complete</i>	OTC
<i>ultra choice chw kids</i>	OTC

PEDIATRIC MULTIPLE VITAMINS

<i>bite-a-mins chw</i>	QL (1 tab every 1 day), OTC
<i>child chew chw vitamins</i>	QL (1 ea every 1 day), OTC
<i>child chew/ chw extra c</i>	QL (1 tab every 1 day), OTC
<i>children vit chw</i>	QL (1 tab every 1 day), OTC
<i>childrens chw multivit</i>	QL (1 tab every 1 day), OTC
<i>childrens chw vitamins</i>	QL (1 tab every 1 day), OTC
<i>culturelle chw</i>	QL (1 tab every 1 day), OTC
<i>culturelle chw kids</i>	QL (1 tab every 1 day), OTC
<i>flintstones chw multivit</i>	QL (1 tab every 1 day), OTC
<i>flintstones chw my first</i>	QL (1 tab every 1 day), OTC
<i>flintstones chw omega-3</i>	QL (1 tab every 1 day), OTC
<i>flintstones chw pls calc</i>	QL (1 tab every 1 day), OTC
<i>fruity chews chw</i>	QL (1 tab every 1 day), OTC
<i>gerber grow chw mighty</i>	QL (1 tab every 1 day), OTC
<i>gerber lil chw brainies</i>	QL (1 tab every 1 day), OTC
<i>gnp little chw ones</i>	QL (1 tab every 1 day), OTC
<i>kids probiot chw multivit</i>	QL (1 tab every 1 day), OTC
<i>land bfr tim chw vit/c</i>	QL (1 tab every 1 day), OTC
<i>little chw animals</i>	QL (1 tab every 1 day), OTC
MULTIV INFAN DRO /TODDLER	QL (50 mL every 25 days), OTC
<i>multivitamin chw children</i>	QL (1 tab every 1 day), OTC

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 121

Drug Name	Requirements/Limits
MULTIVITAMIN DRO INFANT	QL (50 mL every 25 days), OTC
PED POLY-VIT DRO	QL (50 mL every 25 days), OTC
POLY-VI-SOL SOL 50MG/ML	QL (50 mL every 25 days), OTC
POLY-VITA DRO	QL (50 mL every 25 days), OTC
POLY-VITE DRO	QL (50 mL every 25 days), OTC
POLY-VITE SOL 50MG/ML	QL (50 mL every 25 days), OTC
<i>qc childrens chw extra c</i>	QL (1 tab every 1 day), OTC
<i>sm animal chw shapes</i>	QL (1 tab every 1 day), OTC
<i>zoo friends chw extra c</i>	QL (1 tab every 1 day), OTC
PEDIATRIC VITAMINS	
<i>ped tri-vit dro</i>	QL (50 mL every 25 days), OTC
TRI-VI-SOL SOL A/C/D	QL (50 mL every 25 days), OTC
<i>tri-vite dro pediatri</i>	QL (50 mL every 25 days), OTC
VITAMI A-C-D DRO INF/TODD	QL (50 mL every 25 days), OTC
VITAMI A-C-D DRO INFANT	QL (50 mL every 25 days), OTC
PRENATAL VITAMINS	
ATABEX OB TAB 29-1MG	QL (1 tab every 1 day)
BE WELL PAK ROUNDED	QL (1 tab every 1 day), OTC
BRAINSTRONG MIS PRENATAL	QL (1 box every 1 day), OTC
CENTRUM SPEC PAK PRENATAL	QL (1 tab every 1 day), OTC
CO-NATAL FA TAB 29-1MG	QL (1 tab every 1 day)
COMPLETENATE CHW	QL (1 tab every 1 day)
CVS PRENATAL CHW GUMMY	QL (1 tab every 1 day), OTC
KPN PRENATAL TAB	QL (1 tab every 1 day), OTC
NATALVIT TAB 75-1MG	QL (1 tab every 1 day)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 223 MG PAK	QL (1 box every 1 day), OTC
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	QL (1 box every 1 day), OTC
<i>prenatabs rx tab</i>	QL (1 tab every 1 day), OTC
PRENATAL 19 CHW 29-1MG	QL (1 tab every 1 day)
PRENATAL 19 TAB	QL (1 tab every 1 day), OTC
PRENATAL 19 TAB 29-1MG	QL (1 tab every 1 day)

