

Preferred Drug List

Molina Healthcare of New York, Inc.



2020

*Molina mandates the use of generic drugs, if available. Brand names listed are for reference only. THIS LIST IS SUBJECT TO CHANGE. You can get more information and updates to this document on our website at www.molinahealthcare.com



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New York, Inc.**

Your Extended Family

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 - Skilled sign language interpreters
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- Language services to people who speak another language or have limited English skills
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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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Molina Healthcare of New York Preferred Drug List (Formulary)

(10/01/2020)

INTRODUCTION

We are pleased to provide the 2020 *Molina Healthcare of New York 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.

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

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

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

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

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- The second column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized* type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-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 to check coverage.

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. This includes, but is not limited to:

- 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 (844) 823-5479. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina 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
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy

ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

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: (866) 879-4742

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2020. 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	Notes
10/1/2020	NEXAVAR TAB 200MG	Add/Update QL	QL: 4 per day
10/1/2020	SPRYCEL TAB 100MG	Add/Update QL	QL: 1 per day
10/1/2020	REVLIMID CAP 5MG	Add/Update QL	QL: 1 per day
10/1/2020	ALECENSA CAP 150MG	Add/Update QL	QL: 8 per day
10/1/2020	IMATINIB MES TAB 100MG	Add/Update QL	QL: 3 per day
10/1/2020	UDENYCA INJ 6MG/.6ML	Add/Update QL	QL: 0.6 per 11 days
10/1/2020	TAGRISSO TAB 40MG	Add/Update QL	QL: 1 per day
10/1/2020	BRUKINSA CAP 80MG	Add/Update QL	QL: 4 per day
10/1/2020	SUTENT CAP 12.5MG	Add/Update QL	QL: 4 per day
10/1/2020	IMATINIB MES TAB 400MG	Add/Update QL	QL: 2 per day
10/1/2020	TYKERB TAB 250MG	Add/Update QL	QL: 6 per day
10/1/2020	IMBRUVICA TAB 420MG	Add/Update QL	QL: 1 per day
10/1/2020	SPRYCEL TAB 50MG	Add/Update QL	QL: 1 per day
10/1/2020	SPRYCEL TAB 20MG	Add/Update QL	QL: 3 per day
10/1/2020	IBRANCE CAP 75MG	Add/Update QL	QL: 1 per day
10/1/2020	SUTENT CAP 25MG	Add/Update QL	QL: 2 per day
10/1/2020	SUTENT CAP 37.5MG	Add/Update QL	QL: 1 per day
10/1/2020	IBRANCE TAB 100MG	Add/Update QL	QL: 1 per day
10/1/2020	IBRANCE CAP 100MG	Add/Update QL	QL: 1 per day
10/1/2020	IBRANCE TAB 125MG	Add/Update QL	QL: 1 per day
10/1/2020	ABIRATERONE TAB 250MG	Add/Update QL	QL: 4 per day
10/1/2020	ZIEXTENZO INJ 6/0.6ML	Add/Update QL	QL: 0.6 per 11 days
10/1/2020	SPRYCEL TAB 70MG	Add/Update QL	QL: 1 per day
10/1/2020	TAGRISSO TAB 80MG	Add/Update QL	QL: 1 per day
10/1/2020	REVLIMID CAP 25MG	Add/Update QL	QL: 1 per day
10/1/2020	IBRANCE CAP 125MG	Add/Update QL	QL: 1 per day

Date Effective	Product Name	Change	Notes
10/1/2020	REVLIMID CAP 10MG	Add/Update QL	QL: 1 per day
10/1/2020	IMBRUVICA CAP 140MG	Add/Update QL	QL: 3 per day
10/1/2020	IBRANCE TAB 75MG	Add/Update QL	QL: 1 per day
10/1/2020	SPRYCEL TAB 140MG	Add/Update QL	QL: 1 per day
10/1/2020	ERLOTINIB TAB 25MG	Add/Update QL	QL: 3 per day
10/1/2020	SUTENT CAP 50MG	Add/Update QL	QL: 1 per day
10/1/2020	ERLOTINIB TAB 100MG	Add/Update QL	QL: 1 per day
10/1/2020	SPRYCEL TAB 80MG	Add/Update QL	QL: 1 per day
10/1/2020	IMBRUVICA TAB 560MG	Add/Update QL	QL: 1 per day
10/1/2020	ERLOTINIB TAB 150MG	Add/Update QL	QL: 1 per day
10/1/2020	THALOMID CAP 100MG	Add/Update QL	QL: 1 per day
10/1/2020	REVLIMID CAP 15MG	Add/Update QL	QL: 1 per day
10/1/2020	ERLOTINIB TAB 100MG	Add/Update QL	QL: 1 per day
10/1/2020	ERLOTINIB TAB 25MG	Add/Update QL	QL: 3 per day
10/1/2020	ERLOTINIB TAB 150MG	Add/Update QL	QL: 1 per day
10/1/2020	DESCOVY TAB 200/25	Add ST	
10/1/2020	MALATHION LOT 0.5%	Remove ST, add QL	QL: 59 per 25 days
10/1/2020	SPINOSAD SUS 0.9%	Remove ST, add QL	QL: 120 per 25 days
10/1/2020	DICLOFENAC GEL 1% (OTC)	Add QL	QL: 200 per 25 days
10/1/2020	VOLTAREN GEL 1% (OTC)	Add QL	QL: 200 per 25 days
10/1/2020	TIAGABINE TAB 12MG	Add to formulary with QL	QL: 4.67 per day
10/1/2020	TIAGABINE TAB 16MG	Add to formulary with QL	QL: 3.5 per day
10/1/2020	FLUOXETINE CAP 40MG	Add to formulary with QL	QL: 2 per day
10/1/2020	NORETH/ETHIN TAB 1MG-5MCG	Add to formulary with QL	QL: 1 per day
10/1/2020	HUMULIN R INJ U-500 KWIKPEN	Add to formulary with QL	QL: 18 per 25 days
10/1/2020	RYBELSUS TAB 3MG	Add to formulary with PA	
10/1/2020	RYBELSUS TAB 7MG	Add to formulary with PA	
10/1/2020	RYBELSUS TAB 14MG	Add to formulary with PA	
10/1/2020	ENBREL INJ 25MG	Add to formulary with PA and QL	QL: 4 per 24 days

Molina New York Medicaid**Effective 10/01/2020****Drug Name****Requirements/Limits****ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS****AMPHETAMINES**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (150 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (60 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days), PA
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days), PA

Drug Name	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (generic of DEXEDRINE)	QL (60 ea / 30 days), PA
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	QL (120 mL in lifetime); AGE (Max age 1 year)
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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); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	QL (30 ea / 30 days), PA
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	QL (30 ea / 30 days), PA
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	QL (30 ea / 30 days), PA
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	QL (30 ea / 30 days), PA
<i>dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>metadate tab 20mg er</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years)

Drug Name	Requirements/Limits
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<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

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 3 mg</i>	OTC, QL (60 ea / 30 days)
<i>melatonin cap 5 mg</i>	OTC, QL (60 ea / 30 days)
<i>melatonin cap 5mg</i>	OTC, QL (60 ea / 30 days)
<i>MELATONIN LIQ 1MG/4ML</i>	OTC, QL (600 mL / 30 days)
<i>MELATONIN LIQ 2.5MG</i>	OTC, QL (600 mL / 30 days)
<i>melatonin tab 1 mg</i>	OTC, QL (30 ea / 30 days)
<i>melatonin tab 3 mg</i>	OTC, QL (30 ea / 30 days)
<i>melatonin tab 5 mg</i>	OTC, QL (30 ea / 30 days)
<i>melatonin tab 300 mcg</i>	OTC, QL (30 ea / 30 days)
<i>melatonin tab er 10 mg</i>	OTC, QL (30 ea / 30 days)
<i>melatonin tablet disintegrating 5 mg</i>	OTC, QL (60 ea / 30 days)
<i>sm melatonin tab 5mg</i>	OTC, QL (60 ea / 30 days)

ALTERNATIVE MEDICINE COMBINATIONS

<i>melatin tab 3-1mg</i>	OTC, QL (60 ea / 30 days)
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Drug Name	Requirements/Limits
<i>melatonin tab vit b-6</i>	OTC, QL (60 ea / 30 days)
<i>melatonin tr tab /vit-b6</i>	OTC, QL (30 ea / 30 days)
<i>melatonin-pyridoxine tab 3-2 mg</i>	OTC, QL (60 ea / 30 days)
<i>melatonin/ tab vit b-6</i>	OTC, QL (60 ea / 30 days)
<i>ra melatonin tab 3mg</i>	OTC, QL (60 ea / 30 days)

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

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

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

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 / 28 days), PA
HUMIRA KIT 40MG/0.8	SP, QL (2 ea / 28 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 / 28 days), PA
HUMIRA PEN INJ CD/UC/HS	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ PS/UV	SP, QL (2 ea / 28 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

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, PA
XELJANZ XR TAB 22MG	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
<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)

Drug Name	Requirements/Limits
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (60 ea / 30 days)
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>ec-naproxen tab 500mg</i>	QL (90 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); AGE (Max age 64 years)
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>ketoprofen cap 50 mg</i>	QL (120 ea / 30 days)
<i>ketoprofen cap 75 mg</i>	QL (120 ea / 30 days)
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 ea / day, max 5 day supply); AGE (Max age 64 years)
<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</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
<i>sulindac tab 150 mg</i>	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
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 25MG	SP, QL (4 mL / 24 days), PA
ENBREL INJ 50MG/ML	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	SP, QL (4 mL / 24 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); AGE (Max age 64 years)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
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 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)
SALICYLATES	
<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)

Drug Name	Requirements/Limits
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate tab 30 mg</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i> (generic of DILAUDID)	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg</i> (generic of DILAUDID)	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>meperidine hcl oral soln 50 mg/5ml</i>	QL (500 mL / 25 days); MED; Max 7 day supply for initial fill or PA required; AGE (Max age 64 years)
<i>meperidine hcl tab 50 mg</i>	QL (300 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Max age 64 years)
<i>meperidine hcl tab 100 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Max age 64 years)
<i>methadone hcl tab 5 mg</i> (generic of DOLOPHINE)	MED; QL (max 7 day supply for initial fill or PA required)
<i>methadone hcl tab 10 mg</i> (generic of DOLOPHINE)	MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 10 mg/5ml</i>	PA; MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	PA; MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	PA; MED

Drug Name	Requirements/Limits
<i>morphine sulfate tab 15 mg</i>	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days), ST; MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 30 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days), ST; MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 60 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days), ST; MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 100 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days), ST; MED; Requires prior use of IR opioids
<i>oxycodone hcl soln 5 mg/5ml</i>	MED; QL (max quantity 240 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i> (generic of ROXICODONE)	MED; QL (max quantity 90 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	MED; QL (max quantity 90 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i> (generic of ROXICODONE)	MED; QL (max quantity 90 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg</i> (generic of ROXICODONE)	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
OPIOID COMBINATIONS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (90 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	QL (180 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	QL (60 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 ea / 30 days)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

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

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	QL (1680 mL / 25 days)
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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 perianal ointment 1%</i>	OTC
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RECTAL STEROIDS

<i>hydrocortisone acetate suppos 25 mg</i>	QL (210 ea / 30 days)
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	OTC
<i>antacid extr chw 675-135</i>	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	OTC

ANTACIDS - BICARBONATE

<i>sodium bicarbonate tab 325 mg</i>	OTC
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Drug Name	Requirements/Limits
<i>sodium bicarbonate tab 650 mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
<i>CALCIUM CARB TAB 648MG</i>	OTC
<i>calcium carbonate (antacid) chew tab 400 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC
ANTACIDS - MAGNESIUM SALTS	
<i>magnesium oxide tab 250 mg</i>	OTC
<i>magnesium oxide tab 400 mg</i>	OTC
<i>magnesium oxide tab 420 mg</i>	OTC
<i>magnesium tab 400mg</i>	OTC
<i>maox tab 420mg</i>	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (300 ea / 30 days)
<i>pinworm med sus 144mg/ml</i>	OTC
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
<i>metronidazole tab 250 mg (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)
ANTI-INFECTIVE MISC. - COMBINATIONS	
<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)
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	PA
GLYCOPEPTIDES	
<i>FIRVANQ SOL 25MG/ML</i>	QL (1200 mL / 30 days)
<i>FIRVANQ SOL 50MG/ML</i>	QL (1200 mL / 30 days)
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	QL (90 ea / 30 days)
LINCOSAMIDES	
<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)

Drug Name	Requirements/Limits
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	AGE (Max age 18 years)

OXAZOLIDINONES

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

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

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

<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)

ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
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Drug Name	Requirements/Limits
<i>buspirone hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>buspirone hcl tab 15 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>diazepam conc 5 mg/ml</i>	QL (90 mL / 30 days), PA; AGE (Max age 64 years)

Drug Name	Requirements/Limits
<i>diazepam oral soln 1 mg/ml</i>	QL (120 mL / 30 days); AGE (Max age 64 years)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>lorazepam conc 2 mg/ml</i>	QL (90 mL / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>oxazepam cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 30 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<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); AGE (Max age 64 years)
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-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)

ANTIARRHYTHMICS TYPE I-C

<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)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>pacemone tab 200mg</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
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ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

cromolyn sodium soln nebu 20 mg/2ml	QL (780 mL / 30 days)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

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

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	QL (30 ea / 30 days)
ipratropium bromide inhal soln 0.02%	QL (300 mL / 30 days)

LEUKOTRIENE MODULATORS

montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)	QL (30 ea / 30 days)
montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)	QL (30 ea / 30 days)
montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)	QL (30 ea / 30 days)

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	QL (30 ea / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 ea / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 ea / 30 days)
budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)	QL (120 mL / 30 days); AGE (Max age 9 years)
budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	QL (10.6 gm / 30 days)

SYMPATHOMIMETICS

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (18 gm / 25 days); Generic Ventolin
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)	QL (8.5 gm / 25 days); Generic Proair
albuterol sulfate soln nebu 0.5% (5 mg/ml)	QL (150 ea / 25 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	QL (300 mL / 25 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	QL (225 mL / 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	QL (150 mL / 25 days)

Drug Name	Requirements/Limits
<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>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<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 / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<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)
PROAIR HFA AER	QL (8.5 gm / 25 days)
STRIVERDI AER 2.5MCG	QL (60 gm / 30 days)
<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)
TRELEGY AER ELLIPTA	QL (60 ea / 30 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

<i>theophylline soln 80 mg/15ml</i>	
<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 - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i>	QL (300 ea / 30 days)

Drug Name	Requirements/Limits
<i>warfarin sodium tab 4 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i>	QL (300 ea / 30 days)

DIRECT FACTOR XA INHIBITORS

<i>ELIQUIS ST P TAB 5MG</i>	PA
<i>ELIQUIS TAB 2.5MG</i>	PA
<i>ELIQUIS TAB 5MG</i>	PA

HEPARINS AND HEPARINOID-LIKE AGENTS

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

Drug Name	Requirements/Limits
FRAGMIN INJ 15000UNT	SP, PA
FRAGMIN INJ 18000UNT	SP, PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i> (generic of KLONOPIN)	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)
VALTOCO LIQ 15MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO LIQ 20MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 5MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 10MG	QL (10 ea / 25 days); AGE (Min age 6 years)

ANTICONVULSANTS - MISC.

