

Preferred Drug List

Molina Healthcare of New York, Inc.

2019

*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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200 Oceangate
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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)

(07/01/2019)

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INTRODUCTION

We are pleased to provide the 2019 *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	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	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. ©2019. All rights reserved.

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

FORMULARY UPDATES

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

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

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

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

Date Effective	Product Name	Change	Comments
7/1/2019	NATEGLINIDE TAB 60MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	NATEGLINIDE TAB 120MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	ALOGLIPTIN TAB 6.25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOGLIPTIN TAB 12.5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOGLIPTIN TAB 25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOGLIPTIN/ TAB METFORM	Update QL	QL; Max daily dose 2 per day
7/1/2019	ALOG/PIOGLIT TAB 12.5-15	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 12.5-30	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 12.5-45	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 25-15MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 25-30MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	ALOG/PIOGLIT TAB 25-45MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	NATURE-THROI TAB 81.25MG	Update QL, Age limit	QL; Max daily dose 1 per day, Max age 64
7/1/2019	WP THYROID TAB 113.75MG	Update QL, Age limit	QL; Max daily dose 1 per day, Max age 64
7/1/2019	NATURE THROI TAB 162.5MG	Update QL, Age limit	QL; Max daily dose 1 per day, Max age 64
7/1/2019	NATURE-THROI TAB 260MG	Update QL, Age limit	QL; Max daily dose 1 per day, Max age 64
7/1/2019	NATURE-THROI TAB 325MG	Update QL, Age limit	QL; Max daily dose 1 per day, Max age 64
7/1/2019	NATURE-THROI TAB 146.25MG	Update QL, Age limit	QL; Max daily dose 1 per day, Max age 64
7/1/2019	ALENDRONATE TAB 5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	SOTALOL AF TAB 160MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	DISOPYRAMIDE CAP 100MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	QUINIDINE SU TAB 300MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	PROPAFENONE TAB 300MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	BENAZEPRIL TAB 5MG	Update QL	QL; Max daily dose 1.5 per day
7/1/2019	BENAZEPRIL TAB 10MG	Update QL	QL; Max daily dose 1.5 per day
7/1/2019	BENAZEPRIL TAB 20MG	Update QL	QL; Max daily dose 1.5 per day
7/1/2019	BENAZEPRIL TAB 40MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	CAPTOPRIL TAB 12.5MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPRIL TAB 25MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPRIL TAB 50MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	CAPTOPRIL TAB 100MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	ENALAPRIL TAB 2.5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	BENAZEP/HCTZ TAB 10-12.5	Update QL	QL: Max daily dose 1 per day
7/1/2019	BENAZEP/HCTZ TAB 20-12.5	Update QL	QL: Max daily dose 1 per day

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

Date Effective	Product Name	Change	Comments
7/1/2019	DIPHEN/ATROP LIQ 2.5/5	Add QL	QL; max daily dose 40 per day
7/1/2019	ANTI-DIARRHE TAB 2MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	ANTI-DIARRHE LIQ 1MG/5ML	Update QL	QL; Max daily dose 40 per day
7/1/2019	CALCIUM CARB TAB 648MG	Remove QL	
7/1/2019	CALCIUM CARB SUS 1250/5ML	Remove QL	
7/1/2019	MOTION SICK TAB 50MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 5000UNIT	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 20000UNT	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 25000	Update QL	QL; Max daily dose 6 per day
7/1/2019	ZENPEP CAP 40000	Update QL	QL; Max daily dose 6 per day
7/1/2019	CLOMIPRAMINE CAP 50MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	DESIPRAMINE TAB 75MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	DESIPRAMINE TAB 150MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	DOXEPIN HCL CON 10MG/ML	Update QL	QL; Max daily dose 30 per day
7/1/2019	MAPROTILINE TAB 75MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	RISPERIDONE TAB 0.25 ODT	Update QL	QL; Max daily dose 2 per day
7/1/2019	HALOPERIDOL CON 2MG/ML	Add Age limit	Min Age 6
7/1/2019	HALOPERIDOL INJ 5MG/ML	Add Age limit	Min Age 6
7/1/2019	HALOPER DEC INJ 50MG/ML	Add Age limit	Min Age 6
7/1/2019	HALOPER DEC INJ 500/5ML	Add Age limit	Min Age 6
7/1/2019	LITHIUM CARB CAP 600MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	LITHIUM CARB TAB 300MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	SLEEP AID TAB 25MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	COMPOZ TAB 50MG		QL: Max daily dose 1 per day
7/1/2019	AMPHET/DEXTR TAB 5MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 7.5MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 10MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 12.5MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 15MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 20MG	Add Age limit	Min Age 3
7/1/2019	AMPHET/DEXTR TAB 30MG	Add Age limit	Min Age 3
7/1/2019	DEXMETHYLPH TAB 2.5MG	Add Age limit	Min Age 6
7/1/2019	DEXMETHYLPH TAB 5MG	Add Age limit	Min Age 6
7/1/2019	DEXMETHYLPH TAB 10MG	Add Age limit	Min Age 6
7/1/2019	METHYLPHENID SOL 10MG/5ML	Add Age limit	Min Age 6
7/1/2019	GALANTAMINE TAB 8MG	Remove QL	

Date Effective	Product Name	Change	Comments
7/1/2019	BUT/APAP/CAF TAB	Add Age limit	Max age 64
7/1/2019	BUPREN/NALOX SUB 2-0.5MG	Update QL	QL; Max daily dose 12 per day
7/1/2019	BUPREN/NALOX SUB 8-2MG	Update QL	QL; Max daily dose 3 per day
7/1/2019	DICLOFENAC TAB 100MG ER	Update QL	QL; Max daily dose 2 per day
7/1/2019	WAL-PROFEN CAP 200MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	MELOXICAM TAB 7.5MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	MELOXICAM TAB 15MG	Update QL	QL: Max daily dose 1 per day
7/1/2019	DIVALPROEX TAB 500MG ER	Update QL	QL; Max daily dose 10 per day
7/1/2019	OXCARBAZEPIN TAB 150MG	Update QL	QL; Max daily dose 16 per day
7/1/2019	OXCARBAZEPIN TAB 300MG	Update QL	QL; Max daily dose 8 per day
7/1/2019	OXCARBAZEPIN TAB 600MG	Update QL	QL; Max daily dose 4 per day
7/1/2019	OXCARBAZEPIN SUS 300MG/5M	Update QL	QL; Max daily dose 16.67 per day
7/1/2019	BROMOCRIPTIN CAP 5MG	Update QL	QL; Max daily dose 6 per day
7/1/2019	RA VIT B-6 TAB 200MG TR	Update QL	QL; Max daily dose 4 per day
7/1/2019	MULTIVITAMIN CAP	Update QL	QL: Max daily dose 1 per day
7/1/2019	STRESS FORM TAB /IRON	Update QL	QL: Max daily dose 1 per day
7/1/2019	SUPER LIQ NU-THERA	Update QL	QL: Max daily dose 1 per day
7/1/2019	PEDIAVIT LIQ	Update QL	QL: Max daily dose 1 per day
7/1/2019	POLY-VITE DRO	Update QL	QL: Max daily dose 1 per day
7/1/2019	GUMMIES CHW	Update QL	QL: Max daily dose 1 per day
7/1/2019	CVS CHILDREN CHW COMPLETE	Update QL	QL: Max daily dose 1 per day
7/1/2019	POLY-VITE SOL /IRON	Update QL	QL: Max daily dose 1 per day
7/1/2019	CALCIUM TAB 600MG	Remove QL	
7/1/2019	CALCIUM TAB 500MG	Remove QL	
7/1/2019	OVEGA-3 CAP 500MG	Remove QL	
7/1/2019	SEA-OMEGA 50 CAP 1000MG	Remove QL	
7/1/2019	FISH OIL CAP 1200MG	Remove QL	
7/1/2019	GNP VIT B-12 TAB 1000 CR	Remove QL	
7/1/2019	FEROSUL ELX 220/5ML	Remove QL	
7/1/2019	CILOSTAZOL TAB 50MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	CILOSTAZOL TAB 100MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	AZELASTINE DRO 0.05%	Update QL	QL; Max 6 per 25 days
7/1/2019	ALLERGY EYE DRO 0.025%OP	Update QL	QL; Max 10 per 25 days
7/1/2019	OFLOXACIN DRO 0.3%OTIC	Update QL	Remove quantity max
7/1/2019	CLINDAMYCIN SOL 1%	Add QL and Age limit	QL; Max 60 per 25 days, min age 10
7/1/2019	GENTAMICIN CRE 0.1%	Update QL	QL; Max 30 per 25 days

Date Effective	Product Name	Change	Comments
7/1/2019	GENTAMICIN OIN 0.1%	Update QL	Remove quantity max
7/1/2019	BETAMETH DIP CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	BETAMETH DIP LOT 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	BETAMETH DIP OIN 0.05%	Add QL	QL; Max 45 per 25 days
7/1/2019	AUG BETAMET GEL 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	AUG BETAMET LOT 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	AUG BETAMET OIN 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	BETAMETH VAL CRE 0.1%	Add QL	QL; Max 45 per 25 days
7/1/2019	BETAMETH VAL OIN 0.1%	Add QL	QL; Max 45 per 25 days
7/1/2019	CLOBETASOL SOL 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	FLUOCIN ACET CRE 0.025%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCIN ACET OIN 0.025%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCINONIDE CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCINONIDE GEL 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUOCINONIDE CRE E 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUTICASONE CRE 0.05%	Add QL	QL; Max 60 per 25 days
7/1/2019	FLUTICASONE OIN 0.005%	Add QL	QL; Max 60 per 25 days
7/1/2019	HALOBETASOL CRE 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	HALOBETASOL OIN 0.05%	Add QL	QL; Max 50 per 25 days
7/1/2019	HYDROCORT CRE 0.5%	Add QL	QL; Max 60 per 25 days
7/1/2019	ALA-CORT CRE 1%	Add QL	QL; Max 60 per 25 days
7/1/2019	HYDROCORT OIN 0.5%	Add QL	QL; Max 60 per 25 days
7/1/2019	HYDROCORT OIN 1%	Add QL	QL; Max 60 per 25 days
7/1/2019	MOMETASONE SOL 0.1%	Update QL	QL; Max 60 per 25 days
7/1/2019	MELATONIN TAB 10MG CR	Update QL	QL: Max daily dose 1 per day
7/1/2019	MELATONIN TAB 5MG	Update QL	QL; Max daily dose 2 per day
7/1/2019	MELATONIN TR TAB /VIT-B6	Update QL	QL: Max daily dose 1 per day
7/1/2019	EZETIMIBE TAB 10MG	Remove PA	
7/1/2019	DULOXETINE CAP 20MG	Remove PA	
7/1/2019	DULOXETINE CAP 30MG	Remove PA	
7/1/2019	DULOXETINE CAP 60MG	Remove PA	
7/1/2019	ARIPIPRAZOLE TAB 2MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 5MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 10MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 15MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	ARIPIPRAZOLE TAB 20MG	Remove PA, update QL	QL: Max daily dose 1 per day

Date Effective	Product Name	Change	Comments
7/1/2019	ARIPIRAZOLE TAB 30MG	Remove PA, update QL	QL: Max daily dose 1 per day
7/1/2019	OLANZAPINE TAB	Remove ST	
7/1/2019	EUFLEXXA INJ	Remove from formulary	

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

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

ANALEPTICS

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

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

STIMULANTS - MISC.