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Drug Name	Requirements/Limits
PRENATAL CAP FORMULA	QL (1 cap every 1 day), OTC
PRENATAL DHA PAK MULTI	QL (2 ea every 1 day), OTC
PRENATAL FRM TAB A-FREE	QL (1 tab every 1 day), OTC
PRENATAL MUL CAP +DHA	QL (1 cap every 1 day), OTC
PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG	QL (1 tab every 1 day), OTC
PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-250 MG	QL (1 cap every 1 day), OTC
PRENATAL TAB	QL (1 tab every 1 day), OTC
PRENATAL TAB COMPLETE	QL (1 tab every 1 day), OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg-rx</i>	QL (1 tab every 1 day)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg-rx</i>	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	QL (1 tab every 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	QL (1 tab every 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG-RX	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	QL (1 tab every 1 day), OTC
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	QL (2 boxes every 1 day), OTC
PRENATAL W/FE FUM-FA TAB 28-0.975 MG & DHA CAP 200 MG PACK	QL (1 box every 1 day), OTC
PRENATVITE TAB RX	QL (1 tab every 1 day)
SE-NATAL 19 CHW	QL (1 tab every 1 day)
SE-NATAL 19 TAB	QL (1 tab every 1 day)
SIMILAC PREN PAK EARLY SH	QL (1 box every 1 day), OTC
TRINATAL RX TAB 1	QL (1 tab every 1 day)
VINATE II TAB	QL (1 tab every 1 day)
VINATE ONE TAB	QL (1 tab every 1 day)
VITAFOL-OB TAB 65-1MG	QL (1 tab every 1 day)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	QL (4 tabs every 1 day)
<i>baclofen tab 10 mg</i>	QL (3 tabs every 1 day)
<i>baclofen tab 20 mg</i>	QL (4 tabs every 1 day)
<i>chlorzoxazone tab 500 mg</i>	QL (6 tabs every 1 day)
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (3 tabs every 1 day)
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (3 tabs every 1 day)
<i>methocarbamol tab 500 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>methocarbamol tab 750 mg</i>	QL (10 tabs every 1 day); AGE (Max 64)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (2 tabs every 1 day)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (9 tabs every 1 day); AGE (Max 64)

VISCO SUPPLEMENTS

EUFLEXXA INJ 10MG/ML	PA, QL (3 syringes every 180 days)
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

NOZIN NASAL KIT SANITIZE	QL (200 mL every 25 days), OTC
NOZIN NASAL MIS SANITIZE	QL (200 ea every 25 days), OTC
<i>saline nasal spray 0.65%</i>	OTC

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (1 bottle every 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	QL (52 mL every 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	

NASAL STEROIDS

<i>aller-cort spr 55mcg/ac</i>	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)
<i>aller-flo spr 50mcg</i>	QL (0.879 bottles every 25 days), OTC; AGE (Min 4)
<i>allergy nasa spr 24hr</i>	QL (1.574 bottles every 25 days), OTC; AGE (Min 2)
<i>allergy nasa spr 50mcg</i>	QL (0.879 bottles every 25 days), OTC; AGE (Min 4)
<i>allergy relf spr 50mcg</i>	QL (1.441 bottles every 25 days), OTC; AGE (Min 4)
<i>allgy relief spr 50mcg</i>	QL (1.013 bottles every 25 days), OTC; AGE (Min 4)
<i>budesonide sus 32mcg</i>	QL (1 bottle every 25 days), OTC; AGE (Min 6)
<i>budesonide sus nasal</i>	QL (1 bottle every 25 days), OTC; AGE (Min 6)
<i>clarispray spr 50mcg</i>	QL (1.616 bottles every 25 days), OTC; AGE (Min 4)

Drug Name	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 25 days); AGE (Min 4)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1.013 bottles every 25 days), OTC; AGE (Min 4)
<i>fluticasone sus 50mcg</i>	QL (0.879 bottles every 25 days), OTC; AGE (Min 4)
<i>24 hr nasal spr allergy</i>	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)
<i>nasal allrgy spr 55mcg/ac</i>	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)
<i>ra nasal spr allergy</i>	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)
<i>triamcinolone acetamide nasal aerosol suspension 55 mcg/act</i>	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl nasal soln 0.05%</i>	OTC
<i>phenylephrine hcl tab 10 mg</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (2 tabs every 1 day), OTC
SUDAFED PE SOL CHILDREN	OTC

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i>	QL (1 cap every 1 day), OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC

Drug Name	Requirements/Limits
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	QL (15 mL every 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	QL (10 mL every 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	QL (15 mL every 25 days)
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	

CYCLOPLEGIC MYDRIATICS

<i>ATROPINE SUL SOL 1% OP</i>	QL (15 mL every 25 days)
<i>atropine sulfate ophth soln 1%</i>	QL (15 mL every 25 days)
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	QL (15 mL every 25 days)
<i>ISOPTO ATROP SOL 1% OP</i>	QL (15 mL every 25 days)

MIOTICS

<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	

OPHTHALMIC ADRENERGIC AGENTS

<i>brimonidine tartrate ophth soln 0.2%</i>	
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OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	QL (10 mL every 30 days)
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	QL (3 mL every 25 days)
<i>neo-polycin oin op</i>	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	