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</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i> (generic of TEGRETOL)	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
CARBATROL CAP 100MG	QL (240 ea / 30 days)
CARBATROL CAP 200MG	QL (240 ea / 30 days)
CARBATROL CAP 300MG	QL (240 ea / 30 days)
<i>epitol tab 200mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)

Drug Name	Requirements/Limits
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i> (generic of NEURONTIN)	
<i>gabapentin tab 600 mg</i> (generic of NEURONTIN)	QL (180 ea / 30 days)
<i>gabapentin tab 800 mg</i> (generic of NEURONTIN)	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg</i> (generic of LAMICTAL)	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg</i> (generic of LAMICTAL)	QL (240 ea / 30 days)
<i>lamotrigine tab 150 mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (240 ea / 30 days)
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>levetiracetam tab 750 mg</i> (generic of KEPPRA)	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg</i> (generic of KEPPRA)	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i> (generic of KEPPRA XR)	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg</i> (generic of KEPPRA XR)	QL (120 ea / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> (generic of TRILEPTAL)	QL (500 mL / 30 days)
<i>oxcarbazepine tab 150 mg</i> (generic of TRILEPTAL)	QL (480 ea / 30 days)
<i>oxcarbazepine tab 300 mg</i> (generic of TRILEPTAL)	QL (240 ea / 30 days)
<i>oxcarbazepine tab 600 mg</i> (generic of TRILEPTAL)	QL (120 ea / 30 days)
<i>pregabalin cap 25 mg</i> (generic of LYRICA)	QL (90 ea / 30 days), PA
<i>pregabalin cap 50 mg</i> (generic of LYRICA)	QL (180 ea / 30 days), PA
<i>pregabalin cap 75 mg</i> (generic of LYRICA)	QL (240 ea / 30 days), PA
<i>pregabalin cap 100 mg</i> (generic of LYRICA)	QL (90 ea / 30 days), PA
<i>pregabalin cap 150 mg</i> (generic of LYRICA)	QL (90 ea / 30 days), PA
<i>pregabalin cap 200 mg</i> (generic of LYRICA)	QL (90 ea / 30 days), PA
<i>pregabalin cap 225 mg</i> (generic of LYRICA)	QL (60 ea / 30 days), PA
<i>pregabalin cap 300 mg</i> (generic of LYRICA)	QL (60 ea / 30 days), PA
<i>primidone tab 50 mg</i> (generic of MYSOLINE)	QL (120 ea / 30 days)
<i>primidone tab 250 mg</i> (generic of MYSOLINE)	QL (120 ea / 30 days)
<i>roweepra tab 500mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>roweepra tab 750mg</i> (generic of KEPPRA)	QL (120 ea / 30 days)
<i>roweepra tab 1000mg</i> (generic of KEPPRA)	QL (90 ea / 30 days)
<i>roweepra xr tab 500mg xr</i> (generic of KEPPRA XR)	QL (180 ea / 30 days)
<i>roweepra xr tab 750mg xr</i> (generic of KEPPRA XR)	QL (120 ea / 30 days)
<i>subvenite tab 25mg</i> (generic of LAMICTAL)	QL (300 ea / 30 days)
<i>subvenite tab 100mg</i> (generic of LAMICTAL)	QL (240 ea / 30 days)
<i>subvenite tab 150mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>subvenite tab 200mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
TEGRETOL SUS 100/5ML	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 100MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg</i> (generic of TOPAMAX SPRINKLE)	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg</i> (generic of TOPAMAX SPRINKLE)	QL (240 ea / 30 days)
<i>topiramate tab 25 mg</i> (generic of TOPAMAX)	QL (120 ea / 30 days)
<i>topiramate tab 50 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
<i>topiramate tab 100 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
<i>topiramate tab 200 mg</i> (generic of TOPAMAX)	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)
VIMPAT TAB 200MG	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg</i> (generic of ZONEGRAN)	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg</i> (generic of ZONEGRAN)	QL (180 ea / 30 days)

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i> (generic of GABITRIL)	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	QL (420 ea / 30 days)
<i>tiagabine hcl tab 12 mg</i> (generic of GABITRIL)	QL (140 ea / 30 days)
<i>tiagabine hcl tab 16 mg</i> (generic of GABITRIL)	QL (105 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	SP, QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg</i> (generic of SABRIL)	SP, QL (180 ea / 30 days)
<i>vigadrone pow 500mg</i> (generic of SABRIL)	SP, QL (180 ea / 30 days)

HYDANTOINS

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

Drug Name	Requirements/Limits
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SUCCINIMIDES

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

VALPROIC ACID

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

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i> (generic of REMERON)	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)	QL (120 ea / 30 days)
<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</i> (generic of WELLBUTRIN SR)	QL (60 ea / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i> (generic of WELLBUTRIN SR)	QL (90 ea / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i> (generic of WELLBUTRIN SR)	QL (60 ea / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i> (generic of WELLBUTRIN XL)	QL (30 ea / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i> (generic of WELLBUTRIN XL)	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</i> (generic of NARDIL)	QL (180 ea / 30 days)
<i>tranylcypromine sulfate tab 10 mg</i> (generic of PARNATE)	QL (240 ea / 30 days)

Drug Name	Requirements/Limits
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)</i> (generic of CELEXA)	QL (45 ea / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> (generic of CELEXA)	QL (60 ea / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> (generic of CELEXA)	QL (60 ea / 30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i> (generic of LEXAPRO)	QL (45 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i> (generic of LEXAPRO)	QL (45 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i> (generic of LEXAPRO)	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 cap 40 mg (generic of PROZAC)</i>	QL (60 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)
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	QL (45 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)

Drug Name	Requirements/Limits
<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); AGE (Max age 64 years)
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<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); AGE (Max age 64 years)
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)

Drug Name	Requirements/Limits
<i>doxepin hcl conc 10 mg/ml</i>	QL (900 mL / 30 days); AGE (Max age 64 years)
<i>imipramine hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</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 - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg (generic of PRECOSE)</i>	QL (90 ea / 30 days)
<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; Generic Kazano
<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; Generic Kazano
<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; Generic Oseni
<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; Generic Oseni

Drug Name	Requirements/Limits
<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; Generic Oseni
<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; Generic Oseni
<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; Generic Oseni
<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; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 30 days); Generic Glucovance
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

Drug Name	Requirements/Limits
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</i>	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (120 ea / 30 days)
DIABETIC OTHER	
BAQSIMI ONE POW 3MG/DOSE	QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE	QL (2 ea / 25 days)
GLUCAGEN INJ HYPOKIT	QL (2 ea / 25 days)
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; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product; Generic Nesina
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	
OZEMPIC INJ 2/1.5ML	PA
RYBELSUS TAB 3MG	PA
RYBELSUS TAB 7MG	PA
RYBELSUS TAB 14MG	PA
TRULICITY INJ 0.75/0.5	PA
TRULICITY INJ 1.5/0.5	PA
VICTOZA INJ 18MG/3ML	PA
INSULIN	
ADMELOG INJ 100U/ML	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 25 days); AGE (Max age 21 years)
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	QL (30 mL / 25 days)

Drug Name	Requirements/Limits
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days); AGE (Max age 21 years)
HUMULIN R INJ U-500	QL (18 mL / 25 days); (Kwikpen)
HUMULIN R INJ U-500	QL (20 mL / 25 days)
INS ASP PROT INJ FLEXPEN	QL (30 mL / 25 days); AGE (Max age 21 years)
INSULIN ASPA INJ 70/30	QL (30 mL / 25 days)
INSULIN ASPA INJ FLEXPEN	QL (30 mL / 25 days); AGE (Max age 21 years)
INSULIN LISP INJ PROTAMIN	QL (30 mL / 25 days)
NOVOLIN INJ 70/30	OTC, QL (30 mL / 25 days)
NOVOLIN INJ 70/30 FP	OTC, QL (30 mL / 25 days); AGE (Max age 21 years)
NOVOLIN N INJ 100 UNIT	OTC, QL (30 mL / 25 days); AGE (Max age 21 years)
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); AGE (Max age 21 years)

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of QL (30 ea / 30 days) ACTOS)
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of QL (30 ea / 30 days) ACTOS)
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of QL (30 ea / 30 days) ACTOS)

MEGLITINIDE ANALOGUES

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

Drug Name	Requirements/Limits
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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)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

<i>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</i> (generic of LOMOTIL)	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

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
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Drug Name	Requirements/Limits
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
NARCAN SPR	
VIVITROL INJ 380MG	SP, QL (1 ea / 28 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<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 ZOFTRAN)</i>	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg (generic of ZOFTRAN)</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)

ANTIEMETICS - ANTICHOLINERGIC

<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)
<i>scopolamine td patch 72hr 1 mg/3days (generic of PA TRANSDERM SCOP)</i>	

ANTIEMETICS - MISCELLANEOUS

<i>fructose-dextrose-phosphoric acid oral soln</i>	OTC
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<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)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<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)

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHISTAMINES - ALKYLAMINES

<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)

Drug Name	Requirements/Limits
ANTI HISTAMINES - ETHANOLAMINES	
ALER-DRYL TAB 50MG	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>allergy rel elx 12.5/5ml</i>	OTC, QL (2400 mL / 30 days); AGE (Max age 12 years)
<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>diphen elx 12.5/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl cap 25 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max age 64 years)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC, QL (1800 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl tab disint 12.5 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl tab 25 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
ANTI HISTAMINES - NON-SEDATING	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl tab 5 mg</i>	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg</i>	OTC, QL (30 ea / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg</i>	OTC, QL (30 ea / 30 days); AGE (Max age 12 years)
<i>loratadine syrup 5 mg/5ml</i>	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)
<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); AGE (Min age 2 years and Max age 64 years)

Drug Name	Requirements/Limits
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 12.5 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 25 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 12.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

ANTI HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	PA
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ANTIHYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	PA
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BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	QL (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)

Drug Name	Requirements/Limits
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> (generic of LIPITOR)	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</i> (generic of PRAVACHOL)	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i> (generic of PRAVACHOL)	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i> (generic of ZETIA)	QL (30 ea / 30 days)
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
REPATHA INJ 140MG/ML	PA
REPATHA PUSH INJ 420/3.5	QL (3.5 mL / 25 days), PA
REPATHA SURE INJ 140MG/ML	PA
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	
ACE INHIBITORS	
<i>benazepril hcl tab 5 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 10 mg</i> (generic of LOTENSIN)	QL (45 ea / 30 days)
<i>benazepril hcl tab 20 mg</i> (generic of LOTENSIN)	QL (45 ea / 30 days)
<i>benazepril hcl tab 40 mg</i> (generic of LOTENSIN)	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)

Drug Name	Requirements/Limits
<i>captopril tab 100 mg</i>	QL (90 ea / 30 days)
<i>enalapril maleate tab 2.5 mg</i> (generic of VASOTEC)	QL (30 ea / 30 days)
<i>enalapril maleate tab 5 mg</i> (generic of VASOTEC)	QL (30 ea / 30 days)
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	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</i> (generic of ZESTRIL)	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg</i> (generic of ZESTRIL)	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg</i> (generic of PRINIVIL)	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg</i> (generic of PRINIVIL)	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	QL (60 ea / 30 days)
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	QL (30 ea / 30 days)
<i>ramipril cap 5 mg</i> (generic of ALTACE)	QL (30 ea / 30 days)
<i>ramipril cap 10 mg</i> (generic of ALTACE)	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</i> (generic of MAVIK)	QL (30 ea / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i> (generic of AVAPRO)	QL (30 ea / 30 days)
<i>irbesartan tab 150 mg</i> (generic of AVAPRO)	QL (30 ea / 30 days)
<i>irbesartan tab 300 mg</i> (generic of AVAPRO)	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg</i> (generic of COZAAR)	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg</i> (generic of COZAAR)	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg</i> (generic of COZAAR)	QL (30 ea / 30 days)
<i>valsartan tab 40 mg</i> (generic of DIOVAN)	QL (60 ea / 30 days)
<i>valsartan tab 80 mg</i> (generic of DIOVAN)	QL (60 ea / 30 days)
<i>valsartan tab 160 mg</i> (generic of DIOVAN)	QL (60 ea / 30 days)
<i>valsartan tab 320 mg</i> (generic of DIOVAN)	QL (60 ea / 30 days)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i> (generic of CATAPRES)	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg</i> (generic of CATAPRES)	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg</i> (generic of CATAPRES)	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>doxazosin mesylate tab 1 mg</i> (generic of CARDURA)	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg</i> (generic of CARDURA)	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg</i> (generic of CARDURA)	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg</i> (generic of CARDURA)	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	QL (120 ea / 30 days); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	QL (60 ea / 30 days); Generic Tenex
<i>methyldopa tab 250 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>methyldopa tab 500 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>prazosin hcl cap 1 mg</i> (generic of MINIPRESS)	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg</i> (generic of MINIPRESS)	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg</i> (generic of MINIPRESS)	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg</i> (base equivalent)	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg</i> (base equivalent)	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg</i> (base equivalent)	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg</i> (base equivalent)	QL (60 ea / 30 days)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (generic of LOTREL)	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	QL (30 ea / 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	QL (60 ea / 30 days)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	QL (30 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	QL (120 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	QL (90 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	QL (60 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	QL (90 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	QL (60 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<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 & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>losartan potassium & 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)

Drug Name	Requirements/Limits
<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

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<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)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON)	QL (180 ea / 30 days)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	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 (24 ea / 21 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)

Drug Name	Requirements/Limits
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	QL (240 ea / 30 days)
<i>melfalan tab 2 mg (generic of ALKERAN)</i>	
<i>temozolomide cap 5 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 20 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 100 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 140 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 180 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 250 mg (generic of TEMODAR)</i>	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg (generic of XELODA)</i>	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (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)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (720 ea / 30 days)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	SP, QL (120 ea / 30 days), PA
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	QL (30 ea / 30 days)
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG	SP, PA
ELIGARD INJ 22.5MG	SP, PA
ELIGARD INJ 30MG	SP, PA
ELIGARD INJ 45MG	SP, PA
<i>flutamide cap 125 mg</i>	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	QL (30 ea / 30 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	SP, PA
LYSODREN TAB 500MG	
<i>megestrol acetate susp 40 mg/ml</i>	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	QL (1200 ea / 30 days)
<i>megestrol acetate tab 40 mg</i>	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (60 ea / 30 days)
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECENSA CAP 150MG	SP, QL (240 ea / 30 days), PA
BRUKINSA CAP 80MG	QL (120 ea / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i> (generic of TARCEVA)	SP, QL (90 ea / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i> (generic of TARCEVA)	SP, QL (30 ea / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i> (generic of TARCEVA)	SP, QL (30 ea / 30 days), PA
IBRANCE CAP 75MG	SP, QL (30 ea / 30 days), PA
IBRANCE CAP 100MG	SP, QL (30 ea / 30 days), PA
IBRANCE CAP 125MG	SP, QL (30 ea / 30 days), PA
IBRANCE TAB 75MG	SP, QL (30 ea / 30 days), PA
IBRANCE TAB 100MG	SP, QL (30 ea / 30 days), PA
IBRANCE TAB 125MG	SP, QL (30 ea / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	SP, QL (90 ea / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	SP, QL (60 ea / 30 days), PA
IMBRUVICA CAP 140MG	QL (90 ea / 30 days), PA
IMBRUVICA TAB 420MG	QL (30 ea / 30 days), PA
IMBRUVICA TAB 560MG	QL (30 ea / 30 days), PA
NEXAVAR TAB 200MG	SP, QL (120 ea / 30 days), PA
SPRYCEL TAB 20MG	SP, QL (90 ea / 30 days), PA
SPRYCEL TAB 50MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 70MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 80MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 100MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 140MG	SP, QL (30 ea / 30 days), PA
SUTENT CAP 12.5MG	SP, QL (120 ea / 30 days), PA

Drug Name	Requirements/Limits
SUTENT CAP 25MG	SP, QL (60 ea / 30 days), PA
SUTENT CAP 37.5MG	SP, QL (30 ea / 30 days), PA
SUTENT CAP 50MG	SP, QL (30 ea / 30 days), PA
TAGRISSO TAB 40MG	SP, QL (30 ea / 30 days), PA
TAGRISSO TAB 80MG	SP, QL (30 ea / 30 days), PA
TYKERB TAB 250MG	SP, QL (180 ea / 30 days), PA

ANTINEOPLASTICS MISC.

hydroxyurea cap 500 mg (generic of HYDREA)