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

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

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

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)
MELATONIN LIQ 1MG/4ML	OTC, QL (600 mL / 30 days)
MELATONIN LIQ 2.5MG	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 5mg</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)

ALTERNATIVE MEDICINE COMBINATIONS

<i>melatin tab 3-1mg</i>	OTC, QL (60 ea / 30 days)
<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

AMINOGLYCOSIDES

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 10MG/0.2	SP, QL (2 ea / 28 days), PA

Drug Name	Requirements/Limits
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

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)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (60 ea / 30 days)
<i>etodolac tab 400 mg (generic of LODINE)</i>	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>ibuprofen chew tab 100 mg</i>	OTC, QL (180 ea / 30 days)
<i>ibuprofen susp 40 mg/ml</i>	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	OTC, QL (4800 mL / 30 days)
<i>ibuprofen tab 100 mg</i>	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 400 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg</i>	QL (120 ea / 30 days)
<i>indomethacin cap 25 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 ea / day, max 5 day supply); Covered for ages 64 years old & under
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	QL (120 ea / 30 days)
<i>naproxen dr tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen dr tab 500mg (generic of EC-NAPROXEN)</i>	QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg</i>	OTC, QL (90 ea / 30 days)
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg (generic of NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 500 mg</i>	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	QL (90 ea / 30 days), PA
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	QL (120 ea / 30 days), PA
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	QL (60 ea / 30 days), PA
<i>sulindac tab 150 mg</i>	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	QL (90 ea / 30 days)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

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

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg (generic of ARAVA)</i>	QL (30 ea / 30 days)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	QL (30 ea / 30 days)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	SP, QL (2 mL / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	SP, QL (4 mL / 24 days), PA

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

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

Drug Name	Requirements/Limits
ANALGESICS OTHER	
<i>acetaminophen cap 500 mg</i>	OTC, QL (240 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg</i>	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg</i>	OTC, QL (750 ea / 30 days)
<i>acetaminophen elixir 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>acetaminophen suppos 650 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 500 mg</i>	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab er 650 mg</i>	OTC, QL (180 ea / 30 days)
FEVERALL INF SUP 80MG	OTC, QL (1500 ea / 30 days)
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)
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)
ANALGESICS - OPIOID	
OPIOID AGONISTS	
CODEINE SULF TAB 60MG	QL (240 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>codeine sulfate tab 30 mg</i> (generic of CODEINE SULFATE)	QL (360 ea / 30 days), PA; 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
<i>fentanyl td patch 72hr 25 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i> (generic of DURAGESIC)	QL (10 ea / 30 days), PA

Drug Name	Requirements/Limits
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>meperidine hcl oral soln 50 mg/5ml</i>	QL (500 mL / 25 days), PA; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>meperidine hcl tab 50 mg</i>	QL (300 ea / 30 days), PA; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>meperidine hcl tab 100 mg</i>	QL (240 ea / 30 days), PA; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>morphine sulfate oral soln 10 mg/5ml</i>	PA
<i>morphine sulfate oral soln 20 mg/5ml</i>	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	PA
<i>morphine sulfate tab 15 mg</i>	QL (90 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	QL (90 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days), ST; Requires prior use of IR opioids
<i>oxycodone hcl soln 5 mg/5ml</i>	PA; QL (max quantity 240 per fill, max 1 fill per 90 days); Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<i>oxycodone hcl tab 5 mg</i> (generic of ROXICODONE)	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i> (generic of ROXICODONE)	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg</i> (generic of ROXICODONE)	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); 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), PA; 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), PA; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-30 mg</i> (generic of TYLENOL/CODEINE #3)	QL (180 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-60 mg</i> (generic of TYLENOL/CODEINE #4)	QL (180 ea / 30 days), PA; 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), PA; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg</i> (generic of PERCOCET)	QL (240 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325</i> (generic of PERCOCET)	QL (180 ea / 30 days), PA; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg</i> (generic of PERCOCET)	QL (180 ea / 30 days), PA; Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days), PA; 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), PA; 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), PA; 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), PA; 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), PA; 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), PA; 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), PA; 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)
<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

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<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</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>	

Drug Name	Requirements/Limits
ANORECTAL AGENTS	
RECTAL COMBINATIONS	
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	OTC
RECTAL LOCAL ANESTHETICS	
<i>dibucaine rectal ointment 1%</i>	OTC
RECTAL STEROIDS	
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	
ANTACIDS	
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
<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 tab 400mg</i>	OTC
<i>maox tab 420mg</i>	OTC
ANTHELMINTICS	
ANTHELMINTICS	
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (300 ea / 30 days)

Drug Name	Requirements/Limits
<i>pinworm med sus 144mg/ml</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<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; Covered for ages 13 years old & over
GLYCOPEPTIDES	
FIRST-VANC SOL 25MG/ML	QL (1200 mL / 30 days)
FIRST-VANC SOL 50MG/ML	QL (1200 mL / 30 days)
FIRVANQ SOL 25MG/ML	QL (1200 mL / 30 days)
FIRVANQ SOL 50MG/ML	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)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	Covered for ages 18 years old & under
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	
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

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

NITRATES - DRUGS TO TREAT HEART CONDITIONS

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

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>bupirone hcl tab 7.5 mg</i>	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>bupirone hcl tab 10 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years old & over
<i>bupirone hcl tab 15 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 25 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 50 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); Covered for ages 6 - 64 years old

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

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

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); Covered for ages 64 years old & under
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)

Drug Name	Requirements/Limits
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>pacrone tab 200mg</i>	QL (120 ea / 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (780 mL / 30 days)
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)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (300 mL / 30 days)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days); Covered for ages 9 years old & under
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days); Covered for ages 14 years old & under
<i>montelukast sodium tab 10 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA	
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)
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	QL (120 mL / 30 days); Covered for ages 9 years old & under
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	QL (120 mL / 30 days); Covered for ages 9 years old & under

Drug Name	Requirements/Limits
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); Covered for ages 11 years old & under
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); Covered for ages 11 years old & under
QVAR REDIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	QL (10.6 gm / 30 days)

SYMPATHOMIMETICS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (18 gm / 25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (8.5 gm / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 ea / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (300 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL / 25 days)
STRIVERDI AER 2.5MCG	QL (60 gm / 30 days)
SYMBICORT AER 80-4.5	QL (10.2 gm / 25 days); Covered for ages 11 years old & under
SYMBICORT AER 160-4.5	QL (10.2 gm / 25 days); Covered for ages 11 years old & under
<i>terbutaline sulfate tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	QL (180 ea / 30 days)
VENTOLIN HFA AER	QL (18 gm / 25 days)
VENTOLIN HFA AER	QL (8 gm / 25 days)

Drug Name	Requirements/Limits
<i>wixela inhub aer 100/50</i> (generic of ADVAIR DISKUS)	QL (60 ea / 30 days)
<i>wixela inhub aer 250/50</i> (generic of ADVAIR DISKUS)	QL (60 ea / 30 days)
<i>wixela inhub aer 500/50</i> (generic of ADVAIR DISKUS)	QL (60 ea / 30 days)

XANTHINES - DRUGS TO TREAT COPD

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

ANTICOAGULANTS - BLOOD THINNERS

COUMARIN ANTICOAGULANTS

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

Drug Name	Requirements/Limits
<i>DIRECT FACTOR XA INHIBITORS</i>	
XARELTO STAR TAB 15/20MG	PA
XARELTO TAB 10MG	QL (30 ea / 30 days), PA
XARELTO TAB 15MG	QL (60 ea / 30 days), PA
XARELTO TAB 20MG	QL (30 ea / 30 days), PA
<i>HEPARINS AND HEPARINOID-LIKE AGENTS</i>	
<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>	SP, 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
FRAGMIN INJ 2500/0.2	SP, PA
FRAGMIN INJ 5000/0.2	SP, PA
FRAGMIN INJ 7500/0.3	SP, PA
FRAGMIN INJ 10000/ML	SP, PA
FRAGMIN INJ 12500UNT	SP, PA
FRAGMIN INJ 15000UNT	SP, PA
FRAGMIN INJ 18000UNT	SP, PA

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

Drug Name	Requirements/Limits
<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)
LYRICA CAP 25MG	QL (90 ea / 30 days), PA
LYRICA CAP 50MG	QL (180 ea / 30 days), PA
LYRICA CAP 75MG	QL (240 ea / 30 days), PA
LYRICA CAP 100MG	QL (90 ea / 30 days), PA
LYRICA CAP 150MG	QL (90 ea / 30 days), PA
LYRICA CAP 200MG	QL (90 ea / 30 days), PA
LYRICA CAP 225MG	QL (60 ea / 30 days), PA
LYRICA CAP 300MG	QL (60 ea / 30 days), PA
<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>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>roweepira tab 500mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>roweepira tab 750mg</i> (generic of KEPPRA)	QL (120 ea / 30 days)
<i>roweepira tab 1000mg</i> (generic of KEPPRA)	QL (90 ea / 30 days)
<i>roweepira xr tab 500mg xr</i> (generic of KEPPRA XR)	QL (180 ea / 30 days)
<i>roweepira 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)
<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)

Drug Name	Requirements/Limits
<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>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)

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)

Drug Name	Requirements/Limits
<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 (base equiv)</i> (generic of DEPAKENE)	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg</i> (generic of DEPAKENE)	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)

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 (30 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 (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	QL (120 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	QL (90 ea / 30 days)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	QL (30 ea / 30 days)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)

SEROTONIN MODULATORS

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

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

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

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years old & under
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Drug Name	Requirements/Limits
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); Covered for ages 64 years old & under

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

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC COMBINATIONS

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

Drug Name	Requirements/Limits
<i>alogliptin-pioglitazone tab 25-15 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-30 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-45 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (60 ea / 30 days)
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days)
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 30 days)
SEGLUROMET TAB 2.5-500	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 2.5-1000	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-1000	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
BIGUANIDES	
<i>metformin hcl tab 500 mg (generic of GLUCOPHAGE)</i>	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg (generic of GLUCOPHAGE)</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg (generic of GLUCOPHAGE)</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg (generic of GLUCOPHAGE XR)</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>metformin hcl tab er 24hr 750 mg (generic of GLUCOPHAGE XR)</i>	QL (120 ea / 30 days)

DIABETIC OTHER

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

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

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

INSULIN

ADMELOG INJ 100U/ML	QL (30 mL / 30 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 30 days); Covered for ages 18 years old & under
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
FIASP FLEX INJ TOUCH	
HUMALOG MIX INJ 50/50	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMALOG MIX INJ 75/25KWP	QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMALOG MIX SUS 75/25	QL (30 mL / 25 days)
HUMULIN INJ 70/30	OTC, QL (30 mL / 25 days)
HUMULIN INJ 70/30KWP	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMULIN N INJ U-100	OTC, QL (30 mL / 25 days)
HUMULIN N INJ U-100KWP	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under

Drug Name	Requirements/Limits
HUMULIN R INJ U-100	OTC, QL (30 mL / 25 days)
HUMULIN R INJ U-500	QL (20 mL / 25 days)
NOVOLIN INJ 70/30	OTC, QL (30 mL / 25 days)
NOVOLIN INJ FLEXPEN	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
NOVOLIN N INJ U-100	OTC, QL (30 mL / 25 days)
NOVOLIN R INJ U-100	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	QL (30 mL / 25 days); Covered for ages 18 years old & under

INSULIN SENSITIZING AGENTS

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

MEGLITINIDE ANALOGUES

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

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

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

SULFONYLUREAS

<i>glimepiride tab 1 mg</i> (generic of AMARYL)	QL (90 ea / 30 days)
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	QL (120 ea / 30 days)
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	QL (90 ea / 30 days)
<i>glipizide tab 5 mg</i> (generic of GLUCOTROL)	QL (240 ea / 30 days)
<i>glipizide tab 10 mg</i> (generic of GLUCOTROL)	QL (120 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<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

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

OPIOID ANTAGONISTS

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
NARCAN SPR	
VIVITROL INJ 380MG	SP, 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</i> (generic of ZOFTRAN)	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg</i> (generic of ZOFTRAN)	QL (90 ea / 25 days)

Drug Name	Requirements/Limits
<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)
TRANSDERM SC DIS 1.5MG	PA
TRANSDERM-SC DIS 1.5MG	PA

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); Covered for ages 12 years old & under
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); Covered for ages 12 years old & under
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	QL (60 ea / 30 days)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - 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)

ANTIHIISTAMINES - ETHANOLAMINES

ALER-DRYL TAB 50MG	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>allergy rel elx 12.5/5ml</i>	OTC, QL (2400 mL / 30 days); Covered for ages 12 years old & under
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>clemastine fumarate tab 1.34 mg</i>	OTC, QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>clemastine fumarate tab 2.68 mg</i>	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 50 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl chew tab 12.5 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl inj 50 mg/ml</i>	Covered for ages 64 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl tab disint 12.5 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg</i>	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under

ANTI-HISTAMINES - NON-SEDATING

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

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (1500 mL / 30 days); Covered for ages 2 - 64 years old

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

ANTI-HISTAMINES - PIPERIDINES

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

ANTIHYPERLIPIDEMICS

BILE ACID SEQUESTRANTS

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

FIBRIC ACID DERIVATIVES

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

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)

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

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

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

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

REPATHA INJ 140MG/ML	SP, PA
REPATHA PUSH INJ 420/3.5	SP, QL (3.5 mL / 25 days), PA
REPATHA SURE INJ 140MG/ML	SP, PA

ANTIHYPERTENSIVES

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

Drug Name	Requirements/Limits
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	QL (60 ea / 30 days)
<i>fosinopril sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg (generic of PRINIVIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg (generic of PRINIVIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg (generic of PRINIVIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	QL (60 ea / 30 days)
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 10 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>trandolapril tab 1 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 2 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 4 mg (generic of MAVIK)</i>	QL (30 ea / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg (generic of CATAPRES)</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg (generic of CATAPRES)</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg (generic of CATAPRES)</i>	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>guanfacine hcl tab 2 mg</i>	QL (60 ea / 30 days)
<i>methyldopa tab 250 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>methyldopa tab 500 mg</i>	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	QL (60 ea / 30 days)
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	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 (generic of VASERETIC)</i>	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 (generic of AVALIDE)</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	QL (30 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i> (generic of MYAMBUTOL)	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	QL (32 ea / 28 days)
<i>pyrazinamide tab 500 mg</i>	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i> (generic of RIFADIN)	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i> (generic of RIFADIN)	QL (120 ea / 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

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

Drug Name	Requirements/Limits
<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>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	
<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)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTINEOPLASTIC ENZYME INHIBITORS

<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA
NEXAVAR TAB 200MG	SP, PA
SPRYCEL TAB 20MG	SP, PA
SPRYCEL TAB 50MG	SP, PA
SPRYCEL TAB 70MG	SP, PA
SPRYCEL TAB 100MG	SP, PA
SPRYCEL TAB 140MG	SP, PA
SUTENT CAP 12.5MG	SP, PA
SUTENT CAP 25MG	SP, PA

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

ANTINEOPLASTICS MISC.

