



**July 2019**

**Molina Healthcare of Illinois  
Preferred Drug List  
(Formulary)**

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)
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Long Beach, CA 90802  
Fax: (630) 203-3993  
Email: [Civil.Rights@MolinaHealthcare.com](mailto:Civil.Rights@MolinaHealthcare.com)

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You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)  
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# Molina Healthcare of Illinois Preferred Drug List (Formulary)

(07/01/2019)

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## INTRODUCTION

We are pleased to provide the 2019 *Molina Healthcare of Illinois Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

This Formulary is up to date through its date of publication, July 1, 2019. Please notify Molina Healthcare of Illinois at [mhilpharmacy@molinahealthcare.com](mailto:mhilpharmacy@molinahealthcare.com) or 1-855-866-5462 with any mistakes in the formulary.

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. Molina Healthcare of Illinois only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program.

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 the particular drug.
- If both 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 for the brand name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, 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 formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., 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 formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to [www.molinahealthcare.com](http://www.molinahealthcare.com) to check coverage.

## CATEGORIES OF CONSIDERATION

### OPIOID ANALGESICS, BENZODIAZEPINES, MUSCLE RELAXANTS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day, Acute Pain Duration Limits, and ER Opioid Step Therapy.

## 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
- Drugs to treat infertility
- Drugs to treat erectile dysfunction
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches) not listed on the Formulary
- Certain OTC (Over-the-Counter non-prescription) products for members 21 years of age or older unless specifically listed on the Formulary
- 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)

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (855) 365-8112. The forms may be obtained by logging into the website [www.molinahealthcare.com](http://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 MHIL Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

### Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

### Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

## LEGEND

**AGE** Age Limit

**GNDR** Gender Edit

<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<i>lowercase</i>	Indicates generic availability
<b>UPPERCASE</b>	Indicates brand availability

## REQUESTING FORMULARY CHANGES

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

Fax: (855) 365-8112

## 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 72-hour supply of an acute medication before prior authorization may be obtained from Molina Healthcare. (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. Molina Healthcare will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 364-6331 to obtain an override for a 72-hour supply.

Pharmacies may call Molina Healthcare at (855) 866-5462 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2019. All rights reserved.

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



## 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	Comments
7/1/2019	TIMOLOL GEL 0.25% OP	Remove from formulary	
7/1/2019	TIMOLOL GEL 0.5% OP	Remove from formulary	
7/1/2019	BRIMONIDINE SOL 0.15% OP	Remove from formulary	
7/1/2019	EPINASTINE SOL 0.05% OP	Remove from formulary	
7/1/2019	KETOROLAC SOL 0.4% OP	Remove from formulary	
7/1/2019	BUT/ASA/CAFF CAP 325MG	Remove from formulary	
7/1/2019	HC VALERATE CRE 0.2%	Remove from formulary	
7/1/2019	PREDNICARBATE CRE 0.1%	Remove from formulary	
7/1/2019	PREDNICARBATE OIN 0.1%	Remove from formulary	
7/1/2019	DESOXIMETAS CRE 0.05%	Remove from formulary	
7/1/2019	DESOXIMETAS CRE 0.25%	Remove from formulary	
7/1/2019	CLOBETASOL CRE 0.05%	Remove from formulary	
7/1/2019	CLOBETASOL GEL 0.05%	Remove from formulary	
7/1/2019	CLOBETASOL OIN 0.05%	Remove from formulary	
7/1/2019	ZOLADEX 1MO. IMP 3.6MG	Remove from formulary	
7/1/2019	ZOLADEX 3MO. IMP 10.8MG	Remove from formulary	
7/1/2019	THERANATAL MIS COMPLETE	Remove from formulary	
7/1/2019	NITROGLYCERIN TD 0.1MG/HR	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/BENAZP CAP 5/10MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/BENAZP CAP 5-20MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/BENAZP CAP 5/40MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/BENAZP CAP 10/20MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/BENAZP CAP 10/40MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80/12.5	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160/12.5	Add to formulary with QL	QL: Max daily dose 1 per day

Date Effective	Product Name	Change	Comments
7/1/2019	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160/25MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320/12.5	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320/25MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	ELIGARD KIT 7.5MG	Add to formulary with PA	
7/1/2019	ELIGARD INJ 22.5MG	Add to formulary with PA	
7/1/2019	ELIGARD INJ 30MG	Add to formulary with PA	
7/1/2019	ELIGARD INJ 45MG	Add to formulary with PA	
7/1/2019	ACAMPRO CAL TAB 333MG	Add to formulary	
7/1/2019	AMLOD/VALSAR TAB 5-160MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/VALSAR TAB 5-320MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/VALSAR TAB 10-160MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	AMLOD/VALSAR TAB 10-320MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	ROSUVASTATIN TAB 5MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	ROSUVASTATIN TAB 10MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	ROSUVASTATIN TAB 20MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	ROSUVASTATIN TAB 40MG	Add to formulary with QL	QL: Max daily dose 1 per day
7/1/2019	ALCLOMETASONE CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	ALCLOMETASON OIN 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	DESONIDE CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	DESONIDE OIN 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	HM CLEARLAX POW	Add QL	QL; Max 34 per day
7/1/2019	CARBAMAZEPIN CAP 100MG ER	Update QL	QL; Max daily dose 8 per day
7/1/2019	CARBAMAZEPIN CAP 200MG ER	Update QL	QL; Max daily dose 8 per day
7/1/2019	CARBAMAZEPIN CAP 300MG ER	Update QL	QL; Max daily dose 8 per day
7/1/2019	V-C FORTE CAP	Update QL	QL: Max daily dose 1 per day
7/1/2019	ABDEK PEDIAT DRO	Update QL	QL: Max daily dose 1 per day
7/1/2019	CEFDINIR CAP 300MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	NEVIRAPINE TAB 400MG ER	Update QL	QL: Max daily dose 1 per day
7/1/2019	KALETRA TAB 100-25MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	KALETRA TAB 200-50MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	CLINDAMYCIN CAP 300MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	METHYLPRED TAB 8MG	Update QL	QL; Max daily dose 6 per day

Date Effective	Product Name	Change	Comments
7/1/2019	VELIVET PAK	Update QL	QL: Max daily dose 1 per day
7/1/2019	NATEGLINIDE TAB 60MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	NATEGLINIDE TAB 120MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	ALOGLIPTIN TAB 6.25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOGLIPTIN TAB 12.5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOGLIPTIN TAB 25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOGLIPTIN/ TAB METFORM	Update QL	QL; Max daily dose 2 per day
7/1/2019	ALOG/PIOGLIT TAB 12.5-15	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 12.5-30	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 12.5-45	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 25-15MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 25-30MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 25-45MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALENDRONATE TAB 5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	SOTALOL AF TAB 160MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	DISOPYRAMIDE CAP 100MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	QUINIDINE SU TAB 300MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	PROPAFENONE TAB 300MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	BENAZEPRIL TAB 5MG	Update QL	QL; Max daily dose 1.5 per day
7/1/2019	BENAZEPRIL TAB 10MG	Update QL	QL; Max daily dose 1.5 per day
7/1/2019	BENAZEPRIL TAB 20MG	Update QL	QL; Max daily dose 1.5 per day
7/1/2019	BENAZEPRIL TAB 40MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	CAPTOPRIL TAB 12.5MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPRIL TAB 25MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPRIL TAB 50MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPRIL TAB 100MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	ENALAPRIL TAB 2.5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	BENAZEP/HCTZ TAB 10-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	BENAZEP/HCTZ TAB 20-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	BENAZEP/HCTZ TAB 20-25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	CAPTOPR/HCTZ TAB 25-15MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPR/HCTZ TAB 25-25MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	CAPTOPR/HCTZ TAB 50-15MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPR/HCTZ TAB 50-25MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	ENALAPR/HCTZ TAB 5-12.5MG	Update QL	QL; Max daily dose 2 per day

Date Effective	Product Name	Change	Comments
7/1/2019	ENALAPR/HCTZ TAB 10-25MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	FOSINOP/HCTZ TAB 10/12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	FOSINOP/HCTZ TAB 20/12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	QNAPRIL/HCTZ TAB 10-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	QNAPRIL/HCTZ TAB 20-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	QNAPRIL/HCTZ TAB 20-25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	IRBESAR/HCTZ TAB 150-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	IRBESAR/HCTZ TAB 300-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	AMILORIDE TAB 5MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	MIDODRINE TAB 2.5MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	MIDODRINE TAB 5MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	MIDODRINE TAB 10MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	ATORVASTATIN TAB 80MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALLERGY TAB 4MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	RA ALLERGY TAB 25MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	GNP ALLERGY CHW 12.5MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	EQL ALLERGY TAB CHLDRN	Update QL	QL; Max daily dose 6 per day
7/1/2019	GNP SUPHEDRN LIQ 15MG/5ML	Update QL	QL; Max daily dose 40 per day
7/1/2019	DECONGESTANT TAB 120MG ER	Update QL	QL; Max daily dose 2 per day
7/1/2019	MUCUS RELF D TAB 60-600MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	ATROVENT HFA AER 17MCG	Update QL	QL; Max 12.9 per 25 days
7/1/2019	THEOPHYLLINE TAB 400MG ER	Update QL	QL; Max daily dose 3 per day
7/1/2019	BENEFIBER ON POW THE GO	Remove QL	
7/1/2019	STOOL SOFTNR TAB 100MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	PEDIA-LAX LIQ 50MG	Update QL	QL; Max daily dose 30 per day
7/1/2019	DOCUSATE SOD LIQ 50MG/5ML	Update QL	QL; Max daily dose 30 per day
7/1/2019	STOOL SOFTNR SYP 60/15ML	Update QL	QL; Max daily dose 30 per day
7/1/2019	HM SENNA-S TAB 8.6-50MG	Add QL	QL; Max daily dose 6 per day
7/1/2019	GAVILYTE-H KIT	Add QL	QL: Max daily dose 1 per day
7/1/2019	DIPHEN/ATROP LIQ 2.5/5	Add QL	QL; max daily dose 40 per day
7/1/2019	ANTI-DIARRHE TAB 2MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	ANTI-DIARRHE LIQ 1MG/5ML	Update QL	QL; Max daily dose 40 per day
7/1/2019	CALCIUM CARB TAB 648MG	Remove QL	
7/1/2019	CALCIUM CARB SUS 1250/5ML	Remove QL	
7/1/2019	MOTION SICK TAB 50MG	Update QL	QL; Max daily dose 6 per day

Date Effective	Product Name	Change	Comments
7/1/2019	ZENPEP CAP 5000UNIT	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 20000UNT	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 25000	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 40000	Update QL	QL; Max daily dose 6 per day
7/1/2019	CLOMIPRAMINE CAP 50MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	DESIPRAMINE TAB 75MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	DESIPRAMINE TAB 150MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	DOXEPIN HCL CON 10MG/ML	Update QL	QL; Max daily dose 30 per day
7/1/2019	MAPROTILINE TAB 75MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	RISPERIDONE TAB 0.25 ODT	Update QL	QL; Max daily dose 2 per day
7/1/2019	HALOPERIDOL CON 2MG/ML	Add Age limit	Min Age 6
7/1/2019	HALOPERIDOL INJ 5MG/ML	Add Age limit	Min Age 6
7/1/2019	HALOPER DEC INJ 50MG/ML	Add Age limit	Min Age 6
7/1/2019	HALOPER DEC INJ 500/5ML	Add Age limit	Min Age 6
7/1/2019	LITHIUM CARB CAP 600MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	LITHIUM CARB TAB 300MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	SLEEP AID TAB 25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	AMPHET/DEXTR TAB 5MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 7.5MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 10MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 12.5MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 15MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 20MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 30MG	Add Age limit	Min Age 3
7/1/2019	DEXMETHYLPH TAB 2.5MG	Add Age limit	Min Age 6
7/1/2019	DEXMETHYLPH TAB 5MG	Add Age limit	Min Age 6
7/1/2019	DEXMETHYLPH TAB 10MG	Add Age limit	Min Age 6
7/1/2019	METHYLPHENID SOL 10MG/5ML	Add Age limit	Min Age 6
7/1/2019	GALANTAMINE TAB 8MG	Remove QL	
7/1/2019	BUT/APAP/CAF TAB	Add Age limit	Max age 64
7/1/2019	BUPREN/NALOX SUB 2-0.5MG	Update QL	QL; Max daily dose 12 per day
7/1/2019	BUPREN/NALOX SUB 8-2MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	DICLOFENAC TAB 100MG ER	Update QL	QL; Max daily dose 2 per day
7/1/2019	WAL-PROFEN CAP 200MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	MELOXICAM TAB 7.5MG	Update QL	QL: Max daily dose 1 per day

Date Effective	Product Name	Change	Comments
7/1/2019	MELOXICAM TAB 15MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	DIVALPROEX TAB 500MG ER	Update QL	QL; Max daily dose 10 per day
7/1/2019	OXCARBAZEPIN TAB 150MG	Update QL	QL; Max daily dose 16 per day
7/1/2019	OXCARBAZEPIN TAB 300MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	OXCARBAZEPIN TAB 600MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	OXCARBAZEPIN SUS 300MG/5M	Update QL	QL; Max daily dose 16.67 per day
7/1/2019	BROMOCRIPTIN CAP 5MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	STRESS FORM TAB /IRON	Update QL	QL: Max daily dose 1 per day
7/1/2019	SUPER LIQ NU-THERA	Update QL	QL: Max daily dose 1 per day
7/1/2019	PEDIAVIT LIQ	Update QL	QL: Max daily dose 1 per day
7/1/2019	GUMMIES CHW	Update QL	QL: Max daily dose 1 per day
7/1/2019	CVS CHILDREN CHW COMPLETE	Update QL	QL: Max daily dose 1 per day
7/1/2019	CALCIUM TAB 600MG	Remove QL	
7/1/2019	CALCIUM TAB 500MG	Remove QL	
7/1/2019	OVEGA-3 CAP 500MG	Remove QL	
7/1/2019	SEA-OMEGA 50 CAP 1000MG	Remove QL	
7/1/2019	FISH OIL CAP 1200MG	Remove QL	
7/1/2019	GNP VIT B-12 TAB 1000 CR	Remove QL	
7/1/2019	FEROSUL ELX 220/5ML	Remove QL	
7/1/2019	CILOSTAZOL TAB 50MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	CILOSTAZOL TAB 100MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	AZELASTINE DRO 0.05%	Update QL	QL; Max 6 per 25 days
7/1/2019	ALLERGY EYE DRO 0.025%OP	Update QL	QL; Max 10 per 25 days
7/1/2019	OFLOXACIN DRO 0.3%OTIC	Update QL	Remove quantity max
7/1/2019	CLINDAMYCIN SOL 1%	Add QL and Age limit	QL; Max 60 per 25 days, min age 10
7/1/2019	GENTAMICIN CRE 0.1%	Update QL	QL; Max 30 per 25 days
7/1/2019	GENTAMICIN OIN 0.1%	Update QL	Remove quantity max
7/1/2019	BETAMETH DIP CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	BETAMETH DIP LOT 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	BETAMETH DIP OIN 0.05%	Add QL	QL; Max 45 per 25 days
7/1/2019	AUG BETAMET GEL 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	AUG BETAMET LOT 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	AUG BETAMET OIN 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	BETAMETH VAL CRE 0.1%	Add QL	QL; Max 45 per 25 days
7/1/2019	BETAMETH VAL OIN 0.1%	Add QL	QL; Max 45 per 25 days

<b>Date Effective</b>	<b>Product Name</b>	<b>Change</b>	<b>Comments</b>
7/1/2019	CLOBETASOL SOL 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	FLUOCIN ACET CRE 0.025%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCIN ACET OIN 0.025%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCINONIDE CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCINONIDE GEL 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCINONIDE CRE E 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUTICASONE CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUTICASONE OIN 0.005%	Add QL	QL; Max 60 per 25 days
7/1/2019	HALOBETASOL CRE 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	HALOBETASOL OIN 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	HYDROCORT CRE 0.5%	Add QL	QL; Max 60 per 25 days
7/1/2019	ALA-CORT CRE 1%	Add QL	QL; Max 60 per 25 days
7/1/2019	HYDROCORT OIN 0.5%	Add QL	QL; Max 60 per 25 days
7/1/2019	HYDROCORT OIN 1%	Add QL	QL; Max 60 per 25 days
7/1/2019	MOMETASONE SOL 0.1%	Update QL	QL; Max 60 per 25 days
7/1/2019	EZETIMIBE TAB 10MG	Remove PA	
7/1/2019	DULOXETINE CAP 20MG	Remove PA	
7/1/2019	DULOXETINE CAP 30MG	Remove PA	
7/1/2019	DULOXETINE CAP 60MG	Remove PA	
7/1/2019	ARIPIPRAZOLE TAB 2MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 5MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 10MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 15MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 20MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 30MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	OLANZAPINE TAB	Remove ST	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	
<b>AMPHETAMINES</b>	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (150 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (60 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days), PA; Covered for ages 18 years & under
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days), PA; Covered for ages 18 years & under



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (generic of DEXEDRINE)	QL (60 ea / 30 days), PA; Covered for ages 18 years & under
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>zenzedi tab 5mg</i>	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>zenzedi tab 10mg</i>	QL (180 ea / 30 days); Covered for ages 3 - 18 years old