INTRON A INJ 10MU SP, PA

INTRON A INJ 25MU SP, PA

MATULANE CAP 50MG PA

tretinoin cap 10 mg PA

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

leucovorin calcium tab 5 mg

leucovorin calcium tab 10 mg

leucovorin calcium tab 15 mg

leucovorin calcium tab 25 mg

MITOTIC INHIBITORS

etoposide cap 50 mg PA

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ANTICHOLINERGICS

benztropine mesylate tab 0.5 mg QL (150 ea / 30 days); AGE (Max age 64 years)

benztropine mesylate tab 1 mg QL (180 ea / 30 days); AGE (Max age 64 years)

benztropine mesylate tab 2 mg QL (90 ea / 30 days); AGE (Max age 64 years)

trihexyphenidyl hcl oral soln 0.4 mg/ml PA

trihexyphenidyl hcl tab 2 mg QL (360 ea / 30 days); AGE (Max age 64 years)

trihexyphenidyl hcl tab 5 mg QL (90 ea / 30 days); AGE (Max age 64 years)

ANTIPARKINSON COMT INHIBITORS

entacapone tab 200 mg (generic of COMTAN) QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa

ANTIPARKINSON DOPAMINERGICS

amantadine hcl cap 100 mg QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<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 & levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (360 ea / 30 days)
<i>carbidopa & levodopa tab 25-250 mg (generic of SINEMET)</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (120 ea / 30 days)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</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</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</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</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</i>	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</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)

Drug Name	Requirements/Limits
<i>ropinirole hydrochloride tab 5 mg</i>	QL (360 ea / 30 days)
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl cap 5 mg</i>	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	QL (60 ea / 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	
ANTIMANIC AGENTS	
<i>lithium carbonate cap 150 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<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</i> (generic of LITHOBID)	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
LITHIUM SOL 8MEQ/5ML	
ANTIPSYCHOTICS - MISC.	
LATUDA TAB 20MG	
LATUDA TAB 40MG	
LATUDA TAB 60MG	
LATUDA TAB 80MG	
LATUDA TAB 120MG	
<i>ziprasidone hcl cap 20 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 40 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 60 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 80 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
BENZISOXAZOLES	
FANAPT PAK	
FANAPT TAB 1MG	
FANAPT TAB 2MG	
FANAPT TAB 4MG	
FANAPT TAB 6MG	
FANAPT TAB 8MG	
FANAPT TAB 10MG	
FANAPT TAB 12MG	
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)

Drug Name	Requirements/Limits
INVEGA SUST INJ 234/1.5	QL (1.5 mL / 25 days)
INVEGA TRINZ INJ 273MG	QL (0.875 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 410MG	QL (1.315 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 546MG	QL (1.75 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 819MG	QL (2.65 mL / 71 days); AGE (Min age 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 3 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 6 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 9 mg</i> (generic of INVEGA)	PA
RISPERDAL INJ 12.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 25MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 37.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 50MG	QL (2 ea / 25 days); AGE (Min age 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 ea / 30 days); AGE (Min age 5 years)
<i>risperidone soln 1 mg/ml</i>	QL (480 mL / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.5 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 1 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 2 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 3 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)

Drug Name	Requirements/Limits
<i>risperidone tab 4 mg</i> (generic of RISPERDAL)	QL (120 ea / 30 days); AGE (Min age 5 years)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i> (generic of HALDOL DECANOATE 50)	AGE (Min age 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i> (generic of HALDOL DECANOATE 100)	AGE (Min age 6 years)
<i>haloperidol lactate inj 5 mg/ml</i> (generic of HALDOL)	AGE (Min age 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol tab 0.5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 5 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 10 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 20 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)

DIBENZAPINES

<i>clozapine tab 25 mg</i> (generic of CLOZARIL)	AGE (Min age 6 years)
<i>clozapine tab 50 mg</i> (generic of CLOZARIL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>clozapine tab 100 mg</i> (generic of CLOZARIL)	AGE (Min age 6 years)
<i>clozapine tab 200 mg</i> (generic of CLOZARIL)	AGE (Min age 6 years)
CLOZARIL TAB 25MG	AGE (Min age 6 years)
CLOZARIL TAB 50MG	QL (60 ea / 30 days); AGE (Min age 6 years)
CLOZARIL TAB 100MG	AGE (Min age 6 years)
CLOZARIL TAB 200MG	AGE (Min age 6 years)
<i>loxapine succinate cap 5 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 10 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 50 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 2.5 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)

Drug Name	Requirements/Limits
<i>olanzapine tab 5 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 7.5 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 10 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 15 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 20 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>quetiapine fumarate tab 25 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 50 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 100 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 200 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 300 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 400 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<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	
SAPHRIS SUB 10MG	
ZYPREXA RELP INJ 210MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 300MG	QL (2 ea / 25 days); AGE (Min age 6 years)

Drug Name	Requirements/Limits
ZYPREXA RELP INJ 405MG	QL (1 ea / 25 days); AGE (Min age 6 years)

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<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); AGE (Min age 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (300 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine suppos 25 mg</i>	QL (360 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)

Drug Name	Requirements/Limits
<i>thioridazine hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	QL (1 ea / 25 days); AGE (Min age 6 years)
ABILIFY MAIN INJ 400MG	QL (1 ea / 25 days); AGE (Min age 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days), PA; AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (30 ea / 30 days), PA; AGE (Min age 6 years)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
ARISTADA INJ 441MG/1.	QL (1.6 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 662MG/2	QL (2.4 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 882MG/3	QL (3.2 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 1064MG	QL (3.9 mL / 50 days); AGE (Min age 6 years)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 2 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

Drug Name	Requirements/Limits
<i>thiothixene cap 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<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)
APTIVUS CAP 250MG	QL (120 ea / 30 days)
APTIVUS SOL	QL (300 mL / 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)
ATRIPLA TAB	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)
CRIXIVAN CAP 200MG	QL (450 ea / 30 days)
CRIXIVAN CAP 400MG	QL (180 ea / 30 days)
DELSTRIGO TAB	QL (30 ea / 30 days)
DESCOVY TAB 200/25	QL (30 ea / 30 days), ST; Prior Use of Truvada
<i>didanosine delayed release capsule 200 mg</i>	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	QL (30 ea / 30 days)
DOVATO TAB 50-300MG	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)

Drug Name	Requirements/Limits
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (generic of LEXIVA)	QL (120 ea / 30 days)
FUZEON INJ 90MG	SP, QL (60 ea / 30 days)
GENVOYA TAB	QL (30 ea / 30 days)
INTELENCE TAB 25MG	QL (120 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 25MG	QL (180 ea / 30 days)
ISENTRESS CHW 100MG	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	QL (60 ea / 30 days)
ISENTRESS POW 100MG	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)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	QL (60 ea / 30 days)
LEXIVA SUS 50MG/ML	QL (1680 mL / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	QL (525 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i> (generic of VIRAMUNE)	QL (60 ea / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	QL (90 ea / 30 days)
<i>nevirapine tab er 24hr 400 mg</i> (generic of VIRAMUNE XR)	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	QL (450 mL / 30 days)
ODEFSEY TAB	QL (30 ea / 30 days)
PIFELTRO TAB 100MG	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 75MG	QL (300 ea / 30 days)
PREZISTA TAB 150MG	QL (1800 ea / 30 days)
PREZISTA TAB 600MG	QL (60 ea / 30 days)
PREZISTA TAB 800MG	QL (30 ea / 30 days)
RETROVIR INJ 10MG/ML	QL (3000 mL / 30 days)
REYATAZ POW 50MG	QL (180 ea / 30 days)
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	QL (360 ea / 30 days)
SELZENTRY SOL 20MG/ML	QL (1800 mL / 30 days)
SELZENTRY TAB 25MG	QL (1440 ea / 30 days)
SELZENTRY TAB 75MG	QL (480 ea / 30 days)
SELZENTRY TAB 150MG	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
SELZENTRY TAB 300MG	QL (60 ea / 30 days)
<i>stavudine cap 15 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 20 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 30 mg</i> (generic of ZERIT)	QL (60 ea / 30 days)
<i>stavudine cap 40 mg</i> (generic of ZERIT)	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)
SYMTUZA TAB	QL (30 ea / 30 days)
TEMIXYS TAB 300-300	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	QL (30 ea / 30 days)
TIVICAY PD TAB 5MG	QL (180 ea / 30 days)
TIVICAY TAB 10MG	QL (60 ea / 30 days)
TIVICAY TAB 25MG	QL (60 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	QL (30 ea / 30 days)
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</i> (generic of RETROVIR)	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml</i> (generic of RETROVIR)	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</i> (base equiv) (generic of VALCYTE)	PA
<i>valganciclovir hcl tab 450 mg</i> (base equivalent) (generic of VALCYTE)	PA

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i> (generic of HEPSERA)	QL (30 ea / 30 days)
BARACLUDE SOL	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</i> (hbv) (generic of EPIVIR HBV)	QL (90 ea / 30 days)
LEDIP-SOFOSB TAB 90-400MG	SP, QL (30 ea / 30 days), PA; Preferred agent

Drug Name	Requirements/Limits
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
PEGASYS INJ PROCLICK	SP, PA
PEGINTRON KIT 50MCG	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
SOFOS/VELPAT TAB 400-100	SP, QL (30 ea / 30 days), PA; Preferred agent
SOVALDI TAB 400MG	SP, PA
VOSEVI TAB	SP, QL (30 ea / 30 days), PA
ZEPATIER TAB 50-100MG	SP, PA

HERPES AGENTS

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

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 180 per fill)
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	QL (60 ea / 30 days)

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>labetalol hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 300 mg</i>	QL (180 ea / 30 days)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	QL (480 ea / 30 days)
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Drug Name	Requirements/Limits
<i>acebutolol hcl cap 400 mg</i>	QL (480 ea / 30 days)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	QL (60 ea / 30 days)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (120 ea / 30 days)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (60 ea / 30 days)
<i>metoprolol tartrate tab 25 mg</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)

BETA BLOCKERS NON-SELECTIVE

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

Drug Name	Requirements/Limits
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</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 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)
<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)

Drug Name	Requirements/Limits
<i>diltiazem hcl tab 120 mg</i> (generic of CARDIZEM)	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</i> (generic of PROCARDIA)	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (generic of PROCARDIA XL)	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (generic of PROCARDIA XL)	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (generic of PROCARDIA XL)	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>taztia xt cap 300mg er</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 120mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 180mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 240mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 300mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 360mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 420mg/24</i> (generic of TIAZAC)	QL (30 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</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg</i> (generic of CALAN SR)	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg</i> (generic of CALAN SR)	QL (90 ea / 30 days)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max age 12 years)
<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)
LANOXIN TAB 0.0625MG	QL (240 ea / 30 days)

Drug Name	Requirements/Limits
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CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

PERIPHERAL VASODILATORS

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

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

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

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

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	SP, QL (90 ea / 30 days), PA
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

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

Drug Name	Requirements/Limits
UPTRAVI TAB 1600MCG	SP, QL (60 ea / 30 days), PA
SINUS NODE INHIBITORS	
CORLANOR TAB 5MG	PA
CORLANOR TAB 7.5MG	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max age 12 years)
<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>	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<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>	AGE (Max age 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYPROG POW CAPROATE	PA; AGE (Min age 16 years and Max age 60 years)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>altavera tab</i>	QL (28 ea / 21 days)
<i>alyacen tab 1/35</i>	QL (28 ea / 21 days)
<i>alyacen tab 7/7/7</i>	QL (28 ea / 21 days)
<i>amethia lo tab</i> (generic of LOSEASONIQUE)	QL (91 ea / 84 days)
<i>amethia tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>apri tab</i>	QL (28 ea / 21 days)
<i>ashlyna tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>aubra eq tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 21 days)
<i>aurovela fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>aurovela tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>aurovela tab 1/20</i> (generic of LOESTRIN 1/20-21)	QL (28 ea / 21 days)
<i>aviane tab</i>	QL (28 ea / 21 days)
<i>ayuna tab</i>	QL (28 ea / 21 days)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>balziva tab</i>	QL (28 ea / 21 days)
<i>bekyree tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>blisovi fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 21 days)
<i>blisovi fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>briellyn tab</i>	QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (91 ea / 84 days)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>caziant pak</i>	QL (28 ea / 21 days)
<i>chateal eq tab 0.15/30</i>	QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	QL (28 ea / 21 days)
<i>cyclafem tab 1/35</i>	QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7</i>	QL (28 ea / 21 days)
<i>cyred eq tab</i>	QL (28 ea / 21 days)
<i>cyred tab</i>	QL (28 ea / 21 days)
<i>dasetta tab 1/35</i>	QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i>	QL (28 ea / 21 days)
<i>daysee tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>delyla tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>elimest tab</i>	QL (28 ea / 21 days)
<i>emoquette tab</i>	QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	QL (28 ea / 21 days)
<i>enskyce tab</i>	QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (28 ea / 21 days)
<i>falmina tab</i>	QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	QL (28 ea / 21 days)
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>hailey fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 21 days)
<i>hailey fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>hailey tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>introvale tab</i>	QL (91 ea / 84 days)
<i>isibloom tab</i>	QL (28 ea / 21 days)
<i>jaimiess tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>jolessa tab</i>	QL (91 ea / 84 days)
<i>juleber tab</i>	QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>junel 1/20 tab</i> (generic of LOESTRIN 1/20-21)	QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 21 days)
<i>junel fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>kalliga tab</i>	QL (28 ea / 21 days)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>kelnor 1/50 tab</i>	QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 21 days)
<i>larin fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>larin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>larin tab 1/20</i> (generic of LOESTRIN 1/20-21)	QL (28 ea / 21 days)
<i>larissia tab</i>	QL (28 ea / 21 days)
<i>lessina tab</i>	QL (28 ea / 21 days)
<i>levonest tab</i>	QL (28 ea / 21 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	QL (91 ea / 84 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)

Drug Name	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (91 ea / 84 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (28 ea / 21 days)
<i>levora-28 tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lillo tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>lojaimiess tab (generic of LOSEASONIQUE)</i>	QL (91 ea / 84 days)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	QL (28 ea / 21 days)
<i>lutra tab</i>	QL (28 ea / 21 days)
<i>marlissa tab 0.15/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1.5/30 (generic of LOESTRIN 1.5/30-21)</i>	QL (28 ea / 21 days)
<i>microgestin tab 1/20 (generic of LOESTRIN 1/20-21)</i>	QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30 (generic of LOESTRIN FE 1.5/30)</i>	QL (28 ea / 21 days)
<i>microgestin tab fe 1/20 (generic of LOESTRIN FE 1/20)</i>	QL (28 ea / 21 days)
<i>mili tab 0.25/35</i>	QL (28 ea / 21 days)
<i>mono-lynyah tab 0.25-35</i>	QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (generic of LOESTRIN 1/20-21)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (generic of LOESTRIN 1.5/30-21)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (generic of LOESTRIN FE 1/20)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (generic of LOESTRIN FE 1.5/30)</i>	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (28 ea / 21 days)
<i>nortrel tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 1/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i>	QL (28 ea / 21 days)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>orsythia tab</i>	QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	QL (28 ea / 21 days)
<i>pimtree tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>pirmella tab 1/35</i>	QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i>	QL (28 ea / 21 days)
<i>portia-28 tab</i>	QL (28 ea / 21 days)
<i>previfem tab</i>	QL (28 ea / 21 days)
<i>reclipsen tab</i>	QL (28 ea / 21 days)
<i>setlakin tab</i>	QL (91 ea / 84 days)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>simpesse tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>sprintec 28 tab 28 day</i>	QL (28 ea / 21 days)
<i>sronyx tab</i>	QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>tarina fe tab 1/20 eq</i> (generic of LOESTRIN FE 1/20)	QL (28 ea / 21 days)
<i>tri femynor tab</i>	QL (28 ea / 21 days)
<i>tri-estaryl tab</i>	QL (28 ea / 21 days)
<i>tri-lynyah tab</i>	QL (28 ea / 21 days)
<i>tri-lo tab estaryl</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-mili tab</i>	QL (28 ea / 21 days)
<i>tri-previfem tab</i>	QL (28 ea / 21 days)
<i>tri-sprintec tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>trivora-28 tab</i>	QL (28 ea / 21 days)
<i>velivet pak</i>	QL (28 ea / 21 days)
<i>vienva tab 0.1-20</i>	QL (28 ea / 21 days)
<i>viorele tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>volnea tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>vyfemla tab 0.4-35</i>	QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	QL (28 ea / 21 days)
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane dis 150-35</i>	QL (3 ea / 21 days)
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng mis</i> (generic of NUVARING)	QL (1 ea / 21 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	QL (1 ea / 21 days)
EMERGENCY CONTRACEPTIVES	
ELLA TAB 30MG	QL (6 ea / year)
<i>levonorgestrel tab 1.5 mg</i>	OTC, QL (6 ea / year)
PROGESTIN CONTRACEPTIVES - INJECTABLE	
DEPO-SQ PROV INJ 104	QL (2.6 mL / 284 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	SP
LILETTA IUD 52MG	SP
MIRENA IUD SYSTEM	SP
SKYLA IUD 13.5MG	SP
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tab 0.35mg</i>	QL (28 ea / 21 days)
<i>deblitane tab 0.35mg</i>	QL (28 ea / 21 days)
<i>errin tab 0.35mg</i>	QL (28 ea / 21 days)
<i>heather tab 0.35mg</i>	QL (28 ea / 21 days)
<i>incassia tab 0.35mg</i>	QL (28 ea / 21 days)
<i>jencycla tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyza tab 0.35mg</i>	QL (28 ea / 21 days)
<i>nora-be tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norethindrone tab 0.35 mg</i>	QL (28 ea / 21 days)
<i>norlyda tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norlyroc tab 0.35mg</i>	QL (28 ea / 21 days)
<i>sharobel tab 0.35mg</i>	QL (28 ea / 21 days)
<i>tulana tab 0.35mg</i>	QL (28 ea / 21 days)
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
GLUCOCORTICOSTEROIDS	
<i>budesonide delayed release particles cap 3 mg</i> (generic of ENTOCORT EC)	
<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>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)