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

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

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

MITOTIC INHIBITORS

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

ANTIPARKINSON ANTICHOLINERGICS

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

ANTIPARKINSON COMT INHIBITORS

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

<i>amantadine hcl cap 100 mg</i>	QL (120 ea / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)

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

Drug Name	Requirements/Limits
<i>ropinirole hydrochloride tab 4 mg</i>	QL (360 ea / 30 days)
<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

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years old & over
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years old & over
<i>lithium carbonate cap 600 mg</i>	QL (90 ea / 30 days)
<i>lithium carbonate tab 300 mg</i>	QL (180 ea / 30 days)
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	QL (180 ea / 30 days); Covered for ages 6 years old & over
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years old & over

LITHIUM SOL 8MEQ/5ML

ANTIPSYCHOTICS - MISC.

LATUDA TAB 20MG	PA
LATUDA TAB 40MG	PA
LATUDA TAB 60MG	PA
LATUDA TAB 80MG	PA
LATUDA TAB 120MG	PA
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years old & over
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years old & over
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years old & over
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	QL (60 ea / 30 days); Covered for ages 6 years old & over

BENZISOXAZOLES

FANAPT PAK	PA
FANAPT TAB 1MG	PA
FANAPT TAB 2MG	PA
FANAPT TAB 4MG	PA
FANAPT TAB 6MG	PA

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

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

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	Covered for ages 6 years old & over
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	Covered for ages 6 years old & over
<i>haloperidol lactate inj 5 mg/ml (generic of HALDOL)</i>	Covered for ages 6 years old & over
<i>haloperidol lactate oral conc 2 mg/ml</i>	Covered for ages 6 years old & over
<i>haloperidol tab 0.5 mg</i>	QL (180 ea / 30 days); Covered for ages 6 years old & over
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years old & over
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); Covered for ages 6 years old & over

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

DIBENZAPINES

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

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

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

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years old & over
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years old & over
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years old & over
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years old & over
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); Covered for ages 6 years old & over
<i>compro sup 25mg</i>	QL (360 ea / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); Covered for ages 6 - 64 years old

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

QUINOLINONE DERIVATIVES

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

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

THIOXANTHENES

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

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

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

Drug Name	Requirements/Limits
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)
DESCOVY TAB 200/25	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 200 mg</i> (generic of VIDEX EC)	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 250 mg</i> (generic of VIDEX EC)	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 400 mg</i> (generic of VIDEX EC)	QL (30 ea / 30 days)
EDURANT TAB 25MG	QL (30 ea / 30 days)
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (30 ea / 30 days)
EMTRIVA CAP 200MG	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	QL (600 mL / 30 days)
EVOTAZ TAB 300-150	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (generic of LEXIVA)	QL (120 ea / 30 days)
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)

Drug Name	Requirements/Limits
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 (generic of EPIVIR)</i>	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	QL (60 ea / 30 days)
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	QL (30 ea / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	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) (generic of KALETRA)</i>	QL (525 mL / 30 days)
<i>nevirapine susp 50 mg/5ml (generic of VIRAMUNE)</i>	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg (generic of VIRAMUNE)</i>	QL (60 ea / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	QL (90 ea / 30 days)
<i>nevirapine tab er 24hr 400 mg (generic of VIRAMUNE XR)</i>	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	QL (450 mL / 30 days)
ODEFSEY TAB	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	QL (30 ea / 30 days)
PREZISTA SUS 100MG/ML	QL (240 mL / 30 days)
PREZISTA TAB 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)
RESCRIPTOR TAB 200MG	QL (450 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 (generic of NORVIR)</i>	QL (360 ea / 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)
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 (generic of ZERIT)</i>	QL (60 ea / 30 days)
<i>stavudine cap 40 mg (generic of ZERIT)</i>	QL (60 ea / 30 days)
STRIBILD TAB	QL (30 ea / 30 days)
SYMFI LO TAB	QL (30 ea / 30 days)
SYMFI TAB	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	QL (30 ea / 30 days)
TIVICAY TAB 10MG	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
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	PA
VIDEX SOL 2GM	QL (1200 mL / 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 (generic of RETROVIR)</i>	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 ea / 30 days)

CMV AGENTS

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

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg (generic of HEPSERA)</i>	QL (30 ea / 30 days)
BARACLUDE SOL .05MG/ML	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	QL (30 ea / 30 days)
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg (hbv) (generic of EPIVIR HBV)</i>	QL (90 ea / 30 days)
LEDIP-SOFOSB TAB 90-400MG	SP, QL (30 ea / 30 days), PA; Preferred agent
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
PEGASYS INJ PROCLICK	SP, PA
PEGINTRON KIT 50MCG	SP, PA
<i>ribasphere cap 200mg</i>	SP, PA
<i>ribasphere tab 200mg</i>	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
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

Drug Name	Requirements/Limits
HERPES AGENTS	
<i>acyclovir cap 200 mg (generic of ZOVIRAX)</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 (generic of FLUMADINE)</i>	QL (60 ea / 30 days)
BETA BLOCKERS	
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 (60 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	QL (60 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)
<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)

Drug Name	Requirements/Limits
<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/af) tab 80 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 120 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 160 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	QL (60 ea / 30 days)

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>amlodipine besylate tab 10 mg (base equivalent)</i> (generic of NORVASC)	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr</i> (generic of CARDIZEM CD)	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (generic of CARDIZEM CD)	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (generic of CARDIZEM CD)	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (generic of CARDIZEM CD)	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (generic of CARDIZEM CD)	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (generic of TIAZAC)	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg</i> (generic of CARDIZEM)	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg</i> (generic of CARDIZEM)	QL (120 ea / 30 days)
<i>diltiazem hcl tab 90 mg</i>	QL (120 ea / 30 days)
<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); Covered for ages 64 years old & under
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nifedipine tab er 24hr 30 mg</i> (generic of ADALAT CC)	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>nifedipine tab er 24hr 60 mg</i> (generic of ADALAT CC)	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i> (generic of ADALAT CC)	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/24</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>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> (generic of CALAN)	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

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Covered for ages 12 years old & under
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	QL (30 ea / 30 days)
LANOXIN TAB 0.25MG	QL (30 ea / 30 days)
LANOXIN TAB 0.125MG	QL (30 ea / 30 days)
LANOXIN TAB 0.0625MG	QL (240 ea / 30 days)
LANOXIN TAB 0.1875MG	QL (60 ea / 30 days)

CARDIOVASCULAR AGENTS - MISC.

PERIPHERAL VASODILATORS

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

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

Drug Name	Requirements/Limits
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

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

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
UPTRAVI TAB 1600MCG	SP, QL (60 ea / 30 days), PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

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

CEPHALOSPORINS - 2ND GENERATION

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

CEPHALOSPORINS - 3RD GENERATION

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

CHEMICALS

BULK CHEMICALS - B'S

BUDESONIDE POW

BULK CHEMICALS - E'S

ETHYL OLEATE LIQ

OTC

BULK CHEMICALS - H'S

HYDROXYPROG POW CAPROATE

GNDR, PA; Covered for ages 16 - 60 years old

BULK CHEMICALS - P'S

PROGESTERONE POW MICRONIZ

LIQUIDS

BENZYL BENZO LIQ

GNDR; Covered for ages 16 - 60 years old

BENZYL BENZO LIQ

OTC, GNDR; Covered for ages 16 - 60 years old

SESAME OIL

SESAME OIL

OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

altavera tab

GNDR, QL (28 ea / 21 days)

alyacen tab 1/35 (generic of ORTHO-NOVUM 1/35)

GNDR, QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>alyacen tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR, QL (28 ea / 28 days)
<i>amethia lo tab</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>apri tab</i>	GNDR, QL (28 ea / 21 days)
<i>aubra eq tab 0.1-0.02</i>	GNDR, QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	GNDR, QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR, QL (28 ea / 28 days)
<i>aurovela fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>aurovela tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>aurovela tab 1/20</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>aviane tab</i>	GNDR, QL (28 ea / 21 days)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>balziva tab</i>	GNDR, QL (28 ea / 21 days)
<i>bekyree tab</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>blisovi fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR, QL (28 ea / 28 days)
<i>briellyn tab</i>	GNDR, QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>caziant pak</i>	QL (28 ea / 28 days)
<i>chateal eq tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	GNDR, QL (28 ea / 21 days)
<i>cyclafem tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR, QL (28 ea / 28 days)
<i>cyred eq tab</i>	GNDR, QL (28 ea / 21 days)
<i>cyred tab</i>	GNDR, QL (28 ea / 21 days)
<i>dasetta tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR, QL (28 ea / 28 days)
<i>delyla tab 0.1-0.02</i>	GNDR, 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 / 28 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>elinest tab</i>	GNDR, QL (28 ea / 21 days)
<i>emoquette tab</i>	GNDR, QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	GNDR, QL (28 ea / 28 days)

Drug Name	Requirements/Limits
<i>enskyce tab</i>	GNDR, QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>falmina tab</i>	GNDR, QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>introvale tab</i>	QL (28 ea / 28 days)
<i>isibloom tab</i>	GNDR, QL (28 ea / 21 days)
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>jolessa tab</i>	QL (28 ea / 28 days)
<i>juleber tab</i>	GNDR, QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>junel 1/20 tab</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR, QL (28 ea / 28 days)
<i>junel fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>kelnor 1/50 tab</i>	GNDR, QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	GNDR, QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR, QL (28 ea / 28 days)
<i>larin fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>larin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>larin tab 1/20</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>larissia tab</i>	GNDR, QL (28 ea / 21 days)
<i>lessina tab</i>	GNDR, QL (28 ea / 21 days)
<i>levonest tab</i>	GNDR, QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (28 ea / 28 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	GNDR, QL (28 ea / 28 days)
<i>levora-28 tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>lillow tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>loryna tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	GNDR, QL (28 ea / 21 days)
<i>lutera tab</i>	GNDR, QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>marlissa tab 0.15/30</i>	GNDR, QL (28 ea / 21 days)
<i>microgestin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	GNDR, QL (28 ea / 21 days)
<i>microgestin tab 1/20</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30</i> (generic of LOESTRIN FE 1.5/30)	GNDR, QL (28 ea / 28 days)
<i>microgestin tab fe 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>mili tab 0.25/35</i>	GNDR, QL (28 ea / 21 days)
<i>mono-lynyah tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	GNDR, QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (generic of LOESTRIN 1/20-21)	GNDR, QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	GNDR, QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	GNDR, QL (28 ea / 28 days)
<i>nortrel tab 0.5/35</i>	GNDR, QL (28 ea / 21 days)
<i>nortrel tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR, QL (28 ea / 28 days)
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>ogestrel tab</i>	GNDR, QL (28 ea / 21 days)
<i>orsythia tab</i>	GNDR, QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	GNDR, QL (28 ea / 21 days)
<i>pimtrea tab</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>pirmella tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	GNDR, QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	GNDR, QL (28 ea / 28 days)
<i>portia-28 tab</i>	GNDR, QL (28 ea / 21 days)
<i>previfem tab</i>	GNDR, QL (28 ea / 21 days)
<i>reclipsen tab</i>	GNDR, QL (28 ea / 21 days)
<i>setlakin tab</i>	QL (28 ea / 28 days)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>sprintec 28 tab 28 day</i>	GNDR, QL (28 ea / 21 days)
<i>sronyx tab</i>	GNDR, QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)