Drug Name	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL every 25 days)

OPHTHALMIC LOCAL ANESTHETICS

proparacaine hcl ophth soln 0.5% (generic of ALCAINE)

OPHTHALMIC STEROIDS

bacitracin-polymyxin-neomycin-hc ophth oint 1%

dexamethasone sodium phosphate ophth soln 0.1%

fluorometholone ophth susp 0.1% QL (15 mL every 25 days)

neo-polycin oin hc 1%op

neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)

neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)

prednisolone acetate ophth susp 1% (generic of PRED FORTE)

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%

tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)

OPHTHALMICS - MISC.

altachlore oin 5% op OTC

azelastine hcl ophth soln 0.05% PA, QL (6 mL every 25 days)

cromolyn sodium ophth soln 4%

cvs olopatad sol 0.1% QL (5 mL every 30 days), OTC

cvs olopatad sol 0.2% QL (2.5 mL every 30 days), OTC

diclofenac sodium ophth soln 0.1%

dorzolamide hcl ophth soln 2%

eye allergy sol itch rel QL (2.5 mL every 30 days), OTC

eye allergy sol itch/red QL (5 mL every 30 days), OTC

flurbiprofen sodium ophth soln 0.03%

gnp olopatad sol 0.2% QL (2.5 mL every 30 days), OTC

ketorolac tromethamine ophth soln 0.5% (generic of ACULAR) QL (10 mL every 25 days)

Drug Name	Requirements/Limits
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	QL (10 mL every 25 days), OTC
<i>olopatadine dro 0.1% op</i>	QL (5 mL every 30 days), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	QL (5 mL every 30 days), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	QL (2.5 mL every 30 days), OTC
PATADAY SOL 0.1%	QL (5 mL every 30 days), OTC
PATADAY SOL 0.2%	QL (2.5 mL every 30 days), OTC
<i>sm olopatadi sol 0.2%</i>	QL (2.5 mL every 30 days), OTC
<i>sod chloride oin 5% op</i>	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	QL (5 mL every 25 days)

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	QL (20 mL every 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea every 25 days)
<i>ofloxacin otic soln 0.3%</i>	QL (5 mL every 25 days)

OTIC COMBINATIONS

<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
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OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

<i>methergine tab 0.2mg</i>	QL (7 tabs every 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (7 tabs every 1 day)

PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

IMMUNE SERUMS

HYPERRHO S/D INJ 50MCG	SP
HYPERRHO S/D INJ 300MCG	SP

Drug Name	Requirements/Limits
MICRHOGAM PL INJ 50MCG	SP
RHOGAM PLUS INJ 300MCG	SP
RHOPHYLAC INJ 1500/2ML	SP

MONOCLONAL ANTIBODIES

SYNAGIS INJ 50/0.5ML	SP, PA
SYNAGIS INJ 100MG/ML	SP, PA

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	QL (6 tabs every 1 day)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	QL (8 tabs every 1 day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	QL (5 tabs every 1 day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	QL (4 tabs every 1 day)
<i>ampicillin cap 500 mg</i>	QL (8 caps every 1 day)

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	QL (40 mL every 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	QL (40 mL every 1 day)
<i>penicillin v potassium tab 250 mg</i>	QL (8 tabs every 1 day)
<i>penicillin v potassium tab 500 mg</i>	QL (8 tabs every 1 day)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (3 tabs every 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (4 tabs every 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (2 tabs every 1 day)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 tabs every 1 day)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (2 tabs every 1 day)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	QL (8 caps every 1 day)
<i>dicloxacillin sodium cap 500 mg</i>	QL (6 caps every 1 day)

Drug Name	Requirements/Limits
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	(Min 16, Max 60)
BENZYL ALC LIQ	OTC; (Min 16, Max 60)
METHYLPARABE POW	
METHYLPARABE POW	OTC
PROPYPARABEN POW	
PROPYPARABEN POW	OTC