Drug Name	Requirements/Limits
<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 (generic of CORTEF)</i>	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone 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>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	QL (150 ea / 30 days)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<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>hm cgh relf liq 15mg/5ml</i>	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Min age 18 years)

Drug Name	Requirements/Limits
<i>hydromet syp 5-1.5/5</i>	QL (1800 mL / 30 days); AGE (Min age 18 years)
<i>qc cgh relf liq 15mg/5ml</i>	OTC
<i>tussin cough liq 15mg/5ml</i>	OTC
<i>tussin long liq 15mg/5ml</i>	OTC
<i>wal-tussin liq 15mg/5ml</i>	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm syp</i>	QL (1800 mL / 30 days)
<i>brompheniramine & 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); AGE (Min age 4 years)
<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>diphenhydramine-phenylephrine tab 25-10 mg</i>	OTC, QL (180 ea / 30 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	OTC, QL (1800 mL / 30 days); AGE (Min age 18 years)
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	OTC, QL (60 ea / 30 days)
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	OTC, QL (30 ea / 30 days)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); AGE (Min age 18 years and Max age 64 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Min age 18 years and Max age 64 years)
<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); AGE (Min age 4 years)

Drug Name	Requirements/Limits
<i>virtussin sol dac</i>	OTC, QL (1800 mL / 30 days); AGE (Min age 18 years)

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin syrup 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 400 mg</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab er 12hr 600 mg</i>	OTC, QL (60 ea / 30 days)

MISC. RESPIRATORY INHALANTS

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

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	QL (3600 mL / 30 days)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>acne medicat gel 2.5%</i>	OTC, QL (60 gm / 25 days)
ACNE MEDICAT LOT 10%	OTC; Benzoyl Peroxide
<i>adapalene gel 0.1%</i>	OTC, QL (45 gm / 25 days)
<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; AGE (Max age 35 years)
<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; AGE (Max age 35 years)
BENZOYL PEROXIDE GEL 2.5%	OTC, QL (60 gm / 25 days)
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i>	OTC, QL (240 gm / 25 days)
BENZOYL PEROXIDE LOTION 5%	OTC
<i>clindamycin phosphate gel 1%</i>	QL (60 mL / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC

Drug Name	Requirements/Limits
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days)
DIFFERIN GEL 0.1%	OTC, QL (45 gm / 25 days)
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>sulfacetamide sodium lotion 10% (acne)</i> (generic of KLARON)	QL (118 mL / 25 days), PA
<i>tretinoin cream 0.1%</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; AGE (Max age 35 years)
<i>tretinoin cream 0.05%</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; AGE (Max age 35 years)
<i>tretinoin cream 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; AGE (Max age 35 years)
<i>tretinoin gel 0.01%</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; AGE (Max age 35 years)
<i>tretinoin gel 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; AGE (Max age 35 years)
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium gel 1%</i> (generic of VOLTAREN)	OTC, QL (200 gm / 25 days)
VOLTAREN GEL 1%	OTC, QL (200 gm / 25 days)

Drug Name	Requirements/Limits
ANTIBIOTICS - TOPICAL	
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)
<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
ANTIFUNGALS - TOPICAL	
<i>ciclodan sol 8%</i>	QL (6.6 mL / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (generic of LOPROX)	QL (180 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i> (generic of LOPROX)	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	QL (60 gm / 30 days)
<i>clotrimazole cream 1%</i>	OTC, QL (60 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole soln 1%</i>	OTC, QL (60 mL / 30 days)
<i>fungicure spr intens</i>	OTC, QL (60 mL / 30 days)
<i>ketoconazole cream 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	OTC, QL (133 gm / 30 days)
<i>miconazole nitrate cream 2%</i>	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate ointment 2%</i>	OTC, QL (113 gm / 30 days)
<i>miconazole nitrate powder 2%</i>	OTC, QL (90 gm / 30 days)
<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, QL (133 gm / 30 days)
<i>tolnaftate cream 1%</i>	OTC, QL (60 gm / 30 days)
<i>tolnaftate powder 1%</i>	OTC, QL (67.5 gm / 30 days)
<i>tolnaftate soln 1%</i>	OTC, QL (151 mL / 30 days)
ANTI-HISTAMINES-TOPICAL	
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	
ANTIPSORIATICS	
<i>calcipotriene cream 0.005% (generic of DOVONEX)</i>	PA
<i>calcipotriene oint 0.005%</i>	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	PA

Drug Name	Requirements/Limits
<i>calcitrene oin 0.005%</i>	PA
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	
ANTIVIRALS - TOPICAL	
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	PA
<i>docosanol cream 10%</i>	OTC, QL (2 gm / 15 days)
BURN PRODUCTS	
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	
<i>ssd cre 1% (generic of SILVADENE)</i>	
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)

Drug Name	Requirements/Limits
<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), PA
<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)
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 25 days)
<i>hydrocort cre 0.5%</i>	OTC
<i>hydrocortisone acetate cream 1%</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 gel 1%</i>	OTC
<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>	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	QL (60 mL / 25 days)
TRIAMCINOLON POW ACETONID	
<i>triamcinolone acetone cream 0.1%</i>	
<i>triamcinolone acetone cream 0.5%</i>	
<i>triamcinolone acetone cream 0.025%</i>	
<i>triamcinolone acetone lotion 0.1%</i>	
<i>triamcinolone acetone lotion 0.025%</i>	
<i>triamcinolone acetone oint 0.1%</i>	
<i>triamcinolone acetone oint 0.5%</i>	
<i>triamcinolone acetone oint 0.025%</i>	
<i>triderm cre 0.1%</i>	
<i>triderm cre 0.5%</i>	

EMOLLIENTS

<i>a/12 lot 12%</i>	OTC, QL (225 gm / 25 days)
<i>amlactin lot 12%</i>	OTC, QL (225 gm / 25 days)
<i>amlactin lot daily</i>	OTC, QL (225 gm / 25 days)
<i>emollient - ointment</i>	OTC; Generic Aquaphor
<i>geri-hydroa cre 12%</i>	OTC, QL (280 gm / 25 days)
<i>geri-hydroa lot 12%</i>	OTC, QL (225 mL / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days)

Drug Name	Requirements/Limits
<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)
ENZYMES - TOPICAL	
SANTYL OIN 250/GM	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5% (generic of ALDARA)</i>	QL (24 ea / 25 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	QL (60 gm / 30 days), PA
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	QL (30 gm / 25 days), PA
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	QL (30 gm / 25 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL	
ARTH PAIN CRE 0.075%	OTC
<i>capsaicin cream 0.1%</i>	OTC, QL (85 gm / 25 days)
<i>capsaicin cream 0.025%</i>	OTC
<i>capsaicin hp cre 0.1%</i>	OTC, QL (85 gm / 25 days)
CAPZASIN-P CRE 0.035%	OTC
<i>capzix cre 0.1%</i>	OTC, QL (85 gm / 25 days)
<i>dermacinrx cre penetral</i>	OTC
<i>glydo gel 2%</i>	
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl gel 2%</i>	OTC
<i>lidocaine hcl gel 2%- rx</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine patch 4%</i>	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 5% (generic of LIDODERM)</i>	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
<i>zostrix hp cre 0.1%</i>	OTC, QL (85 gm / 25 days)
ZOSTRIX NAT CRE 0.033%	OTC
MISC. TOPICAL	
<i>americerin cre</i>	OTC
<i>caladrox oin</i>	OTC
<i>dermacerin cre</i>	OTC
DIETHYLTOLUAMIDE (DEET) AEROSOL	OTC
DIETHYLTOLUAMIDE (DEET) LIQUID	OTC
DIETHYLTOLUAMIDE (DEET) LOTION	OTC
DRYSOL SOL 20%	

Drug Name	Requirements/Limits
<i>hydrocerin cre plus</i>	OTC
INSECT REPELLENT - AEROSOL	OTC
INSECT REPELLENT - LIQUID	OTC
<i>kerodex-51 cre dry/oily</i>	OTC
<i>kerodex-71 cre wet</i>	OTC
<i>minerin cre</i>	OTC
NATRAPEL 12H SPR 20%	OTC
NATRAPEL LIQ 20%	OTC
OFF FAMILYCR SPR 5%	OTC
RANGER READY SPR 20% AMBR	OTC
RANGER READY SPR 20% NT S	OTC
RANGER READY SPR 20% NTSK	OTC
RANGER READY SPR 20% ORNG	OTC
REPEL TICK AER 15%	OTC
SAWYER REPEL SPR 20%	OTC
<i>zinc-oxyde oin 0.44-20%</i>	OTC

ROSACEA AGENTS

<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	
<i>metronidazole gel 0.75%</i>	Generic Metrogel
<i>metronidazole lotion 0.75%</i> (generic of METROLOTION)	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	
<i>rosadan gel 0.75%</i>	Generic Metrogel

SCABICIDES & PEDICULICIDES

<i>crotan lot 10%</i>	PA
<i>lice trtmnt liq 1%</i>	OTC; Generic NIX
<i>malathion lotion 0.5%</i>	QL (59 mL / 25 days)
<i>permethrin aerosol 0.5%</i>	OTC; Generic RID
<i>permethrin cream 5%</i> (generic of ELIMITE)	
<i>permethrin lotion 1%</i>	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC; Generic NIX
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC; Generic RID
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC; Generic RID
<i>spinosad susp 0.9%</i>	QL (120 mL / 25 days)

WOUND CARE PRODUCTS

BISMUTH TRIBROMOPHENATE-PETROLATUM DRESSING PADS	QL (30 ea / 25 days)
CONTROL GEL FORMULA - DRESSING	OTC, QL (30 ea / 25 days)
WOUND DRESSINGS - GEL	OTC, QL (850 gm / 25 days)
WOUND DRESSINGS - GEL- RX	QL (850 gm / 25 days)

Drug Name	Requirements/Limits
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	
DIAGNOSTIC DRUGS	
THYROGEN INJ 1.1MG	SP, QL (2 ea / 180 days), PA
DIAGNOSTIC TESTS	
ACETONE (URINE) TEST STRIP	OTC
TRUE METRIX TES GLUCOSE	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins. Max 300 strips/month for type 1 if submitted with Dx code or PA required without Dx.

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

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

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (generic of DYZIDE)	QL (60 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
LOOP DIURETICS	
<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	QL (60 ea / 30 days)
<i>bumetanide tab 1 mg (generic of BUMEX)</i>	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg (generic of BUMEX)</i>	QL (150 ea / 30 days)
<i>furosemide oral soln 8 mg/ml</i>	AGE (Max age 12 years)
<i>furosemide oral soln 10 mg/ml</i>	AGE (Max age 12 years)
<i>furosemide tab 20 mg (generic of LASIX)</i>	QL (180 ea / 30 days)
<i>furosemide tab 40 mg (generic of LASIX)</i>	QL (180 ea / 30 days)
<i>furosemide tab 80 mg (generic of LASIX)</i>	QL (180 ea / 30 days)
<i>torsemide tab 5 mg</i>	QL (60 ea / 30 days)
<i>torsemide tab 10 mg</i>	QL (120 ea / 30 days)
<i>torsemide tab 20 mg</i>	QL (120 ea / 30 days)
<i>torsemide 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 (generic of ALDACTONE)</i>	QL (240 ea / 30 days)
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	QL (120 ea / 30 days)
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	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. - DRUGS TO REGULATE HORMONES	
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 70 mg (generic of FOSAMAX)</i>	QL (4 ea / 28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)</i>	QL (30 mL / 30 days); AGE (Min age 50 years)
<i>ibandronate sodium tab 150 mg (base equivalent) (generic of BONIVA)</i>	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	SP, PA
TYMLOS INJ	SP, PA

Drug Name	Requirements/Limits
FERTILITY REGULATORS	
<i>clomiphene citrate tab 50 mg</i>	QL (30 ea in lifetime); AGE (Min age 21 years and Max age 44 years)
GROWTH HORMONES	
OMNITROPE INJ 5.8MG	SP, PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	QL (30 ea / 30 days); AGE (Min age 50 years)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX INJ 40MG/4ML	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
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
METABOLIC MODIFIERS	
<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)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate nasal spray soln 0.01%</i> (generic of DDAVP)	SP, PA
<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
SOMATOSTATIC AGENTS	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	SP, PA
SANDOSTATIN KIT LAR 10MG	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
ESTROGEN COMBINATIONS	
<i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT LOW DOSE)	QL (28 ea / 28 days)

Drug Name	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)</i>	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	QL (28 ea / 28 days)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)

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. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIFLATULENTS

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

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg (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)