Drug Name	Requirements/Limits
<i>tarina fe tab 1/20 eq</i> (generic of LOESTRIN FE 1/20)	GNDR, QL (28 ea / 28 days)
<i>tri femynor tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-estaryll tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-linyah tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-lo tab estaryll</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 28 days)
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 28 days)
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 28 days)
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 28 days)
<i>tri-mili tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-previfem tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-sprintec tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-vylibra tab</i>	GNDR, QL (28 ea / 28 days)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 28 days)
<i>trivora-28 tab</i>	GNDR, QL (28 ea / 28 days)
<i>velivet pak</i>	QL (28 ea / 28 days)
<i>vienva tab 0.1-20</i>	GNDR, QL (28 ea / 21 days)
<i>viorele tab</i> (generic of MIRCETTE)	QL (28 ea / 28 days)
<i>vyfemla tab 0.4-35</i>	GNDR, QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	GNDR, QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	GNDR, QL (28 ea / 21 days)
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	GNDR, QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	GNDR, QL (28 ea / 21 days)
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane dis 150-35</i>	QL (3 ea / 28 days)
COMBINATION CONTRACEPTIVES - VAGINAL	
NUVARING MIS	GNDR, 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	
<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

Drug Name	Requirements/Limits
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tab 0.35mg</i>	QL (28 ea / 28 days)
<i>deblitane tab 0.35mg</i>	QL (28 ea / 28 days)
<i>errin tab 0.35mg</i> (generic of ORTHO MICRONOR)	QL (28 ea / 28 days)
<i>heather tab 0.35mg</i>	QL (28 ea / 28 days)
<i>incassia tab 0.35mg</i>	QL (28 ea / 28 days)
<i>jencycla tab 0.35mg</i> (generic of ORTHO MICRONOR)	QL (28 ea / 28 days)
<i>jolivette tab 0.35mg</i> (generic of ORTHO MICRONOR)	QL (28 ea / 28 days)
<i>lyza tab 0.35mg</i> (generic of ORTHO MICRONOR)	QL (28 ea / 28 days)
<i>nora-be tab 0.35mg</i>	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg</i>	QL (28 ea / 28 days)
<i>norlyda tab 0.35mg</i>	QL (28 ea / 28 days)
<i>norlyroc tab 0.35mg</i>	QL (28 ea / 28 days)
<i>sharobel tab 0.35mg</i> (generic of ORTHO MICRONOR)	QL (28 ea / 28 days)
<i>tulana tab 0.35mg</i>	QL (28 ea / 28 days)

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i> (generic of ENTOCORT EC)	
<i>decadron elx 0.5/5ml</i>	QL (1800 mL / 30 days)
<i>decadron tab 0.5mg</i>	QL (360 ea / 30 days)
<i>decadron tab 0.75mg</i>	QL (300 ea / 30 days)
<i>decadron tab 4mg</i>	QL (300 ea / 30 days)
<i>decadron tab 6mg</i>	QL (300 ea / 30 days)
<i>deltasone tab 20mg</i>	QL (180 ea / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg</i> (generic of CORTEF)	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg</i> (generic of CORTEF)	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg</i> (generic of CORTEF)	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg</i> (generic of MEDROL)	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg</i> (generic of MEDROL)	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg</i> (generic of MEDROL)	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<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>	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	QL (150 ea / 30 days)
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COUGH/COLD/ALLERGY

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>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 18 years old & over
<i>hydromet syp 5-1.5/5</i>	QL (1800 mL / 30 days); Covered for ages 18 years old & over

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); Covered for ages 4 years old & over
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	OTC, QL (240 mL / 25 days)

Drug Name	Requirements/Limits
<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); Covered for ages 18 years old & over
<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); Covered for ages 64 years old & under
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); Covered for ages 18 - 64 years old
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); Covered for ages 4 - 64 years old
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 18 - 64 years old
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	OTC, QL (120 ea / 30 days); Covered for ages 4 years old & over
<i>virtussin sol dac</i>	OTC, QL (1800 mL / 30 days); Covered for ages 18 years old & over

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	OTC; Covered for ages 4 years old & over
<i>guaifenesin syrup 100 mg/5ml</i>	OTC; Covered for ages 4 years old & over
<i>guaifenesin tab 200 mg</i>	OTC; Covered for ages 4 years old & over
<i>guaifenesin tab 400 mg</i>	OTC; Covered for ages 4 years old & over
<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>	

Drug Name	Requirements/Limits
<i>sodium chloride soln nebu 0.9%</i>	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	QL (3600 mL / 30 days)
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DERMATOLOGICALS

ACNE PRODUCTS

ACNE MEDICAT LOT 10%	OTC; Covered for ages 10 - 35 years old
<i>avita cre 0.025%</i> (generic of RETIN-A)	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>avita gel 0.025%</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
BENZOYL PER GEL 2.5%	OTC, QL (60 gm / 25 days); Covered for ages 10 - 35 years old
<i>benzoyl peroxide gel 5%</i>	OTC; Covered for ages 10 - 35 years old
<i>benzoyl peroxide gel 10%</i>	OTC; Covered for ages 10 - 35 years old
<i>benzoyl peroxide liq 5%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>benzoyl peroxide liq 10%</i>	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
BENZOYL PEROXIDE LOTION 5%	OTC; Covered for ages 10 - 35 years old
<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; Covered for ages 10 - 35 years old

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; Covered for ages 10 - 35 years old
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days); Covered for ages 10 - 35 years old
DIFFERIN GEL 0.1%	OTC, QL (45 gm / 25 days); Covered for ages 10 - 35 years old
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days); Covered for ages 10 - 35 years old
<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>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; Covered for ages 10 - 35 years old
<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; Covered for ages 10 - 35 years old
<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; Covered for ages 10 - 35 years old
<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; Covered for ages 10 - 35 years old

Drug Name	Requirements/Limits
<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; Covered for ages 10 - 35 years old

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium gel 1%</i> (generic of VOLTAREN)	PA
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ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)
<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>antifungal cre 2%</i>	OTC, QL (150 gm / 25 days)
<i>cavilon cre 2%</i>	OTC, QL (150 gm / 25 days)
<i>ciclopirox olamine cream 0.77%</i> (base equiv) (generic of LOPROX)	QL (600 gm / 30 days)
<i>clotrimazole cream 1%</i>	
<i>clotrimazole cream 1%</i>	OTC
<i>clotrimazole soln 1%</i>	
<i>clotrimazole soln 1%</i>	OTC
<i>fungicure spr intens</i>	OTC
<i>ketoconazole cream 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i> (generic of NIZORAL)	QL (120 mL / 25 days)
<i>micaderm cre 2%</i>	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate ointment 2%</i>	OTC
<i>miconazole nitrate powder 2%</i>	OTC
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (30 gm / 25 days)
<i>podactin cre 2%</i>	OTC, QL (150 gm / 25 days)
<i>remedy cre antifung</i>	OTC, QL (150 mL / 25 days)
<i>sm antifungl cre 2%</i>	OTC, QL (150 gm / 25 days)
<i>soothe&cool cre inzo 2%</i>	OTC, QL (150 gm / 25 days)
<i>terbinafine hcl cream 1%</i>	OTC, QL (30 gm / 25 days)
<i>tineacide cre</i>	OTC, QL (150 gm / 25 days)
<i>tolnaftate aerosol pow 1%</i>	OTC

Drug Name	Requirements/Limits
<i>tolnaftate cream 1%</i>	OTC
<i>tolnaftate powder 1%</i>	OTC
<i>tolnaftate soln 1%</i>	OTC
ANTIHISTAMINES-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 oint 0.005%</i>	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	PA
<i>calcitrene oin 0.005%</i>	PA
DRITHO-CREME CRE HP 1%	
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	
ANTIVIRALS - TOPICAL	
<i>acyclovir cream 5% (generic of ZOVIRAX)</i>	PA; Covered for ages 18 years old & under
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	PA; Covered for ages 18 years old & under
<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)

Drug Name	Requirements/Limits
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL / 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	QL (60 gm / 25 days), ST; Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 25 days), 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% (generic of ULTRAVATE)</i>	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05% (generic of ULTRAVATE)</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% (generic of ELOCON)</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)
<i>triamcinolone acetonide cream 0.1%</i>	

Drug Name	Requirements/Limits
<i>triamcinolone acetonide cream 0.5%</i>	
<i>triamcinolone acetonide cream 0.025%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm cre 0.1%</i>	
<i>triderm cre 0.5%</i>	

EMOLLIENTS

<i>al12 lot 12%</i>	OTC, QL (225 gm / 25 days)
<i>amlactin lot 12%</i>	OTC, QL (225 gm / 25 days)
<i>emollient - ointment</i>	OTC
<i>geri-hydrola cre 12%</i>	OTC, QL (280 gm / 25 days)
<i>geri-hydrola lot 12%</i>	OTC, QL (225 mL / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	OTC, QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	OTC, QL (225 gm / 25 days)
<i>skin trtment lot 12%</i>	OTC, QL (225 gm / 25 days)

ENZYMES - TOPICAL

<i>SANTYL OIN 250/GM</i>	QL (30 gm / 30 days), PA
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IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 5% (generic of ALDARA)</i>	QL (24 ea / 25 days), PA
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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)
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LOCAL ANESTHETICS - TOPICAL

<i>ARTH PAIN CRE 0.075%</i>	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)
<i>CAPZASIN-P CRE 0.035%</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 patch 4%</i>	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 5% (generic of LIDODERM)</i>	QL (90 ea / 30 days), PA

Drug Name	Requirements/Limits
<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%	
<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% (generic of METROCREAM)</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole lotion 0.75% (generic of METROLOTION)</i>	
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	
<i>rosadan gel 0.75%</i>	

SCABICIDES & PEDICULICIDES

<i>lice trtmnt liq 1%</i>	OTC
<i>malathion lotion 0.5% (generic of OVIDE)</i>	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide
<i>permethrin aerosol 0.5%</i>	OTC
<i>permethrin cream 5% (generic of ELIMITE)</i>	
<i>permethrin lotion 1%</i>	OTC

Drug Name	Requirements/Limits
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC
<i>spinosad susp 0.9%</i>	ST; Requires trial of malathion

WOUND CARE PRODUCTS

ACTIMARIS GEL WOUND	OTC, QL (850 gm / 25 days)
AMERIGEL GEL DRESSING	OTC, QL (850 gm / 25 days)
AMORPH WOUND GEL DRESSING	QL (850 gm / 25 days)
ANTIPRURITIC GEL	QL (850 gm / 25 days)
ATRAPRO GEL HYDROGEL	QL (850 gm / 25 days)
BISMUTH TRIBROMOPHENATE-PETROLATUM DRESSING PADS	QL (30 ea / 25 days)
CARRASMART GEL DRESSING	OTC, QL (850 gm / 25 days)
CARRASYN GEL DRESSING	QL (850 gm / 25 days)
CARRASYN GEL DRESSING	OTC, QL (850 gm / 25 days)
CARRASYN V GEL DRESSING	OTC, QL (850 gm / 25 days)
COLLATYL GEL	QL (850 gm / 25 days)
CONTROL GEL FORMULA - DRESSING	OTC, QL (30 ea / 25 days)
CURAD GERM GEL SHIELD	OTC, QL (850 gm / 25 days)
CURAFIL WOUN GEL DRESSING	OTC, QL (850 gm / 25 days)
CVS SILVER GEL	OTC, QL (850 gm / 25 days)
DERMAGRAN GEL HYDROGEL	OTC, QL (850 gm / 25 days)
DERMAGRAN-B GEL HYDROPHI	OTC, QL (850 gm / 25 days)
DERMASYN GEL	OTC, QL (850 gm / 25 days)
DIAB DAILY GEL CARE	OTC, QL (850 gm / 25 days)
DIAB F.D.G. GEL	QL (850 ea / 25 days)
DIAB GEL	QL (850 gm / 25 days)
EXCEL-GEL GEL	OTC, QL (850 gm / 25 days)
GRX WOUND GEL	OTC, QL (850 gm / 25 days)
HYDROGEL AG GEL	OTC, QL (850 mL / 25 days)
HYDROGEL GEL	OTC, QL (850 mL / 25 days)
INTRASITE GEL APPLIPAK	OTC, QL (850 gm / 25 days)
KERAGEL GEL WOUND	QL (850 gm / 25 days)
KERAGELT GEL	QL (850 gm / 25 days)
MANUKA HONEY GEL WOUND	OTC, QL (850 mL / 25 days)
MEDIHONEY GEL WOUND	OTC, QL (850 mL / 25 days)
NU-GEL GEL	OTC, QL (850 gm / 25 days)
PROTYL AG GEL	QL (850 gm / 25 days)
RADIAGEL GEL	QL (850 gm / 25 days)
RADIAPLEXRX GEL	QL (850 gm / 25 days)
RESTORE HYDR GEL DRESSING	OTC, QL (850 mL / 25 days)
REVITADERM GEL WOUND	OTC, QL (850 mL / 25 days)
SAF-GEL GEL	OTC, QL (850 gm / 25 days)