### **ANALEPTICS**

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml</i> <i>base equiv)</i>	QL (120 mL in lifetime); Covered for ages 1 years & under
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### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl cap 10 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); Covered for ages 6 - 18 years old

### **STIMULANTS - MISC.**

<i>armodafinil tab 50 mg</i> (generic of NUVIGIL)	QL (30 ea / 30 days), PA
<i>armodafinil tab 150 mg</i> (generic of NUVIGIL)	QL (30 ea / 30 days), PA
<i>armodafinil tab 200 mg</i> (generic of NUVIGIL)	QL (30 ea / 30 days), PA
<i>armodafinil tab 250 mg</i> (generic of NUVIGIL)	QL (30 ea / 30 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>metadate tab 20mg er</i>	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	QL (450 mL / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	QL (900 mL / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 10 mg</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (30 ea / 30 days); Covered for ages 6 - 64 years old
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	QL (30 ea / 30 days), PA
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	QL (60 ea / 30 days), PA

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

<i>neomycin sulfate tab 500 mg</i>
<i>paromomycin sulfate cap 250 mg</i>

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 10MG/0.2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 20/0.2ML	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 40/0.4ML	SP, QL (2 ea / 28 days), PA
HUMIRA KIT 20MG/0.4	SP, QL (2 ea / 24 days), PA
HUMIRA KIT 40MG/0.8	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ CD/UC/HS	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ PS/UV	SP, QL (2 ea / 24 days), PA
HUMIRA PEN KIT CD/UC/HS	SP, QL (3 ea / 180 days), PA
HUMIRA PEN KIT PS/UV	SP, QL (3 ea / 180 days), PA

### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

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

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	PA
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	QL (120 ea / 30 days), PA
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	QL (60 ea / 30 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	QL (120 ea / 30 days), PA
<i>diclofenac potassium tab 50 mg</i>	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	QL (60 ea / 30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (60 ea / 30 days)
<i>etodolac tab 400 mg (generic of LODINE)</i>	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>ibuprofen chew tab 100 mg</i>	OTC, QL (180 ea / 30 days)
<i>ibuprofen susp 40 mg/ml</i>	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	OTC, QL (4800 mL / 30 days)
<i>ibuprofen tab 100 mg</i>	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 400 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg</i>	QL (120 ea / 30 days)
<i>indomethacin cap 25 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 ea / day, max 5 day supply); Covered for ages 64 years & under
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	QL (120 ea / 30 days)
<i>naproxen dr tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen dr tab 500mg (generic of EC-NAPROXEN)</i>	QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg</i>	OTC, QL (90 ea / 30 days)
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg (generic of NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 500 mg</i>	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	QL (90 ea / 30 days), PA
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	QL (120 ea / 30 days), PA
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	QL (60 ea / 30 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sulindac tab 150 mg</i>	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	QL (90 ea / 30 days)

### **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 (30 ea / 30 days)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	QL (30 ea / 30 days)

### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25/0.5ML	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	SP, QL (4 mL / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	SP, QL (4 mL / 24 days), PA

### **ANALGESICS - NONNARCOTIC**

#### **ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (300 ea / 30 days); Covered for ages 64 years & under
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (180 ea / 30 days); Covered for ages 64 years & under

#### **ANALGESICS OTHER**

<i>acetaminophen cap 500 mg</i>	OTC, QL (240 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg</i>	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg</i>	OTC, QL (750 ea / 30 days)
<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>	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>acetaminophen suppos 650 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 500 mg</i>	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab er 650 mg</i>	OTC, QL (180 ea / 30 days)
FEVERALL INF SUP 80MG	OTC, QL (1500 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>SALICYLATES</b>	
<i>aspirin chew tab 81 mg</i>	OTC, QL (30 ea / 30 days)
<i>aspirin tab 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 81 mg</i>	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

CODEINE SULF TAB 60MG	QL (240 ea / 30 days), PA
<i>codeine sulfate tab 30 mg (generic of CODEINE SULFATE)</i>	QL (360 ea / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr (generic of DURAGESIC)</i>	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr (generic of DURAGESIC)</i>	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr (generic of DURAGESIC)</i>	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr (generic of DURAGESIC)</i>	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr (generic of DURAGESIC)</i>	QL (10 ea / 30 days), PA
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days), PA
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days), PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	QL (500 mL / 25 days), PA; Covered for ages 64 years & under
<i>meperidine hcl tab 50 mg</i>	QL (300 ea / 30 days), PA; Covered for ages 64 years & under
<i>meperidine hcl tab 100 mg</i>	QL (240 ea / 30 days), PA; Covered for ages 64 years & under
<i>morphine sulfate oral soln 10 mg/5ml</i>	PA
<i>morphine sulfate oral soln 20 mg/5ml</i>	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	PA
<i>morphine sulfate tab 15 mg</i>	QL (90 ea / 30 days), PA
<i>morphine sulfate tab 30 mg</i>	QL (90 ea / 30 days), PA
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days), ST; Requires prior use of IR opioids

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>morphine sulfate tab er 60 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>morphine sulfate tab er 100 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>oxycodone hcl soln 5 mg/5ml</i>	PA; QL (max quantity 240 per fill, max 1 fill per 90 days)
<i>oxycodone hcl tab 5 mg</i> (generic of ROXICODONE)	PA; QL (max quantity 90 per fill, max 1 fill per 90 days)
<i>oxycodone hcl tab 10 mg</i>	PA; QL (max quantity 90 per fill, max 1 fill per 90 days)
<i>oxycodone hcl tab 15 mg</i> (generic of ROXICODONE)	PA; QL (max quantity 90 per fill, max 1 fill per 90 days)
<i>oxycodone hcl tab 20 mg</i>	PA; QL (max quantity 90 per fill, max 1 fill per 90 days)
<i>oxycodone hcl tab 30 mg</i> (generic of ROXICODONE)	PA; QL (max quantity 90 per fill, max 1 fill per 90 days)
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	QL (240 ea / 30 days), PA

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL / 25 days), PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 ea / 30 days), PA
<i>acetaminophen w/ codeine tab 300-30 mg</i> (generic of TYLENOL/CODEINE #3)	QL (180 ea / 30 days), PA
<i>acetaminophen w/ codeine tab 300-60 mg</i> (generic of TYLENOL/CODEINE #4)	QL (180 ea / 30 days), PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (240 ea / 30 days)
<i>endocet tab 5-325mg</i> (generic of PERCOCET)	QL (240 ea / 30 days), PA
<i>endocet tab 7.5-325</i> (generic of PERCOCET)	QL (180 ea / 30 days), PA
<i>endocet tab 10-325mg</i> (generic of PERCOCET)	QL (180 ea / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days), PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG)	QL (180 ea / 25 days), PA
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG)	QL (180 ea / 25 days), PA
<i>hydrocodone-acetaminophen tab 10-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG)	QL (180 ea / 25 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	QL (240 ea / 30 days), PA
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	QL (180 ea / 30 days), PA
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	QL (180 ea / 30 days), PA

### **OPIOID PARTIAL AGONISTS**

BUNAVAIL MIS 2.1-0.3	QL (90 ea / 30 days); Covered for ages 16 years & over
BUNAVAIL MIS 4.2-0.7	QL (90 ea / 30 days); Covered for ages 16 years & over
BUNAVAIL MIS 6.3-1MG	QL (90 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (90 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (90 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE)	QL (360 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv) (generic of SUBOXONE)	QL (90 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv) (generic of SUBOXONE)	QL (90 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE)	QL (90 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)	QL (360 ea / 30 days); Covered for ages 16 years & over
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv)	QL (90 ea / 30 days); Covered for ages 16 years & over
SUBLOCADE INJ 100/0.5	PA
SUBLOCADE INJ 300/1.5	PA
ZUBSOLV SUB 0.7-0.18	QL (90 ea / 30 days); Covered for ages 16 years & over
ZUBSOLV SUB 1.4-0.36	QL (90 ea / 30 days); Covered for ages 16 years & over



<b>Drug Name</b>	<b>Requirements/Limits</b>
ZUBSOLV SUB 2.9-0.71	QL (90 ea / 30 days); Covered for ages 16 years & over
ZUBSOLV SUB 5.7-1.4	QL (90 ea / 30 days); Covered for ages 16 years & over
ZUBSOLV SUB 8.6-2.1	QL (90 ea / 30 days); Covered for ages 16 years & over
ZUBSOLV SUB 11.4-2.9	QL (90 ea / 30 days); Covered for ages 16 years & over

## **ANDROGENS-ANABOLIC**

### **ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

<i>testosterone cypionate im inj in oil 100 mg/ml</i> (generic of DEPO-TESTOSTERONE)	GNDR
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	GNDR
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (generic of DEPO-TESTOSTERONE)	GNDR
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	GNDR

## **ANORECTAL AGENTS**

### **RECTAL COMBINATIONS**

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	OTC
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### **RECTAL LOCAL ANESTHETICS**

<i>dibucaine rectal ointment 1%</i>	OTC
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### **RECTAL STEROIDS**

<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	
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## **ANTACIDS**

### **ANTACID COMBINATIONS**

<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	OTC
<i>alum &amp; 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>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	OTC

### **ANTACIDS - BICARBONATE**

<i>sodium bicarbonate tab 325 mg</i>	OTC
<i>sodium bicarbonate tab 650 mg</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTACIDS - CALCIUM SALTS</b>	
<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
<b>ANTACIDS - MAGNESIUM SALTS</b>	
<i>magnesium oxide tab 400 mg</i>	OTC
<i>magnesium tab 400mg</i>	OTC
<i>maox tab 420mg</i>	OTC
<b>ANTHELMINTICS</b>	
<b>ANTHELMINTICS</b>	
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (300 ea / 30 days)
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	
<i>metronidazole tab 250 mg (generic of FLAGYL)</i>	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg (generic of FLAGYL)</i>	QL (120 ea / 30 days)
<i>trimethoprim tab 100 mg</i>	QL (180 ea / 30 days)
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	QL (120 ea / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	QL (1200 mL / 30 days)
<b>ANTIPROTOZOAL AGENTS</b>	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	PA; Covered for ages 13 years & over
<b>GLYCOPEPTIDES</b>	
<i>FIRVANQ SOL 25MG/ML</i>	QL (1200 mL / 30 days)
<i>FIRVANQ SOL 50MG/ML</i>	QL (1200 mL / 30 days)
<b>LEPROSTATICS</b>	
<i>dapsone tab 25 mg</i>	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	QL (90 ea / 30 days)
<b>LINCOSAMIDES</b>	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	Covered for ages 18 years & under
<b>OXAZOLIDINONES</b>	
<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	PA

## **ANTIANGINAL AGENTS**

### **ANTIANGINALS-OTHER**

<i>ranolazine tab er 12hr 500 mg (generic of RANEXA)</i>	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg (generic of RANEXA)</i>	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

### **NITRATES - DRUGS TO TREAT HEART CONDITIONS**

<i>isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)</i>	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 10 mg</i>	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 20 mg</i>	QL (180 ea / 30 days)
<i>isosorbide dinitrate tab 30 mg</i>	QL (120 ea / 30 days)
<i>isosorbide mononitrate tab 10 mg</i>	QL (90 ea / 30 days)
<i>isosorbide mononitrate tab 20 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>minitran dis 0.1mg/hr (generic of NITRO-DUR)</i>	QL (30 ea / 30 days)
<i>minitran dis 0.2mg/hr (generic of NITRO-DUR)</i>	QL (30 ea / 30 days)
<i>minitran dis 0.4mg/hr (generic of NITRO-DUR)</i>	QL (30 ea / 30 days)
<i>minitran dis 0.6mg/hr (generic of NITRO-DUR)</i>	QL (30 ea / 30 days)
<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	QL (300 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	QL (30 ea / 30 days)

## **ANTIANSXIETY AGENTS**

### **ANTIANSXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	QL (240 ea / 30 days); Covered for ages 6 years & over
<i>buspirone hcl tab 7.5 mg</i>	QL (240 ea / 30 days); Covered for ages 6 years & over
<i>buspirone hcl tab 10 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>buspirone hcl tab 15 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years & under
<i>hydroxyzine hcl tab 10 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years & under
<i>hydroxyzine hcl tab 25 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years & under
<i>hydroxyzine hcl tab 50 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years & under
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); Covered for ages 64 years & under
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); Covered for ages 64 years & under
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under

### **BENZODIAZEPINES**

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years & over
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years & over
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years & over
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years & over
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 15 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>diazepam conc 5 mg/ml</i>	QL (90 mL / 30 days), PA; Covered for ages 64 years & under
<i>diazepam oral soln 1 mg/ml</i>	QL (120 mL / 30 days); Covered for ages 64 years & under
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>lorazepam conc 2 mg/ml</i>	QL (90 mL / 30 days); Covered for ages 12 years & over
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); Covered for ages 12 years & over
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); Covered for ages 12 years & over
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); Covered for ages 12 years & over
<i>oxazepam cap 10 mg</i>	QL (90 ea / 30 days); Covered for ages 6 years & over
<i>oxazepam cap 15 mg</i>	QL (90 ea / 30 days); Covered for ages 6 years & over
<i>oxazepam cap 30 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>	
<b>ANTIARRHYTHMICS TYPE I-A</b>	
<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	QL (150 ea / 30 days); Covered for ages 64 years & under
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)
<b>ANTIARRHYTHMICS TYPE I-B</b>	
<i>mexiletine hcl cap 150 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	QL (180 ea / 30 days)
<b>ANTIARRHYTHMICS TYPE I-C</b>	
<i>flecainide acetate tab 50 mg</i>	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	QL (180 ea / 30 days)
<i>propafenone hcl tab 225 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	QL (90 ea / 30 days)
<b>ANTIARRHYTHMICS TYPE III</b>	
<i>amiodarone hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>pacerone tab 200mg</i>	QL (120 ea / 30 days)
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	
<b>ANTI-INFLAMMATORY AGENTS</b>	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (780 mL / 30 days)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>	
XOLAIR INJ 75/0.5	SP, QL (2.5 mL / 24 days), PA
XOLAIR INJ 150MG/ML	SP, QL (5 mL / 24 days), PA
XOLAIR SOL 150MG	SP, QL (5 ea / 24 days), PA
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>	
ATROVENT HFA AER 17MCG	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (300 mL / 30 days)
<b>LEUKOTRIENE MODULATORS</b>	
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	QL (30 ea / 30 days); Covered for ages 9 years & under
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	QL (30 ea / 30 days); Covered for ages 14 years & under
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	QL (30 ea / 30 days)
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>	
ARNUITY ELPT INH 50MCG	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
ARNUITY ELPT INH 100MCG	QL (30 ea / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 ea / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	QL (120 mL / 30 days); Covered for ages 9 years & under
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	QL (120 mL / 30 days); Covered for ages 9 years & under
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); Covered for ages 11 years & under
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); Covered for ages 11 years & under
QVAR REDIIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIIHAL AER 40MCG	QL (10.6 gm / 30 days)

### **SYMPATHOMIMETICS**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (18 gm / 25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (8.5 gm / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 ea / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (300 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL / 25 days)
STRIVERDI AER 2.5MCG	QL (60 gm / 30 days)
SYMBICORT AER 80-4.5	QL (10.2 gm / 25 days); Covered for ages 11 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
SYMBICORT AER 160-4.5	QL (10.2 gm / 25 days); Covered for ages 11 years & under
<i>terbutaline sulfate tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	QL (180 ea / 30 days)
VENTOLIN HFA AER	QL (16 gm / 25 days)
VENTOLIN HFA AER	QL (18 gm / 25 days)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)

### **XANTHINES - DRUGS TO TREAT COPD**

<i>theochron tab 100mg cr</i>	QL (120 ea / 30 days)
<i>theochron tab 200mg cr</i>	QL (120 ea / 30 days)
<i>theochron tab 300mg cr</i>	QL (120 ea / 30 days)
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 100 mg</i>	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 200 mg</i>	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 300 mg</i>	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	QL (90 ea / 30 days)
<i>theophylline tab er 24hr 600 mg</i>	QL (90 ea / 30 days)

### **ANTICOAGULANTS - BLOOD THINNERS**

#### **COUMARIN ANTICOAGULANTS**

COUMADIN TAB 1MG	QL (300 ea / 30 days)
COUMADIN TAB 2.5MG	QL (300 ea / 30 days)
COUMADIN TAB 2MG	QL (300 ea / 30 days)
COUMADIN TAB 3MG	QL (300 ea / 30 days)
COUMADIN TAB 4MG	QL (300 ea / 30 days)
COUMADIN TAB 5MG	QL (300 ea / 30 days)
COUMADIN TAB 6MG	QL (300 ea / 30 days)
COUMADIN TAB 7.5MG	QL (300 ea / 30 days)
COUMADIN TAB 10MG	QL (300 ea / 30 days)
<i>warfarin sodium tab 1 mg (generic of WARFARIN SODIUM TAB 1 MG)</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg (generic of WARFARIN SODIUM TAB 2 MG)</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg (generic of WARFARIN SODIUM TAB 2.5 MG)</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg (generic of WARFARIN SODIUM TAB 3 MG)</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg (generic of WARFARIN SODIUM TAB 4 MG)</i>	QL (300 ea / 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 5 mg</i> (generic of WARFARIN SODIUM TAB 5 MG)	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i> (generic of WARFARIN SODIUM TAB 6 MG)	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i> (generic of WARFARIN SODIUM TAB 7.5 MG)	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i> (generic of WARFARIN SODIUM TAB 10 MG)	QL (300 ea / 30 days)