Drug Name	Requirements/Limits
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> (generic of REGLAN)	QL (180 ea / 30 days)
INFLAMMATORY BOWEL AGENTS	
<i>balsalazide disodium cap 750 mg</i> (generic of COLAZAL)	
<i>mesalamine cap er 24hr 0.375 gm</i> (generic of APRISO)	QL (120 ea / 30 days)
<i>sulfasalazine tab 500 mg</i> (generic of AZULFIDINE)	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg</i> (generic of AZULFIDINE EN-TABS)	QL (240 ea / 30 days)
INTESTINAL ACIDIFIERS	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) cap 667 mg</i> (169 mg ca) (generic of PHOSLO)	
<i>sevelamer carbonate tab 800 mg</i> (generic of RENVELA)	ST; Requires trial of calcium acetate
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	
ALKALINIZERS	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i> (generic of UROCIT-K 5)	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i> (generic of UROCIT-K 10)	QL (90 ea / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i> (generic of UROCIT-K 15)	QL (120 ea / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	
GENITOURINARY IRRIGANTS	
<i>acetic acid irrigation soln 0.25%</i>	
<i>sodium chloride irrigation soln 0.9%</i>	QL (10000 mL / 25 days)
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tab er 24hr 10 mg</i> (generic of UROXATRAL)	QL (30 ea / 30 days)
<i>finasteride tab 5 mg</i> (generic of PROSCAR)	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i> (generic of FLOMAX)	QL (60 ea / 30 days)
URINARY ANALGESICS	
<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)
GOUT AGENTS - DRUGS TO TREAT GOUT	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
GOUT AGENTS - DRUGS TO TREAT GOUT	
<i>allopurinol tab 100 mg</i> (generic of ZYLOPRIM)	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg</i> (generic of ZYLOPRIM)	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg</i> (generic of COLCRYS)	QL (30 ea / 90 days, max 1 fill per 90 days)
URICOSURICS	
<i>probenecid tab 500 mg</i>	QL (90 ea / 30 days)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	
ANTIHEMOPHILIC PRODUCTS	
ADVATE INJ 250UNIT	SP, PA
ADVATE INJ 500UNIT	SP, PA
ADVATE INJ 1000UNIT	SP, PA
ADVATE INJ 1500UNIT	SP, PA
ADVATE INJ 2000UNIT	SP, PA
ADVATE INJ 3000UNIT	SP, PA
ADVATE INJ 4000UNIT	SP, PA
BENEFIX INJ 250UNIT	SP, PA
BENEFIX INJ 500UNIT	SP, PA
BENEFIX INJ 1000UNIT	SP, PA
BENEFIX INJ 2000UNIT	SP, PA
BENEFIX INJ 3000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA
IXINITY INJ 500UNIT	SP, PA
IXINITY INJ 1000UNIT	SP, PA
IXINITY INJ 2000UNIT	SP, PA
IXINITY INJ 3000UNIT	SP, PA
KOGENATE FS INJ 250UNIT	SP, PA
KOGENATE FS INJ 500UNIT	SP, PA
KOGENATE FS INJ 1000UNIT	SP, PA
KOVALTRY INJ 250UNIT	SP, PA
KOVALTRY INJ 500UNIT	SP, PA
KOVALTRY INJ 1000UNIT	SP, PA
KOVALTRY INJ 2000UNIT	SP, PA
KOVALTRY INJ 3000UNIT	SP, PA
NUWIQ KIT 250UNIT	SP, PA
NUWIQ KIT 500UNIT	SP, PA
NUWIQ KIT 1000UNIT	SP, PA
RIXUBIS INJ 250 UNIT	SP, PA
RIXUBIS INJ 500UNIT	SP, PA
RIXUBIS INJ 1000UNIT	SP, PA
RIXUBIS INJ 2000UNIT	SP, PA

Drug Name	Requirements/Limits
RIXUBIS INJ 3000UNIT	SP, PA
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tab er 400 mg</i>	QL (120 ea / 30 days)
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (generic of AGGRENOLX)	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)
<i>dipyridamole tab 50 mg</i>	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	QL (120 ea / 30 days)
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS	
COBALAMINS	
<i>b-12-sl sub 1000mcg</i>	OTC
<i>cyanocobalamin sl tab 500 mcg</i>	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	OTC
<i>cyanocobalamin tab 100 mcg</i>	OTC
<i>cyanocobalamin tab 250 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	OTC
<i>gnp b-12 sub 2500mcg</i>	OTC
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 800 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
LEUKINE INJ 250MCG	SP, PA
NIVESTYM INJ 300/0.5	SP, PA
NIVESTYM INJ 480/0.8	SP, PA
RETACRIT INJ 2000UNIT	SP, PA
RETACRIT INJ 3000UNIT	SP, PA
RETACRIT INJ 4000UNIT	SP, PA

Drug Name	Requirements/Limits
RETACRIT INJ 10000UNT	SP, PA
RETACRIT INJ 40000UNT	SP, PA
UDENYCA INJ 6MG/.6ML	SP, QL (0.6 mL / 11 days), PA
ZARXIO INJ 300/0.5	SP, PA
ZARXIO INJ 480/0.8	SP, PA
ZIEXTENZO INJ 6/0.6ML	QL (0.6 mL / 11 days), 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)
<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>tricon cap</i>	QL (60 ea / 30 days)

IRON

<i>fe tabs tab 325mg ec</i>	OTC
<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
<i>ferrous gluc tab 324mg</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 SULF LIQ 44MG/5ML	OTC
FERROUS SULF TAB 324MG EC	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC

Drug Name	Requirements/Limits
<i>ferrous sulfate tab er 50 mg (elemental fe)</i>	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	OTC
<i>myferon 150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>nu-iron 150 cap</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)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	OTC, QL (60 ea / 30 days)
<i>slow iron tab 50mg</i>	OTC
<i>slow release tab 47.5mg</i>	OTC

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

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 50 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); AGE (Max age 12 years)
<i>phenobarbital tab 15 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	QL (60 ea / 30 days)
<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); AGE (Min age 18 years)
<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	QL (60 ea / 30 days); AGE (Min age 18 years)

Drug Name	Requirements/Limits
<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 5 mg</i> (generic of AMBIEN)	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 10 mg</i> (generic of AMBIEN)	QL (30 ea / 30 days); AGE (Min age 18 years)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
<i>corn dextrin oral powder</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
NAT FIBER POW 58.6%	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<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 & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	QL (30 ea / 30 days)
<i>gavilyte-c sol</i>	QL (120000 mL / 30 days)
<i>gavilyte-g sol</i> (generic of GOLYTELY)	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</i> (generic of GOLYTELY)	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)	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 sup 2gm</i>	OTC
<i>glycerin suppos 1.2 gm</i>	OTC

Drug Name	Requirements/Limits
<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
<i>milk of magn sus 2400mg</i>	OTC
<i>pediatric ene enema</i>	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 chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC, QL (60 ea / 30 days)
<i>sennosides tab 25 mg</i>	OTC

SURFACTANT LAXATIVES

<i>docusate calcium cap 240 mg</i>	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 50 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)
<i>PEDIA-LAX LIQ 50MG</i>	OTC, QL (900 mL / 30 days)

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

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

Drug Name	Requirements/Limits
CLARITHROMYCIN	
<i>clarithromycin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	

ERYTHROMYCINS

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

BANDAGES-DRESSINGS-TAPE

<i>adhesive bandages</i>	OTC, QL (30 ea / 25 days)
ADHESIVE BANDAGES	OTC, QL (30 ea / 25 days)
ADHESIVE BANDAGES- RX	QL (30 ea / 25 days)
BAND-AID PAD 2"X2"	OTC, QL (120 ea / 25 days)
BAND-AID PAD 4"X4"	OTC, QL (120 ea / 25 days)
BANDAGE ROLL MIS KERLIX	OTC, QL (120 ea / 25 days)
BANDAGE ROLL MIS KERLIX	OTC, QL (180 ea / 25 days)
BIOGUARD PAD 3"X4"	QL (180 ea / 25 days)
BORDER GAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)
CLOTH TAPE TAP 1"X10YDS	OTC, QL (300 ea / 25 days)
CURAD NON- PAD STICK	OTC, QL (180 ea / 25 days)
CURAD PAD NON-STCK	OTC, QL (180 ea / 25 days)
CURITY AMD PAD 2"X2"	OTC, QL (120 ea / 25 days)
CURITY COVER PAD 3"X4"	OTC, QL (180 ea / 25 days)
CURITY COVER PAD 4"X3"	OTC, QL (180 ea / 25 days)
CURITY GAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)
CURITY GAUZE PAD 4"X3"	OTC, QL (180 ea / 25 days)
CURITY GAUZE PAD 4"X4"	OTC, QL (120 ea / 25 days)
CURITY GAUZE PAD 4"X4"	OTC, QL (180 ea / 25 days)
CURITY SPONG PAD 2"X2"	OTC, QL (120 ea / 25 days)
CURITY SPONG PAD 4"X3"	OTC, QL (180 ea / 25 days)
CURITY SPONG PAD 4"X4"	OTC, QL (120 ea / 25 days)
CVS ADHESIVE TAP 1"X10YDS	OTC, QL (300 ea / 25 days)
CVS GAUZE PD PAD 2"X2"	OTC, QL (120 ea / 25 days)
DERM NON-ADH PAD 3"X4"	OTC, QL (180 ea / 25 days)
DERMACEA I.V PAD 2"X2"	OTC, QL (120 ea / 25 days)
DERMACEA IV PAD 2"X2"	OTC, QL (120 ea / 25 days)
DERMACEA PAD 2"X2"	OTC, QL (120 ea / 25 days)
DERMACEA PAD 3"X4"	OTC, QL (180 ea / 25 days)
DRESS SPONGE PAD 4"X3"	OTC, QL (180 ea / 25 days)
DURAPORE TAP 1"X10YDS	OTC, QL (120 ea / 25 days)
EQL GAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)
GAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)

Drug Name	Requirements/Limits
GAUZE PADS & DRESSINGS - PADS 2" X 3"	OTC, QL (180 ea / 25 days)
GAUZE PADS & DRESSINGS - PADS 3" X 3"	OTC, QL (120 ea / 25 days)
GAUZE PADS & DRESSINGS - PADS 5" X 9"	OTC, QL (30 ea / 25 days)
GAUZE SPONGE PAD 2X2 8PLY	QL (120 ea / 25 days)
GAUZE SPONGE PAD 2X2 8PLY	OTC, QL (120 ea / 25 days)
GENTLE PAPER TAP 1"X10YD	OTC, QL (300 ea / 25 days)
GENTLE PAPER TAP 1"X10YDS	OTC, QL (300 ea / 25 days)
HM NON-STICK PAD 3" X 4"	OTC, QL (180 ea / 25 days)
HM STERILE PAD 2X2 8PLY	OTC, QL (120 ea / 25 days)
I.V. SPONGES PAD 2"X2"	OTC, QL (120 ea / 25 days)
J&J GAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)
KENDALL FOAM PAD 2"X2"	OTC, QL (120 ea / 25 days)
KERLIX GAUZE MIS ROLL LRG	OTC, QL (120 ea / 25 days)
MIRASORB MIS 2" X 2"	OTC, QL (120 ea / 25 days)
NON-ADHERENT PAD 3"X4"	OTC, QL (180 ea / 25 days)
NON-STCK PAD PAD 3"X4"	OTC, QL (180 ea / 25 days)
NON-STICK PAD 3"X4"	OTC, QL (180 ea / 25 days)
PAPER TAPE TAP 1"X10YD	OTC, QL (300 ea / 25 days)
RA ADHESIVE TAP 1"X5YDS	OTC, QL (300 ea / 25 days)
RA ADHESIVE TAP 1"X10YDS	OTC, QL (300 ea / 25 days)
RA ADHESIVE TAP 1/2"X10Y	OTC, QL (100 ea / 25 days)
RA CONFORMED MIS BANDAGE	OTC, QL (120 ea / 25 days)
RA STERILE PAD 2"X2"	OTC, QL (120 ea / 25 days)
RA STERILE PAD 4"X4"	OTC, QL (30 ea / 25 days)
RELEASE PAD 4" X 3"	OTC, QL (180 ea / 25 days)
RESTORE CONT PAD 2"X2"	OTC, QL (120 ea / 25 days)
SM GAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)
SM GAUZE PAD 4"X4"	OTC, QL (30 ea / 25 days)
SM STERILE PAD 2"X2"	OTC, QL (120 ea / 25 days)
STERILE GAUZ PAD 2"X2"	OTC, QL (120 ea / 25 days)
STERILE PAD 2"X2"	OTC, QL (120 ea / 25 days)
STERILE PADS PAD 2"X2"	OTC, QL (120 ea / 25 days)
SURGICAL SPN PAD 2" X 2"	OTC, QL (120 ea / 25 days)
TEGADERM CNT PAD 3"X4"	OTC, QL (180 ea / 25 days)
TEGADERM FM PAD 2"X2"	OTC, QL (120 ea / 25 days)
TELFA ADHESV PAD 3"X4"	OTC, QL (180 ea / 25 days)
TELFA NON-AD PAD 3"X4"	OTC, QL (180 ea / 25 days)
TELFA NON-ST PAD 3"X4"	OTC, QL (180 ea / 25 days)
THERAGAUZE PAD 2"X2"	OTC, QL (120 ea / 25 days)
TOPPER DRESS MIS	OTC, QL (180 ea / 25 days)

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - MALE	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	OTC, QL (108 ea / 25 days)

Drug Name	Requirements/Limits
CONDOMS LATEX NON-LUBRICATED	OTC; QL (max quantity 12 per fill)

DIABETIC SUPPLIES

DEXCOM G5 MOBILE RECEIVER	QL (1 ea / 310 days), PA
DEXCOM G5 MOBILE TRANSMIT	QL (1 ea / 76 days), PA
DEXCOM G6 RECEIVER	QL (1 ea / 310 days), PA
DEXCOM G6 SENSOR	QL (3 ea / 25 days), PA
DEXCOM G6 TRANSMITTER	QL (1 ea / 76 days), PA
FREESTYLE LIBRE READER	QL (1 ea / 310 days), PA
FREESTYLE LIBRE SENSOR	QL (2 ea / 23 days), PA
FREESTYLE LIBRE SENSOR	QL (3 ea / 25 days), PA
G5/G4 MIS SENSOR	QL (4 ea / 23 days), PA
LANCETS	OTC
TRUE METRIX KIT AIR	OTC, QL (1 ea / year)
TRUE METRIX KIT METER	OTC, QL (1 ea / year)

GI-GU OSTOMY & IRRIGATION SUPPLIES

ADAPT PST	OTC, QL (10 gm / 25 days)
ALLKARE BARR MIS WIPES	OTC, QL (25 ea / 25 days)
ALLKARE BARR MIS WIPES	OTC, QL (5 ea / 25 days)
DISPOZ-A-BAG MIS LG 32OZ	OTC, QL (10 ea / 25 days)
DOVER URINE MIS BAG	QL (50 ea / 25 days)
DRAIN POUCH MIS 1"	OTC, QL (50 ea / 25 days)
DRAIN POUCH MIS 1-3/4"	OTC, QL (15 ea / 25 days)
DRAIN POUCH MIS 2-1/4"	OTC, QL (25 ea / 25 days)
DRAIN POUCH MIS 19-64MM	OTC, QL (50 ea / 25 days)
DRAIN POUCH MIS 32MMX12"	OTC, QL (15 ea / 25 days)
DRAIN POUCH MIS 45MM	OTC, QL (15 ea / 25 days)
DRAIN POUCH MIS 45MM	OTC, QL (20 ea / 25 days)
DRAIN POUCH MIS 57MM	OTC, QL (20 ea / 25 days)
DRAIN POUCH MIS 57MM	OTC, QL (50 ea / 25 days)
DRAINAGE BAG KIT 2000ML	OTC, QL (10 ea / 25 days)
DURAHESIVE WAF 45MM	OTC, QL (20 ea / 25 days)
EAKIN COHESV MIS SEALS 2"	OTC, QL (25 ea / 25 days)
NEW IMAGE WAF 1-3/4"	OTC, QL (20 ea / 25 days)
NEW IMAGE WAF 2-1/4"	OTC, QL (10 ea / 25 days)
OSTOMY BELT MIS LARGE	OTC, QL (510 ea / 25 days)
OSTOMY BELT MIS MEDIUM	OTC, QL (5 ea / 25 days)
OSTOMY SUPPLIES - POWDER	OTC
2-PC BARRIER MIS 2-1/4"	OTC, QL (25 ea / 25 days)
SKIN BARRIER WAF 2-1/4"	OTC, QL (10 ea / 25 days)
SKIN BARRIER WAF 57MM	OTC, QL (10 ea / 25 days)
SKIN PREP MIS WIPES	OTC, QL (15 ea / 25 days)
STOMAHESSIVE PST	OTC, QL (510 gm / 25 days)
SUR-FIT NATU WAF 4"X4"	OTC, QL (10 ea / 25 days)
SUR-FIT NATU WAF 5"X5"	OTC, QL (20 ea / 25 days)

Drug Name	Requirements/Limits
UROST POUCH MIS 1-3/4"	OTC, QL (50 ea / 25 days)
UROST POUCH MIS 3/4"	OTC, QL (50 ea / 25 days)
UROST POUCH MIS 22MM	OTC, QL (15 ea / 25 days)