Drug Name	Requirements/Limits
SILVASORB GEL	QL (850 mL / 25 days)
SILVERMED GEL	OTC, QL (850 gm / 25 days)
SKINTEGRITY GEL HYDROGEL	OTC, QL (850 gm / 25 days)
SOLOSITE GEL WOUND	OTC, QL (850 gm / 25 days)
STIMULEN GEL	OTC, QL (850 gm / 25 days)
TEGADERM HYD GEL WND FILL	OTC, QL (850 gm / 25 days)
THERAHONEY GEL	QL (850 gm / 25 days)
VASCUDERM GEL HYDROGEL	QL (850 gm / 25 days)
VEXASYN GEL	QL (850 gm / 25 days)
WOUND GEL GEL	OTC, QL (850 gm / 25 days)
WOUND GEL GEL SPRAY	OTC, QL (850 gm / 25 days)
ZANABIN GEL HYDROGEL	QL (850 gm / 25 days)

DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

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

ACETONE (URINE) TEST STRIP	OTC
TRUE METRIX TES GLUCOSE	OTC, QL (Max 100 strips per month*), PA; *Max 300 strips/month for type 1 if submitted with Dx code or PA required without Dx

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	QL (60 ea / 30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	QL (90 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (generic of DYZAZIDE)	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)

LOOP DIURETICS

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

POTASSIUM SPARING DIURETICS

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

THIAZIDES AND THIAZIDE-LIKE DIURETICS

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

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	QL (4 ea / 28 days)

Drug Name	Requirements/Limits
<i>alendronate sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 70 mg</i> (generic of FOSAMAX)	QL (4 ea / 28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i> (generic of MIACALCIN)	QL (30 mL / 30 days); Covered for ages 50 years old & over
<i>ibandronate sodium tab 150 mg (base equivalent)</i> (generic of BONIVA)	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	SP, PA
TYMLOS INJ	SP, PA

GROWTH HORMONES

OMNITROPE INJ 5.8MG	SP, PA
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HORMONE RECEPTOR MODULATORS

<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	QL (30 ea / 30 days); Covered for ages 50 years old & over
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INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

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

LUPR DEP-PED INJ 3M 30MG	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% (refrigerated)</i>	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 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA

Drug Name	Requirements/Limits
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)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT LOW DOSE)	QL (28 ea / 28 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
<i>estradiol tab 0.5 mg</i> (generic of ESTRACE)	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>estradiol tab 2 mg</i> (generic of ESTRACE)	QL (30 ea / 30 days); Covered for ages 64 years old & under
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> (generic of CIPRO)	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> (generic of CIPRO)	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</i> (generic of LEVAQUIN)	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 500 mg</i> (generic of LEVAQUIN)	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 750 mg</i> (generic of LEVAQUIN)	QL (1 ea / day, max 10 day supply)
GASTROINTESTINAL AGENTS - MISC.	
ANTIFLATULENTS	
<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol cap 300 mg</i> (generic of ACTIGALL)	QL (60 ea / 30 days)
<i>ursodiol tab 250 mg</i> (generic of URSO 250)	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg</i> (generic of URSO FORTE)	QL (60 ea / 30 days)
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> (base equiv)	

Drug Name	Requirements/Limits
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> (generic of REGLAN)	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> (generic of REGLAN)	QL (180 ea / 30 days)
INFLAMMATORY BOWEL AGENTS	
APRISO CAP 0.375GM	QL (120 ea / 30 days)
<i>balsalazide disodium cap 750 mg</i> (generic of COLAZAL)	
<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 - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS	
<i>calcium acetate (phosphate binder) cap 667 mg</i> (169 mg ca) (generic of PHOSLO)	
GENITOURINARY AGENTS - MISCELLANEOUS	
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>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	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (90 ea / 30 days)
GOUT AGENTS	
<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)

Drug Name	Requirements/Limits
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 ea / 90 days, max 1 fill per 90 days)

URICOSURICS

<i>probenecid tab 500 mg</i>	QL (90 ea / 30 days)
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HEMATOLOGICAL AGENTS - MISC.

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
HELIXATE FS INJ 250UNIT	SP, PA
HELIXATE FS INJ 500UNIT	SP, PA
HELIXATE FS INJ 1000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA
IXINITY INJ 500UNIT	SP, PA
IXINITY INJ 1000UNIT	SP, PA
IXINITY INJ 2000UNIT	SP, PA
IXINITY INJ 3000UNIT	SP, PA
KOGENATE FS INJ 250UNIT	SP, PA
KOGENATE FS INJ 500UNIT	SP, PA
KOGENATE FS INJ 1000UNIT	SP, PA
NUWIQ KIT 250UNIT	SP, PA
NUWIQ KIT 500UNIT	SP, PA
NUWIQ KIT 1000UNIT	SP, PA
RIXUBIS INJ 250 UNIT	SP, PA
RIXUBIS INJ 500UNIT	SP, PA
RIXUBIS INJ 1000UNIT	SP, PA
RIXUBIS INJ 2000UNIT	SP, PA
RIXUBIS INJ 3000UNIT	SP, PA

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	QL (120 ea / 30 days)
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg (generic of AGGRENEX)</i>	PA
<i>cilostazol tab 50 mg</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<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

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
EPOGEN INJ 2000/ML	SP, PA
EPOGEN INJ 4000/ML	SP, PA
EPOGEN INJ 10000/ML	SP, PA
EPOGEN INJ 20000/ML	SP, PA
FULPHILA INJ 6/0.6ML	SP, PA
LEUKINE INJ 250MCG	SP, PA
NEULASTA INJ 6MG/0.6M	SP, PA
NEULASTA KIT 6MG/0.6M	SP, PA
NEUPOGEN INJ 300/0.5	SP, PA
NEUPOGEN INJ 300MCG	SP, PA
NEUPOGEN INJ 480/0.8	SP, PA
NEUPOGEN INJ 480MCG	SP, PA
NIVESTYM INJ 300/0.5	SP, PA
NIVESTYM INJ 480/0.8	SP, PA

Drug Name	Requirements/Limits
PROCRIT INJ 2000/ML	SP, PA
PROCRIT INJ 4000/ML	SP, PA
PROCRIT INJ 10000/ML	SP, PA
PROCRIT INJ 20000/ML	SP, PA
PROCRIT INJ 40000/ML	SP, PA
UDENYCA INJ 6MG/.6ML	SP, PA

HEMATOPOIETIC MIXTURES

<i>chromagen cap</i>	QL (60 ea / 30 days)
<i>ferocon cap</i>	QL (60 ea / 30 days)
<i>ferotrinsic 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>tl icon cap</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 SUL LIQ 220/5ML	OTC
FERROUS SULF TAB 324MG EC	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate dried tab er 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 150mg</i>	OTC, QL (60 ea / 30 days)
<i>poly-iron cap 150mg</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

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); Covered for ages 12 years old & under
<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); Covered for ages 18 years old & over
<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); Covered for ages 18 years old & over

Drug Name	Requirements/Limits
<i>triazolam tab 0.25 mg</i> (generic of HALCION)	QL (60 ea / 30 days); Covered for ages 18 years old & over
<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>zolpidem tartrate tab 5 mg</i> (generic of AMBIEN)	QL (60 ea / 30 days); Covered for ages 18 years old & over
<i>zolpidem tartrate tab 10 mg</i> (generic of AMBIEN)	QL (30 ea / 30 days); Covered for ages 18 years old & over

LAXATIVES

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> (generic of COLYTE-FLAVOR PACKS)	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-na bicarb-nacl-na sulfate for soln 240 gm</i>	QL (120000 mL / 30 days)

Drug Name	Requirements/Limits
<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
<i>glycerin suppos 2.1 gm</i>	OTC
<i>glycerin suppos 80.7%</i>	OTC
<i>lactulose solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	OTC, QL (1020 gm / 30 days)
LUBRICANT LAXATIVES	
<i>mineral oil</i>	OTC
<i>mineral oil enema</i>	OTC
<i>mineral oil- rx</i>	
SALINE LAXATIVES	
<i>magnesium citrate soln</i>	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	OTC
MILK OF MAGN SUS 2400MG	OTC
<i>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	
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA	OTC
20-283 MG	
<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)
PEDIA-LAX LIQ 50MG	OTC, QL (900 mL / 30 days)

Drug Name	Requirements/Limits
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	QL (600 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years old & under
<i>azithromycin for susp 200 mg/5ml</i> (generic of ZITHROMAX)	QL (900 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years old & under
<i>azithromycin powd pack for susp 1 gm</i>	QL (1 ea / day, max 1 day supply)
<i>azithromycin tab 250 mg</i> (generic of ZITHROMAX)	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg</i> (generic of ZITHROMAX)	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i> (generic of ZITHROMAX)	QL (30 ea / 30 days)
CLARITHROMYCIN	
<i>clarithromycin for susp 125 mg/5ml</i>	Covered for ages 12 years old & under
<i>clarithromycin for susp 250 mg/5ml</i>	Covered for ages 12 years old & under
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	
ERYTHROMYCINS	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> (generic of ERYPED 200)	Covered for ages 12 years old & under
MEDICAL DEVICES AND SUPPLIES	
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)
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)

Drug Name	Requirements/Limits
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)
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)
POLYMEM DOT PAD 2" X 2"	OTC, QL (120 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)

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

DIABETIC SUPPLIES

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)

Drug Name	Requirements/Limits
SKIN BARRIER WAF 57MM	OTC, QL (10 ea / 25 days)
SKIN PREP MIS WIPES	OTC, QL (15 ea / 25 days)
STOMAHESIVE 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)
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

ALCOH-WIPE MIS 12"X12"	QL (200 ea / 25 days)
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

INSULIN PEN NEEDLE	OTC, QL (200 ea / 25 days)
INSULIN PEN NEEDLE- RX	QL (200 ea / 25 days)
INSULIN SYRINGE (DISP) U-100 1 ML	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML - RX	QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE- RX	QL (150 ea / 30 days)
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
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	
PEAK FLOW METER	OTC, QL (1 ea / year)
PEAK FLOW METER- RX	QL (1 ea / year)
PULMONEB LT MIS NEBULIZE	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	OTC, QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)-QL	(1 ea / year)
RX	

Drug Name	Requirements/Limits
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

SEROTONIN AGONISTS

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

MINERALS & ELECTROLYTES

CALCIUM

<i>calcitrate tab 950mg</i>	OTC
<i>calcium carb tab 1250mg</i>	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-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

Drug Name	Requirements/Limits
<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>oyster shell calcium tab 500 mg</i>	OTC
RISACAL-D TAB	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)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (50 mL / 30 days)
MAGNESIUM	
<i>magdelay tab 64mg</i>	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	OTC
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	OTC

Drug Name	Requirements/Limits
<i>magnesium oxide cap 500 mg (elemental mg)</i>	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i>	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	OTC
<i>magnesium tab 250 mg</i>	OTC
<i>magnesium tab 400 mg</i>	OTC
<i>magnesium tab 500mg</i>	OTC
<i>ra magnesium cap 500mg</i>	OTC
<i>sm magnesium tab 250mg</i>	OTC

PHOSPHATE

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

<i>klor-con 8 tab 8meq er</i>	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	QL (120 ea / 30 days)
<i>klor-con spr cap 8meq</i>	QL (120 ea / 30 days)
<i>klor-con spr cap 10meq</i>	QL (120 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i>	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (150 ea / 30 days)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	QL (150 ea / 30 days)