### **DIRECT FACTOR XA INHIBITORS**

XARELTO STAR TAB 15/20MG	PA
XARELTO TAB 10MG	QL (30 ea / 30 days), PA
XARELTO TAB 15MG	QL (60 ea / 30 days), PA
XARELTO TAB 20MG	QL (30 ea / 30 days), PA

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium inj 30 mg/0.3ml</i> (generic of LOVENOX)	SP, QL (4.2 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i> (generic of LOVENOX)	SP, QL (5.6 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i> (generic of LOVENOX)	SP, QL (8.4 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i> (generic of LOVENOX)	SP, QL (11.2 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 100 mg/ml</i> (generic of LOVENOX)	SP, QL (14 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i> (generic of LOVENOX)	SP, QL (11.2 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 150 mg/ml</i> (generic of LOVENOX)	SP, QL (14 mL / 7 days, max 7 days per 180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i> (generic of LOVENOX)	SP; QL (max 7 days per 180 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> (generic of ARIXTRA)	SP, PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> (generic of ARIXTRA)	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> (generic of ARIXTRA)	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> (generic of ARIXTRA)	PA
FRAGMIN INJ 2500/0.2	SP, PA
FRAGMIN INJ 5000/0.2	SP, PA
FRAGMIN INJ 7500/0.3	SP, PA
FRAGMIN INJ 10000/ML	SP, PA
FRAGMIN INJ 12500UNT	SP, PA
FRAGMIN INJ 15000UNT	SP, PA
FRAGMIN INJ 18000UNT	SP, PA

Drug Name	Requirements/Limits
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>	
<i>clobazam tab 10 mg (generic of ONFI)</i>	QL (60 ea / 30 days)
<i>clobazam tab 20 mg (generic of ONFI)</i>	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea / 25 days)
<b>ANTICONVULSANTS - MISC.</b>	
BANZEL SUS 40MG/ML	QL (2400 mL / 30 days)
BANZEL TAB 200MG	QL (480 ea / 30 days)
BANZEL TAB 400MG	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i>	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml (generic of TEGRETOL)</i>	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i>	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i>	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)</i>	QL (240 ea / 30 days)
<i>epitol tab 200mg (generic of TEGRETOL)</i>	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg (generic of NEURONTIN)</i>	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg (generic of NEURONTIN)</i>	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg (generic of NEURONTIN)</i>	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)</i>	
<i>gabapentin tab 600 mg (generic of NEURONTIN)</i>	QL (180 ea / 30 days)
<i>gabapentin tab 800 mg (generic of NEURONTIN)</i>	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>	QL (240 ea / 30 days)
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	QL (240 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levetiracetam oral soln 100 mg/ml (generic of KEPPRA)</i>	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg (generic of KEPPRA)</i>	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg (generic of KEPPRA)</i>	QL (180 ea / 30 days)
<i>levetiracetam tab 750 mg (generic of KEPPRA)</i>	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg (generic of KEPPRA)</i>	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)</i>	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)</i>	QL (120 ea / 30 days)
LYRICA CAP 25MG	PA
LYRICA CAP 50MG	PA
LYRICA CAP 75MG	PA
LYRICA CAP 100MG	QL (90 ea / 30 days), PA
LYRICA CAP 150MG	PA
LYRICA CAP 200MG	QL (90 ea / 30 days), PA
LYRICA CAP 225MG	PA
LYRICA CAP 300MG	QL (60 ea / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	QL (500 mL / 30 days)
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	QL (480 ea / 30 days)
<i>oxcarbazepine tab 300 mg (generic of TRILEPTAL)</i>	QL (240 ea / 30 days)
<i>oxcarbazepine tab 600 mg (generic of TRILEPTAL)</i>	QL (120 ea / 30 days)
<i>primidone tab 50 mg (generic of MYSOLINE)</i>	QL (120 ea / 30 days)
<i>primidone tab 250 mg (generic of MYSOLINE)</i>	QL (120 ea / 30 days)
<i>roweepira tab 500mg (generic of KEPPRA)</i>	QL (180 ea / 30 days)
<i>roweepira tab 750mg (generic of KEPPRA)</i>	QL (120 ea / 30 days)
<i>roweepira tab 1000mg (generic of KEPPRA)</i>	QL (90 ea / 30 days)
<i>roweepira xr tab 500mg xr (generic of KEPPRA XR)</i>	QL (180 ea / 30 days)
<i>roweepira xr tab 750mg xr (generic of KEPPRA XR)</i>	QL (120 ea / 30 days)
<i>subvenite tab 25mg (generic of LAMICTAL)</i>	QL (300 ea / 30 days)
<i>subvenite tab 100mg (generic of LAMICTAL)</i>	QL (240 ea / 30 days)
<i>subvenite tab 150mg (generic of LAMICTAL)</i>	QL (120 ea / 30 days)
<i>subvenite tab 200mg (generic of LAMICTAL)</i>	QL (120 ea / 30 days)
<i>topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)</i>	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	QL (240 ea / 30 days)
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	QL (120 ea / 30 days)
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	QL (60 ea / 30 days)
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	QL (60 ea / 30 days)
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML	QL (600 mL / 30 days)
VIMPAT TAB 50MG	QL (60 ea / 30 days)
VIMPAT TAB 100MG	QL (60 ea / 30 days)
VIMPAT TAB 150MG	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
VIMPAT TAB 200MG	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg (generic of ZONEGRAN)</i>	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg (generic of ZONEGRAN)</i>	QL (180 ea / 30 days)

### **GABA MODULATORS**

<i>tiagabine hcl tab 2 mg (generic of GABITRIL)</i>	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg (generic of GABITRIL)</i>	QL (420 ea / 30 days)
<i>vigabatrin powd pack 500 mg (generic of SABRIL)</i>	SP, QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg (generic of SABRIL)</i>	SP, QL (180 ea / 30 days)
<i>vigadrone pow 500mg (generic of SABRIL)</i>	SP, QL (180 ea / 30 days)

### **HYDANTOINS**

DILANTIN CAP 30MG	QL (180 ea / 30 days)
<i>phenytoin chew tab 50 mg (generic of DILANTIN INFATABS)</i>	QL (150 ea / 30 days)
<i>phenytoin sodium extended cap 100 mg (generic of DILANTIN)</i>	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 200 mg (generic of PHENYTEK)</i>	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 300 mg (generic of PHENYTEK)</i>	QL (180 ea / 30 days)
<i>phenytoin susp 125 mg/5ml (generic of DILANTIN-125)</i>	QL (600 mL / 30 days)

### **SUCCINIMIDES**

<i>ethosuximide cap 250 mg (generic of ZARONTIN)</i>	QL (180 ea / 30 days)
<i>ethosuximide soln 250 mg/5ml (generic of ZARONTIN)</i>	QL (900 mL / 30 days)

### **VALPROIC ACID**

<i>divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	QL (450 ea / 30 days)
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	QL (300 ea / 30 days)
<i>valproate sodium oral soln 250 mg/5ml (base equiv) (generic of DEPAKENE)</i>	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg (generic of DEPAKENE)</i>	QL (600 ea / 30 days)

## **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine tab 15 mg (generic of REMERON)</i>	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg (generic of REMERON)</i>	QL (120 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>mirtazapine tab 45 mg</i>	QL (30 ea / 30 days)

### **ANTIDEPRESSANTS - MISC.**

<i>bupropion hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>bupropion hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	QL (60 ea / 30 days)
<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	QL (90 ea / 30 days)
<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	QL (60 ea / 30 days)
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	QL (30 ea / 30 days)
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	QL (30 ea / 30 days)
<i>maprotiline hcl tab 25 mg</i>	QL (90 ea / 30 days)
<i>maprotiline hcl tab 50 mg</i>	QL (120 ea / 30 days)
<i>maprotiline hcl tab 75 mg</i>	QL (90 ea / 30 days)

### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	QL (180 ea / 30 days)
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	QL (240 ea / 30 days)

### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	QL (30 ea / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	QL (60 ea / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	QL (60 ea / 30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	QL (120 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	QL (90 ea / 30 days)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	QL (30 ea / 30 days)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)

### **SEROTONIN MODULATORS**

<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	

### **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (90 ea / 30 days)

### **TRICYCLIC AGENTS**

<i>amitriptyline hcl tab 10 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years & under
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years & under
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); Covered for ages 64 years & under
<i>doxepin hcl conc 10 mg/ml</i>	QL (900 mL / 30 days); Covered for ages 64 years & under
<i>imipramine hcl tab 10 mg (generic of TOFRANIL)</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg (generic of TOFRANIL)</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg (generic of TOFRANIL)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	QL (120 ea / 30 days)
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	QL (60 ea / 30 days)
<i>protriptyline hcl tab 5 mg</i>	QL (240 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	QL (240 ea / 30 days)

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg (generic of PRECOSE)</i>	QL (90 ea / 30 days)
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>acarbose tab 50 mg (generic of PRECOSE)</i>	QL (90 ea / 30 days)
<i>acarbose tab 100 mg (generic of PRECOSE)</i>	QL (120 ea / 30 days)

### **ANTIDIABETIC COMBINATIONS**

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-15 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-30 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-45 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (60 ea / 30 days)
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days)
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
SEGLUROMET TAB 2.5-500	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 2.5-1000	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-1000	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

### **BIGUANIDES**

<i>metformin hcl tab 500 mg (generic of GLUCOPHAGE)</i>	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg (generic of GLUCOPHAGE)</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg (generic of GLUCOPHAGE)</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg (generic of GLUCOPHAGE XR)</i>	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg (generic of GLUCOPHAGE XR)</i>	QL (120 ea / 30 days)

### **DIABETIC OTHER**

GLUCAGON KIT 1MG	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	OTC

### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

### **INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

OZEMPIC INJ 2/1.5ML	PA
VICTOZA INJ 18MG/3ML	PA

### **INSULIN**

ADMELOG INJ 100U/ML	QL (30 mL / 30 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 30 days); Covered for ages 18 years & under
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days); Covered for ages 18 years & under
HUMALOG MIX INJ 75/25KWP	QL (30 mL / 25 days); Covered for ages 18 years & under
HUMALOG MIX SUS 75/25	QL (30 mL / 25 days)
HUMULIN INJ 70/30	OTC, QL (30 mL / 25 days)
HUMULIN INJ 70/30KWP	OTC, QL (30 mL / 25 days); Covered for ages 18 years & under
HUMULIN N INJ U-100	OTC, QL (30 mL / 25 days)
HUMULIN N INJ U-100KWP	OTC, QL (30 mL / 25 days); Covered for ages 18 years & under
HUMULIN R INJ U-100	OTC, QL (30 mL / 25 days)
HUMULIN R INJ U-500	QL (20 mL / 25 days)
NOVOLIN INJ 70/30	OTC, QL (30 mL / 25 days)
NOVOLIN INJ FLEXPEN	OTC, QL (30 mL / 25 days); Covered for ages 18 years & under
NOVOLIN N INJ U-100	OTC, QL (30 mL / 25 days)
NOVOLIN R INJ U-100	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	QL (30 mL / 25 days); Covered for ages 18 years & under

### **INSULIN SENSITIZING AGENTS**

<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	QL (30 ea / 30 days)
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### **MEGLITINIDE ANALOGUES**

<i>nateglinide tab 60 mg</i> (generic of STARLIX)	QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i> (generic of STARLIX)	QL (90 ea / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (180 ea / 30 days)
<i>repaglinide tab 1 mg</i> (generic of PRANDIN)	QL (180 ea / 30 days)
<i>repaglinide tab 2 mg</i> (generic of PRANDIN)	QL (180 ea / 30 days)

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

STEGLATRO TAB 5MG	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
STEGLATRO TAB 15MG	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

### **SULFONYLUREAS**

<i>glimepiride tab 1 mg</i> (generic of AMARYL)	QL (90 ea / 30 days)
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	QL (120 ea / 30 days)
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	QL (90 ea / 30 days)
<i>glipizide tab 5 mg</i> (generic of GLUCOTROL)	QL (240 ea / 30 days)
<i>glipizide tab 10 mg</i> (generic of GLUCOTROL)	QL (120 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	QL (120 ea / 30 days)
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	QL (120 ea / 30 days)
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	QL (120 ea / 30 days)
<i>glyburide tab 1.25 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 5 mg</i>	QL (120 ea / 30 days)
<i>tolbutamide tab 500 mg</i>	QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>	
<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
<b>ANTIPERISTALTIC AGENTS</b>	
<i>anti-diarrhe liq 1mg/5ml</i>	OTC, QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg</i>	OTC, QL (240 ea / 30 days)
<i>loperamide sus 1mg/7.5</i>	OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>	
<b>OPIOID ANTAGONISTS</b>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
NARCAN SPR	
VIVITROL INJ 380MG	SP
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>	
<b>5-HT3 RECEPTOR ANTAGONISTS</b>	
<i>granisetron hcl tab 1 mg</i>	QL (60 ea / 30 days), ST; Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg (generic of ZOFRAN)</i>	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg (generic of ZOFRAN)</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 ea / 25 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>	
<i>dimenhydrinate tab 50 mg</i>	OTC, QL (180 ea / 30 days)
<i>meclizine hcl chew tab 25 mg</i>	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	OTC, QL (120 ea / 30 days)
TRANSDERM SC DIS 1.5MG	PA; Covered for ages 64 years & under
TRANSDERM-SC DIS 1.5MG	PA; Covered for ages 64 years & under
<b>ANTIEMETICS - MISCELLANEOUS</b>	
<i>fructose-dextrose-phosphoric acid oral soln</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>	
<i>griseofulvin microsize susp 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg (generic of LAMISIL)</i>	QL (30 ea / 30 days)
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>	
<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); Covered for ages 12 years & under
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); Covered for ages 12 years & under
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	QL (60 ea / 30 days)
<b>ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES</b>	
<b>ANTIHIISTAMINES - ALKYLAMINES</b>	
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine tab 4 mg</i>	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab er 12 mg</i>	OTC, QL (60 ea / 30 days)
<b>ANTIHIISTAMINES - ETHANOLAMINES</b>	
<i>allergy rel elx 12.5/5ml</i>	OTC, QL (2400 mL / 30 days); Covered for ages 12 years & under
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>clemastine fumarate tab 1.34 mg</i>	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 2.68 mg</i>	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years & under
<i>diphenhydramine hcl cap 50 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years & under
<i>diphenhydramine hcl chew tab 12.5 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 12 years & under
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); Covered for ages 12 years & under
<i>diphenhydramine hcl inj 50 mg/ml</i>	Covered for ages 64 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC, QL (1800 mL / 30 days); Covered for ages 12 years & under
<i>diphenhydramine hcl tab disint 12.5 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years & under
<i>diphenhydramine hcl tab 25 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years & under

### **ANTI-HISTAMINES - NON-SEDATING**

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days); Covered for ages 12 years & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	OTC, QL (300 mL / 30 days); Covered for ages 12 years & under
<i>cetirizine hcl tab 10 mg</i>	OTC, QL (30 ea / 30 days)
<i>cetirizine tab 5mg</i>	OTC, QL (30 ea / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg</i>	OTC, QL (30 ea / 30 days); Covered for ages 12 years & under
<i>loratadine syrup 5 mg/5ml</i>	OTC, QL (300 mL / 30 days); Covered for ages 12 years & under
<i>loratadine tab 10 mg</i>	OTC, QL (30 ea / 30 days)

### **ANTI-HISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (1500 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 12.5 mg</i>	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 25 mg</i>	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 12.5 mg</i>	QL (60 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 25 mg</i>	QL (180 ea / 30 days); Covered for ages 2 - 64 years old

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 50 mg</i>	QL (60 ea / 30 days); Covered for ages 2 - 64 years old

### **ANTI HISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (600 mL / 30 days); Covered for ages 64 years & under
<i>cyproheptadine hcl tab 4 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years & under

### **ANTIHYPERLIPIDEMICS**

#### **BILE ACID SEQUESTRANTS**

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	QL (480 ea / 30 days)
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	QL (240 gm / 30 days)

#### **FIBRIC ACID DERIVATIVES**

<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	QL (120 ea / 30 days)

#### **HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>lovastatin tab 10 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg (generic of PRAVACHOL)</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg (generic of PRAVACHOL)</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg (generic of PRAVACHOL)</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	QL (30 ea / 30 days)
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### **NICOTINIC ACID DERIVATIVES**

<i>niacor tab 500mg</i>	
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### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

REPATHA INJ 140MG/ML	SP, QL (2 mL / 28 days), PA
REPATHA PUSH INJ 420/3.5	SP, QL (3.5 mL / 24 days), PA
REPATHA SURE INJ 140MG/ML	SP, QL (2 mL / 28 days), PA

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>benazepril hcl tab 5 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	QL (60 ea / 30 days)
<i>captopril tab 12.5 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 25 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 50 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 100 mg</i>	QL (90 ea / 30 days)
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	QL (60 ea / 30 days)
<i>fosinopril sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg (generic of PRINIVIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg (generic of PRINIVIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg (generic of PRINIVIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	QL (60 ea / 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 10 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>trandolapril tab 1 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 2 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 4 mg (generic of MAVIK)</i>	QL (30 ea / 30 days)

**ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)

**ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine hcl tab 0.1 mg (generic of CATAPRES)</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg (generic of CATAPRES)</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg (generic of CATAPRES)</i>	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	QL (120 ea / 30 days)
<i>guanfacine hcl tab 2 mg</i>	QL (60 ea / 30 days)
<i>methyldopa tab 250 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>methyldopa tab 500 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years & under
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIHYPERTENSIVE COMBINATIONS</b>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>atenolol &amp; chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	QL (60 ea / 30 days)
<i>atenolol &amp; chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	QL (120 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	QL (90 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	QL (60 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	QL (90 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	QL (60 ea / 30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	QL (30 ea / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)

### **VASODILATORS**

<i>hydralazine hcl tab 10 mg</i>	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	QL (150 ea / 30 days)

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

#### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

<i>chloroquine phosphate tab 250 mg</i>	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	QL (120 ea / 30 days)
<i>mefloquine hcl tab 250 mg</i>	QL (120 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	
<i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON)	QL (180 ea / 30 days)
<b>ANTIMYCOBACTERIAL AGENTS</b>	
<b>ANTIMYCOBACTERIAL AGENTS</b>	
<i>ethambutol hcl tab 100 mg</i> (generic of MYAMBUTOL)	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	QL (32 ea / 28 days)
<i>pyrazinamide tab 500 mg</i>	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i> (generic of RIFADIN)	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i> (generic of RIFADIN)	QL (120 ea / 30 days)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	
<b>ALKYLATING AGENTS</b>	
<i>cyclophosphamide cap 25 mg</i> (generic of CYCLOPHOSPHAMIDE)	QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i> (generic of CYCLOPHOSPHAMIDE)	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	QL (240 ea / 30 days)
<i>melphalan tab 2 mg</i> (generic of ALKERAN)	
<i>temozolomide cap 5 mg</i> (generic of TEMODAR)	SP, PA
<i>temozolomide cap 20 mg</i> (generic of TEMODAR)	SP, PA
<i>temozolomide cap 100 mg</i> (generic of TEMODAR)	SP, PA
<i>temozolomide cap 140 mg</i> (generic of TEMODAR)	SP, PA
<i>temozolomide cap 180 mg</i> (generic of TEMODAR)	SP, PA
<i>temozolomide cap 250 mg</i> (generic of TEMODAR)	SP, PA
<b>ANTIMETABOLITES</b>	
<i>capecitabine tab 150 mg</i> (generic of XELODA)	SP, PA
<i>capecitabine tab 500 mg</i> (generic of XELODA)	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (10 mL / 25 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (720 ea / 30 days)
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**ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	
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<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	QL (90 ea / 30 days)
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ELIGARD INJ 7.5MG	SP, PA
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ELIGARD INJ 22.5MG	SP, PA
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ELIGARD INJ 30MG	SP, PA
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ELIGARD INJ 45MG	SP, PA
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<i>flutamide cap 125 mg</i>	QL (180 ea / 30 days)
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<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	QL (30 ea / 30 days)
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<i>leuprolide acetate inj kit 5 mg/ml</i>	SP, PA
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LYSODREN TAB 500MG	
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<i>megestrol acetate susp 40 mg/ml</i>	QL (1200 mL / 30 days)
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<i>megestrol acetate tab 20 mg</i>	QL (1200 ea / 30 days)
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<i>megestrol acetate tab 40 mg</i>	QL (600 ea / 30 days)
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<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (60 ea / 30 days)
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<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (60 ea / 30 days)
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**ANTINEOPLASTIC ENZYME INHIBITORS**

<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	SP, QL (180 ea / 30 days), PA
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<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	SP, QL (60 ea / 30 days), PA
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NEXAVAR TAB 200MG	SP, QL (120 ea / 30 days), PA
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SPRYCEL TAB 20MG	SP, QL (30 ea / 30 days), PA
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SPRYCEL TAB 50MG	SP, QL (30 ea / 30 days), PA
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SPRYCEL TAB 70MG	SP, QL (30 ea / 30 days), PA
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SPRYCEL TAB 100MG	SP, QL (30 ea / 30 days), PA
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SPRYCEL TAB 140MG	SP, QL (30 ea / 30 days), PA
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SUTENT CAP 12.5MG	SP, QL (30 ea / 30 days), PA
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SUTENT CAP 25MG	SP, QL (30 ea / 30 days), PA
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SUTENT CAP 37.5MG	SP, QL (30 ea / 30 days), PA
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SUTENT CAP 50MG	SP, QL (30 ea / 30 days), PA
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TYKERB TAB 250MG	SP, QL (180 ea / 30 days), PA
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**ANTINEOPLASTICS MISC.**

ACTIMMUNE INJ 2MU/0.5	SP, PA
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<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
INTRON A INJ 10MU	SP, PA
INTRON A INJ 25MU	SP, PA
MATULANE CAP 50MG	PA
<i>tretinoin cap 10 mg</i>	PA

### **CHEMOTHERAPY RESCUE/ANTIDOTE 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**

#### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate tab 0.5 mg</i>	QL (150 ea / 30 days); Covered for ages 64 years & under
<i>benztropine mesylate tab 1 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years & under
<i>benztropine mesylate tab 2 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	PA; Covered for ages 64 years & under
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years & under
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under

#### **ANTIPARKINSON COMT INHIBITORS**

<i>entacapone tab 200 mg (generic of COMTAN)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
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#### **ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl cap 100 mg</i>	QL (120 ea / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>carbidopa &amp; levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (240 ea / 30 days)
<i>carbidopa &amp; levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (360 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>carbidopa &amp; levodopa tab 25-250 mg (generic of SINEMET)</i>	QL (240 ea / 30 days)
<i>carbidopa &amp; levodopa tab er 25-100 mg (generic of SINEMET CR)</i>	QL (120 ea / 30 days)
<i>carbidopa &amp; levodopa tab er 50-200 mg (generic of SINEMET CR)</i>	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	QL (180 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg (generic of MIRAPEX)</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg (generic of MIRAPEX)</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.75 mg (generic of MIRAPEX)</i>	QL (180 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.125 mg (generic of MIRAPEX)</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1 mg (generic of MIRAPEX)</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1.5 mg (generic of MIRAPEX)</i>	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg (generic of REQUIP)</i>	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (360 ea / 30 days)
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>	
<i>selegiline hcl cap 5 mg</i>	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	
<b>ANTIMANIC AGENTS</b>	
<i>lithium carbonate cap 150 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years & over
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>lithium carbonate cap 600 mg</i>	QL (90 ea / 30 days)
<i>lithium carbonate tab 300 mg</i>	QL (180 ea / 30 days)
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over
LITHIUM SOL 8MEQ/5ML	
<b>ANTIPSYCHOTICS - MISC.</b>	
LATUDA TAB 20MG	PA; Covered for ages 6 years & over
LATUDA TAB 40MG	PA; Covered for ages 6 years & over
LATUDA TAB 60MG	PA
LATUDA TAB 80MG	PA; Covered for ages 6 years & over
LATUDA TAB 120MG	PA; Covered for ages 6 years & over
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<b>BENZISOXAZOLES</b>	
FANAPT PAK	PA; Covered for ages 6 years & over
FANAPT TAB 1MG	PA; Covered for ages 6 years & over
FANAPT TAB 2MG	PA; Covered for ages 6 years & over



<b>Drug Name</b>	<b>Requirements/Limits</b>
FANAPT TAB 4MG	PA; Covered for ages 6 years & over
FANAPT TAB 6MG	PA; Covered for ages 6 years & over
FANAPT TAB 8MG	PA; Covered for ages 6 years & over
FANAPT TAB 10MG	PA; Covered for ages 6 years & over
FANAPT TAB 12MG	PA; Covered for ages 6 years & over
INVEGA SUST INJ 39/0.25	QL (0.25 mL / 25 days)
INVEGA SUST INJ 78/0.5ML	QL (0.5 mL / 25 days)
INVEGA SUST INJ 117/0.75	QL (0.75 mL / 25 days)
INVEGA SUST INJ 156MG/ML	QL (1 mL / 25 days)
INVEGA SUST INJ 234/1.5	QL (1.5 mL / 25 days)
INVEGA TRINZ INJ 273MG	QL (0.875 mL / 71 days); Covered for ages 6 years & over
INVEGA TRINZ INJ 410MG	QL (1.315 mL / 71 days); Covered for ages 6 years & over
INVEGA TRINZ INJ 546MG	QL (1.75 mL / 71 days); Covered for ages 6 years & over
INVEGA TRINZ INJ 819MG	QL (2.65 mL / 71 days); Covered for ages 6 years & over
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	PA
RISPERDAL INJ 12.5MG	QL (2 ea / 25 days); Covered for ages 6 years & over
RISPERDAL INJ 25MG	QL (2 ea / 25 days); Covered for ages 6 years & over
RISPERDAL INJ 37.5MG	QL (2 ea / 25 days); Covered for ages 6 years & over
RISPERDAL INJ 50MG	QL (2 ea / 25 days); Covered for ages 6 years & over
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (60 ea / 30 days); Covered for ages 5 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 ea / 30 days); Covered for ages 5 years & over
<i>risperidone soln 1 mg/ml (generic of RISPERSDAL)</i>	QL (480 mL / 30 days); Covered for ages 5 years & over
<i>risperidone tab 0.5 mg (generic of RISPERSDAL)</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone tab 0.25 mg (generic of RISPERSDAL)</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone tab 1 mg (generic of RISPERSDAL)</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone tab 2 mg (generic of RISPERSDAL)</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone tab 3 mg (generic of RISPERSDAL)</i>	QL (60 ea / 30 days); Covered for ages 5 years & over
<i>risperidone tab 4 mg (generic of RISPERSDAL)</i>	QL (120 ea / 30 days); Covered for ages 5 years & over

### **BUTYROPHENONES**

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	Covered for ages 6 years & over
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	Covered for ages 6 years & over
<i>haloperidol lactate inj 5 mg/ml (generic of HALDOL)</i>	Covered for ages 6 years & over
<i>haloperidol lactate oral conc 2 mg/ml</i>	Covered for ages 6 years & over
<i>haloperidol tab 0.5 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years & over
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years & over
<i>haloperidol tab 5 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years & over
<i>haloperidol tab 10 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years & over
<i>haloperidol tab 20 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years & over

### **DIBENZAPINES**

<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>clozapine tab 50 mg</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>clozapine tab 200 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over
<i>loxapine succinate cap 5 mg</i>	QL (450 ea / 30 days); Covered for ages 6 years & over
<i>loxapine succinate cap 10 mg</i>	QL (450 ea / 30 days); Covered for ages 6 years & over
<i>loxapine succinate cap 25 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>loxapine succinate cap 50 mg</i>	QL (450 ea / 30 days); Covered for ages 6 years & over
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days); Covered for ages 6 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>olanzapine tab 7.5 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>olanzapine tab 10 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>olanzapine tab 15 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>olanzapine tab 20 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab 25 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab 50 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab 100 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab 200 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab 300 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab 400 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); Covered for ages 6 years & over
<i>quetiapine fumarate tab er 24hr 50 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
SAPHRIS SUB 5MG	PA; Covered for ages 6 years & over
SAPHRIS SUB 10MG	PA
ZYPREXA RELP INJ 210MG	QL (2 ea / 25 days); Covered for ages 6 years & over
ZYPREXA RELP INJ 300MG	QL (2 ea / 25 days); Covered for ages 6 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
ZYPREXA RELP INJ 405MG	QL (1 ea / 25 days); Covered for ages 6 years & over

### **PHENOTHIAZINES**

<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years & over
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years & over
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years & over
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years & over
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years & over
<i>compro sup 25mg</i>	QL (360 ea / 30 days)
<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 (120 ea / 30 days); Covered for ages 6 years & over
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years & over
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (300 ea / 30 days); Covered for ages 6 years & over
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (240 ea / 30 days); Covered for ages 6 years & over
<i>prochlorperazine suppos 25 mg</i>	QL (360 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>thioridazine hcl tab 25 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>thioridazine hcl tab 50 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>thioridazine hcl tab 100 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (120 ea / 30 days); Covered for ages 6 years & over

### **QUINOLINONE DERIVATIVES**

ABILIFY MAIN INJ 300MG	QL (1 ea / 25 days); Covered for ages 6 years & over
ABILIFY MAIN INJ 400MG	QL (1 ea / 25 days); Covered for ages 6 years & over
<i>aripiprazole oral solution 1 mg/ml</i>	PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days), PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days), PA; Covered for ages 6 years & over
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (30 ea / 30 days), PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (30 ea / 30 days), PA; Covered for ages 6 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); Covered for ages 6 years & over
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); Covered for ages 6 years & over
ARISTADA INJ 441MG/1.	QL (1.6 mL / 25 days); Covered for ages 6 years & over
ARISTADA INJ 662MG/2	QL (2.4 mL / 25 days); Covered for ages 6 years & over
ARISTADA INJ 882MG/3	QL (3.2 mL / 25 days); Covered for ages 6 years & over
ARISTADA INJ 1064MG	QL (3.9 mL / 50 days)

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>thiothixene cap 2 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>thiothixene cap 5 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over
<i>thiothixene cap 10 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years & over

### **ANTISEPTICS & DISINFECTANTS**

#### **CHLORINE ANTISEPTICS**

<i>betasept liq 4%</i>	OTC
<i>chlorhexidine gluconate liquid 4%</i>	OTC

#### **IODINE ANTISEPTICS**

<i>nasal antise mis swab 10%</i>	OTC
<i>povidone-iodine swabs 10%</i>	OTC

Drug Name	Requirements/Limits
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>	
<b>ANTIRETROVIRALS</b>	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> (generic of ZIAGEN)	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i> (generic of ZIAGEN)	QL (60 ea / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	QL (30 ea / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (generic of TRIZIVIR)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	QL (30 ea / 30 days)
BIKTARVY TAB	QL (30 ea / 30 days)
CIMDUO TAB 300-300	QL (30 ea / 30 days)
COMPLERA TAB	QL (30 ea / 30 days)
DESCOVY TAB 200/25	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 250 mg</i> (generic of VIDEX EC)	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 400 mg</i> (generic of VIDEX EC)	QL (30 ea / 30 days)
EDURANT TAB 25MG	QL (30 ea / 30 days)
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (30 ea / 30 days)
EMTRIVA CAP 200MG	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	QL (600 mL / 30 days)
EVOTAZ TAB 300-150	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (generic of LEXIVA)	QL (120 ea / 30 days)
GENVOYA TAB	QL (30 ea / 30 days)
INTELENCE TAB 100MG	QL (120 ea / 30 days)
INTELENCE TAB 200MG	QL (60 ea / 30 days)
INVIRASE TAB 500MG	QL (120 ea / 30 days)
ISENTRESS CHW 100MG	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	QL (60 ea / 30 days)
ISENTRESS TAB 400MG	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	QL (30 ea / 30 days)
KALETRA TAB 100-25MG	QL (240 ea / 30 days)
KALETRA TAB 200-50MG	QL (120 ea / 30 days)
<i>lamivudine oral soln 10 mg/ml</i> (generic of EPIVIR)	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i> (generic of EPIVIR)	QL (60 ea / 30 days)
<i>lamivudine tab 300 mg</i> (generic of EPIVIR)	QL (30 ea / 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	QL (60 ea / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	QL (480 mL / 30 days)
<i>nevirapine susp 50 mg/5ml (generic of VIRAMUNE)</i>	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg (generic of VIRAMUNE)</i>	QL (60 ea / 30 days)
<i>nevirapine tab er 24hr 400 mg (generic of VIRAMUNE XR)</i>	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	QL (450 mL / 30 days)
ODEFSEY TAB	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	QL (30 ea / 30 days)
PREZISTA SUS 100MG/ML	QL (240 mL / 30 days)
PREZISTA TAB 600MG	QL (60 ea / 30 days)
PREZISTA TAB 800MG	QL (30 ea / 30 days)
<i>ritonavir tab 100 mg (generic of NORVIR)</i>	QL (360 ea / 30 days)
SELZENTRY TAB 150MG	QL (60 ea / 30 days)
SELZENTRY TAB 300MG	QL (60 ea / 30 days)
<i>stavudine cap 20 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 30 mg (generic of ZERIT)</i>	QL (60 ea / 30 days)
<i>stavudine cap 40 mg (generic of ZERIT)</i>	QL (60 ea / 30 days)
STRIBILD TAB	QL (30 ea / 30 days)
SYMFI LO TAB	QL (30 ea / 30 days)
SYMFI TAB	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	QL (30 ea / 30 days)
TIVICAY TAB 50MG	QL (60 ea / 30 days)
TRIUMEQ TAB	QL (30 ea / 30 days)
TRUVADA TAB 100-150	QL (30 ea / 30 days)
TRUVADA TAB 133-200	QL (30 ea / 30 days)
TRUVADA TAB 167-250	QL (30 ea / 30 days)
TRUVADA TAB 200-300	QL (30 ea / 30 days)
TYBOST TAB 150MG	PA
VIRACEPT TAB 250MG	QL (300 ea / 30 days)
VIRACEPT TAB 625MG	QL (120 ea / 30 days)
VIREAD POW 40MG/GM	QL (225 gm / 30 days)
VIREAD TAB 150MG	QL (30 ea / 30 days)
VIREAD TAB 200MG	QL (30 ea / 30 days)
VIREAD TAB 250MG	QL (30 ea / 30 days)
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 ea / 30 days)