MISC. DEVICES

ALCOHOL SWABS	OTC, QL (200 ea / 25 days)
DISPOSABLE GLOVES	OTC, QL (100 ea / 25 days)
DISPOSABLE GLOVES-RX	QL (100 ea / 25 days)
ELECTRONIC THERMOMETERS	OTC; QL (max quantity 1 per fill)
INFANT THERMOMETERS	OTC, QL (2 ea / year, max quantity 1 per fill)
LMA MAD MIS NASAL	
MUCOSAL ATOM MIS DEVICE	OTC
RECTAL THERMOMETERS	OTC, QL (2 ea / year, max quantity 1 per fill)

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	QL (150 ea / 30 days)
INSULIN SYRG MIS 0.3/29G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/31G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/28G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/29G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/31G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G	OTC, QL (150 ea / 30 days); TECHLITE

Drug Name	Requirements/Limits
INSULIN SYRG MIS 1ML/29G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
PEN NEEDLES MIS 29GX10MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 29GX12.7	QL (200 ea / 25 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 ea / 25 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 31GX6MM	QL (200 ea / 25 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 31GX8MM	QL (200 ea / 25 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 32GX4MM	QL (200 ea / 25 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 32GX6MM	OTC, QL (200 ea / 25 days); TECHLITE
PEN NEEDLES MIS 32GX8MM	OTC, QL (200 ea / 25 days); TECHLITE
SYRINGE (DISPOSABLE) 3 ML	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	
RESPIRATORY THERAPY SUPPLIES	
HUMIDIFIERS	OTC, QL (1 ea / year)
NEBULIZER	OTC
NEBULIZER- RX	

Drug Name	Requirements/Limits
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)- RX	QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	OTC, QL (2 ea / 180 days, max quantity 1 per fill)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (2 ea / 180 days, max quantity 1 per fill)
VORTEX/MASK MIS CHILDS	
VORTEX/MASK MIS TODDLER	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

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 oral disintegrating tab 5 mg (base eq)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> (generic of MAXALT-MLT)	QL (12 ea / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> (generic of MAXALT)	QL (12 ea / 25 days)
<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 - DRUGS FOR NUTRITION

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
<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

Drug Name	Requirements/Limits
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	OTC
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	OTC
<i>calcium carbonate-vitamin d chew tab 600 mg-400 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-125 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 tab 950 mg (200 mg elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 250 mg-200 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>liq ca/vit d cap 600mg</i>	OTC
<i>oys shell+d tab 250-125</i>	OTC
<i>oyst 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
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)

Drug Name	Requirements/Limits
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sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	QL (30 ea / 30 days)
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sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	QL (30 ea / 30 days)
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sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	QL (50 mL / 30 days)
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MAGNESIUM

magdelay tab 64mg	OTC
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magnesium chloride tab dr 64 mg (elemental mg)	OTC
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magnesium gluconate tab 27.5 mg (elemental mg)	OTC
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magnesium gluconate tab 500 mg (27 mg elemental mg)	OTC
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magnesium ox tab 250mg	OTC
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magnesium oxide cap 500 mg (elemental mg)	OTC
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magnesium oxide tab 250 mg (mg supplement)	OTC
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magnesium oxide tab 400 mg (240 mg elemental mg)	OTC
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magnesium oxide tab 400 mg (241.3 mg elemental mg)	OTC
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magnesium tab 250 mg	OTC
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magnesium tab 400 mg	OTC
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magnesium tab 500mg	OTC
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ra magnesium cap 500mg	OTC
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sm magnesium tab 250mg	OTC
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PHOSPHATE

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	QL (120 ea / 30 days)
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POTASSIUM

klor-con 8 tab 8meq er	QL (120 ea / 30 days)
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klor-con 10 tab 10meq er	QL (120 ea / 30 days)
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klor-con spr cap 8meq	QL (120 ea / 30 days)
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klor-con spr cap 10meq	QL (120 ea / 30 days)
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potassium bicarbonate effer tab 25 meq	QL (60 ea / 30 days)
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potassium chloride cap er 8 meq	QL (120 ea / 30 days)
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potassium chloride cap er 10 meq	QL (120 ea / 30 days)
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potassium chloride microencapsulated crys er tab 10 meq	QL (120 ea / 30 days)
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potassium chloride microencapsulated crys er tab 20 meq	QL (150 ea / 30 days)
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potassium chloride oral soln 10% (20 meq/15ml)	
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potassium chloride oral soln 20% (40 meq/15ml)	
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potassium chloride tab er 8 meq (600 mg)	QL (120 ea / 30 days)
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potassium chloride tab er 10 meq	QL (120 ea / 30 days)
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potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	QL (150 ea / 30 days)
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Drug Name	Requirements/Limits
SODIUM	
<i>sodium chloride tab 1 gm</i>	OTC
ZINC	
<i>orazinc cap 220mg</i>	OTC
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	OTC
<i>zinc-220 cap</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine tab 250 mg (generic of DEPEN TITRATABS)</i>	PA
IMMUNOMODULATORS	
REVLIMID CAP 5MG	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 10MG	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 15MG	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 25MG	SP, QL (30 ea / 30 days), PA
THALOMID CAP 100MG	SP, QL (30 ea / 30 days), 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)
<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)

Drug Name	Requirements/Limits
SANDIMMUNE SOL 100MG/ML	
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	
IRRIGATION SOLUTIONS	
<i>argyl saline sol 100ml</i>	
<i>water for irrigation, sterile irrigation soln</i>	
POTASSIUM REMOVING AGENTS	
<i>kionex sus 15gm/60</i>	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps sus 15gm/60</i>	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl viscous soln 2%</i>	
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troche 10 mg</i>	QL (150 ea / 30 days)
<i>nystatin susp 100000 unit/ml</i>	QL (3600 mL / 30 days)
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate soln 0.12%</i> (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	
DENTAL PRODUCTS	
<i>cavarest gel 1.1%</i>	
<i>denta 5000 cre plus</i>	
<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 fluor cre 5000 ppm</i>	
<i>sodium fluoride cream 1.1%</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl tab 5 mg</i> (generic of SALAGEN)	
<i>pilocarpine hcl tab 7.5 mg</i> (generic of SALAGEN)	
MULTIVITAMINS - DRUGS FOR NUTRITION	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg</i>	OTC, QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	QL (60 ea / 30 days)
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	
<i>b-complex w/ c & folic acid tab- rx</i>	
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	OTC, QL (30 ea / 30 days)
MULTIPLE VITAMINS W/ MINERALS	
<i>multiple vitamins w/ minerals cap</i>	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap- rx</i>	QL (30 ea / 30 days)
<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)
MULTIVITAMINS - DRUGS FOR NUTRITION	
<i>multiple vitamin cap</i>	OTC, QL (30 ea / 30 days)
<i>multiple vitamin tab</i>	OTC, QL (30 ea / 30 days)
PED MULTI VITAMINS W/FL & FE	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS	
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals & c drops 45 mg/ml</i>	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ minerals & c drops 45 mg/ml- rx</i>	QL (30 mL / 30 days)
PED MV W/ FLUORIDE	
<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 acd w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
PED MV W/ IRON	
<i>animal shape chw complete</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>chewable chw children</i>	OTC

Drug Name	Requirements/Limits
<i>child vitam chw</i>	OTC
<i>childrens chw complete</i>	OTC
<i>chld mltivit chw /mineral</i>	OTC
<i>compl multiv chw childrns</i>	OTC
<i>cvs children chw complete</i>	OTC
<i>flintstones chw complete</i>	OTC
<i>hm animal chw shapes</i>	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron drops 10 mg/ml</i>	OTC, QL (50 mL / 25 days)
POLY-VI-SOL SOL IRON	OTC, QL (50 mL / 25 days)
<i>polyvitamin chw /iron</i>	OTC
<i>qc childrens chw complete</i>	OTC
<i>sm animal sh chw complete</i>	OTC
<i>ultra choice chw kids</i>	OTC

PEDIATRIC MULTIPLE VITAMINS

<i>pediatric multiple vitamin liq</i>	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c soln 35 mg/ml</i>	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	OTC, QL (30 ea / 30 days)

PEDIATRIC VITAMINS

<i>bprotected sol tri-vite</i>	OTC, QL (50 mL / 25 days)
TRI-VI-SOL SOL A/C/D	OTC, QL (50 mL / 25 days)
<i>tri-vite dro pediatri</i>	OTC, QL (50 mL / 25 days)

PRENATAL VITAMINS

ATABEX OB TAB 29-1MG	QL (30 ea / 30 days)
BE WELL PAK ROUNDED	OTC, QL (30 ea / 30 days)
BRAINSTRONG MIS PRENATAL	OTC, QL (30 ea / 30 days)
CALNA TAB	OTC, QL (30 ea / 30 days)
CO-NATAL FA TAB 29-1MG	QL (30 ea / 30 days)
COMPLETENATE CHW	QL (30 ea / 30 days)
CVS PRENATAL CHW GUMMY	OTC, QL (30 ea / 30 days)
EZFE FORTE CAP	OTC, QL (30 ea / 30 days)
KPN PRENATAL TAB	OTC, QL (30 ea / 30 days)
MYNATAL CAP	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)
MYNATE 90 TAB PLUS	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	QL (30 ea / 30 days)
NUTRIENTS TAB PRENATAL	OTC, QL (30 ea / 30 days)
O-CAL TAB PRENATAL	QL (30 ea / 30 days)
PERRY PRENAT CAP	OTC, QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3	OTC, QL (30 ea / 30 days)
CAP 223 MG PAK	

Drug Name	Requirements/Limits
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)
<i>prenatal 19 tab</i>	OTC, QL (30 ea / 30 days)
PRENATAL 19 TAB 29-1MG	QL (30 ea / 30 days)
PRENATAL CAP FORMULA	OTC, QL (30 ea / 30 days)
PRENATAL DHA PAK MULTI	OTC, QL (60 ea / 30 days)
PRENATAL FRM TAB A-FREE	OTC, QL (30 ea / 30 days)
PRENATAL MUL CAP +DHA	OTC, QL (30 ea / 30 days)
PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG	OTC, QL (30 ea / 30 days)
PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-250 MG	OTC, QL (30 ea / 30 days)
PRENATAL TAB	OTC, QL (30 ea / 30 days)
PRENATAL TAB COMPLETE	OTC, QL (30 ea / 30 days)
PRENATAL TAB FORMULA	OTC, QL (30 ea / 30 days)
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg-rx</i>	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUM-FA-FISH OIL CAP 28-0.8-530 MG	OTC, QL (30 ea / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg-rx</i>	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG-RX	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	OTC, QL (30 ea / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	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, QL (60 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.975 MG & DHA CAP 200 MG PACK	OTC, QL (30 ea / 30 days)
PRENATAL+FE TAB 29-1MG	QL (30 ea / 30 days)
PRENATVITE TAB RX	QL (30 ea / 30 days)
SE-NATAL 19 CHW	QL (30 ea / 30 days)
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE ONE TAB	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	QL (30 ea / 30 days)

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

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</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>methocarbamol tab 750 mg (generic of ROBAXIN-750)</i>	QL (300 ea / 30 days); AGE (Max age 64 years)
<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); AGE (Max age 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (270 ea / 30 days); AGE (Max age 64 years)

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

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

<i>budesonide sus 32mcg</i>	OTC, QL (8.43 mL / 25 days)
<i>budesonide sus nasal</i>	OTC, QL (8.43 mL / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 gm / 25 days); AGE (Min age 4 years)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	OTC, QL (16 mL / 25 days); AGE (Min age 4 years)
<i>rhinocort sus allergy</i>	OTC, QL (8.43 mL / 25 days)
<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

Drug Name	Requirements/Limits
<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)
SUDAFED PE SOL CHILDREN	OTC

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i>	OTC, 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 - DRUGS TO TREAT EYE CONDITIONS

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-OTC 1%</i>	OTC
<i>hypromellose ophth soln 0.3%</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>propylene glycol-glycerin ophth soln 1-0.3%</i>	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	QL (15 mL / 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>	

Drug Name	Requirements/Limits
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	
CYCLOPLEGIC MYDRIATICS	
ATROPINE SUL SOL 1% OP	QL (15 mL / 25 days)
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	QL (15 mL / 25 days)
ISOPTO ATROP SOL 1% OP	QL (15 mL / 25 days)
MIOTICS	
<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>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (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>	QL (10 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	QL (3 mL / 25 days)
<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)
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA DRO 5%	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl ophth soln 0.5% (generic of ALCAINE)</i>	

Drug Name	Requirements/Limits
OPHTHALMIC STEROIDS	
<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>	
<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>PATADAY SOL 0.1%</i>	OTC, QL (5 mL / 30 days)
<i>PATADAY SOL 0.2%</i>	OTC, QL (2.5 mL / 30 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% (generic of XALATAN)</i>	QL (5 mL / 25 days)
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid otic soln 2%</i>	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	OTC
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	QL (5 mL / 25 days)

Drug Name	Requirements/Limits
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>	
OXYTOCICS - DRUGS FOR PREGNANCY	
OXYTOCICS - DRUGS FOR PREGNANCY	
<i>methergine tab 0.2mg</i>	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (210 ea / 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS	
IMMUNE SERUMS	
<i>HYPERRHO S/D INJ 50MCG</i>	SP
<i>HYPERRHO S/D INJ 300MCG</i>	SP
<i>MICRHOGAM PL INJ 50MCG</i>	SP
<i>RHOGAM PLUS INJ 300MCG</i>	SP
<i>RHOPHYLAC INJ 1500/2ML</i>	SP
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50MG</i>	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS	
AMINOPENICILLINS	
<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>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	QL (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)
NATURAL PENICILLINS	
<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)
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (90 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); AGE (Max age 12 years)

Drug Name	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & 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)

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL ALC LIQ	OTC; AGE (Min age 16 years and Max age 60 years)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>hydroxyprogesterone caproate im in oil 250 mg/ml SP, PA (generic of MAKENA)</i>	
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<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. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

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)

Drug Name	Requirements/Limits
ANTI-CATAPLECTIC AGENTS	
XYREM SOL 500MG/ML	PA
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>	
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide tab 4 mg (generic of RAZADYNE)</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of PA EXELON)</i>	
MOVEMENT DISORDER DRUG THERAPY	
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	SP, PA
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	SP, PA
AVONEX PEN KIT 30MCG	SP, PA
AVONEX PREFL KIT 30MCG	SP, PA

Drug Name	Requirements/Limits
<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>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 40mg/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
TECFIDERA CAP 240MG	SP, QL (60 ea / 30 days), PA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 ea / 30 days)
CHANTIX PAK 0.5& 1MG	
CHANTIX PAK 1MG	QL (60 ea / 30 days)
CHANTIX TAB 0.5MG	QL (120 ea / 30 days)
CHANTIX TAB 1MG	QL (60 ea / 30 days)
<i>nicotine polacrilex gum 2 mg</i>	OTC, QL (720 ea / 30 days); AGE (Min age 18 years)
<i>nicotine polacrilex gum 4 mg</i>	OTC, QL (720 ea / 30 days); AGE (Min age 18 years)
<i>nicotine polacrilex lozenge 2 mg</i>	OTC, QL (600 ea / 30 days); AGE (Min age 18 years)
<i>nicotine polacrilex lozenge 4 mg</i>	OTC, QL (600 ea / 30 days); AGE (Min age 18 years)
<i>nicotine td patch 24hr 7 mg/24hr</i>	OTC, QL (30 ea / 30 days); AGE (Min age 18 years)
<i>nicotine td patch 24hr 14 mg/24hr</i>	OTC, QL (30 ea / 30 days); AGE (Min age 18 years)
<i>nicotine td patch 24hr 21 mg/24hr</i>	OTC, QL (30 ea / 30 days); AGE (Min age 18 years)
NICOTROL INH	QL (480 ea / 30 days); AGE (Min age 18 years)
NICOTROL NS SPR 10MG/ML	QL (120 mL / 30 days); AGE (Min age 18 years)