FLAVORING AGENTS

ALMOND OIL LIQ BITTER	
ANISE EXTRAC LIQ FLAVOR	
APPLE FLAVOR LIQ	
APPLE FLAVOR LIQ	OTC
APRICOT LIQ FLAVOR	
BACON FLAVOR LIQ	
BACON FLAVOR LIQ	OTC
BACON FLAVOR LIQ NATURAL	OTC
BANANA CREAM LIQ FLAVOR	
BANANA CREAM LIQ FLAVOR	OTC
BANANA CREME LIQ FLAVOR	
BANANA CREME LIQ FLAVOR	OTC
BANANA LIQ FLAVOR	
BANANA LIQ FLAVOR	OTC
BEEF BRAISED LIQ FLAVOR	OTC
BEEF FLAVOR LIQ	
BEEF FLAVOR LIQ	OTC
BEEF FLAVOR LIQ NATURAL	
BEEF FLAVOR LIQ NATURAL	OTC
BEEF FLAVOR LIQ OIL SOLU	OTC
BEEF LIQ FLAVOR	
BEEF TYPE LIQ FLAVR OS	
BITTER MASK LIQ FLAVOR	
BITTER MASK LIQ FLAVOR	OTC
BITTER STOP LIQ FLAVOR	
BITTERNESS LIQ SUPPRESS	OTC
BITTERNESS LIQ SUPRESSO	
BLACKBERRY LIQ FLAVOR	
BLOOD ORANGE LIQ OS	OTC
BLUEBERRY LIQ FLAVOR	
BLUEBERRY LIQ FLAVOR	OTC
BUBBLE GUM LIQ CONCENTR	
BUBBLE GUM LIQ CONCENTR	OTC
BUBBLE GUM LIQ FLAVOR	

Drug Name	Requirements/Limits
BUBBLE GUM LIQ FLAVOR	OTC
BUBBLE GUM LIQ OS	OTC
BUBBLE GUM LIQ WS	OTC
BUBBLEGUM LIQ FLAVOR	OTC
BUTTER LIQ FLAVOR	
BUTTER RUM LIQ FLAVOR	
BUTTERSCOTCH LIQ FLAVOR	
BUTTERSCOTCH LIQ FLAVOR	OTC
CARAMEL LIQ FLAVOR	
CARAMEL LIQ FLAVOR	OTC
CARAMEL OS LIQ	OTC
CHCK FLAVOR LIQ OIL MISC	OTC
CHCK FLAVOR LIQ OIL SOLU	
CHCK FLAVOR LIQ WTR MISC	
CHEESECAKE LIQ FLAVOR	
CHEESECAKE LIQ FLAVOR	OTC
CHERRY LIQ FLAVOR	
CHERRY LIQ FLAVOR	OTC
CHICKEN LIQ FLAVOR	OTC
CHICKEN LIQ ROASTED	OTC
CHOC HAZELNT LIQ FLAVOR	
CHOCOLATE LIQ FLAVOR	
CHOCOLATE LIQ FLAVOR	OTC
COCONUT LIQ FLAVOR	
COFFEE LIQ FLAVOR	
COLA FLAVOR LIQ	
COTTON CANDY LIQ FLAVOR	
COTTON CANDY LIQ FLAVOR	OTC
CRAN-RASPBERR LIQ FLAVOR	
CREME DE MNT LIQ FLAVOR	
CREME DEMENT LIQ FLAVOR	
CREME DEMENT LIQ FLAVOR	OTC
CREME OS LIQ	OTC
ENG TOFFEE LIQ FLAVOR	
EUGENOL LIQ FLAVOR	
FISH FLAVOR LIQ	
FLAVORX LIQ	OTC
GRAPE CONCOR LIQ OS	OTC
GRAPE LIQ FLAVOR	
GRAPE LIQ FLAVOR	OTC
GREEN APPLE LIQ OS	OTC
GUAVA FLAVOR LIQ	
GUAVA FLAVOR LIQ	OTC
HAM FLAVOR LIQ	

Drug Name	Requirements/Limits
HONEY FLAVOR LIQ	
HONEY FLAVOR LIQ	OTC
KAHLUA LIQ FLAVOR	
LEMON EXTRAC LIQ	
LEMON FLAVOR LIQ	OTC
LEMON LIQ FLAVOR	OTC
LICORICE LIQ FLAVOR	
LIVER FLAVOR LIQ	
LIVER FLAVOR LIQ	OTC
LIVER LIQ CONCNR	OTC
MANGO FLAVOR LIQ	
MANGO FLAVOR LIQ	OTC
MANGO PASSIO LIQ FRUIT OS	OTC
MAPLE FLAVOR LIQ	
MARSHMALLOW LIQ FLAVOR	
MARSHMALLOW LIQ FLAVOR	OTC
MARSHMALLOW LIQ OS	OTC
MARSHMALLOW LIQ WS	OTC
MINT CHOCOLA LIQ FLAVOR	
NATURAL LIQ CARAMEL	OTC
ORANGE CONC LIQ	OTC
ORANGE CREAM LIQ FLAVOR	
ORANGE LIQ FLAVOR	
ORANGE LIQ FLAVOR	OTC
ORANGE OIL LIQ FLAVOR	
PEACH FLAVOR LIQ	
PEACH FLAVOR LIQ	OTC
PEANUT BUTTR LIQ FLAVOR	
PEANUT BUTTR LIQ FLAVOR	OTC
PEPPERMINT LIQ BURST OS	OTC
PINA COLADA LIQ FLAVOR	
PINA COLADA LIQ FLAVOR	OTC
PINEAPPLE LIQ FLAVOR	
PINEAPPLE LIQ FLAVOR	OTC
PRALINES/CRM LIQ FLAVOR	
PUMPKIN LIQ FLAVOR	
RASPBERRY LIQ FLAVOR	
RASPBERRY LIQ FLAVOR	OTC
RASPBERRY LIQ OS	OTC
ROOT BEER LIQ FLAVOR	
SARDINE LIQ FLAVOR	OTC
SHRIMP LIQ FLAVOR	
SPEARMINT LIQ OS	OTC
STEVIA GLYCE LIQ EXTRACT	