### **CMV AGENTS**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>HEPATITIS AGENTS</b>	
<i>adefovir dipivoxil tab 10 mg</i> (generic of HEPSERA)	QL (30 ea / 30 days)
BARACLUDE SOL .05MG/ML	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	QL (30 ea / 30 days)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg (hbv)</i> (generic of EPIVIR HBV)	QL (90 ea / 30 days)
<i>ledip-sofosb tab 90-400mg</i>	SP, QL (30 ea / 30 days), PA; Preferred Agent
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
PEGASYS INJ PROCLICK	SP, PA
PEGINTRON KIT 50MCG	SP, PA
<i>ribasphere cap 200mg</i>	SP, PA
<i>ribasphere tab 200mg</i>	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
<i>sofos/velpat tab 400-100</i>	SP, QL (30 ea / 30 days), PA; Preferred Agent
SOVALDI TAB 400MG	SP, QL (30 ea / 30 days), PA
VOSEVI TAB	SP, QL (30 ea / 30 days), PA
ZEPATIER TAB 50-100MG	SP, QL (30 ea / 30 days), PA

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i> (generic of ZOVIRAX)	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i> (generic of ZOVIRAX)	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i> (generic of ZOVIRAX)	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	QL (240 ea / 30 days)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	QL (240 ea / 30 days)

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 180 per fill); Covered for ages 12 years old & under
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>rimantadine hydrochloride tab 100 mg (generic of FLUMADINE)</i>	QL (60 ea / 30 days)
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## **BETA BLOCKERS**

### **ALPHA-BETA BLOCKERS**

<i>carvedilol tab 3.125 mg (generic of COREG)</i>	QL (60 ea / 30 days)
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<i>carvedilol tab 6.25 mg (generic of COREG)</i>	QL (60 ea / 30 days)
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<i>carvedilol tab 12.5 mg (generic of COREG)</i>	QL (60 ea / 30 days)
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<i>carvedilol tab 25 mg (generic of COREG)</i>	QL (60 ea / 30 days)
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<i>labetalol hcl tab 100 mg</i>	QL (60 ea / 30 days)
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<i>labetalol hcl tab 200 mg</i>	QL (60 ea / 30 days)
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<i>labetalol hcl tab 300 mg</i>	QL (180 ea / 30 days)
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### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl cap 200 mg</i>	QL (480 ea / 30 days)
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<i>acebutolol hcl cap 400 mg</i>	QL (480 ea / 30 days)
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<i>atenolol tab 25 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
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<i>atenolol tab 50 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
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<i>atenolol tab 100 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
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<i>bisoprolol fumarate tab 5 mg</i>	QL (60 ea / 30 days)
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<i>bisoprolol fumarate tab 10 mg</i>	QL (60 ea / 30 days)
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<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
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<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (120 ea / 30 days)
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<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
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<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (60 ea / 30 days)
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<i>metoprolol tartrate tab 25 mg</i>	QL (90 ea / 30 days)
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<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)
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<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)
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### **BETA BLOCKERS NON-SELECTIVE**

<i>nadolol tab 20 mg (generic of CORGARD)</i>	QL (90 ea / 30 days)
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<i>nadolol tab 40 mg (generic of CORGARD)</i>	QL (90 ea / 30 days)
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<i>nadolol tab 80 mg (generic of CORGARD)</i>	QL (60 ea / 30 days)
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<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	QL (90 ea / 30 days)
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<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	QL (120 ea / 30 days)
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<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	QL (90 ea / 30 days)
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<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	QL (60 ea / 30 days)
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<i>propranolol hcl oral soln 20 mg/5ml</i>	QL (600 mL / 30 days)
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<i>propranolol hcl oral soln 40 mg/5ml</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>propranolol hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 20 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 40 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 60 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 80 mg</i>	QL (180 ea / 30 days)
<i>sorine tab 80mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 120mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 160mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 240mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 80 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	QL (60 ea / 30 days)

**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 (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 90 mg</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 10 mg</i>	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg (generic of PROCARDIA)</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>nifedipine tab er 24hr 30 mg (generic of ADALAT CC)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg (generic of ADALAT CC)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg (generic of ADALAT CC)</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 300mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg (generic of CALAN)</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg (generic of CALAN SR)</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>verapamil hcl tab er 240 mg</i> (generic of CALAN SR)	QL (90 ea / 30 days)

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	Covered for ages 12 years & under
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	QL (30 ea / 30 days)
LANOXIN TAB 0.25MG	QL (30 ea / 30 days)
LANOXIN TAB 0.125MG	QL (30 ea / 30 days)

## **CARDIOVASCULAR AGENTS - MISC.**

### **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</i>	SP, QL (30 ea / 30 days), PA
<i>ambrisentan tab 10 mg</i>	SP, QL (30 ea / 30 days), PA
<i>bosentan tab 62.5 mg</i>	SP, QL (60 ea / 30 days), PA
<i>bosentan tab 125 mg</i>	SP, QL (60 ea / 30 days), PA
LETAIRIS TAB 5MG	SP, QL (30 ea / 30 days), PA
LETAIRIS TAB 10MG	SP, QL (30 ea / 30 days), PA
OPSUMIT TAB 10MG	SP, QL (30 ea / 30 days), PA
TRACLEER TAB 32MG	SP, PA
TRACLEER TAB 62.5MG	SP, QL (60 ea / 30 days), PA
TRACLEER TAB 125MG	SP, QL (60 ea / 30 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>	
<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	SP, QL (90 ea / 30 days), PA

<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>	
UPTRAVI TAB 200MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 400MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 600MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 800MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1000MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1200MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1400MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1600MCG	SP, QL (60 ea / 30 days), PA

## **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

### **CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil for susp 250 mg/5ml</i>	Covered for ages 12 years & under
<i>cefadroxil for susp 500 mg/5ml</i>	Covered for ages 12 years & under
<i>cephalexin cap 250 mg (generic of KEFLEX)</i>	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg (generic of KEFLEX)</i>	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	Covered for ages 12 years & under
<i>cephalexin for susp 250 mg/5ml</i>	Covered for ages 12 years & under

### **CEPHALOSPORINS - 2ND GENERATION**

<i>cefprozil for susp 125 mg/5ml</i>	Covered for ages 12 years & under
<i>cefprozil for susp 250 mg/5ml</i>	Covered for ages 12 years & under
<i>cefuroxime axetil tab 250 mg</i>	QL (2 ea / day, max 10 day supply)
<i>cefuroxime axetil tab 500 mg</i>	QL (2 ea / day, max 10 day supply)

### **CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	Covered for ages 12 years & under
<i>cefdinir for susp 250 mg/5ml</i>	Covered for ages 12 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>CHEMICALS</b>	
<b>BULK CHEMICALS - B'S</b>	
BUDESONIDE POW	
<b>BULK CHEMICALS - E'S</b>	
ETHYL OLEATE LIQ	OTC
<b>BULK CHEMICALS - H'S</b>	
HYDROXYPROG POW CAPROATE	GNDR; Covered for ages 16 - 60 years old
<b>BULK CHEMICALS - P'S</b>	
PROGESTERONE POW MICRONIZ	
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>	
<b>COMBINATION CONTRACEPTIVES - ORAL</b>	
<i>altavera tab</i>	GNDR, QL (28 ea / 21 days)
<i>alyacen tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>alyacen tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR
<i>amethia lo tab</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>amethia tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>amethyst tab 90-20mcg</i>	
<i>apri tab</i>	GNDR, QL (28 ea / 21 days)
<i>aranelle tab</i>	
<i>ashlyna tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>aubra eq tab 0.1-0.02</i>	GNDR, QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	GNDR, QL (28 ea / 21 days)
<i>aurovela 24 tab fe 1/20</i>	
<i>aurovela fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR
<i>aurovela fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>aurovela tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>aurovela tab 1/20</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>aviane tab</i>	GNDR, QL (28 ea / 21 days)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<b>BALCOLTRA TAB 0.1-20</b>	
<i>balziva tab</i>	GNDR, QL (28 ea / 21 days)
<i>bekyree tab</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>blisovi 24 tab fe 1/20</i>	
<i>blisovi fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR
<i>briellyn tab</i>	GNDR, QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>caziant pak</i>	QL (28 ea / 28 days)
<i>chateal eq tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>chateal tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	GNDR, QL (28 ea / 21 days)
<i>cyclafem tab 1/35 (generic of ORTHO-NOVUM 1/35)</i>	GNDR, QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)</i>	GNDR
<i>cyred eq tab</i>	GNDR, QL (28 ea / 21 days)
<i>cyred tab</i>	GNDR, QL (28 ea / 21 days)
<i>dasetta tab 1/35 (generic of ORTHO-NOVUM 1/35)</i>	GNDR, QL (28 ea / 21 days)
<i>dasetta tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)</i>	GNDR
<i>daysee tab (generic of SEASONIQUE)</i>	QL (28 ea / 28 days)
<i>delyla tab 0.1-0.02</i>	GNDR, QL (28 ea / 21 days)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)</i>	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	GNDR, QL (28 ea / 21 days)
<i>elinest tab</i>	GNDR, QL (28 ea / 21 days)
<i>emoquette tab</i>	GNDR, QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	GNDR
<i>enskyce tab</i>	GNDR, QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	GNDR, QL (28 ea / 21 days)
<b>FALESSA KIT</b>	
<i>falmina tab</i>	GNDR, QL (28 ea / 21 days)
<i>fayosim tab (generic of QUARTETTE)</i>	QL (28 ea / 28 days)
<i>femynor tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>gianvi tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>hailey 24 tab fe</i>	
<i>introvale tab</i>	QL (28 ea / 28 days)
<i>isibloom tab</i>	GNDR, QL (28 ea / 21 days)
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>jolessa tab</i>	QL (28 ea / 28 days)
<i>juleber tab</i>	GNDR, QL (28 ea / 21 days)
<i>junel 1.5/30 tab (generic of LOESTRIN 1.5/30-21)</i>	GNDR, QL (28 ea / 21 days)
<i>junel 1/20 tab (generic of LOESTRIN 1/20-21)</i>	GNDR, QL (28 ea / 21 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>junel fe 24 tab 1/20</i>	
<i>junel fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR
<i>junel fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>kaitlib fe chw</i> (generic of GENERESS FE)	
<i>kariva tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>kelnor 1/50 tab</i>	GNDR, QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	GNDR, QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>larin 24 tab fe 1/20</i>	
<i>larin fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR
<i>larin fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>larin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>larin tab 1/20</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>larissia tab</i>	GNDR, QL (28 ea / 21 days)
<i>layolis fe chw</i> (generic of GENERESS FE)	
<i>leena tab</i>	
<i>lessina tab</i>	GNDR, QL (28 ea / 21 days)
<i>levonest tab</i>	GNDR
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> (generic of QUARTETTE)	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	GNDR
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora-28 tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>lillow tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
LO LOESTRIN TAB 1-10-10	
<i>loryna tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	GNDR, QL (28 ea / 21 days)
<i>lutra tab</i>	GNDR, QL (28 ea / 21 days)
<i>marlissa tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>melodetta chw 24 fe</i> (generic of MINASTRIN 24 FE)	
<i>mibelas 24 chw fe</i> (generic of MINASTRIN 24 FE)	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>microgestin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>microgestin tab 1/20</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR
<i>microgestin tab fe 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>mili tab 0.25/35</i>	GNDR, QL (28 ea / 21 days)
<i>mono-linyah tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<b>NATAZIA TAB</b>	
<i>necon tab 0.5/35</i>	GNDR, QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (generic of FEMCON FE)	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (generic of GENERESS FE)	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg</i> (24) (generic of MINASTRIN 24 FE)	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg</i> (24)	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	GNDR
<i>nortrel tab 0.5/35</i>	GNDR, QL (28 ea / 21 days)
<i>nortrel tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>ogestrel tab</i>	GNDR, QL (28 ea / 21 days)
<i>orsythia tab</i>	GNDR, QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	GNDR, QL (28 ea / 21 days)
<i>pimtreea tab</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>pirmella tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR
<i>portia-28 tab</i>	GNDR, QL (28 ea / 21 days)
<i>previfem tab</i>	GNDR, QL (28 ea / 21 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>reclipsen tab</i>	GNDR, QL (28 ea / 21 days)
<i>rivelsa tab</i> (generic of QUARTETTE)	QL (28 ea / 28 days)
<i>setlakin tab</i>	QL (28 ea / 28 days)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>sprintec 28 tab 28 day</i>	GNDR, QL (28 ea / 21 days)
<i>sronyx tab</i>	GNDR, QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>tarina 24 fe tab</i>	
<i>tarina fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>tarina fe tab 1/20 eq</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
TAYTULLA CAP 1MG/20MC	
<i>tilia fe tab</i> (generic of ESTROSTEP FE)	
<i>tri femynor tab</i>	GNDR
<i>tri-estaryll tab</i>	GNDR
<i>tri-legest tab fe</i> (generic of ESTROSTEP FE)	
<i>tri-linyah tab</i>	GNDR
<i>tri-lo tab estaryll</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-mili tab</i>	GNDR
<i>tri-previfem tab</i>	GNDR
<i>tri-sprintec tab</i>	GNDR
<i>tri-vylibra tab</i>	GNDR
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>trivora-28 tab</i>	GNDR
<i>tydemy tab</i> (generic of SAFYRAL)	
<i>velivet pak</i>	QL (28 ea / 28 days)
<i>vienva tab 0.1-20</i>	GNDR, QL (28 ea / 21 days)
<i>viorele tab</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>vyfemla tab 0.4-35</i>	GNDR, QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	GNDR, QL (28 ea / 21 days)
<i>wymzya fe chw 0.4mg-35</i> (generic of FEMCON FE)	
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	GNDR, QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)

### **COMBINATION CONTRACEPTIVES - TRANSDERMAL**

*xulane dis 150-35*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>	
NUVARING MIS	GNDR, QL (1 ea / 28 days)
<b>COPPER CONTRACEPTIVES - IUD</b>	
PARAGARD IUD T380A	
<b>EMERGENCY CONTRACEPTIVES</b>	
ELLA TAB 30MG	GNDR, QL (1 ea / 25 days, max 4 fills per year)
<i>levonorgestrel tab 1.5 mg</i>	OTC; QL (max quantity 1 per fill, max 4 fills per 365 days)
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>	
NEXPLANON IMP 68MG	SP
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>	
DEPO-SQ PROV INJ 104	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	GNDR, QL (1 mL / 71 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	GNDR
<b>PROGESTIN CONTRACEPTIVES - IUD</b>	
KYLEENA IUD 19.5MG	SP
LILETTA IUD 52MG	SP
MIRENA IUD SYSTEM	SP
SKYLA IUD 13.5MG	SP
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>	
<i>camila tab 0.35mg</i>	GNDR
<i>deblitane tab 0.35mg</i>	GNDR
<i>errin tab 0.35mg</i> (generic of ORTHO MICRONOR)	GNDR
<i>heather tab 0.35mg</i>	GNDR
<i>incassia tab 0.35mg</i>	GNDR
<i>jencycla tab 0.35mg</i> (generic of ORTHO MICRONOR)	GNDR
<i>jolivette tab 0.35mg</i> (generic of ORTHO MICRONOR)	GNDR
<i>lyza tab 0.35mg</i> (generic of ORTHO MICRONOR)	GNDR
<i>nora-be tab 0.35mg</i>	GNDR
<i>norethindrone tab 0.35 mg</i>	GNDR
<i>norlyda tab 0.35mg</i>	GNDR
<i>norlyroc tab 0.35mg</i>	GNDR
<i>sharobel tab 0.35mg</i> (generic of ORTHO MICRONOR)	GNDR
<i>tulana tab 0.35mg</i>	GNDR

Drug Name	Requirements/Limits
<b>CORTICOSTEROIDS</b>	
<b>GLUCOCORTICOSTEROIDS</b>	

<i>budesonide delayed release particles cap 3 mg</i> (generic of ENTOCORT EC)	
<i>decadron elx 0.5/5ml</i>	QL (1800 mL / 30 days)
<i>decadron tab 0.5mg</i>	QL (360 ea / 30 days)
<i>decadron tab 0.75mg</i>	QL (300 ea / 30 days)
<i>decadron tab 4mg</i>	QL (300 ea / 30 days)
<i>decadron tab 6mg</i>	QL (300 ea / 30 days)
<i>deltasone tab 20mg</i>	QL (180 ea / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg</i> (generic of CORTEF)	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg</i> (generic of CORTEF)	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg</i> (generic of CORTEF)	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg</i> (generic of MEDROL)	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg</i> (generic of MEDROL)	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg</i> (generic of MEDROL)	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg</i> (generic of MEDROL)	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21)</i> (generic of MEDROL DOSEPAK)	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (generic of PEDIAPRED)	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	QL (90 ea / 30 days)
<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>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>prednisone tab therapy pack 10 mg (48)</i>	
<b>MINERALOCORTICOIDS</b>	
<i>fludrocortisone acetate tab 0.1 mg</i>	QL (150 ea / 30 days)
<b>COUGH/COLD/ALLERGY</b>	
<b>ANTITUSSIVES</b>	
<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	QL (180 ea / 30 days)
<i>benzonatate cap 200 mg</i>	QL (150 ea / 30 days)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>hydromet syp 5-1.5/5</i>	QL (1800 mL / 30 days)
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>	
<i>bromfed dm syp</i>	QL (1800 mL / 30 days)
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	OTC, QL (480 mL / 25 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC, QL (180 mL / 25 days)
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	OTC, QL (60 ea / 30 days)
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i>	OTC, QL (180 mL / 25 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	OTC, QL (1800 mL / 30 days); Covered for ages 2 years & over
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	OTC, QL (30 ea / 30 days)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years & under
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); Covered for ages 2 - 64 years old
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); Covered for ages 4 - 64 years old
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 2 - 64 years old