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	PA
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Drug Name	Requirements/Limits
KALYDECO PAK 50MG	PA
KALYDECO PAK 75MG	PA
KALYDECO TAB 150MG	PA
ORKAMBI GRA 150-188	PA
ORKAMBI TAB 100-125	QL (120 ea / 30 days), PA; AGE (Min age 6 years and Max age 11 years)
ORKAMBI TAB 200-125	QL (56 ea / 8 days), PA
PULMOZYME SOL 1MG/ML	SP, QL (75 mL / 30 days), PA
SYMDEKO TAB 50-75MG	PA
SYMDEKO TAB 100-150	PA
TRIKAFTA TAB	PA

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</i>	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg</i> (generic of MINOCIN)	QL (60 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</i> (generic of TAPAZOLE)	QL (180 ea / 30 days)
<i>methimazole tab 10 mg</i> (generic of TAPAZOLE)	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); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<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)
NATURE THROI TAB 162.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 16.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 32.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 48.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 65MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 81.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 97.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 113.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 130MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 146.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 195MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 260MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 325MG	QL (30 ea / 30 days); AGE (Max age 64 years)

Drug Name	Requirements/Limits
<i>np thyroid tab 15mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 30mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 60mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 90mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 120mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG	QL (60 ea / 30 days)
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)
WESTHROID TAB 32.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 65MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 97.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 130MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 195MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 16.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 32.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 48.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 65MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 81.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 97.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 113.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)

Drug Name	Requirements/Limits
WP THYROID TAB 130MG	QL (30 ea / 30 days); AGE (Max age 64 years)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	AGE (Min age 19 years)
BOOSTRIX INJ	AGE (Min age 19 years)
TDVAX INJ 2-2 LF	AGE (Min age 19 years)
TENIVAC INJ 5-2LF	AGE (Min age 19 years)

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

ANTISPASMODICS

CUVPOSA SOL 1MG/5ML	PA
<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<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); AGE (Max age 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)

H-2 ANTAGONISTS

<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 for susp 40 mg/5ml</i>	QL (150 mL / 30 days)
<i>famotidine for susp 40 mg/5ml</i>	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>famotidine tab 10 mg</i>	OTC, QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<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

MISC. ANTI-ULCER

<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	QL (1200 mL / 30 days); AGE (Max age 18 years)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS

<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)
FIRST-OMEPRASUS 2MG/ML	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>heartburn tr cap 15mg</i>	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg (generic of PREVACID)</i>	QL (60 ea / 30 days)
OMEPRASOLE + SUS SYRSPEND	QL (150 mL / 30 days); AGE (Max age 12 years)
<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 delayed release tab 20 mg</i>	OTC, QL (90 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	OTC, QL (30 ea / 30 days)
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	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)

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)

Drug Name	Requirements/Limits
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URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

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

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

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</i> (generic of DITROPAN XL)	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg</i> (generic of DITROPAN XL)	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</i> (generic of DETROL)	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	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</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</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 - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	AGE (Min age 19 years)
PREVNAR 13 INJ	AGE (Min age 19 years)

Drug Name	Requirements/Limits
VIRAL VACCINES	
AFLURIA QUAD INJ 2019-20	AGE (Min age 19 years)
AFLURIA QUAD INJ 2020-21	AGE (Min age 2 years)
ENGRIX-B INJ 10/0.5ML	AGE (Min age 19 years)
ENGRIX-B INJ 20MCG/ML	AGE (Min age 19 years)
FLUARIX QUAD INJ 2019-20	AGE (Min age 19 years)
FLUARIX QUAD INJ 2020-21	AGE (Min age 2 years)
FLUBLOK QUAD INJ 2019-20	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2020-21	AGE (Min age 2 years)
FLUCLVX QUAD INJ 2019-20	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2020-21	AGE (Min age 2 years)
FLULAVAL QUA INJ 2019-20	AGE (Min age 19 years)
FLULAVAL QUA INJ 2020-21	AGE (Min age 2 years)
FLUMIST QUAD SUS 2020-21	AGE (Min age 19 years and Max age 49 years)
FLUZONE QUAD INJ 2019-20	AGE (Min age 19 years)
FLUZONE QUAD INJ 2020-21	AGE (Min age 2 years)
HAVRIX INJ 720UNIT	AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML	AGE (Min age 50 years)
TWINRIX INJ	AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	AGE (Min age 19 years)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
<i>clotrimazole cre 1% vag</i>	OTC
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	

Drug Name	Requirements/Limits
<i>terconazole vaginal suppos 80 mg</i>	QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	OTC
<i>vandazole gel 0.75%</i>	QL (70 gm / 5 days)

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

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

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<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)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<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 chew tab 1000 unit</i>	OTC, QL (30 ea / 30 days)
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i>	OTC, QL (180 mL / 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>d3 max st dro 5000unit</i>	OTC, QL (180 mL / 30 days)
<i>ergocalciferol cap 1.25 mg (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)

Drug Name	Requirements/Limits
WATER SOLUBLE VITAMINS	
<i>ascorbic acid tab 500 mg</i>	OTC
<i>endur-acin tab 750mg</i>	OTC
<i>gnp niacin tab 250mg</i>	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin cap er 500 mg</i>	OTC
<i>niacin tab 50 mg</i>	OTC
<i>niacin tab 100 mg</i>	OTC
<i>niacin tab 250 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>niacin tab er 250 mg</i>	OTC
<i>niacin tab er 500 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC
<i>niacin-50 tab</i>	OTC
<i>niacinamide tab 500 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	OTC, QL (60 ea / 30 days)
<i>pyridoxine hcl tab 50 mg</i>	OTC, QL (120 ea / 30 days)
<i>pyridoxine hcl tab 100 mg</i>	OTC, QL (120 ea / 30 days)
<i>pyridoxine hcl tab er 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>ra niacin tab 100mg</i>	OTC
<i>ra vit b-6 tab 200mg tr</i>	OTC, QL (120 ea / 30 days)
<i>riboflavin tab 100 mg</i>	OTC
<i>thiamine hcl tab 50 mg</i>	OTC, QL (60 ea / 30 days)
<i>thiamine hcl tab 100 mg</i>	OTC, QL (30 ea / 30 days)
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<i>dextroamphetamine cap er 24hr 5</i>	
<i>mg</i>	19
<i>adefovir dipivoxil tab 10 mg</i>	68
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ADMELOG SOLO INJ 100U/ML	45
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<i>powder ba 100-50 mcg/dose</i>	35
<i>see fluticasone-salmeterol aer</i>	
<i>powder ba 250-50 mcg/dose</i>	35
<i>see fluticasone-salmeterol aer</i>	
<i>powder ba 500-50 mcg/dose</i>	35
<i>see wixela inhub aer 100/50</i>	35
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<i>al12 lot 12%</i>	86
<i>ala-cort cre 2.5%</i>	85
<i>albendazole tab 200 mg</i>	30
ALBENZA	
<i>see albendazole tab 200 mg</i>	30
<i>albuterol sulfate inhal aero 108</i>	
<i>mcg/act (90mcg base equiv)</i>	34
<i>albuterol sulfate soln nebu 0.083%</i>	
<i>(2.5 mg/3ml)</i>	34
<i>albuterol sulfate soln nebu 0.5% (5</i>	
<i>mg/ml)</i>	34
<i>albuterol sulfate soln nebu 0.63</i>	
<i>mg/3ml (base equiv)</i>	34
<i>albuterol sulfate soln nebu 1.25</i>	
<i>mg/3ml (base equiv)</i>	34
<i>albuterol sulfate syrup 2 mg/5ml</i>	35
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<i>amlactin lot daily</i>	86	<i>amoxicillin (trihydrate) for susp 125</i>	
<i>amlodipine besylate tab 10 mg (base</i>		<i>mg/5ml</i>	117
<i>equivalent)</i>	71	<i>amoxicillin (trihydrate) for susp 200</i>	
<i>amlodipine besylate tab 2.5 mg (base</i>		<i>mg/5ml</i>	117
<i>equivalent)</i>	71	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amlodipine besylate tab 5 mg (base</i>		<i>mg/5ml</i>	117
<i>equivalent)</i>	71	<i>amoxicillin (trihydrate) for susp 400</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	117
<i>10-20 mg</i>	53	<i>amoxicillin (trihydrate) tab 500 mg</i>	117
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<i>5-10 mg</i>	53	<i>amphetamine-dextroamphetamine cap</i>	
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<i>amlodipine besylate-valsartan tab 10-</i>		<i>er 24hr 30 mg</i>	19
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<i>amlodipine besylate-valsartan tab 5-</i>		<i>10 mg</i>	19
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<i>amoxicillin & k clavulanate chew tab</i>		<i>15 mg</i>	19
<i>400-57 mg</i>	117	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicillin & k clavulanate for susp</i>		<i>20 mg</i>	19
<i>200-28.5 mg/5ml</i>	118	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicillin & k clavulanate for susp</i>		<i>30 mg</i>	19
<i>400-57 mg/5ml</i>	118	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicillin & k clavulanate for susp</i>		<i>5 mg</i>	19
<i>600-42.9 mg/5ml</i>	118	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>7.5 mg</i>	19
<i>mg</i>	118	<i>ampicillin cap 500 mg</i>	117
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<i>amoxicillin (trihydrate) cap 500 mg</i>	117	<i>ANAFRANIL</i>	
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<i>mg</i>	119	<i>ascorbic acid tab 500 mg</i>	129
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<i>aripiprazole orally disintegrating tab 10</i>		<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>mg</i>	65	<i>200 mg</i>	95
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<i>mg</i>	65	<i>atazanavir sulfate cap 150 mg (base</i>	
<i>aripiprazole tab 10 mg</i>	65	<i>equiv)</i>	66
<i>aripiprazole tab 15 mg</i>	65	<i>atazanavir sulfate cap 200 mg (base</i>	
<i>aripiprazole tab 2 mg</i>	65	<i>equiv)</i>	66
<i>aripiprazole tab 20 mg</i>	65	<i>atazanavir sulfate cap 300 mg (base</i>	
<i>aripiprazole tab 30 mg</i>	65	<i>equiv)</i>	66
<i>aripiprazole tab 5 mg</i>	65	<i>atenolol & chlorthalidone tab 100-25</i>	
ARISTADA INJ 1064MG.....	65	<i>mg</i>	53
ARISTADA INJ 441MG/1.	65	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
ARISTADA INJ 662MG/2	65		53
ARISTADA INJ 882MG/3	65	<i>atenolol tab 100 mg</i>	70
ARIXTRA		<i>atenolol tab 25 mg</i>	70

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aurovela tab 1.5/30 75
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<i>tab 800-160 mg</i>	30
<i>balsalazide disodium cap 750 mg</i>	93
<i>balziva tab</i>	75
BANDAGE ROLL MIS KERLIX	100
BAND-AID PAD 2	100
BAND-AID PAD 4	100
BANZEL SUS 40MG/ML	37
BANZEL TAB 200MG	37
BANZEL TAB 400MG	37
BAQSIMI ONE POW 3MG/DOSE	45
BAQSIMI TWO POW 3MG/DOSE	45
BARACLUDE	
<i>see entecavir tab 0.5 mg</i>	68
<i>see entecavir tab 1 mg</i>	68
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<i>b-complex w/ c & folic acid cap 1 mg</i>	
.....	109
<i>b-complex w/ c & folic acid cap 1 mg-</i>	
<i>rx</i>	110
<i>b-complex w/ c & folic acid tab</i>	110
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	
.....	110
<i>b-complex w/ c & folic acid tab 1 mg</i>	
.....	110
<i>b-complex w/ c & folic acid tab 1 mg-</i>	
<i>rx</i>	110
<i>b-complex w/ c & folic acid tab 5 mg-</i>	
<i>rx</i>	110
<i>b-complex w/ c & folic acid tab- rx</i>	110
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<i>bekyree tab</i>	75
<i>benazepril & hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	54
<i>benazepril & hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	54
<i>benazepril & hydrochlorothiazide tab</i>	
<i>20-25 mg</i>	54
<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	53
<i>benazepril hcl tab 10 mg</i>	51
<i>benazepril hcl tab 20 mg</i>	51
<i>benazepril hcl tab 40 mg</i>	51
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BENEFIX INJ 250UNIT	94
BENEFIX INJ 3000UNIT	94
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<i>benzonatate cap 200 mg</i>	80
<i>benzoyl peroxide gel 10%</i>	82
BENZOYL PEROXIDE GEL 2.5%	82
<i>benzoyl peroxide gel 5%</i>	82
<i>benzoyl peroxide liq 10%</i>	82
<i>benzoyl peroxide liq 5%</i>	82
BENZOYL PEROXIDE LOTION 5%	82
<i>benztropine mesylate tab 0.5 mg</i>	58
<i>benztropine mesylate tab 1 mg</i>	58
<i>benztropine mesylate tab 2 mg</i>	58
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<i>augmented cream 0.05%</i>	85
<i>betamethasone dipropionate</i>	
<i>augmented gel 0.05%</i>	85
<i>betamethasone dipropionate</i>	
<i>augmented lotion 0.05%</i>	85
<i>betamethasone dipropionate</i>	
<i>augmented oint 0.05%</i>	85
<i>betamethasone dipropionate cream</i>	
<i>0.05%</i>	85
<i>betamethasone dipropionate lotion</i>	
<i>0.05%</i>	85
<i>betamethasone dipropionate oint</i>	
<i>0.05%</i>	85
<i>betamethasone valerate cream 0.1%</i>	
<i>(base equivalent)</i>	85
<i>betamethasone valerate lotion 0.1%</i>	
<i>(base equivalent)</i>	85
<i>betamethasone valerate oint 0.1%</i>	
<i>(base equivalent)</i>	85
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<i>see sorine tab 120mg</i>	70
<i>see sorine tab 160mg</i>	70
<i>see sorine tab 80mg</i>	70
<i>see sotalol hcl tab 120 mg</i>	71
<i>see sotalol hcl tab 160 mg</i>	71
<i>see sotalol hcl tab 80 mg</i>	71
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<i>see sotalol hcl (afib/af) tab 120 mg</i>	
.....	70