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
STRAWBERRY LIQ FLAVOR	
STRAWBERRY LIQ FLAVOR	OTC
STRAWBERRY LIQ OS	OTC
SWEETENING LIQ ENHANCER	OTC
SWEETENING LIQ FLAVORX	
SWEETNESS LIQ ENHANCER	
TROPICAL FUS LIQ WS	OTC
TROPICAL PUN LIQ FLAVOR	
TROPICAL PUN LIQ FLAVOR	OTC
TUNA FLAVOR LIQ	OTC
TUNA TYPE LIQ FLAVR OS	OTC
TUTTI FRUTTI LIQ FLAVOR	
TUTTI FRUTTI LIQ FLAVOR	OTC
TUTTI-FRUTTI LIQ FLAVOR	
VANILLA LIQ BUTTERNU	
VANILLA LIQ BUTTERNU	OTC
VANILLA LIQ FLAVOR	
VANILLA LIQ FLAVOR	OTC
VANILLA OS LIQ	OTC
VERY BERRY LIQ OS	OTC
VITAMIN/IRON LIQ MASKING	OTC
WATERMELON LIQ FLAVOR	
WATERMELON LIQ FLAVOR	OTC
WILD CHERRY LIQ FLAVOR	
WILD CHERRY LIQ FLAVOR	OTC

LIQUID VEHICLES

CHERRY SYP	
CHERRY SYP	OTC
CHERRY SYP CONCENTR	OTC
FLAVOR SWEET SYP	
FLAVOR SWEET SYP S/F	OTC
GRAPE SYP	OTC
MX-SOL SF SYP	OTC
MX-SOL SYP	OTC
ORA-SWEET SF SYP	
ORA-SWEET SF SYP	OTC
ORA-SWEET SYP	
ORA-SWEET SYP	OTC
ORAL SYP FLAVORED	OTC
ORAL SYP SF	OTC
PCCA SWEET SYP -SF	
PCCA SYRUP SYP VEHICLE	
SIMPLE SYP	
SIMPLE SYP	OTC

Drug Name	Requirements/Limits
SIMPLE SYRUP SYP NF	OTC
SOSWEET SYP	OTC
SYRPALTA SYP	
SYRPALTA SYP	OTC
SYRUP SF SYP VEHICLE	
SYRUP SYP NF	OTC
SYRUP SYP VEHICLE	
VERSAFREE SYP	
VERSAPLUS SYP	
<i>water for injection</i>	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA) QL (2 tabs every 1 day)

medroxyprogesterone acetate tab 5 mg (generic of PROVERA) QL (2 tabs every 1 day)

medroxyprogesterone acetate tab 10 mg (generic of PROVERA) QL (2 tabs every 1 day)

norethindrone acetate tab 5 mg (generic of AYGESTIN) QL (1 tab every 1 day)

progesterone cap 100 mg (generic of PROMETRIUM) QL (1 cap every 1 day)

progesterone cap 200 mg (generic of PROMETRIUM) QL (2 caps every 1 day)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium tab delayed release 333 mg

disulfiram tab 250 mg QL (1 tab every 1 day)

disulfiram tab 500 mg QL (1 tab every 1 day)

ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML SP, PA

XYREM SOL 500MG/ML SP, PA

ANTIDEMENTIA AGENTS

donepezil hydrochloride orally disintegrating tab 5 mg QL (2 each every 1 day)

donepezil hydrochloride orally disintegrating tab 5 mg QL (2 tabs every 1 day)

donepezil hydrochloride orally disintegrating tab 10 mg QL (1 each every 1 day)

donepezil hydrochloride orally disintegrating tab 10 mg QL (1 tab every 1 day)

donepezil hydrochloride tab 5 mg (generic of ARICEPT) QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	QL (1 tab every 1 day)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	
<i>galantamine hydrobromide tab 4 mg</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic PA of EXELON)</i>	

MOVEMENT DISORDER DRUG THERAPY

<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	SP, PA

MULTIPLE SCLEROSIS AGENTS

<i>AVONEX PEN KIT 30MCG</i>	SP, PA
<i>AVONEX PREFL KIT 30MCG</i>	SP, PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	SP, PA, QL (2 caps every 1 day)
<i>EXTAVIA INJ 0.3MG</i>	SP, PA
<i>fingolimod hcl cap 0.5 mg (base equiv) (generic of GILENYA)</i>	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	SP, PA