SODIUM

<i>sodium chloride tab 1 gm</i>	OTC
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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>DEPEN TITRA TAB 250MG</i>	PA
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Drug Name	Requirements/Limits
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, PA
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg</i> (generic of IMURAN)	QL (240 ea / 30 days)
<i>cyclosporine cap 25 mg</i> (generic of SANDIMMUNE)	QL (480 ea / 30 days)
<i>cyclosporine cap 100 mg</i> (generic of SANDIMMUNE)	QL (150 ea / 30 days)
<i>cyclosporine modified cap 25 mg</i> (generic of NEORAL)	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg</i> (generic of NEORAL)	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i> (generic of NEORAL)	QL (300 mL / 30 days)
<i>engraf cap 25mg</i> (generic of NEORAL)	QL (450 ea / 30 days)
<i>engraf cap 100mg</i> (generic of NEORAL)	QL (300 ea / 30 days)
<i>engraf sol 100mg/ml</i> (generic of NEORAL)	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg</i> (generic of CELLCEPT)	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	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)
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>	

Drug Name	Requirements/Limits
<i>sps sus 15gm/60</i>	
MOUTH/THROAT/DENTAL AGENTS	
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% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)</i>	
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 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 (generic of SALAGEN)</i>	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg</i>	OTC, QL (60 ea / 30 days)
<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)

Drug Name	Requirements/Limits
MULTIVITAMINS	
<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)
POLY-VI-FLOR CHW W/IRON	
POLY-VI-FLOR SUS /IRON	
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 chew tab 60 mg</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)
POLY-VI-FLOR CHW 0.5MG	
POLY-VI-FLOR CHW 0.25MG	
POLY-VI-FLOR CHW 1MG	
POLY-VI-FLOR MIS FS	
POLY-VI-FLOR MIS FS 0.5MG	
POLY-VI-FLOR MIS FS 0.25	
POLY-VI-FLOR SUS 0.25/ML	
PED MV W/ IRON	
<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 (30 mL / 30 days)
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)

Drug Name	Requirements/Limits
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)
M-VIT TAB 27-1MG	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)
NIVA-PLUS TAB	QL (30 ea / 30 days)
NUTRIENTS TAB PRENATAL	OTC, QL (30 ea / 30 days)
O-CAL FA TAB	QL (30 ea / 30 days)
O-CAL TAB PRENATAL	QL (30 ea / 30 days)
PERRY PRENAT CAP	OTC, QL (30 ea / 30 days)
PNV FOLIC AC TAB + IRON	QL (30 ea / 30 days)
PNV PRENATAL TAB PLUS	QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 223 MG PAK	OTC, QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	OTC, QL (30 ea / 30 days)
PRENATAL 19 CHW 29-1MG	QL (30 ea / 30 days)
PRENATAL 19 TAB 29-1MG	QL (30 ea / 30 days)
PRENATAL 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, GNDR, 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 27-1MG	GNDR, QL (30 ea / 30 days)
PRENATAL TAB COMPLETE	OTC, GNDR, QL (30 ea / 30 days)
PRENATAL TAB FORMULA	OTC, QL (30 ea / 30 days)
PRENATAL VIT TAB LOW IRON	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg- rx</i>	GNDR, QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg-rx</i>	GNDR, 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, GNDR, 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 28-0.8 MG	OTC, GNDR, QL (30 ea / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	GNDR, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK	OTC, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	OTC, GNDR, QL (60 ea / 30 days)
PRENATAL 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)
SE-NATAL 19 CHW	QL (30 ea / 30 days)
TL FOLATE TAB	QL (30 ea / 30 days)
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE M TAB	QL (30 ea / 30 days)
VINATE ONE TAB	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	QL (30 ea / 30 days)
VOL-PLUS TAB	GNDR, QL (30 ea / 30 days)

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 (generic of ROBAXIN)</i>	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>methocarbamol tab 750 mg (generic of ROBAXIN-750)</i>	QL (300 ea / 30 days); Covered for ages 64 years old & under
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (90 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (270 ea / 30 days); Covered for ages 64 years old & under

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENTS - MISC.

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

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

NASAL ANTICHOLINERGICS

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

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 gm / 25 days); Covered for ages 4 years old & over; Only OTC covered effective 6/1
<i>fluticasone propionate nasal susp 50 mcg/act</i>	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	OTC

SYMPATHOMIMETIC DECONGESTANTS

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

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i>	OTC, GNDR, QL (30 ea / 30 days)
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	OTC

Drug Name	Requirements/Limits
OPHTHALMIC AGENTS	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>artificial tear ophth ointment</i>	OTC
<i>artificial tear ophth solution</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
<i>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>	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	
CYCLOPLEGIC MYDRIATICS	
<i>atropine sul sol 1% op</i>	QL (15 mL / 25 days)
<i>isopto atrop sol 1% op</i>	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>	

Drug Name	Requirements/Limits
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>	
<i>levofloxacin ophth soln 0.5%</i>	
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	
<i>tobramycin ophth soln 0.3% (generic of TOBEX)</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
<i>XIIDRA DRO 5%</i>	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl ophth soln 0.5% (generic of ALCaine)</i>	
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

Drug Name	Requirements/Limits
<i>cromolyn sodium ophth soln 4%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	OTC, QL (10 mL / 25 days)
<i>sodium chloride hypertonic ophth oint 5%</i>	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i>	QL (5 mL / 25 days)
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	QL (5 mL / 25 days)
TRAVATAN Z DRO 0.004%	QL (5 mL / 25 days), ST; Requires trial of bimatoprost

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC
<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% (generic of FLOXIN OTIC)</i>	QL (5 mL / 25 days)

OTIC COMBINATIONS

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

OTIC STEROIDS

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

OXYTOCICS

<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

IMMUNE SERUMS

HYPERRHO S/D INJ 50MCG	SP
HYPERRHO S/D INJ 300MCG	SP
MICRHOGAM PL INJ 50MCG	SP
RHOGAM PLUS INJ 300MCG	SP
RHOPHYLAC INJ 1500/2ML	SP

Drug Name	Requirements/Limits
MONOCLONAL ANTIBODIES	
SYNAGIS INJ 50MG	SP, PA
SYNAGIS INJ 100MG/ML	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); Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Covered for ages 12 years old & under
<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)

Drug Name	Requirements/Limits
PHARMACEUTICAL ADJUVANTS	
ANTIMICROBIAL AGENTS	
BENZYL ALC LIQ	GNDR; Covered for ages 16 - 60 years old
BENZYL ALC LIQ	OTC, GNDR; Covered for ages 16 - 60 years old
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml SP, PA</i> (generic of MAKENA)	
<i>medroxyprogesterone acetate tab 2.5 mg</i> (generic of PROVERA)	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg</i> (generic of PROVERA)	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg</i> (generic of PROVERA)	QL (60 ea / 30 days)
<i>norethindrone acetate tab 5 mg</i> (generic of AYGESTIN)	QL (30 ea / 30 days)
<i>progesterone micronized cap 100 mg</i> (generic of PROMETRIUM)	QL (30 ea / 30 days)
<i>progesterone micronized cap 200 mg</i> (generic of PROMETRIUM)	QL (60 ea / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i> (generic of ANTABUSE)	QL (30 ea / 30 days)
<i>disulfiram tab 500 mg</i> (generic of ANTABUSE)	QL (30 ea / 30 days)
ANTI-CATAPLECTIC AGENTS	
XYREM SOL 500MG/ML	SP, 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</i> (generic of ARICEPT)	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg</i> (generic of ARICEPT)	QL (30 ea / 30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (generic of RAZADYNE ER)	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (generic of RAZADYNE ER)	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (generic of RAZADYNE ER)	
<i>galantamine hydrobromide tab 4 mg</i> (generic of RAZADYNE)	

Drug Name	Requirements/Limits
<i>galantamine hydrobromide tab 8 mg (generic of RAZADYNE)</i>	
<i>galantamine hydrobromide tab 12 mg (generic of RAZADYNE)</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (generic of NAMENDA TITRATION PAK)</i>	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic PA of EXELON)</i>	

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	SP, PA
AVONEX KIT 30MCG	SP, PA
AVONEX PEN KIT 30MCG	SP, PA
AVONEX PREFL KIT 30MCG	SP, PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	SP, PA
EXTAVIA INJ 0.3MG	SP, PA
GILENYA CAP 0.5MG	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	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 (generic of ZYBAN)</i>	QL (60 ea / 30 days)
CHANTIX PAK 0.5& 1MG	

Drug Name	Requirements/Limits
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); Covered for ages 18 years old & over
<i>nicotine polacrilex gum 4 mg</i>	OTC, QL (720 ea / 30 days); Covered for ages 18 years old & over
<i>nicotine polacrilex lozenge 2 mg</i>	OTC, QL (600 ea / 30 days); Covered for ages 18 years old & over
<i>nicotine polacrilex lozenge 4 mg</i>	OTC, QL (600 ea / 30 days); Covered for ages 18 years old & over
<i>nicotine td patch 24hr 7 mg/24hr</i>	OTC, QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>nicotine td patch 24hr 14 mg/24hr</i>	OTC, QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>nicotine td patch 24hr 21 mg/24hr</i>	OTC, QL (30 ea / 30 days); Covered for ages 18 years old & over
NICOTROL INH	QL (480 ea / 30 days); Covered for ages 18 years old & over
NICOTROL NS SPR 10MG/ML	QL (120 mL / 30 days); Covered for ages 18 years old & over

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

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

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

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

Drug Name	Requirements/Limits
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
ANTITHYROID AGENTS	
<i>methimazole tab 5 mg (generic of TAPAZOLE)</i>	QL (180 ea / 30 days)
<i>methimazole tab 10 mg (generic of TAPAZOLE)</i>	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	QL (600 ea / 30 days)
THYROID HORMONES	
ARMOUR THYRO TAB 15MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<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); Covered for ages 64 years old & under
NATURE-THROI TAB 16.25MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 32.5MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 48.75MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 65MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 81.25MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 97.5MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 113.75MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 130MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 146.25MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 195MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 260MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
NATURE-THROI TAB 325MG	QL (30 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
<i>np thyroid tab 15mg</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 30mg</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 60mg</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 90mg</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 120mg</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
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)
<i>thyroid tab 15 mg (1/4 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 30 mg (1/2 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 60 mg (1 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 90 mg (1 1/2 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 120 mg (2 grain)</i>	QL (30 ea / 30 days); Covered for ages 64 years old & under
WESTHROID TAB 32.5MG	QL (30 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
WESTHROID TAB 65MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WESTHROID TAB 97.5MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WESTHROID TAB 130MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WESTHROID TAB 195MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 16.25MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 32.5MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 48.75MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 65MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 81.25MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 97.5MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 113.75MG	QL (30 ea / 30 days); Covered for ages 64 years old & under
WP THYROID TAB 130MG	QL (30 ea / 30 days); Covered for ages 64 years old & under

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA SOL 1MG/5ML	PA
<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); Covered for ages 64 years old & under
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
<i>glycopyrrolate tab 1 mg</i>	
<i>glycopyrrolate tab 2 mg</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); Covered for ages 64 years old & under

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 tab 10 mg</i>	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg</i>	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>nizatidine cap 150 mg</i>	QL (120 ea / 30 days), ST; Requires trial of famotidine and ranitidine
<i>nizatidine oral soln 15 mg/ml</i>	ST; Requires trial of famotidine and ranitidine
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	QL (600 mL / 30 days); Covered for ages 12 years old & under
<i>ranitidine hcl tab 75 mg</i>	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (generic of ZANTAC)</i>	QL (120 ea / 30 days)
<i>ranitidine hcl tab 300 mg</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
MISC. ANTI-ULCER	
CARAFATE SUS 1GM/10ML	QL (1200 mL / 30 days); Covered for ages 18 years old & under
<i>sucralfate tab 1 gm</i> (generic of CARAFATE)	QL (120 ea / 30 days)
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID	
<i>acid reducer cap 20.6mgdr</i>	OTC, QL (30 ea / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg</i> (base eq)	OTC, QL (60 ea / 30 days)
FIRST-OMEPRASUS 2MG/ML	QL (150 mL / 30 days); Covered for ages 12 years old & under
<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)
OMEPRASOLE + SUS SYRSPEND	QL (150 mL / 30 days); Covered for ages 12 years old & under
<i>omeprazole cap delayed release 10 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	OTC, QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	QL (30 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg</i> (20 mg base equiv)	OTC, QL (30 ea / 30 days)
OMEPRASOLE TAB 20MG	OTC, QL (90 ea / 30 days)
<i>pantoprazole sodium ec tab 20 mg</i> (base equiv) (generic of PROTONIX)	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg</i> (base equiv) (generic of PROTONIX)	QL (90 ea / 30 days)
PRILOSEC OTC TAB 20MG	OTC, QL (90 ea / 30 days)
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol tab 100 mcg</i> (generic of CYTOTEC)	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg</i> (generic of CYTOTEC)	QL (120 ea / 30 days)
URINARY ANTI-INFECTIVES	
URINARY ANTI-INFECTIVES	
<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	QL (60 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	QL (60 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Requirements/Limits
<i>nitrofurantoin susp 25 mg/5ml</i> (generic of FURADANTIN)	QL (40 mL / day, max 10 day supply); Covered for ages 12 years old & under