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	OTC, QL (120 ea / 30 days); Covered for ages 4 years & over
<i>virtussin sol dac</i>	OTC, QL (1800 mL / 30 days)

### **EXPECTORANTS**

<i>guaifenesin liquid 100 mg/5ml</i>	OTC; Covered for ages 4 years & over
<i>guaifenesin syrup 100 mg/5ml</i>	OTC; Covered for ages 4 years & over
<i>guaifenesin tab 200 mg</i>	OTC; Covered for ages 4 years & over
<i>guaifenesin tab 400 mg</i>	OTC; Covered for ages 4 years & over
<i>guaifenesin tab er 12hr 600 mg</i>	OTC, QL (60 ea / 30 days)

### **MISC. RESPIRATORY INHALANTS**

<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 (3600 mL / 30 days)
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### **DERMATOLOGICALS**

#### **ACNE PRODUCTS**

<i>acne foaming liq wash 10%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
ACNE MEDICAT LOT 10%	OTC; Covered for ages 10 - 29 years old
<i>avita cre 0.025%</i> (generic of RETIN-A)	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>avita gel 0.025%</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
BENZOYL PER GEL 2.5%	OTC, QL (60 gm / 25 days); Covered for ages 10 - 29 years old



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>benzoyl per liq 5% wash</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>benzoyl per liq 10% wash</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>benzoyl peroxide gel 5%</i>	OTC; Covered for ages 10 years & over
<i>benzoyl peroxide gel 10%</i>	OTC; Covered for ages 10 - 29 years old
BENZOYL PEROXIDE LOTION 5%	OTC; Covered for ages 10 - 29 years old
<i>bp wash liq 5%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>bp wash liq 10%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>3-in-1 clean liq 5%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>clindamycin phosphate gel 1%</i>	QL (60 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>clindamycin phosphate lotion 1% (generic of CLEOCIN-T)</i>	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days); Covered for ages 10 years & over
DIFFERIN GEL 0.1%	OTC, QL (45 gm / 25 days); Covered for ages 10 - 35 years old
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days); Covered for ages 10 - 29 years old
<i>foaming face liq wsh 10%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>panoxyl wash liq 10%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old

**ANTI-INFLAMMATORY AGENTS - TOPICAL**

<i>diclofenac sodium gel 1% (generic of VOLTAREN)</i>	PA
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**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 / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>mupirocin oint 2%</i>	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC
<b>ANTIFUNGALS - TOPICAL</b>	
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (generic of LOPROX)	QL (600 gm / 30 days)
<i>clotrimazole cream 1%</i>	
<i>clotrimazole cream 1%</i>	OTC
<i>clotrimazole soln 1%</i>	
<i>clotrimazole soln 1%</i>	OTC
<i>fungicure spr intens</i>	OTC
<i>ketoconazole cream 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i> (generic of NIZORAL)	QL (120 mL / 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate ointment 2%</i>	OTC
<i>miconazole nitrate powder 2%</i>	OTC
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (30 gm / 25 days)
<i>terbinafine hcl cream 1%</i>	OTC, QL (30 gm / 25 days)
<i>tolnaftate aerosol pow 1%</i>	OTC
<i>tolnaftate cream 1%</i>	OTC
<i>tolnaftate powder 1%</i>	OTC
<i>tolnaftate soln 1%</i>	OTC
<b>ANTI-HISTAMINES-TOPICAL</b>	
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>	
<i>fluorouracil cream 5%</i> (generic of EFUDEX)	
<b>ANTIPSORIATICS</b>	
<i>calcipotriene oint 0.005%</i>	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	PA
<i>calcitrene oin 0.005%</i>	PA
<b>ANTISEBORRHEIC PRODUCTS</b>	
<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	
<b>ANTIVIRALS - TOPICAL</b>	
<i>acyclovir cream 5%</i> (generic of ZOVIRAX)	PA; Covered for ages 18 years & under
<i>acyclovir oint 5%</i> (generic of ZOVIRAX)	PA; Covered for ages 18 years & under
<i>docosanol cream 10%</i>	OTC, QL (2 gm / 15 days)
<b>BURN PRODUCTS</b>	
<i>silver sulfadiazine cream 1%</i> (generic of SILVADENE)	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>ssd cre 1% (generic of SILVADENE)</i>	
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**CORTICOSTEROIDS - TOPICAL**

<i>ala-cort cre 2.5%</i>	QL (60 gm / 25 days)
<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL / 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	QL (60 gm / 25 days), ST; Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 25 days), ST; Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm / 25 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>halobetasol propionate cream 0.05%</i> (generic of ULTRAVATE)	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i> (generic of ULTRAVATE)	QL (50 gm / 25 days)
<i>hydrocort cre 0.5%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 0.5%</i>	OTC
<i>hydrocortisone-aloe vera cream 1%</i>	OTC
<i>mometasone furoate cream 0.1%</i> (generic of ELOCON)	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1%</i> (lotion)	QL (60 mL / 25 days)
<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 0.1%</i>	
<i>triderm cre 0.5%</i>	
<b>EMOLLIENTS</b>	
<i>a12 lot 12%</i>	OTC, QL (225 gm / 25 days)
<i>amlactin lot 12%</i>	OTC, QL (225 gm / 25 days)
<i>emollient - ointment</i>	OTC
<i>geri-hydrola cre 12%</i>	OTC, QL (280 gm / 25 days)
<i>geri-hydrola lot 12%</i>	OTC, QL (225 mL / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	OTC, QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	OTC, QL (225 gm / 25 days)
<i>skin trtment lot 12%</i>	OTC, QL (225 gm / 25 days)
<b>ENZYMES - TOPICAL</b>	
SANTYL OIN 250/GM	QL (30 gm / 30 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>	
<i>imiquimod cream 5%</i> (generic of ALDARA)	QL (24 ea / 25 days), PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>	
<i>pimecrolimus cream 1%</i> (generic of ELIDEL)	QL (60 gm / 30 days), PA
<i>tacrolimus oint 0.1%</i> (generic of PROTOPIC)	QL (30 gm / 25 days), PA
<i>tacrolimus oint 0.03%</i> (generic of PROTOPIC)	QL (30 gm / 25 days), PA; Covered for ages 2 years & over
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>	
<i>podofilox soln 0.5%</i>	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>	
ARTH PAIN CRE 0.075%	OTC
<i>capsaicin cream 0.1%</i>	OTC
<i>capsaicin cream 0.025%</i>	OTC
<i>capsaicin hp cre 0.1%</i>	OTC
<i>glydo gel 2%</i>	
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>lidocaine patch 4%</i>	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 5%</i> (generic of LIDODERM)	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm / 25 days)
<i>sure result cre sr 0.025</i>	OTC
<b>MISC. TOPICAL</b>	
<i>americerin cre</i>	OTC
<i>dermacerin cre</i>	OTC
DRYSOL SOL 20%	
<i>hydrocerin cre plus</i>	OTC
<i>kerodex-51 cre dry/oily</i>	OTC
<i>kerodex-71 cre wet</i>	OTC
<i>minerin cre</i>	OTC
<b>ROSACEA AGENTS</b>	
<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole lotion 0.75%</i> (generic of METROLOTION)	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	
<i>rosadan gel 0.75%</i>	
<b>SCABICIDES &amp; PEDICULICIDES</b>	
<i>lice trtmnt liq 1%</i>	OTC
<i>malathion lotion 0.5%</i> (generic of OVIDE)	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>permethrin aerosol 0.5%</i>	OTC
<i>permethrin cream 5% (generic of ELIMITE)</i>	
<i>permethrin lotion 1%</i>	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC
<i>spinosad susp 0.9%</i>	

## **DIAGNOSTIC PRODUCTS**

### **DIAGNOSTIC DRUGS**

THYROGEN INJ 1.1MG	SP, QL (2 ea / 180 days), PA
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### **DIAGNOSTIC TESTS**

ACETONE (URINE) TEST STRIP	OTC
TRUE METRIX TES GLUCOSE	OTC, QL (50 ea / 25 days)
TRUE METRIX TES GLUCOSE	OTC, QL (200 ea / 25 days), ST; Max of #50/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

## **DIGESTIVE AIDS**

### **DIGESTIVE ENZYMES**

CREON CAP 3000UNIT	QL (180 ea / 30 days)
CREON CAP 6000UNIT	QL (180 ea / 30 days)
CREON CAP 12000UNT	QL (180 ea / 30 days)
CREON CAP 24000UNT	QL (180 ea / 30 days)
CREON CAP 36000UNT	QL (180 ea / 30 days)
ZENPEP CAP 3000UNIT	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT	QL (180 ea / 30 days)
ZENPEP CAP 25000	QL (180 ea / 30 days)
ZENPEP CAP 40000	QL (180 ea / 30 days)

## **DIURETICS - DRUGS TO TREAT HEART CONDITIONS**

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	QL (120 ea / 30 days)
<i>acetazolamide tab 125 mg</i>	QL (120 ea / 30 days)
<i>acetazolamide tab 250 mg</i>	QL (120 ea / 30 days)

### **DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 50/50	QL (60 ea / 30 days)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	QL (90 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> (generic of DYZIDE)	QL (60 ea / 30 days)
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	QL (120 ea / 30 days)
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	QL (120 ea / 30 days)

### **LOOP DIURETICS**

<i>bumetanide tab 0.5 mg</i> (generic of BUMEX)	QL (60 ea / 30 days)
<i>bumetanide tab 1 mg</i> (generic of BUMEX)	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg</i> (generic of BUMEX)	QL (150 ea / 30 days)
<i>furosemide oral soln 8 mg/ml</i>	Covered for ages 12 years & under
<i>furosemide oral soln 10 mg/ml</i>	Covered for ages 12 years & under
<i>furosemide tab 20 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
<i>furosemide tab 40 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
<i>furosemide tab 80 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
<i>torseamide tab 5 mg</i>	QL (60 ea / 30 days)
<i>torseamide tab 10 mg</i> (generic of DEMADEX)	QL (120 ea / 30 days)
<i>torseamide tab 20 mg</i>	QL (120 ea / 30 days)
<i>torseamide tab 100 mg</i>	QL (60 ea / 30 days)

### **POTASSIUM SPARING DIURETICS**

<i>amiloride hcl tab 5 mg</i>	QL (120 ea / 30 days)
<i>spironolactone tab 25 mg</i> (generic of ALDACTONE)	QL (240 ea / 30 days)
<i>spironolactone tab 50 mg</i> (generic of ALDACTONE)	QL (120 ea / 30 days)
<i>spironolactone tab 100 mg</i> (generic of ALDACTONE)	QL (60 ea / 30 days)

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorthalidone tab 25 mg</i>	QL (120 ea / 30 days)
<i>chlorthalidone tab 50 mg</i>	QL (120 ea / 30 days)
<i>hydrochlorothiazide cap 12.5 mg</i>	QL (60 ea / 30 days)
<i>hydrochlorothiazide tab 25 mg</i>	QL (240 ea / 30 days)
<i>hydrochlorothiazide tab 50 mg</i>	QL (120 ea / 30 days)
<i>indapamide tab 1.25 mg</i>	QL (60 ea / 30 days)
<i>indapamide tab 2.5 mg</i>	QL (60 ea / 30 days)
<i>metolazone tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>metolazone tab 5 mg</i>	QL (120 ea / 30 days)
<i>metolazone tab 10 mg</i>	QL (60 ea / 30 days)

### **ENDOCRINE AND METABOLIC AGENTS - MISC.**

#### **BONE DENSITY REGULATORS**

<i>alendronate sodium tab 5 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	QL (4 ea / 28 days)
<i>alendronate sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 70 mg</i> (generic of FOSAMAX)	QL (4 ea / 28 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>calcitonin (salmon) nasal soln 200 unit/act</i> (generic of MIACALCIN)	QL (30 mL / 30 days); Covered for ages 50 years & over
<i>ibandronate sodium tab 150 mg (base equivalent)</i> (generic of BONIVA)	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	SP, PA
TYMLOS INJ	SP, PA
<b>GROWTH HORMONES</b>	
OMNITROPE INJ 5.8MG	SP, PA
<b>HORMONE RECEPTOR MODULATORS</b>	
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	QL (30 ea / 30 days); Covered for ages 50 years & over
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>	
INCRELEX INJ 40MG/4ML	SP, PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>	
LUPR DEP-PED INJ 3M 30MG	SP, PA
LUPR DEP-PED INJ 7.5MG	SP, PA
LUPR DEP-PED INJ 11.25MG	SP, PA
LUPR DEP-PED INJ 15MG	SP, PA
SYNAREL SOL 2MG/ML	SP, PA
<b>METABOLIC MODIFIERS</b>	
<i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	QL (540 ea / 30 days)
<b>POSTERIOR PITUITARY HORMONES</b>	
<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated)	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	SP, QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	SP, QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	SP, PA
<b>SOMATOSTATIC AGENTS</b>	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>	
<b>ESTROGEN COMBINATIONS</b>	
<i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT LOW DOSE)	GNDR, QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)</i>	GNDR, QL (28 ea / 28 days)

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	GNDR, QL (30 ea / 30 days); Covered for ages 64 years & under
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	GNDR, QL (30 ea / 30 days); Covered for ages 64 years & under
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	GNDR, QL (30 ea / 30 days); Covered for ages 64 years & under

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

#### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	QL (2 ea / day, max quantity 20 per fill)
<i>levofloxacin oral soln 25 mg/ml</i>	PA
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 500 mg (generic of LEVAQUIN)</i>	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	QL (1 ea / day, max 10 day supply)

### **GASTROINTESTINAL AGENTS - MISC.**

#### **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 susp 40 mg/0.6ml</i>	OTC

#### **GALLSTONE SOLUBILIZING AGENTS**

<i>ursodiol cap 300 mg (generic of ACTIGALL)</i>	QL (60 ea / 30 days)
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	QL (60 ea / 30 days)

#### **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 (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>INFLAMMATORY BOWEL AGENTS</b>	
APRISO CAP 0.375GM	QL (120 ea / 30 days)
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	QL (240 ea / 30 days)
<b>INTESTINAL ACIDIFIERS</b>	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)</i>	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>	
<b>ALKALINIZERS</b>	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	QL (90 ea / 30 days)
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	
<b>GENITOURINARY IRRIGANTS</b>	
<i>acetic acid irrigation soln 0.25%</i>	
<i>sodium chloride irrigation soln 0.9%</i>	QL (10000 mL / 25 days)
<b>PROSTATIC HYPERTROPHY AGENTS</b>	
<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	QL (30 ea / 30 days)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	QL (60 ea / 30 days)
<b>URINARY ANALGESICS</b>	
<i>phenazo tab 200mg</i>	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	QL (90 ea / 30 days)
<b>GOUT AGENTS</b>	
<b>GOUT AGENT COMBINATIONS</b>	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (90 ea / 30 days)
<b>GOUT AGENTS</b>	
<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 ea / 90 days, max 1 fill per 90 days)
<b>URICOSURICS</b>	
<i>probenecid tab 500 mg</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
<b>HEMATOLOGICAL AGENTS - MISC.</b>	
<b>ANTIHEMOPHILIC PRODUCTS</b>	
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
HELIXATE FS INJ 250UNIT	SP, PA
HELIXATE FS INJ 500UNIT	SP, PA
HELIXATE FS INJ 1000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA
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
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
<b>HEMATORHEOLOGIC AGENTS</b>	
<i>pentoxifylline tab er 400 mg</i>	QL (120 ea / 30 days)
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (generic of AGGRENEX)	PA
<i>cilostazol tab 50 mg</i>	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> (generic of PLAVIX)	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	QL (300 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dipyridamole tab 50 mg</i>	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	QL (120 ea / 30 days)

## **HEMATOPOIETIC AGENTS**

### **COBALAMINS**

<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 er 1000 mcg</i>	OTC

### **FOLIC ACID/FOLATES**

<i>folic acid tab 1 mg</i>	QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	OTC, QL (150 ea / 30 days)
<i>folic acid tab 1000mcg</i>	OTC, QL (150 ea / 30 days)

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 25MCG	SP, PA
ARANESP INJ 40MCG	SP, PA
ARANESP INJ 60MCG	SP, PA
ARANESP INJ 100MCG	SP, PA
ARANESP INJ 200MCG	SP, PA
ARANESP INJ 300MCG	SP, PA
ARANESP INJ 500MCG	SP, PA
EPOGEN INJ 2000/ML	SP, PA
EPOGEN INJ 4000/ML	SP, PA
EPOGEN INJ 10000/ML	SP, PA
EPOGEN INJ 20000/ML	SP, PA
FULPHILA INJ 6/0.6ML	SP, PA
LEUKINE INJ 250MCG	SP, PA
NEULASTA INJ 6MG/0.6M	SP, PA
NEULASTA KIT 6MG/0.6M	SP, PA
NEUPOGEN INJ 300/0.5	SP, PA
NEUPOGEN INJ 300MCG	SP, PA
NEUPOGEN INJ 480/0.8	SP, PA
NEUPOGEN INJ 480MCG	SP, PA
NIVESTYM INJ 300/0.5	SP, PA
NIVESTYM INJ 480/0.8	SP, PA
PROCRIT INJ 2000/ML	SP, PA
PROCRIT INJ 4000/ML	SP, PA
PROCRIT INJ 10000/ML	SP, PA
PROCRIT INJ 20000/ML	SP, PA
PROCRIT INJ 40000/ML	SP, PA
UDENYCA INJ 6MG/.6ML	SP, PA