Drug Name	Requirements/Limits
REBIF INJ 22/0.5	SP, PA
REBIF INJ 44/0.5	SP, PA
REBIF REBIDO INJ 22/0.5	SP, PA
REBIF REBIDO INJ 44/0.5	SP, PA
REBIF REBIDO INJ TITRATN	SP, PA
REBIF TITRTN INJ PACK	SP, PA
<i>teriflunomide tab 7 mg (generic of AUBAGIO)</i>	SP, PA
<i>teriflunomide tab 14 mg (generic of AUBAGIO)</i>	SP, PA

SMOKING DETERRENTS

APO-VARENICL TAB 0.5MG	
APO-VARENICL TAB 1MG	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (2 tabs every 1 day)
<i>nicotine polacrilex gum 2 mg</i>	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	QL (8 lozgs every 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	QL (8 lozgs every 1 day), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (1 patch every 1 day), OTC
NICOTROL INH	QL (168 cartridges every 26 days)
NICOTROL NS SPR 10MG/ML	QL (4 bottles every 26 days); AGE (Min 18)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP INJ 1000MG	SP, PA
PROLASTIN-C INJ 1000MG	SP, PA
ZEMAIRA INJ 1000MG	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	SP, PA
KALYDECO PAK 50MG	SP, PA
KALYDECO PAK 75MG	SP, PA
KALYDECO TAB 150MG	SP, PA

Drug Name	Requirements/Limits
ORKAMBI GRA 150-188	SP, PA
ORKAMBI TAB 100-125	SP, PA, QL (4 tabs every 1 day); AGE (Min 6, Max 11)
ORKAMBI TAB 200-125	SP, PA, QL (56 tabs every 8 days); AGE (Min 11)
PULMOZYME SOL 1MG/ML	SP, PA, QL (2.5 mL every 1 day)
SYMDEKO TAB 50-75MG	SP, PA
SYMDEKO TAB 100-150	SP, PA
TRIKAFTA TAB	SP, PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>avidoxy tab 100mg</i>	QL (3 tabs every 1 day)
<i>doxycycline monohydrate cap 50 mg</i>	QL (3 caps every 1 day)
<i>doxycycline monohydrate cap 100 mg</i>	QL (3 caps every 1 day)
<i>doxycycline monohydrate tab 100 mg</i>	QL (3 tabs every 1 day)
<i>minocycline hcl cap 50 mg</i>	QL (2 caps every 1 day)
<i>minocycline hcl cap 100 mg</i>	QL (2 caps every 1 day)
<i>mondoxyne nl cap 100mg</i>	QL (3 caps every 1 day)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	QL (6 tabs every 1 day)
<i>methimazole tab 10 mg</i>	QL (6 tabs every 1 day)
<i>propylthiouracil tab 50 mg</i>	QL (20 tabs every 1 day)

THYROID HORMONES

ADTHYZA TAB 16.25MG	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 32.5MG	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 65MG	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 97.5MG	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 130MG	QL (1 tab every 1 day), AGE; AGE (Max 64)
ARMOUR THYRO TAB 15MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 30MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 60MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 90MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 120MG	QL (1 tab every 1 day); AGE (Max 64)

AGE - Age Limit **MED** - Max 60 mg Morphine Equivalent Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
ARMOUR THYRO TAB 180MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 240MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 300MG	QL (1 tab every 1 day); AGE (Max 64)
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	QL (2 tabs every 1 day)
NP THYROID TAB 15MG	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 30MG	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 60MG	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 90MG	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 120MG	QL (1 tab every 1 day); AGE (Max 64)
SYNTHROID TAB 25MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 50MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 75MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 88MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 100MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 112MCG	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
SYNTHROID TAB 125MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 137MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 150MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 175MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 200MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 300MCG	QL (2 tabs every 1 day)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	AGE (Min 19)
BOOSTRIX INJ	AGE (Min 19)
TDVAX INJ 2-2 LF	AGE (Min 19)
TENIVAC INJ 5-2LF	AGE (Min 19)
TET/DIP TOX INJ 2-2 LF	AGE (Min 19)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (80 mL every 1 day); AGE (Max 64)
<i>dicyclomine hcl tab 20 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	PA
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>oscimin tab 0.125mg</i>	QL (12 tabs every 1 day); AGE (Max 64)

H-2 ANTAGONISTS

<i>cimetidine tab 200 mg</i>	QL (4 tabs every 1 day)
<i>cimetidine tab 200 mg</i>	QL (4 tabs every 1 day), OTC