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

VIRAL VACCINES

ZOSTAVAX INJ	Covered for ages 60 years old & over
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VAGINAL PRODUCTS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i> (generic of CLEOCIN)	
<i>clotrimazole cre 1% vag</i>	OTC, GNDR
<i>clotrimazole vaginal cream 1%</i>	OTC, GNDR
<i>clotrimazole vaginal cream 2%</i>	OTC, GNDR

Drug Name	Requirements/Limits
<i>metronidazole vaginal gel 0.75% (generic of METROGEL-VAGINAL)</i>	GNDR, QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC, GNDR
<i>miconazole nitrate vaginal cream 2%</i>	OTC, GNDR
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC, GNDR
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC, GNDR
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC, GNDR
<i>terconazole vaginal cream 0.4% (generic of TERAZOL 7)</i>	GNDR
<i>terconazole vaginal cream 0.8%</i>	GNDR
<i>terconazole vaginal suppos 80 mg</i>	GNDR, QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	OTC, GNDR
<i>vandazole gel 0.75%</i>	GNDR, QL (70 gm / 5 days)

VAGINAL ESTROGENS

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

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>EPIPEN 2-PAK INJ 0.3MG</i>	QL (2 ea / 25 days)
<i>EPIPEN-JR INJ 0.15MG</i>	QL (2 ea / 25 days)

VASOPRESSORS

<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

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 5000 unit/ml (1000 unit/0.2ml)</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)

Drug Name	Requirements/Limits
<i>d3 max st dro 5000unit</i>	OTC, QL (180 mL / 30 days)
<i>ergocalciferol cap 50000 unit (generic of DRISDOL)</i>	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	QL (150 ea / 30 days)

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>propranolol hcl oral soln 40 mg/5ml</i>	77		

<i>psyllium powder 48.57%</i>	106
<i>psyllium powder 58.6%</i>	106
PULMICORT	
see <i>budesonide inhalation susp 0.25 mg/2ml</i>	39
see <i>budesonide inhalation susp 0.5 mg/2ml</i>	39
PULMONEB LT MIS NEBULIZE	111
<i>pulmosal neb 7%</i>	88
PULMOZYME SOL 1MG/ML	127
<i>pyrazinamide tab 500 mg</i>	61
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	96
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	96
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	96
<i>pyridostigmine bromide tab 60 mg</i>	61
<i>pyridoxine hcl tab 100 mg</i>	136
<i>pyridoxine hcl tab 25 mg</i>	136
<i>pyridoxine hcl tab 50 mg</i>	136
<i>pyridoxine hcl tab er 200 mg</i>	136
Q	
<i>qc natural pow vegetabl</i>	106
QUESTRAN	
see <i>cholestyramine powder 4 gm/dose</i>	56
QUESTRAN LIGHT	
see <i>cholestyramine light powder 4 gm/dose</i>	56
see <i>prevalite pow 4gm</i>	56
<i>quetiapine fumarate tab 100 mg</i>	69
<i>quetiapine fumarate tab 200 mg</i>	69
<i>quetiapine fumarate tab 25 mg</i>	69
<i>quetiapine fumarate tab 300 mg</i>	69
<i>quetiapine fumarate tab 400 mg</i>	69
<i>quetiapine fumarate tab 50 mg</i>	69
<i>quetiapine fumarate tab er 24hr 150 mg</i>	69
<i>quetiapine fumarate tab er 24hr 200 mg</i>	69
<i>quetiapine fumarate tab er 24hr 300 mg</i>	69
<i>quetiapine fumarate tab er 24hr 400 mg</i>	69
<i>quetiapine fumarate tab er 24hr 50 mg</i>	69

<i>quinapril hcl tab 10 mg</i>	58
<i>quinapril hcl tab 20 mg</i>	58
<i>quinapril hcl tab 40 mg</i>	58
<i>quinapril hcl tab 5 mg</i>	58
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	60
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	60
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	60
<i>quinidine sulfate tab 300 mg</i>	38
QVAR REDIHA AER 80MCG	40
QVAR REDIHAL AER 40MCG	40
R	
RA ADHESIVE TAP 1	109
RA ADHESIVE TAP 1/2	109
RA CONFORMED MIS BANDAGE	109
<i>ra magnesium cap 500mg</i>	114
<i>ra melatonin tab 3mg</i>	27
<i>ra niacin tab 100mg</i>	136
RA STERILE PAD 2	109
RA STERILE PAD 4	109
<i>ra vit b-6 tab 200mg tr</i>	136
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RADIAPLEXRX GEL	96
<i>raloxifene hcl tab 60 mg</i>	99
<i>ramipril cap 1.25 mg</i>	58
<i>ramipril cap 10 mg</i>	58
<i>ramipril cap 2.5 mg</i>	58
<i>ramipril cap 5 mg</i>	58
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RANGER READY SPR 20% AMBR	95
RANGER READY SPR 20% NT S	95
RANGER READY SPR 20% NTSK	95
RANGER READY SPR 20% ORNG	95
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	132
<i>ranitidine hcl tab 150 mg</i>	132
<i>ranitidine hcl tab 300 mg</i>	132
<i>ranitidine hcl tab 75 mg</i>	132
<i>ranolazine tab er 12hr 1000 mg</i>	36
<i>ranolazine tab er 12hr 500 mg</i>	35
RAZADYNE	
see <i>galantamine hydrobromide tab 12 mg</i>	126

see <i>galantamine hydrobromide tab 4 mg</i>	125	see <i>temazepam cap 30 mg</i>	105
see <i>galantamine hydrobromide tab 8 mg</i>	126	RETIN-A	
RAZADYNE ER		see <i>avita cre 0.025%</i>	89
see <i>galantamine hydrobromide cap er 24hr 16 mg</i>	125	see <i>tretinoin cream 0.025%</i>	90
see <i>galantamine hydrobromide cap er 24hr 24 mg</i>	125	see <i>tretinoin cream 0.05%</i>	90
see <i>galantamine hydrobromide cap er 24hr 8 mg</i>	125	see <i>tretinoin cream 0.1%</i>	90
<i>reclipsen tab</i>	84	see <i>tretinoin gel 0.01%</i>	90
RECTAL THERMOMETERS	111	see <i>tretinoin gel 0.025%</i>	91
REGLAN		RETROVIR	
see <i>metoclopramide hcl tab 10 mg (base equivalent)</i>	101	see <i>zidovudine cap 100 mg</i>	75
see <i>metoclopramide hcl tab 5 mg (base equivalent)</i>	101	see <i>zidovudine syrup 10 mg/ml</i>	75
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<i>remedy cre antifung</i>	91	see <i>sildenafil citrate tab 20 mg</i>	80
REMERON		REVITADERM GEL WOUND	96
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see <i>mirtazapine tab 30 mg</i>	46	REVLIMID CAP 15MG	115
REMODULIN INJ 10MG/ML	79	REVLIMID CAP 25MG	115
REMODULIN INJ 1MG/ML	79	REVLIMID CAP 5MG	115
REMODULIN INJ 2.5MG/ML	79	REYATAZ	
REMODULIN INJ 5MG/ML	79	see <i>atazanavir sulfate cap 150 mg (base equiv)</i>	73
<i>repaglinide tab 0.5 mg</i>	52	see <i>atazanavir sulfate cap 200 mg (base equiv)</i>	73
<i>repaglinide tab 1 mg</i>	52	see <i>atazanavir sulfate cap 300 mg (base equiv)</i>	73
<i>repaglinide tab 2 mg</i>	52	REYATAZ POW 50MG	74
REPATHA INJ 140MG/ML	57	RHOGAM PLUS INJ 300MCG	123
REPATHA PUSH INJ 420/3.5	57	RHOPHYLAC INJ 1500/2ML	123
REPATHA SURE INJ 140MG/ML	57	<i>ribasphere cap 200mg</i>	75
REPEL TICK AER 15%	95	<i>ribasphere tab 200mg</i>	75
REQUIP		<i>ribavirin cap 200 mg</i>	75
see <i>ropinirole hydrochloride tab 0.5 mg</i>	64	<i>ribavirin tab 200 mg</i>	75
RESCRIPTOR TAB 200MG	74	<i>riboflavin tab 100 mg</i>	136
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	111	RIFADIN	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	111	see <i>rifampin cap 150 mg</i>	61
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RESTORE HYDR GEL DRESSING	96	<i>rifampin cap 150 mg</i>	61
RESTORIL		<i>rifampin cap 300 mg</i>	61
see <i>temazepam cap 15 mg</i>	105	<i>rimantadine hydrochloride tab 100 mg</i>	76
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		see <i>risperidone soln 1 mg/ml</i>	67
		see <i>risperidone tab 0.25 mg</i>	67
		see <i>risperidone tab 0.5 mg</i>	67
		see <i>risperidone tab 1 mg</i>	67
		see <i>risperidone tab 2 mg</i>	67

see <i>risperidone tab 3 mg</i>	67
see <i>risperidone tab 4 mg</i>	67
RISPERDAL INJ 12.5MG	66
RISPERDAL INJ 25MG	66
RISPERDAL INJ 37.5MG	66
RISPERDAL INJ 50MG	66
<i>risperidone orally disintegrating tab 0.25 mg</i>	66
<i>risperidone orally disintegrating tab 0.5 mg</i>	66
<i>risperidone orally disintegrating tab 1 mg</i>	66
<i>risperidone orally disintegrating tab 2 mg</i>	67
<i>risperidone orally disintegrating tab 3 mg</i>	67
<i>risperidone orally disintegrating tab 4 mg</i>	67
<i>risperidone soln 1 mg/ml</i>	67
<i>risperidone tab 0.25 mg</i>	67
<i>risperidone tab 0.5 mg</i>	67
<i>risperidone tab 1 mg</i>	67
<i>risperidone tab 2 mg</i>	67
<i>risperidone tab 3 mg</i>	67
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<i>ritonavir tab 100 mg</i>	74
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	126
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	126
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	126
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	126
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	126
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<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	112
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see <i>methocarbamol tab 750 mg</i>	119
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see <i>calcitriol cap 0.25 mcg</i>	99
see <i>calcitriol cap 0.5 mcg</i>	99
<i>ropinirole hydrochloride tab 0.25 mg</i> ..	64
<i>ropinirole hydrochloride tab 0.5 mg</i>	64
<i>ropinirole hydrochloride tab 1 mg</i>	64
<i>ropinirole hydrochloride tab 2 mg</i>	64
<i>ropinirole hydrochloride tab 3 mg</i>	64
<i>ropinirole hydrochloride tab 4 mg</i>	65
<i>ropinirole hydrochloride tab 5 mg</i>	65
<i>rosadan cre 0.75%</i>	95
<i>rosadan gel 0.75%</i>	95
<i>rosuvastatin calcium tab 10 mg</i>	57
<i>rosuvastatin calcium tab 20 mg</i>	57
<i>rosuvastatin calcium tab 40 mg</i>	57
<i>rosuvastatin calcium tab 5 mg</i>	57
<i>roweepra tab 1000mg</i>	44
<i>roweepra tab 500mg</i>	44
<i>roweepra tab 750mg</i>	44
<i>roweepra xr tab 500mg xr</i>	44
<i>roweepra xr tab 750mg xr</i>	44
ROXICODONE	
see <i>oxycodone hcl tab 15 mg</i>	32
see <i>oxycodone hcl tab 30 mg</i>	32
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see <i>vigabatrin powd pack 500 mg</i> ...	45
see <i>vigabatrin tab 500 mg</i>	45
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see <i>pilocarpine hcl tab 5 mg</i>	116
see <i>pilocarpine hcl tab 7.5 mg</i>	116
<i>saline nasal spray 0.65%</i>	120
<i>salsalate tab 500 mg</i>	30
<i>salsalate tab 750 mg</i>	30