see sotalol hcl (afib/afl) tab 160 mg	briellyn tab	75
.....71	brimonidine tartrate ophth soln 0.2%	
see sotalol hcl (afib/afl) tab 80 mg		115
70	bromfed dm syp	81
betasept liq 4%	bromocriptine mesylate cap 5 mg (base	
66	equivalent)	59
bethanechol chloride tab 10 mg	bromocriptine mesylate tab 2.5 mg	
126	(base equivalent).....	59
bethanechol chloride tab 25 mg	brompheniramine & pseudoephedrine	
126	elixir 1-15 mg/5ml	81
bethanechol chloride tab 5 mg	BRUKINSA CAP 80MG.....	57
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126	budesonide inhalation susp 0.25	
bicalutamide tab 50 mg	mg/2ml	34
56	budesonide inhalation susp 0.5 mg/2ml	
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100	aerosol 160-4.5 mcg/act.....	35
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99	aerosol 80-4.5 mcg/act.....	35
bisacodyl tab & peg 3350-kcl-sod	bumetanide tab 0.5 mg	90
bicarb-nacl for soln kit	bumetanide tab 1 mg	90
98	bumetanide tab 2 mg	90
bisacodyl tab delayed release 5 mg ..	BUMEX	
99	see bumetanide tab 0.5 mg.....	90
bismuth subsalicylate chew tab 262 mg	see bumetanide tab 1 mg	90
.....	see bumetanide tab 2 mg	90
47	buprenorphine hcl sl tab 2 mg (base	
bismuth subsalicylate susp 262	equiv)	28
mg/15ml.....	buprenorphine hcl sl tab 8 mg (base	
47	equiv)	28
bismuth subsalicylate susp 525	buprenorphine hcl-naloxone hcl sl film	
mg/15ml.....	12-3 mg (base equiv).....	29
47	buprenorphine hcl-naloxone hcl sl film	
bismuth subsalicylate tab 262 mg	2-0.5 mg (base equiv).....	28
47	buprenorphine hcl-naloxone hcl sl film	
BISMUTH TRIBROMOPHENATE-	4-1 mg (base equiv)	28
PETROLATUM DRESSING PADS	buprenorphine hcl-naloxone hcl sl film	
88	8-2 mg (base equiv)	28
bisoprolol & hydrochlorothiazide tab	buprenorphine hcl-naloxone hcl sl tab	
10-6.25 mg	2-0.5 mg (base equiv).....	29
54	buprenorphine hcl-naloxone hcl sl tab	
bisoprolol & hydrochlorothiazide tab	8-2 mg (base equiv)	29
2.5-6.25 mg.....		
54		
bisoprolol & hydrochlorothiazide tab 5-		
6.25 mg		
54		
bisoprolol fumarate tab 10 mg		
70		
bisoprolol fumarate tab 5 mg.....		
70		
BLEPH-10		
see sulfacetamide sodium ophth soln		
10%		
115		
blisovi fe tab 1.5/30		
75		
blisovi fe tab 1/20.....		
75		
BONIVA		
see ibandronate sodium tab 150 mg		
(base equivalent)		
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73		
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bupropion hcl tab er 12hr 100 mg 40
bupropion hcl tab er 12hr 150 mg 40
bupropion hcl tab er 12hr 200 mg 40
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buspirone hcl tab 15 mg 32
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calcium carbonate (antacid) chew tab 400 mg 30
calcium carbonate (antacid) chew tab 500 mg 30
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<i>camrese tab</i>	75
<i>capecitabine tab 150 mg</i>	56
<i>capecitabine tab 500 mg</i>	56
<i>capsaicin cream 0.025%</i>	87
<i>capsaicin cream 0.1%</i>	87
<i>capsaicin hp cre 0.1%</i>	87
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	54
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	54
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	54
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	54
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<i>captopril tab 12.5 mg</i>	51
<i>captopril tab 25 mg</i>	51
<i>captopril tab 50 mg</i>	51
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<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	59
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<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	59
<i>carbinoxamine maleate soln 4 mg/5ml</i>	49
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<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	114
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<i>chlorpheniramine tab er 12 mg</i>	48	<i>(base equiv)</i>	92
<i>chlorpromazine hcl tab 10 mg</i>	64	<i>see ciprofloxacin hcl tab 500 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	64	<i>(base equiv)</i>	92
<i>chlorpromazine hcl tab 200 mg</i>	64	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>chlorpromazine hcl tab 25 mg</i>	64	<i>equivalent)</i>	115
<i>chlorpromazine hcl tab 50 mg</i>	64	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
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<i>unit/ml)</i>	128	<i>citalopram hydrobromide tab 20 mg</i>	
<i>cholecalciferol oral liquid 400 unit/ml</i>		<i>(base equiv)</i>	41
.....	128	<i>citalopram hydrobromide tab 40 mg</i>	
<i>cholecalciferol tab 1000 unit</i>	128	<i>(base equiv)</i>	41
<i>cholecalciferol tab 2000 unit</i>	128	<i>clarithromycin for susp 125 mg/5ml</i>	100
<i>cholecalciferol tab 400 unit</i>	128	<i>clarithromycin for susp 250 mg/5ml</i>	100
<i>cholecalciferol tab 5000 unit</i>	128	<i>clarithromycin tab 250 mg</i>	100
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<i>ciclopirox olamine cream 0.77% (base</i>		<i>see clindamycin hcl cap 300 mg</i>	30
<i>equiv)</i>	84	<i>see clindamycin phosphate vaginal</i>	
<i>ciclopirox olamine susp 0.77% (base</i>		<i>cream 2%</i>	127
<i>equiv)</i>	84	CLEOCIN PEDIATRIC GRANULE	
<i>ciclopirox solution 8%</i>	84	<i>see clindamycin palmitate hcl for soln</i>	
<i>cilostazol tab 100 mg</i>	95	<i>75 mg/5ml (base equiv)</i>	31
<i>cilostazol tab 50 mg</i>	95	CLEOCIN-T	
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<i>cimetidine hcl soln 300 mg/5ml</i>	124	<i>clindamycin palmitate hcl for soln 75</i>	
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<i>haloperidol lactate inj 5 mg/ml</i>	62	<i>hydrochlorothiazide tab 25 mg</i>	90
<i>haloperidol lactate oral conc 2 mg/ml</i>	62	<i>hydrochlorothiazide tab 50 mg</i>	90
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<i>solution equivalent)</i>	80
<i>prednisone oral soln 5 mg/5ml</i>	80
<i>prednisone tab 1 mg</i>	80
<i>prednisone tab 10 mg</i>	80
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<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	41	<i>SKYLA IUD 13.5MG</i>	79
<i>sertraline hcl tab 100 mg</i>	41	<i>slow iron tab 50mg</i>	97
<i>sertraline hcl tab 25 mg</i>	41	<i>slow release tab 47.5mg</i>	97
<i>sertraline hcl tab 50 mg</i>	41	<i>sm animal sh chw complete</i>	111
<i>SESAME OIL</i>	74	<i>SM GAUZE PAD 2</i>	101
<i>setlakin tab</i>	78	<i>SM GAUZE PAD 4</i>	101
<i>sevelamer carbonate tab 800 mg</i>	93	<i>sm magnesium tab 250mg</i>	107
<i>sf 5000 plus cre 1.1%</i>	109	<i>sm melatonin tab 5mg</i>	22
<i>sf gel 1.1%</i>	109	<i>SM STERILE PAD 2</i>	101
<i>sharobel tab 0.35mg</i>	79	<i>sodium bicarbonate tab 325 mg</i>	29
<i>SHINGRIX INJ 50/0.5ML</i>	127	<i>sodium bicarbonate tab 650 mg</i>	30
<i>sildenafil citrate tab 20 mg</i>	73	<i>sodium chloride hypertonic ophth oint 5%</i>	116
<i>SILVADENE</i>		<i>sodium chloride hypertonic ophth soln 5%</i>	116
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<i>see ssd cre 1%</i> 85		<i>sodium chloride soln nebu 0.9%</i> 82	
<i>silver sulfadiazine cream 1%</i> 85		<i>sodium chloride soln nebu 3%</i> 82	
<i>simethicone cap 125 mg</i> 92		<i>sodium chloride soln nebu 7%</i> 82	
<i>simethicone cap 180 mg</i> 92		<i>sodium chloride tab 1 gm</i> 108	
<i>simethicone chew tab 125 mg</i> 92		<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> 93	
<i>simethicone chew tab 80 mg</i> 92		<i>sodium fluor cre 5000 pls</i> 109	
<i>simethicone liquid 40 mg/0.6ml</i> 92		<i>sodium fluor cre 5000 ppm</i> 109	
<i>simethicone susp 40 mg/0.6ml</i> 92		<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> 107	
<i>simliya tab 28 day</i> 78		<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i> 106	
<i>simpesse tab</i> 78		<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i> 107	
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<i>simvastatin tab 40 mg</i> 51		<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> 107	
<i>simvastatin tab 5 mg</i> 51		<i>sodium phosphates - enema</i> 99	
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<i>SINGULAIR</i>		<i>sorine tab 160mg</i> 70	
<i>see montelukast sodium chew tab 4 mg (base equiv)</i> 34		<i>sorine tab 240mg</i> 70	
<i>see montelukast sodium chew tab 5 mg (base equiv)</i> 34		<i>sorine tab 80mg</i> 70	
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<i>SKIN BARRIER WAF 2-1/4</i> 102		<i>sotalol hcl (afib/afl) tab 160 mg</i> 71	
<i>SKIN BARRIER WAF 57MM</i> 102		<i>sotalol hcl (afib/afl) tab 80 mg</i> 70	
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<i>sotalol hcl tab 120 mg</i>	71	<i>see atomoxetine hcl cap 18 mg (base equiv)</i>	20
<i>sotalol hcl tab 160 mg</i>	71	<i>see atomoxetine hcl cap 25 mg (base equiv)</i>	20
<i>sotalol hcl tab 240 mg</i>	71	<i>see atomoxetine hcl cap 40 mg (base equiv)</i>	20
<i>sotalol hcl tab 80 mg</i>	71	<i>see atomoxetine hcl cap 60 mg (base equiv)</i>	20
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SPACER/AEROSOL-HOLDING		STROMECTOL	
CHAMBERS - DEVICE- RX	105	<i>see ivermectin tab 3 mg</i>	30
<i>spinosad susp 0.9%</i>	88	SUBOXONE	
<i>spironolactone & hydrochlorothiazide</i>		<i>see buprenorphine hcl-naloxone hcl</i>	
<i>tab 25-25 mg</i>	89	<i>sl film 12-3 mg (base equiv)</i>	29
<i>spironolactone tab 100 mg</i>	90	<i>see buprenorphine hcl-naloxone hcl</i>	
<i>spironolactone tab 25 mg</i>	90	<i>sl film 2-0.5 mg (base equiv)</i>	28
<i>spironolactone tab 50 mg</i>	90	<i>see buprenorphine hcl-naloxone hcl</i>	
<i>sprintec 28 tab 28 day</i>	78	<i>sl film 4-1 mg (base equiv)</i>	28
SPRYCEL TAB 100MG	57	<i>see buprenorphine hcl-naloxone hcl</i>	
SPRYCEL TAB 140MG	57	<i>sl film 8-2 mg (base equiv)</i>	28
SPRYCEL TAB 20MG	57	<i>subvenite tab 100mg</i>	38
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SPRYCEL TAB 70MG	57	<i>subvenite tab 200mg</i>	39
SPRYCEL TAB 80MG	57	<i>subvenite tab 25mg</i>	38
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<i>ssd cre 1%</i>	85	SUDAFED PE SOL CHILDREN	114
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<i>tabs 37.5-150-200 mg</i>	59	<i>ophth soln 10-0.23(0.25)%</i>	116
<i>stavudine cap 15 mg</i>	68	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>stavudine cap 20 mg</i>	68	200-40 mg/5ml	30
<i>stavudine cap 30 mg</i>	68	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>stavudine cap 40 mg</i>	68	400-80 mg	30
STEGLATRO TAB 15MG	46	<i>sulfamethoxazole-trimethoprim tab</i>	
STEGLATRO TAB 5MG	46	800-160 mg	30
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<i>see atomoxetine hcl cap 100 mg</i>			
<i>(base equiv)</i>	20		

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0.025%	85
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SYNTHROID TAB 100MCG	123
SYNTHROID TAB 112MCG	123
SYNTHROID TAB 125MCG	123
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<i>see oseltamivir phosphate cap 75 mg</i>	
<i>(base equiv)</i>	69
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<i>mg/ml (base equiv)</i>	69
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<i>tamoxifen citrate tab 20 mg (base</i>	
<i>equivalent)</i>	57
<i>tamsulosin hcl cap 0.4 mg</i>	93
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<i>see erlotinib hcl tab 150 mg (base</i>	
<i>equivalent)</i>	57
<i>see erlotinib hcl tab 25 mg (base</i>	
<i>equivalent)</i>	57
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<i>taztia xt cap 240mg/24</i>	72
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.....	37	<i>terazosin hcl cap 1 mg (base</i>	
see <i>carbamazepine tab 200 mg</i>	37	<i>equivalent)</i>	53
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<i>mg</i>	37	<i>equivalent)</i>	53
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<i>mg</i>	37	<i>terbinafine hcl tab 250 mg</i>	48
see <i>carbamazepine tab er 12hr 400</i>		<i>terbutaline sulfate tab 2.5 mg</i>	35
<i>mg</i>	37	<i>terbutaline sulfate tab 5 mg</i>	35
TEGRETOL-XR TAB 100MG	39	<i>terconazole vaginal cream 0.4%</i>	127
TEGRETOL-XR TAB 200MG	39	<i>terconazole vaginal cream 0.8%</i>	127
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<i>temazepam cap 15 mg</i>	97	<i>mg/ml</i>	29
<i>temazepam cap 30 mg</i>	97	<i>testosterone cypionate im inj in oil 200</i>	
TEMIXYS TAB 300-300	68	<i>mg/ml</i>	29
TEMODAR		<i>testosterone enanthate im inj in oil 200</i>	
see <i>temozolomide cap 100 mg</i>	56	<i>mg/ml</i>	29
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<i>temozolomide cap 140 mg</i>	56	<i>theophylline tab er 24hr 400 mg</i>	35
<i>temozolomide cap 180 mg</i>	56	<i>theophylline tab er 24hr 600 mg</i>	35
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<i>100-25 mg</i>	53	<i>thiothixene cap 10 mg</i>	66
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<i>tiadylt cap 180mg/24</i>	72	<i>tizanidine hcl tab 4 mg (base</i>	
<i>tiadylt cap 240mg/24</i>	72	<i>equivalent)</i>	113
<i>tiadylt cap 300mg/24</i>	72	TOBRADEX	
<i>tiadylt cap 360mg/24</i>	72	<i>see tobramycin-dexamethasone</i>	
<i>tiadylt cap 420mg/24</i>	72	<i>ophth susp 0.3-0.1%</i>	116
<i>tiagabine hcl tab 12 mg</i>	39	<i>tobramycin ophth soln 0.3%</i>	115
<i>tiagabine hcl tab 16 mg</i>	39	<i>tobramycin-dexamethasone ophth susp</i>	
<i>tiagabine hcl tab 2 mg</i>	39	<i>0.3-0.1%</i>	116
<i>tiagabine hcl tab 4 mg</i>	39	TOBREX	
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<i>see diltiazem hcl extended release</i>		<i>tolbutamide tab 500 mg</i>	47
<i>beads cap er 24hr 120 mg</i>	71	<i>tolnaftate aerosol pow 1%</i>	84
<i>see diltiazem hcl extended release</i>		<i>tolnaftate cream 1%</i>	84
<i>beads cap er 24hr 180 mg</i>	71	<i>tolnaftate powder 1%</i>	84
<i>see diltiazem hcl extended release</i>		<i>tolnaftate soln 1%</i>	84
<i>beads cap er 24hr 240 mg</i>	71	<i>tolterodine tartrate tab 1 mg</i>	126
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<i>beads cap er 24hr 360 mg</i>	71	<i>see topiramate tab 200 mg</i>	39
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<i>beads cap er 24hr 420 mg</i>	71	<i>see topiramate tab 50 mg</i>	39
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<i>see taztia xt cap 300mg er</i>	72	<i>topiramate sprinkle cap 15 mg</i>	39
<i>see taztia xt cap 360mg/24</i>	72	<i>topiramate sprinkle cap 25 mg</i>	39
<i>see tiadylt cap 120mg/24</i>	72	<i>topiramate tab 100 mg</i>	39
<i>see tiadylt cap 180mg/24</i>	72	<i>topiramate tab 200 mg</i>	39
<i>see tiadylt cap 240mg/24</i>	72	<i>topiramate tab 25 mg</i>	39
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<i>see timolol maleate ophth soln</i>		<i>200 mg (tartrate equiv)</i>	70
<i>0.25%</i>	115	<i>see metoprolol succinate tab er 24hr</i>	
<i>see timolol maleate ophth soln 0.5%</i>		<i>25 mg (tartrate equiv)</i>	70
.....	114	<i>see metoprolol succinate tab er 24hr</i>	
<i>tioconazole vaginal oint 6.5%</i>	128	<i>50 mg (tartrate equiv)</i>	70
TIVICAY PD TAB 5MG	68	<i>torsemide tab 10 mg</i>	90
TIVICAY TAB 10MG	68	<i>torsemide tab 100 mg</i>	90
TIVICAY TAB 25MG	68	<i>torsemide tab 20 mg</i>	90
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triamterene & hydrochlorothiazide tab
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 triamterene & hydrochlorothiazide tab
 75-50 mg 89
 triazolam tab 0.125 mg 98
 triazolam tab 0.25 mg 97
 tricon cap 96
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 see fenofibrate tab 48 mg 50
 triderm cre 0.1% 86
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 equivalent) 65
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 equivalent) 65
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 equivalent) 65
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 trihexyphenidyl hcl tab 2 mg 58
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