### **HEMATOPOIETIC MIXTURES**

<i>chromagen cap</i>	QL (60 ea / 30 days)
<i>ferocon cap</i>	QL (60 ea / 30 days)
<i>ferottrinsic cap</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>foltrin cap</i>	QL (60 ea / 30 days)
<i>hematogen cap</i>	QL (60 ea / 30 days)
<i>iferex 150 cap forte</i>	QL (60 ea / 30 days)
<i>iron complex cap</i>	OTC, QL (60 ea / 30 days)
<i>myferon 150 cap forte</i>	QL (60 ea / 30 days)
<i>poly-iron cap 150 fort</i>	QL (60 ea / 30 days)
<i>polysacchari cap iron</i>	QL (60 ea / 30 days)
<i>tl icon cap</i>	QL (60 ea / 30 days)
<i>tricon cap</i>	QL (60 ea / 30 days)

## **IRON**

<i>ferrex 150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>ferric x-150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
FERROUS GLUC TAB 324MG	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	OTC
FERROUS SUL LIQ 220/5ML	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 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>	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	OTC
<i>myferon 150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>nu-iron 150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>poly-iron cap 150mg</i>	OTC, QL (60 ea / 30 days)

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **ANTI-HISTAMINE HYPNOTICS**

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg</i>	OTC, QL (30 ea / 30 days)

### **BARBITURATE HYPNOTICS**

<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days); Covered for ages 12 years & under
<i>phenobarbital tab 15 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>phenobarbital tab 30 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 64.8 mg</i>	QL (90 ea / 30 days)
<i>phenobarbital tab 97.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 100 mg</i>	QL (60 ea / 30 days)

### **NON-BARBITURATE HYPNOTICS**

<i>estazolam tab 1 mg</i>	QL (30 ea / 30 days); Covered for ages 18 years & over
<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); Covered for ages 18 years & over
<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); Covered for ages 18 years & over
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); Covered for ages 18 years & over
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	QL (60 ea / 30 days); Covered for ages 18 years & over
<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); Covered for ages 18 years & over
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	QL (60 ea / 30 days); Covered for ages 18 years & over
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	QL (30 ea / 30 days)

### **LAXATIVES**

#### **BULK LAXATIVES**

<i>calcium polycarbophil tab 625 mg</i>	OTC
KONSYL DAILY POW 28.3%	OTC
KONSYL DAILY POW 100%	OTC
KONSYL-D POW 52.3%	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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>psyllium powder 30.9%</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>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</i>	QL (30 ea / 30 days)
<i>gavilyte-c sol (generic of COLYTE-FLAVOR PACKS)</i>	QL (120000 mL / 30 days)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)
GOLYTELY SOL	QL (30 ea / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)</i>	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC, QL (180 ea / 30 days)

### **LAXATIVES - MISCELLANEOUS**

<i>constulose sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>glycerin suppos 1.2 gm</i>	OTC
<i>glycerin suppos 2 gm</i>	OTC
<i>glycerin suppos 2.1 gm</i>	OTC
<i>glycerin suppos 80.7%</i>	OTC
<i>lactulose solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	OTC, QL (1020 gm / 30 days)

### **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 2400MG	OTC
<i>sodium phosphates - enema</i>	OTC

### **STIMULANT LAXATIVES**

<i>bisacodyl suppos 10 mg</i>	OTC, QL (30 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i>	OTC, QL (90 ea / 30 days)
<i>sennosides syrup 8.8 mg/5ml</i>	OTC



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sennosides tab 8.6 mg</i>	OTC, QL (60 ea / 30 days)
<i>sennosides tab 25 mg</i>	OTC

### **SURFACTANT LAXATIVES**

BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	OTC
<i>docusate calcium cap 240 mg</i>	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 100 mg</i>	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i>	OTC, QL (180 ea / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i>	OTC, QL (900 mL / 30 days)
<i>docusate sodium syrup 60 mg/15ml</i>	OTC, QL (900 mL / 30 days)
<i>docusate sodium tab 100 mg</i>	OTC, QL (180 ea / 30 days)
PEDIA-LAX LIQ 50MG	OTC, QL (900 mL / 30 days)

### **MACROLIDES**

#### **AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	QL (600 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years & under
<i>azithromycin for susp 200 mg/5ml</i> (generic of ZITHROMAX)	QL (900 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years & under
<i>azithromycin powd pack for susp 1 gm</i>	QL (1 ea / day, max 1 day supply)
<i>azithromycin tab 250 mg</i> (generic of ZITHROMAX)	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg</i> (generic of ZITHROMAX)	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i> (generic of ZITHROMAX)	QL (30 ea / 30 days)

#### **CLARITHROMYCIN**

<i>clarithromycin for susp 125 mg/5ml</i>	Covered for ages 12 years & under
<i>clarithromycin for susp 250 mg/5ml</i>	Covered for ages 12 years & under
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	

#### **ERYTHROMYCINS**

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> (generic of ERYPED 200)	Covered for ages 12 years & under
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### **MEDICAL DEVICES AND SUPPLIES**

#### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

CONDOMS - FEMALE	OTC
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)
FEMCAP MIS 30MM	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DIABETIC SUPPLIES</b>	
ACCU-CHEK KIT FASTCLIX	OTC
ACCU-CHEK KIT MLTICLIX	OTC
ACCU-CHEK KIT SOFTCLIX	OTC
AUTOLET II KIT CLINISAF	OTC
AUTOLET LITE KIT	OTC
AUTOLET LITE KIT CLINISAF	OTC
AUTOLET LITE KIT STARTER	OTC
GENTEEL LANC KIT BLUE	OTC
HYPOLANCE KIT LANCING	OTC
LANCETS	OTC
MULTI-LANCET KIT DEVICE	OTC
PENLET II KIT BLOOD	OTC
RELION KIT LANCING	OTC
SELECT-LITE KIT DEV/LANC	OTC
TRUE METRIX KIT AIR	OTC, QL (1 ea / year)
TRUE METRIX KIT METER	OTC, QL (1 ea / year)
<b>MISC. DEVICES</b>	
ALCOH-WIPE MIS 12"X12"	QL (200 ea / 25 days)
ALCOHOL SWABS	OTC, QL (200 ea / 25 days)
LMA MAD MIS NASAL	
MUCOSAL ATOM MIS DEVICE	OTC
<b>PARENTERAL THERAPY SUPPLIES</b>	
INSULIN PEN NEEDLE	OTC, QL (200 ea / 25 days)
INSULIN PEN NEEDLE- RX	QL (200 ea / 25 days)
INSULIN SYRINGE (DISP) U-100 1 ML	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML - RX	QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE- RX	QL (150 ea / 30 days)
10ML LL SYRN MIS 22GX1"	OTC
5ML LL SYRNG MIS 21GX1"	OTC
3ML LL SYRNG MIS 25GX5/8"	
3ML LL SYRNG MIS 25GX5/8"	OTC
3ML LUER LOC MIS 25GX5/8"	OTC
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
SHARP CONTAI MIS	
SHARPS CONT MIS 14QT	
SHARPS CONTAINER - MISC	OTC
SYRINGE (DISPOSABLE) 3 ML	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	
5ML SYRINGE MIS 21GX1"	OTC
10ML SYRINGE MIS 22GX1"	OTC
3ML SYRINGE MIS 25GX5/8"	
3ML SYRINGE MIS 25GX5/8"	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	
5ML SYRINGES MIS 21GX1"	OTC
1.5 ML SYRNG MIS 22X1-1/2	OTC

### **RESPIRATORY THERAPY SUPPLIES**

NEBULIZER	OTC
NEBULIZER- RX	
PEAK FLOW METER	OTC, QL (1 ea / year)
PEAK FLOW METER- RX	QL (1 ea / year)
PULMONEB LT MIS NEBULIZE	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	OTC, QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)-QL	QL (1 ea / year)
RX	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	OTC, QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (1 ea / year)
VORTEX/MASK MIS CHILDS	
VORTEX/MASK MIS TODDLER	

### **MIGRAINE PRODUCTS**

#### **SEROTONIN AGONISTS**

<i>naratriptan hcl tab 1 mg (base equiv)</i> (generic of AMERGE)	QL (9 ea / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> (generic of AMERGE)	QL (9 ea / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 ea / 25 days), ST; Requires trial of sumatriptan and naratriptan
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> (generic of MAXALT)	QL (12 ea / 25 days), ST; Requires trial of sumatriptan and naratriptan
<i>sumatriptan succinate tab 25 mg</i> (generic of IMITREX)	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 50 mg</i> (generic of IMITREX)	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 100 mg</i> (generic of IMITREX)	QL (9 ea / 25 days)

### **MINERALS & ELECTROLYTES**

#### **CALCIUM**

<i>calcitrate tab 950mg</i>	OTC
<i>calcium carb tab 1250mg</i>	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 250 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 tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</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</i>	OTC
<i>oys shell+d tab 250-125</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
<i>RISACAL-D TAB</i>	OTC

### **ELECTROLYTE MIXTURES**

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

<i>flura-drops dro 0.25mg f</i>	QL (30 mL / 30 days)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (50 mL / 30 days)

### **MAGNESIUM**

<i>magdelay tab 64mg</i>	OTC
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	OTC
<i>magnesium tab 250 mg</i>	OTC

### **PHOSPHATE**

<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	QL (120 ea / 30 days)
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### **POTASSIUM**

<i>klor-con 8 tab 8meq er</i>	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	QL (120 ea / 30 days)
<i>klor-con spr cap 8meq</i>	QL (120 ea / 30 days)
<i>klor-con spr cap 10meq</i>	QL (120 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i>	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (150 ea / 30 days)
<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 (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	QL (150 ea / 30 days)

### **MISCELLANEOUS THERAPEUTIC CLASSES**

#### **CHELATING AGENTS**

<i>DEPEN TITRA TAB 250MG</i>	PA
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#### **IMMUNOMODULATORS**

<i>REVLIMID CAP 5MG</i>	SP, QL (30 ea / 30 days), PA
<i>REVLIMID CAP 10MG</i>	SP, QL (30 ea / 30 days), PA
<i>REVLIMID CAP 15MG</i>	SP, QL (30 ea / 30 days), PA
<i>REVLIMID CAP 25MG</i>	SP, QL (30 ea / 30 days), PA
<i>THALOMID CAP 100MG</i>	SP, PA

#### **IMMUNOSUPPRESSIVE AGENTS**

<i>azathioprine tab 50 mg (generic of IMURAN)</i>	QL (240 ea / 30 days)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	QL (480 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	QL (150 ea / 30 days)
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	QL (300 mL / 30 days)
<i>engraf cap 25mg (generic of NEORAL)</i>	QL (450 ea / 30 days)
<i>engraf cap 100mg (generic of NEORAL)</i>	QL (300 ea / 30 days)
<i>engraf sol 100mg/ml (generic of NEORAL)</i>	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg (generic of CELLCEPT)</i>	QL (240 ea / 30 days)
NEORAL CAP 25MG	QL (450 ea / 30 days)
NEORAL CAP 100MG	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	QL (300 mL / 30 days)
SANDIMMUNE CAP 25MG	QL (480 ea / 30 days)
SANDIMMUNE CAP 100MG	QL (150 ea / 30 days)
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg (generic of PROGRAF)</i>	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg (generic of PROGRAF)</i>	

### **IRRIGATION SOLUTIONS**

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

### **POTASSIUM REMOVING AGENTS**

*kionex sus 15gm/60*  
*sodium polystyrene sulfonate oral susp 15 gm/60ml*  
*sodium polystyrene sulfonate powder*  
*sps sus 15gm/60*

### **MOUTH/THROAT/DENTAL AGENTS**

#### **ANESTHETICS TOPICAL ORAL**

*lidocaine hcl viscous soln 2%*

#### **ANTI-INFECTIVES - THROAT**

*clotrimazole troche 10 mg* QL (150 ea / 30 days)  
*nystatin susp 100000 unit/ml* QL (3600 mL / 30 days)

#### **ANTISEPTICS - MOUTH/THROAT**

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

#### **DENTAL PRODUCTS**

*cavarest gel 1.1%*  
*denta 5000 cre plus*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>denta 5000 cre plus 2pk</i>	
<i>dentagel gel 1.1%</i>	
<i>sf 5000 plus cre 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	

### **STEROIDS - MOUTH/THROAT**

<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**

#### **B-COMPLEX W/ FOLIC ACID**

<i>b-complex w/ c &amp; folic acid cap 1 mg</i>	OTC, QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i>	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid tab</i>	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i>	
<i>b-complex w/ c &amp; folic acid tab 5 mg- rx</i>	
<i>b-complex w/ c &amp; folic acid tab- rx</i>	

#### **MULTIPLE VITAMINS W/ IRON**

<i>multiple vitamins w/ iron tab</i>	OTC, QL (30 ea / 30 days)
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#### **MULTIPLE VITAMINS W/ MINERALS**

ABDEK CAP	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
ADULT 50+ CAP OCUVITE	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
AQUADEKS CHW	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM CHW	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM CHW FLAV BST	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM CHW MEN	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM CHW MULTI	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
CENTRUM CHW SILVER	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM CHW VITAMINT	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM CHW WOMEN	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
CENTRUM KIDS CHW FLAV BST	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
ICAPS CHW AREDS 2	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
<i>multiple vitamins w/ minerals cap</i>	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
<i>multiple vitamins w/ minerals cap- rx</i>	QL (30 ea / 30 days); Covered for ages 4 years & over
<i>multiple vitamins w/ minerals liquid</i>	OTC, QL (30 mL / 30 days)
<i>multiple vitamins w/ minerals tab</i>	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx</i>	QL (30 ea / 30 days)
OCUVITE CAP ADULT	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
<i>ocuvite eye chw health</i>	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over
OCUVITE LUTE CAP	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
PORENAL+D CAP OMEGA 3	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
PRESERVISION CAP AREDS	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
PRESERVISION CAP AREDS 2	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
PRESERVISION CAP LUTEIN	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
PRESERVISION CHW AREDS 2	OTC, QL (60 ea / 30 days); Covered for ages 4 years & over



<b>Drug Name</b>	<b>Requirements/Limits</b>
PRORENAL+D CAP OMEGA-3	OTC, QL (30 ea / 30 days); Covered for ages 4 years & over
<b>MULTIVITAMINS</b>	
<i>multiple vitamin tab</i>	OTC, QL (30 ea / 30 days)
<b>PED MULTI VITAMINS W/FL &amp; FE</b>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (50 mL / 30 days)
POLY-VI-FLOR CHW W/IRON	
POLY-VI-FLOR SUS /IRON	
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>	
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml</i>	OTC, QL (30 mL / 30 days); Covered for ages 3 years & under
<b>PED MV W/ FLUORIDE</b>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
POLY-VI-FLOR CHW 0.5MG	
POLY-VI-FLOR CHW 0.25MG	
POLY-VI-FLOR CHW 1MG	
POLY-VI-FLOR MIS FS	
POLY-VI-FLOR MIS FS 0.5MG	
POLY-VI-FLOR MIS FS 0.25	
POLY-VI-FLOR SUS 0.25/ML	
<b>PED MV W/ IRON</b>	
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	OTC, QL (30 ea / 30 days)
<b>PEDIATRIC MULTIPLE VITAMINS</b>	
<i>pediatric multiple vitamin liq</i>	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; fa chew tab</i>	OTC, QL (30 ea / 30 days)
<b>PRENATAL VITAMINS</b>	
CO-NATAL FA TAB 29-1MG	GNDR, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
COMPLETENATE CHW	GNDR, QL (30 ea / 30 days)
EZFE FORTE CAP	OTC, QL (30 ea / 30 days)
M-VIT TAB 27-1MG	GNDR, QL (30 ea / 30 days)
MYNATAL PLUS TAB	QL (30 ea / 30 days)
MYNATAL TAB	QL (30 ea / 30 days)
MYNATAL TAB ADVANCE	QL (30 ea / 30 days)
MYNATAL-Z TAB	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	QL (30 ea / 30 days)
NIVA-PLUS TAB	QL (30 ea / 30 days)
O-CAL FA TAB	QL (30 ea / 30 days)
O-CAL TAB PRENATAL	QL (30 ea / 30 days)
PNV FOLIC AC TAB + IRON	GNDR, QL (30 ea / 30 days)
PNV PRENATAL TAB PLUS	QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	OTC, QL (30 ea / 30 days)
PRENATAL 19 CHW 29-1MG	QL (30 ea / 30 days)
PRENATAL 19 TAB 29-1MG	QL (30 ea / 30 days)
PRENATAL TAB 27-1MG	GNDR, QL (30 ea / 30 days)
PRENATAL VIT TAB LOW IRON	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg- rx</i>	GNDR, QL (30 ea / 30 days)
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx</i>	GNDR, QL (30 ea / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	GNDR, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	OTC, GNDR, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	OTC, GNDR, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	OTC, GNDR, QL (30 ea / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	GNDR, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK	OTC, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	OTC, GNDR, QL (60 ea / 30 days)
PRENATAL+FE TAB 29-1MG	QL (30 ea / 30 days)
SE-NATAL 19 CHW	GNDR, QL (30 ea / 30 days)
TL FOLATE TAB	QL (30 ea / 30 days)
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE M TAB	QL (30 ea / 30 days)
VINATE ONE TAB	GNDR, QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	QL (30 ea / 30 days)
VOL-PLUS TAB	GNDR, QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>	