SANDIMMUNE	
see cyclosporine cap 100 mg	115
see cyclosporine cap 25 mg	115
SANDIMMUNE CAP 100MG	115
SANDIMMUNE CAP 25MG	115
SANDIMMUNE SOL 100MG/ML	115
SANDOSTATIN	
see octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	99
SANDOSTATIN KIT LAR 20MG	99
SANDOSTATIN KIT LAR 30MG	99
SANTYL OIN 250/GM	94
SAPHRIS SUB 10MG	69
SAPHRIS SUB 5MG	69
SAWYER REPEL SPR 20%	95
sb fib lax pow 33%	106
SEGLUROMET TAB 2.5-1000	50
SEGLUROMET TAB 2.5-500	50
SEGLUROMET TAB 7.5-1000	50
SEGLUROMET TAB 7.5-500	50
selegiline hcl cap 5 mg	65
selegiline hcl tab 5 mg	65
selenium sulfide lotion 1%	92
selenium sulfide lotion 2.5%	92
SELZENTRY TAB 150MG	74
SELZENTRY TAB 25MG	74
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sennosides syrup 8.8 mg/5ml	107
sennosides tab 25 mg	107
sennosides tab 8.6 mg	107
sennosides-docusate sodium tab 8.6-50 mg	107
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see quetiapine fumarate tab 200 mg	69
see quetiapine fumarate tab 25 mg	69
see quetiapine fumarate tab 300 mg	69
see quetiapine fumarate tab 400 mg	69
see quetiapine fumarate tab 50 mg	69
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see quetiapine fumarate tab er 24hr 150 mg	69
see quetiapine fumarate tab er 24hr 200 mg	69
see quetiapine fumarate tab er 24hr 300 mg	69
see quetiapine fumarate tab er 24hr 400 mg	69
see quetiapine fumarate tab er 24hr 50 mg	69
sertraline hcl oral concentrate for solution 20 mg/ml	47
sertraline hcl tab 100 mg	47
sertraline hcl tab 25 mg	47
sertraline hcl tab 50 mg	47
SESAME OIL	81
setlakin tab	84
sf 5000 plus cre 1.1%	116
sf gel 1.1%	116
sharobel tab 0.35mg	86
sildenafil citrate tab 20 mg	80
SILVADENE	
see silver sulfadiazine cream 1%	92
see ssd cre 1%	92
SILVASORB GEL	97
silver sulfadiazine cream 1%	92
SILVERMED GEL	97
simethicone cap 125 mg	100
simethicone cap 180 mg	100
simethicone chew tab 125 mg	100
simethicone chew tab 80 mg	100
simethicone liquid 40 mg/0.6ml	100
simethicone susp 40 mg/0.6ml	100
simliya tab 28 day	84
simvastatin tab 10 mg	57
simvastatin tab 20 mg	57
simvastatin tab 40 mg	57
simvastatin tab 5 mg	57
SINEMET	
see carbidopa & levodopa tab 10-100 mg	64
see carbidopa & levodopa tab 25-100 mg	64
see carbidopa & levodopa tab 25-250 mg	64
SINEMET CR	
see carbidopa & levodopa tab er 25-100 mg	64
see carbidopa & levodopa tab er 50-200 mg	64
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see montelukast sodium chew tab 4 mg (base equiv)	39
see montelukast sodium chew tab 5 mg (base equiv)	39
see montelukast sodium tab 10 mg (base equiv)	39
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SKIN BARRIER WAF 57MM	111
SKIN PREP MIS WIPES	111
skin trtment lot 12%	94
SKINTEGRITY GEL HYDROGEL	97
SKYLA IUD 13.5MG	85
slow iron tab 50mg	105
slow release tab 47.5mg	105
sm antifungl cre 2%	91
SM GAUZE PAD 2	109
SM GAUZE PAD 4	109
sm magnesium tab 250mg	114
SM STERILE PAD 2	109
sodium bicarbonate tab 325 mg	34
sodium bicarbonate tab 650 mg	34
sodium chloride hypertonic ophth oint 5%	123
sodium chloride hypertonic ophth soln 5%	123
sodium chloride irrigation soln 0.9%	101
sodium chloride soln nebu 0.9%	89
sodium chloride soln nebu 3%	89
sodium chloride soln nebu 7%	89
sodium chloride tab 1 gm	114
sodium citrate & citric acid soln 500-334 mg/5ml	101
sodium fluor cre 5000 pls	116
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	113
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	113
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	113
sodium fluoride gel 1.1% (0.5% f)	116
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	113
sodium phosphates - enema	107
sodium polystyrene sulfonate oral susp 15 gm/60ml	115
sodium polystyrene sulfonate powder	115
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soothe&cool cre inzo 2%	91
sorine tab 120mg	77
sorine tab 160mg	77
sorine tab 240mg	77
sorine tab 80mg	77
sotalol hcl (afib/afl) tab 120 mg	77
sotalol hcl (afib/afl) tab 160 mg	77
sotalol hcl (afib/afl) tab 80 mg	77
sotalol hcl tab 120 mg	77
sotalol hcl tab 160 mg	77
sotalol hcl tab 240 mg	77
sotalol hcl tab 80 mg	77
SOVALDI TAB 400MG	75
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spinosad susp 0.9%	96
spironolactone & hydrochlorothiazide tab 25-25 mg	98
spironolactone tab 100 mg	98
spironolactone tab 25 mg	98
spironolactone tab 50 mg	98
sprintec 28 tab 28 day	84
SPRYCEL TAB 100MG	62
SPRYCEL TAB 140MG	62
SPRYCEL TAB 20MG	62
SPRYCEL TAB 50MG	62
SPRYCEL TAB 70MG	62
sps sus 15gm/60	116
sronyx tab	84
ssd cre 1%	92
STALEVO 100	
see carbidopa-levodopa-entacapone tabs 25-100-200 mg	64
STALEVO 125	
see carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	64
STALEVO 150	
see carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	64
STALEVO 200	
see carbidopa-levodopa-entacapone tabs 50-200-200 mg	64
STALEVO 50	
see carbidopa-levodopa-entacapone	

<i>tabs 12.5-50-200 mg</i>	64	<i>subvenite tab 100mg</i>	44
STALEVO 75		<i>subvenite tab 150mg</i>	44
see <i>carbidopa-levodopa-entacapone</i>		<i>subvenite tab 200mg</i>	44
<i>tabs 18.75-75-200 mg</i>	64	<i>subvenite tab 25mg</i>	44
STARLIX		<i>sucalfate tab 1 gm</i>	133
see <i>nateglinide tab 120 mg</i>	52	SUDAFED PE SOL CHILDREN	120
see <i>nateglinide tab 60 mg</i>	52	<i>sulfacetamide sodium ophth soln 10%</i>	
<i>stavudine cap 15 mg</i>	74	122
<i>stavudine cap 20 mg</i>	74	<i>sulfacetamide sodium-prednisolone</i>	
<i>stavudine cap 30 mg</i>	74	<i>ophth soln 10-0.23(0.25)%</i>	122
<i>stavudine cap 40 mg</i>	74	<i>sulfamethoxazole-trimethoprim susp</i>	
STEGLATRO TAB 15MG	52	<i>200-40 mg/5ml</i>	35
STEGLATRO TAB 5MG	52	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
STERILE GAUZ PAD 2	109	<i>80 mg</i>	35
STERILE PAD 2	110	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
STERILE PADS PAD 2	110	<i>160 mg</i>	35
STIMATE SOL 1.5MG/ML	99	<i>sulfasalazine tab 500 mg</i>	101
STIMULEN GEL	97	<i>sulfasalazine tab delayed release 500 mg</i>	
STOMAHESIVE PST	111	101
STRATTERA		<i>sulfatrim pd sus 200-40/5</i>	35
see <i>atomoxetine hcl cap 10 mg (base</i>		<i>sulindac tab 150 mg</i>	29
<i>equiv)</i>	25	<i>sulindac tab 200 mg</i>	29
see <i>atomoxetine hcl cap 100 mg (base</i>		<i>sumatriptan succinate tab 100 mg ...</i>	112
<i>equiv)</i>	25	<i>sumatriptan succinate tab 25 mg</i>	112
see <i>atomoxetine hcl cap 18 mg (base</i>		<i>sumatriptan succinate tab 50 mg</i>	112
<i>equiv)</i>	25	<i>sure result cre sr 0.025</i>	95
see <i>atomoxetine hcl cap 25 mg (base</i>		SUR-FIT NATU WAF 4	111
<i>equiv)</i>	25	SUR-FIT NATU WAF 5	111
see <i>atomoxetine hcl cap 40 mg (base</i>		SURGICAL SPN PAD 2	110
<i>equiv)</i>	25	SUSTIVA	
see <i>atomoxetine hcl cap 60 mg (base</i>		see <i>efavirenz cap 200 mg</i>	73
<i>equiv)</i>	25	see <i>efavirenz cap 50 mg</i>	73
see <i>atomoxetine hcl cap 80 mg (base</i>		see <i>efavirenz tab 600 mg</i>	73
<i>equiv)</i>	25	SUTENT CAP 12.5MG	62
STRIBILD TAB	74	SUTENT CAP 25MG	62
STRIVERDI AER 2.5MCG	40	SUTENT CAP 37.5MG	63
STROMEKTOL		SUTENT CAP 50MG	63
see <i>ivermectin tab 3 mg</i>	34	<i>syeda tab 3-0.03mg</i>	84
SUBOXONE		SYMBICORT AER 160-4.5	40
see <i>buprenorphine hcl-naloxone hcl sl</i>		SYMBICORT AER 80-4.5	40
<i>film 12-3 mg (base equiv)</i>	33	SYMFI LO TAB	74
see <i>buprenorphine hcl-naloxone hcl sl</i>		SYMFI TAB	74
<i>film 2-0.5 mg (base equiv)</i>	33	SYNAGIS INJ 100MG/ML	124
see <i>buprenorphine hcl-naloxone hcl sl</i>		SYNAGIS INJ 50MG	124
<i>film 4-1 mg (base equiv)</i>	33	SYNALAR	
see <i>buprenorphine hcl-naloxone hcl sl</i>		see <i>fluocinolone acetonide cream</i>	
<i>film 8-2 mg (base equiv)</i>	33	<i>0.025%</i>	93

see <i>fluocinolone acetonide oint 0.025%</i>	93
SYNAREL SOL 2MG/ML	99
SYNTHROID TAB 100MCG	130
SYNTHROID TAB 112MCG	130
SYNTHROID TAB 125MCG	130
SYNTHROID TAB 137MCG	130
SYNTHROID TAB 150MCG	130
SYNTHROID TAB 175MCG	130
SYNTHROID TAB 200MCG	130
SYNTHROID TAB 25MCG	130
SYNTHROID TAB 300MCG	130
SYNTHROID TAB 50MCG	130
SYNTHROID TAB 75MCG	130
SYNTHROID TAB 88MCG	130
SYRINGE (DISPOSABLE) 3 ML	111
SYRINGE (DISPOSABLE) 3 ML - RX	111
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1	111
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1	111

T

<i>tacrolimus cap 0.5 mg</i>	115
<i>tacrolimus cap 1 mg</i>	115
<i>tacrolimus cap 5 mg</i>	115
<i>tacrolimus oint 0.03%</i>	94
<i>tacrolimus oint 0.1%</i>	94

TAMIFLU

see <i>oseltamivir phosphate cap 30 mg (base equiv)</i>	76
see <i>oseltamivir phosphate cap 45 mg (base equiv)</i>	76
see <i>oseltamivir phosphate cap 75 mg (base equiv)</i>	76
see <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	76

<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	62
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	62
<i>tamsulosin hcl cap 0.4 mg</i>	101

TAPAZOLE

see <i>methimazole tab 10 mg</i>	128
see <i>methimazole tab 5 mg</i>	128
<i>tarina fe tab 1/20</i>	84
<i>tarina fe tab 1/20 eq</i>	85
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ZYPREXA RELP INJ 300MG	69
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ZYPREXA RELP INJ 405MG	70
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ZYVOX

see <i>linezolid for susp 100 mg/5ml</i> ...	35
see <i>linezolid tab 600 mg</i>	35



Member Services Department
Tel: (800) 223-7242 Fax: (315) 234-9812
Monday to Friday, 8:00 a.m. to 6:00 p.m.
(TTY: users call 711)
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