Drug Name	Requirements/Limits
<i>cimetidine tab 300 mg</i>	QL (2 tabs every 1 day)
<i>cimetidine tab 400 mg</i>	QL (2 tabs every 1 day)
<i>cimetidine tab 800 mg</i>	QL (2 tabs every 1 day)
<i>famotidine for susp 40 mg/5ml</i>	QL (5 mL every 1 day); AGE (Max 6)
<i>famotidine tab 10 mg</i>	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg</i>	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	QL (2 tabs every 1 day)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	QL (2 tabs every 1 day)
<i>nizatidine cap 150 mg</i>	ST, QL (4 caps every 1 day); Requires trial of famotidine

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	QL (4 tabs every 1 day)

PROTON PUMP INHIBITORS

<i>acid reducer cap 20.6mgdr</i>	QL (1 cap every 1 day), OTC
<i>acid reducer tab 20mg dr</i>	QL (3 tabs every 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (2 caps every 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	QL (1 cap every 1 day), OTC
<i>lansoprazole cap delayed release 15 mg</i>	QL (2 caps every 1 day)
<i>lansoprazole cap delayed release 15 mg</i>	QL (2 caps every 1 day), OTC
OMEPRAZOLE + SUS SYRSPEND	QL (5 mL every 1 day); AGE (Max 12)
<i>omeprazole cap 20.6mgdr</i>	QL (1 cap every 1 day), OTC
<i>omeprazole cap delayed release 10 mg</i>	QL (3 caps every 1 day)
<i>omeprazole cap delayed release 20 mg</i>	QL (3 caps every 1 day)
<i>omeprazole cap delayed release 40 mg</i>	QL (1 cap every 1 day)
<i>omeprazole delayed release tab 20 mg</i>	QL (3 tabs every 1 day), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (1 cap every 1 day), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	QL (3 tabs every 1 day), OTC
<i>omeprazole tab 20mg</i>	QL (3 tabs every 1 day), OTC

Drug Name	Requirements/Limits
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> (generic of PROTONIX)	QL (1 tab every 1 day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> (generic of PROTONIX)	QL (3 tabs every 1 day)
<i>qc omepraza tab 20mg</i>	QL (3 tabs every 1 day), OTC
<i>sm omepraza tab 20mg</i>	QL (3 tabs every 1 day), OTC

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i> (generic of CYTOTEC)	QL (4 tabs every 1 day)
<i>misoprostol tab 200 mcg</i> (generic of CYTOTEC)	QL (4 tabs every 1 day)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	QL (20 mL every 1 day)
<i>oxybutynin chloride tab 5 mg</i>	QL (3 tabs every 1 day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (generic of DITROPAN XL)	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin IR
<i>tropium chloride tab 20 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin IR

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 10 mg</i>	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 25 mg</i>	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 50 mg</i>	QL (4 tabs every 1 day)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	QL (4 tabs every 1 day)
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Drug Name	Requirements/Limits
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	QL (Max 2 fills per lifetime); AGE (Min 19)
PREVNAR 13 INJ	QL (Max 1 fill per lifetime); AGE (Min 19)
PREVNAR 20 INJ	QL (Max 1 fill per lifetime); AGE (Min 19)
VAXNEUVANCE INJ	QL (Max 1 fill per lifetime); AGE (Min 19)

VIRAL VACCINES

AFLURIA QUAD INJ 2022-23	AGE (Min 19)
ENGERIX-B INJ 10/0.5ML	AGE (Min 19)
ENGERIX-B INJ 20MCG/ML	AGE (Min 19)
FLUARIX QUAD INJ 2022-23	AGE (Min 19)
FLUBLOK QUAD INJ 2022-23	AGE (Min 19)
FLUCLVX QUAD INJ 2022-23	AGE (Min 19)
FLULAVAL QUA INJ 2022-23	AGE (Min 19)
FLUMIST QUAD SUS 2022-23	AGE (Min 19, Max 49)
FLUZONE QUAD INJ 2022-23	AGE (Min 19)
HAVRIX INJ 720UNIT	AGE (Min 19)
HAVRIX INJ 1440UNIT	AGE (Min 19)
HEPLISAV-B INJ 20/0.5ML	AGE (Min 19)
JANSSEN VACC INJ COVID-19	
MODERNA VAC INJ COVID-19	
PFIZER VACC INJ COVID-19	
RECOMBIVA HB INJ 5MCG/0.5	AGE (Min 19)
RECOMBIVA HB INJ 10MCG/ML	AGE (Min 19)
SHINGRIX INJ 50/0.5ML	QL (Max 2 fills per lifetime); AGE (Min 19)
TWINRIX INJ	AGE (Min 19)
VAQTA INJ 25/0.5ML	AGE (Min 19)
VAQTA INJ 50UNT/ML	AGE (Min 19)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm every 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC

Drug Name	Requirements/Limits
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
<i>qc clotrimaz cre 1%</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	QL (1 supp every 1 day)
<i>tioconazole vaginal oint 6.5%</i>	OTC

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	QL (1.42 gm every 1 day)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)</i>	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	QL (1 pen every 25 days)
<i>SYMJEPI INJ 0.3MG</i>	QL (1 syringe every 25 days)
<i>SYMJEPI INJ 0.15MG</i>	QL (1 syringe every 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	QL (3 tabs every 1 day)
<i>midodrine hcl tab 5 mg</i>	QL (3 tabs every 1 day)
<i>midodrine hcl tab 10 mg</i>	QL (3 tabs every 1 day)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 1000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 2000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 5000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 10000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 50000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	QL (1 ea every 1 day), OTC
<i>cholecalciferol chew tab 400 unit</i>	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
<i>cholecalciferol oral liquid 400 unit/ml</i>	QL (6 mL every 1 day), OTC
<i>cholecalciferol tab 400 unit</i>	QL (6 tabs every 1 day), OTC
<i>cholecalciferol tab 1000 unit</i>	QL (6 tabs every 1 day), OTC
<i>cholecalciferol tab 2000 unit</i>	QL (6 tabs every 1 day), OTC
<i>cholecalciferol tab 5000 unit</i>	QL (6 tabs every 1 day), OTC
<i>d3 adult chw 1000unit</i>	QL (1 tab every 1 day), OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	QL (6 caps every 1 day)
<i>gnp d chw 2000unit</i>	QL (1 tab every 1 day), OTC
<i>kids vit d3 chw 1000unit</i>	QL (1 tab every 1 day), OTC
<i>phytonadione tab 5 mg</i>	QL (5 tabs every 1 day)
<i>vit d3 gumm chw 1000unit</i>	QL (1 tab every 1 day), OTC
<i>vitachew d3 chw 25mcg</i>	QL (1 tab every 1 day), OTC
<i>vitajoy daly chw d 1000iu</i>	QL (1 tab every 1 day), OTC
<i>vitamin d3 chw 25mcg</i>	QL (1 tab every 1 day), OTC
<i>vitamin d3 chw 50mcg</i>	QL (1 tab every 1 day), OTC
<i>vitamin d3 chw 1000unit</i>	QL (1 tab every 1 day), OTC
<i>vitamin d3 chw ex str</i>	QL (1 tab every 1 day), OTC
<i>vitamin d chw 1000unit</i>	QL (1 tab every 1 day), OTC
<i>yumvs vit d3 chw 25mcg</i>	QL (1 tab every 1 day), OTC

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg</i>	OTC
<i>endur-acin tab 750mg</i>	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin cap er 500 mg</i>	OTC
<i>niacin tab 50 mg</i>	OTC
<i>niacin tab 100 mg</i>	OTC
<i>niacin tab 250 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>niacin tab er 250 mg</i>	OTC
<i>niacin tab er 500 mg</i>	OTC
<i>niacinamide tab 500 mg</i>	OTC
<i>niavasc 750 tab</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	QL (2 tabs every 1 day), OTC
<i>pyridoxine hcl tab 50 mg</i>	QL (4 tabs every 1 day), OTC
<i>pyridoxine hcl tab 100 mg</i>	QL (4 tabs every 1 day), OTC
<i>ra niacin tab 100mg</i>	OTC
<i>ra vit b-1 tab 100mg</i>	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
<i>riboflavin tab 100 mg</i>	OTC
<i>sm vit b1 tab 100mg</i>	QL (1 tab every 1 day), OTC
<i>thiamine hcl tab 50 mg</i>	QL (2 tabs every 1 day), OTC
<i>thiamine hcl tab 100 mg</i>	QL (1 tab every 1 day), OTC
<i>thiamine mononitrate tab 100 mg</i>	QL (1 tab every 1 day), OTC
<i>vitamin b-2 tab 100mg</i>	OTC

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equivalent)	74	er 24hr 20 mg	19
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ELIGARD INJ 45MG	60	<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	37
ELIGARD INJ 7.5MG	60	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	37
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<i>equivalent)</i>	59	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>errin tab 0.35mg</i>	83	<i>tab 1 mg-50 mcg</i>	79
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<i>see estradiol tab 2 mg</i>	98	<i>tab 5-160 mg</i>	56
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		<i>tab 5-320 mg</i>	56

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<i>famciclovir tab 125 mg</i>	72	FERROUS SULF LIQ 44MG/5ML.....	103
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<i>famotidine tab 10 mg</i>	140	FILTER AIR MIS PP	110
<i>famotidine tab 20 mg</i>	140	<i>finasteride tab 5 mg</i>	100
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