**CENTRAL MUSCLE RELAXANTS**

<i>baclofen tab 10 mg</i>	QL (90 ea / 30 days)
<i>baclofen tab 20 mg</i>	QL (120 ea / 30 days)
<i>chlorzoxazone tab 500 mg</i>	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg (generic of ROBAXIN)</i>	QL (180 ea / 30 days); Covered for ages 64 years & under
<i>methocarbamol tab 750 mg (generic of ROBAXIN-750)</i>	QL (300 ea / 30 days); Covered for ages 64 years & under
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (90 ea / 30 days); Covered for ages 64 years & under
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (270 ea / 30 days); Covered for ages 64 years & under

**VISCOSUPPLEMENTS**

EUFLEXXA INJ 10MG/ML	SP, QL (6 mL / 180 days), PA
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**NASAL AGENTS - SYSTEMIC AND TOPICAL**

**NASAL AGENTS - MISC.**

<i>saline nasal spray 0.65%</i>	OTC
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**NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (30 mL / 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	OTC, QL (52 mL / 25 days)

**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 - DRUGS TO TREAT ALLERGIES**

<i>fluticasone propionate nasal susp 50 mcg/act</i>	OTC, QL (16 mL / 25 days); Covered for ages 4 years & over
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	OTC

**SYMPATHOMIMETIC DECONGESTANTS**

<i>oxymetazoline hcl nasal soln 0.05%</i>	OTC
<i>phenylephrine hcl tab 10 mg</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pseudoephedrine hcl liq 15 mg/5ml</i>	OTC, QL (1200 mL / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i>	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 60 mg</i>	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	OTC, QL (60 ea / 30 days)

## **NUTRIENTS**

### **MISC. NUTRITIONAL SUBSTANCES**

<i>docosahexaenoic acid cap 200 mg</i>	OTC, GNDR, QL (30 ea / 30 days)
<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**

### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>artificial tear ophth ointment</i>	OTC
<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
<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>white petrolatum-mineral oil ophth ointment</i>	OTC

### **BETA-BLOCKERS - OPHTHALMIC**

<i>carteolol hcl ophth soln 1%</i>	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	QL (10 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	QL (10 mL / 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	QL (15 mL / 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 / 25 days)
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<b>Drug Name</b>	<b>Requirements/Limits</b>
ISOPTO ATROP SOL 1% OP	QL (15 mL / 25 days)
<b>MIOTICS</b>	
<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	
<i>pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)</i>	
<i>pilocarpine hcl ophth soln 4% (generic of ISOPTO CARPINE)</i>	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<b>OPHTHALMIC ANTI-INFECTIVES</b>	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentak oin 0.3% op</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>levofloxacin ophth soln 0.5%</i>	
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL / 25 days)
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>	
XIIDRA DRO 5%	ST; Requires trial of OTC lubricant and ointment
<b>OPHTHALMIC LOCAL ANESTHETICS</b>	
<i>proparacaine hcl ophth soln 0.5% (generic of ALCAINE)</i>	
<b>OPHTHALMIC STEROIDS</b>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1%</i>	QL (15 mL / 25 days)
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	

### **OPHTHALMICS - MISC.**

<i>altachlore oin 5% op</i>	OTC
<i>azelastine hcl ophth soln 0.05%</i>	QL (6 mL / 25 days), PA
<i>cromolyn sodium ophth soln 4%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	OTC, QL (10 mL / 25 days)
<i>sodium chloride hypertonic ophth oint 5%</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%</i>	QL (5 mL / 25 days)
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	QL (5 mL / 25 days)
<i>TRAVATAN Z DRO 0.004%</i>	QL (5 mL / 25 days), ST; Requires trial of bimatoprost

### **OTIC AGENTS**

#### **OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid otic soln 2%</i>	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC

#### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3% (generic of FLOXIN OTIC)</i>	QL (5 mL / 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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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>OXYTOCICS</b>	
<b>OXYTOCICS</b>	
<i>methergine tab 0.2mg</i>	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (210 ea / 30 days)
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>	
<b>IMMUNE SERUMS</b>	
HYPERRHO S/D INJ 50MCG	SP
HYPERRHO S/D INJ 300MCG	SP
MICRHOGAM PL INJ 50MCG	SP
RHOGAM PLUS INJ 300MCG	SP
RHOPHYLAC INJ 1500/2ML	SP
<b>MONOCLONAL ANTIBODIES</b>	
SYNAGIS INJ 50MG	SP, PA
SYNAGIS INJ 100MG/ML	SP, PA
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>	
<b>AMINOPENICILLINS</b>	
<i>amoxicillin (trihydrate) cap 250 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Covered for ages 12 years & under
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Covered for ages 12 years & under
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Covered for ages 12 years & under
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Covered for ages 12 years & under
<i>amoxicillin (trihydrate) tab 500 mg</i>	QL (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	QL (120 ea / 30 days)
<i>ampicillin cap 500 mg</i>	QL (240 ea / 30 days)
<b>NATURAL PENICILLINS</b>	
<i>penicillin v potassium for soln 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium for soln 250 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium tab 250 mg</i>	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	QL (240 ea / 30 days)
<b>PENICILLIN COMBINATIONS</b>	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	QL (90 ea / 30 days); Covered for ages 12 years & under
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); Covered for ages 12 years & under
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Covered for ages 12 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Covered for ages 12 years & under
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Covered for ages 12 years & under
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	QL (2 ea / day, max 10 day supply)

### **PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium cap 250 mg</i>	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	QL (180 ea / 30 days)

### **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

#### **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

<i>medroxyprogesterone acetate tab 2.5 mg (generic GNDR, QL (60 ea / 30 days) of PROVERA)</i>	
<i>medroxyprogesterone acetate tab 5 mg (generic of GNDR, QL (60 ea / 30 days) PROVERA)</i>	
<i>medroxyprogesterone acetate tab 10 mg (generic GNDR, QL (60 ea / 30 days) of PROVERA)</i>	
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	QL (30 ea / 30 days)
<i>progesterone micronized cap 100 mg (generic of PROMETRIUM)</i>	QL (30 ea / 30 days)
<i>progesterone micronized cap 200 mg (generic of PROMETRIUM)</i>	QL (60 ea / 30 days)

### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

#### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg (generic of ANTABUSE)</i>	QL (30 ea / 30 days)
<i>disulfiram tab 500 mg (generic of ANTABUSE)</i>	QL (30 ea / 30 days)

#### **ANTI-CATAPLECTIC AGENTS**

<i>XYREM SOL 500MG/ML</i>	SP, PA
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#### **ANTIDEMENTIA AGENTS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (60 ea / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	QL (30 ea / 30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (generic of RAZADYNE ER)	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (generic of RAZADYNE ER)	
<i>galantamine hydrobromide tab 4 mg</i> (generic of RAZADYNE)	
<i>galantamine hydrobromide tab 8 mg</i> (generic of RAZADYNE)	
<i>galantamine hydrobromide tab 12 mg</i> (generic of RAZADYNE)	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg</i> (generic of NAMENDA)	
<i>memantine hcl tab 5 mg (28) &amp; 10 mg (21)</i> titration pak (generic of NAMENDA TITRATION PAK)	
<i>memantine hcl tab 10 mg</i> (generic of NAMENDA)	
<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</i> (generic of PA EXELON)	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> (generic of PA EXELON)	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> (generic PA of EXELON)	

**MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	SP, PA
AVONEX KIT 30MCG	SP, PA
AVONEX PEN KIT 30MCG	SP, PA
AVONEX PREFL KIT 30MCG	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i> (generic of AMPYRA)	SP, PA
EXTAVIA INJ 0.3MG	SP, PA
GILENYA CAP 0.5MG	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	SP, PA
PLEGRIDY INJ	SP, PA
PLEGRIDY INJ PEN	SP, PA
PLEGRIDY INJ STARTER	SP, PA
PLEGRIDY PEN INJ STARTER	SP, PA
TECFIDERA CAP 120MG	SP, QL (60 ea / 30 days), PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
TECFIDERA CAP 240MG	SP, QL (60 ea / 30 days), PA

### **SMOKING DETERRENTS**

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg (generic of ZYBAN)</i>	QL (60 ea / 30 days, max 90 days per year)
CHANTIX PAK 0.5& 1MG	QL (336 ea / year)
CHANTIX PAK 1MG	QL (336 ea / year)
CHANTIX TAB 0.5MG	QL (336 ea / year)
CHANTIX TAB 1MG	QL (336 ea / year)
<i>nicotine polacrilex gum 2 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per year)
<i>nicotine polacrilex gum 4 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per year)
<i>nicotine polacrilex lozenge 2 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per year)
<i>nicotine polacrilex lozenge 4 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per year)
<i>nicotine td patch 24hr 7 mg/24hr</i>	OTC, QL (30 ea / 30 days, max 90 days per year)
<i>nicotine td patch 24hr 14 mg/24hr</i>	OTC, QL (30 ea / 30 days, max 90 days per year)
<i>nicotine td patch 24hr 21 mg/24hr</i>	OTC, QL (30 ea / 30 days, max 90 days per year)

### **RESPIRATORY AGENTS - MISC.**

#### **CYSTIC FIBROSIS AGENTS**

PULMOZYME SOL 1MG/ML	SP, QL (75 mL / 30 days), PA
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### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

#### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>avidoxy tab 100mg</i>	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 50 mg</i>	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	QL (90 ea / 30 days)
<i>minocycline hcl cap 50 mg (generic of MINOCIN)</i>	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg (generic of MINOCIN)</i>	QL (60 ea / 30 days)
<i>mondoxyne nl cap 50mg</i>	QL (90 ea / 30 days)
<i>mondoxyne nl cap 100mg</i>	QL (90 ea / 30 days)

### **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

#### **ANTITHYROID AGENTS**

<i>methimazole tab 5 mg (generic of TAPAZOLE)</i>	QL (180 ea / 30 days)
<i>methimazole tab 10 mg (generic of TAPAZOLE)</i>	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	QL (600 ea / 30 days)

#### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	QL (30 ea / 30 days); Covered for ages 64 years & under
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<b>Drug Name</b>	<b>Requirements/Limits</b>
ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); Covered for ages 64 years & under
ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); Covered for ages 64 years & under
ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); Covered for ages 64 years & under
ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); Covered for ages 64 years & under
ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); Covered for ages 64 years & under
ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); Covered for ages 64 years & under
ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	QL (60 ea / 30 days)
<i>np thyroid tab 15mg</i>	QL (30 ea / 30 days); Covered for ages 64 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>np thyroid tab 30mg</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>np thyroid tab 60mg</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>np thyroid tab 90mg</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>np thyroid tab 120mg</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
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SYNTHROID TAB 50MCG	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG	QL (60 ea / 30 days)
<i>thyroid tab 15 mg (1/4 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>thyroid tab 30 mg (1/2 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>thyroid tab 60 mg (1 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>thyroid tab 90 mg (1 1/2 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years & under
<i>thyroid tab 120 mg (2 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years & under

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS - DRUGS FOR STOMACH SPASMS**

CUVPOSA SOL 1MG/5ML	PA
<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); Covered for ages 64 years & under
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years & under
<i>glycopyrrolate tab 1 mg</i>	
<i>glycopyrrolate tab 2 mg</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years & under
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years & under
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years & under
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years & under
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years & under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); Covered for ages 64 years & under
<b>H-2 ANTAGONISTS</b>	
<i>cimetidine hcl soln 300 mg/5ml</i>	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 300 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	QL (60 ea / 30 days)
<i>famotidine tab 10 mg</i>	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg</i>	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>nizatidine cap 150 mg</i>	QL (120 ea / 30 days), ST; Requires trial of famotidine and ranitidine
<i>nizatidine oral soln 15 mg/ml</i>	ST; Requires trial of famotidine and ranitidine
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	QL (600 mL / 30 days); Covered for ages 12 years & under

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ranitidine hcl tab 75 mg</i>	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (generic of ZANTAC)</i>	QL (120 ea / 30 days)
<i>ranitidine hcl tab 300 mg</i>	QL (60 ea / 30 days)

### **MISC. ANTI-ULCER**

CARAFATE SUS 1GM/10ML	QL (1200 mL / 30 days); Covered for ages 18 years & under
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	QL (120 ea / 30 days)

### **PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**

<i>acid reducer cap 20.6mgdr</i>	OTC, QL (30 ea / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	OTC, QL (60 ea / 30 days)
<i>heartburn tr cap 15mg</i>	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap 15mg dr</i>	OTC, QL (60 ea / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	OTC, QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	QL (30 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	OTC, QL (30 ea / 30 days)
OMEPRAZOLE TAB 20MG	OTC, QL (90 ea / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	QL (90 ea / 30 days)
PRILOSEC OTC TAB 20MG	OTC, QL (90 ea / 30 days)

### **ULCER DRUGS - PROSTAGLANDINS**

<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	QL (120 ea / 30 days)

### **URINARY ANTI-INFECTIVES**

#### **URINARY ANTI-INFECTIVES**

<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	QL (60 ea / 30 days); Covered for ages 64 years & under
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	QL (120 ea / 30 days); Covered for ages 64 years & under
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	QL (60 ea / 30 days); Covered for ages 64 years & under
<i>nitrofurantoin susp 25 mg/5ml (generic of FURADANTIN)</i>	QL (40 mL / day, max 10 day supply); Covered for ages 12 years & under

Drug Name	Requirements/Limits
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>	

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>oxybutynin chloride syrup 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	QL (60 ea / 30 days), ST; Requires trial of oxybutynin

**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<i>bethanechol chloride tab 5 mg (generic of URECHOLINE)</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg (generic of URECHOLINE)</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg (generic of URECHOLINE)</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg (generic of URECHOLINE)</i>	QL (120 ea / 30 days)

**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

<i>flavoxate hcl tab 100 mg</i>	QL (120 ea / 30 days)
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**VACCINES**

**BACTERIAL VACCINES**

PNEUMOVAX 23 INJ 25/0.5	QL (max 2 fills per lifetime); Covered for ages 19 years old & over
PREVNAR 13 INJ	QL (max 4 fills per lifetime); Covered for ages 19 years old & over

**VIRAL VACCINES**

SHINGRIX INJ 50MCG	QL (2 ea in lifetime, max 1 fill per lifetime); Covered for ages 50 years & over
ZOSTAVAX INJ	QL (max 1 fill per lifetime); Covered for ages 60 years old & over

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>VAGINAL PRODUCTS</b>	
<b>SPERMICIDES</b>	
ENCARE SUP 100MG	OTC
GYNOL II GEL 3%	OTC
SHUR-SEAL GEL 2%	OTC
TODAY SPONGE MIS	OTC
VCF VAGINAL AER CONTRACP	OTC
<i>vcf vaginal gel contrace</i>	OTC
VCF VAGINAL MIS CONTRACP	OTC
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	GNDR
<i>clotrimazole vaginal cream 1%</i>	OTC, GNDR
<i>clotrimazole vaginal cream 2%</i>	OTC, GNDR
<i>metronidazole vaginal gel 0.75% (generic of METROGEL-VAGINAL)</i>	GNDR, QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	OTC, GNDR
<i>miconazole nitrate vaginal cream 2%</i>	OTC, GNDR
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC, GNDR
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	OTC, GNDR
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC, GNDR
<i>terconazole vaginal cream 0.4% (generic of TERAZOL 7)</i>	GNDR
<i>terconazole vaginal cream 0.8%</i>	GNDR
<i>terconazole vaginal suppos 80 mg</i>	GNDR, QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	OTC, GNDR
<i>vandazole gel 0.75%</i>	GNDR, QL (70 gm / 5 days)
<b>VAGINAL ESTROGENS</b>	
<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	GNDR, QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	
<b>VASOPRESSORS</b>	
<b>ANAPHYLAXIS THERAPY AGENTS</b>	
EPIPEN 2-PAK INJ 0.3MG	QL (2 ea / 25 days)
EPIPEN-JR INJ 0.15MG	QL (2 ea / 25 days)
<b>VASOPRESSORS</b>	
<i>midodrine hcl tab 2.5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 10 mg</i>	QL (90 ea / 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>VITAMINS</b>	
<b>OIL SOLUBLE VITAMINS</b>	
<i>cholecalciferol cap 1000 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 2000 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 5000 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 10000 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 50000 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol chew tab 400 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol oral liquid 400 unit/ml</i>	OTC, QL (180 mL / 30 days)
<i>cholecalciferol tab 400 unit</i>	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit</i>	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 2000 unit</i>	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 5000 unit</i>	OTC, QL (180 ea / 30 days)
<i>ergocalciferol cap 50000 unit (generic of DRISDOL)</i>	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	QL (150 ea / 30 days)
<b>WATER SOLUBLE VITAMINS</b>	
<i>niacin cap er 250 mg</i>	OTC
<i>niacin cap er 500 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>niacin tab er 250 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	OTC, QL (60 ea / 30 days)
<i>pyridoxine hcl tab 100 mg</i>	OTC, QL (120 ea / 30 days)

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